

Newspaper cuttings scrapbook re the Army Medical Services/Royal Army Medical Corps, 1895-1907 compiled by Lieutenant Colonel William Johnston. Volume 1

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Mar 1902-Dec 1907

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News Cuttings

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W. Johnston

1902-

Army Medical Service

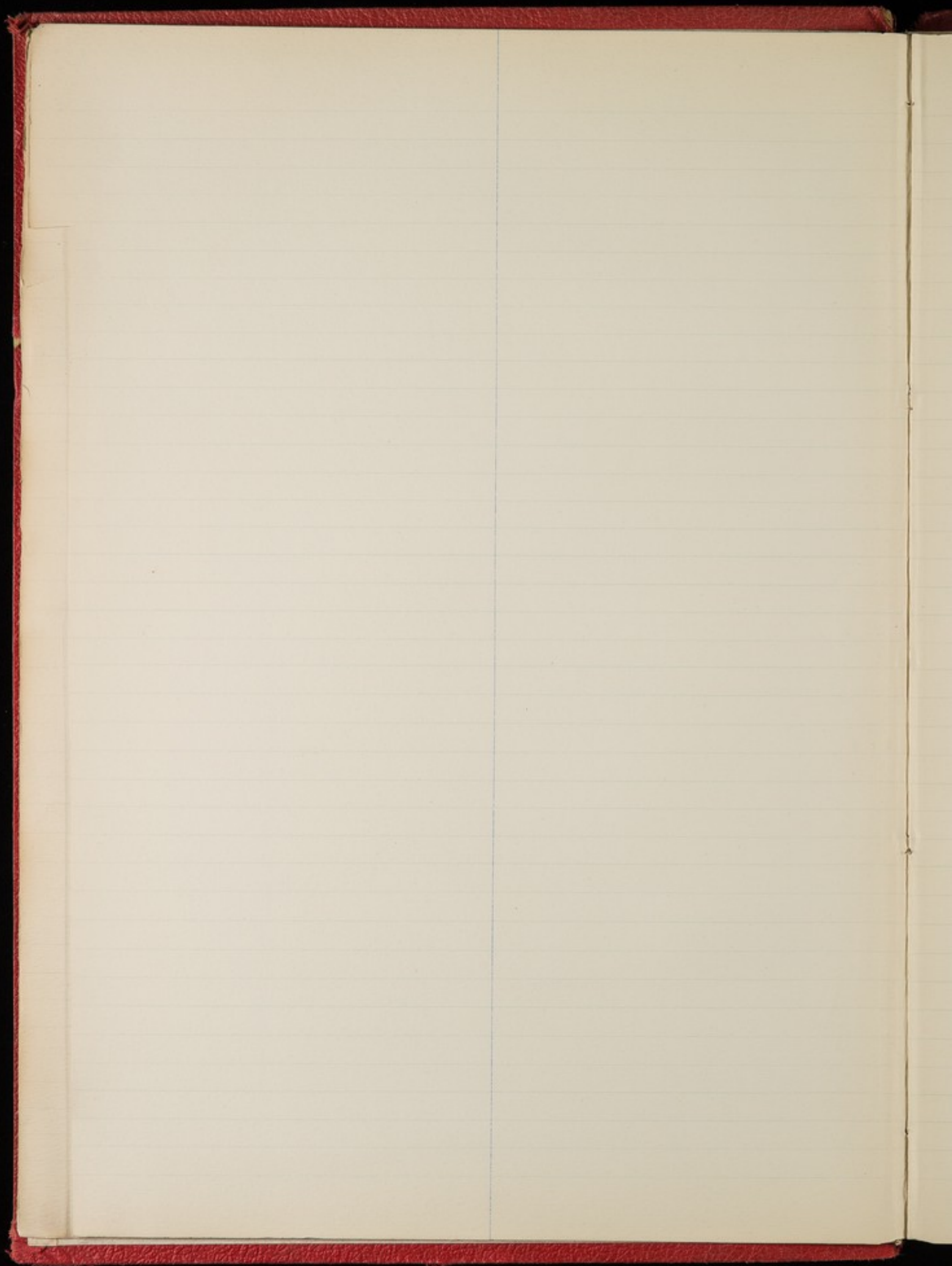


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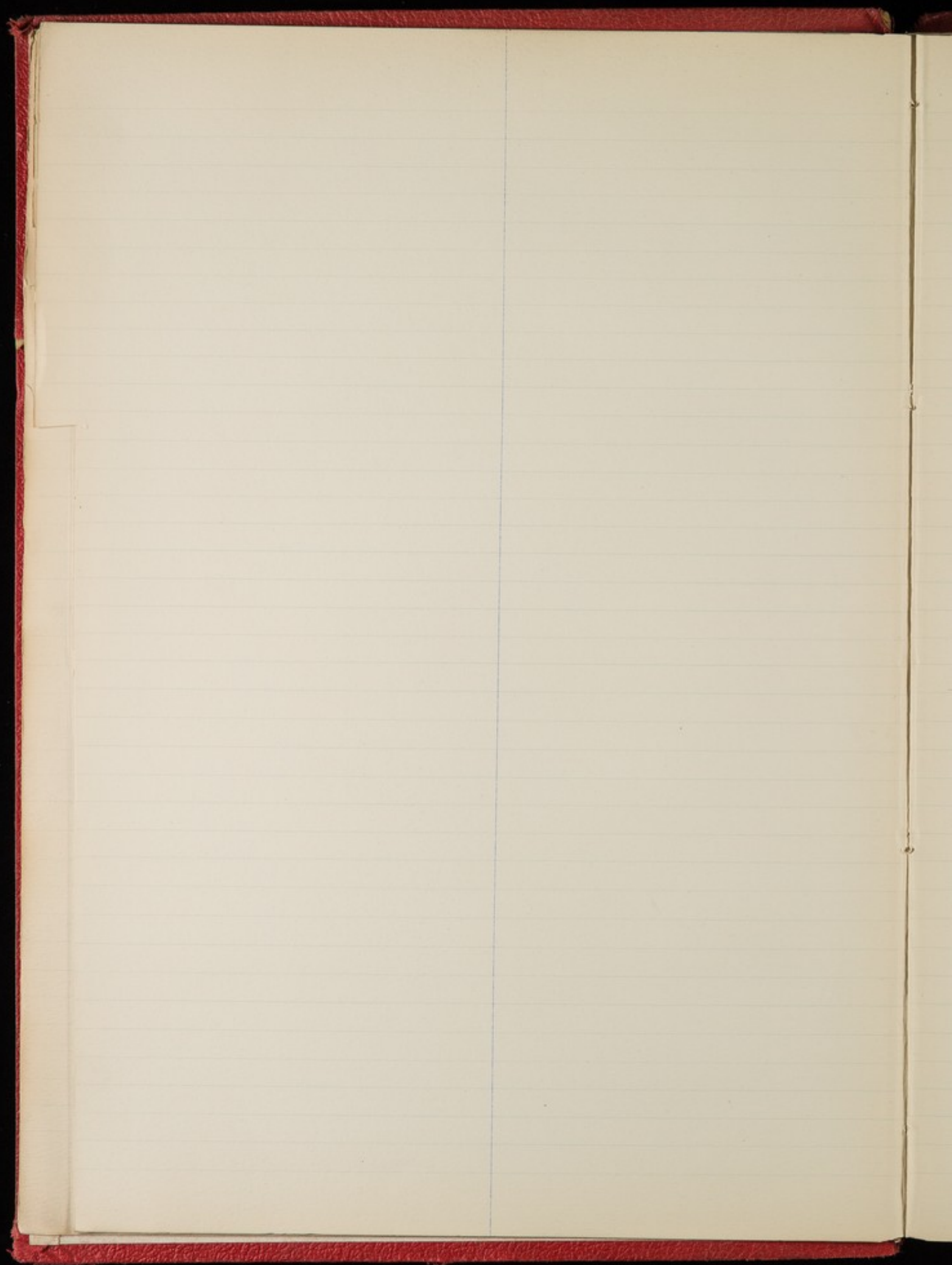
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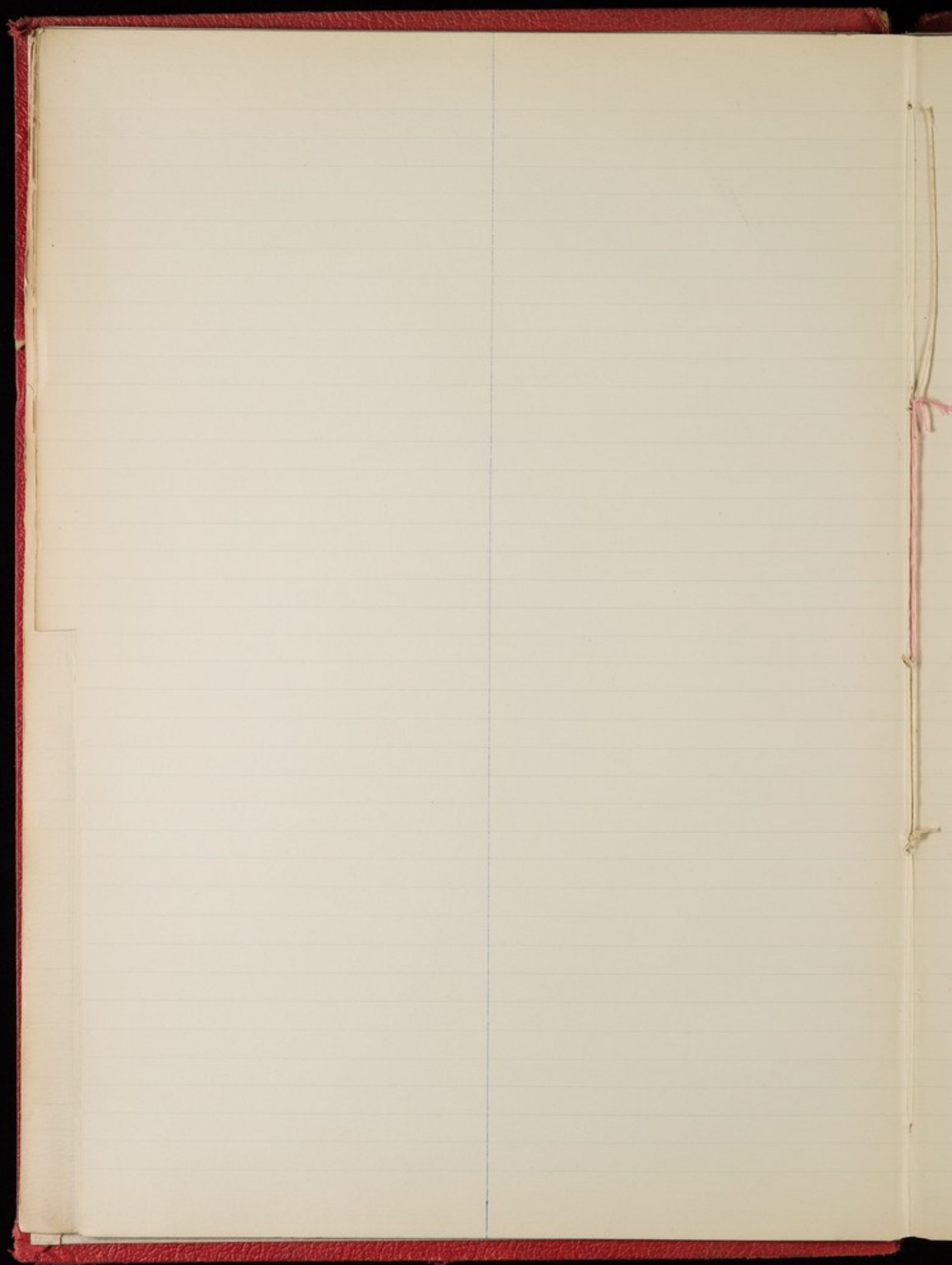
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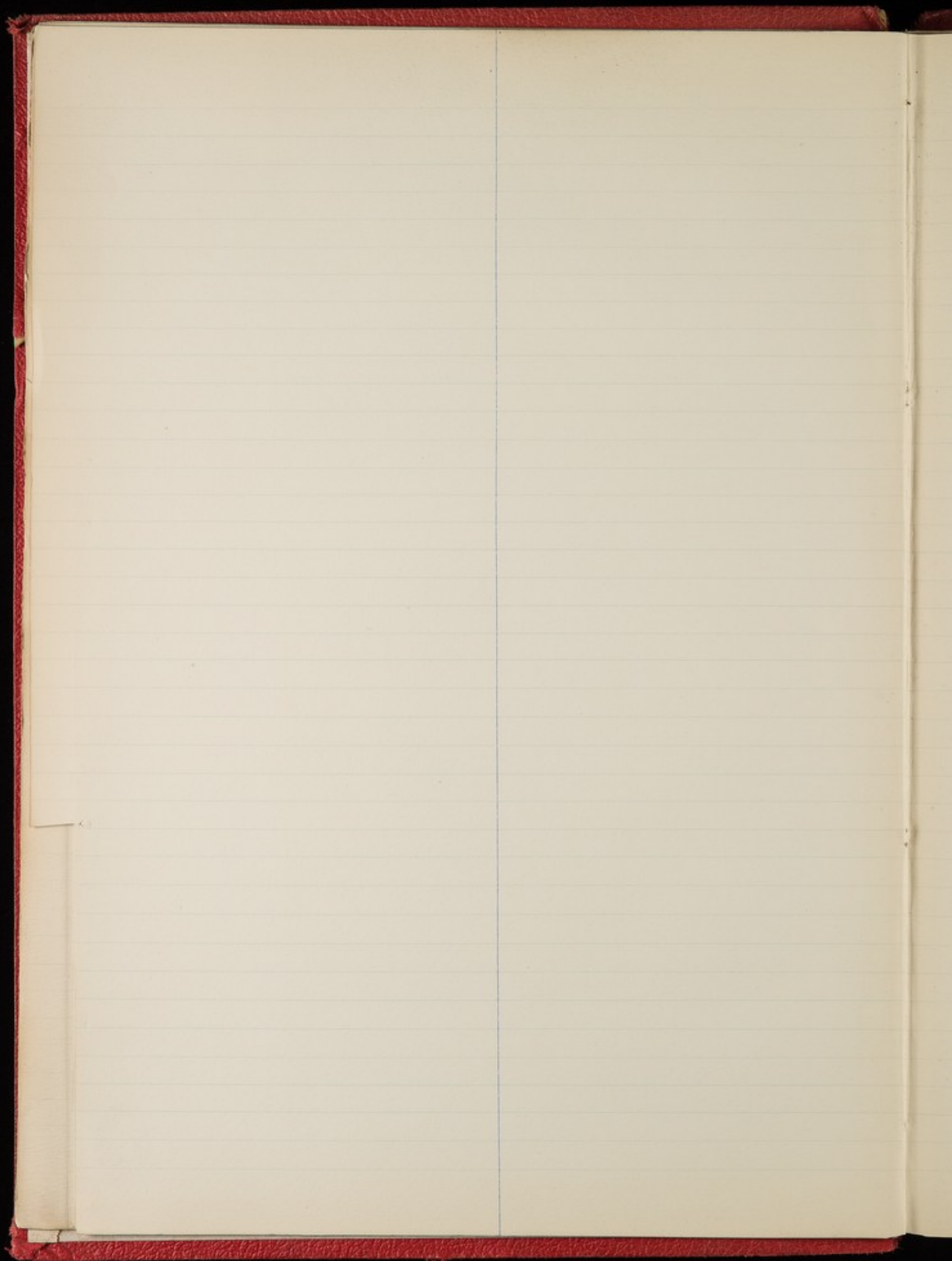
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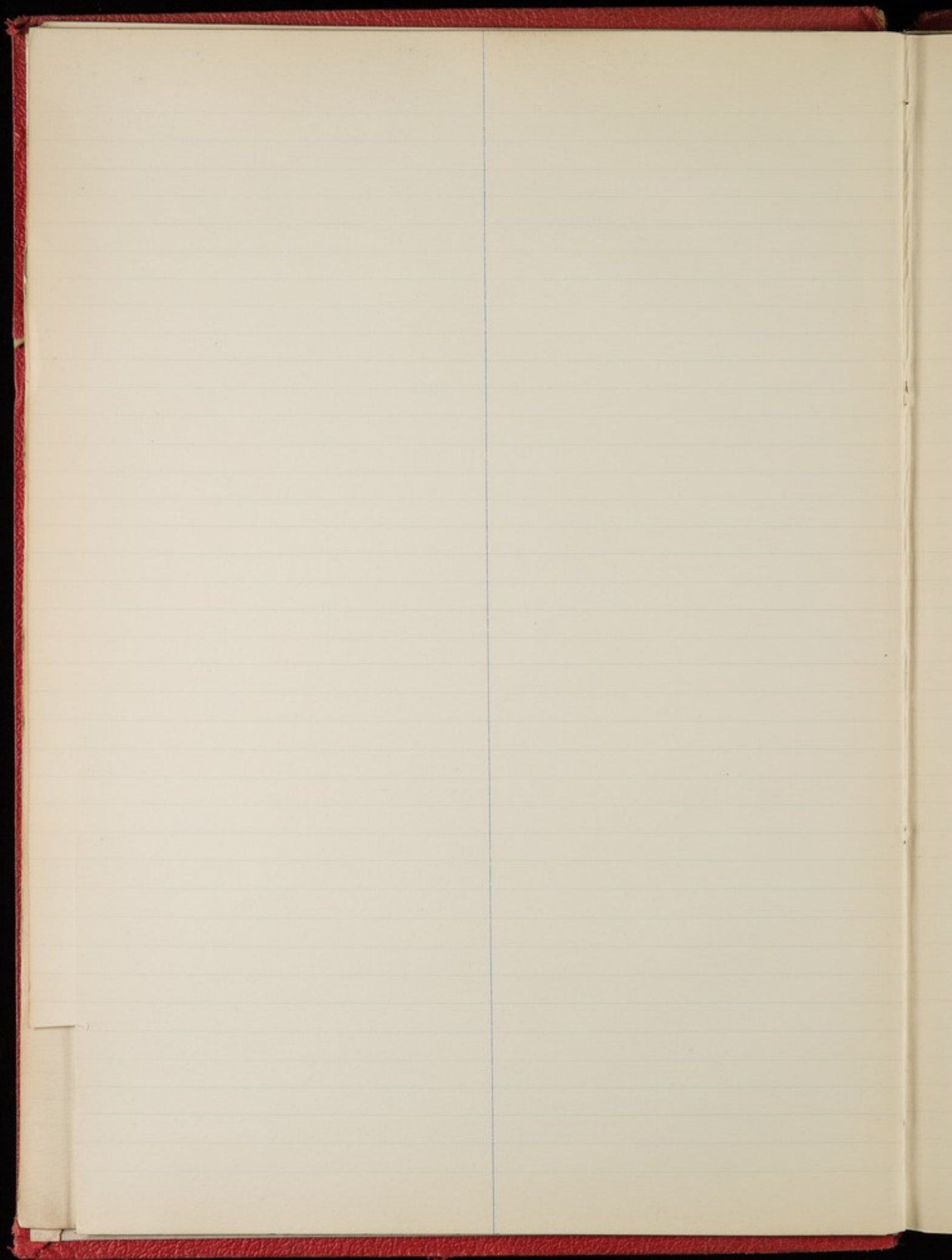
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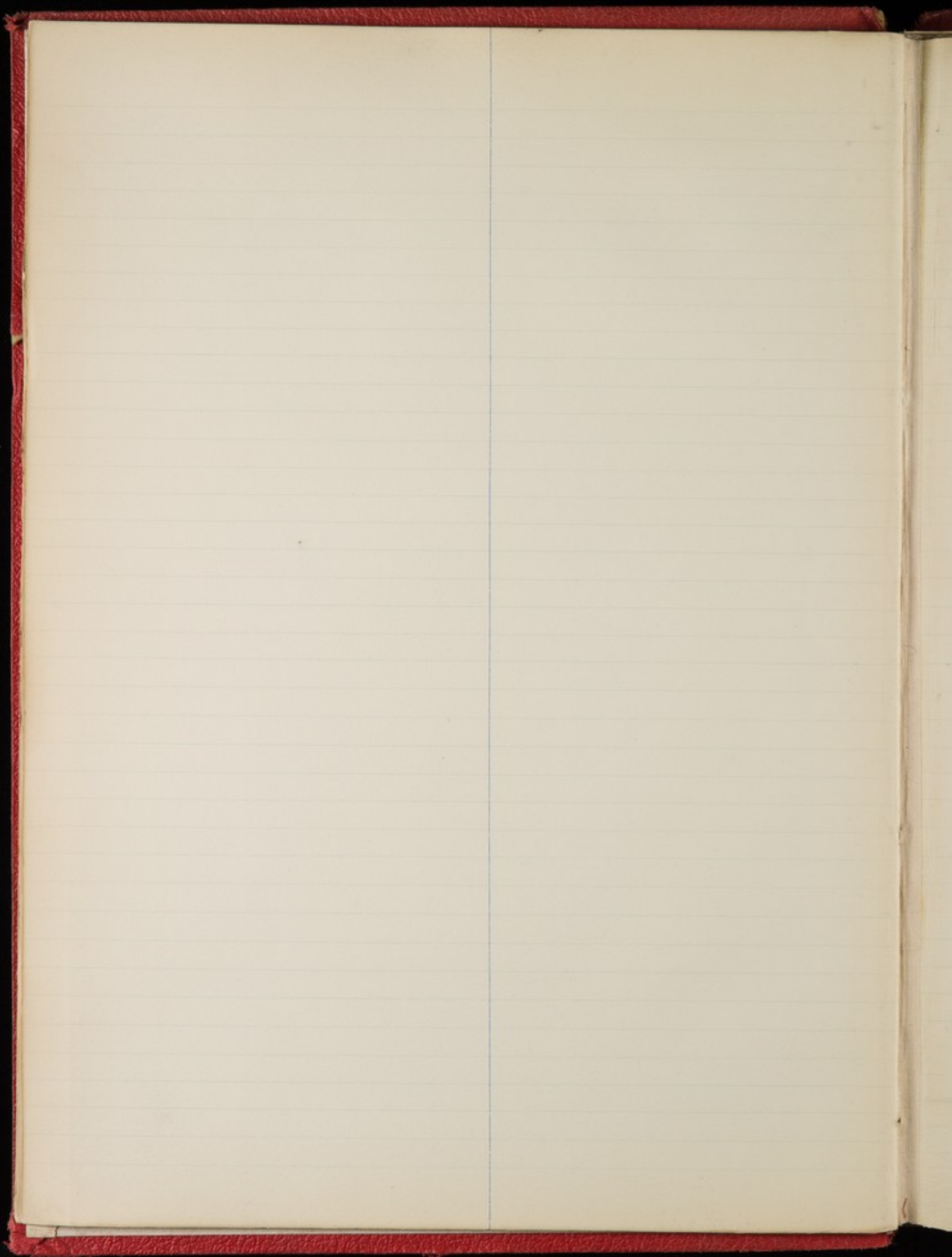
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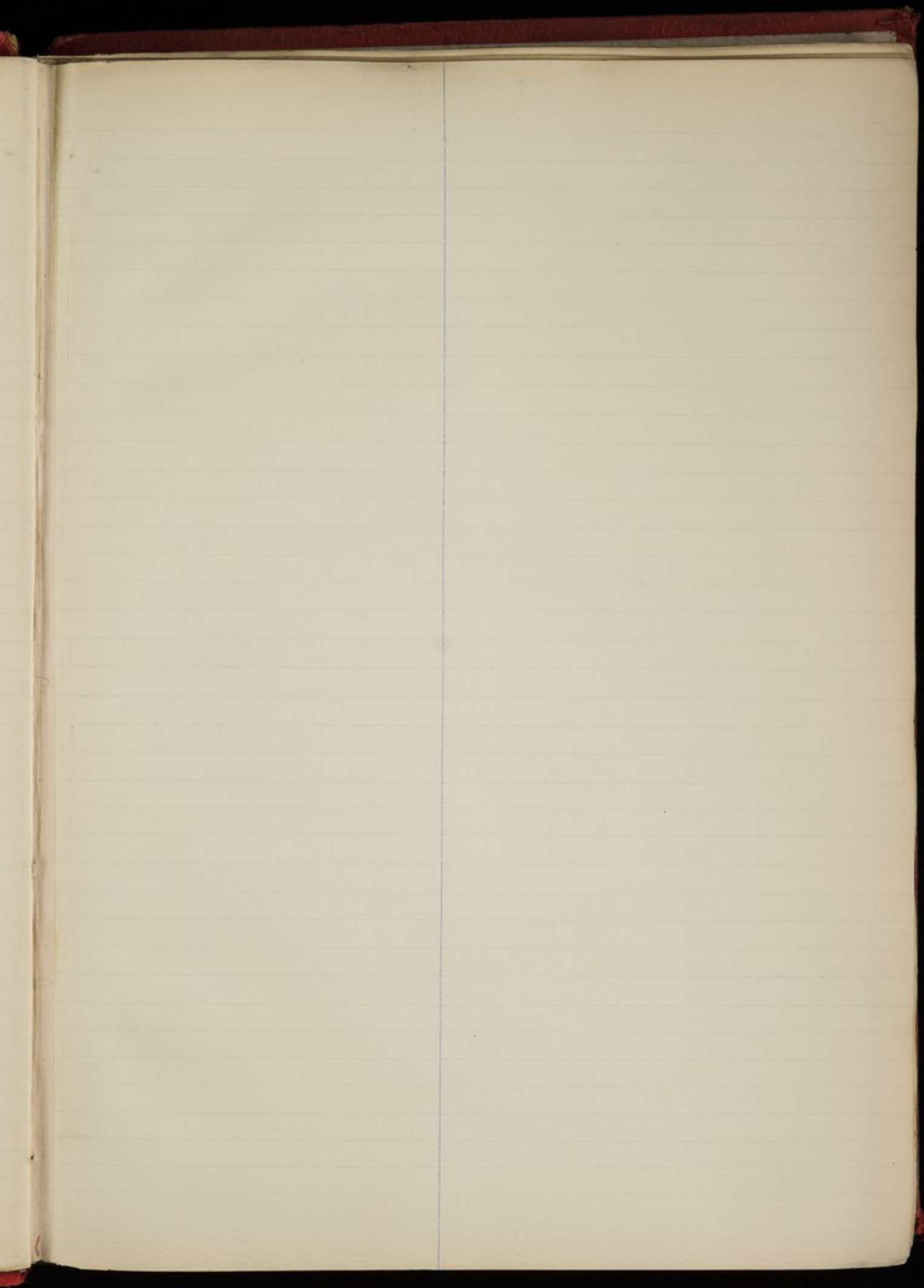


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* Terms of Army Service. *Army order 73 (April)*
From 1st April, 1902, the following alterations will be made in the terms of enlistment and extension of service of soldiers of the Regular Army :—

Enlistment.
1. Enlistment for the following corps will be for a period of 3 years with the colours and 9 years in the reserve :—

Cavalry of the Line.
Royal Artillery.
Royal Engineers (except military mechanists, and railway, telegraph, and submarine mining reserve).
Foot Guards (except handsmen).
Infantry of the Line.
Royal Army Medical Corps.
Army Service Corps.
Army Ordnance Corps (except armourer and machinery artificer sections).

MARCH 29, 1902.

Reorgan

THE following
of the Secreta

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WHEREAS We de
relating to the App
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OUR WILL AND L
Royal Mother, date
in accordance with

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320. The underm
relation to combats
King's Regulations

AS LIEUTENANT-G

AS MAJOR GENERAL

2. The following
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An officer so pro
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APRIL 5, 1902.

THE BRITISH MEDICAL JOURNAL.

THE NEW ROYAL MEDICAL WARRANT.

[FROM A CORRESPONDENT.]

THE Royal Warrant, so far as can be judged, has neither surprised nor falsified expectations. Although it was known that certain of the strongly-condemned

officers.

The articles on exchanges and transfers do not require comment, being merely an amplification of existing regulations; but it may be asked, has ever an exchange between a R.A.M.C. and an Indian medical officer been effected?

Pay.

Article 365, containing the new scales of pay, will be eagerly scanned, and generally admitted to be both liberal and judicious.

Of Colonel. The same ranting charge and extra gross anomaly be with the accident of slight duties and financial spiral, yet is only drawing next in seniority who has r two.

ill not probably meet with as under which lieutenants 1, but it is impossible to d three years can be carried se foreign service roster. d is granted retirement, is r seven years on a nominal is the right to resign his ? Such an option has not oned officer under service The necessity for a medical a very doubtful if it can be liability to recall to service ities; such liability very og down in civil medical

cers, ers to regiments of house- the titular colonel of the ; as well as the compound of medical officers doing merely attached from the

2.

BOARD.

ation of the Army and post of Matron-in-chief ney Brown. Miss Brown St. Bartholomew's Hos- 3. Miss Brown has the , and has for a long time Africa, from which she -Chief she will be the en the Director-General d her own department. ts from the matrons of efficiency and conduct of pected to keep herself is of nursing administra-

On her will devote the tments, promotions, and e that of maintaining a bo will be detailed for service in the smaller Board has not, we be- so shortly. The matrons also to have seats on the y been appointed, Miss s Monk, the Matron of he two members nomin- for three years by the resident, is the Hon. the London Hospital. Vice-Presidency of the

APRIL 19, 1902.

T FOR THE ARMY

vice. ittee of the Parliament- dical Warrant of March il of the British Medical ed to be printed in the

report that, taken as a rant offers distinct ad- y Medical Service. everal of the more im- e by this Committee in British Medical Associa- se, have been adopted; of Mr. Brodick's Com- exception, have been

> the provisions of the here adverse criticisms of the Articles, general

faction in the enhanced k, position, and emolu- ee Council and Army an important and bene-

cial influence not only on the efficiency of his own depart- ment, but of that of the Army at large in all that relates to its sanitation.

They commend the endeavour to lift promotion out of the dead rut of seniority, and to place it better within the reach of the more capable and energetic members of the medical service.

They regard the increase of pay, with one exception, as liberal and equitable; especially is charge, special, and brevet pay an immense advance on previous Warrants.

The points on which the Subcommittee would offer specific criticism are as follows:

MARCH 29, 1902.

REORGANIZATION OF THE ARMY MEDICAL SERVICE.

[THE BRITISH MEDICAL JOURNAL] 813

Reorganization of the Army Medical Services.

ARMY ORDER. 65 (April.) 1902.

SPECIAL.

WAR OFFICE.

The following Royal Warrant and Instructions are promulgated to the Army with the approval of the Secretary of State for War.

Royal Warrant.

Army Medical Service.

WHEREAS We deem it expedient to amend the Regulations relating to the Appointment, Promotion, Pay, and Non-effective Pay of Officers of our Army Medical Service:

OUR WILL AND PLEASURE is that the Warrant of Our late Royal Mother, dated the 26th October, 1900, shall be amended in accordance with the following provisions:—

1. The following shall be substituted for Article 315 and the first five lines of Article 320.

315. The Director-General of Our Army Medical Service and the other officers of our Army Medical Staff shall hold the substantive rank of SURGEON-GENERAL.

320. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the King's Regulations:—

AS LIEUTENANT-GENERAL.....Surgeon-general holding the appointment of Director-General, Army Medical Service.

AS MAJOR-GENERAL [Chaplain-general. Surgeon-general.

2. The following shall be substituted for Article 327:

327. In cases of distinguished service in the field a departmental officer may, with the concurrence of the Lords Commissioners of Our Treasury, be promoted from any rank or class to that next above it, and shall, if promoted to a rank or class having a fixed establishment, remain supernumerary in such rank or class until the occurrence of the vacancy to which, in the ordinary course, he would have been promoted.

An officer so promoted into a rank or class, with progressive rates of pay, shall not receive a further increase of pay in that rank or class until he becomes entitled thereto by service.

In a case of distinguished service in the field for which an officer may merit special reward, although there may not be sufficient grounds for his promotion, Our Secretary of State shall, if the officer is serving in a rank or class with progressive rates of pay and is not already in receipt of the highest rate, have the power, with the concurrence of the Lords Commissioners of Our Treasury, to grant him a higher rate of

pay in his rank or class, but without alteration of his seniority.

3. The following shall be substituted for Articles 347 to 373:—

Appointment.

347. Commissions as lieutenants in Our Royal Army Medical Corps shall be given, on the recommendation of our Commander-in-Chief, to persons duly qualified under regulations approved by Our Secretary of State. The commissions shall bear the date of the officers' appointment as lieutenants on probation.

348. Commissions as quartermasters in Our Royal Army Medical Corps shall be conferred upon warrant officers of that corps under the conditions of Article 8.

Seconded Officers.

349. A lieutenant on probation who, at the time of passing the examination for admission to Our Royal Army Medical Corps, holds, or is about to hold, a resident appointment in a recognized civil hospital may be seconded for the period, not exceeding 1 year, during which he holds the appointment. While seconded he shall not receive pay from Army funds, but his service shall reckon towards promotion, increase of pay, gratuity, and pension.

Promotion.

350. An officer shall be eligible for promotion to the rank of captain on the completion of 3½ years' service, and to the rank of major on the completion of 12 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by Our Secretary of State.

351. Promotion to the rank of lieutenant-colonel shall be made by selection from officers who have completed at least 20 years' service, and have qualified in such manner as may be prescribed by Our Secretary of State.

352. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Article 350 or 351 to render him eligible for the rank of major or lieutenant-colonel may be reduced as follows:

	Months.
If he obtained a "special certificate" ...	18
If he passed in the 1st class ...	12
If he passed in the 2nd class ...	6
If he passed in the 3rd class ...	3

353. A lieutenant in Our Royal Army Medical Corps, promoted to the rank of captain before the date of this Our Warrant, on account of distinguished service in the field, shall be eligible for further promotion to the rank of major, and subsequently to that of lieutenant-colonel, when the officer next below him in the rank of captain or major completes 12 or 20 years' service respectively. A

to their disposal during that time; but whether that is to include service at home only or attachment to regimental units does not appear. In any case, should either of these recommendations of the Committee be attempted, the gravest embarrassment to administration during peace and a complete upset in war must occur.

Promotion by selection (Art. 351) from major to lieutenant-colonel at twenty years' service is a reform which will be welcomed by all having an interior knowledge of the service. Still more will judicious reformers be glad of the institution of brevet rank (Art. 356) in the medical service; it will afford many possibilities to capable and ambitious medical

Terms of Army Service. *(Army Order 72 of April 1902)*
From 1st April, 1902, the following alterations will be made in the terms of enlistment and extension of service of soldiers of the Indian Army:—

Enlistment.
1. Enlistment for the following corps will be for a period of 5 years with the colours and 9 years in the reserve:—

Cavalry of the Line.
Royal Artillery.
Royal Engineers (except military mechanists, and military telegraphists, and submarine mining reserves).
Foot Guards (except footguards).
Infantry of the Line.
Royal Army Medical Corps.
Army Service Corps.
Army Ordnance Corps (except armourer and machinery artificer sections).

Reorganization of the Army Medical Services.

ARMY ORDER. 65 (April.) 1902.

SPECIAL.

WAR OFFICE.

The following Royal Warrant and Instructions are promulgated to the Army with the approval of the Secretary of State for War.

Royal Warrant.

Army Medical Service.
WHEREAS We deem it expedient to amend the Regulations relating to the Appointment, Promotion, Pay, and Non-effective Pay of Officers of our Army Medical Service:
Our WILL and PLEASURE is that the Warrant of Our late Royal Mother, dated the 26th October, 1796, shall be amended in accordance with the following provisions:—

1. The following shall be substituted for Article 313 and the first five lines of Article 320:
313. The Director-General of our Army Medical Service and the other officers of our Army Medical Staff shall hold the substantive rank of SURGEON-GENERAL.
320. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the King's Regulations:—
As LIEUTENANT-GENERAL. Surgeon-general holding the appointment of Director-General, Army Medical Service.
As MAJOR-GENERAL. (Chaplain-general, Surgeon-general.)
2. The following shall be substituted for Article 327:
327. In cases of distinguished service in the field a departmental officer may, with the concurrence of the Lords Commissioners of Our Treasury, be promoted from any rank or class to that next above it, and shall, if promoted to a rank or class having a fixed establishment, remain supernumerary in such rank or class until the occurrence of the vacancy to which, in the ordinary course, he would have been promoted.
An officer so promoted into a rank or class, with progressive rates of pay, shall not receive a further increase of pay in that rank or class until he becomes entitled thereto by service.
In a case of distinguished service in the field for which an officer may merit special reward, although there may not be sufficient grounds for his promotion, Our Secretary of State shall, if the officer is serving in a rank or class with progressive rates of pay and is not already in receipt of the highest rate, have the power, with the concurrence of the Lords Commissioners of Our Treasury, to grant him a higher rate of

pay in his rank or class, but without alteration of his seniority.

3. The following shall be substituted for Articles 347 to 371:—
Appointments.
347. Commissions as lieutenants in Our Royal Army Medical Corps shall be given, on the recommendation of our Commander-in-Chief, to persons duly qualified under regulations approved by Our Secretary of State. The commissions shall bear the date of the officers' appointment as lieutenants on probation.

348. Commissions as quartermasters in Our Royal Army Medical Corps shall be conferred upon warrant officers of that corps under the conditions of Article 5.

Seconded Officers.
349. A lieutenant on probation who, at the time of passing the examination for admission to Our Royal Army Medical Corps, holds, or is about to hold, a resident appointment in a recognized civil hospital may be seconded for the period, not exceeding 1 year, during which he holds the appointment. While seconded he shall not receive pay from Army funds, but his service shall reckon towards promotion, increase of pay, gratuity, and pension.

Promotions.
350. An officer shall be eligible for promotion to the rank of captain on the completion of 21 years' service, and to the rank of major on the completion of 25 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by Our Secretary of State.
351. Promotion to the rank of lieutenant-colonel shall be made by selection from officers who have completed at least 20 years' service, and have qualified in such manner as may be prescribed by Our Secretary of State.
352. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Article 350 or 351 to render him eligible for the rank of major or lieutenant-colonel may be reduced as follows:—

	Months.
If he obtained a "special certificate" ...	18
If he passed in the 1st class ...	15
If he passed in the 2nd class ...	6
If he passed in the 3rd class ...	3

353. A lieutenant in Our Royal Army Medical Corps, promoted to the rank of captain before the date of this Our Warrant, on account of distinguished service in the field, shall be eligible for further promotion to the rank of major, and subsequently to that of lieutenant-colonel, when the officer next below him in the rank of captain or major completes 15 or 20 years' service respectively. A

Reorganization of the Army Medical Services.

ARMY ORDER. 65 (April.) 1902.

SPECIAL.

WAR OFFICE.

THE following Royal Warrant and Instructions are promulgated to the Army with the approval of the Secretary of State for War.

Royal Warrant.

Army Medical Service.

WHEREAS WE deem it expedient to amend the Regulations relating to the Appointment, Promotion, Pay, and Non-effective Pay of Officers of our Army Medical Service:

OUR WILL AND PLEASURE is that the Warrant of Our late Royal Mother, dated the 26th October, 1900, shall be amended in accordance with the following provisions:—

1. The following shall be substituted for Article 315 and the first five lines of Article 320.

315. The Director-General of Our Army Medical Service and the other officers of our Army Medical Staff shall hold the substantive rank of SURGEON-GENERAL.

320. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the King's Regulations:—

AS LIEUTENANT-GENERAL.....	Surgeon-general holding the appointment of Director-General, Army Medical Service.
AS MAJOR-GENERAL	{ Chaplain-general. Surgeon-general.

2. The following shall be substituted for Article 327:

327. In cases of distinguished service in the field a departmental officer may, with the concurrence of the Lords Commissioners of Our Treasury, be promoted from any rank or class to that next above it, and shall, if promoted to a rank or class having a fixed establishment, remain supernumerary in such rank or class until the occurrence of the vacancy to which, in the ordinary course, he would have been promoted.

An officer so promoted into a rank or class, with progressive rates of pay, shall not receive a further increase of pay in that rank or class until he becomes entitled thereto by service.

In a case of distinguished service in the field for which an officer may merit special reward, although there may not be sufficient grounds for his promotion, Our Secretary of State shall, if the officer is serving in a rank or class with progressive rates of pay and is not already in receipt of the highest rate, have the power, with the concurrence of the Lords Commissioners of Our Treasury, to grant him a higher rate of

pay in his rank or class, but without alteration of his seniority.

3. The following shall be substituted for Articles 347 to 373:—

Appointment.

347. Commissions as lieutenants in Our Royal Army Medical Corps shall be given, on the recommendation of our Commander-in-Chief, to persons duly qualified under regulations approved by Our Secretary of State. The commissions shall bear the date of the officers' appointment as lieutenants on probation.

348. Commissions as quartermasters in Our Royal Army Medical Corps shall be conferred upon warrant officers of that corps under the conditions of Article 8.

Seconded Officers.

349. A lieutenant on probation who, at the time of passing the examination for admission to Our Royal Army Medical Corps, holds, or is about to hold, a resident appointment in a recognized civil hospital may be seconded for the period, not exceeding 1 year, during which he holds the appointment. While seconded he shall not receive pay from Army funds, but his services shall reckon towards promotion, increase of pay, gratuity, and pension.

Promotion.

350. An officer shall be eligible for promotion to the rank of captain on the completion of 3½ years' service, and to the rank of major on the completion of 12 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by Our Secretary of State.

351. Promotion to the rank of lieutenant-colonel shall be made by selection from officers who have completed at least 20 years' service, and have qualified in such manner as may be prescribed by Our Secretary of State.

352. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Article 350 or 351 to render him eligible for the rank of major or lieutenant-colonel may be reduced as follows:

	Months.
If he obtained a "special certificate" ...	18
If he passed in the 1st class ...	12
If he passed in the 2nd class ...	6
If he passed in the 3rd class ...	3

353. A lieutenant in Our Royal Army Medical Corps, promoted to the rank of captain before the date of this Our Warrant, on account of distinguished service in the field, shall be eligible for further promotion to the rank of major, and subsequently to that of lieutenant-colonel, when the officer next below him in the rank of captain or major completes 12 or 20 years' service respectively. A

captain so promoted to the rank of major shall, on the same conditions, be eligible for promotion to the rank of lieutenant-colonel.

354. An officer who may in the opinion of Our Secretary of State have been prevented, under very special circumstances, from qualifying for promotion as laid down in Article 350 or 351, or who, having failed to qualify, may have been debarred from further opportunity of qualifying, may be provisionally promoted. If, however, he fails to qualify on the first available opportunity his promotion shall be cancelled, and he shall be retired from Our service.

355. An officer of Our Royal Army Medical Corps, who has exchanged or been transferred from Our Indian Military Forces under Article 364, shall reckon, subject to the conditions of that article, his previous service with the said forces towards promotion, increase of pay, gratuity, and pension.

356. An officer of Our Royal Army Medical Corps shall be eligible for promotion to brevet rank under the conditions laid down in Article 36.*

357. Promotion to the rank of colonel shall be made by selection from lieutenant-colonels who have been specially selected for increased pay, and from lieutenant-colonels, or surgeon-lieutenant-colonels of Our Household Troops, specially recommended to Our Secretary of State for distinguished service in the field.

358. Promotion to the rank of surgeon-general shall be made by selection from colonels.

A colonel may also be promoted to the rank of surgeon-general for distinguished service in the field.

359. The promotion of an officer under Articles 357 or 358, for distinguished service in the field, shall be governed by the conditions laid down in Article 327.

360. The appointment of director-general of Our Army Medical Service shall be for 3 years, unless the term is specially extended by Our Secretary of State for a further period not exceeding 2 years.

Supernumerary List.

361. An officer who does not qualify for promotion to the rank of captain or major, within the periods specified in Article 350, shall be placed on the supernumerary list until he qualifies or is retired from Our Service under Article 557. Service on the supernumerary list shall not reckon towards promotion, increase of pay, gratuity, or pension.

King's Honorary Physicians and Honorary Surgeons.

362. Six of the most meritorious officers of Our Army Medical Service shall be named Our Honorary Physicians, and six Our Honorary Surgeons. On appointment as one of our Honorary Physicians or Honorary Surgeons, an officer under the rank of colonel in Our Royal Army Medical Corps may be promoted to the brevet rank of colonel.

Exchanges and Transfers.

363. An officer of Our Royal Army Medical Corps shall be permitted to exchange with another officer of such corps, or with a medical officer of Our Household Troops, under such conditions and regulations as may from time to time be made us Us.

364. Exchanges between officers of Our Royal Army Medical Corps under the rank of major and medical officers of Our Indian Military Forces, and transfers of such officers from either of the above services to the other, shall only be permitted subject to the approval of Our Secretary of State for India in Council, and on the following conditions:

- (1.) That the officers have less than 7 years' service.
- (2.) That the senior officer exchanging takes the place of the junior on the list, and shall not be promoted until the officer next above him has been so promoted.
- (3.) That the junior officer exchanging is placed for seniority next below all medical officers whose commissions have the same date as his own.
- (4.) That the officer transferred is placed for seniority below all medical officers holding the same rank at the time of his

* Secretary of State's Instructions.—Distinction in original investigation or research may, in the case of an officer of the Royal Army Medical Corps, be regarded as "distinguished service of an exceptional nature other than in the field," within the meaning of Article 36.

transfer, and shall not be promoted until the officer next above him has been promoted.

Pay, Additional Pay, and Charge Pay.

The following shall be the rates of pay, additional pay, and charge pay of the officers of Our Army Medical Staff and Royal Army Medical Corps, etc.

365.	Pay.	Inclusive of all Allowances except Field and Travelling Allowances.
ARMY MEDICAL SERVICE.		Yearly.
<i>At Headquarters.</i>		£
DIRECTOR-GENERAL	2,000*
DEPUTY DIRECTOR-GENERAL	1,500
ASSISTANT DIRECTOR-GENERAL	850
DEPUTY ASSISTANT DIRECTOR GENERAL	750
<i>At other Stations.</i>		Daily.
SURGEON-GENERAL	£ s. d. 3 0 0
COLONEL	2 0 0
LIEUTENANT COLONEL	1 10 0
LIEUTENANT-COLONEL specially selected for increased pay after at least 8 years' service abroad...	...	1 15 0
MAJOR	1 3 6
After 3 years' service as such	1 6 0
CAPTAIN	0 15 6
After 7 years' total full pay service	0 17 0
After 10 years' total full pay service	1 1 0
LIEUTENANT ON PROBATION AND LIEUTENANT	0 14 0
ADJUTANT of Our Royal Army Medical Corps (Volunteer)	The pay of his rank.
QUARTERMASTER	As a quartermaster of infantry.

366. A lieutenant-colonel appointed one of Our Honorary Physicians or Honorary Surgeons, shall receive pay at the rate laid down for a colonel of Our Royal Army Medical Corps when qualified for promotion to that rank.

A captain of Our Royal Army Medical Corps holding the brevet rank of major shall receive pay at 2s. a day in addition to the rates laid down for a captain in Article 365.

* The increased rate of pay for the Director-General shall be allowed from December 1st, 1901.

367. Additional Pay.

Officer not serving on the headquarters staff appointed a member of the Advisory Board... £150 a-year.

Officer serving as Secretary of the Advisory Board and Nursing Board... £100 a-year. Daily. s. d.

Officer under the rank of lieutenant-colonel holding an appointment as specialist ... 2 6
Quartermaster in charge of the medical stores at Woolwich ... 2 6

368. Charge Pay.

(a) Officer in charge of a general or other hospital; or of a division of a general hospital—

Daily. s. d.
If in charge of at least 50 beds ... 2 6
" " 100 " ... 5 0
" " 200 " ... 7 6
" " 300 " ... 10 0

(b) Officer in command of the depot, Royal Army Medical Corps ... 5 0

(c) The senior officer of Our Army Medical Service with an army in the field—

A rate to be fixed by Our Secretary of State according to the magnitude of the charge.

(d) In a command abroad— s. d.
The senior medical officer, if the number of soldiers is 1,500 or upwards ... 5 0

Extra-Duty Pay.

369. An officer of Our Royal Army Medical Corps, appointed to act as adjutant or quartermaster of Our Royal Army Medical Corps (Militia) during preliminary drill or training, shall receive extra-duty pay at the following daily rates:—

s. d.
Acting adjutant ... 2 6
Acting quartermaster ... 2 0

Reserve of Officers.

370. On the completion of 3 years' service, an officer of Our Royal Army Medical Corps may be permitted by Our Secretary of State to become an Army Reserve officer for a period of 7 years, and while so serving he shall receive pay at the rate of £25 a year.

With the sanction of Our Secretary of State, such officer may be allowed to return to the active list, and if the period he has been in Our Reserve of Officers amounts to at least 1 year, and not more than 3 years, he shall be allowed to reckon one-third of such period towards promotion, gratuity and pension.

Pay during Sick Leave.

371. An officer of Our Army Medical Staff or Royal Army Medical Corps may be allowed full pay during sick leave of absence under the conditions of Articles 298 and 299.

Medical Officers of the Regiments of Household Troops.

4. The following shall be substituted for Articles 382 to 388:—

Appointment.

382. A major or lieutenant-colonel of Our Royal Army Medical Corps may, on the nomination of the titular colonel of the regiment, be transferred from his corps into the rank of surgeon-major or surgeon-lieutenant-colonel respectively in one of Our regiments of Household Troops.

Promotion.

383. A surgeon-major shall be eligible for promotion to the rank of surgeon-lieutenant-colonel on completing 20 years' service (see Article 352), provided that he has previously qualified in such manner as may be prescribed by Our Secretary of State.

Promotion to the rank of brigade-surgeon-lieutenant-colonel shall be made by seniority on the medical establishment of the brigade.

384. A surgeon-major may be promoted to the rank of surgeon-lieutenant-colonel for distinguished service in the field, under the conditions laid down in Article 327.

Exchanges.

385. A medical officer of Our Household Troops may be permitted to exchange with an officer of Our Royal Army Medical Corps, provided that an officer exchanging into Our Royal Army Medical Corps has fulfilled any conditions as to service abroad required of officers of such corps.

Pay.

386. The rates of pay of medical officers of Our Household Troops shall be as follows:—

£ s. d.
Brigade-surgeon-lieutenant-colonel ... 1 15 0
Surgeon-lieutenant-colonel ... 1 10 0
Surgeon-Major ... 1 3 6
After 3 years' service as such ... 1 6 0

387. A medical officer of Our Household Troops shall be eligible for extra pay under the provisions of Articles 367 and 368.

General Regulations.

388. In all matters not provided for by Articles 382 to 387 and 555 to 562, the medical officers of Our Household Troops shall be governed by the general regulations for regimental officers of Our Army.

RETIREMENT.

5. The following shall be substituted for Articles 555 to 564:

(a) VOLUNTARY RETIREMENT.**Conditions of Retirement.**

555. An Officer of Our Army Medical Service, or a medical officer of Our Royal Malta Artillery, may be permitted to retire, in cases in which such retirement may be deemed expedient by Our Secretary of State.

Scale of Retired Pay.

556. *Army Medical Staff.* Daily. £ s. d.
SURGEON-GENERAL ... 2 0 0
Royal Army Medical Corps and Medical Officers of Household Troops.
COLONEL ... 1 15 0
LIEUTENANT-COLONEL, or surgeon-lieutenant-colonel of the Household Troops—
After 20 years' service ... 1 0 0
" 25 " ... 1 2 6
" 30 " ... 1 5 0
LIEUTENANT-COLONEL, after having been in receipt of the increased pay allowed by Article 365 for 3 years, or brigade-surgeon-lieutenant-colonel of the Household Troops—
Under 30 years' service ... 1 7 6
After 30 " ... 1 10 0
MAJOR, or surgeon-major of the Household Troops—
After 20 years' service ... 1 0 0
After 25 years' service, if his service reckoning for promotion is insufficient to qualify him for promotion to the rank of lieutenant-colonel under Article 351 ... 1 2 6

MAJOR OR CAPTAIN—**Gratuity.**

£
After 5 years' service in the rank of captain ... 1,000
After 10 years' service, if the officer was commissioned before the date of this Our Warrant ... 1,250
After 3 years' service in the rank of major, or, if the officer was commissioned before the date of this Our Warrant, after 15 years' service ... 1,800
After 6 years' service in the rank of major, or, if the officer was commissioned before the date of this Our Warrant, after 18 years' service ... 2,500

Secretary of State's instruction to Art. 368.

(A.O. 172 (July) 1902) page 8 of this Sample Book

Commander-in-Chief.

THE NEW ROYAL MEDICAL WARRANT.

[FROM A CORRESPONDENT.]

THE Royal Warrant, so far as can be judged, has neither surprised nor falsified expectations. Although it was known that certain of the strongly-condemned recommendations of the Committee would be omitted, yet it was not known which of the doubtful ones would be retained.

Mr. Brodick himself had raised expectations by promising such terms as would popularize the Army Medical Service among the most desirable class of young medical men. Whether he will succeed in this laudable object has yet to be proved; but it would be ungenerous not to recognize that at least a sincere attempt has been made to fulfil his promise. It is to be hoped the good points in the Warrant will not be marred by subsequent injudicious instructions and regulations.

In reviewing the clauses of this new charter care should be taken to discriminate, broadly, wherein distinct advances have been made; where something still to be desired is omitted; and where new departures of doubtful expediency are made.

The Advisory Board.

There are certain real or apparent omissions which have already attracted comment. One is the absence of all mention of the Advisory Board, which is certainly remarkable; for, even if that body were officially considered to represent merely a temporary expedient it is none the less a very present factor in the administrative machinery, and the connecting link between it and the Secretary for War is none else than the Director-General himself.

Undermanning.

Again, exception is taken to the fact that there is no reference to the undermanned condition of the service on which so much hinges—the amount of foreign service, leave, study leave, etc.

So far, as appears in the Estimates for this year, there is an increase of 67 medical officers, but it might easily be shown that such an increase is not only quite insufficient as a contribution towards general efficiency, but is probably inadequate to carry out with success even the initial stage of the change produced by the new Warrant.

India.

Further, it is urged that the all-important question of Indian pay is untouched; but, as you pointed out, that too lies outside such warrants. The Indian Government claims and exercises complete autonomy in establishments and pay within its jurisdiction, and all Royal troops are, in theory, merely "lent" to it; it is, however, bound to legislate for such troops within the four corners of warrants under which they serve at home.

It is just because the Indian Government has failed to do so in the case of army medical officers, although granting some limited and inadequate advances in pay, that so much dissatisfaction has been caused among the 335 medical officers "loaned" to it.

It is understood that a mixed committee is now considering the general question of army medical pay in India, which is so important in itself, that unless equitably settled the new Warrant will no more provide a solution of the army medical difficulty than the old.

The new Warrant, unlike many of its predecessors, takes the form of substitution, alteration, and revision of articles in the existing Pay Warrant, retaining the old numbering of the paragraphs: the alterations vary from a complete substitution to a partial recast.

The Director-General.

The advancement of the Director-General (Art. 320) to the rank of Lieutenant-General, together with the increase of his salary and his appointment to be a member of the War Office Council and Army Board are of the highest importance. So obviously do they tend towards army efficiency, that nothing but want of ripeness in the military mind could have prevented their being effected long ago.

He will now be able to make himself heard in the highest military courts of the nation to the advantage of the army at large and of his own branch of the service.

Appointment, Promotion, Exchange.

Articles 347 to 373, bearing on appointment, seconding, promotion, exchanges, pay, etc., are entirely recast. The old regulation as to qualifications, open competition, nomination, probation, etc., are expunged under the general explanation that commissions in future will be given to "persons duly qualified under regulations approved by the Secretary of State." These regulations are not yet published, but it is obvious that much will depend upon their general practicability and judiciousness. They will be very closely scrutinized by the medical profession at large.

The substituted Arts. 350 to 360 bearing on promotion are likely to meet with general approval. It is surely an advance to get out of the rut of pure seniority promotion; to have something which can stimulate ambition and exertion. Under Art. 352 a medical officer may by his own exertions, under examinations framed and conducted on reasonable conditions of fair play, be a major at 103, and a lieutenant-colonel at 18½ years' service. What a change from former days! There are not a few grey beards still living on the retired list who, thirty years ago, at fifteen years' service, were still toiling on in the despised rank of assistant-surgeon, hopelessly waiting for vacancies which never seemed to come, for promotion to the rank of surgeon.

Under Article 350 service as lieutenants is extended to three and a-half years, presumably to meet regulations as to their disposal during that time; but whether that is to include service at home only or attachment to regimental units does not appear. In any case, should either of these recommendations of the Committee be attempted, the gravest embarrassment to administration during peace and a complete upset in war must occur.

Promotion by selection (Art. 351) from major to lieutenant-colonel at twenty years' service is a reform which will be welcomed by all having an interior knowledge of the service. Still more will judicious reformers be glad of the institution of brevet rank (Art. 356) in the medical service; it will afford many possibilities to capable and ambitious medical

officers.

The articles on exchanges and transfers do not require comment, being merely an amplification of existing regulations; but it may be asked, has ever an exchange between a R.A.M.C. and an Indian medical officer been effected?

Pay.

Article 365, containing the new scales of pay, will be eagerly scanned, and generally admitted to be both liberal and judicious except, perhaps, in the rank of Colonel. The same will be said of the articles granting charge and extra duty pay. No longer will the gross anomaly be witnessed of an officer who, through the accident of slight seniority, is saddled with the anxious duties and financial responsibility of a big station hospital, yet is only drawing the same net pay as the officer next in seniority who has merely medical charge of a ward or two.

Reserve.

Art. 370, Reserve of Officers, will not probably meet with much acceptance. The conditions under which lieutenants are to serve are still undisclosed, but it is impossible to see how the proposed retirement at three years can be carried out without grave dislocation of the foreign service roster.

If the lieutenant applies for and is granted retirement, is he thereby forced into a reserve for seven years on a nominal retaining fee of £25 per annum? Is the right to resign his commission altogether taken away? Such an option has not yet been refused to any commissioned officer under service safeguards as to time and place. The necessity for a medical reserve is, of course, great; but it is very doubtful if it can be successfully formed by attaching liability to recall to service to officers who retire on gratuities; such liability very heavily handicaps them in settling down in civil medical practice.

Household Troops.

The appointment of medical officers to regiments of household troops, on the nomination of the titular colonel of the regiment (Art. 382) is still to go on; as well as the compound titles; the majority at present of medical officers doing duty with these regiments are merely attached from the R.A.M.C.

APRIL 12, 1902.

ARMY NURSING BOARD.

UNDER the scheme of reorganization of the Army and Indian Nursing Services the new post of Matron-in-Chief has been bestowed upon Miss Sydney Brown. Miss Brown received her earliest training at St. Bartholomew's Hospital, and entered Netley in 1883. Miss Brown has the decoration of the Royal Red Cross, and has for a long time past done good service in South Africa, from which she recently returned. As Matron-in-Chief she will be the medium of communication between the Director-General of the Army Medical Service and her own department. She will receive confidential reports from the matrons of the military hospitals as to the efficiency and conduct of their own staffs, and will be expected to keep herself acquainted with the general details of nursing administration in these various institutions. On her will devolve the important responsibility of appointments, promotions, and retirements, and a new duty will be that of maintaining a sufficient staff of special nurses, who will be detailed for duty in cases of emergency or for service in the smaller hospitals. The newly-constituted Board has not, we believe, yet met, but is expected to do so shortly. The matrons of three large civil hospitals are also to have seats on the Board. Two of these have already been appointed, Miss Gordon, of St. Thomas's, and Miss Monk, the Matron of King's College Hospital. One of the two members nominated to the Board to hold office for three years by the Queen, in her capacity of President, is the Hon. Sydney Holland, Chairman of the London Hospital. Countess Roberts has accepted the Vice-Presidency of the Board.

APRIL 19, 1902.

THE NEW ROYAL WARRANT FOR THE ARMY MEDICAL SERVICE.

THE following report of the Subcommittee of the Parliamentary Bills Committee on the Royal Medical Warrant of March 24th, 1902, was accepted by the Council of the British Medical Association on April 16th, and directed to be printed in the BRITISH MEDICAL JOURNAL:

The Subcommittee are glad to report that, taken as a whole, the new Royal Medical Warrant offers distinct advances in the organization of the Army Medical Service.

They view with satisfaction that several of the more important of the recommendations made by this Committee in December last to the Council of the British Medical Association, and submitted to the War Office, have been adopted; while other of the recommendations of Mr. Brodick's Committee, to which they took strong exception, have been omitted.

They do not now propose to analyse the provisions of the Warrant in detail, but remark that, where adverse criticisms are not herein expressed towards any of the Articles, general concurrence may be inferred.

They, however, express much satisfaction in the enhanced status of the Director-General in rank, position, and emolument. As a member of the War Office Council and Army Board, he will now be able to exercise an important and beneficial influence not only on the efficiency of his own department, but of that of the Army at large in all that relates to its sanitation.

They commend the endeavour to lift promotion out of the dead rut of seniority, and to place it better within the reach of the more capable and energetic members of the medical service.

They regard the increase of pay, with one exception, as liberal and equitable; especially is charge, special, and brevet pay an immense advance on previous Warrants.

The points on which the Subcommittee would offer specific criticism are as follows:

* Terms of Army Service. *Army rules 73 (Amend.)*
From 1st April, 1902, the following alterations will be made in the terms of enlistment and extension of service of soldiers of the Regular Army:—

Enlistment.
1. Enlistment for the following corps will be for a period of 8 years with the colours and 9 years in the reserve:—

Cavalry of the Line.
Royal Artillery.
Royal Engineers (except military mechanists, and railway, telegraph, and submarine mining reserve).
Foot Guards (except bandmen).
Infantry of the Line.
Royal Army Medical Corps.
Army Ordnance Corps (except armourer and

Surgeon-lieutenant-colonel or surgeon-major of £
the Household Troops—
After 15 years' service ... 1,800
" 18 " ... 2,500

Medical Officers of the Royal Malta Artillery.

All ranks—retired pay equal to the half-pay of the officer's rank.

Except in the case of a lieutenant-colonel, an officer of Our Army Medical Service, who, on voluntary retirement, has served for less than 3 years in the rank from which he retires, shall be entitled only to the gratuity or retired pay assigned to the next lower rank.

(b.) RETIREMENT ON ACCOUNT OF AGE, OR LIMITATION OF PERIOD OF SERVICE.

Conditions of Retirement.

557. The Director-General of Our Army Medical Service shall retire on completion of the term of his appointment; and the retirement of other officers of Our Army Medical Service (except quartermasters) shall be compulsory at the following ages:

Surgeon-general ... 60
Colonel, promoted to the rank on or after the date of this Our Warrant ... 57
Colonel, promoted to the rank before the date of this Our Warrant (subject to Article 558) ... 60
Other officers ... 55

A major shall retire on completion of 25 years' service; or, if he fails to qualify for promotion, on the completion of 20 years' service.

A captain or lieutenant shall retire on completing 6 months' service on the supernumerary list.

A medical officer of Our Royal Malta Artillery shall be compulsorily retired on attaining the age of 55.

558. It shall be competent to Our Secretary of State to place a medical officer on the retired list after 30 years' service.

Scale of Retired Pay.

559. DIRECTOR-GENERAL ARMY MEDICAL SERVICE.—
Yearly.
After 3 years' service as director-general—
With 30 years' service ... 1,125

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND MEDICAL OFFICERS OF OUR ROYAL MALTA ARTILLERY.—
Same rates as under "(a) VOLUNTARY RETIREMENT," except that the condition of 3 years' service in the rank shall be omitted; and that, in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay, if retired on account of age, shall be 17s. 6d. a day, irrespective of service.

(c.) RETIREMENT ON ACCOUNT OF MEDICAL UNFITNESS.

Conditions of Retirement.

560. An officer of Our Army Medical Service, or a medical officer of Our Royal Malta Artillery placed on the half-pay list on account of medical unfitness shall, if not previously retired, be retired from Our Army at the expiration of 5 years

from the date on which he was placed on the half-pay list, or, if reported by the regulated medical authority to be permanently unfit for duty, on the officer's application, at such earlier date as may be decided by Our Secretary of State.

561. An officer, whether on full or half pay, placed in detention as a person of unsound mind, shall be retired from Our Army, with the retired pay to which he would be entitled if reported by the regulated medical authority to be permanently unfit for duty. If his disability was not caused by military service, and he is not entitled to permanent retired pay by length of service, he shall receive temporary retired pay equivalent to the half-pay, and temporary retired pay, if any, which he would have received if his disability had been other than insanity.

562. *Scale of Retired Pay.*

DIRECTOR-GENERAL ARMY MEDICAL SERVICE.—
Yearly.
Under 3 years' service as director-general,
and after not less than 30 years' service... 875

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND OF OUR ROYAL MALTA ARTILLERY.—Same rates as under "(a) VOLUNTARY RETIREMENT," except that the condition of 3 years' service in the rank shall be omitted; and that in the case of a surgeon-major of Our Royal Malta Artillery his retired pay, if retired on account of medical unfitness, shall be 17s. 6d. per day, irrespective of service.

Rates for Officers not Qualified for Retired Pay on Voluntary Retirement.

If the unfitness was caused by military service—retired pay equal to the half-pay of his rank.

If not so caused, provided the officer has at least 12 years' service—retired pay equal to the half-pay of his rank, for such period only, not exceeding 5 years from the date of the officer's retirement from Our Army, after 5 years on half-pay under Article 306, as Our Secretary of State shall determine according to the merits of the case.

QUARTERMASTERS.

563. The retirement of quartermasters shall be governed by the regulations laid down in Articles 529, 531, 532, and 534.

Given at Our Court at St. James's this 24th day of March 1902, in the 22nd year of Our Reign.

By His Majesty's Command,

Secretary of State's Instructions.

The term "rank," when used in the foregoing Royal Warrant, means "substantive rank" unless otherwise stated.

Officers who have served with the Royal Army Medical Corps (Militia) when embodied, or who, as officers of the Royal Army Medical Corps (Militia) or Royal Army Medical Corps (Volunteers), medical officers of Yeomanry or Volunteers, or as civil surgeons, served with an army in the field, after the 1st October, 1899, may be allowed to reckon such service towards retired pay and gratuity.

Commander-in-Chief.

THE NEW ROYAL MEDICAL WARRANT.

[FROM A CORRESPONDENT.]

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The advancement of the Director-General (Art. 320) to the rank of Lieutenant-General, together with the increase of his salary and his appointment to be a member of the War Office Council and Army Board are of the highest importance. So obviously do they tend towards army efficiency, that nothing but want of ripeness in the military mind could have prevented their being effected long ago.

He will now be able to make himself heard in the highest military courts of the nation to the advantage of the army at large and of his own branch of the service.

Retired Pay.

The scale of retired pay (Art. 556) is practically unaltered; but the pension of £1 a day, even to an unqualified and unselected major, is secured, which is a matter of very great moment.

The other Articles, as revised, do not seem to call for special comment.

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The substituted Arts. 350 to 360 bearing on promotion are likely to meet with general approval. It is surely an advance to get out of the rut of pure seniority promotion; to have something which can stimulate ambition and exertion. Under Art. 352 a medical officer may by his own exertions, under examinations framed and conducted on reasonable conditions of fair play, be a major at 10, and a lieutenant-colonel at 18½ years' service. What a change from former days! There are not a few grey beards still living on the retired list who, thirty years ago, at fifteen years' service, were still toiling on in the despised rank of assistant-surgeon, hopelessly waiting for vacancies which never seemed to come, for promotion to the rank of surgeon.

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Promotion by selection (Art. 351) from major to lieutenant-colonel at twenty years' service is a reform which will be welcomed by all having an interior knowledge of the service. Still more will judicious reformers be glad of the institution of brevet rank (Art. 356) in the medical service; it will afford many possibilities to capable and ambitious medical

Article 347.—Appointments will be made on the recommendation of the Commander-in-Chief to duly-qualified persons under regulations approved by the Secretary of State. It is hoped that under this regulation only a thoroughly eligible class of men will be nominated, and that the regulations promised will be judicious.

Article 349.—It is hoped that in the seconding of Lieutenants herein proposed, due provision will be made that the establishment of officers is not thereby unduly reduced. Otherwise, certain less favoured officers may, in an undermanned establishment, be made to do the duty of men who receive a gratuity of a year's service towards promotion and pension, etc.; thereby, while of doubtful value to the State, likely to cause much heart burning and discontent in the service.

Article 349a.—In order to provide for the wastage due to the employment of Lieutenants on probation as Resident Medical Officers in Civil Hospitals (par. 349), to the possible failure of Lieutenants on probation to take up their commissions, to non-effectives from sickness and other causes, two or three additional Lieutenants on probation should be appointed above the number required to complete the establishment—any excess being absorbed as vacancies occur.

Article 351.—This seems indifferently drafted; an officer need not "complete at least 20 years' service" to be selected for Lieutenant-Colonel; he may have attained it in 18 years through examination as in the paragraph following.

Article 352.—The Subcommittee think the "distinctions" herein made in the quality of the examinations passed are too distinctive, and that instead of four there should only be two or three—

1st. A special certificate.

2nd. A pass—first class.

3rd. A pass.

Also that brevet promotion and extra pay would be fairer than substantive promotion, as many men might not have the same opportunities for study as others, and would thus be superseded through no fault of their own.

Article 354.—They consider that an officer in his examinations herein should be placed in no worse position than another under Article 361, and that a recasting of the Article is desirable.

Article 357.—They consider that, viewing the privileges of medical officers in the Household troops, when one is promoted to the rank of Colonel for distinguished service in the field, he should be seconded, and in italics, in order that a step may not be lost to those in the general medical service who bear the burden of service abroad.

Article 360.—They offer no comment on the limitation of the appointment of the Director-General for 3 years, provided such is the rule in other branches of the War office, but object to it if it is an exception.

Article 365.—In this very important Article the point to which the Committee take strong objection is the pay of Colonels. All ranks have shared in an increase of pay except this important one. The result will be, and they believe already is, that a Lieutenant-Colonel in charge of a hospital of 100 beds draws equal pay to the Colonel under whom he may be serving, that is, the P.M.O. of the district; one in charge of 200 beds 2s. 6d. more daily; and one in charge of 300 beds 5s. a day more. It must also be remembered that in the future Colonels unpromoted at 57 are to be retired, thus depriving them of three years' full pay, or about £1,200. To meet this very obvious anomaly they propose the daily pay of a Colonel should be £2 5s.

Article 370.—They consider that this Article will, in all probability, prove futile towards the formation of a Reserve; but if it should possibly come into operation, it will be found absolutely unworkable. Past experience has shown that few medical men who enter the Army desire to leave it at an early stage of their career therein. The attempt some thirty years ago to get medical men to enter the Army and retire on £1,000 gratuity after ten years' service, thereby saving pensions, proved a total failure. They cannot think this regulation will now prove different; no man, with foresight, would elect to retire at three years' service on a nominal retaining fee of £25 per annum, to be handicapped for seven years with liability of recall, in any settlement of civil practice. If he wished to leave the service he would probably resign his commission altogether, for it cannot be supposed this right hitherto is to be denied, and men forced into a Reserve. But, supposing Lieutenants did so elect to retire, unless they are to be kept at home, which seems an impossibility, the dislocation of the foreign service roster would seem complete. Supposing a Lieutenant elects to retire at three years and is serving abroad, who is to pay his passage home, and of his relief going out? Such a vista opens up endless confusion and expense, with no prospect of advantage either to individuals or to the State.

Article 383.—It may well be asked, If promotion in the general service to Lieutenant-Colonel is to be made strictly by selection, why should it be by "seniority" in the Household troops? Are these officers to be "privileged" so as not to be subjected to the same tests as their brethren?

The above criticisms apply strictly to the terms and provisions of the Royal Warrant itself, which the Subcommittee are aware cannot embrace collateral issues, even if of much importance.

Among these which will largely affect the efficacy of the Warrant are the regulations and instructions promulgated from time to time.

One of the most important is the fixing of Establishments, so vitally affecting the incidence of foreign service, general duty, ordinary leave, and study leave. No Warrant can popularize an undermanned service.

Another is the question of Indian pay, which constantly affects one-third of the entire Army Medical Service, or no less than 335 officers. There can be no effective rehabilitation of the service with this question unsettled.

Finally, they feel compelled, with regret, to advert to matters affecting the social status of medical officers. On two recent ceremonial occasions the rank even of Surgeon-General was entirely ignored; a service so treated can never be popular; while again the King's honorary surgeons and physicians (members of the Household) are never invited to State functions.

J. B. HAMILTON,
Chairman.

April 13th, 1902.

VOLUNTEER MEDICAL SERVICE.

THE following letter from Sir E. W. D. Ward, Permanent Secretary of the War Office, has been received by the Honorary Secretary of the Volunteer Medical Association, in reply to a communication addressed by the Council of that Association to the Secretary of State for War:

War Office, April, 1902.
Sir, I am directed by the Secretary of State for War to inform you that he has carefully considered the various points raised in the communication received from the Council of the Volunteer Medical Association, dated January 10th last, and in reply I am to state:

1. That while the Volunteer Medical Staff Corps officers and men have been affiliated to the Royal Army Medical Corps, under the title of the Royal Army Medical Corps (Volunteers) by Army Order of 1900, and the compound title of the officers abolished, Mr. Brodick does not consider it advisable to interfere with the position of medical officers belonging to regiments or corps. The position of these officers is quite different from that of officers of the Royal Army Medical Corps (Volunteers). The latter are officers of a medical corps, the former are medical officers of their respective units, and the maintenance of the compound title is essential to indicate their position in their corps, and the nature of the duties upon which they are employed. Similar titles exist for the medical officers of the Brigade of Guards and Yeomanry.

2. If there is any general desire to abbreviate the title of Brigade-Surgeon-Lieutenant-Colonel, Mr. Brodick has no objection to the omission of the word "Brigade." An officer's appointment as "senior medical officer" of a Brigade being shown in the Army List by a separate date.

3. The selection of Senior Medical Officers for duty solely on the Staff of Brigades is approved, and all such officers can in future be seconded whilst so employed, if they so desire, thus creating vacancies on the establishments of the units to which they belong. Seconded officers cannot draw capitation grant but are eligible for camp allowances.

4. Mr. Brodick does not consider that there is any necessity for the appointment of a Volunteer Medical Officer to the office of the Director-General or as a member of the Advisory Board for Army Medical Services, as the interests of the Volunteer Medical Services are already carefully considered and safeguarded.

5. The Secretary of State does not consider it necessary to introduce additional examinations for promotion. He is, however, of opinion that the period of service required for promotion of Surgeon-Major or Major in the Royal Army Medical Corps (Volunteers) should be reduced from fifteen years to twelve, and steps will be taken accordingly.

6. The formation of the bearer companies of the Volunteer Infantry Brigades as independent units has been authorized, and Mr. Brodick trusts that this step may be to the advantage of the whole Volunteer Medical Service and that it will add to the efficiency of the Brigades themselves.

A sergeant-instructor from the Royal Army Medical Corps will be provided for each bearer company.

Pending such appointments the temporary employment of a qualified Volunteer non-commissioned officer as instructor, with pay at £s. a day, can be sanctioned by General Officers Commanding, under authority of War Office letter No. 606/104, dated February 25th, 1900.

7. The questions of the provision of equipment and the allotment of Volunteer Medical Officers for duty on mobilization are now being carefully considered.

8. The proportion of regimental stretcher-bearers to each unit will remain as at present, and these men should be instructed by their own medical officer.

9. The regulations regarding uniform of all Volunteer Officers are clearly laid down in the Volunteer Regulations, and the Secretary of State sees no reason to make any alterations.

10. The rates of pay and allowances for Volunteer Medical Officers of all branches of the service have been arrived at after careful consideration, and there does not seem to be any necessity for departing from the scales approved.

Cases of an exceptional nature can always be submitted for special consideration.

11. The Secretary of State is prepared to approve of the granting of a step of honorary rank on retirement only under the same conditions as those in force for other branches of Volunteers up to and including the rank of Honorary Surgeon-Colonel or Colonel in the Royal Army Medical Corps (Volunteers).

I am, Sir, your obedient servant,

(Signed)

E. W. D. WARD.

The Honorary Secretary,
Volunteer Medical Association,
20, Hanover Square, W.

see p. 3.

THE COURT AND THE ARMY MEDICAL SERVICE.

SIR,—With reference to the letter of "One of Them" in the BRITISH MEDICAL JOURNAL of March 15th, permit me to state that a similar occurrence took place at the King's visit to Portsmouth, and that the Surgeon-General there was omitted from the invitation, though several officers junior to him were asked. Of course it must be clearly understood that His Majesty, like all his subjects, has a clear and definite right to invite whom he chooses to the royal table, but on the other hand, custom lays down that senior officers on the staff are always invited, and the omission to do so is looked on in military circles as a grave slight.

In the present instance it happens that both the officers are Irishmen, but have most distinguished records of service, one being a Companion of the Bath, while the other was twice recommended for it, and was over and over again mentioned in despatches.

These incidents have caused the very deepest feeling of grief and despondency in the medical service, and it is openly said that Mr. Brodick's warrant may as well remain in its pigeon-hole as be promulgated, for no "self-respecting gentleman" will (as "One of Them" truly says) enter the service to be snubbed and insulted by Court officials and military clubs that take their cues from them.—I am, etc.,

April 15th.

ANOTHER OF THEM.

APRIL 20, 1902

WE understand that the first meeting of the new Nursing Board of Queen Alexandra's Imperial Military Nursing Service was held at the Horse Guards on Monday, April 21st.

STANDARD, SATURDAY, APRIL 26, 1902

PROMOTIONS AND APPOINTMENTS.

(FROM LAST NIGHT'S "LONDON GAZETTE.")

WAR OFFICE, APRIL 25.

ARMY MEDICAL SERVICE.—The King has been pleased by Royal Warrant dated March 24, 1902, to approve of the Surgeon-General, who holds the appointment of Director General, Army Medical Service, ranking as a Lieutenant-General.

Revised Regulations for Admission of Candidates to the Royal Army Medical Corps have been approved by the Secretary of State, and copies will be issued to all concerned.

A.O. 176 of 1898 and the regulations issued therewith are cancelled.—A.O. 114, May 1902.

MEDICAL DEPARTMENT
OF THE NAVY.

ADMIRALTY,
NORTHUMBERLAND AVENUE, W.C.
14th April, 1902.

An Examination of Candidates for entry into the Medical Department of the Royal Navy will be held on 2nd June next and following days at Examiners-Hall, Thames Embankment.

Not less than Thirty Commissions, as Surgeons, will be offered for Competition.

The forms to be filled up by candidates will be available on application to the Secretary, Admiralty, Northumberland Avenue, W.C.

THE INDIAN GOVERNMENT AND R.A.M.C. OFFICERS
ON LEAVE

ON LEAVE

WE understand that officers of the Royal Army Medical Corps now on leave from India are, while in England, to be paid by the Indian Government on the scale laid down in new Royal Warrant. This concession, which to the non-official mind seems to be a simple act of justice, was not made voluntarily by the Indian Government; it had to be asked for by the officers concerned, and if the point had not been raised it may be taken as certain that the officers would have been paid on the Indian scale. The matter may be regarded as a mark of the liberality and the ungenerous government deals with the Indian Army Medical Corps whose services are so valuable to the Indian Government.

A Sad Story, and an Appeal to the Profession, on
Behalf of the Victims.

By Surgeon-General H. S. MUIR, M.D., C.B.,

(Late D.D.G. Army Medical Service)

DEAR SIR

May I ask you to read the following "romance in real life"? Whilst acting in the position of Deputy Director-General of the Army Medical Service, my duties included the "interviewing" of all sorts and conditions of men and women. Visits from anxious parents and relatives of those reported killed, wounded, or "down with enteric," in South Africa, were always more or less painful: but I do not remember a more distressful case than that which I here lay before you, with a request for aid. My only hesitation in making any appeal to the members of the profession outside the Corps is due to the fact that my Civilian *confreres* recently came forward with such marked generosity in their contributions to the "R.A.M.C. South Africa Fund"; but a perusal of the story will show that it would be difficult to raise an adequate sum in the Corps alone, without risking undue publicity. Moreover, the large majority of our Officers is still absent "at the Front." I can assure the reader that I have fully satisfied myself as to the facts, here set forth without exaggeration: names being suppressed for obvious reasons.

"X," an officer of R.A.M.C. serving at a "foreign" station, met, at the end of 1896, Miss "Y," a governess in a family there residing. An attachment sprung up and they became engaged, with the full approval of her family and friends, in April, 1898. "X's" duties shortly afterwards took him to India, and it was arranged that "Y." should follow later, to be married. This arrangement was carried out by "Y." who had entire confidence in her fiancé. She accepted his explanation that a marriage in church was attended with difficulties in India; and a civil ceremony took place in one of the Presidency towns at the Registry, (or in an office which she was informed was a Registry,) in June, 1899; *the witnesses being two native clerks.* In due course the couple arrived at the station where "X." was doing duty. It was known that he was about to return with a "bride," and, being popular, he and his partner were welcomed with the usual cordial congratulations. She very soon, by her personality, became popular also. A daughter was born in November, 1900. In April, 1901, "X." died, after a few weeks' illness, thus suddenly terminating what was looked upon as the happiest of unions:—the lady herself gives her assurance that to her it was so. It can easily be realized that the severity of the bereavement was accentuated by distance from home and friends. But a still more cruel trial was to follow. In the midst of her deep sorrow, she had to learn the astounding news, that she had been the victim of heartless deception on the part of the man to whom she had given her affection. "X." had been married some years previously; his wife was still living; and the proceedings at the Registry were a sham! "Y." had never been his wife; she had no claim whatever on his estate; she stood absolutely penniless and houseless; and uncharitable folk might, not unreasonably, look upon her as an adventuress (if not worse). Those around her rendered generous assistance, without which she would have been unable to defray the expenses of the journey to England. There could be no possible excuse for such dishonourable conduct on the part of "X.," but it is now of no avail to pass judgement upon him.

To make the narrative complete, the circumstances of his *first* marriage may be briefly described. About 20 years ago he formed a *liaison* with a young woman outside

* Major James Rogers Burrows M.D., M.A. R.V.I. from
13th October 1858, died at Calicut. 15th April 1901 -

as has been well said, a sentimental grievance is a real grievance. This is especially the case in the army.

We have indicated the points in which Mr. Brodrick's scheme still requires to be amended, and the direction in which further efforts must be made by the powers that be if the service is to be made attractive to capable and high-spirited men. With a corps of adequate strength, a proper scale of pay in India, and social equality with combatant branches, the medical officers of the army would have little to complain of, and we should feel justified in recommending the service as offering to young men of military tastes a career in which there was the certainty of acquiring a modest competence and the possibility of earning high distinction and solid rewards.

Director-General, Surgeon-General W. Taylor, C.B., who has issued a circular upon the subject. In this it is pointed out that although the natural centre for this work will in future be the Medical Staff College in London, through which every officer will have to pass more than once in his career, and which from its position in the metropolis will be easily accessible to all, there is nothing to prevent the Committee which should be formed selecting other spots for special memorials, if the locality should have been particularly identified with the career of the officer who is considered worthy of the distinction. In order to carry out the scheme it is suggested that a small annual subscription be given by each officer, say the same amount that is subscribed to the annual dinner and to the band funds. By this means a fund would be accumulated. Should it be necessary to

802

CAL. SERVICE

r which has been addressed on behalf of the Volunteer of April 3rd from the War paragraph was published in April 10th, page 1001:
go the receipt of your letter dated the consideration of the Council led to thank you for the same in

the word "Brigade" in the title
 dated after twenty-four years'

ended.
as lamellae to be introduced at

be all made companies of the permanently attached to brigades, and titles as those of the R.A.M.C. Id to such companies becoming Medical Staff Corps being met by the Volunteer Medical Staff Corps of the services of its members additional reason for the same nearer company.

has been made to their suggestion commutation of the War Office, 1881, on Volunteer Medical if by the then Secretary of State for Defence that the medical officers of on precisely the same footing as the distribution of honours and irable consideration."

should have effect given to it, and in present time would be participation, the desire of the War Office d be instructed by their medical would be given to this by a clause

Sir,
 I am very
 Dear Sir,
 I am very
 Dear Sir,
 I am very

Surgeon-Major A. M. R.,
Y. Volunteer Medical Association,
Per Square, London, W.

ORP8 VOLUNTEERS

ng relinquished their temporary
ca. are granted honorary rank in
uniform of the corps :
Mar. February 14th, 1901.

C. E. DOUGLAS, M.B., March 27th;
C. A. McMUNN, M.D., November
1; S. LANTON, M.B., February 27th,
rd, 1901; E. J. G. BRUKLEY, April
9th;
J. W. SMITH, M.B., November
15th, 1901; J. C. TAYLOR, M.B.,
M.B., August 14th, 1901; A. H.
J. MACNAB, M.B., March 27th, 1901;
7th, 1901.

MAY 21, 1902.

ICAL SERVICE.

P EXAMINERS.

has appointed the following
to the Indian Medical Service:
D., F.R.S., in Medicine and

in Surgery and Diseases of

in surgery and discussed at

M.D., F.R.S., in Surgical

M.A., B.Sc., F.R.C.P.E., in

ABCFE EFDEF in Middle

Children.

M.D., F.R.C.P., F.R.S.E., in
and Zoology.

and Zoology.

TRIAL FUND.

It has been made to form a

memory of distinguished
Medical Corps by some

headquarters mess or other-

in the past been few in
now as the Corps is estab-

Now, as the Corps is estab-
lished for the purpose of in-

n connexion with the same

record of the Army Medical
will appeal to the *esprit de*

Article 347.—Appointments will be made on the recommendation of the Commander-in-Chief to duly-qualified persons under regulations approved by the Secretary of State. It is hoped that under this regulation only a thoroughly eligible class of men will be nominated, and that the regulations promised will be judicious.

Article 349.—It is hoped that in the seconding of Lieutenants herein proposed, due provision will be made that the establishment of officers is not thereby unduly reduced. Otherwise, certain less favoured officers may, in an undermanned establishment, be made to do the duty of men who receive a gratuity of a year's service towards promotion and pension, etc.; thereby, while of doubtful value to the State, likely to cause much heart burning and discontent in the service.

Article 349a.—In order to provide for the wastage due to the employment of Lieutenants on probation as Resident Medical Officers in Civil Hospitals (par. 349), to the possible failure of Lieutenants on probation to take up their commissions, to non-effectives from sickness and other causes, two or three additional Lieutenants on probation should be appointed above the number required to complete the establishment—any excess being absorbed as vacancies occur.

Article 351.—This seems indifferently drafted: an officer need not "complete at least 20 years' service" to be selected for Lieutenant-Colonel; he may have attained it in 18½ years through examination as in the paragraph following.

Article 352.—The Subcommittee think the "distinctions" herein made in the quality of the examinations passed are too distinctive, and that instead of four there should only be two or three—

- 1st. A special certificate.
- 2nd. A pass—first class.
- 3rd. A pass.

Also that brevet promotion and extra pay would be fairer than substantive promotion, as many men might not have the same opportunities for study as others, and would thus be superseded through no fault of their own.

Article 354.—They consider that an officer in his examinations herein should be placed in no worse position than another under Article 361, and that a recasting of the Article is desirable.

Article 357.—They consider that, viewing the privileges of medical officers in the Household troops, when one is promoted to the rank of Colonel for distinguished service in the field, he should be seconded, and in italics, in order that a step may not be lost to those in the general medical service who bear the burden of service abroad.

Article 358.—They offer no comment on the limitation of the appointment of the Director-General for 3 years, provided such is the rule in other branches of the War office, but object to it if it is an exception.

Article 365.—In this very important Article the point to which the Committee take strong objection is the pay of Colonels. All ranks have shared in an increase of pay except this important one. The result will be, and they believe already is, that a Lieutenant-Colonel in charge of a hospital of 100 beds draws equal pay to the Colonel under whom he may be serving, that is, the P.M.O. of the district; one in charge of 200 beds 2s. 6d. more daily; and one in charge of 300 beds 5s. a day more. It must also be remembered that in the future Colonels unpromoted at 57 are to be retired, thus depriving them of three years' full pay, or about £1,200. To meet this very obvious anomaly they propose the daily pay of a Colonel should be £2 5s.

Article 370.—They consider that this Article will, in all probability, prove futile towards the formation of a Reserve; but if it should possibly come into operation, it will be found absolutely unworkable. Past experience has shown that few medical men who enter the Army desire to leave it at an early stage of their career therein. The attempt some thirty years ago to get medical men to enter the Army and retire on £1,000 gratuity after ten years' service, thereby saving pensions, proved a total failure. They cannot think this regulation will now prove different; no man, with foresight, would elect to retire at three years' service on a nominal retaining fee of £25 per annum, to be handicapped for seven years with liability of recall, in any settlement of civil practice. If he wished to leave the service he would probably resign his commission altogether, for it cannot be supposed this right hitherto is to be denied, and men forced into a Reserve. But, supposing Lieutenants did so elect to retire, unless they are to be kept at home, which seems an impossibility, the dislocation of the foreign service roster would seem complete. Supposing a Lieutenant elects to retire at three years and is serving abroad, who is to pay his passage home, and of his relief going out? Such a vista opens up endless confusion and expense, with no prospect of advantage either to individuals or to the State.

Article 381.—It may well be asked, if promotion in the general service to Lieutenant-Colonel is to be made strictly by selection, why should it be by "seniority" in the Household troops? Are these officers to be "privileged" so as not to be subjected to the same tests as their brethren?

The above criticisms apply strictly to the terms and provisions of the Royal Warrant itself, which the Subcommittee are aware cannot embrace collateral issues, even if of much importance.

Among these which will largely affect the efficacy of the Warrant are the regulations and instructions promulgated from time to time.

One of the most important is the fixing of Establishments, so vitally affecting the incidence of foreign service, general duty, ordinary leave, and study leave. No Warrant can popularize an undermanned service.

Another is the question of Indian pay, which constantly affects one-third of the entire Army Medical Service, or no less than 335 officers. There can be no effective rehabilitation of the service with this question unsettled.

Finally, they feel compelled, with regret, to advert to matters affecting the social status of medical officers. On two recent ceremonial occasions the rank even of Surgeon-General was entirely ignored; a service so treated can never be popular; while again the King's honorary surgeons and physicians (members of the Household) are never invited to State functions.

J. B. HAMILTON,
Chairman.

April 14th, 1902.

VOLUNTEER MEDICAL SERVICE.

THE following letter from Sir E. W. D. Ward, Permanent Secretary of the War Office, has been received by the Honorary Secretary of the Volunteer Medical Association, in reply to a communication addressed by the Council of that Association to the Secretary of State for War:

War Office, April, 1902.
Sir,—I am directed by the Secretary of State for War to inform you that he has carefully considered the various points raised in the communication received from the Council of the Volunteer Medical Association, dated January 10th last, and in reply I am to state:

1. That while the Volunteer Medical Staff Corps officers and men have been affiliated to the Royal Army Medical Corps, under the title of the Royal Army Medical Corps (Volunteers) by Army Order of 1900, and the compound title of the officers abolished, Mr. Brodick does not consider it advisable to interfere with the position of medical officers belonging to regiments or corps. The position of these officers is quite different from that of officers of the Royal Army Medical Corps (Volunteers). The latter are officers of a medical corps, the former are medical officers of their respective units, and the maintenance of the compound title is essential to indicate their position in their corps, and the nature of the duties upon which they are employed. Similar titles exist for the medical officers of the Brigade of Guards and Yeomarmy.

2. If there is any general desire to abbreviate the title of Brigade-Surgeon-Lieutenant-Colonel, Mr. Brodick has no objection to the omission of the word "Brigade." An officer's appointment as "senior medical officer" of a Brigade being shown in the Army List by a separate date.

3. The selection of Senior Medical Officers for duty solely on the Staff of Brigades is approved, and all such officers can in future be seconded whilst so employed, if they so desire, thus creating vacancies on the establishments of the units to which they belong. Seconded officers cannot draw capitulation grant but are eligible for camp allowances.

4. Mr. Brodick does not consider that there is any necessity for the appointment of a Volunteer Medical Officer to the office of the Director-General or as a member of the Advisory Board for Army Medical Services, as the interests of the Volunteer Medical Services are already carefully considered and safeguarded.

5. The Secretary of State does not consider it necessary to introduce additional examinations for promotion. He is, however, of opinion that the period of service required for promotion of Surgeon-Major or Major in the Royal Army Medical Corps (Volunteers) should be reduced from fifteen years to twelve, and steps will be taken accordingly.

6. The formation of the bearer companies of the Volunteer Infantry Brigades as independent units has been authorized, and Mr. Brodick trusts that this step may be to the advantage of the whole Volunteer Medical Service and that it will add to the efficiency of the Brigades themselves.

A sergeant-instructor from the Royal Army Medical Corps will be provided for each bearer company.

Feeding such appointments the temporary employment of a qualified Volunteer non-commissioned officer as instructor, with pay at 1s. a day, can be sanctioned by General Officers Commanding, under authority of War Office letter No. 606/1048, dated February 21st, 1902.

7. The questions of the provision of equipment and the allotment of Volunteer Medical Officers for duty on mobilization are now being carefully considered.

8. The proportion of regimental stretcher bearers to each unit will remain as at present, and these men should be instructed by their own medical officers.

9. The regulations regarding uniforms of all Volunteer Officers are clearly laid down in the Volunteer Regulations, and the Secretary of State sees no reason to make any alterations.

10. The rates of pay and allowances for Volunteer Medical Officers of all branches of the service have been arrived at after careful consideration, and there does not seem to be any necessity for departing from the scales approved.

Cases of an exceptional nature can always be submitted for special consideration.

11. The Secretary of State is prepared to approve of the granting of a step of honorary rank (on retirement only) under the same conditions as those in force for other branches of Volunteers up to and including the rank of Honorary Surgeon-Colonel or Colonel in the Royal Army Medical Corps (Volunteers).

I am, Sir, your obedient servant,
(Signed) E. W. D. WARD.
The Honorary Secretary,
Volunteer Medical Association,
20, Hanover Square, W.

THE COURT AND THE ARMY MEDICAL SERVICE.
SIR,—With reference to the letter of "One of Them" in the BRITISH MEDICAL JOURNAL of March 15th, permit me to state that a similar occurrence took place at the King's visit to Portsmouth, and that the Surgeon-General there was omitted from the invitation, though several officers junior to him were asked. Of course it must be clearly understood that His Majesty, like all his subjects, has a clear and definite right to invite whom he chooses to the royal table, but on the other hand, custom lays down that senior officers on the staff are always invited, and the omission to do so is looked on in military circles as a grave slight.

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DEAR SIR,

May I ask you to read the following "romance in real life"? Whilst acting in the position of Deputy Director-General of the Army Medical Service, my duties included the "interviewing" of all sorts and conditions of men and women. Visits from anxious parents and relatives of those reported killed, wounded, or "down with enteric," in South Africa, were always more or less painful: but I do not remember a more distressful case than that which I here lay before you, with a request for aid. My only hesitation in making any appeal to the members of the profession outside the Corps is due to the fact that my Civilian *confrères* recently came forward with such marked generosity in their contributions to the "R.A.M.C. South Africa Fund"; but a perusal of the story will show that it would be difficult to raise an adequate sum in the Corps alone, without risking undue publicity. Moreover, the large majority of our Officers is still absent "at the Front." I can assure the reader that I have fully satisfied myself as to the facts, here set forth without exaggeration: names being suppressed for obvious reasons.

* "X," an officer of R.A.M.C. serving at a "foreign" station, met, at the end of 1896, Miss "Y," a governess in a family there residing. An attachment sprung up and they became engaged, with the full approval of her family and friends, in April, 1898. "X's" duties shortly afterwards took him to India, and it was arranged that "Y." should follow later, to be married. This arrangement was carried out by "Y.," who had entire confidence in her fiancé. She accepted his explanation that a marriage in church was attended with difficulties in India; and a civil ceremony took place in one of the Presidency towns at the Registry, (or in an office which she was informed was a Registry,) in June, 1899; *the witnesses being two native clerks*. In due course the couple arrived at the station where "X." was doing duty. It was known that he was about to return with a "bride," and, being popular, he and his partner were welcomed with the usual cordial congratulations. She very soon, by her personality, became popular also. A daughter was born in November, 1900. In April, 1901, "X." died, after a few weeks' illness, thus suddenly terminating what was looked upon as the happiest of unions:—the lady herself gives her assurance that to her it was so. It can easily be realized that the severity of the bereavement was accentuated by distance from home and friends. But a still more cruel trial was to follow. In the midst of her deep sorrow, she had to learn the astounding news, that she had been the victim of heartless deception on the part of the man to whom she had given her affection. "X." had been married some years previously; his wife was still living; and the proceedings at the Registry were a sham! "Y." had never been his wife; she had no claim whatever on his estate; she stood absolutely penniless and houseless; and uncharitable folk might, not unreasonably, look upon her as an adventuress (if not worse). Those around her rendered generous assistance, without which she would have been unable to defray the expenses of the journey to England. There could be no possible excuse for such dishonourable conduct on the part of "X.," but it is now of no avail to pass judgment upon him.

To make the narrative complete, the circumstances of his first marriage may be briefly described. About 10 years ago he formed a *liaison* with a young woman outside

* Major James Rogers Burrows M.D., M.Ch. R.V.I. born
13th October 1858: died at Calicut. 15th April 1901—

his family circle. She became pregnant, and on this becoming known to his father (now dead), the latter insisted on marriage taking place between them. This was accordingly carried out, with the knowledge of his whole family; but I understand that "Mrs. X." was never "received" by them. Nor did the couple live together as man and wife; and while in the Service he was always supposed to be a bachelor. We now know that he sent monthly remittances to her, and correspondence was carried on between them of a cordial, if not affectionate, character. The widow and child have been living ever since, in Ireland. She was able to produce clear evidence that her marriage was a legal one, and she is now drawing the Government pension as an officer's widow. "X.'s" family knew nothing of his more recent "courtship" and "marriage" with Miss Y., until the *exposé* came upon them as a thunderbolt. They express their sympathy with her, but they are not in a position to give her shelter and support. As a final word with regard to "X.," and bearing in mind the proverb, "*de mortuis*;" I may perhaps add that I knew him personally, as one serving under me for some months; and had formed a high opinion of his professional zeal.

My object, however, is to plead for *practical* sympathy with "Y." and on behalf of her infant daughter. For herself, she is willing to work in the capacity of a governess; for which position she was specially educated. (I believe her to be a capable teacher of the young; her certificates and testimonials being of a high order.) But her great anxiety is for the future of her fatherless child, in the event of her death or inability to support it by her exertions. (She has a widowed mother whose income, just sufficient to enable her to live respectably, will be subject to division amongst four or five children.) I am in hopes, then, that this appeal may be the means of her obtaining a situation in some family who will receive her as an instructress, *with full knowledge of her anomalous position*; seeing that it is, obviously, impossible to refer to her story in any advertisement for employment. On the other hand, she has no desire to "sail under false colours," before accepting an engagement. I shall be happy to furnish particulars as to her qualifications, and in due course place an intending employer in direct communication with her. I hope, also, that the members of the profession will be induced, by this narrative, to contribute enough to produce an adequate sum which could be set apart for the infant's education. Any donation, however small, will be gratefully received.

The Presidents of the Royal Colleges of Physicians* and Surgeons have kindly given me permission to say that this appeal has their warm support and sympathy, and I need scarcely say that it has the approval also of the Director-General. As regards subscriptions, may I ask donors to make cheques and postal orders payable to me at the address given? I propose to acknowledge receipt in the "Lancet" and "British Medical Journal" each week, *without mentioning the amount of each donation* (but, if desired by any subscriber, I will send special acknowledgment by post). And the total amount subscribed will be made known when "*The 'Y' Fund*" is closed.

Very faithfully yours,

Spring of 1902.

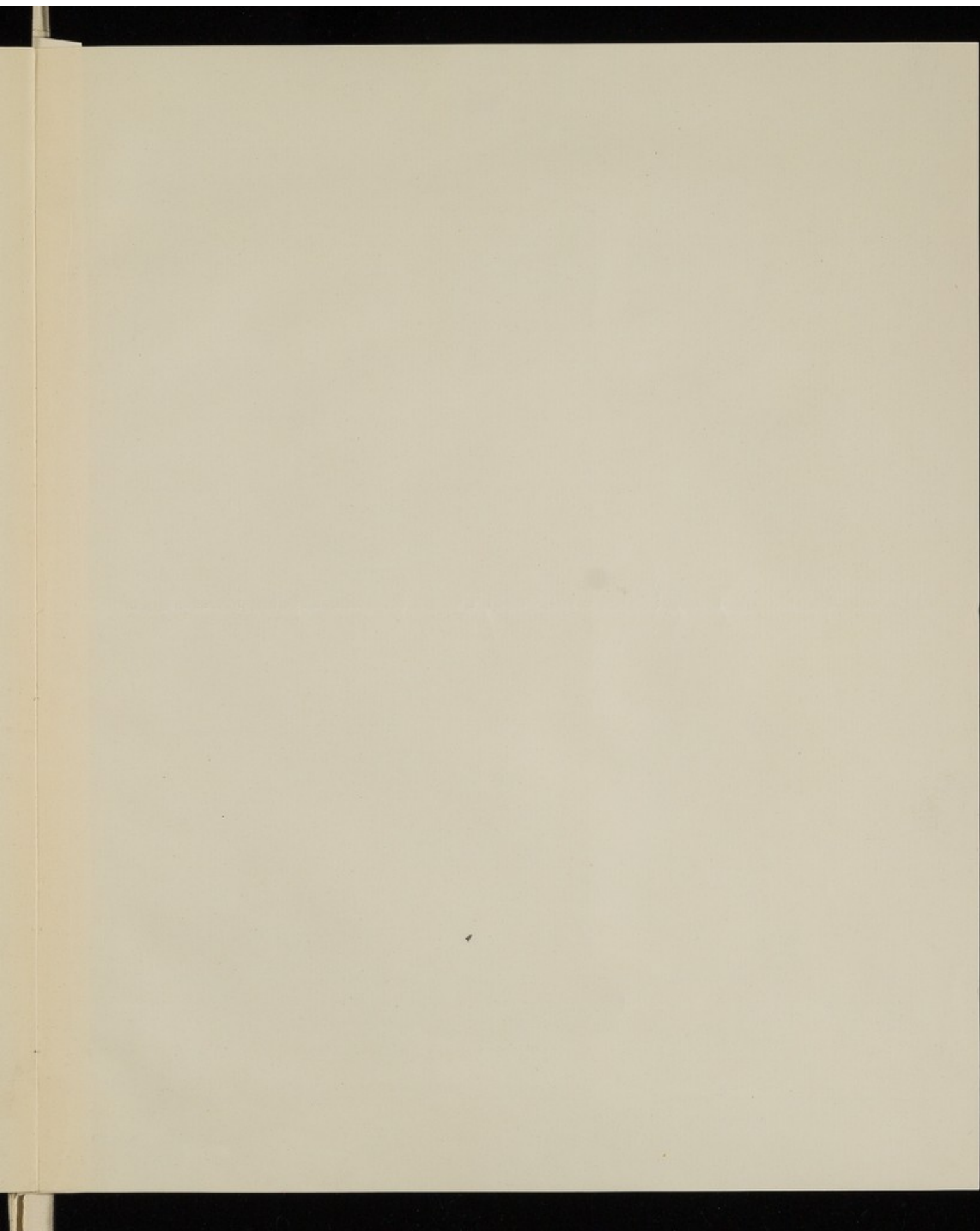
Surgeon-General (Retired).

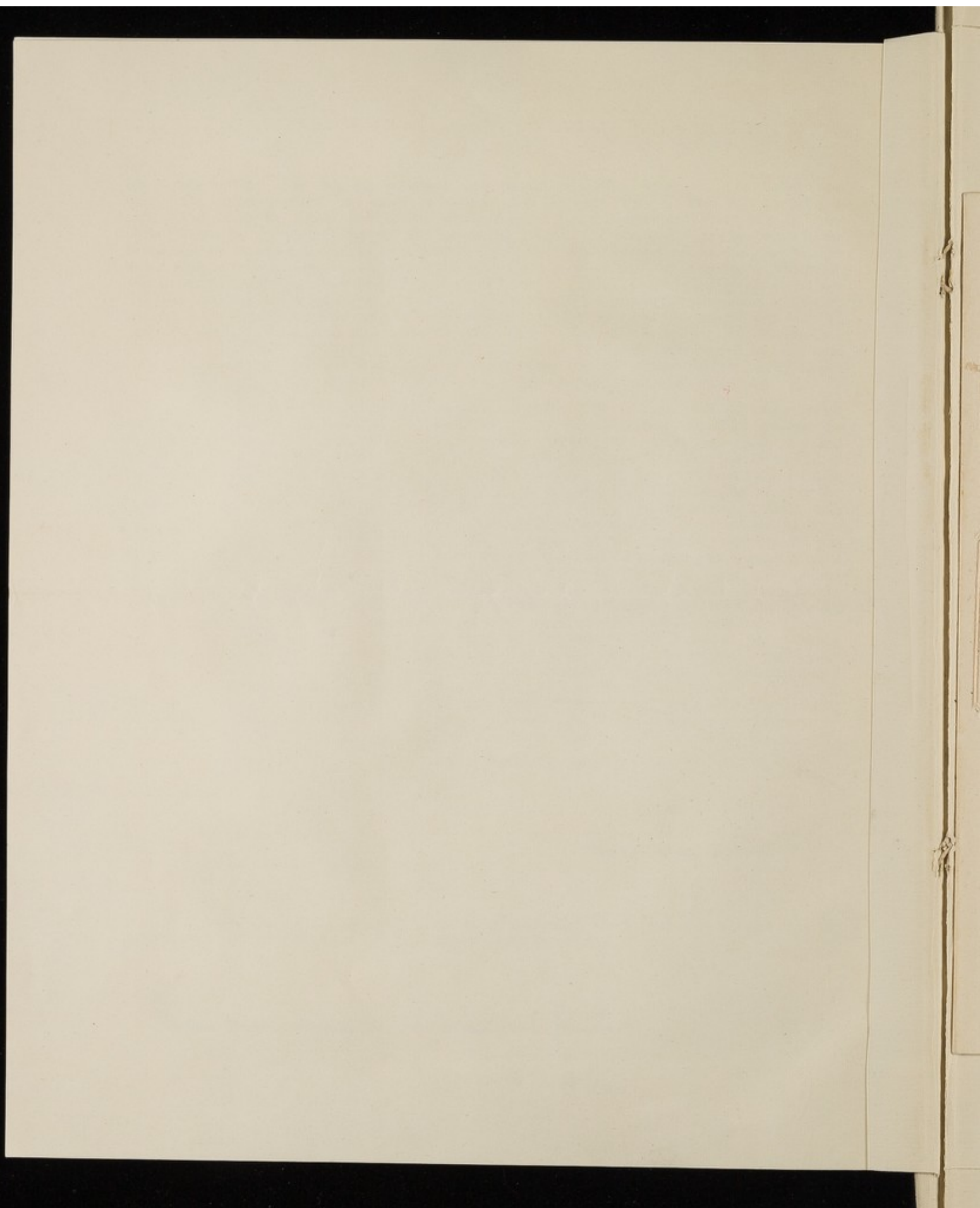
26, Kensington Garden Terrace,
Hyde Park,
London, W.

* I may add that Lady Church has promised a donation, and I venture to suggest that the sympathy of the ladies—wives of married *confrères*—may be enlisted.

Please show, or pass on, to professional friends.

H. Kim.





Revised Regulations for Admission of Candidates to the Royal Army Medical Corps have been approved by the Secretary of State, and copies will be issued to all concerned.
A.O. 176 of 1898 and the regulations issued therewith are cancelled.—A.O. 114, May 1902.

MEDICAL DEPARTMENT OF THE NAVY,

ADMIRALTY,
NORTHUMBURLAND AVENUE, W.C.
18th April, 1902.

An Examination of Candidates for entry into the Medical Department of the Royal Navy will be held on 2nd June next and following days at Examination, Thames Embankment.

Not less than Thirty Commissions, as Surgeon, will be offered for Competition.

The forms to be filled up by candidates will be supplied on application to this department.

H. F. NORBURY,
Director-General.

ARMY MEDICAL SERVICE.

An Examination of Candidates for Thirty Commissions in the Royal Army Medical Corps will be held on 21st July, 1902, and following days.

Applications to compete should be made not later than the 2nd of July to the Director-General, Army Medical Service, 18, Victoria Street, S.W., from whom all information can be obtained.

Gentlemen who were under 25 years on the 1st of August, 1901, will, if otherwise eligible, be allowed to compete at this Examination.

[Promulgated by Army Order dated 1st May, 1902.]

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Medical
186

REGULATIONS FOR ADMISSION

TO THE

ROYAL ARMY MEDICAL CORPS.

1902.

CANDIDATES FOR COMMISSIONS.

Qualifications.

1. A candidate for a commission in the Royal Army Medical Corps must be 21 years and not over 28 years of age at the date of the commencement of the entrance examination.
2. He must possess, under the Medical Acts in force in the United Kingdom at the time of his appointment, a registrable qualification to practise.
3. He must complete the form of application and declaration shown in Appendix I, and submit it to the Director-General, Army Medical Service, in sufficient time to permit of reference to the medical school in which the candidate completed his course as a medical student.
4. The Dean, or other responsible authority, of such school will be requested by the Director-General to render a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the Corps, and to this report special importance will be attached.
5. After the form of application and the confidential report above alluded to have been received, the Director-General will decide if he may be allowed to compete for a commission in the Royal Army Medical Corps.
6. If approved, he will then be examined as to his physical fitness by a Board of Medical Officers in accordance with Appendix II.
7. If the candidate is pronounced to be physically fit for service at home and abroad, he will be eligible to present himself at the Entrance examination, which will be held twice in the year, usually in January and July, for the admission of qualified candidates as Lieutenants on probation.

tions. This could easily be remedied by a hint conveyed from the proper quarter. But the social ostracism inflicted by members of the military caste is a more subtle grievance though not less galling. Here, too, something could doubtless be done by the influence of the Secretary of State and the Commander-in-Chief exerted through non-official channels. The grievance is a sentimental one, but as has been well said, a sentimental grievance is a real grievance. This is especially the case in the army.

We have indicated the points in which Mr. Brodick's scheme still requires to be amended, and the direction in which further efforts must be made by the powers that be if the service is to be made attractive to capable and high-spirited men. With a corps of adequate strength, a proper scale of pay in India, and social equality with combatant branches, the medical officers of the army would have little to complain of, and we should feel justified in recommending the service as offering to young men of military tastes a career in which there was the certainty of acquiring a modest competence and the possibility of earning high distinction and solid rewards.

THE INDIAN GOVERNMENT AND R.A.M.C. OFFICERS ON LEAVE

We understand that officers of the Royal Army Medical Corps now on leave from India are, while in England, to be paid by the Indian Government on the scale laid down in new Royal Warrant. This concession, which to the non-official mind seems to be a simple act of justice, was not made voluntarily by the Indian Government: it had to be asked for by the officers concerned, and if the point had not been raised it may be taken as certain that the officers would have received pay on the old scale. The matter may seem trifling, but it is an illustration of the ungenerous spirit in which the Indian Government deals with the officers of the Royal Army Medical Corps whose services it employs.

MAY 24, 1902.

See 2. VOLUNTEER MEDICAL SERVICE.

The following is a copy of a letter which has been addressed to the Secretary of State for War on behalf of the Volunteer Medical Association. The letter of April 3rd from the War Secretary referred to in the first paragraph was published in the BRITISH MEDICAL JOURNAL of April 10th, page 1001:

Sir,—I have the honour to acknowledge the receipt of your letter dated April 3rd, 1902, which has been under the consideration of the Council of this Association, by whom I am desired to thank you for the same in submitting the following comments:

1. There is no inclination to drop the word "Brigade" in the title "Brigade-Surgeon-Lieutenant-Colonel."

2. The rank of Colonel should be granted after twenty-four years' service.

3. All Brigade Surgeons should be seconded.

4. This Council did not recommend the introduction of additional examinations for promotion.

5. Brigade bearer companies should be all made companies of the Royal Army Medical Corps (Volunteers) permanently attached to brigades, and the officers to have the same rank and titles as those of the R.A.M.C. (Volunteers), the objection hitherto held to such companies becoming companies of the (then) Volunteer Medical Staff Corps being met by their permanent attachment to brigades.

6. The new title and ranks granted to the Volunteer Medical Staff Corps were publicly announced to be in recognition of the services of its members in South Africa, and this affords an additional reason for the same recognition being given to the brigade bearer company.

7. The Council note that no answer has been made to their suggestion that effect should be given to the recommendation of the War Office Departmental Committee of November, 1891, on Volunteer Medical Organization, and which was approved of by the then Secretary of State for War, to the effect:—"It came out in evidence that the medical officers of the Volunteer force wish to be placed on precisely the same footing as other officers of the Volunteers regarding the distribution of honours and rewards. We submit this for your favourable consideration."

The Council feel strongly that this should have effect given to it, and they would respectfully submit that the present time would be particularly appropriate for doing so.

8. The Council note, with much satisfaction, the desire of the War Office that regimental stretcher bearers should be instructed by their medical officers, and they suggest that effect should be given to this by a clause in the Volunteer regulations.

I have the honour to be, Sir,
Your obedient servant,
JOHN J. DE ZOUCH MARSHALL,
Surgeon-Major A.M.B.,
Honorary Secretary, Volunteer Medical Association,
20, Hanover Square, London, W.

May 15th.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

The undermentioned officers, on having relinquished their temporary commissions for service in South Africa, are granted honorary rank in the army, with permission to wear the uniform of the corps.

To be Honorary Major: Major H. WARD, February 14th, 1901.
To be Honorary Captains: Captains C. E. DOUGLAS, M.B., March 27th, 1901; G. G. OAKLEY, October 25th, 1901; C. A. MCINTYRE, M.D., November 25th, 1901; G. BLACK, January 15th, 1901; S. LINTON, M.B., February 25th, 1901; F. W. GRANT, M.D., February 25th, 1901; E. J. G. BEELEY, April 25th, 1901; E. POLLOCK, February 16th, 1901.
To be Honorary Lieutenants: Lieutenants J. W. SMITH, M.B., November 25th, 1901; R. W. MICHELL, M.B., July 25th, 1901; J. C. TAYLOR, M.B., December 25th, 1901; J. K. THORNTON, M.B., August 14th, 1901; A. H. MCDOUGALL, August 14th, 1901; J. C. G. MACRAE, M.B., March 25th, 1901; W. MACRAE TAYLOR, M.B., November 25th, 1901.

MAY 31, 1902.

THE INDIAN MEDICAL SERVICE.

APPOINTMENT OF EXAMINERS.

THE Secretary of State for India has appointed the following gentlemen to be Examiners for the Indian Medical Service:

Professor Clifford Allbutt, M.D., F.R.S., in Medicine and Therapeutics.

Mr. Howard Marsh, F.R.C.S., in Surgery and Diseases of the Eye.

Professor D. J. Cunningham, M.D., F.R.S., in Surgical Anatomy and Physiology.

Professor R. Calder Leith, M.A., B.Sc., F.R.C.P.E., in Pathology and Bacteriology.

Dr. R. Milne Murray, M.A., F.R.C.P.E., F.R.S.E., in Midwifery, Diseases of Women and Children.

Professor Ralph Stockman, M.D., F.R.C.P., F.R.S.E., in Chemistry, Pharmacy, Botany, and Zoology.

R.A.M.C. MEMORIAL FUND.

WE understand that a proposal has been made to form a fund for perpetuating the memory of distinguished officers of the Royal Army Medical Corps by some memorial to be placed in the headquarters mess or otherwise. Such memorials have in the past been few in number, but it is believed that now, as the Corps is established as such, combined action for the purpose of instituting such memorial, and, in connexion with the same object, of making a historical record of the Army Medical Service since its earliest dates will appeal to the esprit de corps of all its officers. The project has the approval of the Director-General, Surgeon-General W. Taylor, C.B., who has issued a circular upon the subject. In this it is pointed out that although the natural centre for this work will in future be the Medical Staff College in London, through which every officer will have to pass more than once in his career, and which from its position in the metropolis will be easily accessible to all, there is nothing to prevent the Committee which should be formed selecting other spots for special memorials, if the locality should have been particularly identified with the career of the officer who is considered worthy of the distinction. In order to carry out the scheme it is suggested that a small annual subscription be given by each officer, say the same amount that is subscribed to the annual dinner and to the band funds. By this means a fund would be accumulated. Should it be necessary to

Article 347.—Appointments will be made on the recommendation of the Commander-in-Chief to duly-qualified persons under regulations approved by the Secretary of State. It is hoped that under this regulation only a thoroughly eligible class of men will be nominated, and that the regulations promised will be judicious.

Article 349.—It is hoped that in the seconding of Lieutenants herein proposed, due provision will be made that the establishment of officers is not thereby unduly reduced. Otherwise, certain less favoured officers may, in an undermanned establishment, be made to do the duty of men who receive a gratuity of £100 per annum, and pension, etc.; then the State, likely to cause much in the service.

Article 349a.—In order to the employment of Lieutenant Medical Officers in Civil Hospitals, to non-effectives from three additional Lieutenants above the number required, any excess being absorbed as

Article 351.—This seems need not "complete at least for Lieutenant-Colonel; he is through examination as in the

Article 352.—The Subcomm herein made in the quality of distinctive, and that instead of three—

- 1st. A special certificate.
- 2nd. A pass—first class.
- 3rd. A pass.

Also that brevet promotion than substantive promotion, the same opportunities for be superseded through no far

Article 354.—They consider tions herein should be placed another under Article 351, as is desirable.

Article 357.—They consider medical officers in the House to the rank of Colonel for dist should be seconded, and in it be lost to those in the general burden of service abroad.

Article 360.—They offer not the appointment of the Director such is the rule in other branches to it if it is an exception.

Article 365.—In this very which the Committee take Colonels. All ranks have shown this important one. The reality is, that a Lieutenant-Colonel draws equal pay to a Colonel serving, that is, the P.M.D. of 200 beds 2s. 6d. more daily 5s. a day more. It must be future Colonels unpromoted depriving them of three years' meet this very obvious anomaly a Colonel should be £2 5s.

Article 370.—They consider probability, prove futile towards but if it should possibly come absolutely unworkable. For medical men who enter the 2nd stage of their career therein, ago to get medical men to enter gratuity after ten years' as proved a total failure. They now prove different; no man retire at three years' service per annum, to be handicapped of recall, in any settlement (leave the service he would altogether, for it cannot be denied, and men forced Lieutenants did so elect to at home, which seems an inferior foreign service roster would Lieutenant elects to retire abroad, who is to pay his going out? Such a vista of expense, with no prospect of or to the State.

Article 381.—It may well general service to Lieutenants by selection, why should it hold troops? Are these off to be subjected to the same?

The above criticisms app visions of the Royal Warrant are aware cannot embrace importance.

Among these which will Warrant are the regulations from time to time.

One of the most important so vitally affecting the duty, ordinary leave, and study leave. No Warrant can popularize an undermanned service.

Another is the question of Indian pay, which constantly affects one-third of the entire Army Medical Service, or no less than 335 officers. There can be no effective rehabilitation of the service with this question unsettled.

Finally, they feel compelled, with regret, to advert to matters affecting the social status of medical officers. On two recent ceremonial occasions the rank even of Surgeon-General was entirely ignored; a service so treated can never be popular; while again the King's honorary surgeons and physicians (members of the Household) are never invited to State functions.

April 11th, 1902.

J. B. HAMILTON,
Chairman.

VOLUNTEER MEDICAL SERVICE.

THE following letter from Sir E. W. D. Ward, Permanent Secretary of the War Office, has been received by the Honorary Secretary of the Volunteer Medical Association, in reply to a communication addressed by the Council of that Association to the Secretary of State for War:

War Office, April, 1902.
Sir,—I am directed by the Secretary of State for War to inform you that he has carefully considered the various points raised in the communication received from the Council of the Volunteer Medical Association, dated January 20th last, and in reply I am to state:
1. That while the Volunteer Medical Staff Corps officers and men have

WAR OFFICE, APRIL 25.

ARMY MEDICAL SERVICE.—The King has been pleased by Royal Warrant dated March 28, 1902, to approve of the Surgeon-General, who holds the appointment of Director General, Army Medical Service, ranking as a Lieutenant-General.

114 .
[Promulgated by Army Orders dated 1st May, 1902.]

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Medical
186

116
cancelled by
a.o. 1906
REGULATIONS FOR ADMISSION
TO THE
ROYAL ARMY MEDICAL CORPS.
1902.

CANDIDATES FOR COMMISSIONS.

Qualifications.

1. A candidate for a commission in the Royal Army Medical Corps must be 21 years and not over 28 years of age at the date of the commencement of the entrance examination.
2. He must possess, under the Medical Acts in force in the United Kingdom at the time of his appointment, a registrable qualification to practise.
3. He must complete the form of application and declaration shewn in Appendix I, and submit it to the Director-General, Army Medical Service, in sufficient time to permit of reference to the medical school in which the candidate completed his course as a medical student.
4. The Dean, or other responsible authority, of such school will be requested by the Director-General to render a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the Corps, and to this report special importance will be attached.
5. After the form of application and the confidential report above alluded to have been received, the Director-General will decide if he may be allowed to compete for a commission in the Royal Army Medical Corps.
6. If approved, he will then be examined as to his physical fitness by a Board of Medical Officers in accordance with Appendix II.
7. If the candidate is pronounced to be physically fit for service at home and abroad, he will be eligible to present himself at the Entrance examination, which will be held twice in the year, usually in January and July, for the admission of qualified candidates as lieutenants on probation.

- (d) A commentary upon the case as a whole, pointing out the symptoms which may be considered typical, and those which appear to be unusual or only accidental complications.
- (e) Suggestions as to treatment, both immediate and possibly necessary at a later date.
- (f) A forecast of the progress and probable termination of the case.

Similarly the commentary on the report of a case submitted to the candidate should discuss :—

- (a) The family and personal history and other conditions preceding the development of the condition described.
- (b) The relative significance of the physical signs, symptoms, other indications of disease noted, and the general clinical aspects of the case.
- (c) The diagnosis, with reasons for selection of the most probable, when a positive diagnosis cannot be attained.
- (d) The treatment, dietetic, medicinal, operative, &c., including a criticism of the plan adopted, and alternative schemes of treatment in case of disagreement.
- (e) The morbid appearances, and an account of the *post mortem* examination (if any).

16. The examination will be held in London, and will occupy about four days.

17. The appointments announced for competition will be filled up from the list of qualified candidates arranged in the order of merit, as determined by the total number of marks each has obtained.

18. Having gained a place in this entrance examination, the successful candidates will undergo 2 months' instruction in hygiene and bacteriology, after which they will be examined in these subjects. The maximum number of marks obtainable at this examination will be 100.

19. On completion of the above course lieutenants on probation will be ordered to proceed to the Dépôt of the Royal Army Medical Corps at Aldershot for a 3 months' course of instruction in the technical duties of the Corps, and at the end of the course will be examined in the subjects taught. The maximum number of marks obtainable at this examination will be 100.

20. A lieutenant on probation who fails to qualify in either of these examinations will be allowed a second trial, and should he qualify, will be placed at the bottom of the list. Should he again fail in either examination his commission will not be confirmed.

Regulations for the Examination for Promotion in the Royal Army Medical Corps.

21. These examinations are intended to test the progress and proficiency of officers in those branches of knowledge which are essential to their continued efficiency.

Lieutenant before Promotion to Captain.

(For Lieutenants appointed after 31st March, 1901.)

22. This examination may be taken at any time after completing 18 months' service, and will be held in the military district in which the officer is serving.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows:—

1. Regimental duties.
2. Drill.
3. Military law.
4. Duties and accounts connected with military hospitals and their supplies.
5. Other duties of executive medical officers.

Captains before Promotion to Major.

(For Captains promoted to that rank after 27th July, 1895.)

23. Captains will be examined under the rules laid down in paragraph 24, and will be eligible for acceleration in their promotion to the rank of major under Article 352 of the Royal Warrant, subject to the following restrictions—

- (a) The acceleration which can be gained by a captain promoted to that rank in January, 1896, will be limited to 6 months, and an officer gaining this acceleration will take precedence after the last captain promoted major on completion of 12 years' service.
- (b) The acceleration which can be gained by a captain promoted to that rank in July, 1896, will similarly be limited to 12 months, and an officer gaining this acceleration will take precedence next after the last captain promoted to that rank in January, 1896, who may have gained 6 months' service.
- (c) A captain promoted to that rank in January, 1897, can gain the full acceleration, but will take precedence after any captain promoted to that rank in July, 1896, who may have gained 12 months' acceleration.
- (d) Officers gaining acceleration under (a) will take precedence *inter se* in order as they have obtained a special certificate or passed in the 1st, 2nd, or 3rd class, and a similar course will be followed under (b) and (c).
- (e) In all other cases an officer who gains accelerated promotion will be placed for precedence after the last officer (whether subject to acceleration or not) promoted approximately, 3, 6, 12, or 18 months before him.

24. This examination, which may be taken at any time after completing 5 years' service, will be held in London on the

termination of a period of special study. The examination will consist of written papers, essays, oral and practical examinations in the following subjects, which are detailed in the *King's Regulations* :—

1. Medicine.
2. Surgery.
3. Hygiene.
4. Bacteriology and Tropical diseases.
5. One special subject from the subjoined list to which additions may from time to time be made :—

- (a) Bacteriology, including the preparation of anti-toxins.
- (b) Dental surgery.
- (c) Dermatology.
- (d) Laryngology.
- (e) Midwifery and gynæcology.
- (f) Operative surgery, advanced.
- (g) Ophthalmology.
- (h) Otology.
- (i) Pædiatrics.
- (k) Psychological medicine.
- (l) Skiagraphy.
- (m) Specific fevers.

25. Captains serving in that rank before 27th July, 1895, will be promoted under the old regulations contained in Appendix I, Regulations for Army Medical Services, and will not be eligible for acceleration.

Majors before Promotion to Lieut.-Colonel.

(For Majors promoted to the rank after 31st March, 1895.)

26. This examination, which may be taken at any time after 3 years in the rank of major, will be held in the military district in which the officer is serving at times which will be duly notified.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows :—

1. Military law.
 2. Army medical organisation.
 3. Sanitation of towns, camps, transports, &c.
 4. Epidemiology and the management of epidemics.
 5. One special subject from the subjoined list to which additions may from time to time be made :—
- (a) Medical history of important campaigns.
 - (b) A general knowledge of the Army Medical Services of other Powers.
 - (c) The laws and customs of war in relation to the sick wounded.

"EXTRACTS" FROM THE ROYAL WARRANT FOR PAY AND PROMOTION.

(The following Extracts are given for the information of candidates. They are corrected up to date of publication.)

Pay.

27. The following shall be the rates of pay, additional pay, and charge pay of Our Army Medical Staff and Royal Army Medical Corps :--

	Inclusive of all allowances except field and travelling allowances.
ARMY MEDICAL SERVICE.	Yearly.
	£
<i>At Head Quarters—</i>	
Director-General.. .. .	2,000
Deputy Director-General	1,500
Assistant Director-General	850
Deputy Assistant Director-General	750
	Exclusive of Allowances Daily.
<i>At other Stations—</i>	£ s. d.
Surgeon-General	3 0 0
Colonel	2 0 0
Lieutenant-Colonel	1 10 0
Lieutenant-Colonel specially selected for increased pay after at least 8 years' service abroad	1 15 0
Major	1 3 6
After 3 years as such	1 6 0
Captain	0 15 6
After 7 years' total full pay service.. .. .	0 17 0
After 10 years' total full pay service	1 1 0
Lieutenant on Probation and Lieutenant	0 14 0
Adjutant of our Royal Army Medical Corps (Volun- teers)	The pay of his rank.

[Article 365.]

28. A captain of our Royal Army Medical Corps, holding the brevet rank of major, shall receive pay at 2s. a day, in addition to the rates laid down in Article 365. [Article 366.]

Additional Pay.

29. Officer not serving on the Headquarters staff appointed a member of the Advisory Board, £150 a year.

Officer serving as Secretary of the Advisory Board and Nursing Board, £100 a year.

	Daily.
Officer under the rank of Lieutenant-Colonel	s. d.
holding an appointment as specialist ...	.... 2 6

[Article 367.]

Charge Pay.

30. (a) Officer in charge of a general or other hospital, or of a division of a general hospital—

	Daily.
	s. d.
If in charge of at least 50 beds....	.... 2 6
" 100 " ....	.... 5 0
" 200 " ....	.... 7 6
" 300 " ....	.... 10 0

(b) Officer in command of the Dépôt, Royal Army Medical Corps 5 0

(c) The senior officer of our Army Medical Service with an army in the field—

A rate to be fixed by our Secretary of State, according to the magnitude of the charge.

(d) In a command abroad—

The senior medical officer, if the number of soldiers is 1,500 or upwards 5 0

[Article 368.]

Extra-duty Pay.

31. An officer of our Royal Army Medical Corps, appointed to act as adjutant or quartermaster of our Royal Army Medical Corps (Militia) during preliminary drill or training shall receive extra-duty pay at the following rates :—

	Daily.
	s. d.
Acting Adjutant ....	.... 2 6
Acting Quartermaster ....	.... 2 0

[Art. 369.]

Reserve of Officers.

32. On completion of 3 years' service, an officer of our Royal Army Medical Corps may be permitted by our Secretary of State to become an Army Reserve officer for a period of 7 years, and while so serving he shall receive pay at the rate of £25 a year.

With the sanction of our Secretary of State, such officer may be allowed to return to the active list, and if the period he has been in our Reserve of Officers amounts to at least 1 year, and not more than 3 years, he shall be allowed to reckon one-third of such period towards promotion, gratuity, and pension.

[Article 370.]

Seconded Officers.

33. A lieutenant on probation who, at the time of passing the examination for admission to our Royal Army Medical Corps, holds, or is about to hold, a resident appointment in a recognized civil hospital, may be seconded for a period not exceeding 1 year, during which he holds the appointment. While seconded he shall not receive pay from Army funds, but his service shall reckon towards promotion, increase of pay, gratuity, and pension. [Article 349.]

34. A medical or departmental officer who may, with the approval of our Secretary of State, be permitted to accept employment in any of the cases specified in Article 77 (*h*) or (*i*) shall only be seconded in cases where our Secretary of State may consider it desirable in the interests of the public service to adopt such a course. In such cases, the officer shall, as regards his return to ordinary duty, be subject to the rules laid down in Articles 80 to 83 for combatant officers, so far as they apply. (For promotion while seconded, see Article 328; pay, Article 454A; retirement and retired pay, Articles 500, 594, and 603A.) [Article 468.]

PROMOTION.

35. Every promotion of a medical or departmental officer shall be given upon the recommendation of Our Commander-in-Chief, with the approval of Our Secretary of State. Promotion by selection shall be given on the ground of ability and merit, due consideration being given, however, to length of efficient service. The grounds for such selection shall be stated to Us in writing. [Article 326.]

36. An officer shall be eligible for promotion to the rank of captain on the completion of $3\frac{1}{2}$ years' service, and to the rank of major on the completion of 12 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by Our Secretary of State. [Article 350.]

37. Promotion to the rank of lieutenant-colonel shall be made by selection from officers who have completed at least 20 years' service, and have qualified in such manner as may be prescribed by Our Secretary of State. [Article 351.]

38. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Arts. 350 or 351 to render him eligible for the rank of major or lieutenant-colonel may be reduced as follows:—

	Months.
If he obtained a "special certificate"....	18
„ passed in the 1st Class	12
„ „ „ 2nd „	6
„ „ „ 3rd „	3

[Article 352]

39. Promotion to the rank of colonel shall be made by selection from lieutenant-colonels who have been specially selected for increased pay, and from lieutenant-colonels or surgeon-

lieutenant-colonels of Our Household Troops specially recommended to Our Secretary of State for distinguished service in the field. [Article 357.]

40. Promotion to the rank of surgeon-general shall be made by selection from colonels. A colonel may also be promoted to the rank of surgeon-general for distinguished service in the field. [Article 358.]

41. The promotion of an officer under Arts. 357 or 358 for distinguished service in the field shall be governed by the conditions laid down in Article 327. [Article 359.]

42. In cases of distinguished service in the field, a departmental officer may, with the concurrence of the Lords Commissioners of Our Treasury, be promoted from any rank or class to that next above it, and shall, if promoted to a rank or class having a fixed establishment, remain supernumerary in such rank or class until the occurrence of the vacancy to which, in the ordinary course, he would have been promoted. [Article 327.]

43. An officer of Our Royal Army Medical Corps shall be eligible for promotion to brevet rank under the conditions laid down in Article 36. [Article 356.]

44. A captain after at least 6 years' service, a major or lieutenant-colonel, may be promoted to the next higher rank by brevet for distinguished service in the field, or for distinguished service of an exceptional nature other than in the field. If the officer dies before the date on which the notification of his promotion for distinguished service in the field appears in the *London Gazette*, the promotion shall bear the date which it would have borne had the officer not died. [Article 36.]

45. Distinction in original investigation or research may, in the case of officers of the Royal Army Medical Corps, be regarded as "distinguished service of an exceptional nature other than in the field" within the meaning of Article 36. [*Secretary of State's Instructions.*]

46. An officer who does not qualify for promotion to the rank of captain or major within the periods specified in Article 350, shall be placed on the supernumerary list until he qualifies or is retired from our service under Art. 557. Service on the supernumerary list shall not reckon towards promotion, increase of pay, gratuity, or pension. [Article 361.]

47. An officer who may in the opinion of our Secretary of State have been prevented, under very special circumstances, from qualifying for promotion as laid down in Article 350 or 351, or who, having failed to qualify may have been debarred from further opportunity of qualifying, may be provisionally promoted. If, however, he fails to qualify on the first available opportunity his promotion shall be cancelled, and he shall be retired from Our Service. [Article 354.]

48. A medical or departmental officer, in cases where promotion is granted irrespectively of establishment, and is conditional on the completion of a fixed period of service, shall reckon towards his promotion any time, not exceeding one year, during which he may have been on half-pay on account of ill-health caused by

military service; and also any time not exceeding two years' during which he may have been on half-pay on reduction. A medical or departmental officer shall, while seconded under Article 468, continue to be eligible for selection for promotion precisely as if he had remained on the establishment, and his service while seconded shall reckon towards [such promotion. [Article 328.]

RANK.

49. The Director-General of Our Army Medical Service and the other officers of Our Army Medical Staff shall hold the substantive rank of surgeon-general. [Article 315.]

50. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the *King's Regulations*:—

As lieutenant-general Surgeon-general holding the appointment of director-general, Army Medical Service.

As major-general Surgeon-general. [Article 320.]

51. The term "rank" in these Regulations means "substantive rank," unless otherwise stated. [*Secretary of State's Instructions.*]

RETIREMENT.

(a.) Voluntary Retirement.

52. An officer of Our Army Medical Service, or a medical officer of Our Royal Malta Artillery, may be permitted to retire, in cases in which such retirement may be deemed expedient by Our Secretary of State. [Article 555.]

Scale of Retired Pay.

<i>Army Medical Staff.</i>					Daily.		
					£	s.	d.
53. SURGEON-GENERAL	....	....	....	....	2	0	0
<i>Royal Army Medical Corps and Medical Officers of Household Troops.</i>							
COLONEL	....	....	....	....	1	15	0
LIEUTENANT-COLONEL, OR SURGEON-LIEUTENANT-COLONEL OF THE HOUSEHOLD TROOPS—							
After 20 years' service....	....	....	....	....	1	0	0
After 25 "	....	....	....	....	1	2	6
After 30 "	....	....	....	....	1	5	0

LIEUTENANT-COLONEL, after having been in receipt of the increased pay allowed by Article 365 for 3 years, or a brigade surgeon-lieutenant-colonel of the Household Troops—

	£	s.	d.
Under 30 years' service	1	7	6
After 30 ,, 	1	10	0

MAJOR, OR SURGEON-MAJOR OF THE HOUSEHOLD TROOPS—

After 20 years' service.....	1	0	0
After 25 years' service, if his service reckoning for promotion is insufficient to qualify him for promotion to the rank of lieutenant-colonel under Article 351	1	2	6

Gratuity.

MAJOR OR CAPTAIN—

	£
After 5 years' service in the rank of captain	1,000
After 3 years' service in the rank of major	1,800
After 6 years' service in the rank of major	2,500

SURGEON LIEUTENANT-COLONEL OR SURGEON-MAJOR OF THE HOUSEHOLD TROOPS—

After 15 years' service.....	1,800
After 18 ,, 	2,500

Except in the case of a lieutenant-colonel, an officer of Our Army Medical Service, who, on voluntary retirement, has served for less than 3 years in the rank from which he retires, shall be entitled only to the gratuity or retired pay assigned to the next lower rank. [Article 556.]

(b) Retirement on account of Age or Limitation of Period of Service.

54. The Director-General of Our Army Medical Service shall retire on completion of the term of his appointment; and the retirement of other officers of Our Army Medical Service (except quartermasters) shall be compulsory at the following ages:—

Surgeon-general	60
Colonel.....	57
Other officers	55

A major shall retire on completion of 25 years' service; or, if he fails to qualify for promotion, on completion of 20 years' service.

A captain or lieutenant shall retire on completing 6 months' service on the Supernumerary List. [Article 557.]

55. It shall be competent to our Secretary of State to place a medical officer on the retired list after 30 years' service. [Article 558.]

Scale of Retired Pay.

56. DIRECTOR-GENERAL, ARMY MEDICAL SERVICE—

	Yearly.
After 3 years' service as director-general	... £1,125
With 30 years' service.	

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND MEDICAL OFFICERS OF OUR ROYAL MALTA ARTILLERY.—Same rates as under "(a) VOLUNTARY RETIREMENT," except that the condition of three years' service in the rank shall be omitted, and that, in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay, if retired on account of age, shall be 17s. 6d. a-day, irrespective of service. [Article 559.]

RETIREMENT ON ACCOUNT OF MEDICAL UNFITNESS.

Conditions of Retirement.

57. An officer of Our Army Medical Service, or a medical officer of Our Royal Malta Artillery placed on the half-pay list on account of medical unfitness shall, if not previously retired, be retired from Our Army at the expiration of five years from the date on which he was placed on the half-pay list, or, if reported by the regulated medical authority to be permanently unfit for duty, on the officer's application, at such earlier date as may be decided by Our Secretary of State.

[Article 560.]

58. An officer, whether on full pay or half pay, placed in detention as a person of unsound mind, shall be retired from our Army, with the retired pay to which he would be entitled if reported by the regulated medical authority to be permanently unfit for duty. If his disability was not caused by military service, and he is not entitled to permanent retired pay by length of service, he shall receive temporary retired pay equivalent to the half-pay, and temporary retired pay, if any, which he would have received if his disability had been other than insanity. [Article 561.]

Scale of Retired Pay.

59. DIRECTOR-GENERAL, ARMY MEDICAL SERVICE—Yearly.

Under 3 years' service as director-general, and
after not less than 30 years' service £875

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND OF OUR ROYAL MALTA ARTILLERY.—Same rates as under "(a) VOLUNTARY RETIREMENT," except that the condition of three years' service in the rank shall be omitted; and that in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay shall be 17s. 6d. a-day, irrespective of service.

Rates for Officers not qualified for Retired Pay on Voluntary Retirement.

If the unfitness was caused by military service—retired pay equal to the half pay of his rank.

If not so caused, provided the officer has at least 12 years' service—retired pay equal to the half-pay of his rank, for such period only, not exceeding five years from the date of the officer's retirement from Our Army, after five years on half-pay under Article 306, as Our Secretary of State shall determine according to the merits of the case. [Article 562.]

KING'S HONORARY PHYSICIANS AND HONORARY SURGEONS.

60. Six of the most meritorious officers of Our Army Medical Service shall be named Our Honorary Physicians, and six Our Honorary Surgeons. On appointment as one of Our Honorary Physicians or Honorary Surgeons, an officer under the rank of colonel in Our Royal Army Medical Corps may be promoted to the brevet rank of colonel. [Article 362.]

61. A lieutenant-colonel appointed one of Our Honorary Physicians or Honorary Surgeons, shall receive pay at the rate laid down for a colonel of Our Royal Army Medical Corps when qualified for promotion to that rank. [Article 366.]

MEDICAL OFFICERS OF THE REGIMENTS OF HOUSEHOLD TROOPS.

Appointment.

62. A major or lieutenant-colonel of Our Royal Army Medical Corps may, on the nomination of the titular colonel of the regiment, be transferred from his corps into the rank of

surgeon-major or surgeon-lieutenant-colonel respectively in one of our regiments of Household Troops. [Article 382.]

Pay.

63.		£	s.	d.
	Brigade Surgeon-Lieutenant-Colonel	....	1	15 0
	Surgeon-Lieutenant-Colonel ....	....	1	10 0
	Surgeon-Major ....	....	1	3 6
	After 3 years' service as such	....	1	6 0
				[Article 386.]

Promotion.

64. A surgeon-major shall be eligible for promotion to the rank of surgeon-lieutenant-colonel on completing 20 years' service (see Article 352), provided that he has previously qualified in such manner as may be prescribed by Our Secretary of State.

Promotion to the rank of brigade-surgeon-lieutenant-colonel shall be made by seniority on the medical establishment of the brigade. [Article 383.]

65. A surgeon-major may be promoted to the rank of surgeon-lieutenant-colonel for distinguished service in the field, under the conditions laid down in Article 327. [Article 384.]

66. A medical officer of Our Household Troops shall be eligible for extra pay under the provisions of Articles 367 and 368. [Article 387.]

General Regulations.

67. In all matters not provided for by Articles 382 to 387 and 555 to 562, the medical officers of Our Household Troops shall be governed by the general regulations for regimental officers of Our Army. [Article 388.]

EXCHANGES AND TRANSFERS.

68. An officer of Our Royal Army Medical Corps shall be permitted to exchange with another officer of such corps, or with a medical officer of Our Household Troops, under such conditions and regulations as may from time to time be made by Us. [Article 363.]

69. A medical officer of Our Household Troops may be permitted to exchange with an officer of Our Royal Army Medical Corps, provided that an officer exchanging into Our Royal Army Medical Corps has fulfilled any conditions as to service abroad required of officers of such corps. [Article 385.]

70. Exchanges between officers of Our Royal Army Medical Corps under the rank of major and medical officers of Our Indian Military Forces, and transfers of such officers from either of the above services to the other, shall only be permitted

subject to the approval of Our Secretary of State for India in Council, and on the following conditions :—

- (1) That the officers have less than 7 years' service.
- (2) That the senior officer exchanging takes the place of the junior on the list, and shall not be promoted until the officer next above him has been so promoted.
- (3) That the junior officer exchanging is placed for seniority next below all medical officers whose commissions have the same date as his own.
- (4) That the officer transferred is placed for seniority below all medical officers holding the same rank at the time of his transfer, and shall not be promoted until the officer next above him has been promoted.
[Article 364.]

71. An officer of Our Royal Army Medical Corps, who has exchanged or been transferred from Our Indian Military Forces under Article 364, shall reckon, subject to the conditions of that article, his previous service with the said forces towards promotion, increase of pay, gratuity, and pension. [Article 355.]

LEAVE OF ABSENCE.

72. Full pay during ordinary leave of absence for the period admissible in the case of a staff officer under Article 177 may, except as provided in Article 430 for a governor of a military prison serving at home, and in Article 456, be granted to a medical or departmental officer, provided that no additional expense, except as sanctioned in Articles 425 and 430A of this Our Warrant, and in the Allowance Regulations, is incurred thereby. [Article 457.]

73. When the periods of leave referred to in Article 457 have been exhausted or exceeded in consequence of sickness, no further pay during ordinary leave shall remain due. [Article 458.]

74. Subject to Articles 177A, 179, 183, and 184, an officer employed on the general or personal staff; an officer of Our Ordnance College, Our School of Gunnery, Our School of Military Engineering, or Our School of Musketry; or an inspector, assistant inspector, or superintendent of gymnasia, may draw his pay for continuous or intermittent periods of absence on ordinary or sick leave, not exceeding in the aggregate 61 days in each year, reckoning from the 1st April, provided the duties of his appointment are performed continuously without extra charge to the public, except as laid down in Article 181. If serving at Gibraltar or Malta, or in Cyprus, Egypt, Bermuda, British North America, or the West Indies, he may, under similar conditions, draw 122 days' pay during absence in any two consecutive years, provided that he does not draw more

than 61 days' pay during absence on leave in the first of such two years. If serving in China, Ceylon, the Straits Settlements, Mauritius, South Africa, or St. Helena, or as a military *attaché*, he may, under similar conditions, draw 183 days' pay during absence in any three consecutive years, provided that he does not draw more than 61 days' pay during absence on leave in the first of such three years, nor more than 122 days' pay during absence on leave in the first two of such three years. [Article 177.]

SICK LEAVE.

75. An officer of Our Army Medical Staff or Royal Army Medical Corps may be allowed full pay during sick leave of absence on the conditions laid down by Articles 298 and 299. [Article 371.]

76. A regimental officer may draw full pay for a period not exceeding one year during sick leave granted on the recommendation of the regulated medical authority, as defined in Article 1320, provided there is a reasonable probability that he will be fit to return to duty at the expiration of his leave. [Article 298.]

77. In very special cases, such as loss of health from tropical service, active operations, or wounds, full pay may be issued for a period or periods of sick leave in excess of that laid down in Article 298, provided that the officer's sick leave shall not, in all, exceed eighteen months. [Article 299.]

78. When a medical or departmental officer is sick at his station, whether in hospital, quarters or lodgings, his absence from duty on account of sickness, if not exceeding 30 days in duration, and if duly certified by a medical officer, shall not be included in the period of absence on leave to which the issue of pay is limited by Article 457, provided the general or other officer commanding at the station considers that the circumstances of the case warrant such a concession. Any excess of such leave of absence on account of sickness at an officer's station beyond the period of 30 days shall come under the provisions of Article 458. [Article 464.]

SERVICE ON THE WEST COAST OF AFRICA.

79. An Officer volunteering for, or ordered to, the West Coast of Africa shall receive double pay while actually serving on the coast, and for any time spent at Madeira or the Canary Islands on sick leave, or on ordinary leave not exceeding 61 days in a year. [Article 455.]

80. For each year's service on the coast (including the periods of leave referred to in Article 455) a medical or departmental officer shall be entitled to full pay during a year's leave at home, and for every additional period beyond a year he shall have an equivalent extension of full pay during leave. [Article 456.]

81. Each year or portion of a year served on the West Coast of Africa by a departmental officer, or by an officer of Our Royal

Artillery, Royal Engineers, Army Service Corps, or Royal Army Medical Corps, shall reckon double towards voluntary retirement or retired pay, provided that he has served 12 months on the coast.

In ordinary cases, the 12 months may be made up of two separate periods of not less than six months each; and if an officer leaves the coast on account of sickness, he may reckon any period of service on the coast, however short, in order to make up the 12 months' coast service which is required to entitle him to count his service double.

Except when the officer has been invalided, any broken period, if amounting to less than six months' of service on the coast, and leave on full pay, shall not reckon double under this article. [Article 503.]

WIDOWS' PENSIONS.

82. Widows pensions and compassionate allowances for children and other relatives of deceased officers are given under certain conditions specified in the Royal Warrant for Pay and Promotion.*

* There is also an Army Medical Officers' Widows' Annuity Fund on mutual insurance principles.

APPENDIX I.

APPLICATION OF A CANDIDATE FOR A COMMISSION IN THE ROYAL ARMY MEDICAL CORPS.

1. Name in full.

2. Address.

3. Date of birth.

(A certificate of registration of birth or other satisfactory evidence of age, such as a declaration made before a magistrate by one of his parents or guardians giving the date of his birth to be furnished.)

4. Registrable qualifications.

(A reference to be given to the Medical Register, or, in the absence of such reference, other satisfactory evidence to be furnished.)

5. Academic and other distinctions.

6. Name of the Dean or other responsible authority of the school in which the candidate completed his course as a medical student.

7. Particulars of any commission or appointment held in the public services.

8. Date of examination at which the candidate proposes to present himself.

DECLARATION.

(N.B.—A mis-statement by the candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief, and that I am a British subject of unmixed European blood.

(Signed)

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General Army Medical Service usually on the fourth Thursday of the month preceding his examination. If allowed to compete, he will be required, a few days before the examination, to present himself before a Medical Board to be certified as to physical fitness. He will be informed in due course of the time and place at which such Board will be assembled.

All communications to be addressed to the Director-General, Army Medical Service, 18, Victoria Street, London, S.W.

APPENDIX II.

MEDICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE ROYAL ARMY MEDICAL CORPS.

1. A candidate for a commission in the Royal Army Medical Corps must be in good mental and bodily health, and free from any physical defect likely to interfere with the efficient performance of military duty.

2. The examination will be conducted by a Board of Medical Officers.

3. The attention of the Board will be directed to the following points:—

(a.) That the correlation of age, height, weight, and chest girth is equal or superior to that which is given in the following table:—

PHYSICAL EQUIVALENTS.

Age.	Height without shoes.	Chest.	
		Girth when expanded.	Range of expansion.
	inches.		
21 and upwards.	62½ & under 65	35 inches.	2 inches.
	65 " 68	35½ "	2 "
	68 " 70	36 "	2 "
	70 " 72	36½ "	2½ "
	72 and upwards.	37 "	2½ "

(b.) Measurement of Height.

The candidate will be placed against the standard with his feet together, and the weight thrown on the heels, and not on the toes or outside of the feet. He will stand erect without rigidity, and with the heels, calves, buttocks, and shoulders touching the standard; the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be noted in parts of an inch to eighths.

(c.) Measurement of Chest.

The candidate will be made to stand erect with his feet together, and to raise his hands above his head. The tape will

be carefully adjusted round the chest, with its posterior upper edge touching the inferior angles of the shoulder blades, and its anterior lower edge the upper part of the nipples. The arms will then be lowered to hang loosely by the side, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to empty his chest of air as much as is possible. This is best done by continuous whistling with the lips as long as sound can be produced. The tape is carefully gathered in during the process, and when the minimum measurement is reached, it is recorded.

He will then be directed to inflate his chest to its utmost capacity. This maximum measurement will likewise be noted. The girth with the chest fully expanded and the range of expansion between the minimum and maximum will then be recorded.

(d.) Weight.

The candidate will also be weighed and his weight recorded in the proceedings of the Board.

The regulations regarding the examination of eyesight are as follows :—

1. If a candidate can read $D = 6$ at 6 metres (20 English feet) and $D = 0.6$, at any distance selected by himself, with each eye without glasses, he will be considered **FIT**.

2. If a candidate can only read $D = 24$ at 6 metres (20 English feet) with each eye without glasses, his visual deficiency being due to faulty refraction which can be corrected by glasses which enable him to read $D = 6$ at 6 metres (20 English feet) with one eye, and $D = 12$, at the same distance with the other eye, and can also read $D = 0.8$ with each eye without glasses, at any distance selected by himself, he will be considered **FIT**.

3. If a candidate cannot read $D = 24$ at 6 metres (20 English feet) with each eye without glasses, notwithstanding he can read $D = 0.6$, he will be considered **UNFIT**.

Normal vision of one eye may be sufficient to allow a higher defect in the other, to the extent of one-sixth, if the defect is simple error in refraction remedied by glasses.

The candidate must be able to read the tests without hesitation in ordinary daylight.

(N.B.—Snellen's test types will be used for determining the acuteness of vision.)

Squint, inability to distinguish the principal colours, or any morbid conditions, subject to the risk of aggravation or recurrence in either eye, will cause the rejection of a candidate.

The following additional points will then be observed :—

(b.) That his hearing is good.

(c.) That his speech is without impediment.

(d.) That his teeth are in good order. Loss or decay of the teeth will be considered a disqualification. Decayed teeth, if well filled, will be considered as sound.

- (e.) That his chest is well formed, and that his lungs and heart are sound.
- (f.) That he is not ruptured.
- (g.) That he does not suffer from hydrocele, varicocele, varicose veins in a severe degree, or other disease likely to cause inefficiency. A slight defect, if successfully cured by operation, is not a disqualification.
- (h.) That his limbs are well formed and developed.
- (i.) That there is free and perfect motion of all the joints.
- (j.) That his feet and toes are well formed.
- (k.) That he does not suffer from any inveterate skin disease.
- (l.) That he has no congenital malformation or defect.
- (m.) That he does not bear traces of previous acute or chronic disease pointing to an impaired constitution.

In any doubtful case the Board should further state:—

- (n.) Whether he is, in their opinion, of pure European descent.

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Revised Regulations for Admission of Candidates to the Royal Army Medical Corps have been approved by the Secretary of State, and copies will be issued to all concerned.
A.O. 176 of 1898 and the regulations issued therewith are cancelled.—A.O. 114, May 1902.

MEDICAL DEPARTMENT OF THE NAVY,

ADMIRALTY,
NORTHumberland Avenue, W.C.
14th April, 1902.
An Examination of Candidates for entry into the Medical Department of the Royal Navy will be held on 2nd June next and following days at Examination Hall, Thames Embankment.
Not less than Thirty Commissions, as Surgeon, will be offered for competition.
The forms to be filled up by candidates will be supplied on application to this department.

H. F. NORBURY,
Director-General.

ARMY MEDICAL SERVICE.

An Examination of Candidates for Thirty Commissions in the Royal Army Medical Corps will be held on 21st July, 1902, and following days.
Applications to compete should be made not later than the 3rd of June to the Director-General, Army Medical Service, 15, Victoria Street, S.W., from whom all information can be obtained.
Gentlemen who were under 25 years on the 1st of August, 1901, will, if otherwise eligible, be allowed to compete at this Examination.
(Signed) W. TAYLOR,
War Office, London, 9th May, 1902. Director-General, Army Medical Service.

INDIAN MEDICAL SERVICE.

INDIA OFFICE,
13th May, 1902.
An Examination for not less than 19 Appointments in His Majesty's Indian Medical Service will be held in London on the 26th August, 1902, and following days.
Copies of regulations for the Examination (which have been recently revised, with information regarding the pay and retiring allowances, &c., of Indian Medical Officers), may be obtained from the Military Secretary, India Office, London, S.W., to whom applications for the admission to the examination, with the necessary certificates, should be sent so as to reach him not later than 4th August, 1902.

R. STEDMAN.

reason that there are no officers to take their place. The Director-General might, in fact, say with Napoleon when one of his marshals asked for reinforcements, "On veut-il que j'en prenne? Veut-il que j'en fasse faire?" We have heard of more than one case of an officer coming home on leave after seven years' service in India, and being sent off to South Africa almost as soon as he landed in England. And even the peace, of which the dawn seems on the point of breaking, will not bring any relief to this severe tension, for a large army of occupation must necessarily be left in the Transvaal and the Orange Free States for a long time to come. For years past we have called the attention of the War Office to the undermanning of the Royal Army Medical Corps, and predicted collapse under the strain of a great war. Most fortunately, we have escaped the European complications which more than once seemed imminent, or the whole system of our Army Medical Service must have broken down. A man entering the Royal Army Medical Corps in its present attenuated condition has before him the practical certainty of abnormally long tours of service in tropical climates; and it is difficult to see how, under existing conditions, the exigencies of the service can allow him either the amount of leave necessary to keep him in health or the opportunity of refurbishing up his professional knowledge in the Staff College which it is understood is to be established. Good as Mr. Brodrick's scheme of reorganization is, there are, therefore, two things of fundamental importance still wanting. These are: more men, and more pay in India.

There is another thing which has done much to make the service unpopular, but it is one that cannot be dealt with by Royal Warrants. This is the foolish policy of "snubbing the doctors," which under the fostering influence of the previous Commander-in-Chief has grown into a tradition in the War Office, and has thence spread into some of the military clubs. Medical officers, even those who have the honour to be honorary physicians and surgeons to the King, are constantly passed over when invitations to entertainments and functions are issued to other officers of all sorts and conditions. This could easily be remedied by a hint conveyed from the proper quarter. But the social ostracism inflicted by members of the military caste is a more subtle grievance though not less galling. Here, too, something could doubtless be done by the influence of the Secretary of State and the Commander-in-Chief exerted through non-official channels. The grievance is a sentimental one, but as has been well said, a sentimental grievance is a real grievance. This is especially the case in the army.

We have indicated the points in which Mr. Brodrick's scheme still requires to be amended, and the direction in which further efforts must be made by the powers that be if the service is to be made attractive to capable and high-spirited men. With a corps of adequate strength, a proper scale of pay in India, and social equality with combatant branches, the medical officers of the army would have little to complain of, and we should feel justified in recommending the service as offering to young men of military tastes a career in which there was the certainty of acquiring a modest competence and the possibility of earning high distinction and solid rewards.

THE INDIAN GOVERNMENT AND R.A.M.C. OFFICERS ON LEAVE

We understand that officers of the Royal Army Medical Corps now on leave from India are, while in England, to be paid by the Indian Government on the scale laid down in new Royal Warrant. This concession, which to the non-official mind seems to be a simple act of justice, was not made voluntarily by the Indian Government: it had to be asked for by the officers concerned, and if the point had not been raised it may be taken as certain that the officers would have received pay on the old scale. The matter may seem trifling, but it is an illustration of the ungenerous spirit in which the Indian Government deals with the officers of the Royal Army Medical Corps whose services it employs.

MAY 24, 1902.

See 2. VOLUNTEER MEDICAL SERVICE.

The following is a copy of a letter which has been addressed to the Secretary of State for War on behalf of the Volunteer Medical Association. The letter of April 3rd from the War Secretary referred to in the first paragraph was published in the BRITISH MEDICAL JOURNAL of April 10th, page 1001:

Sir,—I have the honour to acknowledge the receipt of your letter dated April 3rd, 1902, which has been under the consideration of the Council of this Association, by whom I am desired to thank you for the same in submitting the following comments:

1. There is no inclination to drop the word "Brigade" in the title "Brigade-Surgeon-Lieutenant-Colonel."
2. The rank of Colonel should be granted after twenty-four years' service.
3. All Brigade Surgeons should be seconded.
4. This Council did not recommend the introduction of additional examinations for promotion.
5. Brigade bearer companies should be all made companies of the Royal Army Medical Corps (Volunteers) permanently attached to brigades, and the officers to have the same rank and titles as those of the R.A.M.C. (Volunteers), the objection hitherto held to such companies becoming companies of the (then) Volunteer Medical Staff Corps being met by their permanent attachment to brigades.
6. The new title and ranks granted to the Volunteer Medical Staff Corps were publicly announced to be in recognition of the services of its members in South Africa, and this affords an additional reason for the same recognition being given to the brigade bearer company.
7. The Council note that no answer has been made to their suggestion that effect should be given to the recommendation of the War Office Departmental Committee of November, 1891, on Volunteer Medical Organization, and which was approved of by the then Secretary of State for War, to the effect: "It came out in evidence that the medical officers of the Volunteer force wish to be placed on precisely the same footing as other officers of the Volunteers regarding the distribution of honours and rewards. We submit this for your favourable consideration."

The Council feel strongly that this should have effect given to it, and they would respectfully submit that the present time would be particularly appropriate for doing so.

8. The Council note, with much satisfaction, the desire of the War Office that regimental stretcher bearers should be instructed by their medical officers, and they suggest that effect should be given to this by a clause in the Volunteer regulations.

I have the honour to be, Sir,

Your obedient servant,

JOHN J. DE SOUZA, M.D., M.B.,

Surgeon-Major A.M.R.,
Honorary Secretary, Volunteer Medical Association,
20, Hanover Square, London, W.

May 15th.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

The undermentioned officers, on having relinquished their temporary commissions for service in South Africa, are granted honorary rank in the army, with the permission to wear the uniform of the army.

To be Honorary Major: Major H. WRIGHT, February 14th, 1901.
To be Honorary Captains: Captains C. E. DOUGLAS, M.B., March 27th, 1901; E. G. OAKLEY, October 15th, 1901; C. A. McMEYER, M.B., November 15th, 1901; G. BLACK, January 27th, 1902; S. LINTON, M.B., February 27th, 1902; F. W. GRANT, M.D., February 19th, 1902; E. J. G. BRESLEY, April 25th, 1902; R. POLLOCK, February 25th, 1902.
To be Honorary Lieutenants: J. W. SMITH, M.B., November 25th, 1900; R. W. MICHELL, M.B., July 25th, 1901; J. C. TAYLOR, M.B., December 15th, 1901; J. K. TOMORY, M.B., August 14th, 1901; A. H. McDONALD, August 19th, 1901; J. C. O. MACNAB, M.B., March 27th, 1901; W. MACRAE TAYLOR, M.B., November 25th, 1901.

MAY 31, 1902.

THE INDIAN MEDICAL SERVICE.

APPOINTMENT OF EXAMINERS.

The Secretary of State for India has appointed the following gentlemen to be Examiners for the Indian Medical Service:

Professor Clifford Allbutt, M.D., F.R.S., in Medicine and Therapeutics.
Mr. Howard Marsh, F.R.C.S., in Surgery and Diseases of the Eye.
Professor D. J. Cunningham, M.D., F.R.S., in Surgical Anatomy and Physiology.
Professor R. Calder Leith, M.A., B.Sc., F.R.C.P.E., in Pathology and Bacteriology.
Dr. R. Milne Murray, M.A., F.R.C.P.E., F.R.S.E., in Midwifery, Diseases of Women and Children.
Professor Ralph Stockman, M.D., F.R.C.P., F.R.S.E., in Chemistry, Pharmacy, Botany, and Zoology.

R.A.M.C. MEMORIAL FUND.

We understand that a proposal has been made to form a fund for perpetuating the memory of distinguished officers of the Royal Army Medical Corps by some memorial to be placed in the headquarters mess or otherwise. Such memorials have in the past been few in number, but it is believed that now, as the Corps is established as such, combined action for the purpose of instituting such memorial, and, in connexion with the same object, of making a historical record of the Army Medical Service since its earliest dates will appeal to the *esprit de corps* of all its officers. The project has the approval of the Director-General, Surgeon-General W. Taylor, C.B., who has issued a circular upon the subject. In this it is pointed out that although the natural centre for this work will in future be the Medical Staff College in London, through which every officer will have to pass more than once in his career, and which from its position in the metropolis will be easily accessible to all, there is nothing to prevent the Committee which should be formed selecting other spots for special memorials, if the locality should have been particularly identified with the career of the officer who is considered worthy of the distinction. In order to carry out the scheme it is suggested that a small annual subscription be given by each officer, say the same amount that is subscribed to the annual dinner and to the band funds. By this means a fund would be accumulated. Should it be necessary to

Article 347.—Appointments will be made on the recommendation of the Commander-in-Chief to duly-qualified persons under regulations approved by the Secretary of State. It is hoped that under this regulation only a thoroughly eligible class of men will be nominated, and that the regulations promised will be judicious.

Article 349.—It is hoped that in the seconding of Lieutenants herein proposed, due provision will be made that the establishment of officers is not thereby unduly reduced. Otherwise, certain less favoured officers may, in an undermanned establishment, be made to do the duty of men who receive a gratuity of pension and pension, etc.; thus the State, likely to cause not in the service.

Article 349a.—In order to the employment of Lieutenants Medical Officers in Civil Hospitals, failure of Lieutenants on pensions, to non-effectives from three additional Lieutenants above the number required any excess being absorbed as

Article 351.—This seems need not "complete at least for Lieutenant-Colonel; he is through examination as in 11

Article 352.—The Subcom herein made in the quality of distinctive, and that instead of three—

- 1st. A special certificate.
- 2nd. A pass—first class.
- 3rd. A pass.

Also that brevet promotion than substantive promotion the same opportunities for be superseded through no far

Article 354.—They consider tions herein should be pla another under Article 361, as is desirable.

Article 357.—They consider medical officers in the House to the rank of Colonel for dist should be seconded, and in it be lost to those in the gene burden of service abroad.

Article 360.—They offer no the appointment of the Direc such is the rule in other brar to it if it is an exception.

Article 365.—In this very which the Committee take Colonels. All ranks have sh this important one. The r already is, that a Lieutenant- too beds draws equal pay to l be serving, that is, the P.M. of 200 beds 2s. 6d. more daily 2s. a day more. It must i future Colonels unpromote depriving them of three year meet this very obvious anom a Colonel should be £2 5s.

Article 370.—They consid probability, prove futile tow but if it should possibly com absolutely unworkable. Pas medical men who enter the stage of their career therein ago to get medical men to ex gratuity after ten years' s proved a total failure. They now prove different; no ma retire at three years' service per annum, to be handicapp of recall, in any settlement leave the service he would altogether, for it cannot be be denied, and men forced Lieutenants did so elect to at home, which seems an im foreign service roster wou Lieutenant elects to retire abroad, who is to pay his going out? Such a vista expense, with no prospect c or to the State.

Article 381.—It may wel general service to Lieuten by selection, why should it hold troops? Are these off to be subjected to the same

The above criticisms app visions of the Royal Warrar are aware cannot embrace importance.

Among these which will Warrant are the regulatio from time to time.

One of the most importar so vitally affecting the inc duty, ordinary leave, and study leave. No Warrant can popularize an undermanned service.

Another is the question of Indian pay, which constantly affects one-third of the entire Army Medical Service, or no less than 335 officers. There can be no effective rehabilitation of the service with this question unsettled.

Finally, they feel compelled, with regret, to advert to matters affecting the social status of medical officers. On two recent ceremonial occasions the rank even of Surgeon-General was entirely ignored; a service so treated can never be popular; while again the King's honorary surgeons and physicians (members of the Household) are never invited to State functions.

J. B. HAMILTON,
Chairman.

April 14th, 1902.

VOLUNTEER MEDICAL SERVICE.

THE following letter from Sir E. W. D. Ward, Permanent Secretary of the War Office, has been received by the Honorary Secretary of the Volunteer Medical Association, in reply to a communication addressed by the Council of that Association to the Secretary of State for War:

War Office, April, 1902.

Sir,—I am directed by the Secretary of State for War to inform you that he has carefully considered the various points raised in the communication received from the Council of the Volunteer Medical Association, dated January 26th last, and in reply I am to state:

1. That while the Volunteer Medical Staff Corps officers and men have

LONDON:
PRINTED FOR HIS MAJESTY'S STATIONERY OFFICE,
BY HARRISON AND SONS,
PRINTERS IN ORDINARY TO HIS MAJESTY.
(Wt. W 39 1500 5 02—H & S 9600)

WAR OFFICE, APRIL 25.

ARMY MEDICAL SERVICE.—The King has been pleased by Royal Warrant dated March 24, 1902, to approve of the Surgeon General, who holds the appointment of Director General, Army Medical Service, ranking as a Lieutenant General.

Revised
dates
approved
issued to
A.O. N.
are cancelled

MEDICAL DEPARTMENT OF THE NAVY,

ADMIRALTY,
NORTHumberland Avenue, W.C.
14th April, 1902.

An Examination of Candidates for entry into the Medical Department of the Royal Navy will be held on 2nd June next and following days at Examinations Hall, Thames Embankment.
Not less than thirty commissions, as Surgeon, will be offered for competition.
The forms to be filled up by candidates will be supplied on application to this department.

M. F. NORBURY,
Director-General.

ARMY MEDICAL SERVICE.

An Examination of Candidates for thirty commissions in the Royal Army Medical Corps will be held on 21st July, 1902, and following days.

Applications to compete should be made not later than the 3rd of July to the Director-General, Army Medical Service, 18, Victoria Street, S.W., from whom all information can be obtained.

Gentlemen who were under 25 years on the 1st of August, 1901, will, if otherwise eligible, be allowed to compete at this examination.

(Signed) W. TAYLOR,
Director-General,
Army Medical Service,
War Office, London,
9th May, 1902.

INDIAN MEDICAL SERVICE.

INDIA OFFICE,
13th May, 1902.

An Examination for not less than 15 appointments in His Majesty's Indian Medical Service will be held in London on the 20th August, 1902, and following days.

Copies of regulations for the Examination (which have been recently revised, with information regarding the pay and retiring allowances, &c., of Indian Medical Officers, may be obtained from the Military Secretary, India Office, London, S.W., to whom applications for the admission to the examination, with the necessary certificates, should be sent so as to reach him not later than 6th August, 1902.

E. STEDMAN,
Major-General, Military Secretary.

British Medical Journal.

SATURDAY, MAY 17TH, 1902.

THE ARMY MEDICAL SERVICE AS A CAREER.

In our advertisement columns this week there will be found an announcement which must be looked upon as, in Carlyle's phrase, "significant of much." The Director-General of the Army Medical Service makes known to all whom it may concern that thirty commissions in the Royal Army Medical Corps are offered for competition to men possessing the necessary qualifications. It is a considerable time now since such an advertisement has been issued. In spite of the transformation of the Department into a Royal Corps, and the concession of real rank and corresponding military titles, the service had become so unpopular with the rising generation of the medical profession that the supply of candidates practically ceased. The causes of this unpopularity are too well known to readers of the BRITISH MEDICAL JOURNAL to need recapitulation. In the alienation of the medical profession from the service the War Office has only reaped what it had sown. And when wiser counsels began to prevail there came a "blind Fury" of hysterical denunciation and calumny which slit the thin-spun thread that already gave promise of drawing the profession and the army once more together. The charges were shown to be grossly exaggerated, and it was proved that the responsibility for such breakdown in the medical arrangements as did occur could not justly be laid on the shoulders of the Royal Army Medical Corps. But as Voltaire cynically said, "If dirt enough is thrown some of it will stick," and it is not surprising that self-respecting men should not care to expose themselves to the eruption of "mud volcanoes" of slander.

Mr. Brodrick has not always been happily inspired in his dealings with the medical service of the army, but he is entitled to the credit of having, through his somewhat nebulous scheme of "drastic reform," clearly perceived that the first step in the direction of betterment was to make the service more attractive. We have felt it our duty to criticize his methods, but we have always recognized the goodness of his intentions. The most hopeful feature in the attitude of the Secretary of State for War in regard to the question is that he has an openness of mind for which we confess we did not give him credit. He has practically adopted all the suggestions made to him by the JOURNAL and the Subcommittee of the Association, and in this way

the crude, ill-drafted, and unworkable scheme framed by his Committee of amateur experts has been moulded into fairly satisfactory shape. Our readers have had an opportunity of studying the provisions of the Royal Warrant, and the new regulations for admission to the Royal Army Medical Corps. The time has now therefore come to consider the scheme as a whole, especially in regard to its vital point—the inducements which it offers to young men likely to be efficient officers to enter the service.

The examination for admission is of a clinical and practical character; this will open the door of the service to men of a type likely to make particularly good officers, but who do not care to submit themselves again to examination in the earlier subjects of the medical curriculum. Another marked improvement on the old order of things is the fact that service is counted from the date of entrance at Netley. The examinations for promotion are neither excessive in number nor too exacting in character; they are fair tests of an officer's fitness for the duties which he has to discharge, and they are so arranged that a man entering at 24 should be able to leave them behind him at 39. The scale of pay as far as the service generally is concerned is on the whole satisfactory, except for an unintelligible anomaly in the case of colonels, who not only get no increase but will actually in certain circumstances draw less than their immediate subordinates. We can only suppose that this is a freak of the mischievous sprite whose special delight it would seem to be to get the red tape of the War Office into a tangle. This is a matter that can be put right by a stroke of the pen. But there is another question of the gravest importance relating to pay which is still unsettled. Most junior officers of the R.A.M.C. have to spend five or six years in India, and whereas in every other part of the empire medical officers receive higher pay than those of other branches of the service, in India they are of all officers the worst paid. Though the unfairness with which the medical officers are treated is most conspicuous in the junior ranks, the pay of all grades with one or two exceptions compares very unfavourably with that of other officers. The Indian Government in its dealings with the Royal Army Medical Corps has always shown a disposition to what we must take leave to call sharp practice, and it cannot be too strongly urged on the Secretary of State for War that no scheme will be accepted by the profession which does not include a satisfactory settlement of this question.

Another point as to which explicit assurances must be received before the service can be recommended as a career to young men beginning professional life is the undermanned state of the Royal Army Medical Corps. All through the present war this has been a serious embarrassment to the authorities. At present the effective strength of the corps is little over 900, whereas at least 1,200 are required. The deficiency in number places an ever-increasing strain on the physical and mental energies of the officers in the service. It is matter of common knowledge that the undue pressure of work and responsibility on those now in South Africa is impairing the efficiency and undermining the health of many. But no relief is possible, for the simple

create any large memorial to a specially distinguished officer additional subscriptions might be asked for, while under ordinary circumstances the fund would provide the main standby of the scheme. It is proposed that the fund should be administered by a large and influential committee of the Corps, which would decide questions as to the execution of the object of the scheme.

JUNE 14, 1902.

THE ROYAL ARMY MEDICAL CORPS IN INDIA.

THROUGH the courtesy of the Director-General Army Medical Service we are enabled to state that the Secretary of State for India has decided to approve an increase to the pay of officers of the Royal Army Medical Corps below the rank of major while serving in India, and also of the issue of charge allowances for senior medical officers of station hospitals there. We have not been able to ascertain the rates which will be paid, but we are informed that it is believed that the increase will be substantial and in proportion to the recent increase in English pay. We trust that this may turn out to be the case, for such an increase of pay in India is an essential step in the rehabilitation of the Army Medical Service, and as a necessary sequel to the recent Royal Warrant. Hitherto the Indian Government has proved obdurate on this point, but it is hoped that having now conceded the principle it will see the justice of making the increase of pay to the junior ranks and of charge allowance to the seniors commensurate with the increase in the scale of home pay in the recent Royal Warrant, having due regard to the relative value of the rupee and the shilling. We must congratulate the service on the better prospects which appear to be opening before it, and also the British Medical Association on having secured most of the amendments on the original scheme of reform for which it has strenuously contended. We venture, however, to express the hope that the actual rates of increase may be officially stated without delay.

ROYAL ARMY MEDICAL CORPS.

APPOINTMENT OF EXAMINERS.

THE list of examiners for Commissions in the Royal Army Medical Corps under the new regulations is now complete; it is as follows:

In Medicine.
Dr. Kingston Fowler (London).
Dr. E. Markham Skerritt (Bristol).
Dr. G. S. Middleton (Glasgow).
Dr. James Craig (Dublin).
In Surgery.
Sir W. Thomson, C.B. (Dublin).
Professor John Chiene, C.B. (Edinburgh).
Mr. Herbert Page, M.C. (Canterbury, F.R.C.S. (London)).
Mr. Jonathan Hutchinson, jun., F.R.C.S. (London).

Army Ordnance Regulations. — Re-marking Arms and Equipment.

In consequence of changes in the designation of the Royal Field Artillery (Militia), Royal Garrison Artillery (Militia and Volunteers), and Royal Army Medical Corps (Militia and Volunteers), notified by A.O. 27 and 28 of 1902, the arms and equipment (except values) in their possession will be re-marked as follows:—

Royal Field Artillery (Militia) ...	M
	R.F.A.
Royal Garrison Artillery (Militia) ...	M
	R.G.A.
Royal Garrison Artillery (Volunteers) ...	V
	R.G.A.
Royal Army Medical Corps (Militia) ...	M
	R.A.M.C.
Royal Army Medical Corps (Volunteers) ...	V
	R.A.M.C.

The lower line of marking shown above will be preceded by the battery or corps numeral (if any), and the abbreviated county, or other title.—A.O. 116, May 1902.

Books, Maps, and Forms.

1. Revised Regulations as to the issue of Military Books and Maps, together with a list showing the prices at which those obtainable on payment can be procured, have been approved, and copies will be issued to all concerned. The regulations issued with A.O. 134 of 1901 are cancelled.

Army Forms and Books.

2. New Army Form approved:—
Army Form B 117, "Report on Wounds or Injuries (except on Wounds received in Action)."

—A.O. 123, May 1902.

JUNE 21, 1902.

THE MEDICAL STAFF COLLEGE.

We understand that it has been definitely decided to proceed with the erection of the Medical Staff College in London for the officers of the Royal Army Medical Corps. The laboratories will be commenced almost immediately. Pending the building of these, the laboratories of the Royal Colleges on the Embankment will, we are informed, be rented, but it is not yet possible to say when work will be actually begun there. This must very largely depend upon affairs in South Africa, and upon questions connected with the R.A.M.C. establishment. Every endeavour is now being made to complete arrangements, but nothing definite is decided. It seems certain, however, that temporary arrangements must be made in order that the details of post-commission study may be settled, for it must necessarily take some time before the college and laboratories are completed.

Examination for Promotion of Officers, Royal Army Medical Corps.

Amendments made in the King's Regulations and Orders for the Army — relating to the above, which are now for the first time included in these Regulations. (A.O. 107, (June) 1902 — See also Army Order 147 (June) 1902

Regulations for Army Medical Services.

Amendments made in the Regulations for Army Medical Services:—

1. In para. 8, after the word "in," in line 2, insert "the King's Regulations and."
2. In App. I., page 110, after "Regulations for the Examination of Captains, Royal Army Medical Corps, before Promotion to Major," insert "for Captains promoted to that rank before 27th July, 1893."—A.O. 147, June 1902, page 21.

Annual Inspection Report.

A new Annual Inspection Report (Army Form B 153) for all arms of the Service (Regular and Auxiliary Forces) has been approved, and will be taken into use.

The necessary amendments in the King's Regulations will be notified in Army Orders.—A.O. 129, June 1902.

Royal Horse Artillery.

- "A" Battery, Royal Horse Artillery, designated—
- "A" BATTERY (THE CHESTNUT TROOP), ROYAL HORSE ARTILLERY.

—A.O. 135, June 1902, page 16.

Army Service Corps—Change of Designation of Supply Companies.

Supply companies, Army Service Corps, will in future be described by alphabetical designations, and the following changes will take effect from 1st June, 1902, inclusive:—

Former designation.	New designation.
18 (Supply) Company ...	"A" (Supply) Company.
38 (Supply) Company ...	"B" (Supply) Company.
62 (Supply) Company ...	"C" (Supply) Company.
63 (Supply) Company ...	"D" (Supply) Company.

—A.O. 137, June 1902.

Army Forms cancelled.

6. Army Forms cancelled:—
Army Form I 1208, "Medical Comforts placed on board ship; Expenditure of."
Army Form I 1212, "Medicines, &c.; Proceedings of a Board of Survey on."

7. The following Army Forms (Annual Inspection Returns and Confidential Reports) have been cancelled, and the New Army Form B 153 will be used in place of them:

Army Form B 65—1	Army Form B 249—1
" B 65—2	" B 249—2
" B 65—3	" B 250—1
" B 107—1	" B 250—2
" B 107—2	" E 520
" B 108—1	" E 554
" B 108—2	" E 561
" B 147—1	" E 562
" B 147—2	" E 567
" B 169—1	" E 570
" B 169—2	" E 583
" B 224—1	" E 600
" B 224—2	

Army Order 155 (June) 1902

STANDARD, TUESDAY, JUNE 24, 1902.

We are informed by the War Office that the next Session of the Army Medical School will be held in London. This is a further and an important step in carrying out the recommendation of the Committee which assembled under the chairmanship of Mr. Beddick to consider the reorganisation of the Army Medical Services.

Circular No.2.

FUND FOR PERPETUATING THE MEMORY OF DISTINGUISHED OFFICERS OF THE
ARMY MEDICAL SERVICE.

Having received 366 replies to my circular memorandum of the subject of a Fund for perpetuating the memory of distinguished officers of the Army Medical Service, of which 361 were entirely in agreement with the Scheme as outlined, I feel justified in considering that the officers of the Army Medical Service are in favor of the proposal, and the subsequent replies, allowing for the fact that a large proportion of officers is now on field service and may not have had opportunities of replying as yet, should bear out the feelings already expressed and increase the number of promised subscribers.

Generally speaking, officers who replied did not make any proposals differing from those on the circular; but a few expressed opinions on the following points, which I will lay before the Committee, giving here a brief resume of them:-

1. A permanent fund was objected to by 2 officers, on the ground that we are not in a position to lead the fashion, no other Corps, apparently, having such a fund.- I disagree entirely with this opinion, and consider that no Corps in the Army has a better right than our own to take the initiative on any point.

2. That the Historical Record should include non-commissioned officers and men of the Corps was proposed by 15 officers.- I am in agreement with this proposal.

3. Subscriptions to be proportional to rank was proposed by 2 officers.

4. A consolidated annual subscription of one guinea for this and other funds, to include also a Journal, was proposed by one officer.-

I fear this officer does not realise what the cost of publishing a Journal would be; I may say, however, that this subject is being dealt with otherwise.

5. Large Memorial - One of the two objectors to the permanent Fund is prepared to support special large memorials.

6. A title for the Memorial to be selected which will include past as well as present officers, proposed by one officer.

7. One officer's proposal is to obtain, in the case of every memorial, the written opinion of every officer. I may point out here that the cost of communicating in this way will involve an additional outlay of some £2 - 10s. for stamps for each issue of a circular - a serious consideration for a small fund which with 800 subscribers would only reach £200 per annum.

it in the Medical Service, exchange to bring medical men with civilian medical and now that an officer shall have quarters for two years, attach him to a battalion, until the end of his service the changes brought about. We are glad to illustrate various ranks in the Royal and of the Medical Staff, all cherry facings worn by the organisation of general is very complete, and the system have been well in African hostilities. In all Service wears a white as on the left upper arm. the medical sections are in cross, and the dressing pits are indicated by the

1902.

MEDICAL SERVICE.

en received by the Volunteer letter addressed on its behalf to at on May 15th. The letter was MEDICAL JOURNAL on May 24th,

War Office.

London, S.W.

25th June, 1902.

try of State for War to acknowledge the 24th, and in reply to inform you that Union of the Council of the Volunteer no inclination among Senior Medical to drop the word "Brigade" in Colonel.

meditation of the Council that the rank y be granted after 22 years' service, it is in the Volunteer Forces in which a d be employed, the highest being a de, with the rank of Brigade-Surgeon-

that he is unable to give his assent to

ed of this rank being conferred as an

ol, and the necessary alterations will

unteer Regulations.

at all Brigade-Surgeons desire to be

o belong to the battalion with which

as been made optional, and the Secre-

s it compulsory.

unifications for medical officers was put

medical officers, which was received

tary of State for War on January 25th,

of the Volunteer Medical Association

of simple military titles to the execu-

companies, has already been under con-

sulted in due course. It must, how-

at any change that may be authorized

garrisoned to a Bearer Company either

and not regimental medical officers.

regiment or corps from a Bearer Com-

title as is the custom among the regu-

ards.

re to participate with other officers of

tions of an honorary nature have not

of the Volunteer Medical Association

ill receive full consideration.

ties of a regimental medical officer to

stretcher bearers, and the Secretary of

y to insert any fresh paragraph on this

is.

I am, Sir,

Your obedient Servant,

G. FLEETWOOD WILSON.

Volunteer Medical Association,

London, W.

MEDICAL SERVICE.

umber of candidates who will in the Royal Army Medical o commence on July 21st is be- The advertisement states that cred. It would seem that for any years there is to be a real missions, and this result must members of the British Medical of the Association, continued y half a century, have finally out of reforms which have Service an attractive career We regret to observe that for surgeons in the Royal been attended with a different re announced, but only eleven tion successfully and received that despite the recent increase edical Service is still not suffi- the number of candidates result in these two cases is a cent regulations for the Royal ot regarded as satisfactory, and ed amendment at an early date ntly pointed out. We suspect it the conditions offered to can- cal Service need to be substan- imation is to be held on August missions will be offered, but we at the demands on the service or of a larger number.

create any large memorial to a specially distinguished officer additional subscriptions might be asked for, while under ordinary circumstances the fund would provide the main standby of the scheme. It is proposed that the fund should be administered by a large and influential committee of the Corps, which would decide questions as to the execution of the object of the scheme.

JUNE 14, 1902.

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	M
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	V
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" B 147—2	" E 567
" B 169—1	" E 570
" B 169—2	" E 583
" B 224—1	" E 600
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Army Order 153 (June) 1902

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5. Large Memorial - One of the two objectors to the permanent Fund is prepared to support special large memorials.

6. A title for the Memorial to be selected which will include past as well as present officers, proposed by one officer.

7. One officer's proposal is to obtain, in the case of every memorial, the written opinion of every officer. I may point out here that the cost of communicating in this way will involve an additional outlay of some £2 - 10s. for stamps for each issue of a circular - a serious consideration for a small fund which with 800 subscribers would only reach £200 per annum.

8. One officer makes the following suggestion: That every officer be invited to subscribe one day's pay per annum to a general fund; that this fund be divided into four portions - one-fourth to the proposed Memorial Fund, one-fourth to a Mess Fund, one-fourth towards the Band, and one-fourth towards the Annual Dinner; and that the Committee be permitted to alter these proportions as they consider advisable. The Mess Fund to be granted to each Mess in proportion to the number of dining members borne on the strength of the station.--

I consider this suggestion an extremely good one, and will lay it before the Committee; meanwhile if any officer has anything to say on this point the committee will be glad to consider it, especially with regard to the details of working out the idea.

It may be gathered from the above that the subject is now ripe for the appointment of a Committee, and as a provisional measure I have nominated the following Committee to take the matter in hand:-

	{	Surgn-General Sir Jas. Hanbury, K.C.B.
Four Retired Officers.....	{	,, J.B.C. Reade, C.B., K.H.S.
	{	,, W. Skey Muir, C.B.
	{	Lieut-Colonel J.F. Beattie.
The Deputy Director-General	{	Surgn-General Keogh, C.B.).
The P.M.O. First Army Corps	{	Colonel Notter).
,, Netley	{	Surgn-Gen. Townsend, C.B., C.M.G.).
,, Home District	{	Colonel Gubbins).
The O.C., R.A.M.C., Aldershot	{	Lt-Colonel H.E.R. James).
The Professor of Hygiene	{	(Major Firth);

of this Committee I will act as Chairman.

The functions of this Committee will be to prepare a Scheme for working the Fund; to initiate the working thereof; and to nominate, after consulting subscribers, a permanent Committee, the filling up of retirements from which shall be on a plan which will be automatic, thus obviating frequent reference to subscribers, and the correspondence that would entail.

All future communications on this subject will be handed over to the Committee, which will notify the methods of payment of subscriptions, etc.

W. Taylor,

Director-General.

18 Victoria Street, S.W.

June 1st, 1902.

JULY 5, 1902

THE ARMY MEDICAL STAFF COLLEGE.

THE scheme for the Medical Staff College for the Royal Army Medical Corps which is now in preparation will involve the provision of two sets of courses, the one for officers entering the service, and the other the advanced course for officers who are approaching the time for examination for promotion. For the earlier course the arrangements which are about to be concluded for renting a part of the laboratories of the Royal Colleges on the Thames Embankment will provide sufficient accommodation, and the first course will begin, we understand, on September 1st. The laboratories will also provide space for the advanced work in hygiene and bacteriology, but pending the erection of permanent laboratories, which have been approved, and the erection of a residential college, temporary arrangements must be made for the other parts of the advanced course. It is, we understand, probable that residential chambers will be rented, as it is desired to keep the classes together so that studies may be supervised and directed, and in order that the headquarters staff may become personally acquainted with all the officers passing through the College. It is probable that arrangements will be made at a no distant date with medical schools in London for clinical work and special courses, and that eventually a military hospital will be erected in London where instruction can be given in tropical diseases, in invaliding, recruiting, and other special subjects.

Army & Navy Gazette.

LONDON, SATURDAY, JULY 5, 1902.

After having for years been conspicuous by their absence, the names of colonels of the Indian Staff Corps are once more introduced in the seniority list of colonels in the monthly "Army List"—columns 115-130. The senior officer on the India establishment is Colonel G. F. Young, C.B., December 7, 1891.

THE ARMY MEDICAL SERVICE.

[WITH COLOURED SUPPLEMENT.]

The Army Medical Staff and the Royal Army Medical Corps have done duty in South Africa of an exceptionally arduous and responsible nature, and in a very large measure the welfare of the troops has been due to the care exercised by, and to the professional zeal of, the members of the Army Medical Service. Like every other branch of the military forces of the Crown, the Medical Service is developing in various directions, and we are now very far from the day when the poorer soldiers, severely wounded, were discharged with a small gratuity, "to find their way home as best they might," the principle then being, according to Gore, that "it cost more to cure a soldier than to levy a recruit." It was in 1884 that the officers of the Army Medical Department and the quartermasters of the Army Hospital Corps were designated the Medical Staff, and that the warrant officers, non-commissioned officers and men of the Army Hospital Corps were designated the Medical Staff Corps. A committee under the Earl of Camperdown in 1889 inquired into the pay, status, and conditions of medical officers of both Services, and two years later the Royal Warrant defined the substantive titles of the officers of the Medical Staff which were to carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but with limited command.

Up to a recent time the body of officers of the Army Medical Service comprised, in addition to the Director-General, ten surgeon-major-generals of the Army Medical Staff and twenty-three colonels and about 800 officers of the rank of lieutenant-colonel and others downward, with apothecaries and acting officers of the Royal Army Medical Corps. The Principal Medical Officer and the senior surgeons became chiefs of the sanitary service in the military districts, and the rest were employed on active duty with the troops and in hospitals. In times of peace medical officers were no longer attached permanently to particular bodies of troops, but the personnel of the Royal Army Medical Corps was under the command of medical officers.

It is unnecessary here to allude to the very animated controversy to which the status and organisation of the Army Medical Service has given rise. Last year Mr. Brodric had the advantage of the assistance of eminent medical men in the best practice in London in drawing up the new scheme for the Army Medical Corps. The features are increased pay and increased number of officers, with the affording of opportunities for study and provision for carrying it out, under conditions, in London. Another feature is promotion by merit, which is regarded

as especially important in the Medical Service, and it is hoped by interchange to bring medical officers into close touch with civilian medical schools. It is intended now that an officer shall be able to occupy the same quarters for two years, and it is desired to attach him to a battalion, and to give him a home until the end of his service. In many ways the changes brought about have given satisfaction. We are glad to illustrate the uniforms of various ranks in the Royal Army Medical Corps and of the Medical Staff, showing the new dull cherry facings worn by the former. The peace organisation of general and garrison hospitals is very complete, and the war organisation and system have been well tested during the South African hostilities. In war the whole Medical Service wears a white band with the red cross on the left upper arm. All the vehicles of the medical sections are marked with the red cross, and the dressing stations and field hospitals are indicated by the Geneva flag.

JULY 12, 1902.

VOLUNTEER MEDICAL SERVICE.

THE following reply has been received by the Volunteer Medical Association to the letter addressed on its behalf to the Secretary of State for War on May 15th. The letter was published in the BRITISH MEDICAL JOURNAL on May 24th, p. 1312:

War Office,
London, S.W.,
25th June, 1902.

Sir,—I am directed by the Secretary of State for War to acknowledge the receipt of your letter dated May 15th, and in reply to inform you that Mr. Brodric notes that it is the opinion of the Council of the Volunteer Medical Association that there is no inclination among Senior Medical Officers of Volunteer Infantry Brigades to drop the word "Brigade" in the title Brigade-Surgeon-Lieutenant-Colonel.

2. With reference to the recommendation of the Council that the rank of Colonel (or Surgeon-Colonel) may be granted after 22 years' service, it is pointed out that no position exists in the Volunteer Forces in which a medical officer of that rank could be employed, the highest being a Senior Medical Officer of a Brigade, with the rank of Brigade-Surgeon-Lieutenant-Colonel.

Mr. Brodric regrets, therefore, that he is unable to give his assent to this proposal.

He has, however, already approved of this rank being conferred as an honorary distinction on retirement, and the necessary alterations will appear in the next revise of the Volunteer Regulations.

3. It is by no means certain that all Brigade-Surgeons desire to be seconded. Many probably prefer to belong to the battalion with which they have been associated.

The seconding of these officers has been made optional, and the Secretary of State sees no reason to make it compulsory.

4. The proposal for additional examinations for medical officers was put forward by a deputation of senior medical officers, which was received by the Parliamentary Under-Secretary of State for War on January 19th, 1902.

It is presumed that the Council of the Volunteer Medical Association was aware of these suggestions.

5. The question of the granting of simple military titles to the executive officers of Brigade Bearer Companies, has already been under consideration, and the decision will be notified in due course. It must, however, be distinctly understood that any change that may be authorized will only affect officers who are gazetted to a Bearer Company either direct or from a regiment or corps, and not regimental medical officers.

Officers joining or rejoining a regiment or corps from a Bearer Company will assume the compound title as is the custom among the regimental officers of the Brigade of Guards.

6. The claims of medical officers to participate with other officers of Volunteers in rewards or distinctions of an honorary nature have not been overlooked, and the Council of the Volunteer Medical Association may be assured that this subject will receive full consideration.

7. It is obviously one of the duties of a regimental medical officer to train and instruct the regimental stretcher-bearers, and the Secretary of State does not consider it necessary to insert any fresh paragraph on this subject in the Volunteer Regulations.

I am, Sir,

Your obedient servant,

G. FLEETWOOD WILSON,
The Honorary Secretary, Volunteer Medical Association,
20, Hanover Square, London, W.

THE MILITARY MEDICAL SERVICE.

We understand that the number of candidates who will compete for commissions in the Royal Army Medical Corps at the examination to be commenced on July 21st is between seventy and eighty. The advertisement states that thirty commissions are offered. It would seem that for the first time for a good many years there is to be a real competition for these commissions, and this result must be highly satisfactory to members of the British Medical Association. The efforts of the Association, continued through the space of nearly half a century, have finally resulted in the carrying out of reforms which have made the Army Medical Service an attractive career to young medical men. We regret to observe that the recent examination for surgeons in the Royal Navy Medical Service has been attended with a different result; thirty vacancies were announced, but only eleven surgeons passed the examination successfully and received commissions. It appears that despite the recent increase of pay the Royal Navy Medical Service is still not sufficiently attractive to secure the number of candidates required. The comparative result in these two cases is a practical proof that the recent regulations for the Royal Navy Medical Service are not regarded as satisfactory, and that they will therefore need amendment at an early date on the lines we have recently pointed out. We suspect also that time will show that the conditions offered to candidates for the Indian Medical Service need to be substantially improved. An examination is to be held on August 20th, when nineteen commissions will be offered, but we have reason to believe that the demands on the service would have justified the offer of a larger number.

Discontinuance of Stoppages for Hair-cutting.

It has been decided that, in future, soldiers shall make their own arrangements for hair-cutting.

The monthly stoppage under this heading will, accordingly, be discontinued.—A.O. 199, August 1902.

Equipment Regulations, Part II.—Section VIII.—Depot and Training School, Royal Army Medical Corps.

This section of the Equipment Regulations, Part II., has been approved, and copies will be issued to all concerned.—A.O. 205, August 1902.

Yeomanry Regulations. — * Promotion of Medical Officers.

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A surgeon-lieutenant commissioned after the 4th July, 1902, will not be eligible for promotion to the rank of surgeon-captain until he has completed 34 years' service.

Para. 36 of the Yeomanry Regulations will be amended accordingly.—A.O. 207, August 1902, page 17.

* Issued as a Special A.O., dated 9th July, 1902.

MEDICAL NOTES IN PARLIAMENT.

JULY 26, 1902.

[FROM OUR LOBBY CORRESPONDENT.]

The Army Medical Vote.

In the House of Commons the unexpected has a habit of happening and so on Thursday in last week by a series of unforeseen circumstances the army medical vote came on for discussion. The morning sitting was occupied by the War Office salaries and charges vote, and, as was anticipated, the case of Sir Redvers Buller excited a lively debate and occupied practically the whole sitting. When the Committee resumed at 9 o'clock there was a small attendance, and the militia vote of £1,381,000, which often occupies a long time, was agreed to without any speeches. Next came the vote for the Imperial Yeomanry, and some thirty minutes saw that vote passed. The volunteer service came next, and the grants did not excite much interest, and were disposed of just before half-past ten. Thus, three votes, which usually develop long debates, were finished in less than an hour and a half. The medical establishment vote came next, and it seemed a special piece of good fortune that it should have been reached at so early an hour, but the House was very thin and listless, and in the absence of any strong indictment the prospects of a debate were not promising. An Irish member opened the proceedings by complaining of the manner in which some six senior medical officers had recently been passed over for promotion, and suggested that an Advisory Board on which their juniors sat might explain the injustice done to some men of distinguished service. Colonel Welby followed with some good advice about keeping up the efficiency of the Medical Department so as to be able to meet the exigencies of war promptly. Then Mr. Richards complained of the complex character of the requisition orders for stores, and generally attacked the red-tape system which permeated the Army and the War Office. Mr. Brodrick replied to this criticism at once, and said the illustrations were drawn from a state of things which existed at the beginning of the war, asserted that immense progress had been made since then, and generally defended the present state of the Medical Department. Major Jameson followed, and declared that the army doctors were not well enough paid, and in the course of a vigorous speech denounced the War Office management. Still the debate languished, and there seemed no reality in it.

Sir John Batty Tuke congratulated the Secretary of State for War on the adoption of a new administrative principle. His predecessors had proceeded on the assumption that they could work independently of the great medical schools and the feeling of the medical profession at large, and previous attempts to reform the service had failed mainly, though not entirely, from a non-recognition of that principle. The other cause of failure had been maladministration of former warrants, and the failure to carry out their provisions. That Mr. Brodrick was convinced of the necessity of recognizing this principle was shown by the fact that of the eleven members of the Committee appointed in 1901 to make recommendations as to the reorganization of the medical service, seven were civilians connected with important medical schools, and by the fourth fact that the Advisory Board contained four civilian members. Sir John Tuke, however,

PARLIAMENTARY.

[THE HOUSE OF COMMONS.] 275

questioned whether these four gentlemen could perform all the duties laid upon them, which included matters connected with medicine, surgery, and sanitation, advice on the provision and equipment of hospitals, the elaboration of a scheme for the expansion of the service in war, reporting on plans for hospitals, barracks, and camps, the inspection of military hospitals, the supervision of the examination for candidates, and the consideration of the promotion of officers. It was not possible for the civilian members to perform such multifarious duties for £200 a year, and in practice it would be found that only special points would be referred to them. Sir John Tuke regretted that Mr. Brodrick had not carried out the special recommendation contained in the minority report of Sir William Thomson, to the effect that the Advisory Board should be composed of representatives of the medical schools in the several divisions of the kingdom; the principle had been accepted as regards England and Ireland, but had been evaded so far as Scotland was concerned. A gentleman holding a Scottish degree but residing in London had been appointed, but he could not represent the feeling in Scottish schools. About one-third of the medical recruits came from the north, and it was impolitic to ignore the great schools. Any scheme for the expansion of the service in war must depend on the assistance of the universities, schools, and hospitals, and it would be wise policy to keep in close touch with all teaching institutions. As it would be impossible to keep up a standing medical force in peace sufficient for the emergencies of war, the Army Medical Service must be made capable of rapid expansion; this could only be effected by appealing to civilians, and the establishment of an Imperial Medical Reserve must be one of the chief objects to be kept in view. The War Office would have to go to the teaching institutions of the country for their assistance in formulating a scheme to meet a war emergency. What was done in haste during the late war must now be provided at leisure. In conclusion, Sir John Tuke said that he believed that the new warrant would work well; the pay was fair and the system of examination for promotion sound. In every service there were two curses—seniority and private influence; but if the system of examination was allowed to exercise its due influence and taken along with each man's service record, it would have a most important function in neutralizing these curses. The satisfactory working of the new warrant depended on the maintenance of the R.A.M.C. on the proper level, and arrangements for leave and study leave could not be worked unless the service was numerically sufficient; the new warrant might easily break down in many of its most important provisions if the service was unmanured.

Dr. Farquharson said that in former years the army authorities attempted to manage medical matters without consulting the wants and wishes of the great universities and medical schools from which the candidates had been drawn. He thought, however, that Mr. Brodrick sincerely desired to take into his confidence the great medical schools and teaching bodies in order to get the best possible students for the Army Medical Department, and that he deserved great credit for that, and also for having taken into consideration the representations of the British Medical Association, which represented the great mass of the profession. A large number of very valuable improvements had been made in the original scheme by which it was made more acceptable to the profession generally, and by which a larger number of candidates for the service would be obtained. The terms of the new warrant were extremely favourable. Dr. Farquharson expressed his most emphatic admiration of the admirable work of the Army Medical Department in South Africa. There had been criticisms on its general administration, but no one had a word of criticism to offer regarding the admirable devotion of the individual members of the department who had to face great danger and difficulty to carry out their work, and who had to sacrifice not only their comfort and convenience, but in many cases their lives. There were difficulties—not due to the Government, but to the exigencies of the military situation—which made the work of the Army Medical Department arduous, and occasionally impossible. But in no former war was the medical treatment of enteric and the surgical treatment of wounds on anything like the same plane of success; and he thought the Army Medical

Volunteer Regulations.

* (a.) Promotion of Medical Officers.

Medical Officers of the Volunteer Force holding the rank of captain or surgeon-captain will in future be eligible for promotion to the rank of major or surgeon-major, respectively, on the completion of 12 years' service.

Medical officers commissioned after the 4th July, 1902, will not be eligible for promotion to the rank of captain or surgeon-captain until they have completed 34 years' service.

Para. 60 of the Volunteer Regulations is amended accordingly.

* (b.) Pay of Medical and Veterinary Officers while under instruction.

The Secretary of State has decided that when medical and veterinary officers of the Volunteer Force are entitled to pay under para. 515 of the Volunteer Regulations, they shall be paid at the rates laid down in the Pay Warrant for officers of corresponding rank in the Royal Army Medical Corps and the Army Veterinary Department respectively.

Substitute for the last sentence on page 91 of the Volunteer Regulations:—

"Officers of heavy batteries, medical officers, and veterinary officers will draw the rates prescribed for the Royal Field Artillery, Royal Army Medical Corps, and the Army Veterinary Department respectively."

—A.O. 206, August 1902.

* Issued as a Special A.O., dated 9th July, 1902.

* Queen Alexandra's Imperial Military Nursing Service.

The following instructions relating to the formation of the Queen Alexandra's Imperial Military Nursing Service are issued for the information of all concerned:—

1. All present members of the Army Nursing Service, and members of the Army Nursing Reserve who have been in military employment during the war in South Africa, shall be eligible for appointment in the Queen Alexandra's Imperial Military Nursing Service, if recommended by the Nursing Board. Should any question arise as to their status in the Queen Alexandra's Imperial Military Nursing Service, the Nursing Board shall report thereon to the Advisory Board, and the recommendation of the Advisory Board shall be submitted to the Commander-in-Chief, whose decision shall be final.

2. Any present member of the late Army Nursing Service, who is not retained in the Queen Alexandra's Imperial Military Nursing Service, may be recommended for a gratuity of one month's pay for each year of service if she is not entitled to a pension; and any nurse accepted by the Nursing Board as a member of the Queen Alexandra's Imperial Military Nursing Service who may decline to accept the new terms of pay, pension, &c., shall be allowed to serve upon the terms of her present engagement.—A.O. 168, July 1902, page 15.

* Issued as a Special A.O., dated 29th June, 1902.

August, 1902.

Royal Warrants.—* Militia Regulations.

The Regulations published with the warrant dated 28th January, 1898, as amended by Our Warrant of the 12th June, 1901, shall be further amended in accordance with the following provisions:—

Promotion and Pay of Officers of the Royal Army Medical Corps (Militia).

1. A Lieutenant of Our Royal Army Medical Corps (Militia) commissioned after the date of this Our Warrant shall not be eligible for promotion to the rank of captain until he has completed 34 years' service.

2. The following daily rates of pay shall be substituted for the rates of pay and corps pay allowed to officers of Our Royal Army Medical Corps (Militia) by para. 482 of the Militia Regulations:—

	£	s.	d.
Lieutenant-colonel	1	10	0
Major	1	3	6
After 3 years as such	1	6	0
Captain	0	15	6
After 7 years' total service	0	17	0
" 10	1	1	0
Lieutenant	0	14	0

* Issued as a Special A.O., dated 9th July, 1902.

1.—August, 1902.

(A.O. 199)

MILITARY TYPES — No. 175.

Supplement to THE ARMY & NAVY GAZETTE. Saturday, July 5 1892.



ROYAL ARMY MEDICAL CORPS.
Private.

ARMY MEDICAL STAFF
Surgeon-General.

R. A. M. C.
Sergeant-Major.

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the service was numerically sufficient; the new warrant might easily break down in many of its most important provisions if the service was unmanned.

Dr. Farquharson said that in former years the army authorities attempted to manage medical matters without consulting the wants and wishes of the great universities and medical schools from which the candidates had been drawn. He thought, however, that Mr. Brodric sincerely desired to take into his confidence the great medical schools and teaching bodies in order to get the best possible students for the Army Medical Department, and that he deserved great credit for that, and also for having taken into consideration the representations of the British Medical Association, which represented the great mass of the profession. A large number of very valuable improvements had been made in the original scheme by which it was made more acceptable to the profession generally, and by which a larger number of candidates for the service would be obtained. The terms of the new warrant were extremely favourable. Dr. Farquharson expressed his most emphatic admiration of the admirable work of the Army Medical Department in South Africa. There had been criticisms on its general administration, but no one had a word of criticism to offer regarding the admirable devotion of the individual members of the department who had to face great danger and difficulty to carry out their work, and who had to sacrifice not only their comfort and convenience, but in many cases their lives. There were difficulties—not due to the Government, but to the exigencies of the military situation—which made the work of the Army Medical Department arduous, and occasionally impossible. But in no former war was the medical treatment of enteric and the surgical treatment of wounds on anything like the same plane of success; and he thought the Army Medical

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MEDICAL NOTE

Department had earned immense credit for the results which had been obtained. He heartily congratulated Mr. Brodric on the position now given to the Director-General of the Army Medical Department, which would be much more authoritative than before. Dr. Farquharson confessed that he was not quite so enthusiastic about the inclusion of the civilian element. He thought the old plan was better, where the Director-General had two or three experienced subordinates, each for a different department, all of whom combined to discuss questions from the medical point of view. Dr. Farquharson said that he agreed with Sir John Tuke that the civilian element was not of a sufficiently authoritative character. The only object of the element was to bring the Board into touch with the great medical schools, and unless they had men of great distinction on the Board that might not be achieved. The members of the Board were all able men, but they had not that professional standing which was requisite. He agreed, also, that £200 a year was not sufficient for men who joined the Board, as it might involve the dislocation of their other professional work.

Mr. Brodric took advantage of the kindly tone of the speeches of the medical members to reply, and say that his reforms had in the main greatly commended themselves to the medical profession. The Committee which had assisted him to formulate his scheme deserved great credit for their work, and the House and the army could not be sufficiently grateful for the services given by medical gentlemen. He desired to act as closely as possible with the medical schools, and he quoted as evidence of the success of the new departure that whereas formerly there had not been enough candidates for the vacancies in the medical service, there had been for the recent examination between 70 and 80 candidates for 32 places.

The debate after this became very perfunctory. Mr. Richards spoke again, Mr. Warner and Major Jameson put questions to Mr. Brodric, and finally Colonel Welby moved to reduce the vote by £100 in order to get a reply as to the steps to be taken to make the medical service more efficient as regards the exigencies of war. Mr. Brodric pleaded that until they could bring home the medical officers from South Africa, he could not put his new scheme into full working order, and promised to consider the alteration of forms for medical requirements for stores. Colonel Welby's motion for reduction was then withdrawn, and the vote agreed to about a quarter to twelve.

August, 1902.

Royal Warrants.—* Militia Reg.

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2. The following daily rates of pay for the rates of pay and corps pay of Our Royal Army Medical Corps (Militia) shall be payable:—

Lieutenant-colonel	...
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After 3 years as such	...
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After 7 years' total service	...
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The following instructions relating to the formation of the Queen Alexandra's Imperial Military Nursing Service are issued for the information of all concerned:—

1. All present members of the Army Nursing Service, and members of the Army Nursing Reserve who have been in military employment during the war in South Africa, shall be eligible for appointment in the Queen Alexandra's Imperial Military Nursing Service, if recommended by the Nursing Board. Should any question arise as to their status in the Queen Alexandra's Imperial Military Nursing Service, the Nursing Board shall report thereon to the Advisory Board, and the recommendation of the Advisory Board shall be submitted to the Commander-in-Chief, whose decision shall be final.

2. Any present member of the late Army Nursing Service, who is not retained in the Queen Alexandra's Imperial Military Nursing Service, may be recommended for a gratuity of one month's pay for each year of service if she is not entitled to pension; and any nurse accepted by the Nursing Board as a member of the Queen Alexandra's Imperial Military Nursing Service who may decline to accept the new terms of pay, pension, &c., shall be allowed to serve upon the terms of her present engagement.—A.O. 168, July 1902, page 18.

* Issued as a Special A.O., dated 25th June, 1902.

Department had earned immense credit for the results which had been obtained. He heartily congratulated Mr. Brodrick on the position now given to the Director-General of the Army Medical Department, which would be much more authoritative than before. Dr. Farquharson confessed that he was not quite so enthusiastic about the inclusion of the civilian element. He thought the old plan was better, where the Director-General had two or three experienced subordinates, each for a different department, all of whom combined to discuss questions from the medical point of view. Dr. Farquharson said that he agreed with Sir John Tuke that the civilian element was not of a sufficiently authoritative character. The only object of the element was to bring the Board into touch with the great medical schools, and unless they had men of great distinction on the Board that might not be achieved. The members of the Board were all able men, but they had not that professional standing which was requisite. He agreed, also, that £200 a year was not sufficient for men who joined the Board, as it might involve the dislocation of their other professional work.

Mr. Brodrick took advantage of the kindly tone of the speeches of the medical members to reply, and say that his reforms had in the main greatly commended themselves to the medical profession. The Committee which had assisted him to formulate his scheme deserved great credit for their work, and the House and the army could not be sufficiently grateful for the services given by medical gentlemen. He desired to act as closely as possible with the medical schools, and he quoted as evidence of the success of the new departure that whereas formerly there had not been enough candidates for the vacancies in the medical service, there had been for the recent examination between 70 and 80 candidates for 32 places.

The debate after this became very perfunctory. Mr. Richards spoke again, Mr. Warner and Major Jameson put questions to Mr. Brodrick, and finally Colonel Welby moved to reduce the vote by £100 in order to get a reply as to the steps to be taken to make the medical service more efficient as regards the exigencies of war. Mr. Brodrick pleaded that until they could bring home the medical officers from South Africa, he could not put his new scheme into full working order, and promised to consider the alteration of forms for medical requirements for stores. Colonel Welby's motion for reduction was then withdrawn, and the vote agreed to about a quarter to twelve.

Dec. 19. July 1912

CIRCULAR.

PROPOSED JOURNAL FOR THE ARMY MEDICAL SERVICES.

It is believed that the establishment of a journal devoted to matters of professional and scientific interest would be generally welcomed by Officers of the Army Medical Services, as affording to them advantages similar to those already enjoyed by other branches of the British Army, and by the medical services of Continental Powers.

The proposed journal would to a great extent take the place of the present appendices of the Army Medical Department Report, and would embrace the following items:—

- (1.) Original articles written by Officers belonging to the Army Medical Services, and others.
- (2.) Bibliographical notes on articles of importance and interest to the military services.
- (3.) Reprints and translations from military, medical, and other journals.
- (4.) Official gazettes, and official information generally, bearing upon the Army Medical Services.

It is hoped that a journal conducted upon these lines will enable Medical Officers to keep in touch not only with what is going on in the British Service, but with the advances and changes that are being made in other armies.

The journal will be conducted and edited under the supervision of a committee representative of the Head-Quarters Staff, the Medical Staff College, and the Advisory Board for Army Medical Services, and to this committee Officers who have made special studies of any subject are requested to give their names as referees on that particular subject. It is also hoped that those who have a knowledge of foreign languages, and are capable of undertaking the work of reviewing and extracting information from foreign publications, will send in their names for work of that description in connection with the journal.

The Director-General would be glad if Officers would let him know their views as to the general management and contents of the proposed journal. It should, however, be stated that its pages will not be open to controversial correspondence, or to items of social or personal interest, other than what is official.

In conclusion, the Director-General ventures to hope that there will be no hesitation in supporting this effort to maintain a high standard of professional and scientific attainment in the Army Medical Services, and he would be obliged if Officers will at their earliest convenience fill in and return to him the enclosed slip, stating whether they are willing to support the journal, it being understood that the annual subscription will not in any case exceed £1.

18, VICTORIA STREET, S.W.,
July, 1902.

NETLEY.
In the sixth volume, Colonel following report regarding of the school:—With the Army Medical School at Netley, the valuable clinical be utilised for purposes of training hitherto pursued at here. Under these circumstances, the origin, history, and the result of a recommendation was appointed in May, regulations affecting the situation of military hospitals.

Eight Hon. Sidney Herbert, Esq., in effect, the founder of the school. The report of the Committee was a most able and experienced of the Committee, the health of the army medical after the first (or entrance) general hospital there to military hygiene and in for which purpose the the two now existing d at the principal general was an authoritative ex- by the medical profes- seen made for the purpose to peculiarities of military in Netley, the distinguished at Great Yarmouth to treat of Camperdown, proposed surgery. Later, in 1860, Jackson, in his work on the establishment of an "army" detail the subjects which he

ded in the Edinburgh Uni- had written a book on the of Netley. He was suc- author of the well-known began to lecture on military military appliances for the was transferred to Netley of Military Surgery were custom to attach medical army to the General Hos- of clinical and general

France, military medical to early as 1747 schools of dished in connexion with r, Strasbourg, Toulon, and concentrated in the great s. Naval medical schools on and Brest, in 1792, 1793,

inundation of the Royal sided over by Mr. Sidney The subjects and courses ted, all necessary arrange- session of the school was rt, the Director-General of roductory address, setting school, was delivered by geon-general of hospitals, gave a short speech on the hygiene, medicine and the subject of pathology each it.

The Army Medical School e Netley Hospital, it was sided over by Sir James. artin and Dr. John Suther- missions, was appointed rst session at Netley com- now been in existence for ven completed. The mili- tary medical service who commissions in the Indian s. In addition, during the the naval medical service professor belonging to that lities of naval hygiene. A ed in connexion with the entering the naval medi- Army Medical School. The r a purpose which is to be the London Medical Stan- ready in the service. Over course, and many officers pleasure by attending the

ns designed to accomplish, are these. preventive medicine. The theoretical and practical t, with special reference to de and environment of the

ing physical efficiency in- tion and elimination—the always constituted special and methods of restoring agencies.

and management of mili- s, dieting, and treatment of

re of weapons and wounds rt and treatment of the se diseases most commonly eatment. More especially, id acquired in tropical and cool was the first in Great ruction in the subject of al teaching of which has

s are prepared, and gener- regulations and business. the ways of military life, to be useful to a medical if punctuality, order, and

r has constituted a centre of so performed useful services so been a source of pleasant e sentiments of comradelic duence for good in a service, ing the British and Indian among officers of both these bound of fellowship.

t to carry out these various school was originally called its aim throughout has been than symbols. The clinical he school, and young officers consider the soldier, sick and of solitude. Instruction in hygiene and pathology has

also been guided by the same spirit and conducted on the same realistic system. These objects and methods have constituted the traditions of the Army Medical School. Changes in teaching have been found necessary in order to keep pace with advancing knowledge, but the original practical

Dec. 17. July 1902

CIRCULAR.

PROPOSED JOURNAL FOR THE ARMY MEDICAL SERVICES.

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18, VICTORIA STREET, S.W.,

July, 1902.

*Promised Subscribers of "Journal for Army
 Medical Services" Selected H. S. Muir
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Lt Col

Rahilly J. R.

Aug. 2, 1902.

ROYAL ARMY MEDICAL CORPS.

FIRST ENTRANCE EXAMINATION UNDER THE NEW REGULATIONS, 1902.

We are indebted to the Director-General A.M.S. for the following list of the successful candidates at the competitive examination for commissions in the Royal Army Medical Corps, held on July 21st and following days.

It was understood that between 70 and 80 candidates competed for the 30 commissions offered, and it will be seen that the successful candidates number 30. They now become lieutenants on probation and after passing through the prescribed course of instruction in special subjects and satisfying the Director-General that they possess the necessary skill, knowledge, and character for permanent appointment to the Royal Army Medical Corps the commissions as lieutenant will be confirmed, and will date from the appointment as lieutenant on probation. The total number of marks which could be obtained at the examination was 800, divided equally between medicine and surgery.

Medicine.		Surgery.	
Smallman, A. B.	495	Balk, C. A. J. A.	540
Davidson, P.	491	Bull, G. W.	538
Trydale, W. F.	489	Opway, J. M. H.	535
Ellis, W. F.	488	Meadows, S. M. W.	533
McKenzie, J.	486	Reconbie, J. W. S.	529
Hayes, A. H.	480	Bagshaw, H. V.	524
Crosley, H. J.	478	Stanley, C. V. B.	520
Walker, N. D.	474	Skellon, D. S.	519
Taylor, W. B. B.	473	Webb, H. G. S.	518
Storrs, R.	472	Brown, W. W.	518
Codrington, G. T.	471	Henderson, P. L.	518
Clarke, F. A. H.	470	Harding, N. E. J.	517
Reed, G. A. K. H.	468	Kelly, W. D. C.	510
Forster, R. L. V.	467	Rutherford, R.	499
Almsworth, R. B.	467	Rivers, W. C.	495

THE ARMY ESTIMATES.

WHATSOEVER charges may be brought against the Army Estimates, want of fullness or lucidity may not be fairly alleged. The estimates for the ensuing year afford the usual detailed information under each head of expenditure; which, if not very exhilarating reading for the taxpayer, may doubtless be fairly summed up in the usual official parlance, as framed with due regard to economy and efficiency.

The huge total expenditure of about £53,000,000 in 1901-2, has, as explained in Mr. Brodbeck's lucid memorandum, fallen to £49,300,000 in 1902-3; this results partly through 30,000 fewer men being voted, involving a saving of £375,000 in the ordinary services; but more practically in an enormous reduction of over £21,000,000 in general war charges.

But it is vote 2, "medical establishments, pay, etc.," which will chiefly interest our readers. This vote shows a total of £1,025,000 for the ensuing year, as against £1,088,600 for the current financial year, showing a saving of £63,600, which is unmeaning unless explained. There is an actual increase in the shape of pay, etc., of £92,700; as against an apparent saving of £156,300; the latter resulting from a saving of £36,300 in medicines, etc., and appropriations, and of a mere accountant sum of £200,000 which, as explained, was voted last year "for reorganization of army medical services" which practically is not yet effected, shown "spread over the appropriate votes."

So much for totals. The total pay of the Army Medical Service—that is, the regular service—is estimated at £360,500, as against £324,500 last year, showing an increase of £36,000, against which (page 40) we observe an increase of 67 executive officers. The total officers last year, including 335 in the Indian Establishment, was 978; this year, with the same number in India, it is 1,047; but that does not represent the active list, for it includes 88 "acting medical officers," that is, retired medical officers employed on £150 a year plus retired pay; 35 quartermasters, and 5 medical officers of Indian native battalions at Colonial stations. Deducting these, the total army medical officers on the active list is voted at 917, of which 335 are borne on the Indian Establishment, leaving 582 as the real home and Colonial establishment, and for the provision of Indian reliefs. These figures do not afford any clue to a prospective "reorganization" of the service.

Under the head of "Pay of Civilian Medical Practitioners" and certain other items £264,000 is voted; with an additional £2,100, described as "Payments to dentists at London, Aldershot, and to civilian members and clerical staff of the Advisory Board for Army Medical Services." All we can say is that if the value of these latter services is to be gauged by the fees paid, then it must be very little!

The amount paid for civil medical aid gives little clue as to numbers employed, which are not given; yet, if we estimate the average remuneration of civil surgeons at home and abroad at £320, then the £264,000 would work out at 825; perhaps the average cost may be higher, but making every allowance for various items in this rate the number of civil surgeons employed can hardly be under 700.

The pay, etc., of the "Nursing Service" shows an increase of £14,500, almost equal to that of the medical officers; the nurses have increased from 87 to 230. The war has increased this service to £100,000.

The pay of the Royal Army Medical Corps, including extra pay, etc., is £114,000, showing an increase of £10,000 on a total strength of 3,045.

The vote for Medicines and Medical and Surgical Material this year is £160,000 against £200,000 last year.

But the foregoing vote does not include all the medical items, which are included under various other votes, such as clothing, army medical school, headquarter staff, etc., to the amount of £20,338.

While these votes in the aggregate show large and no doubt liberal provision for any medical services during the stress of war, they also point another moral—namely, that, sooner or later, there is no escaping inevitable army medical expenditure. If the medical service is kept in a starved and undermanned condition in peace, the inevitable result is large and wasteful expenditure in improvising an untrained and scratch service in war. It is time this lesson was laid to heart. As we have already remarked, liberal as these medical estimates undoubtedly are, we yet fail to detect any strong grappling with reorganization on a more fully manned basis.

Aug. 9, 1902.

ARMY MEDICAL SCHOOL, NETLEY.

At the distribution of prizes by Earl Roberts on the sixth ultimo, Colonel Macleod, Secretary to the Board, read the following report regarding the origin, history, objects, methods, and work of the school. With the close of the present session the existence of the Army Medical School at Netley comes to an end, and, although probably the valuable clinical advantages available in the hospital will still be utilized for purposes of instruction, the full course of teaching and training hitherto pursued at Netley will henceforward be carried out elsewhere. Under these circumstances it seems fitting that a brief statement of the origin, history, and work of the school should be placed on record.

The formation of an army medical school was the result of a recommendation made by the Royal Commission, which was appointed in May, 1890, for the purpose of inquiring into the "regulations affecting the sanitary conditions of the army, the organization of military hospitals and the treatment of the sick and wounded."

This Commission was presided over by the Right Hon. Sidney Herbert, M.P., afterwards Lord Herbert of Lea, who was, in effect, the founder of the school, and in whose memory a prize has been instituted to reward the best work done in the school each session. The report of the Commission was presented to Parliament in 1891. It was a most able and exhaustive document, and contained numerous recommendations, founded largely on evidence relating to the painful experiences of the Crimean War, tending to the amelioration of the conditions affecting the health of the soldier, the improvement of the organization and management of the hospitals, and the raising of the status and efficiency of the army medical service. Among these it was proposed that after the first or entrance examination, the candidate should be sent to a military general hospital there to go through a course of instruction in military hygiene and in necessary professional medicine and surgery, for which purpose the clinical military hospitals in the form of the two now existing in Edinburgh and Dublin should be instituted at the principal general hospitals in England. This recommendation was an authoritative expression of an opinion which had long been held by the medical profession, and a development of efforts which had been made for the purpose of specially instructing medical officers in the peculiarities of military life and practice. As far back as 1841 Mr. John Bell, the distinguished Edinburgh surgeon, who had been employed at Great Yarmouth to treat the sick and wounded after the naval battle of Camperdown, proposed the establishment of a great school of military surgery. Later, in 1857, the distinguished Army Surgeon, Sir Robert Jackson, in his work on the "Medical Department of the Army," advised the establishment of an "army medical practical school," and laid down in detail the subjects which he considered ought to be taught there.

In 1866 a Chair of Military Surgery was founded in the Edinburgh University and filled by Dr. John Thomson, who had written a book on the "British Military Hospital," and in 1869 the *Journal of Medicine*. He was succeeded in 1874 by Sir George Ballingall, the author of the well-known *Outline of Military Surgery*.

In 1868 Mr. Tufnell, a retired army surgeon, began to lecture on military surgery in Dublin, and collected a number of military appliances for the transport and treatment of the wounded, which was transferred to Netley in 1869. Both the Edinburgh and Dublin Chairs of Military Surgery were endowed by the State. It had also been the custom to attach medical officers selected for the medical service of the army to the General Hospital at Fort Pitt, Chatham, for the purpose of clinical and general training in their future duties.

On the Continent of Europe, especially in France, military medical education was in a more advanced state. As early as 1747 schools of military surgery and medicine had been established in connection with army hospitals in large garrison towns (Metz, Strasbourg, Toulon and Lille) and later on in 1810 this work was concentrated in the great military medical school at Val-de-Grace in Paris. Naval medical schools had also been established at Rochefort, Toulon and Brest, in 1790, 1795, and 1813.

No time was lost in following up the recommendation of the Royal Commission, and the committee, also presided over by Mr. Sidney Herbert, was appointed to organize the school. The objects and courses of instruction were defined, professors appointed, all necessary arrangements made, and on October 2nd, 1890, the first session of the school was opened in the presence of Mr. Sidney Herbert, the Director-General of the Medical Department and others; and an introductory address, setting forth the history, objects and methods of the school, was delivered by the professor of military surgery, deputy surgeon-general of hospitals, Thomas Longmore, C.B. Mr. Sidney Herbert gave a short speech on the occasion. In addition to the three subjects—hygiene, medicine, and surgery—indicated by the Royal Commission, the subject of pathology had been added and a professor appointed to teach it.

During five sessions, or two and a half years the Army Medical School remained at Chatham. On completion of the Netley Hospital it was transferred to that place, and a committee, presided over by Sir James Clark, who, together with Sir James Ramsay Martin and Dr. James Abernethy, had been members of the two previous Commissions, was appointed to arrange the details of the transfer. The first session at Netley commenced on April 24th, 1891. The school has now been in existence for nearly two years, and eighty-four sessions have been completed. The number of candidates for commissions in the British medical service who have passed through the school is 1,418, and for commissions in the Indian Medical Service 1,251, making a total of 2,669. In addition, during the years 1891-1892, 113 officers selected for the naval medical service underwent instruction here, an additional professor belonging to that service being appointed to teach the specialties of naval hygiene. A naval medical school has now been organized in connection with the Haslar Hospital, in which instruction to officers entering the naval medical service is given on the same lines as in the Army Medical School. The Netley School has also been made available for a purpose which is to be mentioned later, namely the instruction of officers already in the service. Over 300 of these gentlemen have gone through the course, and many officers of both services have combined work with pleasure by attending the course during leave and furlough.

The objects which the Army Medical School was designed to accomplish, and which it has consistently sought to achieve are these:

1. To teach the principles and practice of preventive medicine. The school was the first in this country in which theoretical and practical hygiene was separately and fully taught, but with special reference to the circumstances and peculiarities of the life and environment of the soldier.
2. To emphasize the importance of maintaining physical efficiency in the army. To that end the methods of selection and elimination—the examination of recruits and invaliding—have always constituted special subjects of attention, as well as the means and methods of restoring efficiency by climate, hygiene, and medicinal agencies.
3. To impart instruction in the organization and management of military hospitals: the housing, transport, clothing, dieting, and treatment of the sick and wounded.
4. To give theoretical and practical knowledge of weapons and wounds in warfare, and the best system of transport and treatment of the wounded in war.
5. To describe and clinically demonstrate those diseases most commonly met with in the army, their prevention and treatment. More especially, the infectious and epidemic diseases encountered and acquired in tropical and subtropical countries. The Army Medical School was the first in Great Britain to give theoretical and clinical instruction in the subject of tropical diseases, the importance of the special teaching of which has been in recent years so fully recognized.
6. To show how statistical and other records are prepared, and generally indoctrinate the young surgeon in the regulations and business methods of the medical department.
7. To give some training and experience in the ways of military life, including such knowledge of drill as is likely to be useful to a medical officer, and to impress the importance of punctuality, order, and discipline.

Apart from its educational functions Netley has constituted a centre of intellectual and scientific interest, and has also performed useful services to the army at large in many ways. It has also been a source of pleasant social association, encouraging those valuable sentiments of *camaraderie* and *esprit de corps* which possess so much influence for good in a service. It has likewise been the means of bringing the British and Indian Medical Services together, and establishing among officers of both these Services an early community of interests and bond of fellowship.

The methods by which it has been sought to carry out these various objects have been mainly practical. The school was originally called the "Practical Army Medical School," and its aim throughout has been to bring men into contact with things rather than symbols. The clinical element has been a prominent feature of the school, and young officers have been taught by precept and example to consider the soldier, sick and well, as the chief object of their attention and solicitude. Instruction in the contributory and auxiliary subjects of hygiene and pathology has also been guided by the same spirit and conducted on the same realistic system.

These objects and methods have constituted the traditions of the Army Medical School. Changes in teaching have been found necessary in order to keep pace with advancing knowledge, but the original practical

character of the School has been scrupulously preserved and will no doubt constitute a fundamental principle in the Medical Staff College which is now being organized as a successor to and improvement upon the Netley School.

The School was very fortunate in the first selection of professors, a matter in which Mr. Sidney Herbert took a strong personal interest and concern.

Dr. Edmund Alexander Parkes, whose character, disposition, talent and experience rendered him peculiarly fitted for so doing, placed the course of instruction in hygiene on a sound practical basis; and though, unfortunately, his connection with the school was terminated by his lamented death in 1870, his successors have preserved, with necessary changes, the inspiration of his great ability and enthusiasm. His colleagues—Longmore, Maclean, and Aitken—each in his sphere, laboured with distinguished ability and conspicuous success to promote the objects of the institution, and during a long tenure of their appointments strove in unbroken harmony to realize the intentions of its founders.

Surgeon-General William Campbell Maclean, C.B., held the appointment of Clinical and Military Medicine for twenty-five years, Sir Thomas Longmore of Military Surgery for thirty-one years, and Sir William Aitken of Pathology for thirty-two years.

The professors of the School have been necessarily chiefly concerned in organizing and conducting its operations, but they have always been willingly and ably aided and encouraged by the other members of the Senate—the Director-General of the Army Medical Service, the President of the Medical Board at the India Office, and the principal medical officer at Netley. No one has taken a more keen and active interest in the welfare and working of the School than Sir Joseph Fayrer, who has seldom been absent from functions of this kind since the year 1870, when he became a member of the Senate, and whom, I am permitted to say, the present members of the Senate, on the eve of their demise as a corporate body, warmly welcome on this occasion.

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THE Army Medical School has practically ceased to exist, and its place will be taken by the Medical Staff College, which it has been decided to establish in London. The closure of the School was celebrated by a function at which Lord Roberts presided, a report of which was published in our last issue. The Secretary to the Senate read on this occasion a concise account, which will be found on another page, of the origin, objects, methods, and work of this School, which has for a period of forty-two years fulfilled the important purpose of educating and training young officers selected for the British and Indian medical services in the ways of military life and practice. The School has also served as an instrument for enabling officers in these services to return, under pleasant circumstances and surroundings, to pursue the study of hygiene, pathology, medicine, and surgery systematically, and thus keep themselves in touch with the progress and development of these important subjects in their bearing on practice in the army. This latter purpose is to constitute a dominant feature in the new Medical Staff College; and there can be no question that close relation to the important agencies at work in London for the advancement of medical knowledge, general and special, and for post-graduate education will be greatly conducive to the attainment of the end in view.

The career of the Netley Hospital as an organ of clinical and practical instruction of Army Medical officers has not been altogether closed; for, while the more scientific branches of the course will be taught in temporary premises in London, Netley will still be utilized for instruction in the practical and clinical subjects until the hospital which is in course of construction at Millbank with its necessary adjuncts has been completed, and even after that the large invaliding hospital on the Southampton Water, which offers such unique opportunities of studying diseases acquired in tropical and subtropical countries will probably remain as a rich field of study and research in such maladies. It is to be hoped that arrangements and appliances for the scientific pursuit of such studies and researches will be supplied.

There are two questions which are being mooted with regard to the transference of the Army Medical School from Netley to London, and its fusion in the proposed Medical Staff College, namely, Is London the best place for the initial training of the young officer on entering the Service, and is it wise to associate this with the more advanced and special instruction of seniors? And for the latter purpose is it necessary to organize a new institution when such excellent means of post-graduate instruction are already in existence in London?

As regards the first of these questions, good reasons might be advanced for maintaining two separate institutions, as in the army, for juniors and seniors; but such an arrangement would be very costly, and the association of juniors and seniors in residence and work is in itself a salutary proceeding. As regards the second question, the element of speciality asserts itself, and the advisability of direction and control in the selection and pursuit of studies is apparent. No doubt the abundant opportunities available in London will be utilized, but it seems preferable that this should be done systematically and under conditions more likely to be favourable than any spontaneous or casual efforts resorted to by individuals. The closure of the Army Medical School at Netley which has been in the minds of many a memory of great names, good work, and pleasant reminiscences, will be an occasion of general regret in both British and Indian services; but if, as appears probable, its traditions and methods are revived in the new institution on a larger scale and higher plane, Netley will take its place in the history of the medical services as an important stage in a great evolution.

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Insert as a Secretary of State's Instruction to Art. 368 (a) of the Pay Warrant, published with A.O. 65 of 1902:—

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Battalion Chiropodists.

1. A soldier, not above the rank of sergeant, may be employed as a chiropodist in each infantry battalion, provided he has undergone a course of instruction for one month and obtained a certificate of proficiency in chiropody.

2. Battalion chiropodists will not be struck off any duty, but will receive extra-duty pay at the rate of 6d. a day for 6 days a week.

3. Courses of instruction will be held during the non-training season under arrangements to be made by General Officers Commanding as occasion may require.

An examination will be held at the termination of the course, and those who qualify will receive a certificate in the following terms:—

..... has attended a course of practical instruction in chiropody from to and has satisfactorily passed an examination in that subject. I certify that he is duly qualified to perform the duties of a battalion chiropodist.

Signature.....
Rank..... R.A.M.C. Instructor.
Station.....
Date.....—A.O. 173, July 1902.

SEPT. 13, 1902.

THE MEDICAL STAFF COLLEGE IN LONDON.

THE Medical Staff College in London, one of the measures of reform for the Army Medical Service devised under the auspices of Mr. Brodric and Sir Edward Ward, has now become a fact. A class of instruction in military hygiene, pathology, and administration has been formed in London for officers on probation for the Royal Army Medical Corps and Indian Medical Service. The arrangements are at present of a temporary or provisional nature. Laboratories belonging to the Conjoint Board in the Examination Hall on the Thames Embankment have been rented by the Government, and the professors and assistant professors of hygiene and pathology have taken up their abode in London. Netley will no longer be the Army Medical School, and the special education of the army medical officers on joining, and the special courses for officers of other grades during their now compulsory period of study will be carried on under the heads, military and civil, of the profession, and at the centre of the largest medical school in the kingdom. Access to the chief hospitals in London will be made easy, and if all the plans now sanctioned are carried out in the spirit as in the letter there will in the future be no excuse for any army medical officer falling behind the times in point of professional knowledge as has been alleged has sometimes happened in the past. The officers under instruction reside in a portion of the Hotel Belgravia, Victoria Street, where a mess has been formed, and Lieutenant-Colonel H. E. R. James, R.A.M.C., has been selected for the post of commander and proctor of studies. A special grant in aid of expenses of officers on probation residing at the hotel has been made by Government. The session commenced on September 1st, and on September 2nd Surgeon-General Sir William Taylor, C.B., Director-General of the Army Medical Service, gave a short address, pointing out to young officers the nature of their duties, and the importance of being thorough and punctual in their performance. The original entry for the Royal Army Medical Corps at the recent examination consisted of thirty officers; two have been seconded for resident appointments in hospitals, and one—Mr. G. T. Collins, M.B.—unfortunately succumbed to enteric fever two days before he was to have joined. His place has since been filled up by the appointment of another candidate. The Indian Medical Service has twenty-nine officers on probation in the class. A considerable proportion of the young officers have already seen active service, particularly those joining the Royal Army Medical Corps, and it is sincerely to be hoped that the new conditions of service will induce the same stamp of young medical man to join the ranks in the future as has now joined. The benefit of the establishment of the Medical Staff College in London will, it is expected, only be fully realized next year, when a post-commissioned class will be established; but the first step has been taken, and there is a reasonable ground to expect that ere long a permanent building may arise in London as the Medical Staff College, the present arrangement is an earnest of the foundation of such an institution. The removal of the army medical teaching establishment to the metropolis is a step which has been taken after mature deliberation on the part of those best qualified to judge. "Out of sight out of mind" is a true proverb, and under former conditions when the Army Medical School was at Netley the fact that it was cut off from the influence of the metropolis or any other great centre of scientific and professional activity no doubt had a certain detrimental effect on the School and its professors.

Few London teachers had time or opportunities to journey to Netley and Netley had few opportunities of rubbing shoulders with London. Officers wishing post-graduate instruction had to take it at their own expense of money and leave. In future their headquarters in London will be the Medical Staff College, which, with its professors and laboratories for research, will be in close contact with the great civil hospitals. A regular course is being laid down for each grade of officer; this curriculum will be carried out under the supervision of headquarters, and he will be able to attend the hospital practice of the great metropolitan institutions, and bring himself thoroughly up to date.

OCT. 4, 1902.]

SECTION OF NAVY, ARMY, AND AMBULANCE.

[THE BRITISH MEDICAL JOURNAL 1903]

medical officer could well perform all the duties required, and in the regular army would have to do it, and the additional surgeons should be encouraged to form companies of the R.A.M.C. (Vol.) in their respective districts. In large towns battalions of the R.A.M.C. (Vol.) should be formed, and instead of attaching the companies on mobilization to regular and Militia troops, they should be employed to provide the whole medical arrangements for the Volunteer troops which existed in the same district.

REFORM IN THE ARMY MEDICAL SERVICE.

By Surgeon-General J. B. HAMILTON, M.D., A.M.S.

For considerably over forty years the medical service of the army has sustained a constant struggle with the War Office and the Government of India for proper recognition and adequate remuneration, and if a true history were written of the various phases of the contest the public mind would be astounded at the extraordinary opposition shown by the authorities to the necessary reforms.

Even when reforms were granted they were invariably the result of compulsion, that is to say, they were only given when it became impossible to procure candidates otherwise, and not as the result of generous forethought or a statesman-like recognition of the value of the services of a well-trained and organized medical department.

In proportion as the army was numerically increased the medical service was cut down in numbers and consequently in efficiency, till foreign service was in a proportion of about three to one as compared with service at home, leave was almost impossible except on medical certificate, and opportunities for study were not given, so that medical officers had no chance of keeping themselves abreast with the advances in medical science.

Then came the abolition of the regimental system, which, though a necessary step towards the better organization of the department, was carried out so harshly and unfairly that the officers affected were sore and irritated, while the combatant branch disliked the innovation so much that from that day to this there has been a breach between the two that has not yet been repaired, and the blackballing at military clubs, and the frequent ungenerous attacks on the medical service in the public papers.

In India it was the same. The numbers were reduced, allowances cut down, the length of tour was increased, till chronic discontent prevailed, and officers paid heavily to avoid service in the East. Next came the abolition of our rank, and the substitution of "status" for what had been a well-defined and recognized position in the army. Fortunately we had behind us this powerful Association, which took the matter up warmly; the Secretary of State for War after a long struggle gave way, and granted compound titles and substantive army rank, but still the authorities did not behave generously in many cases, and even the then Commander-in-Chief showed by his example that medical officers were "of" the army but not "in" the army. At his annual inspections he belittled the R.A.M.C. on parade, ordering them to stand at attention and not to salute with drawn swords, as laid down in the drill book published under his own authority.

Finally, Lord Lansdowne, in 1898, granted the corps the title of Royal, and all ranks, excepting only the surgeon-generals, were given pure military titles. Unfortunately this Warrant did not go far enough; candidates were not attracted by "rank" devoid of sufficient pay, leave, opportunities of study, etc., and the strength of the corps fell rapidly till, on the outbreak of the South African war, it was far below efficiency in numbers. There was practically no reserve to fall back on, and consequently the entire strength of the corps at home had to be sent to the seat of war. The officers on retired pay came forward and assisted the army most splendidly. The civil profession was called on for aid and gave it generously, some 400 civil surgeons being employed and sent out to South Africa.

Here, in my opinion, one great error was committed, namely, these gentlemen were not granted commissions as "local" or "acting" lieutenants, with a distinct uniform. Had this been done, much of the friction that subsequently occurred might have been obviated, and the men, both com-

batant and departmental, would have recognized their authority and position. The services of these civilians were invaluable, and many lost their lives in battle and from disease; but how much more valuable would they have been if they had received a previous military training and had a knowledge of military medical routine and discipline!

I cannot leave this subject without alluding to the services of the late Director-General Jameson, and the treatment he received. When the war broke out the Department was miserably undermanned; as is common knowledge, candidates could not be procured, and a breakdown seemed imminent. With immense labour Surgeon-General Jameson filled the gap; he enlisted civil surgeons and nurses, engaged men from the various ambulance organizations to assist the R.A.M.C., organized and sent out hospital ships, purchased enormous quantities of medical stores, and in fact did all that lay in his power to tide over the difficulties and prevent a breakdown; and with what result? Why in the midst of the campaign he was practically called on to resign his appointment two years before his retirement became due, and has not even been granted the usual decoration given to all his predecessors.

The Secretary of State for War then appointed a Committee of so-called experts to assist him to draw up a new warrant for the Army Medical Service. This Committee was composed of civilians mostly, men who knew little or nothing of the requirements of the Army Medical Service, the only representative of the R.A.M.C. being a comparatively junior officer who had had no experience in the administrative ranks.

The Council of the British Medical Association did what it could to remedy matters, and the President wrote to the Secretary of State for War, and offered him evidence that would have assisted the Committee most materially. This offer was simply ignored, with the result that the first report of the Committee was unworkable. The British Medical Association appointed a Committee, of which I had the honour to be Chairman, to consider this report, and suggest amendments to the Secretary of State; and it is satisfactory to know that these amendments were accepted in a friendly spirit, and most of them were acted on and embodied in the subsequent Warrant. I may mention, among other points, the improvement in the position of the Director-General, who now ranks as a lieutenant-general, has a seat on the Army Board, and draws £2,000 a year, instead of £1,500. The pay of surgeons general has been increased by nearly £100 a year. The pension of £1 a day, after 20 years' full-pay service, has been made absolute, though under the first Committee's report it was made to depend on passing an examination when an officer might be nearly 50 years of age. This was looked on as the most serious blot in the scheme, and letters flowed in to the Editor of the BRITISH MEDICAL JOURNAL deprecating such an innovation.

Again, the first report proposed that lieutenants should be retained at home till they had completed four years' service and had passed an examination for promotion to the rank of captain. Our Committee exposed the absurdity of such a regulation, which would have entirely upset the roster for foreign service, and it was abandoned when the new Warrant was issued. It was also pointed out that the colonels R.A.M.C. were the only officers who did not benefit by the scheme, and, as matters now stand, it is a positive loss for a senior lieutenant-colonel in charge of a large hospital to receive promotion.

The scheme was also burdened by numerous examinations, and these have, I am glad to say, been considerably modified, though it remains to be seen how far the system of special promotion based on high marks obtained for the examination for the rank of major will work in practice.

One of the burning questions was the pay in India, which for forty years has been unjustly low. This subject we commented on in our report, and, although not alluded to in the warrant, a "communiqué" from the Secretary of State was inserted in the public papers to say the Indian Government had agreed to do what was necessary.

It remains to be seen how this promise will be carried out. Personally, *Times* *Dances* *et* *sons* *forests*, and I have seen so much of the treatment of the R.A.M.C. by the Government of India that I have my doubts as to the carrying out of the

OCT. 4, 1902.

DEPUTY SURGEON-GENERAL W. G. DON, M.D., has this week vacated his appointment as one of the medical officers of the London recruiting district. He has been a familiar figure at the recruiting dépôt at St. George's Barracks for the last seventeen years, and the cessation of his connexion with the office is a source of much regret to the staff. Deputy Surgeon-General Don entered the Army Medical Service in January, 1858, but previously to this he had served in the Baltic fleet and at the bombardment of Sveaborg in 1855, receiving the medal for his services on that occasion. Immediately after entering the Army Medical Service he was placed in medical charge of a pursuing column at Malwa, and was present at the action of the 22nd June 1857, for which he received the medal awarded for several years a member of the Army Medical Service, and has an with the history and the needs of

BOARD, THURSDAY, OCTOBER 16, 1902.

MEDICAL PROFESSION.

AYLOR, the Director General of the Regular Army Medical Service, speaking yesterday at London, said that the strength of the Regular Army fell short, and he called upon the medical profession to assist him. There were only a few medical times of peace the problems that dealt with in time of war. The profession must realize its obligation of the ends that Military Medicine endeavoured to secure. The soldier was stricken down in the hands of the Medical Service, and he asked how the profession stood in regard to wages. Before purely professional a chance of any good result the it have acquaintance with Military have knowledge of equipment, and with the means of transport and medical school or combination of up, maintain, and administer units high, when required for war, could the field in a state of efficiency. Mission ought not to be dependent slum in times of danger, but the the energy of every medical it passed when the sole work of the as to prescribe pills and apply bandage was recognized that the medical in perfectly organized in the time of local with the duties which would deal men in the time of war.

OCT. 18, 1902.

PROFESSION IN RELATION TO THE ARMY.

Director-General of the Army Medical Service, the University College Medical College, London, on October 15th, an Profession in Relation to the Army. had come when the medical profession responsibilities towards the armies of not accept and assume those res-

PROFESSION AND THE ARMY.

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two kinds. They might be described as tactical and humanitarian. These two functions were so closely interwoven, they so largely overlapped each other, that it was difficult to consider them apart. The responsibility for the maintenance of the physical condition of an army whether in peace or war was shared by the military and medical officer alike. The removal of all non-efficients, temporarily or permanently, and their restoration to the fighting ranks were duties which devolved solely upon the medical officer. This constituted the business of military medical administration, and it was the importance of the performance of these functions that was so rapidly being recognized by great military commanders. The maintenance of the standard of physical fitness in the army required acquaintance with the climatic conditions under which the soldier was placed, the factors which determined the incidence of disease in armies, the study of diseases incidental to military service, and the study, not only of those condi-

will not, except in cases of necessity, be performed on Sunday. The holding of parades will, as far as possible, be avoided on Sundays.

7. A system of police will, wherever possible, replace garrison and regimental guards, which will only be mounted in special cases to be decided by the officer commanding the station or camp.

8. No soldier will be employed in any capacity whatever in canteens or institute conducted on the tenant system, except for disciplinary purposes.

9. Subject to the requirements of training, which must be paramount, the soldier's time will be so apportioned that he has at his disposal on each day a certain definite period of leisure. This period will not be broken into for fatigue and working parties, except in circumstances of exceptional urgency.

The necessary amendments will be made to the King's Regulations.—A.O. 211, September 1902.

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SEPT. 13, 1902.

THE MEDICAL STAFF COLLEGE IN LONDON.

THE Medical Staff College in London, one of the measures of reform for the Army Medical Service devised under the auspices of Mr. Brodrick and Sir Edward Ward, has now become a fact. A class of instruction in military hygiene, pathology, and administration has been formed in London for officers on probation for the Royal Army Medical Corps and Indian Medical Service. The arrangements are at present of a temporary or provisional nature. Laboratories belonging to the Conjoint Board in the Examination Hall on the Thames Embankment have been rented by the Government, and the professors and assistant professors of hygiene and pathology have taken up their abode in London. Netley will no longer be the Army Medical School, and the special education of the army medical officers on joining, and the special courses for officers of other grades during their, now, compulsory period of study will be carried on under the heads, military and civil, of the profession, and at the centre of the largest medical school in the kingdom. Access to the chief hospitals in London will be made easy, and if all the plans now sanctioned are carried out in the spirit as in the letter there will in the future be no excuse for any army medical officer falling behind the times in point of professional knowledge as has been alleged has sometimes happened in the past. The officers under instruction reside in a portion of the Hotel Belgravia, Victoria Street, where a mess has been formed, and Lieutenant-Colonel H. E. R. James, R.A.M.C., has been selected for the post of commander and proctor of studies. A special grant in aid of expenses of officers on probation residing at the hotel has been made by Government. The session commenced on September 1st, and on September 2nd Surgeon-General Sir William Taylor, C.B., Director-General of the Army Medical Service, gave a short address, pointing out to young officers the nature of their duties, and the importance of being thorough and punctual in their performance. The original entry for the Royal Army Medical Corps at the recent examination consisted of thirty officers; two have been seconded for resident appointments in hospitals, and one—Mr. G. T. Collins, M.B.—unfortunately succumbed to enteric fever two days before he was to have joined. His place has since been filled up by the appointment of another candidate. The Indian Medical Service has twenty-nine officers on probation in the class. A considerable proportion of the young officers have already seen active service, particularly those joining the Royal Army Medical Corps, and it is sincerely to be hoped that the new conditions of service will induce the same stamp of young medical man to join the ranks in the future as has now joined. The benefit of the establishment of the Medical Staff College in London will, it is expected, only be fully realized next year, when a post-commissioned class will be established; but the first step has been taken, and there is a reasonable ground to expect that ere long a permanent building may arise in London as the Medical Staff College, the present arrangement is an earnest of the foundation of such an institution. The removal of the army medical teaching establishment to the metropolis is a step which has been taken after mature deliberation on the part of those best qualified to judge. "Out of sight out of mind" is a true proverb, and under former conditions when the Army Medical School was at Netley the fact that it was cut off from the influence of the metropolis or any other great centre of scientific and professional activity no doubt had a certain detrimental effect on the School and its professors.

medical officer could well perform all the duties required, and in the regular army would have to do it, and the additional surgeons should be encouraged to form companies of the R.A.M.C. (Vol.) in their respective districts. In large towns battalions of the R.A.M.C. (Vol.) should be formed, and instead of attaching the companies on mobilization to regular and Militia troops, they should be employed to provide the whole medical arrangements for the Volunteer troops which existed in the same district.

REFORM IN THE ARMY MEDICAL SERVICE.

By Surgeon-General J. B. HAMILTON, M.D., A.M.S.

FOR considerably over forty years the medical service of the army has sustained a constant struggle with the War Office and the Government of India for proper recognition and adequate remuneration, and if a true history were written of the various phases of the contest the public mind would be astounded at the extraordinary opposition shown by the authorities to the necessary reforms.

Even when reforms were granted they were invariably the result of compulsion, that is to say, they were only given when it became impossible to procure candidates otherwise, and not as the result of generous forethought or a statesman-like recognition of the value of the services of a well-trained and organized medical department.

In proportion as the army was numerically increased the medical service was cut down in numbers and consequently in efficiency, till foreign service was in a proportion of about three to one as compared with service at home, leave was almost impossible except on medical certificate, and opportunities for study were not given, so that medical officers had no chance of keeping themselves *au courant* with the advances in medical science.

Then came the abolition of the regimental system, which, though a necessary step towards the better organization of the department, was carried out so harshly and unfairly that the officers affected were soured and irritated, while the combatant branch disliked the innovation so much that from that day to this there has been a breach between the two that has not yet been repaired, *vide* the blackballing at military clubs, and the frequent ungenerous attacks on the medical service in the public papers.

In India it was the same. The numbers were reduced, allowances cut down, the length of tour was increased, till chronic discontent prevailed, and officers paid heavily to avoid service in the East. Next came the abolition of our rank, and the substitution of "status" for what had been a well-defined and recognized position in the army. Fortunately we had behind us this powerful Association, which took the matter up warmly; the Secretary of State for War after a long struggle gave way, and granted compound titles and substantive army rank, but still the authorities did not behave generously in many cases, and even the then Commander-in-Chief showed by his example that medical officers were "of" the army but not "in" the army. At his annual inspections he belittled the R.A.M.C. on parade, ordering them to stand at attention and not to salute with drawn swords, as laid down in the drill book published under his own authority.

Finally, Lord Lansdowne, in 1898, granted the corps the title of Royal, and all ranks, excepting only the surgeon-generals, were given pure military titles. Unfortunately this Warrant did not go far enough; candidates were not attracted by "rank" devoid of sufficient pay, leave, opportunities of study, etc., and the strength of the corps fell rapidly till, on the outbreak of the South African war, it was far below efficiency in numbers. There was practically no reserve to fall back on, and consequently the entire strength of the corps at home had to be sent to the seat of war. The officers on retired pay came forward and assisted the army most splendidly. The civil profession was called on for aid and gave it generously, some 400 civil surgeons being employed and sent out to South Africa.

Here, in my opinion, one great error was committed, namely, these gentlemen were not granted commissions as "local" or "acting" lieutenants, with a distinct uniform. Had this been done, much of the friction that subsequently occurred might have been obviated, and the men, both com-

batant and departmental, would have recognized their authority and position. The services of these civilians were invaluable, and many lost their lives in battle and from disease; but how much more valuable would they have been if they had received a previous military training and had a knowledge of military medical routine and discipline!

I cannot leave this subject without alluding to the services of the late Director-General Jameson, and the treatment he received. When the war broke out the Department was miserably undermanned; as is common knowledge, candidates could not be procured, and a breakdown seemed imminent. With immense labour Surgeon-General Jameson filled the gap; he enlisted civil surgeons and nurses, engaged men from the various ambulance organizations to assist the R.A.M.C., organized and sent out hospital ships, purchased enormous quantities of medical stores, and in fact did all that lay in his power to tide over the difficulties and prevent a breakdown; and with what result? Why in the midst of the campaign he was practically called on to resign his appointment two years before his retirement became due, and has not even been granted the usual decoration given to all his predecessors.

The Secretary of State for War then appointed a Committee of so-called experts to assist him to draw up a new warrant for the Army Medical Service. This Committee was composed of civilians mostly, men who knew little or nothing of the requirements of the Army Medical Service, the only representative of the R.A.M.C. being a comparatively junior officer who had had no experience in the administrative ranks.

The Council of the British Medical Association did what it could to remedy matters, and the President wrote to the Secretary of State for War, and offered him evidence that would have assisted the Committee most materially. This offer was simply ignored, with the result that the first report of the Committee was unworkable. The British Medical Association appointed a Committee, of which I had the honour to be Chairman, to consider this report, and suggest amendments to the Secretary of State; and it is satisfactory to know that these amendments were accepted in a friendly spirit, and most of them were acted on and embodied in the subsequent Warrant. I may mention, among other points, the improvement in the position of the Director-General, who now ranks as a lieutenant-general, has a seat on the Army Board, and draws £2,000 a year, instead of £1,500. The pay of surgeons general has been increased by nearly £100 a year. The pension of £1 a day, after 20 years' full-pay service, has been made absolute, though under the first Committee's report it was made to depend on passing an examination when an officer might be nearly 50 years of age. This was looked on as the most serious blot in the scheme, and letters flowed in to the Editor of the BRITISH MEDICAL JOURNAL deprecating such an innovation.

Again, the first report proposed that lieutenants should be retained at home till they had completed four years' service and had passed an examination for promotion to the rank of captain. Our Committee exposed the absurdity of such a regulation, which would have entirely upset the roster for foreign service, and it was abandoned when the new Warrant was issued. It was also pointed out that the colonels R.A.M.C. were the only officers who did not benefit by the scheme, and, as matters now stand, it is a positive loss for a senior lieutenant-colonel in charge of a large hospital to receive promotion.

The scheme was also burdened by numerous examinations, and these have, I am glad to say, been considerably modified, though it remains to be seen how far the system of special promotion based on high marks obtained for the examination for the rank of major will work in practice.

One of the burning questions was the pay in India, which for forty years has been unjustly low. This subject we commented on in our report, and, although not alluded to in the warrant, a "communiqué" from the Secretary of State was inserted in the public papers to say the Indian Government had agreed to do what was necessary.

It remains to be seen how this promise will be carried out. Personally, *Timeo Danaos et dona ferentes*, and I have seen so much of the treatment of the R.A.M.C. by the Government of India that I have my doubts as to the carrying out of the

promise in a liberal and equitable sense. Not only must the pay of all ranks be increased, but the allowances for charge of hospitals be granted in the same ratio as at home.

Another blot is the necessity for the increase of strength of the R.A.M.C. This has been promised more or less directly, but the Secretary of State has never laid down what that increase is to be. It is considered that the number of executive officers should be raised to 1,200 at least, and fewer will not permit of a fair amount of home service and leave. So far the new Warrant appears likely to be attractive to students from a pecuniary point of view, and if the strength of the R.A.M.C. is substantially increased and the pay in India is raised to what it ought to be the Army Medical Service would appear to open a fairly good career to the young medical graduate.

There is still, however, one burning question left unsettled, and in my opinion it is the most important of all. I allude to the social position of medical officers.

Here then is indeed much ground for improvement, and I very much fear that if the army does not behave more liberally in this matter that the medical service will continue to be unattractive to highly educated gentlemen. Can anything be more galling to an officer of His Majesty's Service than to find himself blackballed for a military club without cause, yet this is the position to-day. Out of the four leading clubs, one has a rule on its books by which no medical officer is eligible for election till he holds the rank of a Major-General. In two others all medical officers are systematically blackballed, no matter how distinguished or by whom proposed and seconded.

One of the latest instances is that of a Lieutenant-Colonel, a most popular officer, late of the Guards, who has seen a great deal of active service, was for five years on the staff of one of the former Viceroy's of India, and is now Surgeon to the present Viceroy, the wearer of numerous medals and a Companion of the Indian Empire. Yet he was blackballed at the Army and Navy Club. There was no possible reason for this insult except that the candidate was a doctor.

Again, we see the manner in which the honorary physicians and surgeons to the King, officers of the Household, are invariably omitted from all Court functions, though the King's aide-de-camps are as regularly invited. It may be said that the Government cannot interfere in club concerns, but I consider that if the honorary surgeons and physicians to His Majesty were treated as they ought to be, the clubs would soon follow suit and the present foolish exclusion policy would cease. Personally I look on this social question as one of the most important in connexion with the supply of high-class candidates for the medical service of the Army, and there can be no greater proof of the feeling of the seniors of the corps on the question than the fact that none of them ever put their sons into the R.A.M.C.

Old officers of the R.E., R.A., and other corps do all they can to get commissions for their sons in the branch of the service in which they themselves served, but the contrary is seen in the medical service, and at the present time the sons of former medical officers, now serving in the R.A.M.C. might be counted on the fingers of one, or at most, two hands. Nothing, in my opinion, can speak more eloquently than this fact of the esteem in which the medical service is held by old members of it. To this social question I consider the attention of the authorities ought to be constantly directed with a view to the improvement of the status of the service, without which the supply of really good candidates will not be maintained.

Surgeon-Major HUTTON said that as the paper was on reform in the Royal Army Medical Corps, as the new Warrant was an excellent one, and likely to induce men to enter the service, he would only allude to two points. In the old regimental days the medical officer took the *esprit de corps* of his regiment generally as his standpoint. Now, as the regimental system had been abolished, the main thing was to create a sound *esprit de corps* for the Royal Army Medical Corps. One improvement would be that the senior officers of the Department, the surgeons-general and others, should endeavour to keep up their surgical and medical efficiency and aim to become consulting surgeons to the younger medical officer. Unfortunately, where a medical officer

became senior he very often reverted to mere office work. As the medical officer joined the service when he was fully qualified, say from 23 to 28 years of age, he was very different to the young Royal Engineer or Royal Artillery officer, who joined the service as commissioned officer at a much younger age, say 19 or 20. Under such circumstances the senior officers should exercise much consideration and courtesy, always combined, of course, with firmness in having to deal with the junior medical officers.

Dr. FORBES ROSS thought that the social matter was entirely a personal one; if medical men would not hanker after recognition socially, and would take a firm stand from a professional, educational, and mental standard, they would soon notice an improvement in matters. If the medical officers of the army only stood true and firm, shoulder to shoulder to each other as professional brothers, senior and junior alike, matters would at once improve. The worst method of getting anything desirable was to show anxiety to obtain it.

Captain PRITCHARD thought that the age of joining should be raised to 25 years, and no officer should be allowed to join before before that age and only after he had had some hospital or other experience.

The PRESIDENT considered that no one was better qualified than Surgeon-General Hamilton to give them the paper he had just read. As chairman of the Reorganization Committee he had had many useful additions and concessions made to the new Army Warrant, and he hoped and believed when it got into fair working order it would attract a good class of young medical men, which would effectually do away with most of the grievances, social and otherwise, which had been complained of. The formation of the Queen Alexandra Imperial Nursing Service had not been referred to; he wished to point out that it was a step in the right direction, as the hospital orderly was scarcely the one to nurse pneumonia, enteric, or rheumatic fever. He was sure this corps of trained nurses would be a great boon, not only to the patients in hospital, but to the sick and wounded in the field.

Surgeon-General HAMILTON, in reply, alluded to Surgeon-Major Hutton's sympathetic remarks. With reference to those of Dr. Forbes Ross, he pointed out that medical officers were now only honorary members, really guests, of military messes, except in the case of medical messes. The President's remarks regarding the nursing service were entirely to the point, and he had been a strong advocate—indeed the pioneer—of the nursing service in India. He did not agree with Surgeon-Captain Pritchard. In his opinion, the age for entrance ought to be between 22 and 26. If older men were admitted, they were usually failures in civil life, and good men, if they came in old, had no chance of ultimate promotion, and got soured and careless.

AN AMBULANCE STRETCHER.

STAFF SURGEON C. MANSFIELD, R.N., showed an ambulance stretcher devised by him and made according to his instructions by Messrs. Down Bros. The stretcher is made of wood, canvas, and iron. Its size is the same as that of the ordinary service stretcher. It will fold up and takes up little room. The objects aimed at are lightness and strength. It is designed for conveying wounded men on board ship, down small hatches, ammunition hoists, etc., and also for lowering them over the side into a boat, or out of the fighting top.

Its great recommendation is the facility with which it can be constructed by the ship's carpenter, sailmaker, and the armourer for the metal work. It consists of an ordinary stretcher with the cross bars fitted, when not required, to fall in line with the side poles but readily fixed in position when desired. A combined canvas perineal support and chest piece is attached to the middle of the canvas on which the patient is extended; this is fixed by eyelet holes in the attached canvas straps to hook on the poles at the required situation. The patient can also be supported by the broad canvas foot piece the width of the stretcher attachable by side eyelet holes to the poles where desired. The ambulance stretcher can be carried as a stretcher, hoisted up or lowered from a top, down an ammunition hoist or narrow hatchway, or over ship's side. It can also by the adjustment of the cross bars be folded up. We are informed that this ambul-

Few London teachers had time or opportunities to journey to Netley and Netley had few opportunities of rubbing shoulders with London. Officers wishing post-graduate instruction had to take it at their own expense of money and leave. In future their headquarters in London will be the Medical Staff College, which, with its professors and laboratories for research, will be in close contact with the great civil hospitals. A regular course is being laid down for each grade of officer; this curriculum will be carried out under the supervision of headquarters, and he will be able to attend the hospital practice of the great metropolitan institutions, and bring himself thoroughly up to date.

MEDICAL OFFICERS OF THE HOUSEHOLD TROOPS.
An army order dated September 1st shows that the curious anomaly under which the medical officers of the Household troops retained the compound titles is to be continued. The order sets forth that commissions as surgeon-lieutenants in the Household cavalry shall be given, on the nomination of the titular colonels of the regiments, to persons approved by the Secretary of State. Lieutenants and captains of the R.A.M.C. attached to regiments of the Household cavalry at the date of the warrant may, on the nomination of the titular colonels of the regiment, be transferred thereto in the rank of surgeon-lieutenant and surgeon-captain respectively. A major or lieutenant-colonel of the R.A.M.C. may, on the nomination of the titular colonel of the regiment, be transferred from his corps into the rank of surgeon-major or surgeon-lieutenant-colonel respectively in one of the regiments of foot guards.

SEPT. 20, 1902.
"UNREWARDED."

A MILITARY MEDICAL CORRESPONDENT informs us complaints are rife among officers and officials who did hard and meritorious work at home during the war, that their claims for some recognition are practically being ignored by the War Office. He instances the case of retired medical officers who, at no little inconvenience, and even loss to themselves, came forward to serve, or stuck to posts they already filled. Their services were gladly accepted, and were invaluable during the stress and strain of the war. Are these men to be "struck off the strength," and relegated to retired obscurity without the smallest reward or recognition? The majority were over 55, and some even over 65 years of age. To secure their services the age clauses were summarily set aside, in order that they might perform arduous and important work, and permit every available man on the active list to take the field. If these men cannot receive money rewards, surely they might share in such honours and distinctions as are suitable and available in their case. We quite agree with our correspondent that recognition, probably in the form of suitable honours, for specially good work done at home during the war by both active and retired officers and officials, is not only very desirable, but would be politic on the part of the War Office. We hear that old and meritorious medical officers on the retired list now employed are being "struck off" without even a letter of thanks.

Duties and Administration.

All roll calls will be discontinued, except those held:

(a.) At reveille.

(b.) For recruits, boys, defaulters, and for such other individual soldiers, and on such occasions as may be ordered by officers commanding stations and units.

2. Soldiers will be warned for all duties, &c., by means of daily orders posted in a suitable place in each squadron, battery, or company's quarters. The soldier will be held personally responsible that he makes himself acquainted with all orders.

3. Soldiers are permitted to smoke when walking in the streets, except when employed on any duty.

4. Coal fatigues will be performed by defaulters. If none are available, the fatigues will be performed as follows:—

(a.) For non-regimental quarters, offices, schools, gymnasia, and other similar establishments and buildings—by the soldiers or civilian subordinates employed at such quarters, &c., or by arrangement with the contractor, provided no extra public expense is incurred thereby.

(b.) For officers' mess and quarters, and sergeants' mess—by servants or waiters.

(c.) For regimental institutes and offices—by men employed thereat.

(d.) For married quarters and barrack rooms—by the occupants of the quarters or rooms.

Light carts or trucks should be utilized whenever available.

5. Kit inspection for trained men and recruits will be held only at such times as officers commanding corps, squadrons, &c., may consider necessary.

6. The visiting or inspection of barracks, stables, &c., will not, except in cases of necessity, be performed on Sunday. The holding of parades will, as far as possible, be avoided on Sundays.

7. A system of police will, wherever possible, replace garrison and regimental guards, which will only be mounted in special cases to be decided by the officer commanding the station or camp.

8. No soldier will be employed in any capacity whatever in canteens or institute conducted on the tenant system, except for disciplinary purposes.

9. Subject to the requirements of training, which must be paramount, the soldier's time will be so apportioned that he has at his disposal on each day a certain definite period of leisure. This period will not be broken into for fatigue and working parties, except in circumstances of exceptional urgency.

The necessary amendments will be made to the King's Regulations.—A.O. 211, September 1902.

Royal
Warrant of
11 Aug 1902
Annulment in
Army Order
209 of
1902.

Cancelled by
A. Order 123 of
1903 (July)

OCT. 4, 1902.

DEPUTY SURGEON-GENERAL W. G. DON, M.D., has this week vacated his appointment as one of the medical officers of the London recruiting district. He has been a familiar figure at the recruiting depot at St. George's Barracks for the last seventeen years, and the cessation of his connexion with the office is a source of much regret to the staff. Deputy Surgeon-General Don entered the Army Medical Service in January, 1885, but previously to this he had served in the Baltic fleet and at the bombardment of Swaborg in 1855, receiving the medal for his services on that occasion. Immediately after entering the Army Medical Service he was placed in medical charge of a pursuing column at Malwa, and was present at the action of Rajpore in 1859, and received the medal awarded for this campaign. He was for some years a member of the headquarters staff of the Army Medical Service, and has an unrivalled acquaintance with the history and the needs of that service.

THE STANDARD, THURSDAY, OCTOBER 16, 1902.

THE ARMY MEDICAL PROFESSION.

SIR WILLIAM TAYLOR, the Director General of the Army Medical Service, speaking yesterday at University College, London, said that the strength of the Medical Service of the Regular Army fell short of what was required, and he called upon the medical profession to display more patriotism than any other class in the country. There were only a few medical men who studied in times of peace the problems that would have to be dealt with in times of war. The whole body of the profession must realise its obligations, and have a clear idea of the ends that Military medical organisation endeavoured to secure. From the time that the soldier was stricken down in battle until he was returned for duty or invalided for change he was entirely in the hands of the Medical Officer. For this week more than purely professional knowledge was wanted, and he asked how the civil medical profession stood in regard to that necessary knowledge. Before purely professional skill could have a chance of any good result the soldier doctor must have acquaintance with Military organisation, must have knowledge of equipment, and must be familiar with the means of transport and supply. Each medical school or combination of schools should equip, maintain, and administer units in time of peace which, when required for war, could be despatched to the field in a state of efficiency. Such medical organisation ought not to be dependent on passing enthusiasm in times of danger, but the movement should engage the energy of every medical man. The day had passed when the sole work of the Military doctor was to prescribe pills and apply bandages; the necessity was recognised that the medical profession must be perfectly organised in the time of peace, so as to cope with the duties which would devolve upon medical men in the time of war.

OCT. 18, 1902.

THE MEDICAL PROFESSION IN RELATION TO THE ARMY.

SIR WILLIAM TAYLOR (Director-General of the Army Medical Service) delivered before the University College Medical Society at University College, London, on October 15th, an address on the Medical Profession in Relation to the Army.

He said that the time had come when the medical profession must acknowledge its responsibilities towards the armies of the empire, and must accept and assume those responsibilities.

THE CIVIL PROFESSION AND THE ARMY.

It behoved every Briton who was a member of the medical profession to give, not words of advice, but deeds to the service of their country; for an army without an efficient medical service, opposed to one with a perfect medical organization, must be placed at a great disadvantage, a disadvantage which might lead even to destruction. Their first important consideration was of what should the Army Medical Service of this empire consist? Most assuredly not of a handful of these members of the medical profession who devoted themselves in peace time exclusively to the medical problems of war; for a very short sum in arithmetic would show that the strength of the medical service of the regular army fell far short of the medical requirements of the total number of the armed forces of the empire. The medical service of the army possessed a reserve for war of personnel ready trained in every professional requirement. This was a special advantage of the greatest importance, but there was a disadvantage in connexion with it. The numbers of medical men who studied in time of peace the problems that would have to be considered in time of war was comparatively small. If it were incumbent on the medical profession to take part in military medical organization it was of the utmost importance that, at the very outset, its members should have a clear idea of the ends which it endeavoured to secure. The duties which devolved upon the military medical officer were of two kinds. They might be described as tactical and humanitarian. These two functions were so closely interwoven, they so largely overlapped each other, that it was difficult to consider them apart. The responsibility for the maintenance of the physical condition of an army whether in peace or war was shared by the military and medical officer alike. The removal of all non-efficients, temporarily or permanently, and their restoration to the fighting ranks were duties which devolved solely upon the medical officer. This constituted the business of military medical administration, and it was the importance of the performance of these functions that was so rapidly being recognized by great military commanders. The maintenance of the standard of physical fitness in the army required acquaintance with the climatic conditions under which the soldier was placed, the factors which determined the incidence of disease in armies, the study of diseases incidental to military service, and the study, not only of those condi-

tions which were liable to affect the soldier, but of those also to which civil populations at home and abroad were equally exposed. During all the time a soldier was in the hands of the medical officer, from the time he was stricken down in the fight until he either returned to duty in the ranks, or was invalided for change, the two functions of the medical services, the tactical and the humanitarian, were equally concerned in his care. The purely professional, the technical knowledge of the physician or of the surgeon was not capable of doing all that was necessary for the wounded soldier from the time he fell in the field until he either rejoined or was sent home. More than that knowledge was absolutely necessary, and the question was, how did the civil profession stand with reference to that practical knowledge? A perfect acquaintance with organization, a complete knowledge of personnel and equipment, and of the means of transport and supply were indispensable before the purely professional skill could be brought into play with any chance of good results.

ORGANIZATION OF MEDICAL UNITS IN PEACE.

He hoped each medical school or combination of schools would equip, maintain, and administer units in time of peace which should proceed to the field in a state of complete efficiency for war when required. He trusted that that movement would not be confined to the medical schools and similarly organized corporations, but that it would engage the serious attention and energies of every member of the profession. He looked forward to the time when such medical organization would not be fitful, and necessarily dependent on enthusiasm in time of public danger, but would be carefully organized at all times, so that the country might feel assured that, as far as human endeavours could go, everything was prepared and ready in time of peace for the most perfect care of the sick and wounded in time of war, and for the prompt removal of the unit and inefficient from the field.

THE POLICY OF THE MEDICAL DEPARTMENT OF THE ARMY.

In speaking of what he called the policy of the Medical Department of the War Office, Sir William said that the medical was one of a number of departments under the administrative control of the Secretary of State for War and the Commander-in-Chief, the policy and work of which were supervised and directed by an Army Board and War Office Council. In carrying out the administration of the medical services he had now the advantage of the assistance of an Advisory Board and a Nursing Board, while the execution of the various measures determined upon was entrusted to the different branches of the Medical Department of the War Office. In the Advisory Board the civil profession was represented by five members. This assistance in administering the Medical Department was suggested by a Reorganization Committee, on which the civil profession was fully represented by some of its most eminent members, and if this Reorganization Committee mainly concerned itself in considering the interests of the personnel of the Royal Army Medical Corps, that was only a preliminary to the more serious and important work which was to devolve upon them hereafter. The reorganization of the Army Medical Service was therefore evidently meant to be a continuous process. The settlement of questions of pay, promotion, and so forth, which were decided upon in detail, could in no sense be regarded as anything but preliminaries to the settlement of all the questions of moment connected with the army and in which the public was so greatly interested. Four questions of importance had occupied their attention, first, the better adaptation of the non-commissioned officers and men of the corps to the duties they had to perform in peace and war; secondly, the establishment of the nursing service on a proper footing as to efficiency; thirdly, the provision of opportunities for study and research for the officers of the corps; and, fourthly, the founding of a sanitary department.

In the present constitution of the Medical Corps, every individual private was employed in nursing duties, but his duties were not confined to nursing only; to-day he might be a nurse, to-morrow a labourer, and the day after a cook, and so on. That for many years had been recognized as a grave defect. It was resolved to remedy it; and just as there was a differentiation of duties in every organization worthy of the name, there was to be a differentiation in the duties of the men of the Medical Corps. They would have therefore nursing general duty, cooking and clerical sections. The Nursing Branch of the Medical Department of the army was to be considerably extended and commensurate with this extension it had been arranged to place on the Nursing Branch increased responsibilities.

THE MEDICAL STAFF COLLEGE.

Of all the recent changes the most important had been the establishment of the Medical Staff College in London. The establishment of an institute in London would, it was hoped, lead to congresses of the military surgeons of the world and attract the medical officers of our Colonial armies.

SANITARY ORGANIZATION.

Much interest had been aroused in the sanitary problems connected with the army, and the sanitary instruction of all medical officers—always good—would be made still better. Those who desired to follow sanitary science specially would be afforded facilities for so doing, and it had been proposed to appoint about twenty special sanitary officers with laboratories and every facility for scientific sanitary research work.

THE ARMY MEDICAL SERVICE AS A CAREER.

In conclusion, Sir William said a few words with reference to the Army Medical Service as a career. He thought that there was no commission that His Majesty could give that there could be more pride in holding than that of a thoroughly efficient and well-trained medical officer of the army. The days had long gone by when the career of the army medical surgeon possessed fascination for those only to whom work was irksome and ease was sweet. The day had come when merit, and merit alone, meant advancement, when professional zeal and scientific research would be recognized, and only those equipped with resolution, energy, and enthusiasm could hope for a successful career in the Medical Department of the army.

Dr. VIVIAN POORE moved a vote of thanks to Sir William Taylor for his address, which was carried with acclamation.

In reply Sir WILLIAM said that the kind way in which the vote of thanks had been proposed and passed would be accepted by the Royal Army Medical Corps as a happy augury.

THE MEDICAL STAFF COLLEGE, LONDON.

An inaugural dinner was held at the temporary mess (Hotel Belgravia), of the Medical Staff College, London, on October 8th. After the health of the King had been drunk, the Director-General, Sir William Taylor, K.C.B., proposed the health of the guests, among whom were several members of the Advisory Board, and coupled the toast with the name of Mr. Brodick. He remarked that the presence of the Secretary of State for War and the Permanent Under-Secretary of State at a gathering of the Army Medical Service was unique in the history of that branch of the service and was a happy augury for the future. Formerly the prospects of army medical officers was not as bright as now, then the prospects of promotion by time was a matter of certainty, but now promotion by merit and not by time was happily secured. Mr. Brodick, in reply, congratulated Sir William Taylor upon the honours conferred upon him by the King, as testifying not only to his distinguished services in many campaigns, but also as showing His Majesty's appreciation of the medical service of which he was the head. The Royal Army Medical Corps must not, Mr. Brodick added, take too seriously the criticisms to which they, in common with all other public bodies, had been subjected. The conditions of service now gave many advantages; he had introduced into it, among other advantages, the short service system, in which he was a believer. It was, he said, recognized that a diminution in the frequency of foreign service and moves could only be met by increasing the establishment. He congratulated the young medical officers on joining the service, and the service upon the large number of candidates who had presented themselves to compete for vacancies, the proportion being as large as for commissions in the army generally. It was highly necessary that the Army Medical Service should be kept abreast of the advance in medical science, and he believed that this was now assured; the Director-General had at his back all military medical officers, and in addition the whole of the medical profession, represented by the Advisory Board, whose aid was of inestimable value. He assured the Army Medical Service of his desire to help it, and hoped to see the Medical Staff College accommodated in suitable buildings in London. He thanked the members of the Committee on the Reorganization of the Army Medical Services for their labours, and congratulated the corps on the success which had attended those labours. He concluded by proposing health and success to the College. If anything was required to ensure that success it was the fact that Colonel James, who possessed the entire confidence of the corps, was at the head of the College, and he coupled his name with the toast. Colonel James returned thanks in the name of the College, and expressed his acknowledgment to the Secretary of State for his presence.

NAVAL AND MILITARY APPOINTMENTS.

(From the "Gazette.")
War Office, 17th October 1902.
The King has been graciously pleased to grant special authorisation to Captain and Lieutenant-Colonel Francis Lambton, late of the Cavalry, to wear the insignia of the Order of the Medjidieh, conferred upon him in the year 1886 by His Imperial Majesty the Sultan of Turkey as a mark of appreciation of his distinguished service during the war in the Crimea.

War Office, 17th October 1902.
The King has been graciously pleased to give orders for the following promotions to the undermentioned officers (a) in the Reserve of Officers, (b) as retired pay, (c) on the retired list respectively, in recognition of their services during the operations in South Africa, the whole to bear date 19th October 1902:—

FOR SERVICE ELSEWHERE THAN SOUTH AFRICA.
Reserve of Officers.
Army Medical Service.—The undermentioned Lieutenant-Colonel to be Colonel:—A. Long Brown, M.D.; P. J. McQuaid, M.D.; W. A. Parker, R. J. Robson.

Retired Pay.
Army Medical Service.—The undermentioned Lieutenant-Colonel to be Colonel:—H. F. Hezeman, C.M.G.; F. Howard, M.D.; W. Johnston, M.D.; M. Knox, Hon. Deputy Surgeon-General; A. S. K. Prescott. The undermentioned Quartermasters and Hon. Captains to be granted the honours of rank of Major:—E. Enright, H. Johnson, D. Lacker, W. McCallum, D. McIntyre, J. D. Marshall, T. Thompson, H. S. Wicks.

The Evening Gazette.

ABERDEEN, MONDAY, OCTOBER 20, 1902.

The "London Gazette" of Friday contains the announcement that Lieutenant-Colonel William Johnston, M.D. (of Newton Dee, near Aberdeen), retired, Army Medical Staff, who during the war was Assistant Director of the Army Medical Service at the War Office, has been promoted to be colonel, in recognition of his services.

ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL A. L. BROWN, M.D.; F. J. McQUAID, M.D.; W. A. PARKER, R. J. ROBSON, R. F. HESMAN, C.M.G.; F. HOWARD, M.D.; W. JOHNSTON, M.D.; M. KNOX, and Honorary Deputy Surgeon-General A. S. K. PRESCOTT are promoted to be Colonels in recognition of their services during the operations in South Africa, all to bear date October 19th, 1902. Colonel Brown joined the department, March 24th, 1891; was made Lieutenant-Colonel March 24th, 1895; and retired from the service July 12th, 1898. Colonel Robinson joined February 24th, 1894, and retired August 24th, 1897. Colonel Howard joined March 24th, 1894, and retired February 24th, 1898. Colonel Johnston joined February 24th, 1894, and retired February 24th, 1897. Colonel Knox joined March 24th, 1894, and retired December 24th, 1897. Colonel Prescott joined March 24th, 1894, and retired June 24th, 1897. Deputy Surgeon-General Prescott joined May 24th, 1891, and retired July 24th, 1897.

OCT. 25, 1902.

THE ROYAL NAVY MEDICAL SERVICE.

NEW REGULATION.

A CIRCULAR letter (No. 112) has recently been issued by the Admiralty to the following effect:

His Majesty has, by Order in Council of the 25th March, 1901, been pleased to direct that in future only one commission shall be granted to a commissioned officer of His Majesty's Navy or Naval Reserve, except on promotion to the rank of Admiral of the Fleet, Rear Admiral, Inspector-General of Hospitals and Fleets, or Engineer-in-Chief of the Fleet, when a second commission shall be issued.

His Majesty has further been pleased to direct, by His Order in Council of the 25th March, 1901, that the officers of His Majesty's Navy shall in future be divided into the following branches:

- Military.
- Engineer.
- Medical.
- and Civil.

The Officers of these Branches to rank as provided for by Articles 151 and 152 of the King's Regulations. Chaplains as at present not to hold Naval Rank, but to retain, when afloat, the position to which their office would entitle them on shore.

My Lords have accordingly approved the following alterations in the King's Regulations and Admiralty Instructions, which will be included in the Addenda for 1902.

By Command of their Lordships,

THOMAS MACGREGOR.

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Issued with Army Orders dated 1st October, 1902.

Cancelled, and revised Regulations approved. by Army order 148 of 1904.

REGULATIONS FOR ADMISSION TO THE QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

I.—CONSTITUTION.

1. The Queen Alexandra's Imperial Military Nursing Service shall consist of:—

- (1) A matron-in-chief.
- (2) Principal matrons.
- (3) Matrons.
- (4) Sisters.
- (5) Staff nurses.
- (6) Such non-commissioned officers and 1st class orderlies of the Royal Army Medical Corps as have been specially recommended.

II.—APPOINTMENT AND QUALIFICATION OF CANDIDATES.

2. Appointments to the Queen Alexandra's Imperial Military Nursing Service shall be given to persons duly qualified, in accordance with the following regulations:—

3. A candidate for the position of staff nurse or sister must be between 25 and 35 years of age, single or a widow, and possess a certificate of not less than 3 years' training and service in medical and surgical nursing in a civil hospital recognised by the Advisory Board. She must be of British parentage or a naturalised British subject. The matron-in-chief will be required to satisfy the Nursing Board that, as regards education, character, and social status, she is a fit person to be admitted to Queen Alexandra's Imperial Military Nursing Service. The candidate will be required to fill in a declaration which will be forwarded to her on application, and to produce the following documents:—

- (a.) A certificate of registration of birth; or, if this is not obtainable, a declaration made before a magistrate by one of her parents or former guardians, giving the date of her birth.

(542)

Union-Jack and the flag of the corps. Lieut. Colonel Morris explained that the deceased succumbed to disease while nursing their comrades, adding that it was a source of heartfelt thankfulness to them that out of the 28 officers and men who served in various capacities during the late campaign that tablet bore the names of three only who lost their lives in their country's cause.

Surgeon-General Sir W. Taylor, in unveiling the tablet, spoke of the valuable assistance rendered by the corps in the service of their King and country, remarking that it was not surprising that some, though happily not a large proportion, lost their lives. Two former members of the corps had distinguished themselves in South Africa by winning that reward most coveted by all soldiers—the Victoria Cross. The memorial could not have been more suitably placed than in that beautiful church, many members of which were medical students, some, no doubt, belonging to the great Hospital of St. Bartholomew. The deeds of the fallen heroes would be a bright and inspiring example of duty well done.

THE STANDARD.

LONDON, WEDNESDAY, OCTOBER 29.

THE WAR COMMISSION.

Lord Elgin yesterday presided over the meeting of the War Commission, and the following official Report was afterwards issued:—

"Evidence was given by officers of the Army Medical Service. Surgeon-General Sir William Wilson, K.C.M.G., gave evidence as to the arrangements made in South Africa at the beginning of the war; as to the extent to which the existing medical staff met the needs of the emergency, and the steps taken to increase it; also as to the sufficiency of medical supplies, and the means of distributing them among the field hospitals in South Africa. His evidence also related to the suitability of the ambulance waggons used, the value of hospital trains, and the service of nurses. The Witness also made suggestions for the improvement of field hospitals and their equipment, based upon the experience of the war. Evidence was also given by Colonel W. L. Gubbins, Assistant Director of the Army Medical Service, until 1899, and employed in South Africa as principal Medical Officer of the Sixth Division. His evidence related to the adequacy of the Medical Staff supplies and equipment, and the training for the service. Colonel W. Johnston, gave evidence upon the same subjects, and with regard to the organisation of the Army Medical Service and the working of the Medical Mobilisation Scheme as it existed before the War."

Nov. 1, 1902.

SURGEON-GENERAL JOHN BUTLER HAMILTON, A.M.S. (Retired).

THE many friends of Surgeon-General Hamilton will have learnt with the deepest regret of his unexpected death on October 25th, in his 64th year. A man of fine physique, abounding energy, and in appearance much short of his real age, he seemed destined for many more years of activity and usefulness. But about a year ago, after rigors and a smart febrile attack, he spat up a large quantity of pus from a hepatic abscess, which seemed to have been a latent legacy of long Indian service. His recovery was apparently marvellously rapid, but his more intimate medical friends regarded the state of his health with considerable misgiving, although he himself declared he felt no bad effects whatever. It is not improbable that this attack was the precursor of his fatal illness, perhaps through embolism. About four weeks ago, after a long and fatiguing bicycle ride, he complained of numbness of the right arm, and shortly afterwards complete right hemiplegia, with aphasia, developed, from which he never rallied.

John Butler Hamilton came of a military family, no fewer than five generations of which had served the Crown. He was educated at Trinity College, Dublin, where he graduated in Arts in October, 1859, and took the first place in the examination for the degree of M.B. in the following month. In this year also he became M.R.C.S. Eng. In January, 1862, he completed for a commission, and came out near the top of a batch of 27. After a short term in Chatham and Dublin he was sent to the Bahamas, and during his service there was in medical charge of an expedition sent after a pirate slaver to the coast of Cuba. Subsequently he served in Barbados, Jamaica, and British Honduras. He took advantage of a short period of service in Ireland to graduate M.D. in the University of Dublin in 1863. In the following year he was appointed to the Royal Artillery, and went out to India to join the 16th Brigade, with which he served till April, 1873, when, on the introduction of the unification system, he was placed on the staff, and returned to this country, where he served for nearly two years. He was then promoted Surgeon-Major, and returned to India, where he served for nearly seven years, for two of which he was on the staff of the Surgeon-General of H.M. Forces as statistical secretary. He served in Ireland from 1882 to 1885, and then went out with the Suakin Expedition. He was appointed Field Inspector of the Lines of Communication; he was present at several engagements and was Senior Medical Officer with the Brigade of Guards which went out on relief on the day of the battle of Tofrek. He was present also at the capture and destruction of Tamai. For these services he received the medal and clasp, and the bronze star. On the breaking up of the Suakin Force he returned home, but on promotion to Brigade-Surgeon in 1886 he was almost immediately sent out to India, and appointed to the medical charge of the large station hospital at Lucknow. During his six years in this charge he had a very large experience of enteric fever, and wrote a monograph on the disease which was highly praised in a review published in these columns at that time. In August, 1886, he was selected to organize a hospital ship for the Barmese campaign; in the hottest time of the year this was a trying task, but in eight days the *Tenasserim* was transformed into a well-fitted hospital ship which did good service for several months. On this occasion he received the high commendation of the Surgeon-General and the thanks of the Government of India. He was subsequently appointed Honorary Surgeon to the Viceroy, Lord Lansdowne, in recognition of his services during epidemics of enteric fever and cholera at Lucknow. For some time he officiated as P.M.O. of the Allahabad and Lucknow districts. He was promoted Surgeon-Colonel in 1891 and was appointed P.M.O. of the Western District. He was subsequently transferred to the Home District, and in that capacity drew up a scheme for hospital accommodation on mobilization which received the praise of the then Commander-in-Chief, the Duke of Cambridge. In 1894 he was sent out to South Africa as P.M.O. On promotion to Surgeon-General in October, 1895, he was

tions which were liable to affect the soldier, but of those also to which civil populations at home and abroad were equally exposed. During all the time a soldier was in the hands of the medical officer, from the time he was stricken down in the fight until he either returned to duty in the ranks, or was invalided for change, the two functions of the medical services, the tactical and the humanitarian, were equally concerned in his care. The purely professional, the technical knowledge of the physician or of the surgeon was not capable of doing all that was necessary for the wounded soldier from the time he fell in the field until he either rejoined or was sent home. More than that knowledge was absolutely necessary, and the question was, how did the civil profession stand with reference to that practical knowledge? A perfect acquaintance with organization, a complete knowledge of personnel and equipment, and of the means of transport and supply were indispensable before the purely professional skill could be brought into play with any chance of good results.

ORGANIZATION OF MEDICAL UNITS IN PEACE.

He hoped each medical school or combination of schools would equip, maintain, and administer units in time of peace which should proceed to the field in a state of complete efficiency for war when required. He trusted that that movement would not be confined to the medical schools and similarly organized corporations, but that it would engage the serious attention and energies of every member of the profession. He looked forward to the time when such medical organization would not be stilted and necessarily dependent on enthusiasm in time of public danger, but would be carefully organized at all times, so that the country might feel assured that, as far as human endeavours could go, everything was prepared and ready in time of peace for the most perfect care of the sick and wounded in time of war, and for the prompt removal of the unfit and inefficient from the field.

THE POLICY OF THE MEDICAL DEPARTMENT OF THE ARMY.

In speaking of what he called the policy of the Medical Department of the War Office, Sir William said that the medical was one of a number of departments under the administrative control of the Secretary of State for War and the Commander-in-Chief, the policy and work of which were supervised and directed by an Army Board and War Office Council. In carrying out the administration of the medical services he had now the advantage of the assistance of an Advisory Board and a Nursing Board, while the execution of the various measures determined upon was entrusted to the different branches of the Medical Department of the War Office. In the Advisory Board the civil profession was represented by five members. This assistance in administering the Medical Department was suggested by a Reorganization Committee, on which the civil profession was fully represented by some of its most eminent members, and if this Reorganization Committee mainly concerned itself in considering the interests of the personnel of the Royal Army Medical Corps, that was only a preliminary to the more serious and important work which was to devolve upon them hereafter. The reorganization of the Army Medical Service was therefore evidently meant to be a continuous process. The settlement of questions of pay, promotion, and so forth, which were decided upon in detail, could in no sense be regarded as anything but preliminaries to the settlement of all the questions of moment connected with the army and in which the public was so greatly interested. Four questions of importance had occupied their attention, first, the better adaptation of the non-commissioned officers and men of the corps to the duties they had to perform in peace and war; secondly, the establishment of the nursing service on a proper footing as to efficiency; thirdly, the provision of opportunities for study and research for the officers of the corps; and, fourthly, the founding of a sanitary department.

In the present constitution of the Medical Corps, every individual private was employed in nursing duties, but his duties were not confined to nursing only; to-day he might be a nurse, to-morrow a labourer, and the day after a cook, and so on. That for many years had been recognized as a grave defect. It was resolved to remedy it; and just as there was a differentiation of duties in every organization worthy of the name, there was to be a differentiation in the duties of the men of the Medical Corps. They would have therefore nursing general duty, cooking and clerical sections. The Nursing Branch of the Medical Department of the army was to be considerably extended and commensurate with this extension it had been arranged to place on the Nursing Branch increased responsibilities.

THE MEDICAL STAFF COLLEGE.

Of all the recent changes the most important had been the establishment of the Medical Staff College in London. The establishment of an institute in London would, it was hoped, lead to congresses of the military surgeons of the world and attract the medical officers of our Colonial armies.

SANITARY ORGANIZATION.

Much interest had been aroused in the sanitary problems connected with the army, and the sanitary instruction of all medical officers—always good—would be made still better. Those who desired to follow sanitary science specially would be afforded facilities for so doing, and it had been proposed to appoint about twenty special sanitary officers with laboratories and every facility for scientific sanitary research work.

THE ARMY MEDICAL SERVICE AS A CAREER.

In conclusion, Sir William said a few words with reference to the Army Medical Service as a career. He thought that there was no commission that His Majesty could give that there could be more pride in holding than that of a thoroughly efficient and well-trained medical officer of the army. The days had long gone by when the career of the army medical surgeon possessed fascination for those only to whom work was irksome and ease was sweet. The day had come when merit, and merit alone, meant advancement, when professional zeal and scientific research would be recognized, and only those equipped with resolution, energy, and enthusiasm could hope for a successful career in the Medical Department of the army.

Dr. VIVIAN POORE moved a vote of thanks to Sir William Taylor for his address, which was carried with acclamation. In reply Sir WILLIAM said that the kind way in which the vote of thanks had been proposed and passed would be accepted by the Royal Army Medical Corps as a happy augury.

THE MEDICAL STAFF COLLEGE, LONDON.

AN inaugural dinner was held at the temporary mess (Hotel Belgrave), of the Medical Staff College, London, on October 8th. After the health of the King had been drunk, the Director-General, Sir William Taylor, K.C.B., proposed the health of the guests, among whom were several members of the Advisory Board, and coupled the toast with the name of Mr. Brodick. He remarked that the presence of the Secretary of State for War and the Permanent Under-Secretary of State at a gathering of the Army Medical Service was unique in the history of that branch of the service and was a happy augury for the future. Formerly the prospects of army medical officers was not as bright as now, then the prospects of promotion by time was a matter of certainty, but now promotion by merit and not by time was happily secured. Mr. Brodick, in reply, congratulated Sir William Taylor upon the honours conferred upon him by the King, as testifying not only to his distinguished services in many campaigns, but also as showing His Majesty's appreciation of the medical service of which he was the head. The Royal Army Medical Corps must not, Mr. Brodick added, take too seriously the criticisms to which they, in common with all other public bodies, had been subjected. The conditions of service now gave many advantages; he had introduced into it, among other advantages, the short service system, in which he was a believer. It was, he said, recognized that a diminution in the frequency of foreign service and moves could only be met by increasing the establishment. He congratulated the young medical officers on joining the service, and the service upon the large number of candidates who had presented themselves to compete for vacancies, the proportion being as large as for commissions in the army generally. It was highly necessary that the Army Medical Service should be kept abreast of the advance in medical science, and he believed that this was now assured; the Director-General had at his back all military medical officers, and in addition the whole of the medical profession, represented by the Advisory Board, whose aid was of inestimable value. He assured the Army Medical Service of his desire to help it, and hoped to see the Medical Staff College accommodated in suitable buildings in London. He thanked the members of the Committee on the Reorganization of the Army Medical Service for their labours, and congratulated the corps on the success which had attended those labours. He concluded by proposing health and success to the College. If anything was required to ensure that success it was the fact that Colonel James, who possessed the entire confidence of the corps, was at the head of the College, and he coupled his name with the toast. Colonel James returned thanks in the name of the College, and expressed his acknowledgment to the Secretary of State for his presence.

NAVAL AND MILITARY APPOINTMENTS.

(From the "Gazette.")
War Office, 17th October 1902.

The King has been graciously pleased to grant special authority to Captain and Lieutenant-Colonel Francis Lambton, late Royal Fusilier Guards, to wear the insignia of the Order of the Medjidieh, conferred upon him in the year 1894 by the Imperial Majesty the Sultan of Turkey as a mark of appreciation of his distinguished service during the war in the Crimea.

War Office, 17th October 1902.

The King has been graciously pleased to give orders for the following promotions to be undermentioned officers (a) in the Reserve of Officers, (b) on retired pay, (c) on the retired list respectively, in recognition of their services during the operations in South Africa, the whole to take effect 15th October 1902:—

FOR SERVICE ELSEWHERE THAN SOUTH AFRICA.

Reserve of Officers.—The undermentioned Lieutenant-Colonels to be Colonels:—A. Long Browne, M.D.; P. J. McQuaid, M.D.; W. A. Parker, M.D.; H. J. Roberts.

Retired Pay.—Army Medical Service.—The undermentioned Lieutenant-Colonels to be Colonels:—H. F. Henneman, C.M.G.; F. Howard, M.D.; W. Johnston, M.D.; M. Knox, M.D.; Deputy Surgeon-General A. S. E. Prescott. The undermentioned Quartermasters and Hon. Captains to be granted the honorary rank of Major:—E. Forth, H. Johnson, D. Lester, W. McCallum, D. McIntyre, J. D. Marshall, T. Thompson, H. S. Webb.

The Evening Gazette.

ABERDEEN, MONDAY, OCTOBER 20, 1902.

The "London Gazette" of Friday contains the announcement that Lieutenant-Colonel William Johnston, M.D. (of Newton Dees, near Aberdeen), retired, Army Medical Staff, who during the war was Assistant Director of the Army Medical Service at the War Office, has been promoted to be colonel, in recognition of his services.

ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL A. L. BROWNE, M.D., P. J. McQUAID, M.D., W. A. PARKER, H. J. ROBERTS, H. F. HENNEMAN, C.M.G., F. HOWARD, M.D., W. JOHNSTON, M.D., M. KNOX, and HONORARY DEPUTY SURGEON-GENERAL A. S. E. PRESCOTT are promoted to be Colonels in recognition of their services during the operations in South Africa; all to bear date October 15th, 1902. Colonel Browne joined the department, March 18th, 1891; was made Lieutenant-Colonel March 18th, 1897; and retired from the service July 18th, 1902. Colonel McQuaid joined September 19th, 1891, and retired August 18th, 1902. Colonel Parker joined February 18th, 1894, and retired February 18th, 1902. Colonel Roberts joined February 18th, 1892, and retired February 18th, 1902. Colonel Henneman joined March 18th, 1892, and retired February 18th, 1902. Colonel Howard joined September 18th, 1891, and retired December 18th, 1902. Colonel Johnston joined October 18th, 1891, and retired August 18th, 1902. Colonel Knox joined March 18th, 1892, and retired June 18th, 1902. Deputy Surgeon-General Prescott joined May 18th, 1891, and retired July 18th, 1902.

246 + 247

[Issued with Army Orders dated 1st October, 1902.]

*Cancelled, and revised Regulations
approved by Army order 148 of 1904.*

REGULATIONS FOR ADMISSION TO THE QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

862
510

I.—CONSTITUTION.

1. The Queen Alexandra's Imperial Military Nursing Service shall consist of :—

- (1) A matron-in-chief.
- (2) Principal matrons.
- (3) Matrons.
- (4) Sisters.
- (5) Staff nurses.
- (6) Such non-commissioned officers and 1st class orderlies of the Royal Army Medical Corps as have been specially recommended.

II.—APPOINTMENT AND QUALIFICATION OF CANDIDATES.

2. Appointments to the Queen Alexandra's Imperial Military Nursing Service shall be given to persons duly qualified, in accordance with the following regulations :—

3. A candidate for the position of staff nurse or sister must be between 25 and 35 years of age, single or a widow, and possess a certificate of not less than 3 years' training and service in medical and surgical nursing in a civil hospital recognised by the Advisory Board. She must be of British parentage or a naturalised British subject. The matron-in-chief will be required to satisfy the Nursing Board that, as regards education, character, and social status, she is a fit person to be admitted to Queen Alexandra's Imperial Military Nursing Service. The candidate will be required to fill in a declaration which will be forwarded to her on application, and to produce the following documents :—

- (a.) A certificate of registration of birth; or, if this is not obtainable, a declaration made before a magistrate by one of her parents or former guardians, giving the date of her birth.

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A

- (b.) Recommendations from the matrons of the civil hospital at which she was trained, and of that at which she is serving at time of application.

4. Before being appointed, the candidate will appear before a Sub-Committee of the Nursing Board, which will make recommendations as to her appointment. Should her appointment be decided upon, arrangements will be made for her physical examination.

III.—TERMS OF APPOINTMENT.

5. Staff nurses.—If accepted for service, a staff nurse will be engaged for a period of 2 years, during the first 6 months of which her appointment is of a provisional character. A special report will be made at the end of the provisional period, and another on the conclusion of her engagement, as to the staff nurse's work, conduct, and suitability in all respects for the Queen Alexandra's Imperial Military Nursing Service. These special reports will be made by the matron of the hospital, and will be forwarded to the matron-in-chief through the officer in charge of the hospital, to be laid before the Nursing Board.

6. Sisters and matrons.—Sisters and matrons will be recommended by the Nursing Board on the advice of the matron-in-chief.

IV.—DRESS.

7. Members of the Queen Alexandra's Imperial Military Nursing Service will provide themselves with the following uniform :—

Matron-in-Chief.

Grey uniform, faced with scarlet, and braided.
Scarlet cape.

*Principal Matrons and Matrons.**

Annual—

1 grey serge dress	} with scarlet cuffs.
2 grey alpaca dresses	
6 muslin caps.	
6 turned-down collars.	
6 pairs turned-back cuffs.	
2 scarlet capes.	
1 grey bonnet.	

Triennial—

1 summer cloak, grey, with scarlet collar.
1 winter cloak, grey, with scarlet collar.

* In hospitals where matrons are required to nurse they will provide themselves with one grey alpaca dress instead of two, two grey washing dresses, and six aprons.

Sisters.

Annual—

- | | |
|----------------------------|----------------------------------|
| 1 grey serge dress | } with two scarlet bands, 1 inch |
| 3 grey washing dresses |  | wide, on the cuffs. |
| 6 muslin caps. | |
| 6 turned-down collars. | |
| 6 pairs turned-back cuffs. | |
| 2 scarlet capes. | |
| 1 grey bonnet. | |
| 8 aprons. | |

Triennial—

- 1 summer cloak.
- 1 winter cloak.

Staff Nurses.

Annual—

- 1 grey serge dress.
- 3 grey washing dresses.
- 6 muslin caps.
- 6 collars.
- 6 pairs turned-back cuffs.
- 2 scarlet capes.
- 1 grey bonnet.
- 8 aprons.

Triennial—

- 1 summer cloak.
- 1 winter cloak.

Helmets, or white sailor hats, with plain distinctive ribbon bands, may be worn when serving in hot climates or in the country. Detailed particulars will be furnished by the matron-in-chief on application.

In uniform, ornaments are not to be worn.

8. The uniform will be purchased by the members of the Service themselves, an allowance for this purpose being granted under paragraph 690, Allowance Regulations (*see* p. 6).

The establishment selected to supply it will be intimated to them on application to the matron-in-chief.

The accounts and vouchers from each firm of uniform supplied, will be kept by the matrons for inspection by the matron-in-chief.

V.—PAY, PENSIONS, AND ALLOWANCES.

(Extracts from the Pay Warrant.)

*Pay.**A.O. 67
1902

“682B. The pay of our Queen Alexandra’s Imperial Military Nursing Service shall be as follows :—

-----				Initial Rate.	Annual Increment.	Maximum.
				£ s. d.	£ s. d.	£
4862	Matron-in-chief	..	..	250 0 0	10 0 0	300
2465	Principal matron	..	..	150 0 0	5 0 0	180
	Matron..	..	..	70 0 0	5 0 0	120
	Sister ..	..	..	37 10 0	2 10 0	50
	Nurse ..	..	..	30 0 0	2 10 0	35

“A matron may be granted charge-pay at a rate not exceeding £30 a-year, according to the magnitude of her charge.

“682D. Pay may be issued in advance for a period not exceeding 1 month, prior to embarkation for service abroad.

“682E. The pay of the female servant appointed to attend on the nursing sisters at Netley and Woolwich shall be £25 a-year, and at other hospitals £15 a-year, rising by annual increments of £1 to £20 a-year.

Pay during leave of absence.

“682F. Pay during ordinary leave of absence may be granted in each financial year for the following periods :—

“ Matron-in-chief	....	....	....	6 weeks.
“ Principal matron	....	....	....	6 „
“ Matron	....	....	....	6 „
“ Sister	....	....	....	5 „
“ Nurse	....	....	....	4 „

“682G. Pay may be granted for accumulated leave of absence during service at a station abroad.

“682H. Pay during leave of absence on account of injury or sickness may be granted as under :—

“(a.) When the injury or sickness is certified by the regulated medical authority to have been caused by the Service, full pay may be issued for a period of 12 months, and half-pay for such further period as sick leave may be granted.

* In addition to the pay and allowances specified in this section, matrons, sisters, and nurses are supplied with public quarters (or with lodgings at the public expense), and with fuel and light.

"(b) When the injury or sickness is not caused by the Service, full pay may be granted for a period of three months; and, after 20 years' service, two-thirds pay; or, with less than 20 years' service, half-pay for a further period of three months. In special circumstances, and subject to the approval of the General Officer Commanding, pay at the reduced rate may be granted for a third period of three months.

"(c) When the sickness occurs at the station, a period not exceeding 30 days shall, if duly certified by the regulated medical authority, be excluded from the period of absence on ordinary leave to which the issue of pay is limited.

Retirement, Pensions, and Gratuities.

"682i. *Service as a nursing sister at a military hospital in the employ and pay of the National Aid Society, followed continuously by established service as a sister or nurse in Our Army Medical Service, may be allowed to count towards pension.*

"682j. A member of Our Queen Alexandra's Imperial Military Nursing Service may retire voluntarily on pension on attaining the age of 50, and shall be compulsorily retired at the age of 55.

"682k. If pensioned on account of disability, one year of service in a tropical climate may count as two years towards pension.

"682l. She shall be entitled to retire on pension after 10 years' service if she is rendered unfit for hospital duty through disease or injury, certified by the regulated medical authority to have been caused by the Service.

"682m. She may at any time be required to retire on account of unfitness for the duties of her appointment, with such gratuity as she may be entitled to under Article 682r.

"682n. The pension shall be calculated on the rate of pay at the time of retirement, and shall, after 10 years' service, be 30 per cent. of such pay, with an additional 2 per cent. for each year of service in excess of 10, up to a maximum of 70 per cent. of such pay.

"In any case of special devotion to duty, a higher pension, not exceeding £50 a year, may be granted.

"682p. If disabled in the Service, after five but under 10 years' service, such rate of pension below that fixed in Article 682n shall be granted as may be determined by Our Secretary of State. If she has served for less than five years when disabled, she shall receive a gratuity, to be determined in like manner.

"682r. A member of Our Queen Alexandra's Imperial Military Nursing Service retired under Article 682m may, provided she has not been guilty of misconduct, be granted a gratuity of one month's pay for each year of service, if not entitled to a pension under Article 682n.

"682s. In cases where a member of Our Queen Alexandra's Imperial Military Nursing Service is pensioned for a disability not permanently unfitting her for duty, the pension shall cease on

the date when she again becomes fit for duty, unless there should then be no vacancy, in which case, should she be willing to continue her service, she may remain on pension for a period not exceeding one year, pending a vacancy.

"682T. A member of Our Queen Alexandra's Imperial Military Nursing Service retiring without having previously obtained permission to do so shall forfeit all claim to pension or gratuity."

(Extract from the Allowance Regulations.)

Allowances.

"690. An allowance in lieu of board and washing at the rate of 15s. a week at a home station, or of 21s. a week at a station abroad, will be granted to each member of the Queen Alexandra's Imperial Military Nursing Service. A special allowance for the provision of clothing will also be granted, except to the matron-in-chief, at the following rates:—

" Annual clothing and cloak allowance abroad	£9
" " " " at home	£8

"An allowance of 10s. 6d. a week for board, &c., will be granted to the servant appointed to attend on the members of the Queen Alexandra's Imperial Military Nursing Service. The other allowances at stations abroad, including the allowance for servants, will be at such rates, not exceeding those of a departmental Officer of Subaltern rank, as the Secretary of State may determine."

VI.—DISCIPLINE AND DUTIES.

(Extracts from Regulations for Army Medical Services.)

(Army order 246 of 1902)
Matron-in-Chief.

141. The Matron-in-Chief will be responsible for keeping the Service records and confidential reports from the matrons of the various hospitals regarding the character, conduct, and efficiency of the sisters and staff nurses under their control.

142. She will, by frequent inspections, keep herself acquainted with the administration of the Nursing Service in the various military hospitals.

143. She will submit to the Nursing Board recommendations for the appointment, promotion, distribution, retirement, and dismissal of members of the Service.

144. She will be responsible for maintaining a sufficient staff of special staff nurses, detailing them for duty in cases of emergency, or for service in smaller hospitals.

145. She will present every year to the Nursing Board a scheme for the annual leave of matrons and special staff nurses, and will report to the Board the arrangements made by matrons for the annual leave of sisters and staff nurses.

146. She will perform such other duties as may be from time to time determined by the Nursing Board.

Matrons.

147. Matrons will be responsible for the general nursing arrangements of the hospital, for the due performance of their duties by the sisters and staff nurses, and for the maintenance of good conduct, efficiency, and discipline amongst all members of the female nursing and domestic staff, as well as for the cleanliness and good order of the wards under their charge. She will not be responsible for nursing in wards which are set apart by the officer in charge of the hospital for cases which he may consider unsuitable for female nursing.

148. She will supervise the training of the non-commissioned officers and men of the nursing section of the Royal Army Medical Corps in nursing duties.

149. She will be responsible to the officer in charge for demanding sufficient supply, for the good condition and cleanliness, of the bedding and linen in the nurses' quarters and the wards under her nursing charge.

149A. She will frequently inspect the equipment and bedding to ascertain whether any damage has been done thereto, and will check them with the inventories periodically.

150. She will see that proper medical and nursing attendance is provided without delay for sick members of the nursing or female domestic staff.

151. She will arrange the annual leave of sisters, staff nurses, and female domestic staff, reporting thereon through the officer in charge to the Matron-in-Chief.

152. In all instances of difficulty she will apply to the officer in charge, who will render her every assistance in the performance of her responsible duties.

153. She will see that all orders and instructions of the medical officers treating the cases are duly carried out by the sisters and staff nurses.

154. When she is informed of any neglect of duty or impropriety of conduct, whether on the part of sisters, staff nurses, non-commissioned officers or men of the Royal Army Medical Corps, patients, or visitors, she will at once report it to the officer in charge (*see* paragraph 161).

155. She will detail a sister or staff nurse to prepare instruments and dressings at operations, and to assist at all operations in sisters' wards.

156. She will take such share in nursing as ordered by the Matron-in-Chief.

157. She will keep the books and accounts connected with the nursing staff; and a monthly record of the messing will be kept, together with a statement of the cost, vouched by bills of expenditure; the special allowances drawn by the nursing staff under paragraph 690, Allowance Regulations, being entered in liquidation thereof. The register is intended as a permanent record, and will be vouched by the signature of the Matron, and inspected periodically by the Matron-in-Chief at home, and by the Principal Medical Officer in charge abroad.

158. She will fix the hours of duty, meals, and recreation for sisters and staff nurses, subject to instructions from the Matron-in-Chief, in such a manner as will comply with Garrison Standing Orders.

159. When a staff nurse or sister is transferred from one hospital to another, the Matron will prepare a confidential report for transmission through the officer in charge for the information of the Matron under whom the sister or staff nurse will serve. On, or as soon as possible after, the 1st January, a similar confidential report will be forwarded on all sisters and nurses through the officer in charge to the Matron-in-Chief.

Sisters.

160. Every sister in a military hospital will be under the immediate supervision of the Matron, and directly responsible to her in all matters relating to conduct and discipline. She will receive and carry out such orders and instructions relative to the treatment of the sick as she may receive from the officer in charge, whom she will accompany in his visits.

161. She will be responsible for the personal cleanliness of the patients in her wards, and for the cleanliness, ventilation, lighting, warming, as well as good order of her wards and annexes. Any neglect of duty, or impropriety of conduct, whether on the part of staff nurses, non-commissioned officers or orderlies, patients, or visitors, will be reported by her to the Matron. In cases of emergency she will apply for the assistance of the orderly medical officer or non-commissioned officer on duty.

When in doubt or difficulty in any matter she will at once inform the Matron, who will, if necessary, bring it to the notice of the officer in charge, or, in his absence, to the medical officer on duty.

161A. A sister is not permitted to accept presents of any kind from any patient, or friend of any patient, whether during his illness or after his death, recovery, or departure.

161B. A sister is not, at any time, to go to wards in which she is not working, except on special business; she is not to remain in her own wards, or visit in any other wards, when off duty.

A sister may not allow staff nurses or orderlies to visit in her wards, except on business, or by special leave of the Matron.

161C. All talking in the wards, corridors, and on the stairs is strictly forbidden; a sister is required to be quiet and orderly when moving about the hospital.

161D. She is to adhere punctually to her time-tables, and to be most particular in returning to her wards at the exact time specified.

161E. Sisters are not to visit each other after 10.30 p.m., but must retire to their rooms by that hour, unless special permission for late leave be obtained. Their bedrooms are to be neat and orderly, and all lights are to be extinguished therein by 11 p.m., unless special permission be given.

161f. A sister is not to absent herself from meals without permission. Except at the recognised "off-duty" times she will not absent herself from the hospital or quarters without permission.

161g. Uniform is to be worn on all occasions, both indoors and out of doors, except when on leave out of garrison, or by special permission of the Matron.

161h. Before going off duty each sister is required to put in writing on the night memorandum sheet any notes on special cases, or other important matters which may be necessary for the guidance of the night staff nurses and orderlies, or which it may be desirable to bring to the notice of the night sister. The night sister shall see that these instructions are carefully carried out. She will record the hours of her visits to each ward, and will note on the night memorandum sheet any information she may wish to bring to the notice of the ward sister. Similarly, the night sisters and staff nurses will record matters of importance for the information of the day sister.

162. In cases of fresh admissions into her ward she will ascertain when the patients last had any food, and see that they are not kept waiting for suitable nourishment. She must impress upon orderlies the importance of this duty.

162a. Sisters and orderlies should unite in showing special sympathy and kindness to the friends of those patients who are on the "dangerous list."

162b. When a death takes place the sister in charge of the ward will see that the body is reverently prepared for the mortuary, and will then inform the senior non-commissioned officer, who will proceed in accordance with para. 204, Standing Orders, Royal Army Medical Corps.

162c. When a patient is to be discharged, she will send him, together with his diet sheet and temperature chart, to the office of the Senior Medical Officer at the hour appointed.

162d. She will draw from the steward the personal equipment required for each patient on admission, and will be responsible that it is returned into store on the patient's discharge or death. A list of these articles is given in Appendix No. 14, Standing Orders for Royal Army Medical Corps.

162e. When patients are able, she will obtain their signature on the counterfoil on Army Book 42, as an acknowledgment of having received these articles, but when patients are so ill as to be unable to look after their equipment, she will cause the ward orderly to endorse the book.

162f. When the hospital clothing and necessaries have been issued to a patient on admission, she will make an inventory of the effects which he has brought with him into hospital, and will hand these into the pack store, receiving a receipt for the same, on Army Book 42.

162g. On his discharge she will hand to the patient the receipt in her possession, in order to enable him to recover his effects from the pack store.

162h. When any case of illness or accident is brought to hospital, or in the event of any accident, emergent illness, or attempted suicide resulting in personal injury, occurring in the hospital, she

will cause a medical officer to be at once informed, and, pending his arrival, will take such steps within the limits of her training as may appear to her to be necessary to meet the requirements of the case.

162I. She will be responsible that patients who have been allowed up throughout the day are in bed by 8 p.m. in winter and 9 p.m. in summer.

162J. She will see that the discharged men leave her wards in sufficient time to be present at their parade.

162K. She will visit her wards at meal times and see that the diets are properly distributed and served, and that the patients conduct themselves in an orderly manner. She will communicate any irregularity to the orderly non-commissioned officer.

162L. Sisters are earnestly requested to interest themselves in the home circumstances of men being invalided as permanently unfit, and make such representations as may be necessary to the Matron for the information of the officer in charge.

163. The sister will daily receive from the steward the wines, spirits, or malt liquor ordered for the patients in her wards, and be responsible for their correct distribution, in accordance with the orders of the officers.

163A. When the daily diets and extras have been entered on the diet sheets by the officers, she will complete and sign the Diet and Extra Sheet Summary (Army Form F 734). She will then check and countersign these forms and transmit them to the steward.

164. She will take over from the steward the equipment shown on the ward inventories (which will not include bedding or patient's personal equipment), and she will be responsible for the same to the quartermaster, or to the officer in charge if there is no quartermaster.

164A. She will take over from the steward the regulated quantity of bedding for each ward.

164B. Sisters must take care that there is no waste of provisions, coals, gas, water, or other articles. Hospital forms must not be used for notes, &c. They must exercise the strictest economy compatible with the adequate supply of the patients' needs in the use of mackintosh, bandages, tow, lint, cotton wool, and all surgical dressings.

164C. Sisters are responsible for the linen allotted to their respective wards and for its good condition.

165. The sister will immediately report to the officer in charge, or to the quartermaster in a hospital in which one is doing duty, all damages or deficiencies chargeable against patients and others, as well as breakages of crockery or table glass, which, when shown to be caused by accident, are, in accordance with Regulations for Army Service Corps Duties, chargeable to the public.

166. She will have charge of books issued to patients from hospital or garrison libraries, and will prevent any improper use of them. She will at once notify any damage to them to the quartermaster, or to the officer in charge of a hospital in which no quartermaster is doing duty, in order that the amount may be assessed and recovered by means of the Personal Charge Book, as laid down in Regulations for Army Medical Services.

166A. She will submit all applications from patients for writing materials, tobacco, &c., to the officer in charge of the ward for approval, and will take such requisitions and letters to be stamped to the officer in charge of the hospital for transmission to the patient's Commanding Officer. Requisitions for these articles will be made on Army Book 38.

166B. She will see that no money, articles of diet or extras, books, tracts, pictures, or unauthorized articles of equipment are introduced into the wards without the previous sanction of the officer in charge.

167. A sister must comply with the instructions of the matron and officers. She must daily report to the matron as to the condition of her wards, or of the various departments of which she is in charge. She must be careful to mention any irregularities which may have occurred, or other matters to which her attention should be directed.

167A. She must give the matron the earliest possible information of any serious cases or operations connected with her wards, or of any other matters of importance affecting the welfare of the patients under her care.

167B. If a ward sister deems a special nurse or male attendant necessary, she must immediately report the fact to the matron. At night, the night sister must make these arrangements, mentioning full particulars in the night report.

168. The sister is held responsible for reporting to the matron if any of the staff nurses serving under her are not well, and if they appear to need medical or surgical attention.

169. The sister is personally responsible for the correct measurement of all drugs employed for hypodermic injections, sleeping draughts, and strong poisons.

She will ensure that all poisons and external applications are kept in their appointed place, and that the special poison cupboard is kept carefully locked, and the key removed.

She will keep the keys of such store closets and lock-up places in the wards as may be required for the carrying out of these duties.

170. A sister is prohibited from utilising the services of nursing orderlies for any but nursing and routine ward work. She will be held responsible for carrying out the prescribed courses of nurse-training, and will, by every means in her power, afford the orderlies ample opportunity of learning their duties, and will endeavour to awaken the interest of the orderlies in all that pertains to nursing.

171. She will herself take part in the nursing of all patients seriously ill.

171A. A sister must always be present (unless, under special circumstances, her presence is not required) when an anæsthetic is administered. Should the sister be off duty, and no other sister be readily available, the staff nurse in charge of the patient must give immediate notice to the Matron, that the necessary assistance may be supplied.

171B. Sisters will be detailed in rotation for duty as night sister for a period of not less than two or three months, as the Matron

may decide. A night sister will begin duty at 9 p.m., reporting herself at the Matron's office to receive instructions; she will visit the wards at stated hours during the night, and oftener if necessary; and, on coming off duty, she will submit to the Matron at 9 a.m. a written report on the condition of the patients.

Staff Nurses.

172. Staff nurses will obey the orders which they receive from the Matron or sisters.

172A. In the absence of a sister from a ward, whether temporarily or permanently, the senior staff nurse present will be held responsible for the performance of the duties ordinarily performed by a sister.

172B. They must scrupulously refrain from relegating an unfair share of routine ward work to the orderlies.

172C. Staff nurses must take a full share in duties which are necessary, however unpleasant, and must set an example of cheerful alacrity in attending to the patients' wants, treating every patient with gentleness and consideration. Staff nurses must pay constant attention to the personal cleanliness of the patients.

172D. When in doubt or difficulty, staff nurses will refer to the sister in charge of their ward, and will abide by her decision.

172E. Paragraphs 161A, B, C, D, E, F, and G, apply to staff nurses as well as to sisters.

173. Staff nurses are not to go into each other's rooms after 10.30 p.m. Their bedrooms are to be neat and tidy, and all lights are to be extinguished therein by 11 p.m., unless special permission be given.

General.

174. The period of service abroad, reckoning from the date of embarkation at home, will be from 3 to 5 years, according to climate, unless such period be incompatible with the interests of the public service.

175. On a matron, sister, or staff nurse becoming non-effective, she will hand over her copy of the "Regulations for Army Medical Services, &c.," and of the "Manual for the Royal Army Medical Corps," in her possession, to the officer in charge of the hospital, who will forward them direct to the Principal Medical Officer for disposal.

*Cancelled
a.o. 71
of
1903.*

OCT. 25, 1902.

THE ROYAL NAVY MEDICAL SERVICE.

NEW REGULATION.

A CIRCULAR letter (No. 112) has recently been issued by the Admiralty to the following effect:

His Majesty's Order in Council of the 15th March, 1902, has been pleased to direct that in future only one commission shall be granted to a commissioned officer of His Majesty's Navy or Naval Reserve, except on promotion to the rank of Admiral of the Fleet, Rear Admiral, Inspector-General of Hospitals and Fleets, or Engineer-in-Chief of the Fleet, when a second commission shall be issued.

His Majesty has further been pleased to direct, by his Order in Council of the 15th March, 1902, that the officers of His Majesty's Navy shall in future be divided into the following branches:

Military,
Engineer,
Medical,
and Civil.

The Officers of these Branches to rank as provided for by Articles 118 and 119 of the King's Regulations, Chaplains as at present not to hold Naval Rank, but to retain, when afloat, the position to which their office would entitle them on shore.

My Lords have accordingly approved the following alterations in the King's Regulations and Admiralty Instructions, which will be included in the Addenda for 1902.

By Command of their Lordships.

(Signed)

EVAN MACGREGOR.

Art. 100. Officers of Branches other than the Military Branch are not to be saluted with cannon, nor received by Garrison, Regimental, or Ship Guards: in all other respects, however, they are entitled to the same Military Honours as officers of corresponding rank in the Military Branch.

SALUTES IN BOATS.

Art. 111. The following rules for marks of respect between Officers of different ranks in boats are to be observed:

1. Officers of Branches other than the Military Branch are to receive the same salutes as Officers of the Military Branch of corresponding rank, with the exception of leaving or laying on oars and letting fly sheet, which are to be considered in the same category as salutes by cannon and guards, from which they are debarred by Art. 100.

2. In the case of boats conveying Officers of Branches other than the Military Branch passing or being passed by boats conveying Officers of the Military Branch of the same relative rank, the Officers in charge of the boats, or the Coxswains, should there be no Officer in charge, are mutually to salute.

CHAP. III.—RANK AND COMMAND.

Art. 106. 1. Officers of Branches other than the Military Branch.

Officers of Branches other than the Military Branch are not to assume any Military Command whatsoever, either afloat or on shore, but under the Captain, or other Superior, they shall have all necessary authority within their own departments, and according to their relative rank, for the due performance of their respective duties, and they are to be obeyed accordingly by their subordinates.

Art. 107. Notwithstanding the relative rank and authority conveyed by these Regulations on Officers of Branches other than the Military Branch, they are to be subject to the authority of the Officers of the Military Branch in all such details and matters as relate to the service on which they are employed, the duties of the Fleet, and the discipline and internal economy of ships; and in no case shall they be deemed to be superior in rank to, or take precedence of, the Officer appointed to command the ship or Establishment in which they are employed, or the Officer or other person on whom the command of such ship or Establishment may properly devolve in the absence of the Officer appointed to the command thereof.

THE STANDARD.

OCTOBER 27, 1902.

THE ARMY MEDICAL CORPS.

In the church of St. Bartholomew the Great, yesterday afternoon, a tablet was unveiled in memory of members of the Royal Army Medical Corps (Volunteers) who died while on service in South Africa. The corps was raised in 1885 by Surgeon-General Sir W. Taylor, and has a total strength now of 450 officers and men. Of this number, five officers and 53 men went to the front, rendering valuable help in connection mainly with the Imperial Yeomanry hospitals. A detachment of the corps, numbering about 150, paraded at headquarters in Calthorpe-street, and marched to the church. Lieut. Colonel J. Edward Boyle was in command, the other officers present being Major-General Matthews, second in command, and Captain Salisbury Sharpe, Acting Adjutant. Among the officers present were Surgeon-General Sir W. Taylor, Director-General of the Army Medical Services; Colonel Gubbins, principal Medical Officer of the Home District; Lieut. Colonel Wilson, Assistant Director-General; and Captain Douglas, V.C. The service commenced with the singing of "God Save the King," the hymns specially chosen for the occasion being, "Soldiers of Christ, arise" and "Fight the good fight with all thy might," taking for his text the Gospel according to St. Luke, chapter xix, verse 10, "For the Son of man is come to seek and to save that which was lost," the Rector, the Rev. Sir Horrold Savory, preached a sermon appropriate to the occasion.

At the conclusion of the service the Volunteers proceeded to the Lady Chapel, on the wall in the south-west corner of which a brass tablet has been erected bearing the inscription:—"To the glory of God and in memory of Privates Geo. W. Stevens, Walker, and Parvater Williams, London Companies R.A.M.V.C., who died in the service of their country, in South Africa, during the Boer War 1899-1902, erected by the officers, non-commissioned officers, and men of the corps." The tablet was covered with the Union-Jack and the flag of the corps. Lieut. Colonel Boyle explained that the deceased succumbed to disease while nursing their comrades, adding that it was a source of heartfelt thankfulness to them that out of the 28 officers and men who served in various capacities during the late campaign that tablet bore the names of three only who lost their lives in their country's cause.

Surgeon-General Sir W. Taylor, in unveiling the tablet, spoke of the valuable assistance rendered by the corps in the service of their King and country, remarking that it was not surprising that some, though happily not a large proportion, lost their lives. Two former members of the corps had distinguished themselves in South Africa by winning that reward most coveted by all soldiers—the Victoria Cross. Two more could not have been more suitably placed than in that beautiful church, many members of which were medical students, some, no doubt, belonging to the great Hospital of St. Bartholomew. The deeds of the fallen heroes would be a bright and inspiring example of duty well done.

THE STANDARD.

LONDON, WEDNESDAY, OCTOBER 29.

THE WAR COMMISSION.

Lord Elgin yesterday presided over the meeting of the War Commission, and the following official Report was afterwards issued:—

"Evidence was given by officers of the Army Medical Service. Surgeon-General Sir William Wilson, K.C.M.G., gave evidence as to the arrangements made in South Africa at the beginning of the war; as to the extent to which the existing medical staff met the needs of the emergency, and the steps taken to increase it; also as to the sufficiency of medical supplies, and the means of distributing them among the field hospitals in South Africa. His evidence also related to the suitability of the ambulance waggon used, the value of hospital trains, and the service of nurses. The Witness also made suggestions for the improvement of field hospitals and their equipment, based upon the experience of the war. Evidence was also given by Colonel W. L. Gubbins, Assistant Director of the Army Medical Service, until 1899, and employed in South Africa as principal Medical Officer of the Sixth Division. His evidence related to the adequacy of the Medical Staff supplies and equipment, and the training for the service. Colonel W. Johnston gave evidence upon the same subjects, and with regard to the organisation of the Army Medical Service and the working of the Medical Mobilisation Scheme as it existed before the war."

Nov. 1, 1902.

SURGEON-GENERAL JOHN BUTLER HAMILTON, A.M.S. (Retired).

THE many friends of Surgeon-General Hamilton will have learnt with the deepest regret of his unexpected death on October 27th, in his 64th year. A man of fine physique, abounding energy, and in appearance much short of his real age, he seemed destined for many more years of activity and usefulness. But about a year ago, after rigors and a smart febrile attack, he spat up a large quantity of pus from a hepatic abscess, which seemed to have been a latent legacy of long Indian service. His recovery was apparently marvellously rapid, but his more intimate medical friends regarded the state of his health with considerable misgiving, although he himself declared he felt no bad effects whatever. It is not improbable that this attack was the precursor of his fatal illness, perhaps through embolism. About four weeks ago, after a long and fatiguing bicycle ride, he complained of numbness of the right arm, and shortly afterwards complete right hemiplegia, with aphasia, developed, from which he never rallied.

John Butler Hamilton came of a military family, no fewer than five generations of which had served the Crown. He was educated at Trinity College, Dublin, where he graduated in Arts in October, 1859, and took the first place in the examination for the degree of M.B. in the following month. In this year also he became M.R.C.S. Eng. In January, 1860, he competed for a commission, and came out near the top of a batch of 27. After a short term in Chatham and Dublin he was sent to the Bahamas, and during his service there was in medical charge of an expedition sent after a pirate slave to the coast of Cuba. Subsequently he served in Barbados, Jamaica, and British Honduras. He took advantage of a short period of service in Ireland to graduate M.D. in the University of Dublin in 1863. In the following year he was appointed to the Royal Artillery, and went out to India to join the 16th Brigade, with which he served till April, 1873, when, on the introduction of the unification system he was placed on the staff, and returned to this country, where he served for nearly two years. He was then promoted Surgeon-Major, and returned to India, where he served for nearly seven years, for two of which he was on the staff of the Surgeon-General of H.M. Forces as statistical secretary. He served in Ireland from 1882 to 1885, and then went out with the Suakin Expedition. He was appointed Field Inspector of the Lines of Communication; he was present at several engagements and was Senior Medical Officer with the Brigade of Guards which went out on relief on the day of the battle of Tofrek. He was present also at the capture and destruction of Tamsi. For these services he received the medal and clasp, and the bronze star. On the breaking up of the Suakin Force he returned home, but on promotion to Brigade-Surgeon in 1886 he was almost immediately sent out to India, and appointed to the medical charge of the large station hospital at Lucknow. During his six years in this charge he had a very large experience of enteric fever, and wrote a monograph on the disease which was highly praised in a review published in these columns at that time. In August, 1886, he was selected to organize a hospital ship for the Burmese campaign; in the hottest time of the year this was a trying task, but in eight days the *Tennasserim* was transformed into a well-fitted hospital ship which did good service for several months. On this occasion he received the high commendation of the Surgeon-General and the thanks of the Government of India. He was subsequently appointed Honorary Surgeon to the Viceroy, Lord Lansdowne, in recognition of his services during epidemics of enteric fever and cholera at Lucknow. For some time he officiated as P.M.O. of the Allahabad and Lucknow districts. He was promoted Surgeon-Colonel in 1891 and was appointed P.M.O. of the Western District. He was subsequently transferred to the Home District, and in that capacity drew up a scheme for hospital accommodation on mobilization which received the praise of the then Commander-in-Chief, the Duke of Cambridge. In 1894 he was sent out to South Africa as P.M.O. On promotion to Surgeon-General in October, 1895, he was

again appointed to the Western District, where he served as P.M.O. until he was retired under the age limit in October, 1898, having then served nearly 39 years, of which 27 were abroad, 25 in the tropics.

Shortly after his retirement he went for a tour round the world. But he was not a man to idle, and on his return home found many outlets for his abounding energy. He retained the keenest interest in the department which he had served so long. No man was better acquainted with its needs or with the disabilities under which its officers suffered, and the committees of the British Medical Association which have dealt with this matter have been greatly assisted by Hamilton's long acquaintance with every phase of the controversy. He was the Chairman of the Special Committee of the Association to which the consideration of the report of Mr. Brodrick's Committee was referred, and there is reason to believe that the representations of that Committee had no little weight with the War Office. He was also appointed at the annual meeting at Ipswich in 1900 a member of the Constitution Committee, as representing South Africa; he was a diligent attendant at the meetings of this Committee, and took a prominent part in its debates.

When the Duke of Abercorn formed a Committee for rendering surgical and medical aid to sick and wounded officers returning from South Africa, Surgeon-General Hamilton readily gave his services, and the advice and assistance which he rendered were very highly appreciated. In addition he gave personal services of the highest value; for when sick and wounded officers arrived at Southampton during the early stages of the war, Hamilton was present on behalf of the Committee to supervise the preliminary arrangements.

Surgeon-General Hamilton was a good sportsman and a first-rate rifle shot; during his service in India he was recognized as one of the surest shots in the country at the butts, and the prizes of various descriptions that he won at the Northern India Rifle Association competitions form a collection which is perhaps unequalled.

He was not a voluminous writer; but in addition to various official reports he communicated many articles to the medical press, including an essay on cholera, a disease from which he himself twice suffered while in India.

He was a man who impressed every one by his energy and enthusiasm, while his geniality and transparent honesty of character won him many friends. One of them sends us the following brief tribute to his memory:

"A brave, resolute, and generous spirit has thus departed, and one who probably did more than any other to set forth the grievances and plead the cause of his army medical brethren. It is well that the younger members of the service should know of the champion they have lost, for no man knew better every phase of the now happily past army medical controversy; and no man more fearlessly advocated reform, perhaps to his own personal detriment. Among his old friends and contemporaries Hamilton's memory will long be green and affectionately cherished."

WAR GAZETTE

(From the London Gazette.)

WAR OFFICE, Oct. 31, 1902.

The King has been graciously pleased to give orders for the following appointments to the Most Honourable Order of the Bath (additional), and the Distinguished Service Order; for the following promotions in the Army; and for the grant of the Medal for Distinguished Conduct in the Field to the undermentioned officers and soldiers; in recognition of their services during the operations in South Africa, the whole to bear date August 22, 1902, except where otherwise stated.

The names are shown regimentally for the purpose of more ready reference.

ROYAL ARMY MEDICAL CORPS.

C.B.—Lieut.-Col. H. H. Johnston, M.D.
D.S.O.—Maj. M. P. C. Holt, Maj. W. W. O. Beveridge, M.B., Capt. T. C. MacKenzie.
To be Brevet Lieutenant-Colonel—Maj. C. Birt, M. W. Russell, and S. Hickson, M.B.

To be Brevet Major—Capt. D. D. Sharahan and A. F. Tyrrell.

To have the honorary rank of Captain.—Qr.-Mr. and Hon. Lieut. A. Bruce.

Distinguished Conduct Medal.—Sgt.-Maj. J. J. Saunders and E. W. Newland, Sec. Class Staff-Sgt. G. Fells, Sgt. E. Haynes, Corp. S. Cowan, Pte. H. Ellis.

WAR OFFICE, Oct. 31, 1902.

The King has been graciously pleased to give orders for the following appointments to the Most Honourable Order of the Bath, and for the following promotions in the Army to the undermentioned officers and soldiers, in recognition of their services during the operations in South Africa, elsewhere than in that country, the whole to bear date August 22, 1902:—

R.C.B. (MIL.).

Major-Gen. Robert MacGregor Stewart, C.B., and William Salmon, C.B.

C.B. (CIVIL).

Major-Gen. Herbert Charles Borrett.
Col. Alexander Marin Delavoy, Ulrick George Campbell de Bergh, Percy Henry Noel Lake, Cyril William Bowdler Bowdler, retired pay, Henry Percy Douglas-Willan, retired pay, Barrett Lennard Tollner, retired pay, Sir Herbert Charles Porrett, Bart., late 3rd Battalion the Buffs (East Kent Reg.).
Lieut.-Col. Edmund Montagu Wilson, C.M.G., D.S.O., Royal Army Medical Corps; William Johnston, M.D., retired pay.

Brigade-Surgeon-Lieut.-Col. Alexander Crombie, M.D., retired, late Indian Medical Service.
Sir John Farley, Knt.

Nov. 8, 1902.

The R.A.M.C. and Indian Service.—Last week Dr. Thompson asked the Secretary of State for War if he would state when the increase of pay promised several months ago to captains and subalterns of the R.A.M.C. serving in India would be granted, the amount of the increase in rupees, and from what date the increase would count. Mr. Brodrick replied that an increase in the pay of officers of the Royal Army Medical Corps below the rank of major while serving in India had been approved in principle, but the amount of increase was still under the consideration of the Government of India, who had been asked to telegraph their views as soon as they had arrived at them.

THE EVOLUTION OF THE ROYAL NAVAL MEDICAL SERVICE.

SIR,—

1. *Amalgamation of Sick Berth Staff, R.N., with Naval Medical Officers into Royal Naval Medical Corps.*

I propose an amalgamation of these two bodies doing the same class of duty into a single corps like the R.A.M.C. It would develop efficiency and esprit de corps.

2. *In future, copy the Royal Marine Organization.*

In future, the evolution of the Royal Naval Medical Corps should copy the Royal Marine model, and become fully militarized. When on shore it should be divided into three main divisions like the Royal Marines, and have its local headquarters at the great hospitals at Chatham, Portsmouth, and Plymouth respectively, with its bands of music, barracks for subordinates, and all the usual subsidiary establishments of a marine division.

3. *Military Titles.*

By complete militarization, the titles now used by the Royal Marines would be used by officers and men of Naval Medical Corps, and it would exercise over its officers and men the same discipline used by the Royal Marines in its shore establishments. When a ship was commissioned, the needed detachment of the R.N.M.C. would march on board, as the Royal Marine Detachment now does, and on the termination of the Commission would return to duty at its divisional headquarters as the Royal Marines now do.

Such a Royal Naval Medical Corps could copy all the developments of field hospitals and drill as used in the R.A.M.C.

It seems essential to me, if national efficiency is to be maintained, that this evolution should take place in the Royal Naval Medical Service, so that the Royal Naval Engineer Service might copy it, and become a military body exactly like the Royal Marine Artillery—in my opinion the true termination of the struggle between the combatant and engineer branches of the Royal Navy.—I am, etc.,

Salisbury, Nov. 1st.

GEORGE EVATT.

Nov. 15, 1902.

THE EVOLUTION OF THE NAVAL MEDICAL SERVICE.

SIR.—Surgeon-General Evatt, in the BRITISH MEDICAL JOURNAL of November 8th, proposes that the Royal Navy Medical Service should be organized on the lines of the Royal Army Medical Corps. Might I quote, with all due respect for this great administrator, the saying, *Ne autor supra crepidem*? However much the P.M.O.'s of our hospitals may desire to possess executive authority over their "sick berth staff," no navy medical officer, as far as I know, desires military, or rather naval executive titles: they are satisfied to be medical officers, and are proud of their profession, but doubtless they would be pleased to be officially recognized as the Royal Navy Medical Service.—I am, etc.,

November 15th.

NAVY MEDICAL.

SIR.—The perusal of the letter in the BRITISH MEDICAL JOURNAL of November 8th under the above heading has filled me with the profoundest regrets. How much I have missed through age and infirmity having compelled me to retire from the Naval Medical Service of, as it is therein represented, the brilliant future. I can see myself, a venerable "Three Striper," marching down into the dockyard from one of the three great naval hospitals to join my newly-commissioned battleship. I can picture my gallant fellow-officer, my two enthusiastic young surgeons (that is, if one of them had any existence, except upon paper): my sick berth steward, possibly a Maltese or Afrikaner, and his assistants, cast from the marines or lower deck, because in the eyes of the authorities they were fit for nothing but the sick bay.

Verily a feast for the gods, or rather a sight to cause that always-busy, never-loitering individual the Dockyard Matey, to turn aside unwillingly from his toil, and stare and rest awhile in silent wonder.

The picture is very charming, but seriously, what good can such a letter as that of Surgeon-General Evatt do the Naval Medical Service, either now or in the future? The disputes between the executive and engineering branches, the struggle between old world ideas and new, need not and should not affect the "doctor" so long as he remembers "he is in the service, but not of it." This fact will be brought home to him very soon, if he does not realize it from the start. It is for him and for his supporters to rest satisfied once and for all, that all he can expect from the Admiralty is a fairly decent wage, just a trifle below market value, a tolerably pleasant life while unencumbered with home and family ties, and a moderate pension which may just keep him from the workhouse in his old age.—I am, etc.,

November 9th.

SENEX.

The R.A.M.C. and Indian Service.—Mr. O'Doherty, on behalf of Dr. Thompson, asked on Monday whether, seeing that in the recent annual relief programme for officers of the Royal Army Medical Corps serving in India only names of officers who had completed six years in India were included, he would say if the Indian tour for officers of the Royal Army Medical Corps had been extended to six years? Mr. Secretary Brodrick replied that the Indian tour of service for officers of the R.A.M.C. had not been extended to six years. It had, however, not been possible, in consequence of the pressure on the establishment caused by the South African campaign, to arrange for the relief of officers who would complete an ordinary tour during the present trooping season.

These were the first brevets given in the Army Medical Service under the Royal Warrant of 24 March 1902.

Sanitary Officers for the Army.—On Monday last Dr. Farquharson asked the Secretary of State for War whether the proposal to appoint twenty special sanitary officers for the army had been carried out; if so, would he state to what commands at home or abroad these officers had been or would be appointed; what the nature of their duties would be; and whether, in accordance with the recommendation of the Reorganization Committee, officers so appointed would be required to hold a diploma in public health. Mr. Secretary Brodrick, in reply, said that the matter was under consideration.

Clothing Regulations.

(a.) **Hair Brushes for Foot Guards, Infantry, and Royal Army Medical Corps.**

The free issue of a hair brush as an article of necessities to each soldier of the Foot Guards, Infantry of the Line, and Royal Army Medical Corps has been approved. Recruits joining after the date of this Order will receive the brush as part of their free kit of necessities. Soldiers now serving, who have not already received a free issue, will, if not for early discharge or transfer to the Reserve, each be supplied with one brush. Demands for the number required should be forwarded at once in the usual manner.

Table XVII.—Free Kits—Clothing Regulations, amended accordingly.

(b.) Amendments.

Amendments to the Clothing Regulations have been approved, and copies issued to all concerned.—A.O. 246, October 1902.

Titles of Officers of Bearer Companies of Volunteer Infantry Brigades.

Changes in the titles of officers of the bearer companies of Volunteer Infantry Brigades.—

Former title.	New title.
Surgeon-lieutenant-colonel.	Lieutenant-colonel.
Surgeon-major.	Major.
Surgeon-captain.	Captain.
Surgeon-lieutenant.	Lieutenant.

—A.O. 252, November 1902.

Royal Artillery—Officers' Messes.

1. At home and colonial stations Royal Artillery officers' messes, other than the regimental mess at Woolwich, will, as a rule, be station messes.

2. In the Royal Horse and Royal Field Artillery the station messes will be constituted as follows:—

(a.) At all stations where two or more batteries are stationed.

(b.) At St. John's Wood.

(c.) At each depot except at Woolwich.

In the case of single battery stations, which will be occupied by each battery of a Brigade Division in turn for one year, the mess will be formed and maintained as a branch of the station mess at the head-quarters of the Brigade Division, and will be administered by the officer commanding the Brigade Division.

3. In the Royal Garrison Artillery all messes will be station messes. Should it be necessary to form a detachment mess, it will be administered and maintained from the parent mess at the station from which officers are detached.—A.O. 272, December 1902, page 8.

Royal Army Medical Corps, Returns rendered by.

From the 1st January, 1903, the following alterations in returns rendered by the Army Medical Services will come into force:—

1. The returns of sick referred to in para. 1704, King's Regulations, and para. 413, Regulations for the Army Medical Services, will be rendered monthly at home and abroad (instead of weekly) on Army Form A 31.

2. The quarterly sanitary report, referred to in paras. 31 and 42, Regulations for Army Medical Services, will be discontinued. Medical officers will report specially, for the information of general officers commanding, any sanitary matter to which they think attention should be called.

3. The death reports of soldiers, Army Form B 2090, referred to in para. 2103, King's Regulations, will be rendered in duplicate.

4. The necessary detailed amendments to the regulations will be made on the occasion of the next revision.—A.O. 273, December 1902.

5. The following revised forms will be taken into use on 1st January, 1903. Copies of earlier prints are obsolete and should be wasted:—

Army Form A 20, "Daily Strength of Corps" (Medical Department only), to be sent in monthly instead of weekly.

Army Form A 31, "Return of Sick, Wounded, and Deaths (Weekly)." Revised Army Form A 31 will be used in place of Army Forms A 19, A 21, and A 30.

Army Form F 735, "Hospital Diet Account, Monthly."

Army Form I 1215, "Return of Medicines, Yearly."

6. Army Forms cancelled:—

Army Form A 19, "Abstract of the Weekly Sick Return."

Army Form A 30, "Sick, Wounded, and Deaths (Abroad), Return of, Monthly."

Army Form A 2015, "Sick; Command or District Weekly States."

Army Form B 119, "Nominal Return of Deaths (Annual)."

Army Form C 334, "Medical Staff and Nursing Services, Casualties and Changes in (Weekly)."

Army Form C 344, "Sanitary Report and Distribution Return of Troops and Sick (Quarterly)."

Army Form I 1211, "Abstract for Return of Medicines," which will cease to be an Army Form, but will be used when necessary as an insert to Army Form I 1215.

Army Form I 1225, "Medical Certificate (General Hospitals only)."

These forms are cancelled from 1st January, 1903.

THE STANDARD, FRIDAY, DECEMBER 19, 1902.

INVESTITURE BY THE KING.

(FROM THE "COUNT CIRCULAR.")

BUCKINGHAM PALACE, DEC. 18.

His Majesty the King held an Investiture at half-past eleven o'clock to-day.

The King invested General Lord Chelmsford with the insignia of a Knight Grand Cross of the Royal Victorian Order.

The following were severally introduced into the presence of the Sovereign, when the King conferred upon them the honour of Knighthood, and invested them with the ribbon and badge of the respective Divisions of the Order into which they have been admitted, and affixed the Star to their left breasts:—

ORDER OF THE BATH (G.C.B.).

Lieut. General Lord Methuen.

Admiral Sir Robert Hore Molyneux.

Admiral Lord Charles Thomas Montagu-Douglas-Scott.

ORDER OF ST. MICHAEL AND ST. GEORGE (G.C.M.G.).

Sir James Lyle Mackay.

Edward Lord Macdonald.

THE ROYAL VICTORIAN ORDER (G.C.V.O.).

Colonel Sir Edward Ridley Colborne Bradford, Bart., Commissioner of the Metropolitan Police.

Colonel Sir Robert Nigel Fitz-Hardinge Kingscote, Extra Equerry to his Majesty.

Admiral Sir Henry Frederick Stephenson, Extra Equerry to his Majesty.

Major General Sir Henry Trotter, Commanding the Home District.

ORDER OF THE BATH (K.C.B.).

MILITARY.

Major General Midway Wilson Wilson.

Major General Robert Macgregor Stewart.

Major General William Salmon.

CIVIL.

Sir Andrew Charles Howard.

George Christopher Frost Bartley, Esq.

Robert William Arbuthnot Holmes, Esq., Treasurer Renselance in Ireland.

ORDER OF THE BATH (C.B.).

MILITARY.

Colonel William Hugh Mortimer, Army Pay Department.

Colonel Edwin Alfred Hervey Alderson, the Royal West Kent Regiment.

Lieut. Colonel Frederick Amelius Le Poer Trench, Army Service Corps.

Colonel Alexander Nelson Koshfort, Royal Artillery.

Colonel Forbes Macbean, the Gordon Highlanders.

Lieut. Colonel Herbert Henry Bury, the Gordon Highlanders.

Lieut. Colonel Richard Lionel Hippisley, Royal Engineers.

Lieut. Colonel Herbert Martin, the Prince of Wales's Lancers.

Lieut. Colonel Charles Tom Reay, the Manchester Regiment.

Lieut. Colonel the Hon. Arthur Edward Dabell, the Oxfordshire Light Infantry.

Lieut. Colonel William Pry, the Prince of Wales's Own (West Yorkshire Regiment).

Lieut. Colonel Edward Ritchie Coryton Graham, the Cheshire Regiment.

Colonel Douglas Haig, 15th Lancers.

Colonel Henry Garde Rice, Army Service Corps.

Lieut. Colonel Arthur Edward William Colville, the 1st Battalion Rifle Brigade.

Lieut. Colonel Maurice George Moore, the Connaught Rangers.

Lieut. Colonel Charles Edward Barton, the Norfolk Regiment.

Lieut. Colonel Frederick Hackett-Thompson, the Cameron Highlanders.

Major General Laurence James Oliphant.

Colonel John Spencer Ewart, the Queen's Own Cameron Highlanders.

Colonel (Honorary) Alfred George Lucas, Imperial Yeomanry.

Lieut. Colonel Hill Godfrey Morgan, Army Service Corps.

Lieut. Colonel William James Richard Winkham, Indian Staff Corps.

Major Lord Lovat, Lovat's Scouts.

Lieut. Colonel Frederick Drummond Vincent Wing, Royal Artillery.

Colonel Herbert Edward Rawson, Royal Engineers.

Colonel Edward George Grogan, the Black Watch (Royal Highlanders).

Lieut. Colonel Philip Palmer, the Loyal North Lancashire Regiment.

Colonel Edward William Herbert, the King's Royal Rifle Corps.

Lieut. Colonel Alfred Herriek Butler Clough, the Royal Munster Fusiliers.

Colonel the Earl of March, the Royal Sussex Regiment.

Lieut. Colonel Henry Halcro Johnston, Royal Army Medical Corps.

Captain Frederick St. Leger Luscombe, R.N.

CIVIL.

William Munro Ross, Esq., R.N.R.

Major General Herbert Charles Beckett.

Colonel Alexander Marin Delaroye.

Colonel Ulrick George Campbell de Burgh.

Colonel Percy Henry Noel Lake.

Colonel Henry Percy Douglas-Willan.

Colonel Sir Herbert Charles Perrott, Bart., late the East Kent Regiment.

Lieut. Colonel Edmund Monkhouse Wilson, Royal Army Medical Corps.

Colonel William Johnston, M.D.

Sir John Farley.

Inspector General of Hospitals and Fleets Henry Charles Woods.

James Stewart Davy, Esq., Local Government Board.

Harry de la Rose Burrard Farnall, Esq., Foreign Office.

Arthur Wilson Fox, Esq., Board of Trade.

Walter Jack Howell, Esq., Assistant Secretary, Board of Trade.

Gordon William Miller, Esq., Director of Navy Contracts.

George Matheson, Esq.

Colonel Charles Wyndham Murray.
 William Henry Power, Esq., Principal Medical
 Officer to the Local Government Board.
 John Struthers, Esq., Principal Assistant Secretary,
 Scottish Education Department.
 Arthur Theodore Ticing, Esq., Parliamentary
 Counsel.
 John White, Esq., Education Department.
 Percy Woods, Esq., late Treasury.

DEC. 20, 1902.

The Army Medical School and Professor Wright.—On Monday Mr. Goulding asked the Secretary of State for War whether Professor Wright was resigning his appointment in the Army Medical School in consequence of the refusal of the authorities to allow him to pursue his investigations in connection with typhoid inoculation at a London hospital. Mr. Secretary Brodrick answered that it was considered that as the duties of the post to which Professor Wright had been appointed at St. Mary's Hospital would seriously interfere with those in the Medical Staff College, he should not be allowed to hold this appointment at the hospital. Professor Wright preferred to retain the latter, and had accordingly resigned his appointment in the Medical Staff College.

THE STANDARD, WEDNESDAY,

DECEMBER 24, 1902. THE ROYAL ARMY MEDICAL CORPS.

The Secretary of State for India has approved of an increase of the pay of officers of the Royal Army Medical Corps serving in India. This increase in the pay of the Royal Army Medical Corps in India is in the same ratio as the recent increase in the pay of officers of that Corps serving at home. The rates will be as follows:—Lieutenant, Rs.420 per mensem; Captain, Rs.475 per mensem; over seven years' service, Rs.530 per mensem; over ten years' service, Rs.650 per mensem.

Charge allowance:—Hospital of 200 beds, Rs.240 per mensem; hospital of 100 beds, Rs.180 per mensem; hospital of 50 beds, Rs.120 per mensem.

Specialist pay at the rate of Rs.60 per mensem has also been sanctioned.

Dec. 27, 1902.

PAY OF R.A.M.C. OFFICERS IN INDIA.

AN official statement setting out the new rates of pay approved by the Government of India for officers of the Royal Army Medical Corps serving in that country is published at page 1975. It will be observed that the new scales of pay proper apply exclusively to junior officers of the Corps, who hitherto have been the worst paid relatively; but the new charge allowance for hospitals will, of course, chiefly benefit the seniors holding such charges. The increments of increase at seven and ten years for captains are in accordance with similar periods of increase in the home pay, according to the Royal Warrant of March 24th last. This is the first time since 1863 that a medical Royal Warrant has thus been financially recognized in India. We will not hastily conclude that these new rates will be regarded as sufficient, for that must be a matter for the officers concerned to decide; but they are a substantial increase, especially in the case of lieutenants. The first two increments, after three and a-half years each, are at the rate of 55 rupees; and the third, after three years, at 120 rupees per mensem. But as the great majority of officers begin service in India as lieutenants, the maximum pay they can expect to draw during their first tour will be 530 rupees per mensem. While the new scales are substantial increases, more especially on those fixed for assistant surgeons forty years ago, the true comparison turns on the changed conditions of European life in India, the purchasing power of the rupee, and the rates of exchange. The rupee forty years ago was worth at least 1s. 10d., now it is barely 1s. 4d. It will be observed that the notice contains a statement as to "specialist pay," but reference to "brevets," "accelerated promotion," would, we presume, carry in India the superior pay of the rank to which advanced. The rates of charge pay seem somewhat curiously calculated; they ascend by increments of 60 rupees; but while hospitals of 50 or 100 beds carry charge pay at the rate of about 19 annas a bed, those of 200 beds are valued at about 14 annas, and of 300 or over at about 12 annas a bed per mensem.

THE DELHI DURBAR.

CONCESSIONS TO THE ARMY.

(REUTERS'S SPECIAL SERVICE.)

DELHI, Dec. 31, 1902.

In consequence of the new moon being visible to-night, and the Mohammedan festival of Id commencing to-morrow, to meet the wishes of the Mohammedan Rulers the Durbar ceremonies will begin at half-past twelve to-morrow instead of at noon.

In connection with the Coronation honours the following favours and concessions to the different branches of the Indian Army are announced. The officers of the Indian Staff Corps will henceforth be known as officers of the Indian Army, and six native officers are to be annually appointed for duty as Orderly Officers with the King-Emperor. The establishment of thirty appointments in the Order of British India for the Imperial Service troops has been sanctioned. A small money grant is also to be made to all British and Native corps. The sentences of certain classes of Military offenders are to be remitted, and instructions have also been issued for the release of sixteen thousand one hundred and eighty-eight prisoners now in civil gaols for various civil or criminal offences.

JAN. 3. 1903.

At the last meeting of the Royal Army Medical Corps Fund it was resolved that a brass memorial tablet should be erected to the memory of the late Surgeon-General J. B. Hamilton, in recognition of his efforts to promote the interests of the Corps.

STANDARD. 7 JAN. 1903.

The Gazette of last night contains the following:—
"India Office, January 5, 1903. Edward, R. and J.
Whereas it has been represented to His Majesty that it is
expedient to discontinue the use of the designation
"Indian Staff Corps"; it is His Majesty's pleasure that
the said designation shall be abolished with effect

THE R.A.M.C. FUND.

A Statement of its Origin and Present Position,

For the information of Officers of the
Royal Army Medical Corps on the
Active List, and on Retired Pay, in-
cluding Officers of the Army Medical
Staff, and those who retired before the
present designation of the Corps was
fixed.

Printed by

H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

K1432, H. H. ... 1903

- * Gained the 1st Montefiore Prize of 50 guineas and medal.
- † Gained the 2nd Montefiore Prize.
- ‡ Gained the Martin Memorial Prize.
- § Gained the Maclean Prize for Clinical and Ward Work.
- || Honourable mention in Surgery.
- || Honourable mention in Medicine.

After presenting the prizes, Sir William Hooper said it was particularly gratifying to him to have the honour of presenting the prizes; for in July last, when Lord Roberts, the Commander-in-Chief, very kindly made the distribution, it was feared that there would be no subsequent distributions at Netley. It was even thought that the War Office might close the school, in which such excellent work had been done under Parkes, Longmore, Maclean, Aitken, De Chaumont, Boyce-Smith, and more recently under Colonels Cayley, Nott, and Bruce, MacLeod, Stevenson, and Professor Wright. A long list of men of both services had received most valuable instruction at Netley. It was a matter for general regret that Professor Wright had severed his connexion with the school. Professor Wright was a teacher of great ability, and possessed the valuable gift of being able to impart to others his own zeal and love for science. Under his tuition many members of both services had qualified for the valuable work which they had since been able to accomplish. He was sure, too, that they all felt thankful that Colonel Stevenson's transfer to the Medical Staff College would not entail a loss to the successful candidates for the Indian Medical Service, for he would in-

struct both the junior and senior classes at the College, so that his valuable teaching and the influence he had so long and beneficially exercised at Netley would still be available for the good of both services. They were, moreover, very fortunate in having with them Professor MacLeod, who was a tower of strength to the school, to which he gave the benefit of his great teaching ability and long experience. They had, indeed, much to be thankful for, and especially that the Advisory Board for Army Medical Services had undertaken the supervision of the course of instruction carried out at Netley, and they might hope that the school would remain available for lieutenants of the Indian Medical Services until a similar course could be provided elsewhere. They who had a knowledge of the school could bear testimony to the great value of the laboratory course which they had undergone in hygiene and pathology now given at the Medical Staff College in London under the direction of the Advisory Board as an important part of the War Office reorganization scheme. Those interested in the medical service considered it essential that the men who would proceed from Netley straight to service in India should have the benefit of clinical instruction under skilled guidance in the great Netley Hospital directly after the laboratory course, whilst methods and processes were fresh in the mind; for greater facilities and more clinical material in tropical diseases were available at Netley than elsewhere in the United Kingdom. He considered that the young lieutenants were to be congratulated in that they had enjoyed the benefit of the instruction given at Netley after the London course, and had enjoyed the most valuable training ever given to a batch of men leaving Netley. Some of them, he was glad to know, availed themselves of the great privilege provided by the Secretary of State for India in Council under the revised regulations for entrance to the service, and after they had obtained their places in the Army List would be seconded whilst they held house appointments at hospitals. Those who took up hospital work after the completion of their training would the better reap the advantages to be gained from hospital experience, whilst the hospitals and eventually the Government service would benefit by their ripe knowledge. Professor MacLeod has presented a most gratifying report on the work of the class during the course now ended, and he heartily congratulated both the professors and the class upon the report. He reminded the lieutenants on probation that they had entered a grand service, with great traditions, and made famous by many celebrated members. He commended to their perusal a most interesting account by Surgeon-General W. B. Beaton of the Indian Medical Service Past and Present, first published in the *Asiatic Quarterly Review* for October, 1902. It was given to few to leave footprints on the paths of science, but some of them were doubtless qualified to do so, and all of them would, he was confident, strive honourably as earnest workers to maintain the high character of the service which they had entered. In whatever sphere they might be called upon to use their energies they would find their brother officers in India a hard-working body of men, some of them employed in positions of great responsibility, and all of them fully occupied. When he entered the service in 1859 there survived a tradition of an old-time doctor known as "Dr. Dado"—a Hindustani word for "give." The old doctor was supposed to believe solely in the virtues of a pill of great potency—his own composition—and when he went the round of his hospital he was attended by an orderly armed with a large box of these pills. After hearing the complaint of every patient, to each one, whatever might be his ailment, he directed his orderly to "dado." Even if any foundation existed for this story the doctor of the "dado" order has long been as extinct as the dodo. One of the great advantages of the Indian Medical Service was that a man could obtain employment in the particular branch for which he was best fitted. A great additional inducement was now offered to highly-trained men to enter the service, for under the advice of the late Surgeon-General Harvey, Director-General, the Government of India was organizing a research department, in which some of their predecessors in that excellent school, who worked there under Professor Wright, were now engaged. India presented an immense field for investigation into the great problems of tropical disease; and the opportunities for their solution might be given to some of them, while zealous and industrious officers would find full scope for their energies in every branch of medicine and surgery, as well as sanitary work, and in teaching institutions throughout India. To the kind and sympathetic doctor the sick natives of India would flock in their hundreds, and great would be their opportunities to relieve suffering, reap experience, and earn their unlimited gratitude. All who were interested in the Indian Medical Service would feel thankful that that most excellent school still survived. His own interest in it had increased with his knowledge of its advantages and potentialities for valuable instruction to officers who would serve in the tropics, and he inherited his interest in the school from his distinguished predecessor in office, Sir Joseph Fayrer, who had always been a staunch supporter of Netley, and to whom it was an open secret they owed it that the school was not years ago swept away under a misdirected demand for economy. He wished them all possible success in the noble profession which they had adopted, and whatever might be the measure of that success, they would each and all have the great privilege of mitigating something of the great sum of human suffering. Surgeon-General Townsend read a sympathetic letter of apology from Sir Joseph Fayrer, thanked Sir William Hooper for his excellent address, and wished the young officers every success in their future career.

THE ARMY MEDICAL SCHOOL AND THE MEDICAL STAFF COLLEGE.

THE report of another prize distribution at Netley will probably excite some surprise. The distribution by Earl Roberts in July last was declared to be the closing ceremony of the Army Medical School, Netley; and so it was, for the Medical Staff College, which has taken its place, has held its first session in the laboratories of the Royal Colleges on the Thames Embankment, which has been temporarily hired for that purpose. The course of instruction carried out in these premises during the months of September and October included the subjects of hospital administration, military hygiene, and pathology, the latter two including laboratory work. Practical instruction was also given in the examination of recruits. Work which

Colonel Charles Wyndham Murray.
 William Henry Power, Esq., Principal Medical
 Officer to the Local Government Board.
 John Struthers, Esq., Principal Assistant Secretary,
 Scottish Education Department.
 Arthur Theodore Turing, Esq., Parliamentary
 Counsel.
 John White, Esq., Education Department.
 Percy Woods, Esq., late Treasury.

DEC. 20, 1902.

The Army Medical School and Professor Wright.—On Monday Mr. Goulding asked the Secretary of State for War whether Professor Wright was resigning his appointment in the Army Medical School in consequence of the refusal of the authorities to allow him to pursue his investigations in connection with typhoid inoculation at a London hospital. Mr. Secretary Brodrick answered that it was considered that as the duties of the post to which Professor Wright had been appointed at St. Mary's Hospital would seriously interfere with those in the Medical Staff College, he should not be allowed to hold this appointment at the hospital. Professor Wright preferred to retain the latter, and had accordingly resigned his appointment in the Medical Staff College.

THE STANDARD, WEDNESDAY,

DECEMBER 24, 1902. THE ROYAL ARMY MEDICAL CORPS.

The Secretary of State for India has approved of an increase of the pay of officers of the Royal Army Medical Corps serving in India. This increase in the pay of the Royal Army Medical Corps in India is in the same ratio as the recent increase in the pay of officers of that Corps serving at home. The rates will be as follows:—Lieutenant, Rs.430 per mensem; Captain, Rs.475 per mensem; over seven years' service, Rs.530 per mensem; over ten years' service, Rs.650 per mensem.

Charge allowance:—Hospital of 300 beds, Rs.240 per mensem; hospital of 200 beds, Rs.180 per mensem; hospital of 100 beds, Rs.120 per mensem; hospital of 50 beds, Rs.60 per mensem.

Specialist pay at the rate of Rs.60 per mensem has also been sanctioned.

DEC. 27, 1902.

PAY OF R.A.M.C. OFFICERS IN INDIA.

AN official statement setting out the new rates of pay approved by the Government of India for officers of the Royal Army Medical Corps serving in that country is published at page 1975. It will be observed that the new scales of pay proper apply exclusively to junior officers of the Corps, who hitherto have been the worst paid relatively; but the new charge allowance for hospitals will, of course, chiefly benefit the seniors holding such charges. The increments of increase at seven and ten years for captains are in accordance with similar periods of increase in the home pay, according to the Royal Warrant of March 25th last. This is the first time since 1863 that a medical Royal Warrant has thus been financially recognized in India. We will not hastily conclude that these new rates will be regarded as sufficient, for that must be a matter for the officers concerned to decide; but they are a substantial increase, especially in the case of lieutenants. The first two increments, after three and a-half years each, are at the rate of 55 rupees; and the third, after three years, at 120 rupees per mensem. But as the great majority of officers begin service in India as lieutenants, the maximum pay they can expect to draw during their first tour will be 530 rupees per mensem. While the new scales are substantial increases, more especially on those fixed for assistant surgeons forty years ago, the true comparison turns on the changed conditions of European life in India, the purchasing power of the rupee, and the rates of exchange. The rupee forty years ago was worth at least 1s. 10d., now it is barely 1s. 4d. It will be observed that the notice contains a statement as to "specialist pay," but reference to "brevets," "accelerated promotion," would, we presume, carry in India the superior pay of the rank to which advanced. The rates of charge pay seem somewhat curiously calculated; they ascend by increments of 60 rupees; but while hospitals of 50 or 100 beds carry charge pay at the rate of about 19 annas a bed, those of 200 beds are valued at about 14 annas, and of 300 or over at about 12 annas a bed per mensem.

THE DELHI DURBAR.

CONCESSIONS TO THE ARMY.

(REUTERS'S SPECIAL SERVICE.)

DELHI, Dec. 31, 1902.

In consequence of the new moon being visible to-night, and the Mohammedan festival of Id commencing to-morrow, to meet the wishes of the Mohammedan Rulers the Durbar ceremonies will begin at half-past twelve to-morrow instead of at noon.

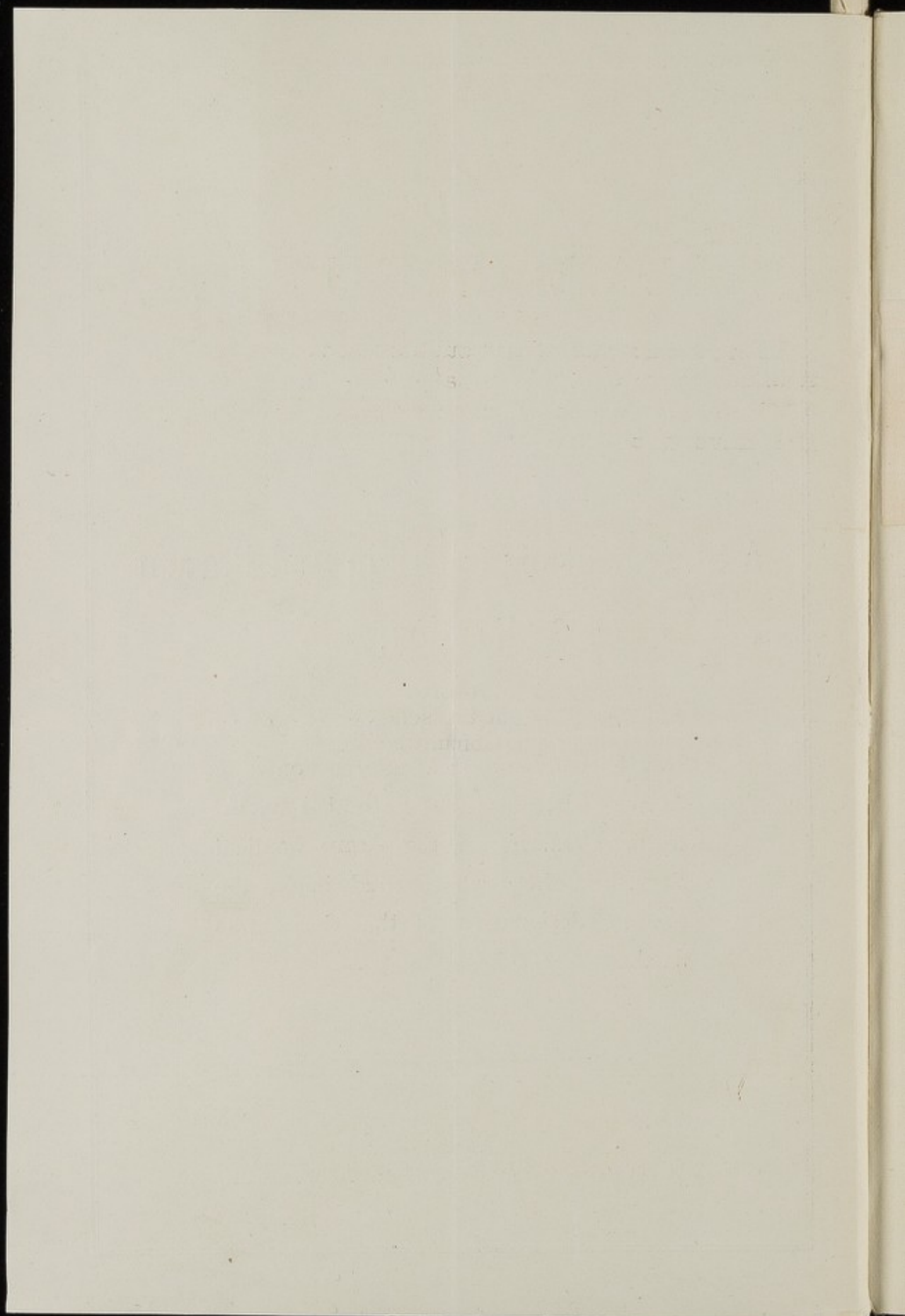
In connection with the Coronation honours the following favours and concessions to the different branches of the Indian Army are announced. The officers of the Indian Staff Corps will henceforth be known as officers of the Indian Army, and six native officers are to be annually appointed for duty as Orderly Officers with the King-Emperor. The establishment of thirty appointments in the Order of British India for the Imperial Service troops has been sanctioned. A small money grant is also to be made to all British and Native corps. The sentences of certain classes of Military offenders are to be remitted, and instructions have also been issued for the release of sixteen thousand one hundred and eighty-eight prisoners now in civil gaols for various civil or criminal offences.

THE
R.A.M.C. FUND.

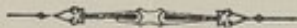
A Statement of its Origin and Present
Position,

For the information of Officers of the Royal Army Medical Corps on the Active List, and on Retired Pay, including Officers of the Army Medical Staff, and those who retired before the present designation of the Corps was fixed.

Printed by
H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.



The R.E.M.C. Fund.



ON the 7th March, 1902, the present Director-General
A.M.S. Sir William Taylor, K.C.B., K.H.P.,

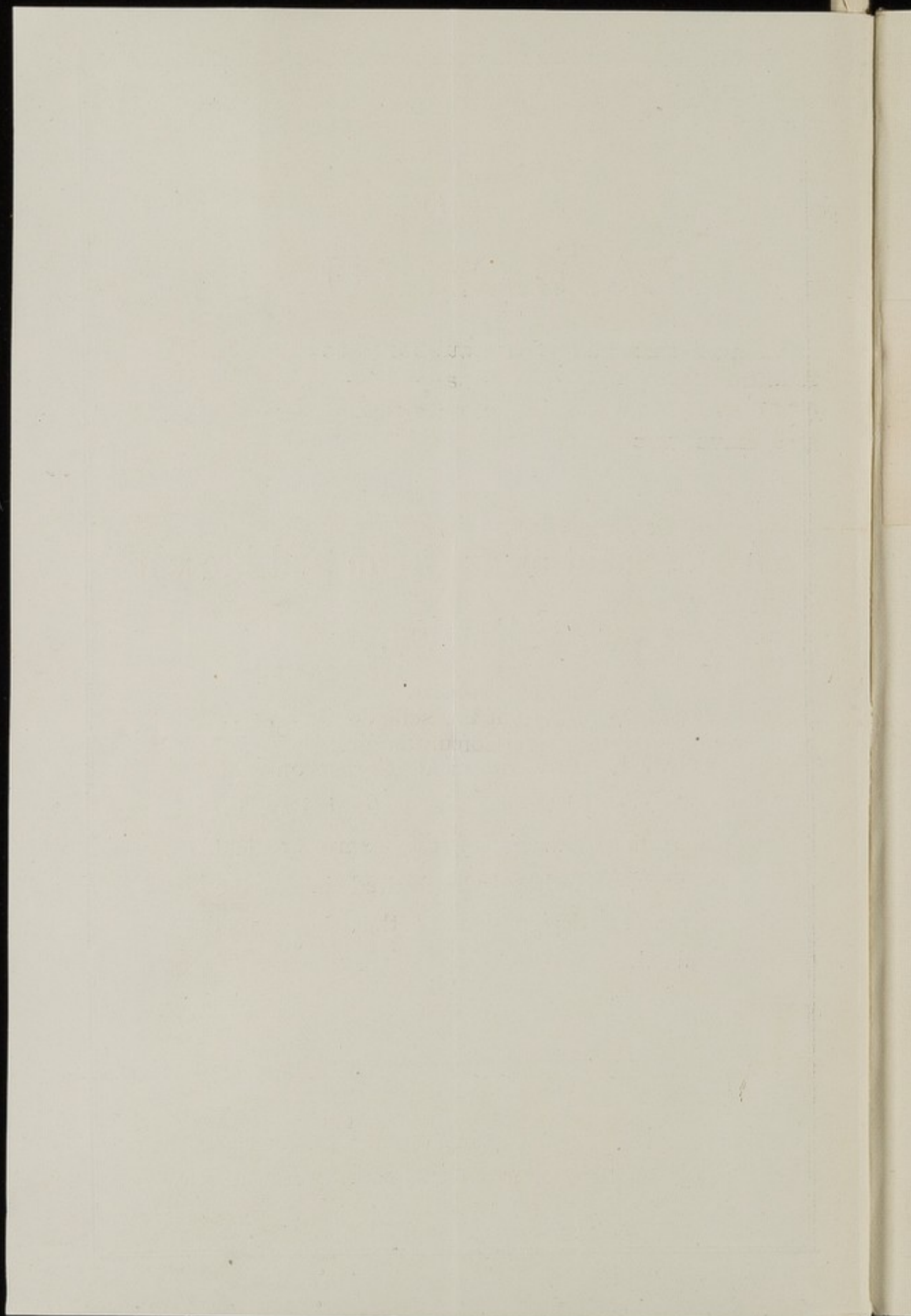
If you have already subscribed,
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yet have seen it.

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senting the deeds which won V.C.s for officers, a
Historical Record of the Army Medical Services, and
special memorials of officers who have been distinguished
during their career in the Service. In asking the
opinion of each individual officer on the subject, Sir
William Taylor pointed out that he considered a small
annual subscription, if supported by the whole Corps,
would suffice to carry out the scheme in time, and that
a large and influential Committee of officers would be
necessary to decide questions as to the carrying out of
the objects of the Fund.

The replies received to this circular showed a
strong desire on the part of the Corps to support the
wishes of the Director-General, and suggestions were
made in these replies that the fund should not be con-
fined to memorials for officers, but should embrace other
objects, such as the Band, a Mess Fund, and the Annual
Dinner; that the proposed Historical Record should
include the Warrant Officers, N.C.O.'s and Men of the
Corps, &c.

Sir William Taylor then appointed a Provisional
Committee to consider the whole question in connection
with the wishes expressed by those who had replied to
his circular, to prepare a scheme for working the Fund,
to initiate the working, and to nominate a permanent
Committee, the filling up of retirements from which



If you have already subscribed,
please pass this on to any
officer you know of who may not
yet have seen it.

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1871

The R.E.M.C. Fund.

ON the 7th March, 1902, the present Director-General A.M.S., Sir William Taylor, K.C.B., K.H.P., issued a circular to the Corps (including in this term Officers on Retired Pay as well as those now serving) in order to ascertain the feeling with regard to a Fund for Perpetuating the Memory of Distinguished Officers of the Corps. In this circular it was suggested that this might be carried out by a Memorial to be placed in the Head-quarter's Mess, or elsewhere; the Memorial to take any form, such as paintings representing the deeds which won V.C.s for officers, a Historical Record of the Army Medical Services, and special memorials of officers who have been distinguished during their career in the Service. In asking the opinion of each individual officer on the subject, Sir William Taylor pointed out that he considered a small annual subscription, if supported by the whole Corps, would suffice to carry out the scheme in time, and that a large and influential Committee of officers would be necessary to decide questions as to the carrying out of the objects of the Fund.

The replies received to this circular showed a strong desire on the part of the Corps to support the wishes of the Director-General, and suggestions were made in these replies that the fund should not be confined to memorials for officers, but should embrace other objects, such as the Band, a Mess Fund, and the Annual Dinner; that the proposed Historical Record should include the Warrant Officers, N.C.O.'s and Men of the Corps, &c.

Sir William Taylor then appointed a Provisional Committee to consider the whole question in connection with the wishes expressed by those who had replied to his circular, to prepare a scheme for working the Fund, to initiate the working, and to nominate a permanent Committee, the filling up of retirements from which

should be on a plan that will be automatic, thus obviating frequent reference to subscribers.

The following was the constitution of this Committee :—

Four Retired Officers...	{	Surg.-Gen. SIR JAS. HANBURY, K.C.B.
		" J. B. C. READE, C.B., K.H.S.
		" W. SKEY MUIR, C.B.
		Lieut.-Col. J. F. BEATTIE.

THE DEPUTY DIRECTOR-GENERAL (Surg.-Gen. Keogh, C.B.)

THE P.M.O. 1ST ARMY CORPS (Col. Notter).

" NETLEY (Surg.-Gen. Townsend, C.B., C.M.G.)

" HOME DISTRICT (Col. Gubbins).

THE O.C., R.A.M.C., ALDERSHOT (Lieut.-Col. H. E. R. James).

THE PROFESSOR OF HYGIENE (Major Firth).

The Director-General being the Chairman.

First

Meeting.

On the 25th July, 1902, the above Committee met, and, after discussing the various proposals, as mentioned above, the following resolutions were passed :—

1. That a Permanent Fund should be established.
2. That the names of Distinguished Non-Commissioned Officers and Men of the Corps should be included in the Scheme for Memorials.
3. That a Consolidated Fund should be established to include the Memorial Fund, the Annual Dinner Fund, and the Band Fund; but in the case of retired officers, they shall have the privilege of saying to which of the funds their subscriptions shall go.
4. That a General Meeting should be held on the day of the Annual Dinner, to which a statement of the proceedings of the Committee during the past year should be presented, and at which free discussion of all matters bearing on the Fund should be invited; while those unable to attend the Annual Meeting should be empowered to express their views by proxy should they wish to do so.
5. That the Committee may also, whenever it thinks fit, refer any point to the subscribers.
6. That a statement of the proceedings of each meeting of the Committee be published in the proposed Journal for Army Medical Services.
7. That it should be referred to subscribers on the Active List whether their subscription to the Consolidated Fund should be fixed at one day's pay of rank, or £1 per annum.
8. That the amount of subscription of Officers on the Retired List be left to their own discretion (see resolution 3).
9. That the official Army Agents for the Army Medical Services, Messrs. Holt & Co., be appointed Bankers to the Fund.
10. That the subscribers be invited to give the necessary order to their bankers to make an annual payment from 1st January next to the Fund at the rate to be fixed in accordance with the views of the majority of subscribers when expressed in reply to this circular.

11. That the nomination of a Permanent Representative Committee be postponed until the next meeting, which will be held after replies have been received to resolutions 7 and 8.

And on the proposal of the Chairman :—

12. That Major B. M. Skinner, R.A.M.C., be appointed Honorary Secretary to the Fund Committee.

On the 31st July, 1902, Sir William Taylor circulated the above proceedings to the Corps, together with the following observations :—

"With reference to the above, as the Fund will now include the Annual Dinner Fund, which is in the hands of Lieut.-Col. E. M. Wilson, C.M.G., D.S.O., whose advice as my Staff Officer will be invaluable in dealing with questions arising on resolution 2, I have added his name to that of the above Committee.

"I should like all recipients of this circular to give their opinion on the following point, for the consideration of the Committee at its next Meeting, viz. :—

'A designation for the Fund which will be comprehensive.'

"With reference to resolution 8, an order to Bankers will be attached to this circular, which should be completed and returned to the Secretary to the Committee, as indicated on the form.

"With reference to Resolution 7, it must be understood that the sum of 5s. paid by many members of the Service to the Band and to the Dinner is included in the proposed subscription of officers on the Active List. Whether the amount of the annual subscription will be a day's pay or £1 will be decided by the replies recorded on the voting form (attached hereto) for Officers on the Active List received up to the date of the next meeting of the Committee, and will be notified to the Army Agents. A form of general order is also attached for Officers on the Active List which should be completed and returned to the Honorary Secretary as noted on the form.

"For the information of all I may add that I have received the names of 476 officers up to the present who have promised to support the fund, which I have every reason to believe to be one which will prove of the greatest value to the Corps, and also one which will grow in size as its utility impresses itself on those who will see the formation of an Historical Record and a series of Memorials constituting records of the deeds of members who have passed, as well as those of the present, and of those who will follow."

The distribution of voting and of subscription forms was at once proceeded with. The collection of replies was a matter of time, owing, as all members of the Service are aware, to the difficulty of reaching officers scattered all over the globe, especially at a time when the termination of the war in South Africa necessitated a re-distribution of *personnel*.

It became necessary before the end of the year to decide on the amount of the subscription, the designation of the Fund, the permanent constitution of the Committee, as well as other points; consequently a second meeting of the Committee was summoned for the 16th December, 1902, and took place on that date. The proceedings of that meeting have been circulated to subscribers, but are here reproduced for the information of those who have not seen them.

*Second
Meeting.*

SECOND MEETING OF THE COMMITTEE,

Held at 68 Victoria Street, S.W., on Tuesday, Dec. 16th, 1902, at 5 p.m.

Present :

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General, A.M.S. (Chairman).	
Surg.-Gen. J. B. C. Reade, C.B., K.H.S.	} Representing Retired Officers.
" H. Skey Muir, C.B.	
Lieut.-Col. J. F. Beattie.	
Surg.-Gen. E. Townsend, C.B., C.M.G.	
" W. H. McNamara, C.B., C.M.G.	
Col. W. L. Gubbins, M.V.O.	
" (temporary) H. E. R. James.	
Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.	
Major R. H. Firth.	

MINUTES.

1. The resolutions passed at the first meeting were confirmed.
2. A permanent Committee was then elected, it being borne in mind that the process of filling the places of those retiring should be automatic, the Director-General, A.M.S., being the Chairman. With regard to Retired Officers it was agreed that the representatives named above should retain their seats; and that when vacancies occur they should be filled up on the vote of Retired Officers who subscribe to the Fund.

Surg.-Gen. Sir James Hanbury, K.C.B., having resigned his seat on the Committee, as the state of his health necessitates his being in the South of England or abroad, it becomes necessary to proceed to the election of a Retired Officer in his place.

As regards officers on the Active-List, it was agreed that the holders for the time being of the following appointments shall be *ex-officio* members of the Committee :

The Deputy Director-General (Vice-Chairman).
 The Deputy Assistant Director-General (A.M.D. 4).
 The P.M.O., 1st Army Corps.
 The P.M.O., Home District.
 The Commandant, Medical Staff College.
 The Professor of Hygiene, Medical Staff College.
 The Quartermaster, Medical Store Depot, Woolwich, and
 One Junior Captain, R.A.M.C., not necessarily a member of their
 Mess, to be elected by the Officers of the R.A.M.C. Mess at
 Aldershot.

3. The question of a concise name for the fund was then gone into. Forty-three designations had been proposed by subscribers, many of a lengthy character. The title R.A.M.C. Fund, however, gained the largest number of supporters, 9. The title A.M.S. Fund had the next largest number, 5.

Of the remaining designations, 17 began with R.A.M.C., with 31 supporters, and 17 with A.M.S., or A.M. with 30 supporters.

It was resolved that the Fund be called the Royal Army Medical Corps Fund.

4. The votes of subscribers were then taken in order to fix the amount of the annual subscription of Officers on the Active List. Out of a total of 339 votes, 195 were for £1 per annum, and 144 for one day's pay of rank.

The question of a reduction of subscription for Lieutenants was next considered, and was negatived on the votes received from officers of that rank.

It was consequently resolved that the subscription to the R.A.M.C. Fund for Officers on the Active List should be £1 per annum.

5. The accounts of expenditure up to date were then examined, passed and signed by the Chairman.

The cash receipts had been £1 6s. od.

The total expenditure was £9 14s. 2d., including an honorarium of £2 to two clerks who have carried out the work of the fund.

Lieut.-Col. Skinner was authorised to draw the balance due to him of £8 8s. 2d., as soon as funds were available at the Bankers.

Lieut.-Col. Skinner was further authorised to operate on the account for such expenses as may be necessary.

6. A proposal made by Major Macpherson that this fund should take over the existing "Benevolent Fund" was negatived. It was considered that such an undertaking involved too great a responsibility, even if it were practicable to interfere with Trusts involved.

A proposal by Colonel Exham that a fund should be started to meet cases of distress among widows and children of deceased officers was negatived, it being felt that the R.A.M.C. Fund was not yet in a position to undertake such large financial matters as were involved in this and the preceding proposal.

7. A proposal by Colonel J. McNamara that the R.A.M.C. Fund should take up the question of a Compassionate Fund for W.O's., N.C.O's and Men of the Corps, and their wives and families, on or off the strength, was agreed to in principle by the Committee; the following Sub-Committee was consequently appointed to fully consider and report to the Committee upon the subject, dealing in the report with such funds relating to the subject as already exist :

Surgeon-General H. Skey Muir, C.B.

The P.M.O., 1st. Army Corps.

The Commandant, Medical Staff College.

Lieut-Colonel Beattie.

Deputy Assistant Director-General (A.M.D.4.).

8. The above Sub-Committee was also requested to draw up a report containing a scheme for the due administration of each of the objects embraced by the fund, having regard to the existing conditions of certain

Funds ; and to the fact that Retired Officers have in many cases limited their subscriptions to certain objects.

The President of the Band Fund, and the Secretary of the Dinner are Members of this Committee.

It was suggested as a theme for discussion that these two funds should continue to be administered as at present. With regard to the Dinner Fund, it appears probable that if 5/- a head from Active List subscribers is allotted, there will be a larger accession of money to the Dinner Fund than is necessary for its maintenance, and it may be practicable and advantageous to lessen this allocation in favour of benevolent or compassionate objects. A report on this subject might be asked for from the Dinner Committee.

Until the Committee has decided these matters, Messrs. Holt & Co., should be requested to leave the subscriptions of Active List Officers in a General Fund.

9. In recognition of his efforts directed towards the interests of the Corps, it was resolved that a brass Memorial Tablet be erected to the memory of the late Surgeon-General J. B. Hamilton, at a cost not exceeding £20.

The Hon. Secretary was requested to write to Mrs. Hamilton informing her of this resolution, and asking what locality she would select for the reception of the Memorial.

Since this second meeting additional subscription forms have been steadily received by each mail. At the date of the meeting there were only 339 subscribers on the Active List, but on the 31st December the number had increased to 414 besides 63 on the Retired Pay List.

At the present date there are 442 subscribers on the Active List and 64 on the Retired.

It will thus be seen that there is every prospect of the Fund, now called the R.A.M.C. Fund, becoming an important factor in furthering the original design of the Director-General, and so fostering the *esprit de corps* of members, while adding to the dignity of the R.A.M.C., at the same time that it will prove of benefit to the rank and file. For it is evident that the fund will become a comprehensive one, and the Director-General is strongly of opinion that no more money should be devoted to the Annual Dinner than is absolutely necessary to prevent its falling through as a Corps institution, thus allowing a larger share of the fund being devoted to matters of lasting value to the Corps ; and in expressing this opinion he believes that he is expressing the wishes of his officers.

B. SKINNER,

68 VICTORIA STREET, S.W.

Lieut.-Col. R.A.M.C.

Jan. 7, 1903.

Hon. Secretary.

R.A.M.C. FUND.

A.

GENERAL ORDER. (*Officers on the Active List*).

To MESSRS.

On the 1st January, 1903, and annually until I instruct you in writing to the contrary, be so good as to pay Messrs. HOLT & Co., of 3, Whitehall Place, London, *the sum of One Pound*, as my subscription to the Royal Army Medical Corps Fund.

This order cancels all previous instructions to pay subscriptions to the Dinner Fund and Band Fund, Royal Army Medical Corps

(Officer's Signature).....

Rank).....

STAMP.

(Address).....

(Date).....190

This Form on completion to be returned to Lt.-Col. B. M. Skinner, R.A.M.C., 68, Victoria Street, S.W., who will transmit it to the Bankers named, after recording the subscriber's name.

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ASTOR LENOX TILDEN FOUNDATION

500 FIFTH AVENUE NEW YORK CITY

To Messrs

[Faint, mostly illegible text follows, appearing to be a list or index of names and titles.]

R.A.M.C. FUND.

R.

GENERAL ORDER. *(Retired Officers.)*

To Messrs.

On the 1st January, 1903, and annually until I instruct you in writing to the contrary, be so good as to pay to Messrs HOLT & Co., of 3, Whitehall Place, London, or Bearer, the undermentioned sums as my subscriptions to the Funds detailed below respectively.

£ : : to the General Fund.

£ : : * „ R.A.M.C. Dinner Fund.

£ : : * „ R.A.M.C. Band Fund.

Total £ : : (Amount in {
(words. }

This order cancels all previous orders to pay subscriptions to the R.A.M.C. Band and Dinner Funds.

(Officer's Signature)

(Rank)

(Address)

(Date) 190

This form on completion to be returned to Lt.-Col. B. M. Skinner, R.A.M.C., 68, Victoria Street, S.W. for record before transmission to Bankers.

* If you should wish to leave the allocation to the Committee, please cancel these headings and enter only the total for the General Fund, when your subscription will be treated in the same way as those of Officers on the Active List.

1840

1903.

JAN. 3, 1903.

At the last meeting of the Royal Army Medical Corps Fund it was resolved that a brass memorial tablet should be erected to the memory of the late Surgeon-General J. B. Hamilton, in recognition of his efforts to promote the interests of the Corps.

STANDARD. 7 JAN. 1903.

The Gazette of last night contains the following—
"India Office, January 5, 1903. Edward, R. and I. Whereas it has been represented to Us that it is expedient to discontinue the use of the designation 'Indian Staff Corps'; it is Our will and pleasure that the said designation shall be abolished with effect from the 1st January, 1903, and that the Officers of the 'Indian Staff Corps' shall thereafter be designated 'Officers of the Indian Army.' This change of designation will in no way affect the conditions of service of the said Officers or of the remaining Officers of the Cavalry and Infantry of the Indian Army who did not join the Staff Corps. Given at Our Court at Saint James's, this fifteenth day of December, one thousand nine hundred and two, and in the second year of Our reign.—By His Majesty's Command, GEORGE HAMILTON."

JAN. 17 1903

PRIZE DAY AT NETLEY.

THE presentation of prizes to the lieutenants on probation of the Indian Medical Service who were successful at the Netley examination took place at the Royal Victoria Hospital, Netley, on Saturday, January 10th. Surgeon-General Sir William Hooper, K.C.S.I., attended to make the presentation, and there were also present Surgeon-General E. Townshead, C.B., C.M.G.; Colonel Cayley, C.M.G.; Colonel MacLeod, Colonel Stevenson, C.B.; Professor Wright; Lieutenant-Colonels Dick, Sylvester, Johnston, Treherne, and Chester; Miss Cole, Superintendent of the nursing staff, and others. Colonel MacLeod read a report of the session showing that twenty-nine lieutenants on probation who had during the months of September and October undergone a course of instruction in hospital administration, military hygiene, pathology, and recruiting in the Medical Staff College, London; joined on November 8th for two months' further instruction at Netley. A programme of studies was submitted to the Director-General Army Medical Department and approved. Special orders were issued by the Director-General: (1) That all matters of discipline should be dealt with by the principal medical officer; (2) that the principal medical officer should be associated with the professors in arranging details of instruction; (3) that the officers in charge of divisions should afford every facility and assistance to the professors in carrying out clinical instruction; (4) that the pathological laboratory being organized and equipped for hospital purposes should be available for clinical and pathological work by the lieutenants on probation; and (5) that Colonels Stevenson and MacLeod be appointed Consulting Surgeon and Physician to the Hospital during their term of service as Professors of Military Surgery and Medicine at Netley. The work of the session comprised: (1) Drill (company and ambulance), 5 hours weekly; (2) military surgery, 15 lectures; (3) optical instruction, 10 lectures; (4) x rays, 10 lectures, and practical demonstrations on Saturdays; (5) military medicine, 14 lectures; (6) clinical medicine, 7 lectures, and systematic clinical instruction on five days weekly in the wards; and (7) lunacy, 6 lectures. The lieutenants on probation were placed in responsible charge of medical and surgical wards, one month each, under the supervision of officers of divisions, and had the use of the testing room, pathological laboratory, library, and museum. They also took their time of orderly duty, had quarters assigned to them, and were members of the officers' mess. Their work and behaviour gave satisfaction.

Examinations in surgery and medicine were held on January 5th and 6th, with the results shown in the following list:

List of Lieutenants on Probation of the Indian Medical Service who were successful at the Netley Examination. The prizes are awarded for marks gained in the special subjects taught at Netley.

January 5th, 1903.

	Marks.		Marks.
*Mackie, F. P. ...	1,435	Salgo, R. D. ...	1,677
*Fridham, A. T. ...	1,464	Mehra, H. M. H. ...	1,683
*VLEARY, J. ...	1,441	Brown, H. M. ...	1,683
*Young, J. C. M. ...	1,450	Brown, H. C. ...	1,677
Laudie, A. K. ...	1,474	Collinson, W. J. ...	1,691
*Christophers, S. R. ...	1,407	Parkington, A. F. ...	1,691
Hobbs, C. L. ...	1,459	Nesfield, V. E. ...	1,691
Easton, P. G. ...	1,485	Jendry, W. W. ...	1,691
Murray, J. H. ...	1,486	Rogers, F. C. ...	1,691
Emile Smith, H. ...	1,477	Baker, M. ...	1,691
Jolly, G. A. ...	1,474	Bullock, C. E. ...	1,691
Vieira, F. P. ...	1,459	Hingston, C. A. F. ...	1,691
*Talbot, R. F. C. ...	1,459	Humphreys, G. F. ...	1,691
Denton, H. R. ...	1,455	Lunham, J. L. ...	1,691
Kiddle, H. H. ...	1,455		

- * Gained the 1st Montefiore Prize of 50 guineas and medal.
- * Gained the 2nd Montefiore Prize.
- * Gained the Martin Memorial Prize.
- * Gained the Maclean Prize for Clinical and Ward Work.
- * Honourable mention in Surgery.
- * Honourable mention in Medicine.

After presenting the prizes, Sir William Hooper said it was particularly gratifying to him to have the honour of presenting the prizes; for in July last, when Lord Roberts, the Commander-in-Chief, very kindly made the distribution, it was feared that there would be no subsequent distributions at Netley. It was even thought that the War Office might close the school, in which such excellent work had been done under Parkes, Longmore, Maclean, Aitken, De Chaumont, Boyce-Smith, and more recently under Colonels Cayley, Nottter, and Bruce, MacLeod, Stevenson, and Professor Wright. A long list of men of both services had received most valuable instruction at Netley. It was a matter for general regret that Professor Wright had severed his connexion with the school. Professor Wright was a teacher of great ability, and possessed the valuable gift of being able to impart to others his own zeal and love for science. Under his tuition many members of both services had qualified for the valuable work which they had since been able to accomplish. He was sure, too, that they all felt thankful that Colonel Stevenson's transfer to the Medical Staff College would not entail a loss to the successful candidates for the Indian Medical Service, for he would in-

struct both the junior and senior classes at the College, so that his valuable teaching and the influence he had so long and beneficially exercised at Netley would still be available for the good of both services. They were, moreover, very fortunate in having with them Professor MacLeod, who was a tower of strength to the school, to which he gave the benefit of his great teaching ability and long experience. They had, indeed, much to be thankful for, and especially that the Advisory Board for Army Medical Services had undertaken the supervision of the course of instruction carried out at Netley, and they might hope that the school would remain available for lieutenants of the Indian Medical Service until a similar course could be provided elsewhere. They who had a knowledge of the school could bear testimony to the great value of the laboratory course which they had undergone in hygiene and pathology now given at the Medical Staff College in London under the direction of the Advisory Board as an important part of the War Office reorganization scheme. Those interested in the medical service considered it essential that the men who would proceed from Netley straight to service in India should have the benefit of clinical instruction under skilled guidance in the great Netley Hospital directly after the laboratory course, whilst methods and processes were fresh in the mind; for greater facilities and more clinical material in tropical diseases were available at Netley than elsewhere in the United Kingdom. He considered that the young lieutenants were to be congratulated in that they had enjoyed the benefit of the instruction given at Netley after the London course, and had enjoyed the most valuable training ever given to a batch of men leaving Netley. Some of them, he was glad to know, availed themselves of the great privilege provided by the Secretary of State for India in Council under the revised regulations for entrance to the service, and after they had obtained their places in the Army List would be seconded whilst they held house appointments at hospitals. Those who took up hospital work after the completion of their training would better reap the advantages to be gained from hospital experience, whilst the hospitals and eventually the Government service would benefit by their riper knowledge. Professor MacLeod has presented a most gratifying report on the work of the class during the course now ended, and he heartily congratulated both the professors and the class upon the report. He reminded the lieutenants on probation that they had entered a grand service, with great traditions, and made famous by many celebrated members. He commended to their perusal a most interesting account by Surgeon-General W. B. Beaton of the Indian Medical Service Past and Present, first published in the *Asiatic Quarterly Review* for October, 1902. It was given to few to leave footprints on the paths of science, but some of them were doubtless qualified to do so, and all of them would, he was confident, strive honourably as earnest workers to maintain the high character of the service which they had entered. In whatever sphere they might be called upon to use their energies they would find their brother officers in India a hard-working body of men, some of them employed in positions of great responsibility, and all of them fully occupied. When he entered the service in 1899 there survived a tradition of an old-time doctor known as "Dr. Dado"—a Hindustani word for "give." The old doctor was supposed to believe solely in the virtues of a pill of great potency—his own composition—and when he went the round of his hospital he was attended by an orderly armed with a large box of these pills. After hearing the complaint of every patient, to each one, whatever might be his ailment, he directed his orderly to "dado." Even if any foundation existed for this story the doctor of the "dado" order has long been as extinct as the dodo. One of the great advantages of the Indian Medical Service was that a man could obtain employment in the particular branch for which he was best fitted. A great additional inducement was now offered to highly-trained men to enter the service, for under the advice of the late Surgeon-General Harvey, Director-General, the Government of India was organizing a research department, in which some of their predecessors in that excellent school, who worked there under Professor Wright, were now engaged. India presented an immense field for investigation into the great problems of tropical disease; and the opportunities for their solution might be given to some of them, while zealous and industrious officers would find full scope for their energies in every branch of medicine and surgery, as well as sanitary work, and in teaching institutions throughout India. To the kind and sympathetic doctor the sick natives of India would look in their hundred and great would be their opportunities to relieve suffering, reap experience, and earn their unlimited gratitude. All who were interested in the Indian Medical Service would feel thankful that that most excellent school still survived. His own interest in it had increased with his knowledge of its advantages and potentialities for valuable instruction to officers who would serve in the tropics, and he inherited his interest in the school from his distinguished predecessor in office, Sir Joseph Fayrer, who had always been a staunch supporter of Netley, and to whom it was an open secret they owed it that the school was not years ago swept away under a misdirected demand for economy. He wished them all possible success in the noble profession which they had adopted, and whatever might be the measure of that success, they would each and all have the great privilege of mitigating something of the great sum of human suffering. Surgeon-General Townshead read a sympathetic letter of apology from Sir Joseph Fayrer, thanked Sir William Hooper for his excellent address, and wished the young officers every success in their future career.

THE ARMY MEDICAL SCHOOL AND THE MEDICAL STAFF COLLEGE.

THE report of another prize distribution at Netley will probably excite some surprise. The distribution by Earl Roberts in July last was declared to be the closing ceremony of the Army Medical School, Netley; and so it was, for the Medical Staff College, which has taken its place, has held its first session in the laboratories of the Royal College on the Thames Embankment, which has been temporarily hired for that purpose. The course of instruction carried out in these premises during the months of September and October included the subjects of hospital administration, military hygiene, and pathology, the latter two including laboratory work. Practical instruction was also given in the examination of recruits. Work which

used to be spread over four months was compressed into two. Several important subjects which used to be taught at Netley were omitted from this course, and the practical initiation into the methods of management of military hospitals and generally into the life and work of a medical officer in the army had still to be undergone. For these purposes no suitable arrangements existed, or could be provided in or near London. Accordingly the officers belonging to the Royal Army Medical Corps were sent to Aldershot at the conclusion of the London course in order to obtain instruction and training in the more practical and technical parts of their business as army surgeons, while those belonging to the Indian Medical Service proceeded to Netley, where arrangements and means still existed for giving instruction in military surgery, tropical diseases, skiagraphy, and lunacy, and inculcating the habits and ways of military medical life and service. Hospital arrangements and customs in the native army of India are simpler than in the British army, but they necessarily follow similar lines, and as time goes on these lines will converge. On service there is often an interchange of duties between the two medical establishments, and any Indian medical officer may have to serve in or supervise the hospitals of British troops. For these reasons the association of officers of the Royal Army Medical Corps and Indian Medical Service in instruction and in hospital work at the commencement of their careers is sound and useful, while the sense of fellowship and community thus engendered is calculated to produce excellent results in India, where they will often be associated in life and work. When the new military hospital and its adjuncts have been built and equipped in London—and the sooner the better—these salutary arrangements will be more thoroughly accomplished. Meantime, it has been wisely determined to hold by the present means and opportunities of teaching and training still available at Netley until similar or better have been established elsewhere.

Standard 30. Jan. 1903.

Orders have been issued that all young officers of the Royal Army Medical Corps are to undergo a course of instruction in regulations of the weeks' duration, which is to include instruction in the fitting of saddlery and draught harness. Certificates of proficiency will be issued.

JAN. 31. 1903.

ROYAL NAVY MEDICAL SERVICE.

TITLES AND PROMOTION.
The publication of Lord Selborne's scheme for regulating the mode of admission to the various branches of the navy, and determining the titles which shall be borne by the officers, has naturally raised the question of executive titles for officers of the Royal Navy Medical Service. So far as our information goes we have no reason to think that the majority of officers of that service desire executive titles. That some do so our columns have afforded evidence, but we believe them to be in a decided minority.

The slow advance in relative rank which entails disadvantages with regard to precedence and cabin accommodation is felt to be a serious disability, and we are glad to know that the question of accelerated promotion is under consideration, and that it is not improbable that an announcement on the subject may be made at an early date.

We believe it to be very improbable that executive titles will be given to medical officers, at any rate at present. Lord Selborne's scheme, which will eventually give engineer officers executive titles—lieutenant (E), commander (E), etc.—will only begin to come into operation next July, and it must be some years before any officers of the engineering branch can qualify for these titles. On April 1st, however, the existing officers of this branch will receive compound titles—engineer-lieutenant, engineer-commander, etc. It is possible that this principle may be extended to the medical branch, and that officers belonging to it will receive the compound titles—surgeon-lieutenant, surgeon-commander.

THE STANDARD,

LONDON, THURSDAY, FEBRUARY 5.
THE WAR COMMISSION.

The Royal Commission on the War yesterday met at St. Stephen's House, Westminster. The following official account of the proceedings was issued last evening:—

Evidence was given by Sir Frederick Treves, Bart., K.C.V.O., who served with Sir Redvers Buller's Army in Natal down to the relief of Ladysmith. The witness expressed his views as to the over-organisation of the Army Medical Service at the date of the War, and the need of decentralisation, and giving to the individual officer more freedom of action and emancipation from merely clerical work. Sir Frederick gave evidence as to the inadequacy or unsuitability of much of the stores, instruments, and ambulances at the date of the War, and as to the training of medical officers, and as to Military hospitals generally. He also gave explanations as to the recent action of the Medical Advisory Board at the War Office, and the steps which have been taken since the War, or are now in contemplation, to reform the defects of the Army Medical Service.

FEB. 7. 1903.

THE MEDICAL STAFF COLLEGE.

As will be seen by a formal announcement elsewhere in this issue another step has been taken in the organization of the Medical Staff College by the appointment of a panel of clinical teachers. It will be remembered that captains before presenting themselves for the examination for promotion are required to pass through a course of six months' special instruction for the purpose of clinical instruction. The present class is divided into two subclasses of thirteen members each; one subclass will attend for clinical instruction in medicine under Dr. Sharkey at St. Thomas's Hospital, and the other subclass under Dr. Hale White at Guy's Hospital. In the same way one subclass will attend for clinical instruction in surgery under Mr. Pearce Gould at the Middlesex Hospital, and the other subclass under Mr. Stanley Boyd at Charing Cross Hospital. In these two subjects attendance will be made three times a week. In addition each captain is required to choose a special subject and will attend the instruction of the appointed teacher on that subject. On other days and at other hours the members of the class will attend the other hospitals on the list of associated hospitals for post-graduate teaching. The courses will not be special for the officers, but the clinical teachers will in some measure supervise their attendance. In addition the class will attend lectures by the professor of military surgery at the Examination Hall on the Embankment. This course lasts for three months. There is also a two months' laboratory course given by the professors of the Medical Staff College in the laboratories at the Examination Hall; the sixth month of the course will be devoted to recapitulation and examination.

MEDICAL STAFF COLLEGE.

The Secretary of State for War has approved of the appointments of the following physicians and surgeons as clinical teachers to the Medical Staff College:

Medicine.—Dr. Sharkey, St. Thomas's Hospital; Dr. Hale White, Guy's.
Surgery.—Mr. Pearce Gould, Middlesex; Mr. Stanley Boyd, Charing Cross.
Dental Surgery.—Mr. Haddock, Guy's.
Dermatology.—Dr. Colcott Fox, Westminster.
Laryngology.—Mr. Steward, Guy's.
Midwifery and Gynaecology.—Dr. Dakin, St. George's.
Ophthalmology.—Mr. Treacher Collins, Royal London Ophthalmic.
Otolaryngology.—Mr. Cheate, King's College.
Pediatrics.—Dr. Garrod, Hospital for Sick Children, Great Ormond Street.
Psychological Medicine.—Dr. Craig, Bethlehem Royal Hospital.
Major W. R. LUSHMAN, M.R., Royal Army Medical Corps, to be Professor of Pathology, vice A. E. Wright, M.D., who has resigned the appointment, February 1st.

THE STANDARD, FRIDAY,

FEBRUARY 13, 1903.

THE ROYAL ARMY MEDICAL CORPS.

We have received the following from the War Office:—

A comprehensive scheme of reorganisation aiming at a differentiation of the duties of non-commissioned officers and men of the Royal Army Medical Corps has been under consideration at the War Office.

It has been decided to recommend that the non-commissioned officers and men of the Corps should be divided into four distinct sections.

1. Nursing Section.
2. Cooking Section.
3. Clerical Section.
4. General Duty Section.

Special attention has been paid to the training of men for the nursing section, who will in future be employed in nursing duties only. A very complete scheme for nursing instruction is being drawn up, and every effort is being made to develop this section.

Her Majesty has signified her wish that the most proficient and best-conducted male nurses should be admitted to her Nursing Service, and a scheme for carrying out this object, including extra remuneration to such selected non-commissioned officers and men, and the granting of a special badge to denote the distinction that has been conferred upon them, is under consideration.

To the General Duty Section will be allotted those duties in hospitals only indirectly connected with the care of the sick.

Advancement to a higher grade of orderly and promotion (except to a limited extent in the clerical and cooking sections) can only be obtained through the Nursing Section.

Revised rates of pay are under consideration with the view of making the Nursing Section the most important and attractive.

It is believed that the employment of specially-selected men in nursing only, with adequate remuneration, will attract to the Corps the best class of men, while the admirable courses of instruction, for which officers commanding hospitals and matrons are responsible, should enable men to qualify themselves for posts in civil life on retirement.

January, 1903.

Royal Warrant - Officers' Chargers.

Amendments made in the Regulations for the Allowances of Our Army:-

1. Substitute for para. 606 to 636:-

Supply of chargers.

606. Two chargers will be supplied at the public expense to each officer (except quarter-masters) serving in a regiment of Cavalry of the Line, or in the Royal Horse Artillery, and one charger to every other mounted officer of the Army (including quarter-masters), except those serving with the Staff, the Educational Establishments, the Household Cavalry, the Army Medical Service, or the Departments of the Army, provided that the officer is not already in possession of a charger or of a troop horse. When the chargers cease to be serviceable for military purposes, they may be replaced at the public expense.

Riding-masters and quarter-masters of the Household Cavalry will be provided with troop horses.

607. The chargers will be supplied for military purposes only. If, however, an officer wishes to use a charger for general purposes, he may do so on payment of 10*l.* annually, and after he has made six such payments no further charge will be made for the use of that particular charger. The 10*l.* will be paid in advance, but in special cases where an officer, owing to circumstances beyond his control, has the use of the charger for a period of less than 6 months, a refund of 5*l.* may be made with the sanction of the General Officer Commanding the Division or District.

608. A mounted officer not entitled to be supplied with a charger at the public expense will be allowed the use for military and general purposes of a charger under the conditions laid down in para. 607.

609. Commanding officers will be held responsible that the chargers are maintained in proper condition, and that an officer does not use a charger for general purposes, unless he has paid the sum required by para. 607. They will also be responsible that a charger, whether used for general purposes or for military purposes only, is returned to the Remount Department as soon as the officer using it ceases to be entitled to a charger.

610. When a charger becomes unserviceable for military purposes, a board of officers will be assembled to determine whether there has been negligence on the part of the officer using it, and to what extent he shall be held pecuniarily liable. An officer using a charger, under the conditions laid down in para. 607, will not be entitled to exchange it on the ground that it is no longer serviceable for general purposes, without a board of officers certifying that it has not become so through unfair treatment or neglect.

611. Applications for the provision and exchange of chargers will be forwarded to the War Office on Army Form B 226.

612. Heads of departments and commanding officers will notify the necessary particulars, at home to the station paymaster, abroad to the district paymaster, who will recover and credit to the public the sums due under paras. 607 and 608. They will also inform the paymaster of the return of chargers to the Remount Department.

613. Paymasters will support the credit in their accounts by a statement showing the name of the officer, date of supply, and period covered by the credit. Care will be taken that the credits are secured regularly as they fall due, and in the event of the officer changing stations, the paymaster of the new station will be supplied with the information necessary to enable him to continue the recoveries.

* Issued as a Special A.O., dated 22nd December, 1902.

Instructions, &c. - Officers' Quarters and Messes at Home Stations - Furnishing at Public Expense.

1. In future, at home stations, the quarters of unmarried regimental officers (other than commanding officers, riding masters, and quarter-masters) and all officers' messes will be furnished at the public expense.

2. The quarters of all such officers who are not at the date of this order in possession of furniture will be furnished as soon as possible. Any other such officers who desire to come under the new scheme will be allowed to do so as soon as arrangements can be made. Application should be made at once.

3. All officers' messes will be furnished with public furniture, crockery, glass, and utensils as soon as possible. Arrangements are being made for the valuation of any existing mess furniture that officers may desire to sell to the War Department. Articles so purchased will become public property and will remain for the use of messes at the station, being replaced, as they become unserviceable, by War Department patterns.

4. New schedules have been sanctioned for furnishing officers' quarters and messes under this order, and are published as an appendix.

5. Payments for this furniture, to cover ordinary depreciation and replacement, will be made at the following rates:-

Officers' quarters 1*l.* per diem.Field officers' quarters 2*l.* ..

Officers' messes:-

Each member, including command-
ing officers and marriedofficers 1*l.* ..

These payments will be recovered by the agent. On receiving Army Form B 149, he will deduct from the pay of each officer the stoppage due for the number of days the officer has been in occupation of furnished quarters, or serving at a station where a mess furnished by the public

* Issued as a Special A.O., dated 22nd December, 1902.

is available.* In the case of an officer drawing his pay through a paymaster the deduction will be made by the paymaster, who should require a return on Army Form B 149 before making the issue of pay. The amounts so deducted will be credited to the public under "Vote 9, Appropriations in Aid, Miscellaneous Receipts."

6. It is to be clearly understood that, except for repairs or exchange, the authorized equipment is not, in any circumstances, to be removed from the quarters or messes to which it has been issued.

7. Arrangements will be made for direct delivery of bulky articles into the messes or quarters concerned. A reserve of breakable articles and utensils to facilitate early replacements should be kept in barrack expense stores, or, should space not be available there, in reserve store.

8. When the charge of messes furnished under the new system is transferred from one unit to another, an appraisal will be carried out by the officer in charge of barracks, assisted, where possible, by a competent military or civil subordinate of the Army Ordnance Department. In cases where such subordinates are not available, General Officers Commanding the Division (or District) should obtain, by local tender, if possible, the services of a competent civilian appraiser. When an officer vacates a quarter furnished by the public, the officer commanding his unit should cause the furniture to be appraised under regimental arrangements.

9. Charges for depreciation and replacements of furniture will be borne by the public when certified by the appraiser to be due to fair wear and tear. Breakages of china and glass will be made good at the public expense up to a limit of 15 per cent. per annum on the total new value of the approved scale of china and glass. Utensils will be replaced on the certificate of the commanding officer that such replacements are fairly chargeable to the public. In other cases the damage or loss will be charged to the individual or unit concerned.

10. The furniture, &c., detailed in the appendix to this order will be accounted for as barrack expense stores in the usual manner. Revised forms of account, inventories &c., are in course of preparation, and will shortly be issued.

11. In consequence of the introduction of the system above described, the scale of mess contributions laid down in the King's Regulations will be revised. An A.O. laying down a modified scale and the date from which it will take effect will shortly be published.-A.O. 3, January 1903, II

* This information will be given by officers commanding on Army Form B 149, to which two additional columns have been added. (See page 16.)

App. to A.O. 3 of 1903.]
Insert in the "Revised Schedules of Barrack Furniture," issued with A.O. 90 of 1889:-

1A.-FIELD OFFICERS' QUARTERS.*

Articles.	No.	Remarks.
SITTING-ROOM.		
Bellows	1	Where turf or wood is issued as fuel
Boards, inventory	1	
Chairs, easy	2	
" officers' or Windsor	1	
Cupboard, bookcase	1	
Dogs, fire, officers'	1	If necessary, where turf or wood is issued as fuel.
Fenders, officers'	1	Where necessary.
Globes, gas	1	
Pokers, officers'	1	
Scuttles, coal	1	
Shovels, fire, officers'	1	
Tables, officers' rooms	1	
" writing	1	
Tongs, fire, officers'	1	

BEDROOM.		
Baths, sitz	1	
Bedsteads, single, officers'	1	
Bellows	1	Where turf or wood is issued as fuel.
Boards, inventory	1	
Bolsters, hair	1	
Bottles, water	1	
Candlesticks, officers'	2	
Chairs, arm, officers'	1	
" officers' or Windsor	1	
Chest of drawers, 3 feet 6 inches	2	
Crockery, sets of 5 pieces	1	
Dogs, fire, officers'	1	If necessary, where turf or wood is issued as fuel.
Ewers, iron	2	
Fenders, officers'	1	Where necessary.
Glasses, looking, officers'	1	
Globes, gas	1	Where necessary.
Mattresses, wire, single, officers'	1	
Mattresses, hair, single, officers'	1	
Pillows, feather	1	
Pokers, officers'	1	
Scuttles, coal	1	
Shovels, fire, officers'	1	
Stands, wash-hand, with fixed brass rail	1	
Tables, officers' rooms	1	
Tongs, fire, officers'	1	
Tumblers	1	

OFFICERS' PASSAGES.		
Lamps, passage, officers'	1	Where necessary.

*The existing schedule, Nos. 1 and 2, will continue to regulate the furnishing of the quarters of officers commanding, riding-masters, and quarter-masters.

Furnishing Officers' Quarters in the Colonies at the Public Expense.

1. The provisions of A.O. 3 of 1903 are extended to all colonial stations to meet the case of unmarried regimental officers (other than commanding officers) not in possession of private furniture for their quarters.

2. The public furniture will be supplied by the Principal Ordnance Officer on receipt of the usual formal demands, which should show the prices at which articles of local manufacture can be obtained for issue in lieu of the service patterns detailed in approved schedules.

3. Officers at colonial stations now in occupation of quarters with private furniture, or who, pending completion of the new system of furnishing, are moved to unfurnished public quarters, will not be compelled to come under the new system forthwith, but, when once allotted quarters furnished by the public, they will no longer have any option.-A.O. 92, May 1904.

1B.—OFFICERS' QUARTERS.

Baths, sitz ...	1	
Bedsteads, single officers' ...	1	
Bellows ...	1	Where turf or wood is issued as fuel.
Boards, inventory ...	1	
Bolsters, hair ...	1	
Bottles, water ...	1	
Candlesticks, officers' ...	2	
Chairs, arm, officers' ...	1	
" officers' or Windsor ...	2	
Chest of drawers, 3 feet 6 inches ...	1	
Crockery, sets of five pieces ...	1	
Dogs, fire, officers' ...	1	If necessary, where turf or wood is issued as fuel.
Ewers, iron ...	2	
Fenders, officers' ...	1	Where necessary.
Glasses, looking ...	1	
Globes, gas ...	1	Where necessary.
Mattresses, wire, single, officers' ...	1	
" hair, ...	1	
Pillows, feather ...	1	
Pokers, officers' ...	1	
Scuttles, coal ...	1	
Shovels, fire, officers' ...	1	
Stands, wash-hand, with fixed brass rail ...	1	
Tables, officers' rooms ...	1	
" writing ...	1	
Tongs, fire, officers' ...	1	
Tumblers ...	1	

OFFICERS' PASSAGES.

Lamps, passage, officers' ...	1	Where necessary.
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3A.—OFFICERS' MESS-ROOM.

Bellows ...	1	Where turf or wood is issued as fuel.
Boards, inventory ...	1	
Carpets, hair ...	1	As necessary.
Chairs, leather covered ...	1	As necessary, not to exceed 30.
Curtains ...	1	As necessary for each window.
Fenders, officers' (for each fireplace) ...	1	Where necessary.
Globes, gas ...	1	Where necessary.
Pokers, officers' (for each fireplace) ...	1	
Screens ...	1	
Scuttles, coal ...	1	
Shovels, fire, officers' ...	1	
Sideboards, mess-room, 8 ft. ...	1	
Tables, mess-room (set of) 30 feet ...	1	According to the number of dining members.
" or 15 feet ...	1	
Tables, carving ...	1	
Tongs, fire, officers' (for each fireplace) ...	1	

4A.—OFFICERS' ANTE-ROOM.

Bellows ...	1	Where turf or wood is issued as fuel.
Boards, inventory ...	1	
Carpets (Axminster) ...	1	As necessary.
Chairs, arm, leather covered ...	1	As necessary, not exceeding 4.
" easy ...	2	
" library ...	2	
" officers' or Windsor ...	2	As necessary.
Curtains ...	1	As necessary for each window.
Fenders, officers' ...	1	
Globes, gas ...	1	As necessary.
Pokers, officers' ...	1	
Scuttles, coal ...	1	
Shovels, fire, officers' ...	1	
Sofas ...	1	As necessary, not exceeding 2.
Tables, card ...	1	
" centre (octagonal) ...	1	
" officers' ...	1	As necessary, not exceeding 2.
" small, with shelf ...	1	
" writing, (5 feet by 3 feet) ...	1	
Tongs, fire, officers' ...	1	

5A.—OFFICERS' MESS KITCHEN.

The following scales of glass, china and kitchen utensils apply to messes with 30 members. For smaller messes proportionate issues will be made under the authority of the General Officer Commanding.

KITCHEN UTENSILS.		
Basins, pudding, enamelled, 3½-inch ...	2	
" " 6½ " ...	2	
" " 7 " ...	2	
Baskets, dirty plate ...	2	
" fry, wire, 8-inch ...	2	
" knife ...	1	
Bellows ...	1	Where turf or wood is used as fuel.
Blocks, chopping ...	1	Only for large messes where necessary, in lieu of board, chopping.
Boards, chopping ...	1	
" inventory ...	1	
" knife ...	1	
" paste, 30-inch ...	1	
Boxes, coal ...	1	Size to suit allowance.
" pepper ...	1	
" salt, oak, 14-inch ...	1	
" seasoning, oval ...	1	
" spice ...	1	
Brushes, flue, wire-handled, 5-ft. 6-in. ...	1	Where kitcheners are in use.
" pastry ...	3	
" scrubbing, hand ...	1	
" sweeping, long-handled, com. ...	1	
" plate ...	1	
Cafetières, 10 cups ...	1	
" 6 cups ...	1	
Candlesticks, iron, galvanized ...	2	Where gas is not supplied.

Canisters, sugar, 9-inch ...	2	
" tea, 4-lb. ...	2	
" coffee, 4-lb. ...	2	
Cans, soup, 3-gall. ...	1	
Colanders, 10½-inch ...	1	
" 11½-inch ...	1	
Corkscrews ...	2	
Choppers, meat ...	1	
Dishes, pie, enamelled ...	2	
Dredgers, flour ...	1	
" sugar ...	1	
Fenders, soldiers' ...	2	Where necessary.
Forks, cooks' ...	2	
" roasting ...	1	
Forms, soldiers', complete 6-ft. or 4-ft. ...	1	As necessary.
Funnels, tin ...	2	
Graters, bread ...	1	
Gridirons, round bar, 12-inch ...	1	
" 16-inch ...	1	
Jacks, bottle, with fittings ...	2	
Jugs, barrel, 5-pint ...	3	
" beer ...	6	
Kettles, fish, 22-inch ...	1	
" mackerel, tin, 13-inch ...	1	
" water, 10-quart ...	1	
" 4-quart ...	1	
Knives, cooks' ...	1	sets
" mincing ...	1	
" oyster ...	1	
Machines, knife ...	1	
" weighing, 28-lb., with weights, complete ...	1	
Mills, coffee ...	1	
Mincers ...	1	
Mops, with handles, complete ...	1	
Mortars, 12-inch ...	3	
Moulds, jelly, copper, 1-pint ...	3	
" border ...	2	
" dariole ...	2	
Openers, champagne ...	2	
" tin ...	1	
Pails, water, 3-gallon, I.G. or wood ...	2	
Pans, bake, oblong ...	1	
" drip, with stand and ladle ...	1	
" fish, fry, 15-inch, and drainer ...	1	
" frying, tin, oval ...	3	
" galvanized, oval, 24-inch ...	1	
" "K," assorted sizes ...	6	
" omelette, 10-inch ...	2	
" 9-inch ...	2	
" patty ...	2	
" preserving ...	1	
" sauté, 11-inch ...	1	
" 9-inch ...	1	
" 8-inch ...	1	
" stew, 12-inch, and cover ...	1	
" 11 " " ...	1	
" 10 " " ...	1	
Pans, stew, 9-inch, and cover ...	1	
" 8 " " ...	2	
" 7 " " ...	2	
" 6 " " ...	2	
" 5 " " ...	3	
Pans, tart, oval ...	2	
" Yorkshire pudding ...	1	
Pestles, 4-inch ...	2	
Picks, ice ...	1	
Pins, rolling ...	1	
Pokers, soldiers' ...	1	
Pots, mustard ...	1	
" stock, 13-inch, with brass tap and moveable strainer and cover ...	1	
Pots, tea ...	1	
Pressers, vegetable ...	1	
Refrigerators ...	1	
Saws, meat ...	1	
Sieves, kitchen ...	1	pairs
Screens, 34-ft. with one shelf ...	1	
Shovels, fire, soldiers' ...	1	
Sieves, hair, 14-inch ...	2	
" wire ...	2	
Skewers ...	2	sets
Slices, egg ...	1	
" fish ...	1	
Spoons, iron ...	6	
" wooden ...	12	
Strainers, gravy ...	2	
Tables, soldiers', complete, 6 ft. or 4 ft. ...	1 or 2	Where not supplied as fixtures.
Tins, cake, round, 7 inch ...	1	
" 5-inch ...	1	
Tongs, fire, soldiers' ...	1	
Trays, wood, or tubs, iron, galvanized, coal ...	1	
Tubs, flour, 10-quart ...	1	
" wood ...	1	
Whisks, egg ...	2	

CHINA.

Basins, slop ...	6	
Bowls, salad ...	6	
" sugar ...	6	
" (tasters) ...	12	
Cups, breakfast, and saucers ...	4	
" coffee ...	4	
" tea and saucers ...	18	
Dishes, 18-inch ...	3	
" 16 " ...	4	
" 14 " ...	4	
" 12 " ...	4	
Dishes, 10-inch ...	4	
" breakfast, various ...	2	
" butter ...	6	
" vegetable, and covers ...	8	
Drainers, fish ...	2	
Jugs, cream ...	4	
" milk, large ...	6	
" small ...	1	

Plates, breakfast	4
" dinner, large	12
" " small	6
" salad	3
" soup	4
Pots, coffee, brown	12
" tea	12
Stands, menu	dozen
" teapot	2
Tureens, sauce, and stands	2
" soup	2

GLASS.

eleven o'clock, but there was no real crowding until close on two. From this time onward, however, sightseers poured in over Woolwich Common in thousands, and from the other direction by trains stopping at Well Hall. As the road which the King and Queen were to traverse lay through open country, there was room and to spare for everyone, and those who did not see all that was to be seen had only themselves to blame. Outside the station a dense throng assembled, and long before the arrival of the Royal train it was impossible to stir from one's place. The same was the case near the

The King made the following reply:—
"I thank you in Queen Alexandra's name and my own for your loyal and dutiful address. I acknowledge your sympathetic allusion to my past illness, and am thankful that, by God's blessing, I am able to visit you to-day. It affords us much satisfaction to come into your famous Borough, and especially to express by our presence our appreciation of the excellent provision made in the Herbert Hospital for our sick and wounded soldiers, an appreciation which was so deeply felt by my mother. We cordially recognise your patriotic devotion to our Throne and our country, and pray that during our reign we may see the hospitals and other charitable institutions of our country advancing in grand beneficence."

ly shower bouquet having been presented to the Queen by the Mayoress, the procession moved on through the Hospital gates.

SIDE THE HOSPITAL.

On March 22, 1900, the late Queen visited the Herbert Hospital, its wards crowded with wounded soldiers who had passed through some of the worst engagements of the late War. Yesterday there were one hundred and fifty suffering from wounds or disease who had been invalided from South Africa. During the War in South Africa, five hundred men were there, besides one thousand five hundred invalids from India and the Sudan. But for the assistance given by the R.A.M.C.—who were recalled from all other duties to take charge of the staff—and by the red officers, the work could not have been done. All were asked to serve for six months, but the term, in the end, was extended to three years. In fact, the Royal Medical Corps can only now resume its duties at the Hospital, and the ceremony which marked the occasion. The Hospital may be remembered, is named after Lord Herbert, the Secretary of State for War, who, to face the disasters in the Crimea, did so much to remedy the evils which there suffered from bad nursing, by the aid of Miss Florence Nightingale. The wards are of stone, and are in separate sections connected by corridors, and are, to an extent, round a central square, which is the parade ground.

The gates of the Hospital everything had been done to do honour to a visit. Flags draped the walls upon the parade ground. A covered walk, lined with scarlet cloth, and lined with other graceful plants led to the wards, where are to live the lady members of the Nursing Staff. The wards and the through which the King and Queen passed were gaily decorated, and though the patients were their very unhandsome, they did so with an air of smartness. Military arrangements within were most perfect. Colonel Leake, Principal Medical Officer of the District, and his Staff, but the the Royal Military Academy, by the band of the Royal Garrison Band, furnished a Guard of Honour, the point where their Majesties were to alight. Outside the Library a long table, and having in the middle a setting of flowers and were drawn up some twenty-six of the Royal Army Medical Corps, who receive the South African medal at the King. Only one or two were the others wearing the smart dark uniform with claret facings of their branch. The general public were excluded from the Hospital, their Majesties make it clear that the visit was for the nurses and the sick and wounded in the Hospital.

At the entrance to the new building at half-past three, their Majesties were greeted with a Royal Salute, the military band playing the National Anthem. They were received by Miss Sidney Broome, matron in chief and member of the Advisory Board of Queen Alexandra's Imperial Military Nursing Service, Earl Roberts, General Sir T. Kelly-Kenny, Surgeon General Sir William Taylor, Countess Roberts, Surgeon General A. Keogh, Sir Frederick Treves, Major W. G. Macpherson, Miss Monk, Miss Cave, and Viscountess Downe and the Hon. Sydney Holland, the two latter being her Majesty's nominations to the Board. The Medical Staff also received their Majesties, those including Lieut. Colonel Whitehead, in charge of the Hospital, Lieut. Colonel Lamprey, lately in charge; Major Braddell, R.A.M.C., Registrar and Secretary; Major and Brigadier Lieut. Colonel Hickson; Major Wilson, Major Gottle, Captain Cameron, Lieut. Storrs, Read, G. W. Smith, Neccombe, Clark, and Conway, Captain Thowless, and Lieutenant Hawley, Quartermaster.

Corps.

MET,

DON, S.W.,

28th May, 1903.

II.

Report of the Third Meeting of the Committee.

26th instant, it was
dove, that it should
sued early in July.

H. Firth, R.A.M.C.,

has been fixed at
u, therefore, kindly
for transmission to

the same should be
1 "Holt & Co."

2 Journal should be

A.M.C.,

Business Manager.

Printed by

H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

THE HERBERT HOSPITAL.

VISIT OF INSPECTION.

PRESENTATION OF MEDALS. THE ROUTE TO THE HOSPITAL.

Judging from the numbers of people distributed along the route from Well Hall Station to the Herbert Hospital, the inhabitants of the thickly populated district of which Woolwich is the centre celebrated the visit of their Majesties by a general holiday. Some enthusiasts, in their anxiety to obtain the best positions, gathered in the neighbourhood of the Hospital as early as

ing us with your Royal presence finds its echo in the hearts of all the loyal and dutiful inhabitants of this district.

"We rejoice at the restoration to health of your Majesty the King after your recent indisposition, and that your Majesty has not been prevented from visiting our Borough on this occasion."

"It is with heartfelt gratitude that we recall the many evidences of gracious care and solicitude for the welfare of the people of this Realm which your Majesties have given alike during your Majesties' reign, and in the years prior to your Majesties' undertaking the responsibility of the rule of the mighty Empire which it has pleased Providence to commit to your hands, and we gratefully recognise that the support which is accorded to hospital and other institutions for the relief of human suffering is to be attributed in no small degree to the patronage and aid which have ever been shown by your Majesties."

"R. S. JACKSON, Mayor,
"FRANCIS ROBINSON, Town Clerk."

1B.—OFFICERS' QUARTERS.

Baths, siza	...	...	1	
Bedsteads, single officers'	...	...	1	
Bellows	...	...	1	Where turf or wood is issued as fuel.
Boards, inventory	...	...	1	
Bolsters, hair	...	...	1	
Bottles, water	...	...	1	
Candlesticks, officers'	...	...	2	
Chairs, arm, officers'	...	...	1	
" officers' or Windsor	...	...	2	
Chest of drawers, 3 feet 6 inches	...	...	1	
Crockery, sets of five pieces	...	...	1	
Dogs, fire, officers	...	pairs	1	If necessary, where turf or wood is issued as fuel.
Ewers, iron	...	...	2	
Fenders, officers'	...	...	1	Where necessary.
Glasses, looking	...	...	1	
Globes, gas	...	...	1	Where necessary.
Mattresses, wire, single, officers'	...	...	1	
" hair,	...	...	1	
Pillows, feather	...	...	1	
Pokers, officers'	...	...	1	
Scuttles, coal	...	...	1	
Shovels, fire, officers'	...	...	1	
Stands, wash-hand, with fixed brass rail	...	...	1	
Tables, officers' rooms	...	...	1	
" writing	...	...	1	
Tongs, fire, officers'	1	
Tumblers	1	

OFFICERS' PASSAGES.

Lamps, passage, officers'	Where necessary.
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3A.—OFFICERS' MESS-ROOM.

Bellows	1	Where turf or wood is issued as fuel.
Boards, inventory	1	
Carpets, hair	...	...	...	...	As necessary.
Chairs, leather covered	...	...	...	...	As necessary, not to exceed 30.
Curtains	...	...	...	...	As necessary for each window.
Fenders, officers' (for each fireplace)	...	...	...	1	Where necessary.
Globes, gas	...	...	...	...	Where necessary.
Pokers, officers' (for each fireplace)	...	...	...	1	
Screens	...	...	...	1	
Scuttles, coal	...	...	...	1	
Shovels, fire, officers'	...	...	...	1	
Sideboards, mess-room, 3-ft.	...	...	...	1	
Tables, mess-room (set of) 30 feet or 15 feet	...	...	...	1	According to the number of dining members.
Tables, carving	...	...	...	1	
Tongs, fire, officers' (for each fireplace)	...	...	...	1	

4A.—OFFICERS' ANTE-ROOM.

Bellows	...	...	...	1	Where turf or wood is issued as fuel.
Boards, inventory	...	...	...	1	
Carpets (Axminster)	...	...	...	...	As necessary.
Chairs, arm, leather covered	...	...	...	...	As necessary, not exceeding 4.
" easy	...	...	...	...	" "
" library	...	...	...	2	
" officers', or Windsor	...	...	...	...	As necessary.
Curtains	...	...	...	...	As necessary for each window.
Fenders, officers'	...	...	...	1	
Globes, gas...	...	...	...	...	As necessary.
Pokers, officers	...	...	...	1	
Scuttles, coal	...	...	...	1	
Shovels, fire, officers'	...	...	...	1	
Sofas	...	...	...	...	As necessary, not exceeding 2.
Tables, card	...	...	...	1	" "
" centre (octagonal)	...	...	...	1	
" officers'	...	...	...	...	As necessary, not exceeding 2.
" small, with shelf	...	...	...	...	" "
" writing, (5 feet by 3 feet)	...	...	...	1	" " 4.
Tongs, fire, officers'	...	...	...	1	

5A.—OFFICERS' MESS KITCHEN.

The following scales of glass, china and kitchen utensils apply to messes with 30 members. For smaller messes proportionate issues will be made under the authority of the General Officer Commanding.

KITCHEN UTENSILS.

Bains, pudding, ennobled, 31-inch	2	
" " " 61 " "	2	
" " " 7 " "	2	
Baskets, dirty plate...	2	
" fry	2	
" fry, wire, 8-inch	1	
" knife	1	
Bellows	1	Where turf or wood is used as fuel.
Blocks, chopping	1	Only for large messes where necessary, in lieu of board chopping.
Boards, chopping	1	
" inventory	1	
" knife	1	
" paste, 30-inch	1	
Boxes, coal	1	Size to suit allowance.
" pepper	1	
" salt, oak, 14-inch	1	
" seasoning, oval	1	
" spine	1	
Brushes, flue, wire-handled, 5-ft. 6-in.	1	Where kitcheners are in use.
" pastry	3	
" scrubbing, hand	1	
" sweeping, long-handled, com-		
plate	1	
Cafetières, 10 cups	1	
" 6 cups	1	
Candlesticks, iron, galvanized	2	Where gas is not supplied.

Salisters, sugar, 2-4 lb.	...	...	2
" tea, 4-lb.	...	...	2
" coffee, 4-lb.	...	...	2
Cans, soup, 3-gall.	...	...	1
Colanders, 104-inch	...	...	1
" 114-inch	...	...	1
Corkscrews	...	...	2
Choppers, meat	...	...	1
Dishes, pie, enamelled	...	...	2
Dredgers, flour	...	...	1
" sugar	...	...	1
Fenders, soldiers'	...	...	2
Forks, cooks'	...	...	2
" tonating	...	...	1
Forms, soldiers', complete 6-ft. or 4-ft.	...	...	1
Funnels, tin	...	...	2
Graters, bread	...	...	1
Gridirons, round bar, 12-inch	...	...	1
" 16-inch	...	...	1
Jacks, bottle, with fittings	...	...	2
Jugs, barrel, 5-pint	...	...	3
" beer	...	...	6
Kettles, fish, 22-inch	...	...	1
" mackerel, tin, 13-inch	...	...	1
" water, 10-quart	...	...	1
" 4-quart	...	...	1
Knives, cooks'	...	sets	1
" mincing	...	...	1
" oyster	...	...	1
Machines, knife	...	...	1
" weighing, 28-lb., with weights, complete	...	...	1
Mills, coffee	...	...	1
Mincers	...	...	1
Mops, with handles, complete	...	...	1
Mortars, 12-inch	...	...	3
Moulds, jelly, copper, 1-pint	...	...	3
" border	...	dozen	2
" dariole	...	...	2
Openers, champagne	...	...	1
" tin	...	...	1
Pails, water, 3-gallon, I.G. or wood	...	...	2
Pans, bake, oblong	...	...	1
" drip, with stand and ladle	...	...	3
" fish, fry, 15-inch, and drainers	...	...	1
" frying, tin, oval	...	...	6
" galvanized, oval, 24-inch	...	...	2
" "K," assorted sizes	...	...	2
" omelette, 10-inch	...	...	2
" 9-inch	...	dozen	2
" patty	...	...	1
" preserving	...	...	1
" sauté, 11-inch	...	...	1
" 9-inch	...	...	1
" 8-inch	...	...	1
" stew, 12-inch, and cover	...	...	1
" 11 "	...	...	1
" 10 "	...	...	1
Pans, stew, 9-inch, and cover	...	...	2
" 8 "	...	...	2
" 7 "	...	...	2
" 6 "	...	...	2
" 5 "	...	...	3
Pans, tart, oval	...	...	2
" Yorkshire pudding	...	...	1
Pestles, 4-inch	...	...	1
Picks, ice	...	...	1
Pins, rolling	...	...	1
Pokers, soldiers'	...	...	1
Pots, mustard	...	...	1
" stock, 13-inch, with brass tap and movable strainer and cover	...	...	1
Pots, tea	...	...	1
Pressers, vegetable	...	...	1
Refrigerators	...	...	1
Saws, meat	...	...	1
Sisars, kitchen	...	pairs	1
Screens, 31-ft. with one shelf	...	...	1
Shovels, fire, soldiers'	...	...	2
Sieves, hair, 14-inch	...	...	2
" wire	...	sets	2
Skewers	...	...	1
Slices, egg	...	...	1
" fish	...	...	1
Spoons, iron	...	...	6
" wooden	...	...	12
Strainers, gravy	...	...	2
Tables, soldiers', complete, 6 ft. or 4 ft.	...	...	1 or 2
Tins, cake, round, 7 inch	...	...	1
" 5-inch	...	...	1
Tongs, fire, soldiers'	...	...	1
Trays, wood, or tubs, iron, galvanized, coal	...	...	1
Tubs, flour, 10-quart	...	...	1
" wood	...	...	1
Whisks, egg	...	...	2
CHINA.			
Basins, soap	...	...	6
Bowls, salad	...	...	6
" sugar	...	...	6
" (tasters)	...	...	12
Cups, breakfast, and saucers	...	dozen	4
" coffee	...	...	18
" egg	...	dozen	3
" tea and saucers	...	...	4
Dishes, 18-inch	...	...	4
" 16 "	...	...	4
" 14 "	...	...	4
" 12 "	...	...	4
Dishes, 10-inch	...	...	4
" breakfast, various	...	dozen	2
" butter	...	...	6
" vegetable, and covers	...	...	8
Drainers, 5-sh	...	...	2
Jugs, cream	...	dozen	4
" milk, large	...	...	6
" small	...	dozen	1

THE
R.A.M.C. FUND.

II.
Report of the Third Meeting
of the Committee.

Printed by
H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

The Third Meeting of the Committee was held at 68, Victoria Street, S.W., at 4 p.m., on Tuesday, February 17th, 1903.

Present :

SURGEON-GENERAL SIR WILLIAM TAYLOR, K.C.B., K.H.P., Director General
A.M.S. Chairman.

SURGEON-GENERAL J. B. C. READE, C.B., K.H.S.	} Representing Retired Officers.
SURGEON-GENERAL H. SKEY MUIR, C.B.	
SURGEON-GENERAL W. H. McNAMARA, C.B., C.M.G.	
COLONEL W. L. GUBBINS, M.V.O.	
LIEUT.-COLONEL E. M. WILSON, C.B., C.M.G., D.S.O.	
MAJOR R. H. FIRTH.	
CAPTAIN J. F. MARTIN (elected by Officers, R.A.M.C. Mess, Aldershot)	
CAPTAIN & QUARTER-MASTER G. MERRITT.	

MINUTES.

1. The Resolutions passed at the Second Meeting were confirmed.

2. The reply of Mrs. Hamilton on the subject of the proposed Memorial Tablet to the late Surgeon-General J. B. Hamilton was read by the Chairman. Mrs. Hamilton expressed her thanks to the R.A.M.C. Fund Committee, and while pointing out that the Church at the Royal Victoria Hospital at Netley naturally appealed to her as a suitable locality for the Tablet, she preferred to leave the decision in the hands of the Committee, expressing the wish that it be so located as to keep her husband's memory fresh among Officers of the Corps.

It was resolved that the Memorial Tablet to the late Surgeon-General J. B. Hamilton be located in the Chapel at the Royal Victoria Hospital, Netley, as a temporary measure, a final decision being come to when the proposed Medical Staff College has been erected.

3. The Report of the Sub-Committee appointed at the last Meeting to report on the Compassionate, the Dinner, and the Band Funds was considered, and after certain amendments was embodied in the following Minutes.

THE COMPASSIONATE FUND.

4. It was noted that the Compassionate Fund for N.C.O.'s and men already existing was raised for general purposes for cases of distress occurring among men, women and children of the Corps. It was also noted that there are, besides the above, several sums collected in South Africa, and intended to be devoted *solely* for the benefit of widows and orphans, and that these sums were being kept separate until the donors have decided whether they shall be kept solely for that purpose, or be absorbed into the general Fund for cases of distress.

It was resolved that the Compassionate Fund be applied :

- (a) For all cases of distress among men, women and children of the Corps on or off the strength, in small grants as required, not as pensions, except in the cases referred to above, in which the donors may express a desire for some special application of their gifts. As soon as these cases are decided the money will be utilised according to the wishes of the donors.
- (b) In subscriptions and donations to charitable institutions, hospitals, &c., so as to secure admission in suitable cases for men, women and children.
- (c) In subscriptions to obtain admission for children into charitable schools.

A Sub-Committee consisting of the P.M.O., 1st Army Corps, and Lieut-Colonel E. M. Wilson (D.A.D.G.), was then selected, with power to co-opt the existing Committee at Aldershot. The latter Committee will continue to sit at Aldershot, and decide all cases as at present, and will submit a report quarterly to the R.A.M.C. Fund Committee.

It is impossible to calculate at the present time the probable help that may be required from the R.A.M.C. Fund, but when this quarterly report is presented the Committee will be in a position to know what grant should be allotted.

THE BAND.

5. As regards the Band it was resolved that the P.M.O., 1st Army Corps, and the Member elected by the Aldershot Mess (at present Captain Martin) shall co-opt the present Band Committee at Aldershot and make a quarterly report to the R.A.M.C. Fund Committee, presenting their accounts, and asking for a grant.

THE ANNUAL DINNER.

6. As regards the R.A.M.C. Annual Dinner, the Director-General made the following observations and proposal :

"Out of 522 subscribers to the R.A.M.C. Fund who are on the Active List, one has objected to any of his subscription being taken for the Annual Dinner, one other objects to the Dinner being supported by the Corps, but would pay for guests, a few others (six) while objecting to the Dinner Subscription, consent on the ground of *esprit de Corps* to support this institution.

"Of the Officers on Retired Pay there are now 77 subscribers ; of these, 15 do not support the Dinner. In recognition of the existence of this feeling I think this Committee should not allocate the sum of 5s. to the Dinner Fund for all the subscribers, and I now propose :

"That the sum of 5s. for not more than two-thirds of the subscribers be allotted to the Dinner Fund for this year only, the subscriptions of the remaining one-third being devoted to the Compassionate Fund."

"The necessary allocation for 1904 can be made a year hence, when we shall all be better aware of the financial success of this fund ; and I know that I can rely on my officers supporting this arrangement which will maintain the Corps Dinner on a footing as satisfactory as that which it has always held, while the Compassionate Fund of the Corps which has hitherto been supported by local efforts will become more widely known and cared for."

This proposal, seconded by Colonel Gubbins, was unanimously accepted as a resolution.

The P.M.O., Home District, and Lieut.-Colonel E. M. Wilson were appointed to co-opt the present Dinner Committee, and to make an Annual Report not later than April in each year to the R.A.M.C. Fund Committee; the first Report to be presented by April next.

It was resolved that the civilian members of the Advisory Board shall continue to be Honorary Members paying the full price of the Dinner as last year.

The question of the admission of guests was then discussed, and on the proposal of Major Firth, seconded by Colonel Gubbins, it was resolved that the Annual Dinner shall be confined to Members of the Corps, and the Agent—Messrs. Holt & Co. Lieut.-Colonel Wilson was asked to inform those who had previously been invited as guests of this resolution.

7. Owing to the retirement of Surg.-Genl. Sir James Hanbury, K.C.B., from the Committee, the votes of officers on Retired Pay were taken for the election of a Retired Officer to fill his place. Out of 52 votes received, 8 were for Lt.-Col. E. Fairland; 7 for Colonel Ligertwood, and 6 for Lt.-Col. Hector, certain other officers having received from 1 to 3 votes each.

Lieut.-Colonel E. Fairland was consequently declared to be elected to the Committee.

8. The following resolutions as framed by Messrs. Holt & Co., Bankers to the Fund, were passed:

- i. Resolved that Messrs. Holt & Co., Army Agents, of 3, Whitehall Place, be, and are, hereby appointed Bankers of the Royal Army Medical Corps Fund (late the Army Medical Services' Fund for Perpetuating the Memory of Distinguished Officers, &c.).
- ii. Resolved that Messrs. Holt & Co., be, and are, hereby authorised until further orders to honor in all respects on the account the signature of the undersigned Lieut.-Colonel B. M. Skinner, as Hon. Secretary of the Fund.

B. SKINNER,

Lt.-Col. R.A.M.C.

Honorary Secretary.

February 18, 1903.

Plates, breakfast	4
" dinner, large	12
" " small	6
" salad	3
" soup	4
Pots, coffee, brown	12
" tea	12
Stands, menu	dozen
" teapot	2
Tureens, sauce, and stands	2
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GLASS.

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The Queen, having been preceded by the Mayor, the Mayoress, the provost, and the Hospital gates.

SIDE THE HOSPITAL.

On March 22, 1900, the late Queen visited the Herbert Hospital, its wards crowded with wounded soldiers who had passed through some of the worst engagements of the late War. Yesterday there were one hundred and fifty suffering from disease who had been invalided from South Africa. During the War in South Africa five hundred men were there, besides one thousand five hundred invalids from India and the Boer War. But for the assistance given by the surgeons and by Lieut. Colonel R.A.M.C.—who was recalled from the front to take charge of the staff—and by the red cross officers, the work could not have been done. All were asked to serve for six months, but the term, in the end, was extended to three years. In fact, the Royal Army Medical Corps can only now resume the duties of the Hospital, and the ceremony which marked the occasion. The Hospital may be remembered, is named after Lord Herbert, the Secretary of State for War, who, in 1854, faced the disasters of the Crimea, and did so much to remedy the evils which there suffered from bad nursing, by the aid of Miss Florence Nightingale. The wards are of stone, and are in separate blocks, connected by corridors, and are, to an extent, arranged round a central square, which is the parade ground.

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ing us with your Royal presence finds its echo in the hearts of all the loyal and dutiful inhabitants of this district.

"We rejoice at the restoration to health of your Majesty the King after your recent indisposition, and that your Majesty has not been prevented from visiting our Borough on this occasion.

"It is with heartfelt gratitude that we recall the many evidences of gracious care and solicitude for the welfare of the people of this Realm which your Majesty have given alike during your Majesty's reign, and in the years prior to your Majesty's undertaking the responsibility of the rule of the mighty Empire which it has pleased Providence to commit to your hands, and we gratefully recognise that the support which is accorded to hospital and other institutions for the relief of human suffering is to be attributed in no small degree to the patronage and aid which have ever been shown by your Majesty.

"R. S. JACKSON, Mayor.
"FRANCIS ROBERTSON, Town Clerk."

THE HERBERT HOSPITAL.

VISIT OF INSPECTION.

PRESENTATION OF MEDALS.

THE ROUTE TO THE HOSPITAL.

Judging from the numbers of people distributed along the route from Well Hall Station to the Herbert Hospital, the inhabitants of the thickly populated district of which Woolwich is the centre celebrated the visit of their Majesties by a general holiday. Some enthusiasts, in their anxiety to obtain the best positions, gathered in the neighbourhood of the Hospital as early as

The Journal

OF THE

Royal Army Medical Corps.

TO SUBSCRIBERS.

68, VICTORIA STREET,

LONDON, S.W.,

28th May, 1903.

SIR,

At a meeting of the Journal Committee held on the 26th instant, it was decided that the designation of the Journal should be as above, that it should be published monthly, and that the first number should be issued early in July.

The Journal will be edited for the present by Major R. H. Firth, R.A.M.C., Professor of Military Hygiene, Royal Army Medical College.

The subscription for the year beginning 1st July, 1903, has been fixed at £1, and it is requested that this may now be paid. Will you, therefore, kindly complete the form attached below and forward it to me for transmission to Messrs. Holt & Co. for the credit of the Journal Fund.

If more convenient to pay by cheque or postal order the same should be made payable to the Business Manager and should be crossed "Holt & Co."

Subscriptions and all correspondence connected with the Journal should be sent to the undersigned at the above address.

I am, Sir,

Yours faithfully,

T. McCULLOCH, MAJOR R.A.M.C.,

Business Manager.

This proposal, seconded by Colonel Gubbins, was unanimously accepted as a resolution.

The P.M.O., Home District, and Lieut.-Colonel E. M. Wilson were appointed to co-opt the present Dinner Committee, and to make an Annual Report not later than April in each year to the R.A.M.C. Fund Committee; the first Report to be presented by April next.

It was resolved that the civilian members of the Advisory Board shall continue to be Honorary Members paying the full price of the Dinner as last year.

The question of the admission of guests was then discussed, and on the proposal of Major Firth, seconded by Colonel Gubbins, it was resolved that the Annual Dinner shall be confined to Members of the Corps, and the Agent—Messrs. Holt & Co. Lieut.-Colonel Wilson was asked to inform those who had previously been invited as guests of this resolution.

7. Owing to the retirement of Surg.-Genl. Sir James Hanbury, K.C.B., from the Committee, the votes of officers on Retired Pay were taken for the election of a Retired Officer to fill his place. Out of 52 votes received, 8 were for Lt.-Col. E. Fairland; 7 for Colonel Ligertwood, and 6 for Lt.-Col. Hector, certain other officers having received from 1 to 3 votes each.

Lieut.-Colonel E. Fairland was consequently declared to be elected to the Committee.

8. The following resolutions as framed by Messrs. Holt & Co., Bankers to the Fund, were passed:

- i. Resolved that Messrs. Holt & Co., Army Agents, of 3, Whitehall Place, be, and are, hereby appointed Bankers of the Royal Army Medical Corps Fund (late the Army Medical Services' Fund for Perpetuating the Memory of Distinguished Officers, &c.).
- ii. Resolved that Messrs. Holt & Co., be, and are, hereby authorised until further orders to honor in all respects on the account the signature of the undersigned Lieut.-Colonel B. M. Skinner, as Hon. Secretary of the Fund.

B. SKINNER,

Lt.-Col. R.A.M.C.

Honorary Secretary.

February 18, 1903.

*Sent under
16. June 1903 -*

The Journal

OF THE

Royal Army Medical Corps.

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I am, Sir,

Yours faithfully,

T. McCULLOCH, MAJOR R.A.M.C.,

Business Manager.

The Journal

Royal Army Medical Corps

TO THE EDITOR

Dear Sir,

I have the honor

to acknowledge the receipt

of your letter of the 10th inst. in relation to the above-mentioned subject. I am sorry to hear that you are unable to attend the meeting of the Society of Army Medical Officers, but I am sure that your absence will be regretted. I am, Sir, very respectfully,
Yours faithfully,
The Editor

I am, Sir, very respectfully,
Yours faithfully,
The Editor

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Plates, breakfast ...	4
" dinner, large ...	12
" " small ...	6
" salad ...	3
" soup ...	4
Pots, coffee, brown ...	12
" tea ...	12
Stands, menu ...	dozen
" trumpet ...	2
Tureens, sauce, and stands ...	2
" soup ...	2

GLASS.	
Bottles, leather, quart ...	12
" pint ...	12
" water, and glasses ...	2
Decanters, claret ...	2
" quart ...	8
Dishes, jam ...	4
Glasses, beer ...	dozen
" champagne ...	4
" claret ...	4
" finger ...	4
" flower ...	2
" liqueur ...	4
" port ...	4
" soda-water ...	3
" sherry ...	4
Jugs, tank ...	3
Pails, ice ...	1
Plates, ice ...	dozen

WINE AND BEER CELLAR.	
Skids ...	sets
Stands for beer barrels ...	1

If necessary, number according to local requirements.

* Free issue of Regulations, &c.

Every officer will in future be entitled to receive as a free issue one copy of each of the books of Army Regulations which, under para. 653 of the King's Regulations, he is required to possess.

In the case of officers now serving no such issues will be made until the appearance of new editions, but officers commissioned after the date of this order may apply for copies of the current editions.—A.O. 4, January 1903, page 10.

* Issued as a Special A.O., dated 22nd December, 1902.

Soldiers employed as Chiropodists.

A soldier may be employed as a chiropodist at the depot of each regimental district and at the Guards' depot under the conditions laid down in A.O. 173 of 1902.

At double depots and at the Guards' depot the extra-duty pay will be at the rate of 6d. a-day for 6 days a week; at single depots at the rate of 3d. a-day for 6 days a week.—A.O. 26, February 1903.

Clothing Regulations.—Flannel Shirts.

From the 1st June, 1903, a third shirt will be supplied as part of the free kit of necessities to each soldier of the Foot Guards, Infantry of the Line, Garrison and Recruiting District Staff, Military Foot Police, Army Pay Corps, Military Prison Staff Corps, Royal Malta Artillery, and the West India Regiment, and issues to recruits will be made accordingly.

A free issue of the shirt will also be made on the above date to soldiers (other than recruits) of the above services who, on enlistment, received two shirts only, and who are not for discharge or transfer to the reserve before the 1st September next, or who have not received the additional free issue authorized by para. 123, Clothing Regulations, as amended by A.O. 214 of 1901.

Soldiers of the above services arriving from India at a home or colonial station subsequently to the 1st June, 1903, if having upwards of 3 months further to serve, will receive the third shirt on arrival unless they have already received a similar free issue in India or elsewhere.

Indents should be forwarded in time to ensure receipt of supplies by the 1st June.

The Clothing Regulations, Table XVII., and para. 123, as amended by A.O. 214 of 1901, will be corrected accordingly.—A.O. 28, February 1903.

THE STANDARD, TUESDAY,

FEBRUARY 17, 1903.

THE KING AND QUEEN AT WOOLWICH.

THE HERBERT HOSPITAL.

VISIT OF INSPECTION.

PRESENTATION OF MEDALS. THE ROUTE TO THE HOSPITAL.

Judging from the numbers of people distributed along the route from Well Hall Station to the Herbert Hospital, the inhabitants of the thickly populated district of which Woolwich is the centre celebrated the visit of their Majesties by a general holiday. Some enthusiasts, in their anxiety to obtain the best positions, gathered in the neighbourhood of the Hospital as early as

eleven o'clock, but there was no real crowding until close on two. From this time onward, however, sightseers poured in over Woolwich Common in thousands, and from the other direction by trains stopping at Well Hall. As the road which the King and Queen were to traverse lay through open country, there was room and to spare for everyone, and those who did not see all that was to be seen had only themselves to blame. Outside the station a dense throng assembled, and long before the arrival of the Royal train it was impossible to stir from one's place. The same was the case near the Hospital, only perhaps things were even worse, for in addition to the endless stream of foot passengers, many vehicles were continually driving along, bearing distinguished personages to the Hospital. The result was that the road was frequently blocked in the most hopeless manner, and the task of disentangling carriages, carts, cycles, and pedestrians was no easy one, while mounted orderlies had to pick their way at a walking pace. Troops under the command of Colonel J. C. Oughterson, Army Service Corps, lined the whole route. After the Royal Fusiliers at Well Hall came men of the Army Ordnance Corps, next the Army Service Corps, then over a thousand boys in the Naval dress from the Greenwich Royal Hospital School, who had their Colours with them, and the Cadets attached to the 3rd V.B. West Kent Regiment. After a few dismounted Cavalry details came the Royal Garrison Artillery, the Royal Field Artillery, and finally the Royal Horse Artillery. Mounted men of the last-named regiment kept the junction of the Shooter's-hill-road and the thoroughfare leading from Woolwich Common. Looking down the hill from the top of the Well Hall-road, an extremely pretty picture unfolded itself. The yellow sandstone roadway, winding in and out among the fields, was edged as far as the eye could reach with black throngs of spectators, with a thin inner fringe of varying colour provided by the uniforms of the Military, and above all, huddled what seemed to be a continuous archway of flags. Messrs. James Pain and Sons, who were responsible for the decorations, had relied upon the ordinary Venetian masks, placed at intervals, bearing strings of bannerets crosswise, and on a few simple triumphal arches. Out in the green meadows the effect was unusually pleasing, the impression of tawdriness which is so often given by a similar style of ornamentation in London streets being entirely absent. Everything looked fresh, bright, and cheerful. Three arches deserve mention. One was close to the station, and bore the inscription, "Woolwich offers your Majesties hearty welcome," and "God Bless our King and Queen"; the second was at the summit of the long slope to the Hospital, and displayed the particularly appropriate sentiments, "The sick and suffering joyfully hail thee," and "I was sick and ye visited me," and the third, just outside the building, carried the sentences, "Greenwich loyally welcomes the King and Queen," and "Long live the King and Queen." A quarter of an hour before the arrival of their Majesties it was almost impossible to move about. When at last the head of the Royal procession appeared under the railway arch, a tremendous burst of cheering went up, and both the King and Queen continually replied to the hearty salutations of the people. Further along the road the welcome was just as hearty if not quite so boisterous, and even on the higher slopes of Shooter's Hill (away on the right) handkerchiefs were vigorously waving. Outside the Hospital the cheers again grew in volume, and did not cease till the carriages drew up to allow the Mayor of Greenwich (Mr. R. S. Jackson)—who, with the Councillors of the Borough, were accommodated in a specially constructed stand—to present an Address. The proceedings were quite formal, the Address reaching the hands of his Majesty through the Home Secretary. It read as follows:—

"We humbly desire to tender our sincere welcome on the occasion of your Majesties' visit to this Borough and to the Herbert Hospital, with the assurance that, the gratification which we feel at your honouring us with your Royal presence finds its echo in the hearts of all the loyal and dutiful inhabitants of this district.

"We rejoice at the restoration to health of your Majesty the King after your recent indisposition, and that your Majesty has not been prevented from visiting our Borough on this occasion.

"It is with heartfelt gratitude that we recall the many evidences of gracious care and solicitude for the welfare of the people of this Realm which your Majesties have given alike during your Majesties' reign, and in the years prior to your Majesties' undertaking the responsibility of the rule of the mighty Empire which it has pleased Providence to commit to your hands, and we gratefully recognize that the support which is accorded to hospital and other institutions for the relief of human suffering is to be attributed in no small degree to the patronage and aid which have ever been shown by your Majesties.

"R. S. JACKSON, Mayor.

"FRANCIS ROBINSON, Town Clerk."

The King made the following reply:—

"I thank you in Queen Alexandra's name and my own for your loyal and dutiful Address. I acknowledge your sympathetic allusion to my past illness, and am thankful that, by God's blessing, I am able to visit you to-day. It affords us much satisfaction to come into your famous Borough, and especially to express by our presence our appreciation of the excellent provision made in the Herbert Hospital for our sick and wounded soldiers, an appreciation which was so deeply felt by my late beloved mother. We cordially recognise your affectionate devotion to our Throne and persons; and pray that during our reign we may ever see the hospitals and other charitable institutions of our country advancing in prosperity and beneficence."

A lovely shower bouquet having been presented to the Queen by the Mayoress, the procession drove on through the Hospital gates.

INSIDE THE HOSPITAL.

When, on March 22, 1900, the late Queen Victoria visited the Herbert Hospital, its wards were crowded with wounded soldiers who had passed through some of the worst engagements in the late War. Yesterday there were less than one hundred and fifty suffering from wounds or disease who had been invalided home from South Africa. During the War nearly ten thousand five hundred men were treated there, besides one thousand five hundred invalids from India and the Colonies. But for the assistance given by civil surgeons and by Lieut. Colonel Lamproy, R.A.M.C.—who was recalled from private life to take charge of the staff—and by other retired officers, the work could not have been carried on. All were asked to serve for only a few months, but the term, in the end, extended to three years. In fact, the Royal Army Medical Corps can only now resume command of the Hospital, and the ceremony of yesterday marked the occasion. The Hospital, it may be remembered, is named after Lord Herbert, the Secretary of State for War who had to face the disasters in the Crimea, and who did so much to remedy the evils our soldiers there suffered from bad nursing, by calling in the aid of Miss Florence Nightingale. The buildings are of stone, and are in separate blocks connected by corridors, and are, to an extent, grouped round a central square, which is called the parade ground.

Within the gates of the Hospital everything possible had been done to do honour to the Royal visit. Flags draped the walls looking upon the parade ground. A covered way, carpeted with scarlet cloth, and lined with palms and other graceful plants led to the new quarters, where are to live the lady members of the Nursing Staff. The wards and the corridors through which the King and Queen were to pass were gaily decorated, and though the patients were their very unhandsome Hospital kit, they did so with an air of smartness. The Military arrangements within were left to Colonel Leake, Principal Medical Officer of the District, and his Staff, but the Cadets of the Royal Military Academy, attended by the band of the Royal Artillery, furnished a Guard of Honour, fronting the point where their Majesties were to enter the building. Outside the Library was a space, hung with flags, and having in the centre a table with a setting of flowers and plants, where were drawn up some twenty-six men of the Royal Army Medical Corps, who were to receive the South African medal at the hands of the King. Only one or two were in khaki, the others wearing the smart dark blue uniform with claret facings of their branch of the Service. The general public were excluded from the Hospital, their Majesties desiring to make it clear that the visit was only to the nurses and the sick and wounded within the Hospital.

On alighting at the entrance to the new quarters, at half-past three, their Majesties were received with a Royal Salute, the Royal Artillery band playing the National Anthem. They were received by Miss Sidney Browne, matron in chief and member of the Advisory Board of Queen Alexandra's Imperial Military Nursing Service, Earl Roberts, General Sir T. Kelly-Kenny, Surgeon General Sir William Taylor, Countess Roberts, Surgeon General A. Keogh, Sir Frederick Treves, Major W. G. Macpherson, Miss Monk, Miss Caro, and Viscountess Downe and the Hon. Sydney Holland, the two latter being her Majesty's nominations to the Board. The Medical Staff also received their Majesties, these including Lieut. Colonel Whitehead, in charge of the Hospital, Lieut. Colonel Lamproy, lately in charge; Major Braddell, R.A.M.C., Registrar and Secretary; Major and Brevet Lieut. Colonel Hickson, Major Wilson, Major Cottle, Captain Cameron, Lieut. A. Storr, Road, G. W. Smith, Scombe, Clark, and Conway, Captain Thomless, and Lieutenant Hawley, Quartermaster.

master, and several of the civil surgeons who have been engaged at the Hospital during the past three years—Messrs. Eames, Hartigan, McMurrough, Bartlett, Corcoran, Donald, Anderson, Howells, Grey, Grimshaw, Kershaw, Thomas, Lovell, Keays, Tawse, Henchley, O'Connor, Prior, Moyle.

Their Majesties passed at once into the nurses' reception room, attended by Earl and Countess Roberts, the Home Secretary, Viscountess Downe, and the members of their suite. They were met by the principal matron, Miss Becker; Miss E. L. Jones, matron of the Hospital; Sisters Potter, Magill, Briscoe, Cheatham, Lanning, Larner, and Lyle; and Nurses Keene, Pedlar, Humphreys, Beckerdyke, Moor, Rideout, Kendal, Hughes-Hallett, Fitzgerald, Watson, and Wilson. The Queen was shown through the reconstructed nurses' home, which includes not only their former house but that of the Registrar and Secretary, who has now to find a residence outside. The rooms are comfortable and nicely furnished, and offices are provided for the matron and her assistants. The whole time of the sisters and nurses will, under the new scheme, be devoted to their duties in the wards, and they will not have to undertake tasks for which no training is necessary. Her Majesty expressed herself greatly pleased with all she saw. She also examined the new uniforms of the nurses, some changes having been recently introduced which will indicate the rank of the wearer. The principal matrons and matrons are to wear on their grey serge or alpaca dresses scarlet cuffs, with scarlet collars on their outdoor collars; sisters will wear on their grey serge or linen dresses two scarlet bands one inch wide on the cuffs, and the nurses will have no red on their sleeves. All ranks are to continue to wear the familiar scarlet shoulder cape.

The Queen had presented to her the matrons, sisters, and nurses, and gave to each the new badge of the service, which is suspended from the pretty ribbon her Majesty has hitherto limited to the ladies of her Household. It has a broad stripe of dark blue, edged on each side with narrow stripes of red, white, and red. The badge itself was in gold for the matrons, silver for the sisters, and bronze for the nurses, and was pinned on the right side. The design is the Danish Cross, bearing the letter "A" surmounted by a crown and surrounded by a circle, with the words, "Queen Alexandra's Imperial Military Nursing Service." Accompanied by the Commander-in-Chief, the Countess Roberts, Colonel Yates, Commanding at Woolwich, the Matrons and the Medical Staff, and their Suite, the King and Queen then walked across the parade-ground into the surgical wards. They were very interested in all the men who had come from South Africa, asking them about their experiences. The Queen found that several had lost teeth while in the front, and told them smilingly that the deficiency was one easily supplied. Their Majesties were also shown the operating theatre, where Sir Frederick Treves explained some of the latest appliances for surgical purposes, the King making many inquiries. On leaving the theatre the King presented to the members of the Royal Army Medical Corps, awaiting their Majesties outside the central entrance adjoining the Library—the one, by the way, used by the late Queen—the medals for South Africa. Major Braddell was the only officer, and he received both the King's and Queen's Medals.

Crossing the parade ground, where, during this visit, the horses of the Royal carriages, of the equestrian and the grooms, had been kept at exercise, the Royal party returned to the day-room of the nurses' quarters. Tea was served here, and the King and Queen were good enough to express their great satisfaction with all they had seen and with the careful provision made for those who may have to use the Hospital. It was incidentally mentioned that seven hundred beds were available, and that a special building was being provided for the necessary medical stores. So interested were their Majesties that they stayed somewhat longer than had been arranged for by the official programme. After a cordial leaving-taking of the principal members of the staff, the King and Queen stepped into their carriage, and drove away, the Cadets again giving a Royal salute, while from the windows of the wards all the sick who could manage to get there gave a hearty, if not full-voiced, cheer. The King, it may be added, looked very well, and seemed to have recovered entirely from his recent illness.

During the hour or more spent by their Majesties in the Hospital, the crowds without grew rather than lessened in number, and when at length the Royal procession reappeared there was a renewal of the enthusiasm. Both the King and Queen appeared highly gratified at the warmth of their reception. The arrangements at the station were admirably carried out, both on arrival and departure.

under the direction of Mr. W. Culver, the District Superintendent, and the Royal train started for London as soon as the King and Queen entered the saloon. Charing-cross was reached in twenty minutes, and their Majesties drove back to Buckingham Palace.

WAR OFFICE, FEB. 1903.

The King has been graciously pleased to give orders for the following promotions to the undermentioned Officers:—(a) In the Reserve of Officers, (b) on Retired Pay, (c) on the Retired List, respectively, in recognition of their services during the operations in South Africa:—

FOR SERVICE ELSEWHERE THAN SOUTH AFRICA.

RESERVE OF OFFICERS.

ARMY MEDICAL SERVICE.
Surgeon Captain W. O. Evans to be Surgeon Major.

RETIRED PAY.

ARMY MEDICAL SERVICE.
Lieutenant Colonels to be Colonels:—R. Batho, M.D., B. B. Connolly, M.D. (F.R.C.S.), C.H., F. W. J. Hodder, M.B., S. K. Ray, and W. F. Rathledge.

Quartermasters and Honorary Captains to be Honorary Majors:—H. Copping, S. Evans, P. Hewson, J. Hunt, and C. Johnson.

RETIRED LIST.

ARMY MEDICAL SERVICE.
Majors to be Lieutenant Colonels:—G. M. H. Colman, M.B., H. F. Dent, and D. Eicum (late Indian Medical Service).
Captain H. L. G. Cheverton to be Major.

RETIRED LIST.

ARMY MEDICAL SERVICE.
Maj. E. R. Da Costa (late Indian Medical Service) to be Lieutenant-Colonel, dated February 25, 1903.

EVENING EXPRESS.

WEDNESDAY, MARCH 4, 1903.

Army Reform Scheme Inspection at Aberdeen

Yesterday Surgeon-General Sir William Taylor, M.D., K.C.B., K.H.P., accompanied by Lieut.-Colonel W. Babbie, V.C., M.B., C.M.G., R.A., assistant director-general medical corps, as aide-de-camp, members of the Army Advisory Board, visited the hospital at Castlehill Barracks, Aberdeen, and made an inspection into the working of the hospital in accordance with the rules of the Army Reform Scheme. The distinguished visitors, who are at present on a tour of inspection throughout the kingdom, arrived in Aberdeen by the 1.15 p.m. train from the north, and afterwards drove to Castlehill. They put up at the Grand Hotel. Lieut.-Colonel W. Babbie, it may be recalled, won the V.C. for distinguished service at Colenso.

THURSDAY, MARCH 5, 1903.

Surgeon-General Sir William Taylor, M.D., K.C.B., K.H.P., accompanied by Lieut.-Colonel W. Babbie, V.C., M.B., C.M.G., R.A., assistant director-general of the Medical Corps, as aide-de-camp, members of the Army Advisory Board, visited King's College, Old Aberdeen, yesterday afternoon, along with Colonel Johnston, C.R., of Newton Dee. The surgeon-general was particularly impressed with the beauty of the venerable chapel and the excellence of the library. It may be mentioned that Lieut.-Colonel Babbie, who won his V.C. for gallant conduct at the battle of Colenso, visited Aberdeen in the course of last summer.

FEB. 28, 1903.

INDIAN MEDICAL SERVICE.

A competitive examination for appointment to His Majesty's Indian Medical Service will be held in London about midsummer next. The number of vacancies and the date of the commencement of the examination will be notified hereafter. Further particulars can be obtained from the Military Secretary, India Office, S.W.

THE Secretary of State for India has sanctioned the following conditions in order to place the probationers of the Indian Medical Service on the same footing as those of the Royal Army Medical Corps: (a) Their title is changed from Surgeon on probation to Lieutenant on probation; (b) their pay, exclusive of allowances, is raised to Rs. 1,500 a year; (c) their commission as Lieutenants bears the date on which their course of instruction in England commences; they will not, however, be gazetted until they pass the final examination; (d) a Lieutenant on probation who at the time of passing the examination for admission to the Indian Medical Service holds, or is about to hold, a resident appointment in a recognised civil hospital, may be seconded for a period not exceeding one year during which he holds the appointment. While seconded he will receive no pay from the Indian funds, but his service will reckon towards promotion, increase of pay, and pension.

MARCH 7, 1903.

THE PROSPECTS IN THE HIGHER RANKS OF THE ARMY MEDICAL SERVICE.

[FROM A CORRESPONDENT.]

WHAT are the prospects at present held out to the senior officers of the Army Medical Service, namely, the colonels and the surgeon-generals? What are the boons or prizes open to these officials? I think you will say very few indeed. Let us take colonels R.A.M.C., for example.

Prospects of Colonels R.A.M.C.

By an egregious War Office blunder these officers, by far the most important individual group in the R.A.M.C., are entirely excluded from the increases of pay granted to the executive medical officers R.A.M.C. by the recent warrant (1902). A colonel R.A.M.C. remains to-day the worst paid "colonel on the staff" in the army, his pay being below that of the ordinary "colonel on the staff," and very far below that of the engineer colonel on the staff, who draws at once on appoint-

ment 10s. per diem more pay than the medical colonel (Pay Warrant, par. 116).

Yet the whole hope of the future of the R.A.M.C. is in the efficiency and hardworking character of its colonels, who are the chiefs of Districts in peace, and Divisions in war, and are very responsible officers—none more so in the army.

Formerly many of the P.M.O.s of districts were notoriously easy-going. Their idleness, even in an idle army, was the joke of that army, and they made up for coming to their offices late by going away early. This is now changed. But while their responsibility and their work has changed, their pay and emoluments remain the same as in 1879, and one may see in the garrisons the grotesque condition of a junior medical officer with a good rate of hospital charge pay drawing more pay than the district P.M.O. who inspects and commands him. As a result, there is in every military district to-day a P.M.O. grumbling at his defective pay, and acting as a most effective wet blanket to all enthusiasm amongst his officers. What more injurious condition could exist in any corps than this? and their influence in deterring young medical aspirants from entering the R.A.M.C. service must be considerable.

Surgeon-Generals.

These officers draw less emoluments than the major-generals with whom they rank. I use the word "emolument" to cover all sources of official income and allowances. They are restricted from rising to lieutenant-general's rank, and have really little or no outlook, being retired at 60 years of age. Surely the Director-General A.M.S. should have the full rank of "General," and the Deputy Director-General and the Surgeon-General in India that of Lieutenant-General. We recently saw the P.M.O. of the South African army serving throughout that most trying campaign as a major-general only, while temporary or substantive rank as lieutenant-general was very freely given to the combatant major-generals, who were not doing more responsible duties for the State than the P.M.O.

Until perfect equality of careers with the combatant service is granted to the Army Medical Service it is hopeless to expect medical recruits to come in any numbers, as it is a defective and warped career.

RECOMMENDATIONS.

Already the weak points of the new warrant are being found out, notably as to India. We want therefore for the Army Medical Service reforms on the following equitable lines:

1. A Director-General, with general's rank and pay of at least £2,500, with table money added. Even this is no lavish income for so responsible a post.
2. A Deputy Director-General, with lieutenant-general's rank and £2,000 a year pay. We need also the right to claim the grant of lieutenant-general's rank for a P.M.O. when he is serving in the field in command of the medical service for any force exceeding one Army Corps, namely, 40,000 men.
3. Surgeon-Generals.—The pay and allowances of surgeon-generals is also defective. A staff allowance of 10s. a day should be added to their income, and furniture allowance as granted to combatant major-generals commanding should be allowed, as they are shut out from general command. Something needs to be done to offer high rewards to the medical service, so that it may compare better with the combatant side, with its well-paid Army Corps commands, and higher appointments.
4. In the same way an increase of the K.C.B.s. allowed to the medical service is needed. Baronetcies are now freely given to the civil profession of medicine and knighthood is freely bestowed. But the Army Medical Service is outside the shower of higher honours and the K.C.B.s. were withheld entirely from the medical officers in the recent war. Although in 1815 McGrigor was made a Baronet for his war services, no medical officer has ever yet attained the G.C.B. for medical services in peace or war.
5. The right to succeed in turn to the Governorship of Chelsea Hospital is needed and other similar appointments, and the conferring of real military rank as major-general instead of the present sham military title of surgeon-general. Thus the Director-General who now ranks as a lieutenant-general has the same title as a surgeon-general ranking as a major-general—a very invidious classification leading to mistakes. Even when appointed on the staff of the army all P.M.O.s are still not so gazetted—a lingering remains of the departmental days when the medical officers were hangers-on to the army and not in it. The change that took place in titles and status in 1898 should be followed logically by the gazeteting of P.M.O.s in the usual army way; their appointments on the staff of districts and divisions in war.
6. The right to be nominated as Governors of Colonies in due proportion with other military officers.
7. And the right to certain posts of honour about the Court and to the Corps of Gentlemen-at-Arms or Esquieres to the King.

Every vestige of differentiation between the boons granted to the combatant service and the medical service must be removed to ensure a good supply of eligible men.

Relation to the Sovereign.

It will be found absolutely essential for many reasons to approach the Sovereign and ask him to assume the position of Colonel-in-Chief of the R.A.M.C., and to appoint some twelve Colonels-Commandant R.A.M.C. as honorary appointments by which retired surgeon-generals may keep up an honorary connexion with the R.A.M.C. as is done in the Royal Artillery and the Royal Engineers. This latter boon will cost nothing, but would be appreciated by old officers who have spent their life in the service of the State in that medical service which still remains the socially neglected portion of the army.

India.

The pay of the surgeon-generals and District P.M.O.s in India needs also to be revised, being in every case below the real value of the officers' services.

Conclusion.

Whatever there may be of old-world traditions or ideas about the medical service lingering in the official military combatant mind, every trace of them must be eliminated; a "clean slate" is needed on which to inscribe a series of pay, rewards, honours, and general treatment for doctors as good as the best corps in the army receives—

Only this and nothing more.

MARCH 14, 1903

The Army Estimates.—In the course of his statement at the beginning of the debate on Vote A, Mr. Brodric referred in some detail to the Army Medical Department. The year, he said, had been a notable one in the organization of the department, and a great debt of gratitude was due to the eminent civil surgeons and medical men who had given their services and advice during the past year on the Advisory Board. The Board now assisted the Director-General, and had responsibility in selecting candidates, in examining the condition of home and foreign hospitals, and in carrying out changes in the department. The first advantage had been shown in the supply of candidates. Whereas previously a sufficient number did not apply, at the first examination under the new system there were three times as many candidates as vacancies, and the quality was very high. A medical staff college had been established in London, which would enable medical officers returning from

THE MEDICAL BRANCH OF THE COLONIAL FORCES OF SOUTH AFRICA.

We learn from the *South Africa Medical Record* that a complete change of organization has taken place in the medical branch of the Colonial Forces. Hitherto the permanent medical officers have been borne on the regimental strength of the C.M.F., and what assistance they needed has been rendered by "hospital sergeants" drawn from that regiment, some acting as orderlies in the regimental hospital, others—sometimes to the sore perturbation of the local medical practitioners—acting as medical attendants in ordinary to the detachments. Now the organization has become entirely departmental, a new corps having been formed under the title of "Cape Medical Corps." The authorized establishment is 6 officers, 1 warrant officer, 3 staff sergeants, 5 sergeants, and 20 corporals and privates. As a natural consequence the compound titles of the officers have been superseded by the ordinary military designations. At present the volunteer companies remain as before, "Cape Medical Staff Corps," with a separate organization, but of course under the administrative control of the officer commanding the Cape Medical Corps as P.M.O. We understand, however, that it is in contemplation gradually to amalgamate the two, the relationship being presumably arranged much on the same lines as that between the R.A.M.C. and the R.A.M.C. (Vol.) in the Imperial service.

EMPTY TITLES.

QUENTIN SUB LIBERTY writes: Few will agree that the retired medical officers who got promoted for service at home during the war have a grievance, because such promotion will not carry increased pension, etc. Had such substantial rewards been given the public would probably have considered them out of all proportion to the services rendered. These officers have little to complain of compared with those who served on the active list at the front throughout the war, bearing the burden and heat of the day; and, although frequently mentioned in dispatches, yet received no reward of any kind.

R.A.M.C. also writes: With regard to the principles on which medical officers were promoted for services rendered during the war—at home, I have reason to believe such selections were left in the hands of officers commanding regimental districts, who submitted the names to the general officers commanding of such officers as they considered merited special recognition; and, as the recommendations did not take place until long subsequent to peace being declared, it seems not unlikely that many of those officers called up had by then relinquished their appointments, and so their claims became overlooked or forgotten. Inasmuch as such promotions would carry the increased pay of rank in the event of the officers being again recalled to duty, the titles could hardly be considered "empty" or merely honorary. It is further to be hoped that your correspondent represents his own views only when he estimates honours conferred by the standard of their equivalent value in £ s. d.

*. Respecting these and previous communications on this matter we express no opinion as to the merits or deserts of the officers who received promotion, nor do we desire to institute a comparison between their claims and those of others, whether in the field or at home. The points that have been raised are, simply, on what principle were selections made, and do such promotions carry substantial rewards? On the first we do not think "R.A.M.C." throws much light; the selections could hardly have been made in the haphazard manner he indicates, but must, both in their initiatory and final stages, have been determined by other factors than the chance recommendations of officers commanding regimental districts; besides, all the officers so promoted did not belong to such districts. Nor were the promotions among reservists only, whether called up, or liable to recall, or not. Nor does the somewhat shadowy contingency of recall and enhanced pay meet the present financial question involved. Both correspondents assume that the promotions carry no substantial rewards, as regards pensions, etc.; and we are not aware that any of those promoted make a "grievance" of this; but the question cannot be begged, and we understand still exercises financial circles. The promotions being admittedly substantive, not honorary, do they therefore carry the substantial advantage of increased rank? If they do not, then we do not see how the titles bestowed may not be playfully designated as "empty."

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, MAY 1, 1903.

ROYAL ARMY MEDICAL CORPS.—Captain R. S. Edgar, M.B., is transferred to the Reserve of Officers under the provisions of Article 370 of the Pay Warrant.

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, MAY 5, 1903.

ROYAL ARMY MEDICAL CORPS.—The retirement of Lieut. Colonel R. C. Gunning, which was announced in the *Gazette* of Oct. 14, 1902, is cancelled. Lieutenant, on probation, R. M. Ranking is seconded under Article 349 Royal Warrant.

The Military authorities at Woolwich have received intimation that his Majesty has been pleased to approve that the Herbert Hospital at Woolwich shall in future be styled "The Royal Herbert Hospital."

Standard
11. May.
1903.

Officers of the Indian Medical Service of the rank of Surgeon. General and Colonel were for the first time included in the graduation lists in the monthly Army List of May 1903.

A War Office letter has now been issued which states that the regulations respecting the grant of commissions in the Reserve of Officers have recently been revised, and under the new conditions officers of Volunteers are ineligible for appointment to the Reserve.

May
1903

THE

R.A.M.C. FUND.

III.

Report of the Fourth Meeting of the Committee.

Printed by

H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

Regular Army or Militia who cannot produce a satisfactory reference as to his character and antecedents. If this is not forthcoming, steps are to be taken to obtain the man's character, Army Form B 64 being used for the purpose. The Recruiting Officer is to satisfy himself that the candidate is in every respect a suitable man for enlistment. (2) In the case of recruits joining the Army from the Militia the usual steps will be taken to obtain their character whilst in the Militia, Army Form B 27 being used. (3) In order that desirable men may not be lost to the Army whilst inquiry is being made as to their character, recruits may be attested, but will not be finally approved, until a satisfactory character is forthcoming.

APRIL 25, 1903.

ARMY MEDICAL STAFF.

KHAYAT.—Colonel F. W. B. Hodder, M.B., retired pay, and Major H. L. G. Cheyres, retired list, were promoted "for service in South Africa," and not as stated in the *Gazette* of February 14th, 1902.

master; and several of the civil surgeons who have been engaged at the Hospital during the past three years—Messrs. Eames, Hartigan, McMurrough, Bartlett, Corcoran, Donald, Anderson, Hopewell, Gray, Grimshaw, Ker-shaw, Thomas, Lovell, Keays, Tawse, Hinchley, O'Connor, Prior, Moyles.

Their Majesties passed at once into the nurses' reception room, attended by Earl and Countess Roberts, the Home Secretary, Viscountess Dowse, and the members of their suite. They were met by the principal matron, Miss Becher; Miss B. I. Jones, matron of the Hospital; Sisters Potter, Magill, Briscoe, Cheetham, Lanning, Lerner, and Lyle; and Nurses Keene, Pedlar, Humphreys, Bickerdyke, Moor, Rideout, Kendal, Hughes-Hallett, Fitzgerald, Watson, and Wilson. The Queen was shown through the reconstructed nurses' home, which includes not only their former house but that of the Registrar and Secretary, who has now to find a residence outside. The rooms are comfortable and nicely furnished, and offices are provided for the matron and her assistants. The whole time of the sisters and nurses will, under the new scheme, be devoted to their duties in the wards, and they will not have to undertake tasks for which no training is necessary. Her Majesty expressed herself greatly pleased with all she saw. She also examined the new uniforms of the nurses, some changes having been recently introduced which will indicate the rank of the wearer. The principal matrons and matrons are to wear on their grey serge or alpaca dresses scarlet cuffs, with scarlet collars on their outdoor coats; sisters will wear on their grey serge or linen dresses two scarlet bands one inch wide on the cuffs, and the nurses will have no red on their sleeves. All ranks are to continue to wear the familiar scarlet shoulder cape.

The Queen had presented to her the matrons, sisters, and nurses, and gave to each the new badge of the service, which is suspended from the pretty ribbon her Majesty has hitherto limited to the ladies of her household. It has a broad stripe of dark blue, edged on each side with narrow stripes of red, white, and red. The badge itself was in gold for the matrons, silver for the sisters, and bronze for the nurses, and was pinned on the right side. The design is the Danish Cross, bearing the letter "A" surmounted by a crown and surrounded by a circle, with the words, "Queen Alexandra's Imperial Military Nursing Service." Accompanied by the Commander-in-Chief, the Countess Roberts, Colonel Yates, Commanding at Woolwich, the Matrons and the Medical Staff, and their Suite, the King and Queen then walked across the parade-ground into the surgical wards. They were very interested in all the men, who had come from South Africa, asking them about their experiences. The Queen found that several had lost teeth while at the front, and told them smilingly that the deficiency was one easily supplied. Their Majesties were also shown the operating theatre, where Sir Frederick Treves explained some of the latest appliances for surgical purposes, the King making many inquiries. On leaving the theatre the King presented to the members of the Royal Army Medical Corps, awaiting their Majesties outside the central entrance adjoining the Library—the one, by the way, used by the late Queen—the medals for South Africa. Major Braddell was the only officer, and he received both the King's and Queen's Medals.

Crossing the parade ground, where, during this visit, the horses of the Royal carriages, of the equestrian and the grooms, had been kept at exercise, the Royal party returned to the day-room of the nurses' quarters. Tea was served here, and the King and Queen were good enough to express their great satisfaction with all they had seen and with the careful provision made for those who may have to use the Hospital. It was incidentally mentioned that seven hundred beds were available, and that a special building was being provided for the necessary medical stores. So interested were their Majesties that they stayed somewhat longer than had been arranged for by the official programme. After a cordial leave-taking of the principal members of the staff, the King and Queen stepped into their carriage, and drove away, the Cadets again giving a Royal salute, while from the windows of the wards all the sick who could manage to get there gave a hearty, if not full-voiced, cheer. The King, it may be added, looked very well, and seemed to have recovered entirely from his recent illness.

During the hour or more spent by their Majesties in the Hospital, the crowds without grew rather than lessened in number, and when at length the Royal procession reappeared there was a renewal of the enthusiasm. Both the King and Queen appeared highly gratified at the warmth of their reception. The arrangements at the station were admirably carried out, both on arrival and departure.

under the direction of Mr. W. Colver, the District Superintendent, and the Royal train started for London as soon as the King and Queen entered the saloon. Charing-cross was reached in twenty minutes, and their Majesties drove back to Buckingham Palace.

WAR OFFICE, FEB. 1903.
The King has been graciously pleased to give orders for the following promotions to the undermentioned Officers:—(a) In the Reserve of Officers, (b) on Retired Pay, (c) on the Retired List, respectively, in recognition of their services during the operations in South Africa:—

FOR SERVICE ELSEWHERE THAN SOUTH AFRICA.

ARMY MEDICAL SERVICE.
Surgeon Captain W. O. Evans to be Surgeon Major.

RETIERED PAY.
ARMY MEDICAL SERVICE.
Lieutenant Colonels to be Colonels:—R. Batho, M.D., B. B. Connolly, M.D. (P.R.C.S.I.), C.R., F. W. Hodder, M.B., S. K. Ray, and W. F. Rutledge.

Quartermasters and Honorary Captains to be Honorary Majors:—H. Copping, S. Evans, F. Hewson, J. Hunt, and C. Johnson.

RETIERED LIST.
ARMY MEDICAL SERVICE.
Majors to be Lieutenant Colonels:—G. M. H. Colman, M.B., H. K. Dent, and D. Elean (late Indian Medical Service).
Captain H. L. G. Chivers to be Major.

RETIERED LIST.
ARMY MEDICAL SERVICE.
Maj. E. R. Da Costa (late Indian Medical Service) to be Lieutenant Colonel, dated February 25, 1903.

EVENING EXPRESS.

WEDNESDAY, MARCH 4, 1903.

Army Reform Scheme Inspection at Aberdeen

Yesterday Surgeon-General Sir William Taylor, M.D., K.C.B., K.H.P., accompanied by Lieutenant Colonel W. Babie, V.C., M.B., C.M.G., R.A., assistant director general medical corp, as aide-de-camp, members of the Army Advisory Board, visited the hospital at Castlehill Barracks, Aberdeen, and made an inspection into the working of the hospital in accordance with the rules of the Army Reform Scheme. The distinguished visitors, who are at present on a tour of inspection throughout the kingdom, arrived in Aberdeen by the 1.15 p.m. train from the south, and afterwards drove to Castlehill. They put up at the Grand Hotel. Lieut. Colonel W. Babie, it may be recalled, won the V.C. for distinguished service at Colenso.

THURSDAY, MARCH 5, 1903.

Surgeon-General Sir William Taylor, M.D., K.C.B., K.H.P., accompanied by Lieutenant Colonel W. Babie, V.C., M.B., C.M.G., R.A., assistant director general of the Medical Corps, as aide-de-camp, members of the Army Advisory Board, visited King's College, Old Aberdeen, yesterday afternoon, along with Colonel Johnston, C.B., of Newton Dee. The surgeon-general was particularly impressed with the beauty of the venerable chapel and the excellence of the library. It may be mentioned that Lieutenant Colonel Babie, who won his V.C. for gallant conduct at the battle of Colenso, visited Aberdeen in the course of last summer.

FEB. 28, 1903.

INDIAN MEDICAL SERVICE.
A COMPETITIVE EXAMINATION for appointment to His Majesty's Indian Medical Service will be held in London about midsummer next. The number of vacancies and the date of the commencement of the examination will be notified hereafter. Further particulars can be obtained from the Military Secretary, India Office, S.W.

THE Secretary of State for India has sanctioned the following conditions in order to place the probationers of the Indian Medical Service on the same footing as those of the Royal Army Medical Corps: (a) Their title is changed from Surgeon on probation to Lieutenant on probation; (b) Their pay, exclusive of allowances, is raised to 14s. a day; (c) their commission in England commences; they will not, however, be gazetted until they pass the final examination; (d) a Lieutenant on probation who at the time of passing the examination for admission to the Indian Medical Service is or is about to hold a resident appointment in a recognized civil hospital, may be seconded for a period not exceeding one year during which he holds the appointment. While seconded he will receive no pay from the Indian funds, but his service will reckon towards promotion, increase of pay, and pension.

MARCH 7, 1903.
THE PROSPECTS IN THE HIGHER RANKS OF THE ARMY MEDICAL SERVICE.

[FROM A CORRESPONDENT.]

WHAT are the prospects at present held out to the senior officers of the Army Medical Service, namely, the colonels and the surgeon-generals? What are the boons or prizes open to these officials? I think you will say very few indeed. Let us take colonels R.A.M.C., for example.

Prospects of Colonels R.A.M.C.

By an egregious War Office blunder these officers, by far the most important individual group in the R.A.M.C., are entirely excluded from the increases of pay granted to the executive medical officers R.A.M.C. by the recent warrant (1902). A colonel R.A.M.C. remains to-day the worst paid "colonel on the staff" in the army, his pay being below that of the ordinary "colonel on the staff," and very far below that of the engineer colonel on the staff, who draws at once on appoint-

ment 10s. per diem more pay than the medical colonel (Pay Warrant, par. 116).

Yet the whole hope of the future of the R.A.M.C. is in the efficiency and hardworking character of its colonels, who are the chiefs of Districts in peace, and Divisions in war, and are very responsible officers—none more so in the army.

Formerly many of the P.M.O.'s of districts were notoriously easy-going. Their idleness, even in an idle army, was the joke of that army, and they made up for coming to their offices late by going away early. This is now changed. But while their responsibility and their work has changed, their pay and emoluments remain the same as in 1879, and one may see in the garrisons the grotesque condition of a junior medical officer with a good rate of hospital charge pay drawing more pay than the district P.M.O. who inspects and commands him. As a result, there is in every military district to-day a P.M.O. grumbling at his defective pay, and acting as a most effective wet blanket to all enthusiasm amongst his officers. What more injurious condition could exist in any corps than this? and their influence in deterring young medical aspirants from entering the R.A.M.C. service must be considerable.

Surgeon-Generals.
These officers draw less emoluments than the major-generals with whom they rank. I use the word "emolument" to cover all sources of official income and allowances. They are restricted from rising to lieutenant-general's rank, and have really little or no outlook, being retired at 60 years of age. Surely the Director-General A.M.S. should have the full rank of "General," and the Deputy Director General and the Surgeon-General in India that of Lieutenant-General. We recently saw the P.M.O. of the South African army serving throughout that most trying campaign as a major-general only, while temporary or substantive rank as lieutenant-general was very freely given to the combatant major-generals, who were not doing more responsible duties for the State than the P.M.O.

Until perfect equality of careers with the combatant service is granted to the Army Medical Service it is hopeless to expect medical recruits to come in any numbers, as it is a defective and warped career.

RECOMMENDATIONS.
Already the weak points of the new warrant are being found out, notably as to India. We want therefore for the Army Medical Service reforms on the following equitable lines:

1. A Director-General, with general's rank and pay of at least £2,500, with table money added. Even this is no lavish income for so responsible a post.

2. A Deputy Director-General, with lieutenant-general's rank and £2,000 a year pay. We need also the right to claim the grant of lieutenant-general's rank for a P.M.O. when he is serving in the field in command of the medical service for any force exceeding one Army Corps, namely, 40,000 men.

3. Surgeon-Generals.—The pay and allowances of surgeon-generals is also defective. A staff allowance of 10s. a day should be added to their income, and furniture allowance as granted to combatant major-generals commanding should be allowed, as they are shut out from general command. Something needs to be done to offer high rewards to the medical service, so that it may compare better with the combatant side, with its well-paid Army Corps commands, and higher appointments.

4. In the same way an increase of the K.C.B.s. allowed to the medical service is needed. Baronetcies are now freely given to the civil profession of medicine and knighthood is freely bestowed. But the Army Medical Service is outside the shower of higher honours and the K.C.B.s. were withheld entirely from the medical officers in the recent war. Although in 1885 McGrigor was made a Baronet for his war services, no medical officer has ever yet attained the G.C.B. for medical services in peace or war.

5. The right to succeed in turn to the Governorship of Chelsea Hospital is needed and other similar appointments, and the conferring of real military rank as major-general instead of the present sham military title of surgeon-general. Thus the Director-General who now ranks as a lieutenant-general has the same title as a surgeon-general ranking as a major-general—a very invidious classification leading to mistakes. Even when appointed on the staff of the army all P.M.O.'s are still not so gazetted—a lingering remains of the departmental days when the medical officers were hangers-on to the army and not in it. The change that took place in titles and status in 1895 should be followed logically by the gazeteting of P.M.O.s. in the usual army way to their appointments on the staff of districts and divisions in war.

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7. And the right to certain posts of honour about the Court and to the Corps of Gentlemen-at-Arms or Equerries to the King.

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Whatever there may be of old-world traditions or ideas about the medical service lingering in the official military combatant mind, every trace of them must be eliminated; a "clean slate" is needed on which to inscribe a series of pay, rewards, honours, and general treatment for doctors as good as the best corps in the army receives—

Only this and nothing more.

THE

III.

Report of the Fourth Meeting of the Committee.

Printed by

H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

The Fourth Meeting of the Committee was held at 68, Victoria Street, S.W., on Monday, May 18th, 1903, at 5.30 p.m.

Present :

SURGEON-GENERAL SIR WILLIAM TAYLOR, K.C.B., K.H.P., Director-General.

SURGEON-GENERAL J. B. C. READE, C. B., K.H.S. }

SURGEON-GENERAL W. SKEY MUIR, C.B. }

LIEUT.-COLONEL E. FAIRLAND. }

LIEUT.-COLONEL J. F. BEATTIE. }

Representing
Retired Officers.

SURGEON-GENERAL A. H. KEOGH, C.B.

SURGEON-GENERAL W. H. MCNAMARA, C.B., C.M.G.

COLONEL W. L. GUBBINS, M.V.O.

COLONEL H. E. R. JAMES.

LIEUT.-COLONEL M. M. WILSON, C.B., C.M.G., D.S.O.

CAPTAIN & QUARTER-MASTER G. MERRITT.

MINUTES.

1. In the temporary absence of the Chairman, Surgeon-General Reade was voted to the chair.
2. The Minutes of the Third Meeting were confirmed.
3. The Report of the Sub-Committee for the Compassionate Fund was approved by the Committee.

The Director-General notified that since this Report was submitted, he has received from the Charity Fund of No. 18 General Hospital, late S.A. Field Force, the sum of £405 10s. 9d., for the Fund for Widows and Orphans of the Corps; making the balance to credit of this Fund £951 14s. 4d.

With reference to the distribution of these Funds, he pointed out that the items of expenditure, especially in the case of Widows and Orphans, indicate that many cases of distress have not been reported to those responsible for the disbursements. Under the trying conditions imposed by the late war on women, children, widows and orphans, on men disabled by sickness, he feels that the sums given in relief amounting in fifteen months to only £173 16s. 9d., must be far below the calls which would have been made did the Corps know that the cases of those in real need would meet with consideration and assistance. In consequence he begs all subscribers to the R.A.M.C. Fund to use their endeavours to ascertain and report fully all cases which in their opinion should be considered by the Sub-Committee for the Compassionate Fund; it is only by such action that deserving cases can be made known and receive the relief which it is our object to administer. There is no truer saying than "He gives twice who gives quickly;" there is no object in hoarding these Funds, and he only regrets that deserving cases have seemingly up to the present kept themselves hidden from those able and anxious to help them.

The Committee resolved, on the proposal of Surgeon-General Muir, seconded by Captain Merritt, that the Director-General be asked to publish a Corps Order notifying the formation of the R.A.M.C. Fund.

It is suggested that the Corps Order be in the following terms: The R.A.M.C. Fund includes within its scope a Compassionate Fund for cases of distress among Warrant Officers, N.C. Officers and men of the Corps, their wives, widows and children. Those who know of any deserving cases of distress are requested to inform, through the usual channels, the Principal Medical Officer of the district, who will report them to the R.A.M.C. Fund Committee.

It was also resolved that Lieut.-Col. Skinner be authorised to inform the Secretary of the Soldiers' and Sailors' Families Association of the institution of the R.A.M.C. Fund (Compassionate Branch), and to ask him to inform the various branches of the Association of the fact. It should be pointed out that the Compassionate Fund is established with a view to relieving cases of distress among families, widows and orphans of the R.A.M.C., and the Committee would be glad to be informed of any such cases coming to the notice of the Association.

THE DIRECTOR-GENERAL NOW TOOK THE CHAIR.

4. It was resolved that an honorarium of £3 be given to clerks who had carried out the clerical work of the Fund up to the end of April, and that in future, this work which is done by clerks as "overtime," should be remunerated at the rate of 9d. per hour. The Hon. Secretary was authorised to pay clerks at this rate, keeping an attendance book as a record of the work done.

5. The question of guests being invited to the Annual Dinner was reconsidered by the Committee—It was resolved that the question should be put to the vote at the General Meeting on the 15th June next; and further that the question of entertaining the Civil Medical Profession should be kept in view for future discussion.

6. The Director-General notified that he had secured the United Service Institution for the purpose of holding the General Meeting of subscribers to the R.A.M.C. Fund, on Monday, 15th June next, at 3 p.m. He hopes that all subscribers who are able to do so, will attend the Meeting, and he will be glad to receive their opinions on matters connected with the Fund. In order to prevent any doubt or misconception and to facilitate the business, he would suggest that subscribers having any concrete proposals to offer for consideration of the Meeting should present them in a written form signed by the proposer to the Honorary Secretary at least two days before the Meeting. The Committee agreed that this last point was essential.

7. It was resolved that the Memorial to Surgeon-General J. B. Hamilton should be located temporarily in the Library of the Cambridge Hospital at Aldershot, where it may be seen by every Officer of the Corps at some period of his career, instead of at the Royal Victoria Hospital, Netley; and that the under-named Officers be asked to constitute a Sub-Committee to arrange for the execution of the Memorial:—

LIEUT.-COLONEL HUBBARD.

MAJOR GREIG.

CAPTAIN MARTIN.

8. The Report of the Sub-Committee for the Annual Dinner was approved by the Committee and is appended to these Minutes.

9. The Report of the Sub-Committee for the Band was approved by the Committee and is appended to these Minutes.

It was resolved that the sum of £45 per quarter be paid to the Band Committee. This Committee will be in a position later to make up the grant for the year to £200, should this sum be found to be necessary.

10. On the proposal of Colonel Gubbins, seconded by Surgeon-General Reade, it was resolved to erect locally at a moderate cost tablets or head-stones in memory of Officers, R.A.M.C. dying in the Service, it being understood that action would only be taken where no provision was likely to be made by relatives in this direction. The submission of such cases to the Committee for consideration will be left to the discretion of the P.M.O. of the District in which the deceased Officer had been serving.

11. The following Sub-Committee was appointed to consider and report upon what steps should be taken regarding the proposed Historical Record :—

SURGEON-GENERAL MUIR.

COLONEL WELCH.

LIEUT.-COLONEL FAIRLAND.

The Sub-Committee was also asked in the course of its enquiry to use its endeavours to collect reliable information as to personal reminiscences of the older members of the Army Medical Service from any Officers who may be willing to supply them.

12. Colonel James agreed to obtain information and to report to the Committee upon the subject of the V.C. Gallery, to enable the Committee to deal with this question.

13. The Director-General on behalf of Lieut.-Colonel Babbie, V.C., submitted to the Committee that the sum of £34 was due to Messrs. Holt & Co., on account of the Jameson Portrait Fund. The Committee resolved that the sum of £34 be given to that Fund.

14. It was resolved that a full report of the R.A.M.C. Fund proceedings should be sent to the Editor of the R.A.M.C. Journal with a view to their publication in due course.

B. SKINNER,

Lt.-Col. R.A.M.C.

May 18th, 1903.

Honorary Secretary.

MARCH 14, 1903

The Army Estimates.—In the course of his statement at the beginning of the debate on Vote A, Mr. Brodrick referred in some detail to the Army Medical Department. The year, he said, had been a notable one in the organization of the department, and a great debt of gratitude was due to the eminent civil surgeons and medical men who had given their services and advice during the past year on the Advisory Board. The Board now assisted the Director-General, and had responsibility in selecting candidates, in examining the condition of home and foreign hospitals, and in carrying out changes in the department. The first advantage had been shown in the supply of candidates. Whereas previously a sufficient number did not apply, at the first examination under the new system there were three times as many candidates as vacancies, and the quality was very high. A medical staff college had been established in London, which would enable medical officers returning from foreign service to utilize to the best purpose their study leave, and so keep up their scientific attainments. They had also done their best to encourage specialization in the Army Medical Service. Sanitary officers would be employed on sanitary work alone. Courses of sanitary instruction had been started at Woolwich and at the staff colleges in various districts. The principle of selection by merit had been established. Names were submitted to the Advisory Board and promotion given for scientific merit. He intended to bring the medical equipment up to date, but this must take time. It was impossible to deal with a number of isolated hospitals in a hurry, but he proposed to simplify the machinery by having a small committee with a member to the Advisory Board and an army medical officer to act with the financial secretary in the general administration. The army nursing service had been placed on a new footing, the number of nurses largely increased, more money asked for in the Estimates, and a proportion of the best male members of the Army Medical Corps would be trained as nurses and kept to that work. He hoped these changes would save them from deficiencies in the future, and add to the health and welfare of the army. Dr. Farquharson, speaking later in the debate, congratulated the Secretary of State on his reforms, and said the so-called scandals during the late war had arisen from the undermanning of the Medical Department, and that the work of the R.A.M.C. had, considering the conditions, been admirably done. The results, as regards surgical operations and even the treatment of disease, compared favorably with other campaigns. He had at first regarded the Advisory Board with some suspicion, but he congratulated the Secretary of State on the valued advisers he had selected, and he was glad to find it was working so well. It would, he hoped, keep the Army Department in close touch with the medical schools. He suggested that the inspection of hospitals should not be done by the Advisory Board, but by inspectors, and he praised what had been done to strengthen the position of the Director-General.

Indian Pay, R.A.M.C.—On Wednesday Dr. Farquharson asked the Secretary of State for India whether the rates of pay of officers of the Royal Army Medical Corps in India, sanctioned by the Government of India in accordance with the Royal Warrant of March 25th, 1902, were now being received by those officers; and if not, when the new rates will come into force. Lord George Hamilton replied that increased rates of pay of lieutenants and captains of the Royal Army Medical Corps serving in India "take effect from the 24th November last."

Hospital Equipment Schedules.

Revised Hospital Equipment Schedules have been approved, and copies will be issued to all concerned.

2. The articles of additional equipment shown therein are in course of provision. Supplies, where required, may be demanded at once, and issues will be made as far as possible.

3. The proportion of stores laid down has been calculated to meet general requirements. Where the special construction or local requirements of a hospital do not justify the issue of all the equipment in the schedule, the officer in charge of barracks will, in consultation with the medical officer, decide which articles it is unnecessary to issue.

4. These schedules do not apply to hospitals for which special issues of equipment are authorized.

5. A.O. 37 of 1898 is cancelled.—A.O. 80, March 1903.

THE STANDARD. MARCH 24, 1903.

The following War Office Circular Memorandum on recruiting was issued yesterday to General Officers Commanding at home: "With a view to preventing the enlistment into the Regular Army and Militia of undesirable characters who will not bring credit to the Service, the following instructions will be observed—

(1) No man is to be accepted for any branch of the Regular Army or Militia who cannot produce a satisfactory reference as to his character and antecedents. If this is not forthcoming, steps are to be taken to obtain the man's character, Army Form B 64 being used for the purpose. The Recruiting Officer is to satisfy himself that the candidate is in every respect a suitable man for enlistment. (2) In the case of recruits joining the Army from the Militia the usual steps will be taken to obtain their character whilst in the Militia, Army Form B 57 being used. (3) In order that desirable men may not be lost to the Army whilst inquiry is being made as to their character, recruits may be attested, but will not be finally approved, until a satisfactory character is forthcoming."

APRIL 25, 1903.

ARMY MEDICAL STAFF.

KERATA.—Colonel F. W. B. HODGSON, M.B., retired pay, and Major H. L. G. CRYSTON, retired list, were promoted "for service in South Africa," and not as stated in the Gazette of February 24th, 1902.

THE MEDICAL BRANCH OF THE COLONIAL FORCES OF SOUTH AFRICA.

We learn from the South African Medical Record that a complete change of organization has taken place in the medical branch of the Colonial Forces. Hitherto the permanent medical officers have been borne on the regimental strength of the C.M.F., and what assistance they needed has been rendered by "hospital sergeants" drawn from that regiment, some acting as orderlies in the regimental hospital, others—sometimes to the sore perturbation of the local medical practitioners—officiating as medical attendants in ordinary to the detachments. Now the organization has become entirely departmental, a new corps having been formed under the title of "Cape Medical Corps." The authorized establishment is 5 officers, 1 warrant officer, 3 staff sergeants, 2 sergeants, and 26 corporals and privates. As a natural consequence the compound titles of the officers have been superseded by the ordinary military designations. At present the volunteer companies remain as before, "Cape Medical Staff Corps," with a separate organization, but of course under the administrative control of the officer commanding the Cape Medical Corps as F.M.O. We understand, however, that it is in contemplation gradually to amalgamate the two, the relationship being presumably arranged much on the same lines as that between the R.A.M.C. and the R.A.M.C. (Vol.) in the Imperial service.

EMPTY TITLES.

QUINTEM SUB LIEUTENATE writes: Few will agree that the retired medical officers who got promoted for service at home during the war have a grievance, because such promotion will not carry increased pension, etc. Had such substantial rewards been given the public would probably have considered them out of all proportion to the services rendered. These officers have little to complain of compared with those who served on the active list at the front throughout the war, bearing the burden and heat of the day; and, although frequently mentioned in dispatches, yet received no reward of any kind.

R.A.M.C. also writes: With regard to the principles on which medical officers were promoted for services rendered during the war—at home, I have reason to believe such selections were left in the hands of officers commanding regimental districts, who submitted the names to the general officers commanding of such officers as they considered merited special recognition; and, as the recommendations did not take place until long subsequent to peace being declared, it seems not unlikely that many of those officers called up had by then relinquished their appointments, and so their claims became overlooked or forgotten. Inasmuch as such promotions would carry the increased pay of rank in the event of the officers being again recalled to duty, the titles could hardly be considered "empty" or merely honorary. It is further to be hoped that your correspondent represents his own views only when he estimates the honours conferred by the standard of their equivalent value in £ s. d.

*. Respecting these and previous communications on this matter we express no opinion as to the merits or deserts of the officers who received promotion, nor do we desire to institute a comparison between their claims and those of others, whether in the field or at home. The points that have been raised are, simply, on what principle were selections made, and do such promotions carry substantial rewards? On the first we do not think "R.A.M.C." throws much light; the selections could hardly have been made in the haphazard manner he indicates, but must, both in their initiatory and final stages, have been determined by other factors than the chance recommendations of officers commanding regimental districts; besides, all the officers so promoted did not belong to such districts. Nor were the promotions among reservists only, whether called up, or liable to recall, or not. Nor does the somewhat shadowy contingency of recall and enhanced pay meet the present financial question involved. Both correspondents assume that the promotions carry no substantial rewards, as regards pensions, etc.; and were not aware that any of those promoted make a "grievance" of this; but the question cannot be begged, and we understand still exercises financial circles. The promotions being admittedly substantive, not honorary, do they therefore carry the substantial advantages of increased rank? If they do not, then we do not see how the titles bestowed may not be playfully designated as "empty."

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, MAY 1, 1903.

ROYAL ARMY MEDICAL CORPS.—Captain R. S. Rodger, M.B., is transferred to the Reserve of Officers under the provisions of Article 370 of the Pay Warrant.

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, MAY 5, 1903.

ROYAL ARMY MEDICAL CORPS.—The retirement of Lieut. Colonel R. C. Gunning, which was announced in the Gazette of Oct. 14, 1902, is cancelled. Lieut. Colonel, on probation, R. M. Ranking is recorded under Article 349 Royal Warrant.

The Military authorities at Woolwich have received intimation that his Majesty has been pleased to approve that the Herbert Hospital at Woolwich shall in future be styled "The Royal Herbert Hospital."

Standard
11. May.
1903.

Officers of the Indian Medical Service of the rank of Surgeon-Superintendent and Colonel were for the first time included in the graduation lists in the monthly Army List of May 1903.

A War Office letter has now been issued which states that the regulations respecting the grant of commissions in the Reserve of Officers have recently been revised, and under the new conditions officers of Volunteers are ineligible for appointment to the Reserve.

May
1903

PROMOTIONS AND APPOINTMENTS.

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, MAY 25, 1903.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned ladies to be:—
Matron in Chief.—S. J. Browne (R.R.C.) (temporary).

Principal Matrons.—R. H. Becher (R.R.C.) and C. H. Keer (R.R.C.).

Matrons.—B. I. Jones, F. E. Addams-Williams, M. C. F. K. Cole (R.R.C.), E. Ferguson, A. Garrock (R.R.C.), L. Handcock, L. J. Jerrard (R.R.C.), M. G. S. Knox (R.R.C.), S. E. Oram (R.R.C.), G. M. Payne (R.R.C.), M. Russell (R.R.C.), G. E. Saunders, L. M. Stewart (R.R.C.), A. E. Tait, M. Thomas (R.R.C.), S. E. Webb (R.R.C.), M. Wilson, C. M. Chadwick (R.R.C.), E. M. McCarthy (R.R.C.), and A. B. Smith (R.R.C.).

Sisters.—B. S. Vaughan, E. C. Cheetham (provisionally), S. Lanning (provisionally), G. E. Larner (provisionally), L. M. Lyall (provisionally), G. Anderson, E. Beck (provisionally), E. Body, A. S. Bond (R.R.C.), D. V. Ericson, A. Cameron, E. Cox, E. A. Cox, L. M. Culverwell, A. Guthrie, M. E. Harding, M. E. Harper (R.R.C.), M. G. Hill (R.R.C.), I. A. G. Kinahan, H. McCurdy, G. A. Magill, M. R. Makepeace, M. Mack, E. J. Martin, A. A. Murphy, H. L. Neale, A. Nixon, E. T. Noble (R.R.C.), R. F. Pocock, W. Potter, C. H. Potts, D. I. Richards, A. R. Rose-Innes, S. Y. Snowden, C. K. E. Steel, L. E. C. Steen, E. M. E. Todd, L. M. Todd, D. D. Tripp, L. W. Tushol (R.R.C.), M. G. A. Warner, S. L. Wishaw (R.R.C.), J. W. Wilson, M. Wright, H. T. Young, A. Barker, P. M. Hall, J. Hoadley (R.R.C.), D. F. Palmer, M. H. McLeish (provisionally), E. C. Stewart (provisionally), I. G. Willett (provisionally), and R. Osborne (provisionally).

Staff Nurses.—E. J. M. Keene, M. L. Potter, M. Pedler, E. M. Rickard, A. Fitzgerald, S. R. Hughes-Hallett, E. C. Humphreys, M. Kendall, C. C. R. Moor, E. M. Pettie, L. A. Riddout, F. E. C. Watson, A. A. Wilson, M. M. Blakey, A. R. Myring, M. M. Tinsley, M. M. Bond, A. F. Byers, K. Ward (all provisionally), and J. A. Evans.

MAY 30, 1903.

THE EVOLUTION OF THE VOLUNTEER MEDICAL SERVICE.

SIR.—The evolution of the volunteer medical service is an interesting study as a branch of the medical profession.

1. Beginning in 1850-55 as a body of regimental medical officers, it is today in a far more efficient condition of independence and autonomy.

2. *Major Maclure's Work*.—Major Maclure, London Scottish Volunteers, in the Seventies began to develop and train the volunteer regimental bearers. He on certain occasions formed scratch bearer companies, called "Maclure's Mixture" from their heterogeneous component parts drawn on loan from all sorts of units of the volunteer force. It was the day of small things; but it was a step forward, and his name cannot be forgotten.

3. *The Movement of '81*.—In 1881 I began to write in the medical journals of the need of training medical students in ambulance work; and in 1883, in conjunction with Mr. Cantlie, of Charing Cross Hospital, pushed forward the movement for an independent Volunteer Medical Corps, which Mr. Cantlie formed in 1885, and which now numbers many efficient units and has sent hundreds to the wars.

4. *The Infantry Volunteer Bearer Companies of Volunteer Brigades*.—These after years of strain and struggle as temporary organizations are now gradually being definitely formed in the counties, and real rank in the army has now been given to the bearer company officers, a great step towards efficiency and esprit de corps.

5. *Recent Action of the Manchester Companies R.A.M.C. Volunteers*.—In my opinion very special attention should be given to the action taken by the Manchester Volunteer R.A.M.C. in raising a company in their corps and earmarking it specially for the Manchester Volunteer Infantry Brigade. I regard this as a very important and epoch-making departure towards the future unity of the Volunteer Medical Service, and I am only sorry that it is not possible as yet to amalgamate the bearer companies of the London Volunteer Infantry Brigades with the London R.A.M.C. Volunteers, earmarking these companies for special duty with their brigades, but all the while forming part of the R.A.M.C. Volunteers as must eventually be the case.

6. *Further Steps needed*.—It is, in my opinion, essential to drop the title of Volunteer Infantry Brigade Bearer Companies now used by these units attached to volunteer infantry brigades, and to call them simply companies R.A.M.C., with the local prefix, as Devon Company R.A.M.C. Volunteers, Hampshire Company R.A.M.C. Volunteers, still earmarking the company for duty with its brigade, but making them the primary element of the county corps of R.A.M.C. Volunteers needed in the future in every county. When other companies are later on raised in each county for the artillery, engineer, or other volunteer services, these companies would be the 2nd Devon or 2nd Hampshire Companies R.A.M.C. Volunteers; but instead of being scattered units, they would be linked into a county corps with the earlier company, and so gain unity and esprit de corps, and have a local depot and a local home.

7. *Amalgamation of Existing Regimental Medical Officers of Volunteers with these Local Companies or Corps R.A.M.C. Volunteers*.—I now recommend that all medical officers of regiments in the Volunteer Service endeavour to secure that they be gazetted with real military rank in the local R.A.M.C. unit, and with this substantial rank and commission they can then get themselves attached to any artillery, engineer, or infantry volunteer unit, and have their substantive army rank, a thing now not possible for regimental medical officers of volunteers. In this way all the volunteer medical officer of a county would form a county medical corps graded like any other battalion or unit, and it would be possible to increase the number of brigade surgeons if necessary, and to give to every county corps an honorary colonelcy, as in ordinary volunteer battalions. The present isolation of the infantry brigade bearer companies from the R.A.M.C. Volun-

teers, and the want of real rank for regimental volunteer surgeons, are both weak points in volunteer organizations, and are easily removed as I suggest. In this way the path will be made ready for a still closer union of the regular, militia, yeomanry, and volunteer medical services which the least threat of another large war will surely bring about, that is to say, the amalgamation or grouping together of the various county medical units, regular, militia, yeomanry, and volunteer organizations into a district brigade R.A.M.C., each unit still maintaining its autonomy and perfect independence, but combined for command under the district P.M.O. representing the central medical administration of the army.

8. *The Yeomanry Medical Squadron*.—One link in this chain is still missing, namely, the Yeomanry Medical Squadron organized as a medical military unit under Yeomanry conditions and Yeomanry medical officers with real rank in the Yeomanry Service and able out of this squadron to furnish a well-equipped Mounted Yeomanry Bearer Company and field hospital ready for war. We need a "Cantile" of the Yeomanry Medical Service to do this latter thing—which would require to be founded in some populous centre in each district so as to secure recruits. Finally, in all these movements there should always be a county link or tie of a strong character—and once a definite facing and uniform is fixed as now for the Medical Service there is no reason why county badges should not be worn on the collars of the coats or tunics of County Companies nor in the case of Scottish Medical Volunteers of the dice border cap worn by Scottish troops. We need local attachments with centralized direction to secure efficiency—we must never forget the county tie. I foresee that all these things will surely come true either in an evolutionary manner by time—or in a rapid and hasty manner by the advent of a great war.—I am, etc.,

Salisbury.

GEORGE EVATT.

JUNE 27, 1903.

SIR FREDERICK TREVES.

WE learn that Sir Frederick Treves, Bart., F.R.C.S., has made up his mind to retire from practice at the end of this season, that is to say, at the end of next month. Sir Frederick Treves has had twenty-five years of continued and most exacting work, and the success which he has attained has been due almost as much to his industry and perseverance as to powers of mind and dexterity of hand. No one can dispute his right to follow his own inclination in this matter, but his retirement at a comparatively early age, and in the full vigour of health and strength, will be a serious loss to surgery in this country. He intends to continue to live in London and to go on with his work in connexion with the Army Medical Service, and we venture to hope that he will utilize his leisure to report some of the immense number of observations which he must have made, and to record the conclusions to which they have led him.

JUNE 27, 1903.

AN examination for thirty commissions in the Royal Army Medical Corps will commence on July 29th, and an examination for sixteen commissions in the Indian Medical Service on August 3rd. We think that candidates for the

Indian Medical Service would do well to read the articles published recently in our columns, and to weigh well the relative advantages of that service and of the Corps.

JULY 11, 1903.

THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

WE have received a copy of the first number of the *Journal of the Royal Army Medical Corps*, which presents a handsome appearance, worthy of the distinguished service of which it is the organ. In an introductory article by the Director-General it is pointed out that the necessity for such a periodical has long been recognized by the medical officers of the army. As long ago as 1864 a meeting was held at Netley to consider the question, and the establishment of a journal was resolved upon, and its scope, character, and form were decided upon down to the minutest detail. Soon, however, came the official frost which nipped the root of the project. Though many efforts have been made since then to revive the proposal, they have all failed. The final success of the scheme, which has taken bodily form in the periodical before us, is doubtless mainly due to the energy of Sir William Taylor, who may be congratulated on having found so competent an editor as Major R. H. Firth. The journal will comprise: (1) Original articles written by officers of the Royal Army Medical Corps and others; (2) bibliographical notes on articles of importance and interest to the military services; (3) reprints and translations from military, medical and other journals; (4) official gazettes and official information generally bearing upon the Army Medical Services. It is clearly the intention of the authorities that the *Journal* shall not be a "Grumblers' Gazette" for it is expressly stated that its pages will not be open to controversial correspondence; they will also be closed to "items of social or personal interest other than what is official." As on p. 71 there are announcements of births, marriages, and deaths, we gather that these "items" are regarded as in some way official. We can quite understand that deaths may have a greater or less measure of official importance, but births and marriages would seem to most people to be merely of social or personal interest. But perhaps as M. Anatole France's latest most lugubrious novel is called *Histoire Comique* because, as the author considerably explains, it relates to a comedian, so marriages and births are looked upon in the army as official because they are connected with officers. Another infinitesimal criticism which we may venture to make is in regard to the use of the word "L'Envoi" as a heading for the introductory discourse. It is the character of the "Envoi" to come last, like the bill at the end of the banquet. Possibly the military instincts of the distinguished writer made him conceive of a preface as of something in the nature of a challenge which he was sending to his readers. As far as we can form a judgment from a single

MEETING OF A SUB-COMMITTEE FOR THE SPECIAL DINNER OF THE R.A.M.C.

With reference to para.2(g) of the Minutes of the 6th Meeting of the Committee held on the 26th June, 1903, the Sub-Committee met at 68, Victoria Street, S.W., on June 30th, & decided:-

1. That the price of the Dinner per head should be the same as that of the Annual Dinner of the Corps, viz. 32/6.-

THE R.A.M.C. FUND.

IV.

Report of the Fifth Meeting of the Committee.

Printed by

H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

that arrangements may be made and invitations issued. It has been ascertained that Rooms at the Hotel Metropole are available on the evening in question.

Yours very truly,

E. M. WILSON,

Hon. Secretary.

acts of the enemy, a pension of £50 will be given on account of injury or death, and on the ordinary duties of the service.

Conditions of Service.
A certain, but the liability to serve will be when and where required. To be liable to conduct or incompetency. To rank with, and to be under the general discipline, etc. To receive two calendar being no longer required. To be granted a ship pay on discharge, if not discharged for any. Voluntary resignation of appointment or discharge will be thereby forfeited.

to.
ted to the Regular Army (except those Indian Army) after 1st December, and with field kits which must be own expense.
onist of the following articles, in new general service blankets to be for regimental arrangements from as:-
pedstead.

it, 7 feet by 4 feet 6 inches.
d, with waterproof basin, bath and bag.

ket.
bag, to hold above articles with e and regiment painted upon it. selves purchase the kits, with the nkets. The articles will be of the l their actual cost, up to a maximum ended on the certificate of command- its are satisfactory. This certificate ill will be forwarded to the Army rized to make payment.
y be seen at the War Office where epared to supply, and prices may be pril 1903.

NS AND APPOINT- MENTS.

SHIRT'S "LONDON GAZETTE,"
2 OFFICE, JULY 23, 1903.
lice Regiment.—Sergeant A. McL.
oyal Army Medical Corps, to be

ARD JULY 30, 1903, EDICAL SERVICE.

ived the following from the
Proposals for improving the
conditions of the Indian
have now been formulated by
of India, and will shortly be
deration by the Secretary of
in Council. It is hoped that
as will be published in Sep-

Aug. 1, 1903.

ARMY MEDICAL CORPS.
72 candidates have entered for the
on for commissions in the Royal
The number of vacancies is 30,
an on July 29th. The degrees and
a large proportion of the candidates
men of the highest professional
ave served; the office of house-
surgeon in their hospitals. A
ature in the competition is the con-
candidates from London schools who
g the Irish candidates are some
College, Dublin; and from Scotland,
gave so many distinguished officers
ch for some years has sent very few
in the Corps, a few candidates are at
e congratulate the army and the
ngs which indicates in the most con-
ner that the medical service of the
ng men of the right stamp.

tion V.—Royal Army Medical

on of Sec. V., Royal Army Medical Corps
approved, and copies will be issued to

88, and 205 of 1902, and the Details of
oyal Army Medical Corps, and Depot
ool promulgated therewith are cancelled.
1903.

Military Books.
on sale, and added to list issued with
Army, Regulations for. (Re- 0 8
1900

Army Book and Forms cancelled.
ook and Army Forms cancelled:—
87, "Medical Case Book."
—A.O. 139, July 1903.

the age or in one-third of the gratuity paid to the widow. If the surgeon be drowned, etc., by acts of the enemy, £50 to £75. In the case of widowed mothers dependent on their sons, if the latter left no widows or children, and orphan sisters dependent on their brothers, if the latter left no mothers, widows, or children, and the surgeon be killed or drowned or

PROMOTIONS AND APPOINTMENTS.

(FROM LAST NIGHT'S "LONDON GAZETTE.")
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2. *Major Maclure's Work*.—Major Maclure, London Scottish Volunteers, in the Seventies began to develop and train the volunteer regimental bearers. He on certain occasions formed scratch bearer companies, called "Maclure's Mixture" from their heterogeneous component parts drawn on loan from all sorts of units of the volunteer force. It was the day of small things; but it was a step forward, and his name cannot be forgotten.

3. *The Movement of '81*.—In 1881 I began to write in the medical journals of the need of training medical students in ambulance work; and in 1883, in conjunction with Mr. Cantlie, of Charing Cross Hospital, pushed forward the movement for an independent Volunteer Medical Corps, which Mr. Cantlie formed in 1885, and which now numbers many efficient units and has sent hundreds to the wars.

4. *The Infantry Volunteer Bearer Companies of Volunteer Brigades*.—These after years of strain and struggle as temporary organizations are now gradually being definitely formed in the counties, and real rank in the army has now been given to the bearer company officers, a great step towards efficiency and esprit de corps.

5. *Recent Action of the Manchester Companies R.A.M.C. Volunteers*.—In my opinion very special attention should be given to the action taken by the Manchester Volunteer R.A.M.C. in raising a company in their corps and earmarking it specially for the Manchester Volunteer Infantry Brigade. I regard this as a very important and epoch-making departure towards the future unity of the Volunteer Medical Service, and I am only sorry that it is not possible as yet to amalgamate the bearer companies of the London Volunteer Infantry Brigades with the London R.A.M.C. Volunteers, earmarking these companies for special duty with their brigades, but all the while forming part of the R.A.M.C. Volunteers as must eventually be the case.

6. *Further Steps needed*.—It is, in my opinion, essential to drop the title of Volunteer Infantry Brigade Bearer Companies now used by these units attached to volunteer infantry brigades, and to call them simply companies R.A.M.C., with the local prefix, as Devon Company R.A.M.C. Volunteers, Hampshire Company R.A.M.C. Volunteers, still earmarking the company for duty with its brigade, but making them the primary element of the county corps of R.A.M.C. Volunteers needed in the future in every county. When other companies are later on raised in each county for the artillery, engineer, or other volunteer services, these companies would be the 2nd Devon or 2nd Hampshire Companies R.A.M.C. Volunteers; but instead of being scattered units, they would be linked into a county corps with the earlier company, and so gain unity and esprit de corps, and have a local dépôt and a local home.

7. *Amalgamation of Existing Regimental Medical Officers of Volunteers with these Local Companies or Corps R.A.M.C. Volunteers*.—I now recommend that all medical officers of regiments in the Volunteer Service endeavour to secure that they be gazetted with real military rank in the local R.A.M.C. unit, and with this substantial rank and commission they can then get themselves attached to any artillery, engineer, or infantry volunteer unit, and have their substantive army rank, a thing now not possible for regimental medical officers of volunteers. In this way all the volunteer medical officers of a county would form a county medical corps graded like any other battalion or unit, and it would be possible to increase the number of brigade surgeons if necessary, and to give to every county corps an honorary colonelcy, as in ordinary volunteer battalions. The present isolation of the infantry brigade bearer companies from the R.A.M.C. Volun-

teers, and the want of real rank for regimental volunteer surgeons, are both weak points in volunteer organizations, and are easily removed as I suggest. In this way the path will be made reader for a still closer union of the regular, militia, yeomanry, and volunteer medical services which the least threat of another large war will surely bring about, that is to say, the amalgamation or grouping together of the various county medical units, regular, militia, yeomanry, and volunteer organizations into a district brigade R.A.M.C., each unit still maintaining its autonomy and perfect independence, but combined for command under the district P.M.O. representing the central medical administration of the army.

8. *The Yeomanry Medical Squadron*.—One link in this chain is still missing, namely, the Yeomanry Medical Squadron organized as a medical military unit under Yeomanry conditions and Yeomanry medical officers with real rank in the Yeomanry Service and able out of this squadron to furnish a well-equipped Mounted Yeomanry Bearer Company and field hospital ready for war. We need a "Cantlie" of the Yeomanry Medical Service to do this latter thing—which would require to be founded in some populous centre in each district so as to secure recruits. Finally, in all these movements there should always be a county link or tie of a strong character—and once a definite facing and uniform is fixed as now for the Medical Service there is no reason why county badges should not be worn on the collars of the coats or tunics of County Companies nor in the case of Scottish Medical Volunteers of the dice border cap worn by Scottish troops. We need local attachments with centralized direction to secure efficiency—we must never forget the county tie. I foresee that all these things will surely come true either in an evolutionary manner by time—or in a rapid and hasty manner by the advent of a great war.—I am, etc.,

Salisbury.

GEORGE EVATT.

JUNE 27, 1903.

SIR FREDERICK TREVES.

WE learn that Sir Frederick Treves, Bart., F.R.C.S., has made up his mind to retire from practice at the end of this season, that is to say, at the end of next month. Sir Frederick Treves has had twenty-five years of continued and most exacting work, and the success which he has attained has been due almost as much to his industry and perseverance as to powers of mind and dexterity of hand. No one can dispute his right to follow his own inclination in this matter, but his retirement at a comparatively early age, and in the full vigour of health and strength, will be a serious loss to surgery in this country. He intends to continue to live in London and to go on with his work in connexion with the Army Medical Service, and we venture to hope that he will utilize his leisure to report some of the immense number of observations which he must have made, and to record the conclusions to which they have led him.

JUNE 27, 1903.

AN examination for thirty commissions in the Royal Army Medical Corps will commence on July 29th, and an examination for sixteen commissions in the Indian Medical Service on August 3rd. We think that candidates for the

Indian Medical Service would do well to read the articles published recently in our columns, and to weigh well the relative advantages of that service and of the Corps.

JULY 13, 1903.

THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

WE have received a copy of the first number of the *Journal of the Royal Army Medical Corps*, which presents a handsome appearance, worthy of the distinguished service of which it is the organ. In an introductory article by the Director-General it is pointed out that the necessity for such a periodical has long been recognized by the medical officers of the army. As long ago as 1864 a meeting was held at Netley to consider the question, and the establishment of a journal was resolved upon, and its scope, character, and form were decided upon down to the minutest detail. Soon, however, came the official frost which nipped the root of the project. Though many efforts have been made since then to revive the proposal, they have all failed. The final success of the scheme, which has taken bodily form in the periodical before us, is doubtless mainly due to the energy of Sir William Taylor, who may be congratulated on having found so competent an editor as Major R. H. Firth. The journal will comprise: (1) Original articles written by officers of the Royal Army Medical Corps and others; (2) bibliographical notes on articles of importance and interest to the military services; (3) reprints and translations from military, medical and other journals; (4) official gazettes and official information generally bearing upon the Army Medical Services. It is clearly the intention of the authorities that the *Journal* shall not be a "Grumblers' Gazette" for it is expressly stated that its pages will not be open to controversial correspondence; they will also be closed to "items of social or personal interest other than what is official." As on p. 71 there are announcements of births, marriages, and deaths, we gather that these "items" are regarded as in some way official. We can quite understand that deaths may have a greater or less measure of official importance, but births and marriages would seem to most people to be merely of social or personal interest. But perhaps as M. Anatole France's latest most lugubrious novel is called *Histoire Comique* because, as the author considerably explains, it relates to a comedian, so marriages and births are looked upon in the army as official because they are connected with officers. Another infinitesimal criticism which we may venture to make is in regard to the use of the word "L'Envoi" as a heading for the introductory discourse. It is the character of the "Envoi" to come last, like the bill at the end of the banquet. Possibly the military instincts of the distinguished writer made him conceive of a preface as of something in the nature of a challenge which he was sending to his readers. As far as we can form a judgement from a single

THE
R.A.M.C. FUND.

IV.

Report of the Fifth Meeting
of the Committee.

Printed by

H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

The Fifth Meeting of the Committee was held at 68, Victoria Street, S.W., on Wednesday, June 10th, 1903, at 3 p.m.

Present :

SURGEON-GENERAL SIR WILLIAM TAYLOR, K.C.B., K.H.P., Director General
A.M.S. Chairman.

SURGEON-GENERAL J. B. C. READE, C.B., K.H.S. }

SURGEON-GENERAL H. SKEY MUIR, C.B. }

LIEUT.-COLONEL E. FAIRLAND. }

Representing
Retired Officers.

SURGEON-GENERAL A. H. KEOGH, C.B.

COLONEL W. L. GUBBINS, M.V.O.

COLONEL H. E. R. JAMES.

LIEUT.-COLONEL E. M. WILSON, C.B., C.M.G., D.S.O.

MAJOR R. H. FIRTH.

CAPTAIN J. F. MARTIN (elected by Officers, R.A.M.C. Mess, Aldershot).

CAPTAIN & QUARTER-MASTER G. MERRITT.

MINUTES.

1. In considering the Minutes of the Fourth Meeting, Surgeon-General Muir pointed out that with regard to Minute 13, the sum of £34 would not cover some small incidental expenses connected with the Jameson Portrait Fund. The Committee resolved that this Minute should be amended as follows :

Instead of "the sum of £34" read, "a sum not exceeding £36."

The Minutes were then confirmed as amended.

2. The Committee considered the practicability of the Hon. Secretary of the Fund acting as Secretary to all the Sub-Committees, in order to co-ordinate the business of the Fund and its branches.

Such a step would necessitate appointing an officer who would have to devote most of his time to the work involved, and who would require to have an office and a Typist Clerk.

The Committee is of opinion that this is a matter which will probably require consideration later, but decided that the ~~present~~ ^{existing} arrangement should continue for the present.

3. The Committee considered a proposal from Lieut.-Colonel Somerville Large, which is as follows:—

"To hand over a sum amounting to nearly £1,400 to the Compassionate Branch of the R.A.M.C. Fund on the condition that the sum be invested as Trust Money in the names of the Director-General and Deputy Assistant Director-General (A.M.D.4) with power to add one more to their number, as Trustees ; that the money so invested is never to be drawn upon ; and that the interest accruing therefrom is to be spent in educating orphan children of Warrant or Non-Commissioned Officers of the Royal Army Medical Corps in some non-sectarian or non-religious charitable school or institution."

The Committee desired that Lieut.-Colonel Somerville Large be thanked for his offer, and that the following resolution be communicated to him:—

"The Committee is of opinion that it is not desirable to create a trust in the management of the Compassionate Fund, and asks that Colonel Somerville Large be requested to say if he will modify his offer so as to enable the principal and interest to be devoted to the benefit of widows and orphans of the Corps in a similar manner to the funds already received for that purpose."

4. With reference to the resolution contained in Minute 6 of the Third Meeting, the Committee resolved that the word "balance" be substituted for the words "remaining one-third."

5. The Honorary Secretary was authorised to pay the Honorary Secretary of the Dinner Fund a sum not exceeding £100, to cover the expenses of the Annual Dinner.

6. It was resolved to advertise the hour and date of the General Meeting of Subscribers to this Fund in the *Morning Post* and *Standard*.

7. The Director-General asked Members of the Committee to notify before the 15th inst. any special points they thought required reference to the General Meeting.

8. Colonel Welch having notified his inability to serve on the Sub-Committee appointed at the last meeting for the purpose of considering the Historical Record, the Committee resolved that the Sub-Committee should consist of four Members, and appointed Colonel W. Johnston, C.B., and Lieut.-Colonel L. A. Irving as Members, if they will accept the post.

Surgeon-General Muir undertook to act as convener of this Sub-Committee.

9. A letter from Lieut.-Colonel Corban proposing that the "Compassionate Fund" should in special cases assist "in apprenticing or placing sons and daughters of large families of the Royal Army Medical Corps, thus giving them a start in life," was considered.

The Committee resolved that the following be added to the resolution contained in number 4 of the Third Meeting:—

"Or (d) In apprenticing or placing sons and daughters of Warrant Officers, Non-Commissioned Officers or men of the Royal Army Medical Corps who have large families—thus giving them a start in life; or in such other manner as the Committee may think most to their advantage."

10. Lieut.-Colonel Wilson communicated to the Committee the Corps Order published by the Director-General in response to the request contained in Minute 3 of the Fourth Meeting.

11. Lieut.-Colonel Wilson made the following statement :—

"To report that in 1892, the late Sir W. A. Mackinnon, then Director-General, asked for subscriptions from the Officers of the Corps serving at home on behalf of the Officers, Endowment Fund of the Corps of Commissionaires, for the payment of the salaries of the Officers of the Staff. The then 'Medical Staff' was estimated at three battalions, and the subscription required to place men of the Corps desiring to join the Corps of Commissionaires, on the same footing as men of other branches of the Service was £6 6s. The Amount has gradually risen to £8, and is collected annually in A.M.D.4. There is, however, always considerable difficulty and delay in collecting these small sums, and a great deal of correspondence.

"It is, therefore, submitted, that now there is a distinct fund for the Royal Army Medical Corps, the payment might be made after this year, annually, on behalf of all the Officers of the Corps, abroad as well as at home, and as the amount is for the benefit of the Rank and File of the Corps, it might fairly be charged to the Compassionate Branch of the Royal Army Medical Corps Fund (apart from the Widows' and Orphans' Branch.)

"I also think, as the establishment of the Corps has increased, and will probably increase still further, that next year the amount may be fixed at £10 os. od. annually."

The Committee considered the suggestion an excellent one, and on the proposal of Colonel Gubbins, seconded by Colonel James, resolved that commencing next year the General Relief Fund of the Compassionate Fund should be charged annually with the sum of £10 to be paid to the Officers' Endowment Fund of the Corps of Commissionaires.

B. SKINNER,

Lt.-Col. R.A.M.C.

Honorary Secretary.

68, Victoria Street, S.W.

11th June, 1903.

THE
R.A.M.C. FUND.

V.

Report of the General Meeting
and of the Sixth Meeting
of the Committee.

Printed by
H. & F. MILLARD, 18 Tothill St. & 12 Earl St., Westminster, S.W.

REPORT OF THE GENERAL MEETING

held at 3 p.m., on Monday, June 15th, 1903, at
the Royal United Service Institution,
Whitehall.

THE DIRECTOR GENERAL (Sir William Taylor, K.C.B.) presided at the Meeting. He was supported by the late Director General, Surg.-General J. Jameson, C.B. Nearly 100 Officers were present.

THE DIRECTOR GENERAL opened the Meeting by giving a full account of the R.A.M.C. Fund, the formation of the Committee, and the inception and gradual growth of the various branches taken up by the Fund—the commencement of the work of establishing Memorials, of collecting material for the Historical Record; the work of the Sub-Committees in charge of the Band and Dinner Funds, and of the Compassionate Fund. He explained the action taken by the Committee on the several points brought before it up to the last Meeting, and asked for a vote of thanks to Lieut.-Colonel Skinner, the Hon. Secretary. This was carried with applause. Continuing, the Director General said—

"Now I have read these minutes through somewhat in detail, to put before you in as few words as possible how we now stand; and as this is the first general meeting of the Corps, it is also the first opportunity we have had of hearing what any Officer of the Corps has to say on the subject of the various facts, details of which I have read to you. Consequently I shall be very glad if all Officers who have got any views to express will now let us hear them. Perhaps it would be as well that we should have once and for all a decision on the subject as to the invitation of guests to the annual dinner and so dispose of it. I have just been told there are two points of view from which this question may be looked at. First, the inviting of public guests by the Committee, and second, the invitation of private guests by each individual Officer. Well, I shall be very glad to hear what any Officer has to say, and I won't express my opinion, but will only point out the impracticability of the second proposal that each officer should have the privilege of inviting a guest. We have this evening 180 of the Corps dining. Now if you give to these 180 Officers the privilege of inviting one guest each, it will be a case of "He don't know where he are!" I am sure the Secretary to the Dinner will not know where he is. We shall all be mixed up. Above all it does away with that character of the Dinner which I think ought simply and solely to be a "Family Gathering." As I have no wish to prejudice opinions I will not say any more."

SURG.-GEN. MCNAMARA.—I think in connection with what the Chairman has said that we might come across old friends with whom we might form a group and sit next to them, and that we should not be placed in certain seats.

LIEUT. COL. WILSON.—At a high table. (*Laughter*).

CHAIRMAN.—If Surg.-Gen. McNamara is complaining of the height of his position, he is quite at liberty to take the lower room. (*Laughter*). The whole thing would perhaps be more harmonious and have more go in it if Surg.-Gen. McNamara's views were carried out. But I say it is a question for the consideration of individual officers. Some of you know there are some officers who might be hurt if not placed at a high table.

SURG.-GEN. MCNAMARA.—I don't think that quite meets the case, because then an officer will be more or less making himself somewhat conspicuous.

CHAIRMAN.—May I remind you that there are certain strangers besides the one guest of the evening to this Annual Dinner—certain members of the Corps—old officers retired, and who have lost touch with the Corps, who have for years not been able to attend; some have come a long distance, perhaps from Italy, some further than that. I think such officers would feel a little hurt if some officer of position was not told off to take care of them. Although I personally should like to see you all enjoy yourselves, I am certain you would willingly give up your friends' company to look after these officers.

SURG.-GEN. FAWCETT.—I think that the history of the dinner repeats itself. When I was on the Committee some years ago the question was gone into, and was decided at that time, and I think had the support of the majority of our brother officers, that guests were not to be invited; and from that time on I think guests have not been present, and the dinners have been successes. I propose that *no guests be invited to the dinner of the Corps*.

COL. LEAKE.—I would like to second this proposition.

CHAIRMAN.—Well, brother Officers, the resolution proposed by Sur.-General Fawcett is that no guests be invited to the annual dinner, with the exception of the Corps Agent. The only guest invited this year is the Corps Agent, and that, I believe, is the universal custom throughout the Service. What I am most anxious to obtain is an expression of your opinion, gentlemen, as to whether the Committee had done right. The resolution is proposed by Surg.-Gen. Fawcett, and seconded by Colonel Leake. Those in favour stand up. Carried unanimously.

LIEUT.-COL. PORTER.—One point I should like to put before the meeting, with regard to this resolution just passed is, that probably the Corps would like to shew to our civil brethren who have done such a great deal for us, how we appreciated what they had done, and I would like to propose a resolution that a Committee be formed, and *that we entertain at dinner the civil members of the profession* who have shewn us kindness in the past. They entertained us in 1882 when members of the Corps returned from Egypt, they have entertained since, and done a great deal for us in every possible way, and I am convinced that we should do something in the way I have stated of a special dinner to members of the civil profession. I don't mean every year. I think that now, or probably later this year, would be a suitable time—say in the autumn—to entertain a certain number.

CHAIRMAN.—You mean representative members of the civil profession or any other distinguished guests, as other officers of the Army, who we think might also be invited?

SURG.-GEN. KEOGH.—I am very sorry to think this meeting has passed this resolution. I am delighted to think that Col. Porter has put the matter in a light which fully expresses my own views. I personally feel while I am entertained so frequently in London in my official position as Deputy Director General, and since I am unable to return the hospitality given to me, and as I know, also to

you, sir, our Corps should not exclude guests. The Corps, under the late Director General, you are aware, entertained a very large number. But I do not personally wish to import a matter of discord into the meeting. I express my views to the General Meeting and I beg to second the proposal of Col. Porter—that members of the civil profession be invited to a special dinner.

LIEUT.-COL. WILSON.—I shall be very glad to support this proposition. Would the funds of the R.A.M.C. Fund give a grant, and if so, what would be the amount of the grant to this Corps dinner? The Fund already gives a considerable sum to the Annual Dinner. If the suggestion comes into force it should be suggested—1st, what the Fund should give towards the dinner; 2nd, whether any officer who likes may attend; 3rdly, to settle whether it should be annual or bi-ennial, as once you begin an institution it is difficult to stop it.

LIEUT.-COL. TWISS.—I think Sir, we had some years ago a special dinner on special occasions, supported by Officers of the Corps, who were able to come, and I think that perhaps the proposition of Col. Porter would be met by our saying every three years for this special dinner, the dinner to be supported by all officers of the Corps, certainly by Districts near London. I think it should be Gentlemen, "special"—say every three years—not an annual thing.

CHAIRMAN.—Well Gentlemen, I am altogether in sympathy with Col. Porter's proposal. I feel perhaps even more than the D.D.G. does how very unpleasant it is being unable to return the hospitality forced upon me as Director General of the A.M.S. without the least possibility or hope, so far as I am personally concerned, of returning it. We must all feel when we go to these public entertainments we are guests without the slightest chance as far as our individual power is concerned (unless there are millionaires in the Corps, or very wealthy men, that I do not know of) of returning the lavish hospitality one meets in London. This question was formally considered at the fourth Committee Meeting, and the Committee was unanimously of the opinion held by Surg.-General Keogh, and which Col. Porter put forward. If Members of the Corps think there is any practical way of returning this hospitality, then I should be very glad if it can be put into any definite shape. Perhaps the General Meeting would like to refer to the Committee the question of working it out and preparing a scheme by which this may be done. I quite agree with Col. Porter's suggestion. No one appreciates it more than myself, because as your representative I am constantly asked to entertainments, and I have neither officially or privately the means of returning this hospitality. Therefore with a view to getting this put into practical shape I shall be glad to hear suggestions.

SURG.-GEN. JAMESON.—I may mention on this subject that a few years ago, when we first decided not to invite guests to our Annual Dinner, our dear old friend, Sir William McCormack, came up to me and said, "I am very sorry to hear that you are not inviting me to your dinner. I have for very many years enjoyed the privilege." That was the direct outcome of this measure. I think we ought to do everything in our power to bind the civil profession to ourselves. I cannot imagine anything more decidedly favourable to that condition than a proposal to invite not many but a few guests, say representatives of the Colleges of Surgeons and Physicians. I am altogether in favour of it; of course the D.G. holding an official position, he must constantly go to these dinners—not always a pleasure. At the same time I think it well to consider this matter a little more before coming to a final decision.

SURG.-GEN. FAWCETT.—Sir, I cannot help thinking this matter should be referred to the Committee with directions to them to send out a circular on the subject. Speaking for myself nothing will give me greater pleasure than such an entertainment as sketched by members present on the subject. When I was on

the Committee years ago possibly I was one of the guilty ones. My late friend, Sir Wm. McCormack was invited. If the Presidents of the Colleges of Ireland and Edinburgh were invited, gradually the number of guests asked would mount up. Where is the line to be drawn? The drawing of the line is a difficult matter. I propose that the Committee be directed to send out a circular on the subject.

COL. GUBBINS.—I beg to second that. It is not the custom of the Royal Engineers or Royal Artillery, to invite any guests to their annual dinner, except their Regimental Agents, and I think the Meeting has very strongly expressed its opinion to-day against inviting guests. Our late D.G. has mentioned a great personal friend of mine, the late Sir Wm. McCormack, who was President of the Royal College of Surgeons for the exceptional period of 5 years, and was also examiner of Candidates for the Army Medical Service for a considerable time. With regard to the proposal of Lieut.-Col. Porter, seconded by Surg.-Gen. Keogh, as to the civil profession I am entirely and absolutely with you, and I can only say that I agree with Surg.-Gen. Fawcett that the invitation ought not to be confined to London or any particular City, and that it is best to leave it to the Committee to consider the subject.

CHAIRMAN.—Well then, Gentlemen, this is a proposition put before the Meeting—"That the subject of holding a special dinner to which invitations be sent to the representatives of the civil profession, and that other distinguished gentlemen, who have shown hospitality and kindness to the Officers of the Corps, also be invited, be referred to your general Committee for consideration and report." Those in favour—

SURG.-GEN. MUIR.—One thing: I think that it should be settled whether Lay Gentlemen should be asked or not. I should be against that, as it is the profession solely we want to entertain. Directly you ask Laymen you don't know when to draw the line, so I think that is a question for this Meeting to decide.

CHAIRMAN.—It all depends whether you intend to have one dinner or a series of dinners, because there are others than those in the profession—take for instance the Commander-in-Chief, Permanent Under Secretary, and a great many other officers, such as those of the Indian Medical Service, who show hospitality—and I think it would be difficult to have such a dinner without them. I only just throw out hints to show that others beside the medical profession must be included.

LIEUT.-COL. PORTER.—It would be a pity to exclude distinguished members outside our own profession to whom we would like to show hospitality. Take, for instance, the Secretary of State for War and the Commander-in-Chief. We might want to invite other officers as well. I think it would be a mistake to exclude these. I only ask our Committee to invite members of our own profession, and Members of the Army and Navy who have shewn us as a Corps, and our representatives, kindness and hospitality. My opinion would be rather no dinner at all than to exclude these.

SURG.-GEN. MUIR.—May I just say my personal objection to, including other Guests is that it would be keeping us out of touch with the Civil profession.

LIEUT.-COL. TWISS. I don't say I follow exactly what Colonel Porter means about shewing good feeling to brother officers. Is it if we like the Secretary of State we should ask him to Dinner, if we don't that we should not?

CHAIRMAN.—There are two proposals before us which I should like to have settled among yourselves. Whether Col. Porter's proposition seconded by Gen. Keogh be referred to the general Committee—namely, the question of having a special dinner to invite members of the civil profession thereto. I think Col. Porter's proposal should be laid before your general Committee for consideration

and report. That is a proposition before the Meeting; is there any amendment to that?

SURG.-GEN. MUIR.—moved, "that it be an instruction to the Committee in considering this proposal of Colonel Porter's that no Guests other than professional guests be asked to this special dinner, that the words 'and others' be left out."

CHAIRMAN.—"And others" should be left out? I put this amendment before the Meeting first. Those in favour please stand up. (*A few*). Those in favour of Col. Porter's proposal please stand up. (*A large majority*). Col. Porter's proposal carried.

Now Gentlemen, before we disperse I want you to express in this way if you will, your approbation of the work of your general Committee. This is our first general meeting. The Committee was formed first of all provisionally, and then appointed itself a permanent Committee and carried on the work for the year in the way I have laid before you; and as a short way of getting the approval of the general meeting, that is to say the approval of the Service generally, I should ask you to express your approval or otherwise of the action of your general Committee with regard to the questions with which it has had to deal. (*Applause.*)

COL. MAY.—I beg to propose a vote of thanks for the admirable way in which the Committee have carried out their duties, and which I am sure have been most satisfactorily carried out. (*Applause.*)

CHAIRMAN.—It is very kind of you to express so favourably your vote of thanks. But what I meant was a formal resolution by the general meeting, of approval of the proceedings of the first 5 meetings which have been laid before you from the origin of the Committee up to the present date, to show that these proceedings and the action the Committee have taken are approved of.

SURG.-GEN. STEPHENSON.—If you will allow me I will second the proposition just made that the General meeting approve of the work done.

CHAIRMAN.—That is really a proposition. Will you express your approval by standing up. *Carried unanimously.*

CHAIRMAN.—One more word before we go about the coming Journal. I daresay a great many of you have heard that at last it is an accomplished fact, and on the 1st of next month—July—the Journal will, I hope and believe, be issued. I would only ask you now Gentlemen that, as a little leaven, you will go about the Corps and endeavour to stimulate all your brother officers to take an active interest in that Journal. We are putting ourselves now before the light of the world, and if we do not put our best foot foremost we may not appear in such a favourable light as we should do. Therefore I would ask you to bear in mind yourselves that there is such a thing as this Journal, and that upon your shoulders rests the responsibility (and I feel perfectly certain that of the Officers of our Corps not one will shirk his share of responsibility) for its success. What I ask you is to spread this idea abroad, and not to let our brother officers get careless about it. We are not confined to Medicine or Surgery, but are open to every branch of science—all the "ologies." Let us try to bring all our brother officers up to the scratch that none remain backward in supporting the Journal. (*Applause.*) I think this is one of the most important steps ever taken in the Corps. (*Applause.*) When I entered the Corps the very first thing considered was a Journal, the form and legend of the Journal even was settled; but it is not until now that we have succeeded in it; and now that we have got it, we are under this responsibility, that we must make it a great success.

B. SKINNER,

Lt.-Col.,

Hon. Sec.

68 VICTORIA STREET, S.W.

June 16th, 1903.

REPORT OF THE SIXTH MEETING OF THE COMMITTEE.

The Sixth Meeting of the Committee was held at 68, Victoria Street, S.W., on Friday, June 26th, 1903, at 12 noon.

Present :

SURGEON-GENERAL SIR WILLIAM TAYLOR, K.C.B., K.H.P., Director General A.M.S. Chairman.	
SURGEON-GENERAL SIR JOHN B. C. READE, K.C.B., K.H.S.)	} Representing Retired Officers.
LIEUT.-COLONEL J. F. BEATTIE.	
SURGEON-GENERAL A. H. KEOGH, C.B.	
SURGEON-GENERAL W. H. McNAMARA, C.B., C.M.G.	
COLONEL W. L. GUBBINS, M.V.O.	
COLONEL H. E. R. JAMES.	
LIEUT.-COLONEL E. M. WILSON, C.B., C.M.G., D.S.O.	
MAJOR R. H. FIRTH.	
CAPTAIN & QUARTER-MASTER G. MERRITT.	

MINUTES.

1. The Minutes of the Fifth Meeting were confirmed.
2. The following resolution passed at the General Meeting on June 15th, 1903, was under the consideration of the Committee.

"That the subject of holding a special Dinner to which invitations be sent to the representatives of the Civil profession, and that other distinguished gentlemen who have shown hospitality and kindness to the Officers of the Corps also be invited, be referred to the General Committee for consideration and report."

The Committee reports as follows:—

- (a) A special dinner of the Royal Army Medical Corps to which Guests should be invited should be held. The cost of which special dinner should not be borne by the R.A.M.C. Fund.
- (b) A list was made of 24 Guests whom it is proposed should be invited.
(This list may be seen in this office.)
- (c) No private guests should be allowed.

- (d) The dress for the occasion should be plain clothes with decorations.
- (e) The means of defraying the cost of the dinner should be borne by those dining, and by those among the officers serving at the date of the dinner in the United Kingdom and Channel Islands who, though not dining, are willing to subscribe.
- (f) The special dinner should be held on the 21st October next, at the Whitehall Rooms of the Hotel Metropole.
- (g) The following Sub-Committee was appointed to make all arrangements in connection with the dinner :

COLONEL GUBBINS.

COLONEL JAMES.

LT.-COLONEL BEATTIE.

LT.-COLONEL WILSON (Hon. Secretary).

Lt.-Colonel Skinner was asked to communicate this Report to the Officers of the Corps, and to obtain the names of those among the Officers serving at Home who are willing to support the Dinner.

3. A letter from Lt.-Colonel Somerville Large in reply to the resolution contained in Minute 3 of the Fifth Meeting was before the Committee. Lt.-Colonel Somerville Large while regretting that the Committee does not consider it desirable to create a trust in the Compassionate Fund, withdrew that portion of his previous letter, and made an offer which was accepted by the Committee in the following terms :—

"That a sum amounting to nearly £1,400—presented by Lt.-Colonel Somerville Large—be placed to the credit of the Compassionate Branch of the Royal Army Medical Corps Fund. The whole of this sum will be spent in subscriptions to obtain the admission of Orphan children of Warrant Officers, Non-Commissioned Officers and men of the Royal Army Medical Corps, into some Charitable School or Institution, in accordance with para. 4 (c.) Report of the 3rd Meeting of the Committee."

The Director-General notified that he had in the name of the Committee written to Lt.-Colonel Somerville Large accepting his gift with thanks.

B. SKINNER,

Lt.-Col.

Honorary Secretary.

68, Victoria Street, S.W.

June 27th, 1903.

MEETING OF A SUB-COMMITTEE FOR THE SPECIAL DINNER OF THE R.A.M.C.

With reference to para.2(g) of the Minutes of the 6th. Meeting of the Committee held on the 26th. June, 1903, the Sub-Committee met at 68, Victoria Street, S.W., on June 30th. & decided:-

1. That the price of the Dinner per head should be the same as that of the Annual Dinner of the Corps, viz. 32/6.-
2. That in view of the decision of the General Committee that no part of the expense should be borne by the R.A.M.C. Fund, each member dining would pay for his own dinner and that the expense of the guests and those incidental to the Dinner, viz. cigars, printing, postage etc. be defrayed by subscribers of the Corps whether dining or not in accordance with the decision of the General Committee (See para. 2E).-
3. That a small string band be provided by the Royal Army Medical Corps Band at Aldershot at a cost not exceeding £5. 0s. 0d.
4. That no invitations be issued until the next Sub-Committee Meeting which should be held as soon as the Honorary Secretary is in receipt of a sufficient number of replies to be able to form an estimate of the probable number of subscribers.

68, Victoria Street, S.W.
1st. July, 1903.

E. M. WILSON,
Hon. Secretary.

68, Victoria Street, S.W.
July 1st., 1903.

Dear Sir,

The expenses connected with Guests etc. may be estimated at about £50. 0s. 0d. which could be provided by 100 subscribers at 10/- each, I am therefore to request that you will be so kind as to fill up the enclosed slip saying:-

- 1st. if you will subscribe 10/- to the proposed dinner and
- 2nd. if you intend to be present.

When returning the slip I should be glad if you would kindly enclose postal order or cheque for 10/- Subscription payable to me at this address. The amount for the dinner itself should be paid personally to the clerk at the Hotel on the evening.

Should the amount of the Subscriptions be found to exceed the actual sum required the balance will be returned. On the other hand if the number of subscribers at 10/- should prove to be insufficient to defray the cost of the incidental expenses a small supplementary subscription will be required. It will be understood that this will depend on the number of subscribers and the number of guests actually dining, and the Sub-Committee request that a very early answer may be afforded to this letter in order that arrangements may be made and invitations issued. It has been ascertained that Rooms at the Hotel Metropole are available on the evening in question.

Yours very truly,

E. M. WILSON,
Hon. Secretary.

acts of the enemy, a pension of £50 will be given on account of injury or death, being on the ordinary duties of the service.

Conditions of Service.
No certain, but the liability to serve will be given when and where required. To be liable to misconduct or incompetency. To rank with permanent service. To be under the general discipline, etc. To receive two calendar being no longer required. To be granted a gratuity on discharge, if not discharged for any. Voluntary resignation of appointment at convenience of the service, but the gratuity or discharge will be thereby forfeited.

its.
ated to the Regular Army (except those Indian Army) after 1st December, and with field kits which must be own expense.
consist of the following articles, in new general service blankets to be or regimental arrangements from res:-
bedstead.

net, 7 feet by 4 feet 6 inches.
id, with waterproof basin, bath and bag.

skat.
t bag, to hold above articles with as and regiment painted upon it. themselves purchase the kits, with the ankets. The articles will be of the id their actual cost, up to a maximum unded on the certificate of command-kits are satisfactory. This certificate ill will be forwarded to the Army orized to make payment.
ay be seen at the War Office where prepared to supply, and prices may be April 1903.

ONS AND APPOINTMENTS.

NIGHT'S "LONDON GAZETTE."
RE OFFICE, JULY 28, 1903.
shire Regiment.—Sergeant A. McI.
Royal Army Medical Corps, to be

ARD JULY 30, 1903. MEDICAL SERVICE.

ceived the following from the
Proposals for improving the
al conditions of the Indian
have now been formulated by
of India, and will shortly be
sideration by the Secretary of
in Council. It is hoped that
ms will be published in Sep-

Aug. 1, 1903.

ARMY MEDICAL CORPS.

72 candidates have entered for the
tion for commissions in the Royal
s. The number of vacancies is 30.
gan on July 29th. The degrees and
a large proportion of the candidates
men of the highest professional
have served the office of house-
e-surgeon in their hospitals. A
feature in the competition is the con-
of candidates from London schools who
ng the Irish candidates are some
College, Dublin; and from Scotland,
s gave so many distinguished officers
rich for some years has sent very few
oin the Corps, a few candidates are at
We congratulate the army and the
hings which indicates in the most con-
nner that the medical service of the
ting men of the right stamp.

ection V.—Royal Army Medical

tion of Sec. V., Royal Army Medical Corps
a approved, and copies will be issued to

1898, and 205 of 1902, and the Details of
Royal Army Medical Corps, and Depot
school promulgated therewith are cancelled.
y 1903.

Military Books.

ed on sale, and added to list issued with
s, Army, Regulations for. (Re- 0 8
1900

Army Book and Forms cancelled.

Book and Army Forms cancelled:-
k 187, "Medical Case Book."
—A.O. 132, July 1903.

be drowned, etc., by acts of the enemy, £50 to £100. In the case of widowed mothers dependent on their sons, if the latter left no widows or children, and orphan sisters dependent on their brothers, if the latter left no mothers, widows, or children, and the surgeon be killed or drowned or

PROMOTIONS AND APPOINTMENTS.

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, MAY 25, 1903.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Ladies to be—
Matron in Chief.—S. J. Brown (R.R.C.) (temporary).

Principal Matrons.—E. H. Beecher (R.R.C.) and C. H. Keer (R.R.C.).

Matrons.—B. I. Jones, P. E. Addams-Williams, M. C. P. K. Cole (R.R.C.), E. Ferguson, A. Garrison (R.R.C.), L. Hardenson, I. J. Jerrard (R.R.C.), M. C. S. Knox (R.R.C.), S. E. Oran (R.R.C.), G. M. Payne (R.R.C.), M. Russell (R.R.C.), G. E. Saunderson, L. M. Stewart (R.R.C.), A. E. Tait, M. Thomas (R.R.C.), E. Webb (R.R.C.), M. Wilson, C. M. Chadwick (R.R.C.), E. M. McCarthy (R.R.C.), and A. B. Smith (R.R.C.).

Batons.—B. S. Vaughan, E. C. Chetham (provisionally), S. Lanning (provisionally), G. E. Larner (provisionally), L. M. Lyall (provisionally), G. Anderson, E. Beck (provisionally), E. Body, A. S. Bond (R.R.C.), D. V. Briscoe, A. Cameron, E. Cox, E. A. Cox, L. M. Culverwell, A. Guthrie, M. E. Harding, M. E. Harper (R.R.C.), M. G. Hill (R.R.C.), I. A. G. Kinahan, H. McCurdy, G. A. Magill, M. R. Makepeace, M. Mack, E. J. Martin, A. A. Murphy, H. L. Neale, A. Nixon, E. T. Noble (R.R.C.), H. F. Peacock, W. Potter, C. H. Potts, D. I. Richards, A. R. Rose-Innes, S. Y. Snowdon, C. K. E. Steel, L. E. C. Steen, E. M. E. Todd, L. M. Todd, D. D. Tripp, L. W. Tuleh (R.R.C.), M. G. A. Warner, S. L. Walshaw (R.R.C.), J. W. Wilson, M. Wright, H. T. Young, A. Barker, F. M. Hall, J. Hoadley (R.R.C.), D. P. Palmer, M. H. McLeish (provisionally), E. C. Stewart (provisionally), I. G. Willems (provisionally), and R. Osborne (provisionally).

Rail Nurses.—S. J. M. Keene, M. L. Potter, M. Pedler, E. M. Rickerdike, A. Fitzgerald, S. R. Hughes-Hallett, E. C. Humphreys, M. Kendall, C. C. R. Moore, E. M. Pettie, L. A. Rideout, F. E. C. Watson, A. A. Wilson, M. M. Blakely, A. E. Myring, M. M. Tunley, M. M. Bond, A. F. Byers, K. Ward (all provisionally), and J. A. Evans.

MAY 30, 1903.

THE EVOLUTION OF THE VOLUNTEER MEDICAL SERVICE.

Sir,—The evolution of the volunteer medical service is an interesting study as a branch of the medical profession.

1. Beginning in 1859-60 as a body of regimental medical officers, it is to-day in a far more efficient condition of independence and autonomy.

2. *Major Maclure's Work*.—Major Maclure, London Scottish Volunteers, in the Seventies began to develop and train the volunteer regimental bearers. He on certain occasions formed scratch bearer companies, called "Maclure's Mixture" from their heterogeneous component parts drawn on loan from all sorts of units of the volunteer force. It was the day of small things; but it was a step forward, and his name cannot be forgotten.

3. *The Movement of '81*.—In 1881 I began to write in the medical journals of the need of training medical students in ambulance work; and in 1883, in conjunction with Mr. Cantlie, of Charing Cross Hospital, pushed forward the movement for an independent Volunteer Medical Corps, which Mr. Cantlie formed in 1885, and which now numbers many efficient units and has sent hundreds to the wars.

4. *The Infantry Volunteer Bearer Companies of Volunteer Brigades*.—These after years of strain and struggle as temporary organizations are now gradually being definitely formed in the counties, and real rank in the army has now been given to the bearer company officers, a great step towards efficiency and esprit de corps.

5. *Recent Action of the Manchester Companies R.A.M.C. Volunteers*.—In my opinion very special attention should be given to the action taken by the Manchester Volunteer R.A.M.C. in raising a company in their corps and earmarking it specially for the Manchester Volunteer Infantry Brigade. I regard this as a very important and epoch-making departure towards the future unity of the Volunteer Medical Service, and I am only sorry that it is not possible as yet to amalgamate the bearer companies of the London Volunteer Infantry Brigades with the London R.A.M.C. Volunteers, earmarking these companies for special duty with their brigades, but all the while forming part of the R.A.M.C. Volunteers as must eventually be the case.

6. *Further Steps needed*.—It is, in my opinion, essential to drop the title of Volunteer Infantry Brigade Bearer Companies now used by these units attached to volunteer infantry brigades, and to call them simply companies R.A.M.C., with the local prefix, as Devon Company R.A.M.C. Volunteers, Hampshire Company R.A.M.C. Volunteers, still earmarking the company for duty with its brigade, but making them the primary element of the county corps of R.A.M.C. Volunteers needed in the future in every county. When other companies are later on raised in each county for the artillery, engineer, or other volunteer services, these companies would be the 2nd Devon or 2nd Hampshire Companies R.A.M.C. Volunteers; but instead of being scattered units, they would be linked into a county corps with the earlier company, and so gain unity and esprit de corps, and have a local dépôt and a local home.

7. *Amalgamation of Existing Regimental Medical Officers of Volunteers with these Local Companies or Corps R.A.M.C. Volunteers*.—I now recommend that all medical officers of regiments in the Volunteer Service endeavour to secure that they be gazetted with real military rank in the local R.A.M.C. unit, and with this substantial rank and commission they can then get themselves attached to any artillery, engineer, or infantry volunteer unit, and have their substantive army rank, a thing now not possible for regimental medical officers of volunteers. In this way all the volunteer medical officer of a county would form a county medical corps graded like any other battalion or unit, and it would be possible to increase the number of brigade surgeons if necessary, and to give to every county corps an honorary colonelcy, as in ordinary volunteer battalions. The present isolation of the infantry brigade bearer companies from the R.A.M.C. Volun-

teers, and the want of real rank for regimental volunteer surgeons, are both weak points in volunteer organizations, and are easily removed as I suggest. In this way the path will be made readier for a still closer union of the regular, militia, yeomanry, and volunteer medical services which the least threat of another large war will surely bring about, that is to say, the amalgamation or grouping together of the various county medical units, regular, militia, yeomanry, and volunteer organizations into a district brigade R.A.M.C., each unit still maintaining its autonomy and perfect independence, but combined for command under the district P.M.O. representing the central medical administration of the army.

8. *The Yeomanry Medical Squadron*.—One link in this chain is still missing, namely, the Yeomanry Medical Squadron organized as a medical military unit under Yeomanry conditions and Yeomanry medical officers with real rank in the Yeomanry Service and able out of this squadron to furnish a well-equipped Mounted Yeomanry Bearer Company and field hospital ready for war. We need a "Cantile" of the Yeomanry Medical Service to do this latter thing—which would require to be founded in some way.

8

- (d) The dress for the occasion should be plain clothes with decorations.
- (e) The means of defraying the cost of the dinner should be borne by those dining, and by those among the officers serving at the date of the dinner in the United Kingdom and Channel Islands who, though not dining, are willing to subscribe.
- (f) The special dinner should be held on the 21st October next, at the Whitehall Rooms of the Hotel Metropole.
- (g) The following Sub-Committee was appointed to make all arrangements in connection with the dinner:

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COLONEL JAMES.

LT.-COLONEL BEATTIE.

LT.-COLONEL WILSON (Hon. Secretary).

Lt.-Colonel Skinner was asked to communicate this Report to the Officers of the Corps, and to obtain the names of those among the Officers serving at Home who are willing to support the Dinner.

3. A letter from Lt.-Colonel Somerville Large in reply to the resolution contained in Minute 3 of the Fifth Meeting was before the Committee. Lt.-Colonel Somerville Large while regretting that the Committee does not consider it desirable to create a trust in the Compassionate Fund, withdrew that portion of his previous letter, and made an offer which was accepted by the Committee in the following terms:—

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The Director-General notified that he had in the name of the Committee written to Lt.-Colonel Somerville Large accepting his gift with thanks.

B. SKINNER,

Lt.-Col.

Honorary Secretary.

68, Victoria Street, S.W.

June 27th, 1903.

they will also be closed to "items of social or personal interest other than what is official." As on p. 71 there are announcements of births, marriages, and deaths, we gather that these "items" are regarded as in some way official. We can quite understand that deaths may have a greater or less measure of official importance, but births and marriages would seem to most people to be merely of social or personal interest. But perhaps as M. Anatole France's latest most lugubrious novel is called *Histoire Comique* because, as the author considerably explains, it relates to a comedian, so marriages and births are looked upon in the army as official because they are connected with officers. Another infinitesimal criticism which we may venture to make is in regard to the use of the word "L'Envoi" as a heading for the introductory discourse. It is the character of the "Envoi" to come last, like the bill at the end of the banquet. Possibly the military instincts of the distinguished writer made him conceive of a preface as of something in the nature of a challenge which he was sending to his readers. As far as we can form a judgement from a single

MEETING OF A SUB-COMMITTEE FOR THE SPECIAL DINNER OF THE R.A.M.C.

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3. That a small string band be provided by the Royal Army Medical Corps Band at Aldershot at a cost not exceeding £5. 0s. 0d.
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68, Victoria Street, S.W.
1st. July, 1903.

E. M. WILSON,
Hon. Secretary.

68, Victoria Street; S.W.
July 1st., 1903.

Dear Sir,

The expenses connected with Guests etc. may be estimated at about £50. 0s. 0d. which could be provided by 100 subscribers at 10/- each, I am therefore to request that you will be so kind as to fill up the enclosed slip saying:-

1st. if you will subscribe 10/- to the proposed dinner and

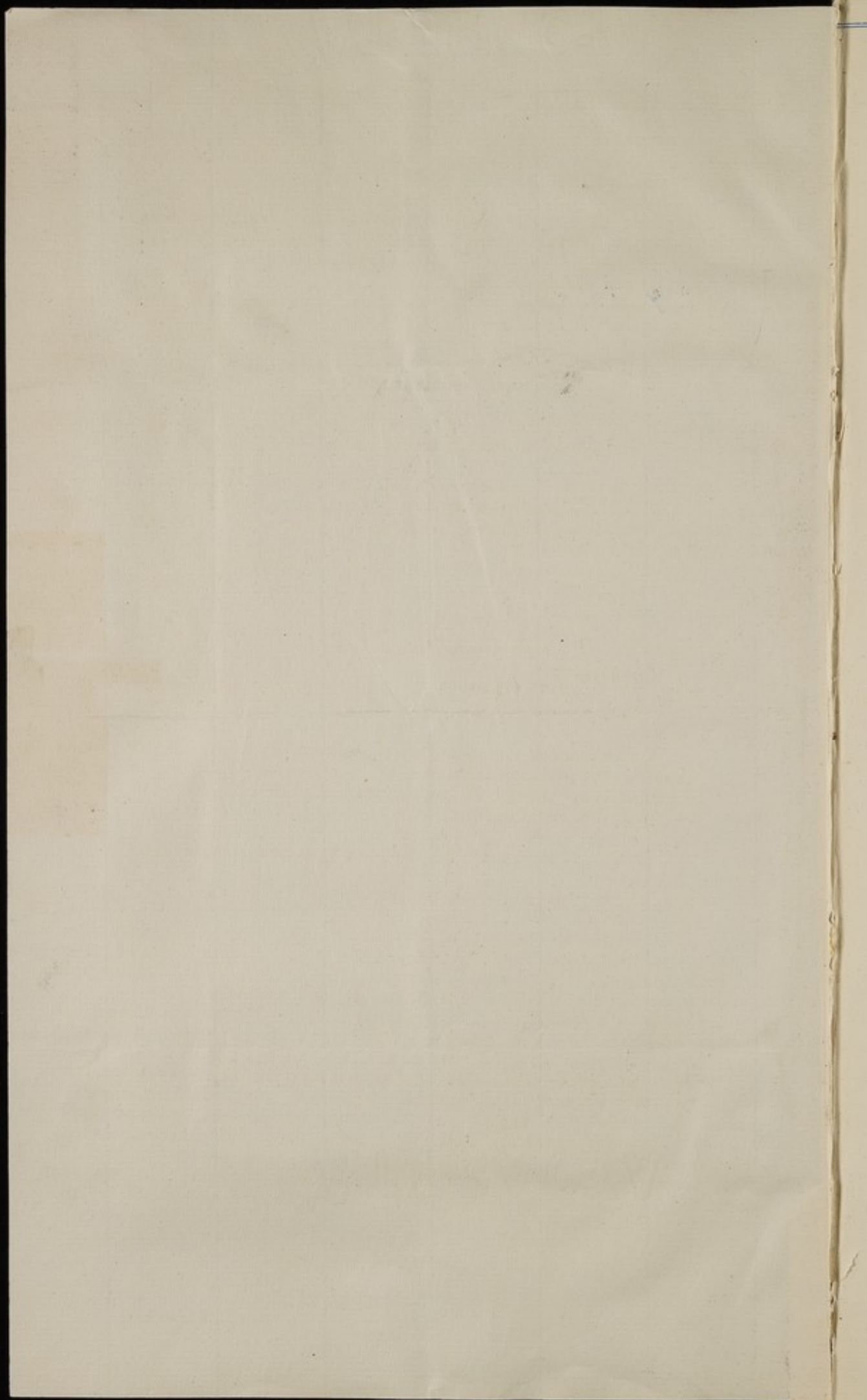
2nd. if you intend to be present.

When returning the slip I should be glad if you would kindly enclose postal order or cheque for 10/- Subscription payable to me at this address. The amount for the dinner itself should be paid personally to the clerk at the Hotel on the evening.

Should the amount of the Subscriptions be found to exceed the actual sum required the balance will be returned. On the other hand if the number of subscribers at 10/- should prove to be insufficient to defray the cost of the incidental expenses a small supplementary subscription will be required. It will be understood that this will depend on the number of subscribers and the number of guests actually dining, and the Sub-Committee request that a very early answer may be afforded to this letter in order that arrangements may be made and invitations issued. It has been ascertained that Rooms at the Hotel Metropole are available on the evening in question.

Yours very truly,

E. M. WILSON,
Hon. Secretary.



number, we think the *Journal of the Royal Army Medical Corps* not only has, in the word of Dr. Johnson, vitality enough to preserve it from putrefaction, but has before it a future of usefulness to the medical officers of the army and to the progress of military medicine in its largest sense.

Pay of Officers of Royal Army Medical Corps serving Abroad.

With reference to the Secretary of State's Instructions on pages 97 and 98 of the Pay Warrant, it has been decided that from 1st July, 1903, and until further orders, officers of the Royal Army Medical Corps serving abroad shall have the option of drawing their pay either through the agents or the district paymaster. Returns on Army Form B 140, similar to those now sent in by the senior medical officer at a home station, will accordingly be rendered to the agents and to the War Office from all stations abroad.—A.O. 82, May 1903.

Wearing of Uniforms at Fancy Dress Balls.

The King has been pleased to command that regulation uniform shall not be worn at Fancy Dress Balls by officers of the Regular Army, the Militia, Yeomanry, and Volunteer Forces.

The term "uniform" in this Order is to be strictly interpreted as referring to all uniform of regulation pattern, as there is no objection to military uniform of obsolete pattern being worn by officers at Fancy Dress Balls.—A.O. 96, June 1903, page 5.

Instructions, &c.—Designations of Brigades of different Arms.

In future, brigades of the several arms will be officially referred to as "Cavalry Brigade," "Horse Artillery Brigade," "Field Artillery Brigade," "Heavy Artillery Brigade," and "Infantry Brigade," respectively.—A.O. 97, June 1903, page 5.

Changes of Designation:

(a) **Royal Horse and Royal Field Artillery.**
A lieutenant-colonel's command in the Royal Horse Artillery and Royal Field Artillery, which has hitherto been known as a "brigade division," will in future be designated a "brigade."
A "subdivision" of a battery will be styled a "sub-section."

(b) **Local Companies of Royal Garrison Artillery.**
His Majesty the King has been graciously pleased to approve of the local companies of the Royal Artillery at Jamaica and St. Lucia, together with a third company to be raised at Sierra Leone, being formed into one battalion, to be designated the West Indian Battalion, Royal Garrison Artillery.

His Majesty has been further pleased to direct that the Ceylon-Mauritius, and the Hong Kong-Singapore, Battalions of Royal Artillery, shall in future be designated the Ceylon-Mauritius, and the Hong Kong-Singapore, Battalions of Royal Garrison Artillery.—A.O. 98, June 1903.

Establishment of paid lance-sergeants, lance-corporals, and acting bombardiers.

1. The Secretary of State has approved, under the provisions of Art. 912 of the Pay Warrant, the following establishment of paid lance-sergeants, paid lance-corporals, and paid acting bombardiers—

	Lance-sergeants	Lance-corporals
Royal Army Medical Corps (provisionally)	35	140
Army Ordnance Corps	3	4
For each company	...	...

2. A.O. 222 of 1902 is hereby cancelled.—A.O. 100, June 1903.

JULY 18, 1903.

ROYAL NAVY MEDICAL SERVICE.

REGULATIONS FOR THE ENTRY OF SURGEONS FOR TEMPORARY SERVICE IN THE MEDICAL DEPARTMENT.

It is announced that "Surgeons who may be temporarily employed in the Royal Navy to meet the requirements of the service will be appointed under the following regulations":

Qualifications.

To be of pure European descent and the son either of natural born British subjects, or of parents naturalized in the United Kingdom. To be registered under the Medical Acts as qualified to practice medicine and surgery in Great Britain and Ireland. To produce certificates of good character (up to date). To be reported physically fit after medical examination. Age not to exceed 40 years.

Pay and Allowances.

Full pay, 12s. a day. Half-pay, for sickness and extra leave only, 6s. a day. To be granted thirty days advance of pay on joining a ship after appointment. To receive the same allowances as are payable to permanent officers of their rank.

Uniform to be provided by each Surgeon.—Frock coat, waistcoat, and trousers. Undress coat. Uniform cap. Mess jacket and waistcoat. Sword and undress belt. All as specified in the Uniform Regulations. An equipment allowance of £20 will be payable on an officer being called up for active service.

Meating.—Surgeons will be allowed, when attached to ships on commission, the ordinary naval ration; but will have to pay about 2s. a day towards the maintenance of their mess as wardroom officers.

Pensions for Wounds and to Widows, &c.

Unmarried candidates will be preferred. In the event of surgeons engaged for temporary service being wounded in His Majesty's service, gratuities or pensions, varying in amount according to the injuries sustained, will be granted on the basis of the awards in similar cases of naval officers.

Should temporary surgeons be killed in action, die within six months of wounds received in action, or meet their deaths by acts of the enemy, the following pensions and allowances will be granted to their widows, children, &c.

Widows' Pensions.—If surgeon be killed in action, &c., and in addition one year's pay of their husband's corresponding rank in the Royal Navy—£250—*as a gratuity*. If surgeon be drowned, &c., by acts of the enemy, &c.

Children's Pensions, up to the Age of 18 for Boys and 21 for Girls.—If surgeon be killed in action, &c., and each unmarried child under the age of 18 one-third of the gratuity paid to the widow. If the surgeon be drowned, &c., by acts of the enemy, &c., £200. In the case of widowed mothers dependent on their sons, if the latter left no widows or children, and orphan sisters dependent on their brothers, if the latter left no mothers, widows, or children, and the surgeon be killed or drowned or

suffered violent death by acts of the enemy, a pension of £30 will be granted.
No pension or gratuity can be given on account of injury or death, which may result from carrying on the ordinary duties of the service.

Conditions of Service.

To engage for six months certain, but the liability to serve will be limited to five years. To serve when and where required. To be liable to immediate discharge for misconduct or incompetency. To rank with, but after, surgeons in the permanent service. To be under the general rule of the service as regards discipline, &c. To receive two calendar months' notice of services being no longer required. To be granted a gratuity of two calendar months' pay on discharge, if not discharged for misconduct or incompetency. Voluntary resignation of appointment will be allowed subject to the convenience of the service, but the gratuity of two calendar months' pay or discharge will be thereby forfeited.

Officers' Field Kits.

1. All officers gazetted to the Regular Army (except those posted direct to the Indian Army) after 1st December, 1902, will be supplied with field kits which must be maintained at their own expense.

2. The kits will consist of the following articles, in addition to three new general service blankets to be obtained only under regimental arrangements from Barrack Expense Stores:—

- 1 portable camp bedstead.
- 1 bag for same.
- 1 pillow.
- 1 waterproof sheet, 7 feet by 4 feet 6 inches.
- 1 tripod washstand, with waterproof basin, bath and bag.
- 1 folding chair.
- 1 waterproof bucket.
- 1 valise, or kit bag, to hold above articles with officer's name and regiment painted upon it.

3. Officers will themselves purchase the kits, with the exception of the blankets. The articles will be of the approved pattern, and their actual cost, up to a maximum of 5s. 16s. will be refunded on the certificate of commanding officers that the kits are satisfactory. This certificate and the receipted bill will be forwarded to the Army agents who are authorized to make payment.

4. A sample kit may be seen at the War Office where the names of firms prepared to supply, and prices may be obtained.—A.O. 63, April 1903.

PROMOTIONS AND APPOINTMENTS.

(FROM LAST NIGHT'S "LONDON GAZETTE.")

WAR OFFICE, JULY 23, 1903.

The East Yorkshire Regiment.—Sergeant A. McL. Plume, from the Royal Army Medical Corps, to be Second Lieutenant.

THE STANDARD JULY 30, 1903. INDIAN MEDICAL SERVICE.

We have received the following from the India Office:—"Proposals for improving the pay and general conditions of the Indian Medical Service have now been formulated by the Government of India, and will shortly be taken into consideration by the Secretary of State for India in Council. It is hoped that the revised terms will be published in September."

AUG. 1, 1903.

THE ROYAL ARMY MEDICAL CORPS.

We understand that 72 candidates have entered for the competitive examination for commissions in the Royal Army Medical Corps. The number of vacancies is 35. The examination began on July 29th. The degrees and qualifications held by a large proportion of the candidates prove that they are men of the highest professional training. Several have served in the office of house-physician or house-surgeon in their hospitals. A particularly gratifying feature in the competition is the considerable proportion of candidates from London schools who have entered. Among the Irish candidates are some graduates of Trinity College, Dublin; and from Scotland, which in former days gave so many distinguished officers to the service but which for some years has sent very few of her graduates to join the Corps, a few candidates are at last forthcoming. We congratulate the army and the nation on a state of things which indicates in the most convincing possible manner that the medical service of the army is now attracting men of the right stamp.

Part II.—Section V.—Royal Army Medical Corps.

A revised edition of Sec. V., Royal Army Medical Corps details, has been approved, and copies will be issued to all concerned.

A.O.s 101 of 1898, and 205 of 1902, and the Details of Equipment for Royal Army Medical Corps, and Depot and Training School promulgated therewith are cancelled.—A.O. 133, July 1903.

Military Books.

1. Books placed on sale, and added to list issued with A.O. 92 of 1903:—
Medical Services, Army, Regulations for. (Re-printed 1903.) 1900 ... 0 8

Army Book and Forms cancelled.

Army Book and Army Forms cancelled:—

Army Book 187, "Medical Case Book."

—A.O. 139, July 1903.

THE STANDARD, TUESDAY,

AUGUST 4, 1903.

SUPPLY—THE ARMY ESTIMATES.

The House went into Committee of Supply on the Army Estimates, Mr. JEFFREYS in the Chair.

On the Vote of £250,000 for the Medical Establishment.

Mr. BURDETT-COUTTS said that there had been a reform of the Army Medical Service, but there had been no opportunity for the House to discuss it.

The hon. member was still speaking at Half-past Seven o'clock, when the Sitting was suspended.

On the Sitting being resumed at Nine o'clock,

Mr. BURDETT-COUTTS continued his remarks.

Amongst the reforms of the Medical Department was one which was wise in principle—the association of the civilian with the Military element on the Advisory Board.

It was, however, unreasonable to expect eminent medical men to perform the duties of such a Board for £200 a year. There should be a system of determining the relations of the Military and civil elements—a system well understood on both sides—so as to avoid the friction of which he was able to give examples in connection with the recent War.

Mr. BRODRICK fully recognised the services which his hon. friend had rendered in originally bringing forward this question. In the changes suggested every effort had been made to see that the arrangements did not become stereotyped, and in order to avoid that they had enlisted the leading members of the medical profession, who were in the closest touch with the medical developments of the day. They had been particularly fortunate in that respect.

He had invited the services of some of the most eminent members of the medical profession, and he could not express too highly his gratitude to those gentlemen who had given up high fees and personal practice to sit with him on the Committee.

He had offered themselves as willing to serve on the Advisory Board at a merely nominal honorarium, so as adequately to reorganise the Army Medical Department.

Besides the Army medical men, the Advisory Board consisted of eminent civilian doctors and surgeons, who attended three or four Committee meetings weekly. The War Office had endeavored to meet their views in regard to pay, the increase of numbers, the increase of leave for study, and the Medical College, for which a site had been secured.

Previous to the appointment of the Advisory Board, the number of candidates was not equal to half the vacancies, but since then the numbers had increased, and at the last examination there were 72 candidates for 30 vacancies, some of the candidates having held places as House surgeons in the best hospitals in London.

The Advisory Board had reviewed the whole of the Military hospitals throughout the country, and he hoped they were on the eve of very great changes in the way of not treating so many trifling cases in hospital (hears), having a much better equipment, more scientific structures, and a general modernising of the institutions. He had asked for £150,000, which he proposed to entrust to a small Committee, of which Sir C. Perry would be the Chairman, and that Committee would apportion the money among the various Military hospitals, with a view to securing their modernisation.

Another point was the organising of an adequate civilian reserve and a definition of their status as compared with the Army Medical Corps themselves (hears, hears), and he hoped next Session to be able to state that those were accomplished facts.

After further discussion this Vote was then agreed to, as well as the Vote of £1,538,090 for transports and remounts.

Discharge of Recruits found medically unfit for Service.

1. Recruits brought forward for discharge within 3 months of enlistment as medically unfit for further service, will no longer be examined by medical boards. Principal medical officers of divisions or districts will decide as to the unfitness or otherwise of such men for continuing in the service.

2. Para. 1805 (III) (4) of the King's Regulations amended as follows:—

Under heading of "Special Instructions," in line 7, for "will arrange for a medical board," substitute "will arrange for his examination by the principal medical officer"; in lines 11 and 12, for the words "and an extract from the proceedings of the medical board will be attached to the discharge documents," substitute "and an extract from the certificate of the principal medical officer will be attached to the discharge documents."

3. Para. 511 of the Regulations for Army Medical Services amended as follows:—

In line 1, for "Medical Boards," substitute "Principal medical officers."—A.O. 144, August 1903.

Army Forms revised:—A.O. 157, August 1903.

Army Form B 194, "Confidential Report on Officers," as revised, will in future apply to all arms except Officers of the Army Ordnance Department and Army Pay Department, for whom separate Army Forms are provided (C 306 and C 327). Copies have been distributed to General Officers Commanding Army-Corps Districts and Commands. Further requirements will be demanded. Previous issues should be wasted.

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Army Form G 1028—65, "Mobilization Store Table for General Hospital of 520 beds and Hospital Ship of 220 beds." Dated June, 1903.

THE RESERVE OF OFFICERS.

Army Orders, approved by Mr. Brodrick and signed by Earl Roberts, just issued, contain the following alterations in the Royal Warrant relating to the Reserve of Officers:—

The following shall be substituted for Articles 647 to 653:—

647. An officer who has retired from our Regular Forces on retired pay, or with a gratuity, shall be an Army Reserve officer so long as he is liable to be recalled to Army service under Article 486.

648. A Commission as an Army Reserve officer may, subject to the limitations laid down in Articles 651 and 652, be granted to an officer who has retired from:—(a) Our Regular Forces; (b) Our Militia, Imperial Yeomanry, or Volunteers; or (c) Our Indian Military Forces.

649. An officer who served in South Africa as an officer of our Imperial Yeomanry, City of London Imperial Volunteers, Volunteer Service Companies, or Colonial Irregular Corps, and has been granted temporary Army rank, may, if he is resident in the United Kingdom, be granted a Commission in our Reserve of Officers, subject to Articles 651 to 652 and to the following conditions:—For the rank of Captain he must have served in South Africa with the temporary rank of Captain in the Army for not less than twelve months. For the rank of Lieutenant he must have served in South Africa with the temporary rank of Captain or Lieutenant in the Army for not less than six months.

650. An officer who has retired from our Militia, Imperial Yeomanry, or Volunteers shall not, subject to Article 661, be granted a Commission in our Reserve of Officers unless he fulfils the following conditions:—For the rank of Captain—he must have had at least seven years' commissioned service at the time of his retirement, including three as captain or field officer, and have qualified for the rank of field officer. For the rank of Lieutenant or Second Lieutenant—he must have had at least two years' commissioned service at the time of his retirement, and have qualified for the rank of Captain.

651. An officer shall not be appointed to our Reserve of Officers in a rank higher than that which he held on retirement; nor, subject to Article 661, shall he be granted a Commission as an Army Reserve officer if he exceeds the following ages:—For appointment as a Field Officer, 50; for appointment as a Captain, 45; for appointment as a Lieutenant or Second Lieutenant, 40.

652. A Commission in our Reserve of Officers shall not be granted to an officer who is serving in our Militia or Imperial Yeomanry under the provisions of Article 509; nor shall such a Commission be granted to any other officer serving in our Militia, Imperial Yeomanry, or Volunteers, unless he previously held a permanent Commission in our Regular Forces.

653. All officers of our Reserve of Officers, except those who have held permanent commissioned rank in our Regular Forces, shall be required to undergo annually one month's training at their own expense with a unit of Regular troops.

This omits officers of the Germany & Volunteers who under the former Warrants were permitted to hold commissions in the Army Reserve in addition to their Germany or Volunteer commissions. If the constitution of the Army Medical Reserve.

Aug. 8, 1903.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENT.]

Army Medical Reform.—During the consideration of the army estimates on Monday night the vote of £530,000 for the medical establishment came on for discussion, and Mr. Burdett-Coutts called attention to the reform of the army medical department. He complained that considerable changes were effected in 1902 and no adequate opportunity given for discussing them. The changes which had been effected were (1) a wise association of the civil with the military medical element, not only for reform but for the purposes of administration of the service; (2) an increase of pay to the R.A.M.C. which attracted better men and improved the service; (3) an increase in the strength of the service; (4) the granting of study leave and facilities for self-improvement; (5) the introduction of the principle of promotion by merit instead of by seniority; (6) the improvement of the status and pay of orderlies; (7) the formation of a sanitary department; and (8) the recognition of female nursing in military hospitals, and the organization of an efficient female nursing service. He commended these reforms, and argued that they were all due to the exposure of the defects observed during the South African war. One of the greatest lessons of the late war was the necessity for organizing a system of civilian medical aid in case a great war occurred. Such an organization was still wanting, and there was only one way to secure efficiency and economy, and that was to develop in time of peace such a civilian service, to be ready if a war broke out. Not only civilian medical men were wanted, but civilian hospitals organized so as to be ready to go to the seat of war and take over base hospitals, and so free the Army Medical Staff to go to the front. He advocated a system of medical units in connexion with large civil hospitals and medical schools, with staff equipment and training, ready to take the field when called on. Such a scheme was laid before the Secretary of State in 1901. He asked what had become of it? It was an integral part of effective reform, and was a matter of life and death to the army. Mr. Brodrick in his reply said he recognized the service rendered in bringing this matter forward. In order to avoid any stereotyped scheme he had enlisted the aid of leading members of the medical profession who were in closest touch with the medical developments of the day. He was most grateful to the eminent men who had assisted him and who sat on the Advisory Board at a mere nominal honorarium, in order to reorganise the R.A.M.C. Department. The War Office had endeavored to meet their views as regards pay, numbers, and the increase of leave study. Previous to the appointment of the Advisory Board the number of candidates had not been equal to half the vacancies, but now the numbers had increased, and at the last examination there were 72 candidates for 30 places. The Advisory Board had made a review of the whole of the military hospitals of the kingdom, and the civilian members had always taken part. They were, he hoped, on the eve of important changes in the direction of not treating trifling cases in hospital, and in having better equipment and more scientific structures. He had asked the House for £150,000, which he proposed to entrust to a small Committee of which Sir C. Perry was Chairman, to apportion among the various hospitals with the object of securing their modernisation. The organization of an adequate civilian reserve and the definition of their status as regards the R.A.M.C. was to be accomplished, and he hoped it might be completed before the House met again. Mr. Buchanan afterwards said the reforms were due to the critics who pointed out the scandalous mismanagement of the medical arrangements at the beginning of the war, and contrasted the tone in which Mr. Burdett-Coutts's remarks were received now with that which was meted out to him when he first reported what he had seen in South Africa. The vote was then agreed to.

AUG. 15, 1903.

THE REFORM OF THE ARMY MEDICAL SERVICE.

We criticized Mr. Brodrick's scheme for the reform of the Medical Service of the army, when it was first tentatively offered to the profession, with the frankness which is a duty as well as a privilege of true friendship. We were also among the first to recognize that he had profited by the criticism to which his proposals were subjected. Indeed, Mr. Brodrick has shown a readiness, almost unparalleled in the history of the War Office, to leave the deep-rutted road of tradition, and to follow new paths of reform. The result is that the Medical Service of the army, which, owing to the ineptitude of fossilized officials and the prejudices of a military caste had become a by-word and a reproach, has been rehabilitated. As the number and quality of candidates at the recent examination show, the service under the new dispensation is beginning to attract young men likely to do credit to their Corps and to the army, and to render excellent service to the State.

That Mr. Brodrick has, with the help of his advisers—among whom we venture to count ourselves as perhaps not the least influential—succeeded in effecting a genuine, if not yet complete, reform of the medical service of the army, is a fact which cannot be gainsaid. His own statement of the case made in the recent debate on the vote for the medical establishment is substantially accurate. Mr. Brodrick then said that in the changes suggested it was recognized by the Government as highly important that they should not rely on anything that had become stereotyped in the department. In order to avoid this they had enlisted the services of leading members of the medical profession who were in closest touch with modern developments in the science and art of medicine. He added that he had been peculiarly fortunate in the advisers whom he had chosen, and he paid a graceful and well-deserved compliment to them for the valuable assistance they had given. The Secretary of State deserves equal commendation for having allowed himself to be guided by their advice.

As we pointed out when the scheme was first made public, the Advisory Board is in theory nothing more than a Greek chorus whose function it is to offer counsel, which may or may not be accepted by the Secretary of State for War; and there must always be at least the possibility that the Board may in fact be reduced to play this humble part. So far, however, Mr. Brodrick has given effect to its recommendations, and he is justified in stating that the War Office has endeavoured to meet its wishes in regard to an improved scale of pay for medical officers, in regard to an increase in their number, and in regard to granting leave for study to be carried out at a medical college, for which a site has been secured.

On these reforms the Government and the service and the country are alike to be congratulated. Even Mr. Burdett-Coutts has expressed his gracious approbation. That gentleman's approval will doubtless be all the more gratifying to Mr. Brodrick, since his previous utterances on the medical service of the army rather suggested that, as a preliminary to their delivery, he had clothed himself in curses. But the explanation of his change of tone is simple. He now blesses because he is pleased to recognize in the reforms his own offspring, or as he puts it with native modesty, he is naturally the first to admit that they are wise and prudent reforms, because they were all pointed out and argued one by one with instances of what was going on under his own eyes in South Africa in the series of articles which he wrote for the *Times*. We should have thought that Mr. Burdett-Coutts would have been glad to leave those productions in the oblivion into which they had fallen. There are, indeed, some signs of grace in Mr. Burdett-Coutts's reference to the medical officers, for he admits that the failure in the arrangements was not due to any want of scientific attainment on the part of the army doctors. He even claims to have been "tender" about them. They might well pray to be spared any more of his tenderness.

It suits Mr. Burdett-Coutts's present purpose to prophesy smooth things about the medical officers of the army because he wishes to pose as the author of the improvements that have been made in the service. "Codlin's the friend, not Short," might indeed have served as the text of his speech. "Short" may, however, be permitted to recall the fact that long before Mr. Burdett-Coutts discovered in abuse of the medical service of the army a source of notoriety, the British Medical Association and its *JOURNAL* had contended for the reforms of which he now claims the credit. Over and over again for many years past we called the attention of the War Office to the dangerously undermanned condition in which it allowed the medical service of the army to remain. In season and out of season, with Cassandra-like iteration, we predicted that the medical arrangements of the army must inevitably col-

lapse if we should become involved in a great war. Again and again we pointed out that if the War Office wished to have an efficient medical department it must make the service attractive to young medical men by offering a more generous scale of pay. Incessantly, too, did we urge on the authorities that an essential condition of the efficiency of the medical officer was a sufficient allowance of leave to enable him to keep himself abreast of the ever-advancing wave of medical progress. Mr. Burdett-Coutts came into the field at the eleventh hour with borrowed ideas, and now he puts himself forward as the reformer of the medical service of the army. He may indeed be called a patron of the medical officers, but in the sense of the word as applied by Johnson to Lord Chesterfield, as one who watches the struggles of a drowning man without offering assistance, but as soon as he reaches land encumbers him with help.

Apart from self-glorification, Mr. Burdett-Coutts's chief object seemed to be to call attention to a scheme for the organization of civilian aid in time of war. That such aid is required is beyond question; but it needed not Mr. Burdett-Coutts to tell us that. Mr. Brodrick's reply showed that such a scheme has been under consideration, and will soon be an accomplished fact. Mr. Burdett-Coutts will doubtless claim the credit of this scheme also, for he took care to inform the House that in February, 1901, "a scheme of that kind, and one upon the lines of which any satisfactory scheme in the future must be founded, was drawn up by a gentleman of great military-medical experience," and laid before the Secretary of State for War. Mr. Burdett-Coutts asks what has become of this scheme. Not being free of the *penetralia* of the War Office, we cannot take it upon ourselves to answer the question. If we may hazard a guess, we should be disposed to say that it has been put into the limbo of useless suggestions and impracticable schemes with which that office, like every other, is deluged, unless it has been more summarily disposed of in the waste-paper basket. We had the privilege of examining a scheme which we take to be that of Mr. Burdett-Coutts's

affable familiar ghost

Which nightly galls him with intelligence;

and we have no hesitation in pronouncing it crude in conception and unworkable in details. It displays such a want of grasp of the conditions under which the care of the sick and wounded has to be carried on in war that we should have believed it to be the production of Mr. Burdett-Coutts's own brain had he not told us otherwise.

On one point we are pleased to find ourselves in agreement with Mr. Burdett-Coutts, and that is as regards the inadequacy of the remuneration paid to the members of the Advisory Board. The duties, if properly performed, are heavy as well as responsible, and to a first-rate man in busy practice necessarily involve a very considerable pecuniary sacrifice. This is certainly neither right nor politic, for neither the honour and glory of the position nor the prospect of a title can always be counted on to attract the right kind of man. As we said when the scheme was first promulgated, "just at present army reform is fashionable, but this will soon pass away, and we imagine that Mr. Brodrick will then not find it so easy as may probably be the case now to find capable men willing to discharge an onerous duty to the State practically without reward." If the Advisory Board is to continue to be a really useful part of the machinery of army medical administration its members must be paid a salary sufficient to make it worth the while of the most competent men to accept the office.

Proceedings of Standing Committees.

ROYAL NAVAL AND MILITARY COMMITTEE. THE INDIAN MEDICAL SERVICE.

THE following report setting forth certain disabilities of service in the Indian Medical Service and suggested remedies, drawn up by the Royal Naval and Military Committee, was presented to the Council of the British Medical Association at the annual meeting recently held at Swansea, and adopted. Copies of the report have been sent to the Secretary of State for India, to the Universities, and to all members of Parliament.

The officers of the Indian Medical Service have a long and honourable record as servants of the Crown, as men of science, and as practitioners of medicine and surgery; and we submit that it would be a lasting reproach to our nation if the Service were permitted from preventable causes to fall below its own high standard. This must inevitably occur unless remedies be found for the present discontent.

The Indian Medical Service, though essentially a military service, consists of two branches, *Military* and *Civil*.

The causes of discontent in the Service may be divided into: (1) *General Grievances* affecting all its members; (2) those affecting its *Military* branch; and (3) those affecting its *Civil* branch. It will be convenient to deal with the suggested remedies under these respective headings.

THE STANDARD, TUESDAY,

AUGUST 4, 1903.

SUPPLY—THE ARMY ESTIMATES.

The House went into Committee of Supply on the Army Estimates, Mr. JEFFRIES in the Chair.

On the Vote of £535,000 for the Medical Establishment.

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650. An officer who has retired from our Militia, Imperial Yeomanry, or Volunteers shall not, subject to Article 651, be granted a Commission in our Reserve of Officers unless he fulfils the following conditions:—For the rank of Captain—he must have had at least seven years' commissioned service at the time of his retirement, including three as captain or field officer, and have qualified for the rank of field officer. For the rank of Lieutenant or Second Lieutenant—he must have had at least two years' commissioned service at the time of his retirement, and have qualified for the rank of Captain.

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653. All officers of our Reserve of Officers, except those who have held permanent commissioned rank in our Regular Forces, shall be required to undergo annually one month's training at their own expense with a unit of Regular troops.—A.O. 145 (Aug 1903)

This omits Officers of the Germany & Volunteers who under the former Warrants were permitted to hold commissions in the Army Reserve in addition to their Germany or Volunteer commissions. If the constitution of the Army Medical Reserve.

AUG. 8, 1903.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENT.]

Army Medical Reform.—During the consideration of the army estimates on Monday night the vote of £530,000 for the medical establishment came on for discussion, and Mr. Burdett-Coutts attracted attention to the reform of the army medical department. He complained that considerable changes were effected in 1902 and no adequate opportunity given for discussing them. The changes which had been effected were: (1) a wise association of the civil with the military medical element, not only for reform but for the purposes of administration of the service; (2) an increase of pay to the R.A.M.C. which attracted better men and improved the service; (3) an increase in the strength of the service; (4) the granting of study leave and facilities for self-improvement; (5) the introduction of the principle of promotion by merit instead of by seniority; (6) the improvement of the status and pay of orderlies; (7) the formation of a sanitary department; and (8) the recognition of female nursing in military hospitals, and the organization of an efficient female nursing service. He commended these reforms, and argued that they were all due to the exposure of the defects observed during the South African war. One of the greatest lessons of the late war was the necessity for organizing a system of civilian medical aid in case a great war occurred. Such an organization was still wanting, and there was only one way to secure efficiency and economy, and that was to develop in time of peace such a civilian service to be ready if a war broke out. Not only civilian medical men were wanted, but civilian hospitals organized so as to be ready to go to the seat of war and take over base hospitals and so free the Army Medical Staff to go to the front. He advocated a system of medical units in connexion with large civil hospitals and medical schools, with staff equipment and training, ready to take the field when called on. Such a scheme was laid before the Secretary of State in 1901. He asked what had become of it? It was an integral part of effective reform, and was a matter of life and death to the army. Mr. Brodrick in reply said he recognized the service rendered in bringing the matter forward. In order to avoid any stereotyped scheme he had enlisted the aid of leading members of the medical profession who were in closest touch with the medical developments of the day. He was most grateful to the eminent men who had assisted him and who sat on the Advisory Board at a mere nominal honorarium, in order to reorganize the R.A.M.C. Department. The War Office had endeavoured to meet their views as regards pay, number and the increase of leave study. Previous to the appointment of the Advisory Board the number of candidates had not been equal to half the vacancies, but now the number had increased, and at the last examination there were 72 candidates for 30 places. The Advisory Board had made a review of the whole of the military hospitals of the kingdom and the civilian members had always taken part. They were, he hoped, on the eve of important changes in the direction of not treating trifling cases in hospital, and having better equipment and more scientific structures. He had asked the House for £150,000, which he proposed to entrust to a small Committee, of which Sir C. Perry was Chairman, to apportion among the various hospitals with a view to securing their modernization. The organization of an adequate civilian reserve and the definition of their status as regards the R.A.M.C., was to be accomplished, and he hoped it might be completed before the House met again. Mr. Buchanan afterwards said the reforms were due to the criticism which pointed out the scandalous mismanagement of the medical arrangements at the beginning of the war, a contrasted the tone in which Mr. Burdett-Coutts's remarks were received now with that which was meted out to him when he first reported what he had seen in South Africa. The vote was then agreed to.

Aug. 15, 1903.

THE REFORM OF THE ARMY MEDICAL SERVICE.

We criticized Mr. Brodrick's scheme for the reform of the Medical Service of the army, when it was first tentatively offered to the profession, with the frankness which is a duty as well as a privilege of true friendship. We were also among the first to recognize that he had profited by the criticism to which his proposals were subjected. Indeed, Mr. Brodrick has shown a readiness, almost unparalleled in the history of the War Office, to leave the deep-rutted road of tradition, and to follow new paths of reform. The result is that the Medical Service of the army, which, owing to the ineptitude of fossilized officials and the prejudices of a military caste had become a by-word and a reproach, has been rehabilitated. As the number and quality of candidates at the recent examination show, the service under the new dispensation is beginning to attract young men likely to do credit to their Corps and to the army, and to render excellent service to the State.

That Mr. Brodrick has, with the help of his advisers—among whom we venture to count ourselves as perhaps not the least influential—succeeded in effecting a genuine, if not yet complete, reform of the medical service of the army, is a fact which cannot be gainsaid. His own statement of the case made in the recent debate on the vote for the medical establishment is substantially accurate. Mr. Brodrick then said that in the changes suggested it was recognized by the Government as highly important that they should not rely on anything that had become stereotyped in the department. In order to avoid this they had enlisted the services of leading members of the medical profession who were in closest touch with modern developments in the science and art of medicine. He added that he had been peculiarly fortunate in the advisers whom he had chosen, and he paid a graceful and well-deserved compliment to them for the valuable assistance they had given. The Secretary of State deserves equal commendation for having allowed himself to be guided by their advice.

As we pointed out when the scheme was first made public, the Advisory Board is in theory nothing more than a Greek chorus whose function it is to offer counsel, which may or may not be accepted by the Secretary of State for War; and there must always be at least the possibility that the Board may in fact be reduced to play this humble part. So far, however, Mr. Brodrick has given effect to its recommendations, and he is justified in stating that the War Office has endeavoured to meet its wishes in regard to an improved scale of pay for medical officers, in regard to an increase in their number, and in regard to granting leave for study to be carried out at a medical college, for which a site has been secured.

On these reforms the Government and the service and the country are alike to be congratulated. Even Mr. Burdett-Coutts has expressed his gracious approbation. That gentleman's approval will doubtless be all the more gratifying to Mr. Brodrick, since his previous utterances on the medical service of the army rather suggested that, as a preliminary to their delivery, he had clothed himself in curses. But the explanation of his change of tone is simple. He now blesses because he is pleased to recognize in the reforms his own offspring, or as he puts it with native modesty, he is naturally the first to admit that they are wise and prudent reforms, because they were all pointed out and argued one by one with instances of what was going on under his own eyes in South Africa in the series of articles which he wrote for the *Times*. We should have thought that Mr. Burdett-Coutts would have been glad to leave those productions in the oblivion into which they had fallen. There are, indeed, some signs of grace in Mr. Burdett-Coutts's reference to the medical officers, for he admits that the failure in the arrangements was not due to any want of scientific attainment on the part of the army doctors. He even claims to have been "tender" about them. They might well pray to be spared any more of his tenderness.

It suits Mr. Burdett-Coutts's present purpose to prophesy smooth things about the medical officers of the army because he wishes to pose as the author of the improvements that have been made in the service. "Codlin's the friend, not Short," might indeed have served as the text of his speech. "Short" may, however, be permitted to recall the fact that long before Mr. Burdett-Coutts discovered in abuse of the medical service of the army a source of notoriety, the British Medical Association and its *JOURNAL* had contended for the reforms of which he now claims the credit. Over and over again for many years past we called the attention of the War Office to the dangerously undermanned condition in which it allowed the medical service of the army to remain. In season and out of season, with Cassandra-like iteration, we predicted that the medical arrangements of the army must inevitably col-

lapse if we should become involved in a great war. Again and again we pointed out that if the War Office wished to have an efficient medical department it must make the service attractive to young medical men by offering a more generous scale of pay. Incessantly, too, did we urge on the authorities that an essential condition of the efficiency of the medical officer was a sufficient allowance of leave to enable him to keep himself abreast of the ever-advancing wave of medical progress. Mr. Burdett-Coutts came into the field at the eleventh hour with borrowed ideas, and now he puts himself forward as the reformer of the medical service of the army. He may indeed be called a patron of the medical officers, but in the sense of the word as applied by Johnson to Lord Chesterfield, as one who watches the struggles of a drowning man without offering assistance, but as soon as he reaches land encumbers him with help.

Apart from self-glorification, Mr. Burdett-Coutts's chief object seemed to be to call attention to a scheme for the organization of civilian aid in time of war. That such aid is required is beyond question; but it needed not Mr. Burdett-Coutts to tell us that. Mr. Brodrick's reply showed that such a scheme has been under consideration, and will soon be an accomplished fact. Mr. Burdett-Coutts will doubtless claim the credit of this scheme also, for he took care to inform the House that in February, 1901, "a scheme of that kind, and one upon the lines of which any satisfactory scheme in the future must be founded, was drawn up by a gentleman of great military-medical experience," and laid before the Secretary of State for War. Mr. Burdett-Coutts asks what has become of this scheme. Not being free of the *penetrabilia* of the War Office, we cannot take it upon ourselves to answer the question. If we may hazard a guess, we should be disposed to say that it has been put into the limbo of useless suggestions and impracticable schemes with which that office, like every other, is deluged, unless it has been more summarily disposed of in the waste-paper basket. We had the privilege of examining a scheme which we take to be that of Mr. Burdett-Coutts's

affable familiar ghost

Which nightly galls him with intelligence;

and we have no hesitation in pronouncing it crude in conception and unworkable in details. It displays such a want of grasp of the conditions under which the care of the sick and wounded has to be carried on in war that we should have believed it to be the production of Mr. Burdett-Coutts's own brain had he not told us otherwise.

On one point we are pleased to find ourselves in agreement with Mr. Burdett-Coutts, and that is as regards the inadequacy of the remuneration paid to the members of the Advisory Board. The duties, if properly performed, are heavy as well as responsible, and to a first-rate man in busy practice necessarily involve a very considerable pecuniary sacrifice. This is certainly neither right nor politic, for neither the honour and glory of the position nor the prospect of a title can always be counted on to attract the right kind of man. As we said when the scheme was first promulgated, "just at present army reform is fashionable, but this will soon pass away, and we imagine that Mr. Brodrick will then not find it so easy as may probably be the case now to find capable men willing to discharge an onerous duty to the State practically without reward." If the Advisory Board is to continue to be a really useful part of the machinery of army medical administration its members must be paid a salary sufficient to make it worth the while of the most competent men to accept the office.

Proceedings of Standing Committees.

ROYAL NAVAL AND MILITARY COMMITTEE.

THE INDIAN MEDICAL SERVICE.

THE following report setting forth certain disabilities of service in the Indian Medical Service and suggested remedies, drawn up by the Royal Naval and Military Committee, was presented to the Council of the British Medical Association at the annual meeting recently held at Swansea, and adopted. Copies of the report have been sent to the Secretary of State for India, to the Universities, and to all members of Parliament.

The officers of the Indian Medical Service have a long and honourable record as servants of the Crown, as men of science, and as practitioners of medicine and surgery; and we submit that it would be a lasting reproach to our nation if the Service were permitted from preventable causes to fall below its own high standard. This must inevitably occur unless remedies be found for the present discontent.

The Indian Medical Service, though essentially a military service, consists of two branches, *Military* and *Civil*.

The causes of discontent in the Service may be divided into: (1) *General Grievances* affecting all its members; (2) those affecting its *Military* branch; and (3) those affecting its *Civil* branch. It will be convenient to deal with the suggested remedies under these respective headings.

I.—GENERAL GRIEVANCES.

1. *Slowness of Promotion and Consequent Loss of Full Pension.*—The present pensions are as follows: After 17 years' service, £292; after 20 years', £365; after 25 years', £500; after 30 years', £700; and after 35 years' service in the administrative grade an additional pension of £250. There are also four extra pensions of £100 a year for specially selected officers, but these latter have been discontinued for recent and future entries into the Service.

Owing to about half the administrative appointments of the Service having been abolished in 1880, when the military branch of the Indian Medical Service was amalgamated for administrative purposes with the Army Medical Department, promotion in the Indian Medical Service has been retarded by more than three years, so that at the present time no officer can expect promotion until he has had about 30 years' service. In consequence of this all officers who entered the Service over the age of 25 (which includes the majority of those now entering) can count on a pension of only £500, instead of one of £700, and possibly £950.

Remedy.—In the absence of any probability of the restoration of these administrative posts, the least that should be done is to allow all officers, who must not exceed the age of 28 at entry, to complete 30 years' service before compulsory retirement (at the age of 58). Further, to prevent hardship owing to loss of health, and to encourage such retirements as

will ease in some degree the block in promotion, every year's service over 25 should qualify the officer for an additional pension of £40 a year.

2. *Deficient Pay.*—Since the present rates of pay were fixed many years ago the following depreciating factors have combined to render them totally inadequate at the present time:

(a) The cost of medical education at home has been much increased by the extension of the medical curriculum to five years. This factor has been met in the case of the Royal Army Medical Corps by increased pay, but no such amelioration has been extended to the Indian Medical Service.

(b) A great reduction has occurred in the emoluments from private practice, owing to the large number of native practitioners who have been educated in the various medical colleges in India, and are now in practice throughout India. When the present rates of pay were fixed in 1864 it was contemplated that the emoluments derived from private practice would render the incomes of medical officers equivalent to those of the civil service officers. Now in the vast majority of stations little or no private practice is available.

(c) The fall in the value of the rupee from over 28. to 18. 4d. involves a loss of about one-third of the previous incomes. The slight amelioration brought by "exchange compensation," which probably never exceeds 6 per cent of the pay, is more than counterbalanced by the increased cost of living.

Remedy.—To compensate for the reduced emoluments consequent on the foregoing causes the pay of the Indian Medical Service should be increased proportionally with that of the Royal Army Medical Corps, so as to preserve the previously existing equitable balance in favour of the former service, as compensation for continuous service in India, and to continue to attract highly qualified men.

3. *Loss of Four Months' Service whilst at Netley by certain Officers.*—Till about ten years ago officers of the Indian Medical Service counted the four months spent at Netley as service for pension; so do officers entering the service at the present time. But those who entered the service in the intermediate years are not allowed to count these four months.

Remedy.—The officers who entered the Indian Medical Service in the intermediate years should now be allowed to count those four months spent at Netley as service for pension, especially as that privilege has been granted to the officers of the Royal Army Medical Corps, and restored to those of the Indian Medical Service.

II.—GRIEVANCES OF THE MILITARY BRANCH.

1. Owing to the amalgamation for administrative purposes of the Royal Army Medical Corps serving in India and the Military Branch of the Indian Medical Service, already referred to, the officers of the latter service in military employ are divorced from the control of the Director-General of their own department. This is due to the fact that, since the amalgamation, the head of the Military Medical Services in India (the Principal Medical Officer of the Forces in India) has invariably been selected from the Army Medical Department, though in the order of amalgamation it was expressly stated that this post might be held by an officer of the Indian Medical Service.

Remedy.—As a matter of justice this post should be held alternately by officers from either service, as the Commander-in-Chiefship in India is alternately filled up by an officer of the British and Indian armies. The Indian Medical Service is a military service, and its officers ought not to be debarred from attaining the chief military medical post in India.

2. *Grievances of Junior Officers.*—Junior officers are subject to very frequent changes of station, and this, apart from the cost involved, interferes materially with their passing the prescribed examination in Hindustani; until this examination has been passed the officers cannot get the pay of their appointment, no matter how employed. Junior officers of the combatant branch of the Indian army suffer from no such disability.

Remedy.—All newly arrived medical officers should remain for at least six months at district head quarters, where they can procure a teacher to enable them to pass the prescribed language examination. Further, they should be granted the officiating pay of any charge they may hold during their first year of service or until they have had a reasonable opportunity of passing their examination, as in the case of officers of the Indian army.

3. Medical officers suffer serious loss from transfers owing to the fact that a free railway passage for a horse is not allowed them though they are required to appear mounted on parade, while all officers of the Indian army are allowed passages for their horses.

Remedy.—This privilege, which previously existed, should be restored to medical officers.

III.—GRIEVANCES AFFECTING THE CIVIL BRANCH.

Formerly civil employment formed the principal attraction to men entering the Indian Medical Service, but now the increasing unpopularity of civil employment is evidenced by the fact that appointments thereto, instead of being eagerly sought after, are frequently declined. The main causes of this unpopularity are the following:

1. *Reduced Pay in Civil Employ.*—Though the duties performed by officers in the Civil Branch of the Service are much more onerous than those which fall to their military brethren in peace time, yet the grade pay in civil employ is almost invariably Rs. 50 a month less than that in military. This anomalous state of affairs dates from a time when private practice was a valuable asset, but it is entirely inequitable at the present time when the latter has almost vanished in the average civil station. It is true that the administrative charge of a gaol usually makes up the deficiency, but the work required for the small allowance of from Rs. 50 to Rs. 150 a month for gaol work is hardly earned by labour of a most uninteresting and non-professional nature, which Government gets done more cheaply than it otherwise could by putting it on the shoulders of the Civil Medical Officers.

Remedy.—This reduction of the grade pay in the Civil Branch should be abolished.

2. *Limitation of Private Fees by Government.*—There is, perhaps, nothing which is so keenly resented in the Service as the reflection cast on the honour of its officers by the action of Government in requiring them to submit to the judgement of civil and political officers the question of what fees they may accept from native noblemen and gentlemen. Even quite recently the rules on this point have been made more stringent and offensive, so that at the present time no officer can take a fee exceeding Rs. 50 (£3 6s. 8d.) for a single visit, no matter at what distance, or Rs. 1,000 (£68 13s. 4d.) in the aggregate for repeated visits within the same year without reference to the local government, while fees of Rs. 2,000 (£133 6s. 8d.) must be referred to the Government of India for sanction. Such rules as these are an insult to the service and the profession to which its members belong.

Remedy.—Nothing short of the entire abolition of all fixed rules limiting fees will satisfy the honour of the Service, the Government still retaining the right which they possessed before their introduction of inquiring into any alleged overcharge for professional services rendered by a Medical Officer.

3. *Want of Recognition of Purely Professional Work.*—The

Aug. 22, 1903.

THE INDIAN MEDICAL SERVICE.

THE Indian Medical Service has, we note with the greatest satisfaction, found a powerful champion in Sir Michael Foster. In the debate on the Indian Budget on August 13th the distinguished member for the University of London called attention to the increased prevalence of plague in India, and urged the Secretary of State for India most seriously to consider what measures could be taken to lessen this grave danger not only to India but to the whole world. He went on to point out that it was of the utmost importance that the Indian Medical Service should be of the very highest character, and that the very brightest intellects should be attracted to this wonderful field of medical inquiry. But there was considerable dissatisfaction in the medical service, both military and civil. When he spoke to his young friends of a great future in India they replied in their familiar language, "Not good enough." Sir Michael Foster mentioned the report of the Indian Medical Service, which was adopted by the Council of the British Medical Association, and published in the SUPPLEMENT to the JOURNAL of August 15th. He said he would refer only to three points in that report. First, there had been no increase in the pay of the service, although there had been in the Royal Army Medical Corps, in view of the increased cost of medical education and other considerations. Expenditure in this direction would be money well invested. Then members of the civil medical service were allowed to engage in private practice, which was a very good thing for the service as well as for them, as a good deal of the service work was of a routine character. During the last ten years or so, however, certain regulations had been in force which were galling to the medical profession. When a member of the civil medical service attended a native nobleman or gentleman, not only was there a tariff of fees, but in each case charge had to be laid before a lay officer, very often of inferior rank. That was regarded by the profession as a stigma. Again, the noble lord had referred to important sanitary measures, yet the medical department of human activity was not represented on the Viceroy's Council. If these defects were remedied, it would remove a notable bar to the recruiting of bright intellects for the service. We earnestly hope that Lord George Hamilton will listen to these warnings, and that he will not allow the Indian Medical Service to be ruined by mistaken parsimony or official pedantry. India is, to use Sir Michael Foster's phrase, a pathological country which offers an unrivalled field for research. A truly enlightened Government would do all in its power to attract men of the highest attainments and full of scientific zeal. The Indian Government, or the officials who represent it, when it does not actually discourage research, seems to take a special pleasure in placing every possible obstacle in the way of workers. No wonder young men with any professional ambition say such a service is "not good enough." Nor will it be "good enough" till the Government treats its medical officers fairly, and does not wear them out with the sickness of hope deferred or disgust them by foolish restrictions and vexatious interference.

Aug. 29, 1903

THE ROYAL COMMISSION ON THE SOUTH AFRICAN WAR.

ELSEWHERE we publish, practically in full, the part of the Report of the Royal Commission on the South African War which relates to the medical service of the army. The general impression which it conveys is that the system, like the rest of the army, was based on the supposition that the grim actualities of war would never have to be faced. As one witness put it, "the medical service was overworked, undermanned, and underorderly." Many of the orderlies were untrained privates brought in as makeshifts, and naturally inefficient. Surgeon-General Sir W. Wilson says that the officers whom he had had all that was possible, but they were far too few. He had been supplied with personnel to look after two army corps—say, 80,000 men—and he had not enough to look after even that number; but instead of that, they had 250,000 men to look after, besides camp followers. The work was scattered all over half a continent. The testimony of Lord Roberts is of special importance. He expressed the opinion that the medical department suffered under, perhaps, greater disabilities than the other army departments. It was very far from being prepared for expansion, and yet, within a few months, it was called upon to provide officers, non-commissioned officers, orderlies, and nurses for an army three or four times the size of that for which its establishment had been estimated as sufficient. It had been calculated that it would be enough to arrange for medical aid for 4 per cent. of the troops employed in war, whereas it turned out that the calculation should have been for 10 per cent. Nevertheless, had it not been for the sudden outbreak of an epidemic, which was inevitable in war, the department would, in all probability, have proved equal to the occasion. The fact that the outbreak should have reached dimensions with which they were unable to cope was due rather to the arduous character of the operations and the nature of the lines of communication than to want of efficiency and zeal on the part of the medical officers and the assistants. It was impossible, under the circumstances, to give the medical supplies precedence on the railway, and to bring up reinforcements of personnel. In a word, the Army Medical Service broke down for a short time under the strain of circumstances against which adequate provision had not been made. What happened was indeed exactly what had been foretold by the BRITISH MEDICAL JOURNAL for years before the war; but we could not wake

the War Office, to which, as to the lotus enters in the land wherein it seemed always afternoon, every suggestion of reform was mere weariness. To our minds the real cause for wonder is that the service did not collapse utterly under the difficulties which it had to face, not the least of which was the storm of unfair, ignorant, and malicious criticism poured upon it by irresponsible persons eaten up by the zeal of self-advertisement. We could have wished that the Commissioners, instead of mildly hinting that all was not for the best in the best of all possible services, had definitely indicated the undoubted defects and shortcomings which existed, and fixed the responsibility for them on the right shoulders. The military authorities sowed the storm and reaped the whirlwind. A large measure of blame must also be attached to the keepers of the public purse, to whose shortsighted parsimony the undermanning and shortcomings of the service were mainly due. We propose to consider the Report in detail in a future issue.

REPORT OF THE ROYAL COMMISSION ON THE SOUTH AFRICAN WAR.*

THE Report of His Majesty's Commissioners appointed to inquire into the military preparations and other matters connected with the war in South Africa, which has just been issued, deals among other things with the medical service of the army. The Commission consisted of the Earl of Elgin as Chairman, with eight colleagues: Lord Esher; Field-Marshal Sir Henry Norman; Sir George Taubman-Goldie; Sir John Edge; Admiral Sir John Hopkins; Sir John Jackson; Lord Strathcona, the High Commissioner for Canada; and Sir Frederick Darley, a distinguished Australian judge. The Secretary to the Commission was Mr. Bernard Holland. The Commissioners were directed by the reference "to inquire into the military preparations for the war in South Africa, and into the supply of men, ammunition, equipment, and transport by sea and land in connexion with the campaign, and into the military operations up to the occupation of Pretoria," and to report their opinion upon these matters. After recalling the fact that a Royal Commission was appointed in 1900 to inquire into the Care and Treatment of the Sick and Wounded in the South African Campaign, the Commissioners state that after considering the report of the Hospitals Commission, they have seen no good reason to induce them to reopen the general inquiry. They have, however, considered it their duty to make some inquiry into the personnel and equipment of the Royal Army Medical Service as tested in the war.

The Medical Establishment.

The establishment of medical officers, exclusive of India, was fixed by a Committee in 1888 at the number of 514. This establishment remained practically unchanged up to the outbreak of the South African war, the number estimated for in 1899-1900 being 540. This establishment was fixed on the principle that, with the addition of 99 civil surgeons, it would provide for—

1. Colonial garrisons.
2. Two army corps and one cavalry division, and
3. Three general and seven stationary hospitals on lines of communication.

If the two army corps and their accessory troops were sent abroad, it was assumed that the home military hospitals would be entirely depleted of their regular staff, and that the void would be filled, so far as necessary, by civilians. The 99 civil surgeons who were to accompany the army corps were to be obtained when the occasion arose; they were not registered beforehand, so that the War Office had no claim, as of right, upon any individuals.

The strength of the Royal Army Medical Corps on October 1st, 1899, amounted to 3,707 of all ranks, of whom 2,429 were in the United Kingdom, 318 in South Africa, and the rest in other colonies. There were also 1,009 men belonging to the corps in the reserve. The establishment of non-commissioned officers and men of the Army Medical Corps was calculated on the peace requirements of the military hospitals existing in the United Kingdom and the colonies. Surgeon-General J. Jameson stated that the establishment was not even equal to peace requirements, because while the army had increased during the years preceding the war the strength had not been increased in a corresponding ratio. He said that he had often made representations at the Army Board, but that the answer given was that "the trained soldier is the only man you cannot purchase in the open market, and that all the money was wanted for trained soldiers." In the case of medical officers, indeed, the strength, it is stated, had actually been diminished in the process of cutting down estimates, and while the army had increased their number had decreased. When the South African war broke out what happened was as follows. The whole, practically, of the Army Medical Corps personnel, officers and men, was exhausted in supplying the First Army Corps and in manning the base hospitals and stationary hospitals which, in consequence of the great area over which the operations were spread, were much in excess of the number calculated in 1888. When, therefore, the troops equivalent to the Second Army Corps followed, there were no longer any officers or men of the regular service to supply them fully, and assistance had to be obtained, in an increasing degree, from civilian sources, both to supplement the Medical Corps in Africa, and to fill their places in the home hospitals, where thousands of invalids from Africa soon began to arrive. It was stated that the first five Divisions were completely supplied with regular medical personnel, and the Sixth Division was mostly so supplied. Colonel W. Johnston, of the Army Medical Service, said "that at the time when the expedition first went out, it was never expected that more than an army corps would be required, and therefore we spread our butter too thickly; we put all our best men to the front." Thus, so far as they were supplied by the Army Medical Corps, the stock of really trained non-commissioned officers and men was exhausted in the first few months of the war. Altogether, up to the end of the war,

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officers of the Indian Medical Service do not receive a fair share of honours in proportion to the importance of their work has long been a source of complaint. What is still more noteworthy is that these honours are rarely given for purely professional distinction in medicine and surgery.

The Remedy for this state of affairs is obvious.

4. *The Subordinate Positions of the Administrative Officers.*—The improvement in the power and positions of the Imperial and Provincial Administrative Medical Officers is a matter of vital importance to the Service. At present these officers can only approach their respective Governments through a Secretary, generally a junior one; and their power to promote or transfer the officers under their administration is well known to be of merely a nominal character, the real power being in the hands of the Civilian Secretaries to Government.

Remedy.—The Director-General of the Indian Medical Service should have the rank of Lieutenant-General (as the Director-General of the Army Medical Department now has) with adequate pay, and should also have a seat on the Viceroy's Council with direct access to the Viceroy. In a similar manner the Administrative Medical Officers of the different provinces should have seats on the Provincial Councils, and real control of the appointment of all officers serving under them.

There is reason to believe that many of these matters have engaged the serious attention of the Government of India, and that it has represented them to the India Office in this country.

sought after, are frequently declined. The main causes of this unpopularity are the following:

1. *Reduced Pay in Civil Employ.*—Though the duties performed by officers in the Civil Branch of the Service are much more onerous than those which fall to their military brethren in peace time, yet the grade pay in civil employ is almost invariably Rs. 50 a month less than that in military. This anomalous state of affairs dates from a time when private practice was a valuable asset, but it is entirely inequitable at the present time when the latter has almost vanished in the average civil station. It is true that the administrative charge of a gaol usually makes up the deficiency, but the work required for the small allowance of from Rs. 50 to Rs. 150 a month for gaol work is hardly earned by labour of a most uninteresting and non-professional nature, which Government gets done more cheaply than it otherwise could by putting it on the shoulders of the Civil Medical Officers.

Remedy.—This reduction of the grade pay in the Civil Branch should be abolished.

2. *Limitation of Private Fees by Government.*—There is, perhaps, nothing which is so keenly resented in the Service as the reflection cast on the honour of its officers by the action of Government in requiring them to submit to the judgement of civil and political officers the question of what fees they may accept from native noblemen and gentlemen. Even quite recently the rules on this point have been made more stringent and offensive, so that at the present time no officer can take a fee exceeding Rs. 50 (£3 6s. 8d.) for a single visit, no matter at what distance, or Rs. 1,000 (£68 13s. 4d.) in the aggregate for repeated visits within the same year without reference to the local government, while fees of Rs. 2,000 (£133 6s. 8d.) must be referred to the Government of India for sanction. Such rules as these are an insult to the service and the profession to which its members belong.

Remedy.—Nothing short of the entire abolition of all fixed rules limiting fees will satisfy the honour of the Service, the Government still retaining the right which they possessed before their introduction of inquiring into any alleged overcharge for professional services rendered by a Medical Officer.

3. *Want of Recognition of Purely Professional Work.*—The

Aug. 22, 1903.

THE INDIAN MEDICAL SERVICE.

THE Indian Medical Service has, we note with the greatest satisfaction, found a powerful champion in Sir Michael Foster. In the debate on the Indian Budget on August 13th the distinguished member for the University of London called attention to the increased prevalence of plague in India, and urged the Secretary of State for India most seriously to consider what measures could be taken to lessen this grave danger not only to India but to the whole world. He went on to point out that it was of the utmost importance that the Indian Medical Service should be of the very highest character, and that the very brightest intellects should be attracted to that wonderful field of medical inquiry. But there was considerable dissatisfaction in the medical service, both military and civil. When he spoke to his young friends of a great future in India they replied in their familiar language, "Not good enough." Sir Michael Foster mentioned the report of the Indian Medical Service, which was adopted by the Council of the British Medical Association, and published in the SUPPLEMENT to the JOURNAL of August 15th. He said he would refer only to three points in that report. First, there had been no increase in the pay of the service, although there had been in the Royal Army Medical Corps, in view of the increased cost of medical education and other considerations. Expenditure in this direction would be money well invested. Then members of the civil medical service were allowed to engage in private practice, which was a very good thing for the service as well as for them, as a good deal of the service work was of a routine character. During the last ten years or so, however, certain regulations had been in force which were galling to the medical profession. When a member of the civil medical service attended a native nobleman or gentleman, not only was there a tariff of fees, but in each case charge had to be laid before a lay officer, very often of inferior rank. That was regarded by the profession as a stigma. Again, the noble lord had referred to important sanitary measures, yet the medical department of human activity was not represented on the Viceroy's Council. If those defects were remedied, it would remove a notable bar to the recruiting of bright intellects for the service. We earnestly hope that Lord George Hamilton will listen to these warnings, and that he will not allow the Indian Medical Service to be ruined by mistaken parsimony or official pedantry. India is, to use Sir Michael Foster's phrase, a pathological country which offers an unrivalled field for research. A truly enlightened Government would do all in its power to attract men of the highest attainments and full of scientific zeal. The Indian Government, or the officials who represent it, when it does not actually discourage research, seems to take a special pleasure in placing every possible obstacle in the way of workers. No wonder young men with any professional ambition say such a service is "not good enough." Nor will it be "good enough" till the Government treats its medical officers fairly, and does not wear them out with the sickness of hope deferred or disgust them by foolish restrictions and vexatious interference.

Aug. 29, 1903.

THE ROYAL COMMISSION ON THE SOUTH AFRICAN WAR.

ELSEWHERE we publish, practically in full, the part of the Report of the Royal Commission on the South African War which relates to the medical service of the army. The general impression which it conveys is that the system, like the rest of the army, was based on the supposition that the grim actualities of war would never have to be faced. As one witness put it, "the medical service was overworked, undermanned, and underordered." Many of the orderlies were untrained privates brought in as makeshifts, and naturally inefficient. Surgeon-General Sir W. Wilson says that the officers whom he had did all that was possible, but they were far too few. He had been supplied with personnel to look after two army corps—say, 80,000 men—and he had not enough to look after even that number; but instead of that, they had 250,000 men to look after, besides camp followers. The work was scattered all over half a continent. The testimony of Lord Roberts is of special importance. He expressed the opinion that the medical department suffered under, perhaps, greater disabilities than the other army departments. It was very far from being prepared for expansion, and yet, within a few months, it was called upon to provide officers, non-commissioned officers, orderlies, and nurses for an army three or four times the size of that for which its establishment had been estimated as sufficient. It had been calculated that it would be enough to arrange for medical aid for 4 per cent. of the troops employed in war, whereas it turned out that the calculation should have been for 10 per cent. Nevertheless, had it not been for the sudden outbreak of an epidemic, which was inevitable in war, the department would, in all probability, have proved equal to the occasion. The fact that the outbreak should have reached dimensions with which they were unable to cope was due rather to the arduous character of the operations and the nature of the lines of communication than to want of efficiency and zeal on the part of the medical officers and the assistants. It was impossible, under the circumstances, to give the medical supplies precedence on the railway, and to bring up reinforcements of personnel. In a word, the Army Medical Service broke down for a short time under the strain of circumstances against which adequate provision had not been made. What happened was indeed exactly what had been foretold by the BRITISH MEDICAL JOURNAL for years before the war; but we could not wake

the War Office, to which, as to the lotus enters in the land wherein it seemed always afternoon, every suggestion of reform was mere weariness. To our minds the real cause for wonder is that the service did not collapse utterly under the difficulties which it had to face, not the least of which was the storm of unfair, ignorant, and malicious criticism poured upon it by irresponsible persons eaten up by the zeal of self-advertisement. We could have wished that the Commissioners, instead of mildly hinting that all was not for the best in the best of all possible services, had definitely indicated the undoubted defects and shortcomings which existed, and fixed the responsibility for them on the right shoulders. The military authorities sowed the storm and reaped the whirlwind. A large measure of blame must also be attached to the keepers of the public purse, to whose shortsighted parsimony the undermanning and shortcomings of the service were mainly due. We propose to consider the Report in detail in a future issue.

REPORT OF THE ROYAL COMMISSION ON THE SOUTH AFRICAN WAR.*

THE Report of His Majesty's Commissioners appointed to inquire into the military preparations and other matters connected with the war in South Africa, which has just been issued, deals among other things with the medical service of the army. The Commission consisted of the Earl of Elgin as Chairman, with eight colleagues: Lord Escher; Field-Marshal Sir Henry Norman; Sir George Taubman-Goldie; Sir John Edge; Admiral Sir John Hopkins; Sir John Jackson; Lord Strathcona, the High Commissioner for Canada; and Sir Frederick Darley, a distinguished Australian judge. The Secretary to the Commission was Mr. Bernard Holland. The Commissioners were directed by the reference "to inquire into the military preparations for the war in South Africa, and into the supply of men, ammunition, equipment, and transport by sea and land in connexion with the campaign, and into the military operations up to the occupation of Pretoria," and to report their opinion upon these matters. After recalling the fact that a Royal Commission was appointed in 1900 to inquire into the Care and Treatment of the Sick and Wounded in the South African Campaign, the Commissioners state that after considering the report of the Hospitals Commission, they have seen no good reason to induce them to reopen the general inquiry. They have, however, considered it their duty to make some inquiry into the personnel and equipment of the Royal Army Medical Service as tested in the war.

The Medical Establishment.

The establishment of medical officers, exclusive of India, was fixed by a Committee in 1888 at the number of 554. This establishment remained practically unchanged up to the outbreak of the South African war, the number estimated for in 1899-1900 being 540. This establishment was fixed on the principle that, with the addition of 99 civil surgeons, it would provide for—

1. Colonial garrisons.
2. Two army corps and one cavalry division, and
3. Three general and seven stationary hospitals on lines of communication.

If the two army corps and their accessory troops were sent abroad, it was assumed that the home military hospitals would be entirely depleted of their regular staff, and that the void would be filled, so far as necessary, by civilians. The 99 civil surgeons who were to accompany the army corps were to be obtained when the occasion arose; they were not registered beforehand, so that the War Office had no claim, as of right, upon any individuals.

The strength of the Royal Army Medical Corps on October 1st, 1899, amounted to 3,707 of all ranks, of whom 2,429 were in the United Kingdom, 318 in South Africa, and the rest in other colonies. There were also 1,009 men belonging to the corps in the reserve. The establishment of non-commissioned officers and men of the Army Medical Corps was calculated on the peace requirements of the military hospitals existing in the United Kingdom and the colonies. Surgeon-General J. Jameson stated that the establishment was not even equal to peace requirements, because while the army had increased during the years preceding the war the strength had not been increased in a corresponding ratio. He said that he had often made representations at the Army Board, but that the answer given was that "the trained soldier is the only man you cannot purchase in the open market, and that all the money was wanted for trained soldiers." In the case of medical officers, indeed, the strength, it is stated, had actually been diminished in the process of cutting down estimates, and while the army had increased their number had decreased. When the South African war broke out what happened was as follows. The whole, practically, of the Army Medical Corps personnel, officers and men, was exhausted in supplying the First Army Corps and in manning the base hospitals and stationary hospitals which, in consequence of the great area over which the operations were spread, were much in excess of the number calculated in 1888. When, therefore, the troops equivalent to the Second Army Corps followed, there were no longer any officers or men of the regular service to supply them fully, and assistance had to be obtained, in an increasing degree, from civilian sources, both to supplement the Medical Corps in Africa, and to fill their places in the home hospitals, where thousands of invalids from Africa soon began to arrive. It was stated that the first five Divisions were completely supplied with regular medical personnel, and the Sixth Division was mostly so supplied. Colonel W. Johnston, of the Army Medical Service, said "that at the time when the expedition first went out, it was never expected that more than an army corps would be required, and therefore we spread our butter too thickly; we put all our best men to the front." Thus, so far as they were supplied by the Army Medical Corps, the stock of really trained non-commissioned officers and men was exhausted in the first few months of the war. Altogether, up to the end of the war

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nearly 8 pointed trained Wilson Reserve, to serve emergency Brigade, nursing, corps in obtain strength that it naturally the climate by a civil statistics strength Medical Army Mr General, a percent was that tively to War Office outside during cent, of Commiss conducted personnel needs of an ocean where at coped with the dive the Arm provide said:

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From the purely medical point of view, the skill, zeal, and devotion to duty of our medical officers during the war is beyond all praise. From the sanitation point of view there is much to be desired. It never seems to be clear whether a camp is located according to strategic requirements or not, or to what extent the question of sanitation is to be considered. The result is there were grave defects in the position of many of our camps. The duties of medical officers ought to be more clearly defined, and their responsibilities laid down.

After calling attention to specific instances of disregard of sanitary considerations, he added:

In the open plains the mounted troops frequently occupied the best ground before the infantry came up, and the infantry were bivouacked where horses had been. I have always found that in such cases there is sickness. I am convinced that typhoid fever does not belong of necessity to an army in the field; its presence is usually a sign of neglect of some kind. Wherever real sanitary precautions are taken, typhoid fever is at once reduced to a minimum. If there had been efficient sanitary regulations in our army, and if they had been attended to, I think that three-fourths or four-fifths of our losses from typhoid fever would have been avoided. I consider that our regulations have been retrograde in late years. It is impossible that a Provost-Marshal can look after such matters. His duty ought to be to look after others, and see they do their duty, and not do the duty himself. The whole sanitary service requires reorganizing. It ought to be automatic, so that on starting a camp or bivouac anywhere things should go straight.

Lord Roberts thought that there ought to be a special service of sanitary officers. He gave as an instance of the need of this that he found hospital tents pitched upon one of the chief sources of water supply at Bloemfontein. In the opinion of one civilian witness, the result of the system before the war was that "there is a general shirking of taking any responsibility of that kind, taking any initiative, and daring to do anything that is not already laid down in the regulations." Consequently, even when a site was obviously unhealthy, he considered that officers in the Army Medical Service would hesitate to take the necessary steps.

Surgeon-General Sir W. Wilson desired, like Lord Roberts, that special sanitary experts should be attached to the army on the ground that their opinion would have "greater weight than of the ordinary practitioner." He even desired for this purpose "men of European reputation, whose opinions cannot be set aside"—a somewhat large requirement.

It was suggested by Sir Charles Warren that the sanitation of camps and bivouacs should be jointly in the hands of the medical officers and Royal Engineers, and that their responsibility should be defined. He considered, also, that when there was an outbreak of fever, the officers concerned should be liable to be tried by court-martial unless they could show that they had taken all precautions.

Army Medical Equipment.

Evidence as to medical equipment was also taken both from army medical officers and civilians. The attention of the Commissioners was called by the official witnesses to the fact that till the year 1897 the medical equipment "was very obsolete, some of it dating back to the Crimean war. In that year a committee inquired into the matter, and in the result of their report it was thoroughly revised and brought up to date." "It would," said Colonel Gubbins, "have been a perfect scandal if we had gone out with the equipment as it was before."

There appears, say the Commissioners, to have been a difficulty before the war in obtaining proper accommodation for storing medical instruments and drugs. All medicines had to be kept in damp cellars of the Herbert Hospital, and to a great extent became useless, until a ward in the hospital was devoted to their storage. "The instruments were suffering and the medicines were perishing," Surgeon-General Jameson, who was then Director-General of the Army Medical Service, said that he had made frequent representations with regard to this matter, but that the necessary funds were not conceded, apparently for the same reasons as those which led to retrenchments in regard of the medical personnel. It is, however, probably true, as Colonel Gubbins pointed out, that, in a country like this, where almost everything can be obtained rapidly, it would be a mistake to store up great reserves either of articles like medicines or of those like hospital beds. He said:

Medical supplies are perishable articles, and as to ordnance supplies, we might not go to war for twenty or thirty years, when they would be obsolete. I may mention as an instance that there was a pattern bedstead brought out in the time of the Crimea called the "Macedonian." We have got it in our hospitals still, and we cannot get rid of it. I worked a table out some years ago to determine, judging by the normal waste, when we should get rid of it, and I think we found that it would take 1,200 years to work off the present stock.

Surgeon-General Sir W. Wilson, who was Principal Medical

Officer in South Africa from the beginning to the end of the war, said that the surgical instruments used in South Africa were "very good," and that the medical officers were supplied, as a rule, with the most modern class of instruments. He said that there was never any deficiency of medical supplies in South Africa, although difficulties of transport made it impossible sometimes to get them to the front. The dressings were the best "that ever accompanied an army in the field," and the medicines were made up in the most compact form possible. He also said that "we were well up to the times in the medicines and drugs." He mentioned, however, in his evidence one serious shortcoming—namely, the non-provision of pyjamas in which to clothe wounded men. He said: "When a man comes in, at present there are no clothes for him, although he may be deluged with blood, but, according to the regulation there are no clothes to put him into." This defect was at first met by the Red Cross Committee, and pyjamas were subsequently supplied by the Ordnance Department.

The evidence of the civilian medical men who had experience in the war left, on the whole, a less favourable impression of the medical equipment than that of the official witnesses.

Professor Ogston said that "the quantity and quality of the equipment prepared and supplied to the hospitals, field hospitals, and bearer companies were defective, and generally they were antiquated and badly organized," and he considered that the "whole system of drug supply had not been adequately thought out."

Sir Frederick Treves said that the supplies furnished by the Medical Department "were certainly antiquated, and we were carrying about with us instruments which I should have thought would only be found in museums." He could not say that the equipment was "entirely antiquated," but it was below the level of that usual in civil practice. The instruments in many cases were very inferior to those used in civil life. He also said:

We took about medicines that were in bottles in the most cumbersome form, and that had been in the bottles for twenty years possibly. It is really a serious complaint; we had to drag this useless chemist's shop all over the country, pecked up in the most ludicrous and extravagant way. Tablets, or any such concentrated preparations as are used now, would have put the whole outfit into a twelfth part of the space. He said also, "the present outfit is, of course, cumbersome beyond expression." Sir Frederick Treves also said:

The equipment of the field hospital, of course, is based upon certain tabulated forms, and it is supposed to be quite complete in itself, and the result is this, that in the many journeys we had to make in Natal up to the Tugela and back again we were dragging with us, I suppose, what amounted to tons of useless material. Every field hospital is hampered by a theoretically complete outfit, which has to be dragged to and fro all over the country, and it is an immense burden. We were dragging about things that under no circumstances would have to be used in South Africa, for example. The outfit of the field hospital is suitable for any climate in the world, from the Polar Regions to the Equator: it is an exceedingly elaborate outfit; it is complete on paper, and that has to be dragged all over the country.

He suggested that this difficulty might be partly met in the field by having advanced medical depôts containing the supplies which were needed and no other. Another civilian witness, Mr. Fripp, considered that, generally speaking, the instruments and appliances of the Army Medical Service in South Africa were "quite adequate" though they were at first "old-fashioned." He thought that "surgery is a very secondary matter in the part that our 'medical profession ought to play in war nowadays," and that the rough surgery necessary after a battle did not require any elaborate instruments. He attached far greater importance to the prevention of disease. He said that the Army Medical Service did not understand the "enormous practical advantage of having steam disinfectors at each hospital, a modern article of medical equipment." The witness was the first to take out this apparatus. Colonel Gubbins said that at the beginning of the war there was a good reserve of hospital marquee tents, but that the present hospital tent is an "atrocious pattern," and could not be worse. According to Professor Ogston the tent accommodation on Modder River was quite inadequate, and he suggested that, as in the German army, some movable huts for hospital purposes in the field should have been provided. With regard to ambulance wagons the same witness stated that those sent out were not suitable to South Africa. "They were old wagons, and not the best.... They jolted and were old-fashioned." He thought they were not nearly so good as those used in the Russian and German armies, and were even inferior compared with the Cape wagons, Sir Frederick Treves said, "The Boers had good ambulances, but, in fact, the ambulance service was organized and carried out favourably."

Conclusions.

The Commissioners conclude as follows:—

The evidence may perhaps be said to leave the impression that the Army Medical Service as a whole had not, either as regards personnel or equipment, been maintained at the high standard which in so vital a matter is essential. We do not mean by this any reflection on the devotion or ability of individual members, nor do we overlook the improvements in equipment to which Sir W. Wilson and Colonel Gubbins have testified. But the service was weak in numbers, and the opportunities of gaining experience in the practice of modern methods were denied—while it seems clear that, at any rate in the early part of the war, perhaps owing to accumulations of stores at home, medical supplies were not always of the newest pattern, and parts of the equipment were comparatively antiquated.

We are glad to learn that in the last two years much energy has been devoted to improving this service. In order to consider the necessary steps and to assist the Secretary of State an Advisory Board has been created. Some of the most eminent civilian medical authorities have given to it their voluntary services and much of their time. Sir Frederick Treves expressed his belief that the Army Medical Service would be made "the finest service in the world in time" when reforms in contemplation could be carried out.

It will no doubt be recognized that in a matter of this importance there should be no hesitation in sanctioning all requisite expenditure, especially in the matter of improved training of medical officers and the proper equipment of military hospitals. The Commissioners desire to call attention to the statements of Mr. Fripp and Sir Frederick Treves with regard to the unsatisfactory condition into which these hospitals had been allowed to fall in this country.

Instructions, &c.—Treatment of Sick Soldiers in Quarters.

A soldier reporting himself sick who, in the opinion of the medical officer, is temporarily unfit for the performance of all his duties, but for whom treatment in hospital is not essential, will be ordered to attend at the hospital or inspection room at such times and for such period as the medical officer may consider necessary.

While a soldier is attending hospital, his commanding officer, acting on the recommendation of the medical officer, will relieve him from all duties, or employ him on such duties and fatigues in barracks as he is capable of performing.

While attending hospital, he will not be permitted to leave barracks; nor will he be admitted to the canteen, either while attending hospital or while a convalescent on light duty, unless the written permission of the medical officer has been given.

The King's Regulations and the Medical Regulations will be amended accordingly.—A.O. 148, September 1903.

SEPT. 5, 1903.

PRISON MEDICAL SERVICE.

The prison department consists of two branches—the convict service and the local prison service. These are now practically amalgamated, and the officers of each branch are freely interchangeable. In the case of the smaller prisons the medical officer is usually a local practitioner, but in the case of the larger prisons the medical officers are appointed by the Convict Prison Board or the Prison Commission, and form practically a special service. The Chairman of the Board is Sir E. B. ...

SEPT. 5, 1903.]

MEDICAL APPOINTMENTS IN THE COLONIES.

[THE EASTERN
MARINE JOURNAL 559]

vacancies occur, is £300, which is increased to £400 and upwards by various allowances for horse, house, or otherwise. These posts carry the right to private practice. After every five years' service an officer is given an additional personal allowance at the rate of £50 per annum. All officers hereafter appointed are required to contribute 4 per cent. of their salaries to the Widows and Orphans' Fund. But in future there will be few appointments, as the Government is aiming at the introduction of a system by which the work shall be performed by private practitioners under temporary contracts.

In the island of Tobago there are three district appointments, with salaries of £250 per annum with quarters. *Windward Islands* (Grenada, St. Lucia, St. Vincent).—The 22 appointments are, with few exceptions, district appointments with the right to private practice attached; the salaries paid by Government vary from £250 to £400, with allowances in certain cases. The Secretary of State reserves the power to transfer a medical officer from one island to another.

Leeward Islands (Antigua, St. Christopher and Nevis, Dominica, Montserrat, Virgin Islands).—The 25 appointments are of the same nature as in the Windward Islands. An officer when first sent out is not appointed to a particular island but to the service of the Leeward Islands, with a salary of £200, and the Governor decides as to the district which is to be allotted to him. The medical officers receive fees for successful vaccinations, post-mortem examinations, attendance and giving evidence at courts of justice, certificates of lunacy, and, in the larger islands, for burial certificates. They are also allowed private practice.

British Honduras.—There are four medical appointments (besides the principal post of Colonial Surgeon) in all of which private practice is allowed, if it does not interfere with the public duties of the officer; the pay varies from £750 to £1,080. Two of the medical officers are also district commissioners, and receive £1,800 for the combined posts of medical officer and district commissioner. Unless they already possess a diploma of public health, medical officers are liable to be required before they join the colony to undergo a course of instruction at a laboratory of public health or analogous institution. The dollar is at 4s. 2d.

Fiji.—There are at present 17 medical officers, of whom the Chief Medical Officer receives £600 per annum, the senior medical officer £450 per annum, and £50 allowance for house rent, the others receiving, if provincial medical officers, £400 to £500 per annum, if district medical officers, £300 per annum, with quarters, or £50 house allowance at the option of the Government.

Some of the district medical officers receive, in addition, capitation fees upon all the indentured labourers in their respective districts. These amount, usually, to sums ranging between £40 and £200 per annum. District medical officers are entitled to the private practice of their profession in all districts, on the understanding that their official duties are not made subservient to it.

Proposals are at present under consideration for consolidating the two classes of District and Provincial Medical Officers into one Government medical service, appointments to which will be made on terms not yet fixed.

Ceylon.—The pay of the (1) Sub-Assistant Colonial Surgeons and (2) Deputy-Assistant Colonial Surgeons and (8) other subordinate medical officers is at the rate of from Rs. 900 to Rs. 1,600 per annum. The (23) Assistant Colonial Surgeons are paid at a rate of from Rs. 3,000 to Rs. 5,000 per annum, and the (4) Colonial Surgeons and (3) other superior medical officers at a rate of from Rs. 5,500 to Rs. 8,000 per annum. The Principal Civil Medical Officer receives Rs. 12,000, rising by biennial increments of Rs. 1,000 to Rs. 13,000 per annum. Private practice is allowed to the subordinate officers, but the Colonial Surgeons may only take consultation practice. The Medical Service of Ceylon is mainly recruited from among gentlemen born in the island, but possessing British diplomas. Exchange Compensation—that is, an allowance in respect of one half of an officer's salary, sufficient to make up the difference between the market value of rupee and a rupee worth 1s. 6d.—is at present granted to officers appointed from this country to medical posts in Ceylon.

This privilege is subject to an annual vote of the Legislative Council, and its permanence cannot therefore be guaranteed.

Straits Settlements.—Two house surgeons in the General Hospital, Singapore, on £300 rising to £350, with free quarters. There are ten other subordinate posts in the Medical

Department, with salaries varying from £350 (rising to £420) to £780 (rising to £900). Some of these posts have free quarters attached, and the holders of some are allowed private practice within limits. The salary of the Principal Civil Medical Officer is £1,000.

Federated Malay States.—There are 17 District Surgeons on salaries £350 rising to £480. There are also four State Surgeons, on salaries varying from £480 (rising to £540) to £720 (rising to £840).

Medical officers have no claim to private practice, and the enjoyment of it will be strictly subject to the permission of Government. There are two assistants in the Institute for Medical Research, on salaries of £350 to £420. These are non-pensionable, and the holders are eligible for appointment as District Surgeons.

Hong Kong.—Principal Civil Medical Officer, £800 rising to £1,000. There are two Health Officers of the Port, four Medical Officers of Health, and four Assistant Surgeons, with salaries of £480 rising to £720. Most of these appointments are pensionable. Private practice is not allowed, and free quarters are only given in few cases.

Mauritius.—There are 24 medical appointments in all. Of these 14 are minor appointments, with salaries varying from Rs. 500 to Rs. 1,500 per annum. The other 10 appointments have salaries varying from Rs. 2,000 to Rs. 3,000. Free quarters are not given in most cases, and private practice is not allowed. The service is mainly recruited from among gentlemen born in the island.

N.B.—There are Widows' and Orphans' Pension Funds in Ceylon, Straits Settlements, Hong Kong, and Mauritius, to which all permanent Government servants are called upon to subscribe at the rate of 4 per cent. on their salaries.

Officers in the service of Mauritius are required annually to contribute 2 per cent. of their salaries towards their pensions.

Secheelles.—There are four medical appointments. The Government Medical Officer receives Rs. 4,000, rising, after three years' service, to Rs. 4,500. The Assistant Government Medical Officers receive Rs. 3,000. The holders of these latter appointments have free quarters. Private practice is allowed.

Gibraltar.—There is a surgeon of the Colonial Hospital receiving £275, and an assistant surgeon receiving £95, in each case with quarters and private practice, and allowance of £20 12s. for fuel and light. The surgeon of the hospital, as medical officer of the civil prison and lunatic asylum, receives £55, and horse allowance of £42. The assistant surgeon is also police surgeon, £45; port surgeon, £109, and is a public vaccinator.

Cyprus.—There is a Chief Medical Officer paid at the rate of £500 per annum, two District Medical Officers paid at the rate of £250 per annum, and one paid at the rate of £200, rising by £10 a year to £250, all enjoying private practice, and receiving 2s. per diem forage allowance; these are the only medical appointments in the island which are open to English candidates.

St. Helena.—The Colonial Surgeon receives £300 per annum, and £50 horse allowance. Private practice is allowed.

Falkland Islands.—There are 2 appointments, one of which is paid at the rate of £300 per annum, with £25 as Health Officer, and the other at the rate of £200 per annum. Private practice is allowed in both cases.

4. All applicants for medical employment in these Colonies must be between the ages of 23 and 30, and must be doubly qualified; preference will be given to those who have held hospital appointments as house-physicians and house-surgeons; certificates of moral character and of sobriety will be required, and every officer before being appointed will have to be medically examined by one of the consulting physicians of the Colonial Office, Sir Patrick Manson, K.C.M.G., 21, Queen Anne Street, Cavendish Square, London, W.; Dr. Andrew Davidson, 11, Morningside Place, Edinburgh; and Dr. Hawtrey Benson, 57, Fitzwilliam Square, Dublin.

5. In addition to the ordinary medical appointments in these Colonies vacancies also occasionally, though very rarely occur, for which specialists are required—for example, to take charge of a lunatic asylum, and the particulars of chief medical officer in some of the larger Colonies have not been given, as the Headship of the Medical Department in such Colonies, requiring administrative as well as professional qualifications, is not reserved to the ordinary medical staff of the same Colony, but is often filled up directly by transfer, and sometimes from outside the service.

6. Applications for medical employment in these Colonies from persons in the United Kingdom must be addressed to the Assistant Private Secretary, Colonial Office, Downing

saucers, jugs, etc.; table cloths, napkins, dusters, glass cloths; cork-screw, turnspice, tin-opener; kitchen ware not required in Southern Nigeria; kettles, cooking utensils, tin-opener; Camp canteen; water bottle; waterproof sheet; thick blankets; towels; sheets (if desired); pillow cases; good watches or jewellery should not be taken out, a small clock is useful; lounge chair (for voyage); shot gun, ammunition, hunting knife and belt, etc. if desired.

10. Boxes, to hold 50 lb. or less, are 2s. 6d. each. Transport is effected by cargo load is 50 lb. each. 11. Clothes and winter underclothing may be taken, but if an officer's leave of absence takes him to a country where the climate is not likely to be the same, it is desirable for officers to take some extra clothing with them, but circumstances vary, and a man, if possible, consult someone who has been to the Colonial Office before he takes any officer at home on leave of him what to do.

12. There is a uniform prescribed for all officers, particulars of which are given in the Colonial Office. In the other Colonies special uniforms.

13. Free single quarters, furnished in all Colonies, or an allowance is paid in lieu of the quarters, the amount may be obtained on application at the Colonial Office.

14. Gratifications. 15. Pensions and gratuities for officers are provided for in the Colonial Office, but for incomplete, account of them is given in the Colonial Office.

16. After eighteen years' service (or 20 years' service if the officer is qualified in the last annual salary for each year's service, he is qualified for a pension.

17. Seven years' service, he is qualified for a pension of a month's salary for each year of service, but he must be recommended by the Governor or by the Colonial Office.

18. If the amount of these pensions and gratuities is not counted, while leave of absence is granted, an officer of the West Indies may be recommended by the Governor or by the Colonial Office.

19. An officer of the West Indies may be recommended by the Governor or by the Colonial Office, but he must have been recommended by the Governor or by the Colonial Office.

20. APPOINTMENTS. 21. Medical Officers in the West African Colonies are appointed by the Secretary of State, Colonial Office, and usually by promotion from the ranks of the Colonial Medical Service, and between the ranks of the Colonial Medical Service, and between the ranks of the Colonial Medical Service.

22. Married candidates. Married candidates are not eligible for appointment, but if a man has been married, he must be recommended by the Governor or by the Colonial Office.

23. In the case of an officer dying on duty, the Government for a widow or for a child, apply in writing to the Secretary of State, Colonial Office, and usually by promotion from the ranks of the Colonial Medical Service, and between the ranks of the Colonial Medical Service.

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nearly 8,500 men had been sent out by them, but it was pointed out that "barely a quarter of those men were really trained Army Medical Corps men." Surgeon-General Sir W. Wilson said "the mass of attendants were not trained, we trained them in the hospitals out there." In addition to these were the nurses belonging to the Army Nursing Reserve, trained women who had signed a contract to serve either abroad or at home, in time of a national emergency, of whom over 800 were sent from home; there were 2,500 men supplied by the St. John Ambulance Brigade, trained in first aid to the wounded but not in nursing, and there were certain local hospital and ambulance corps in South Africa. The Commissioners attempted to obtain from witnesses an idea of the percentage of medical strength which a force in the field should contain, in order that it might be properly served. Such an estimate must, naturally, depend much on the circumstances of each war, the climate, and the character of the fighting. It was stated by a civilian witness, Professor Ogston, who had studied the statistics of other modern wars, that about 5 per cent. of the strength of a force ought to be connected with the Army Medical Department. Colonel E. M. Wilson, of the Royal Army Medical Corps, agreed with this view, though Surgeon-General J. Jameson thought that, under favourable conditions, a percentage of 2½ would be sufficient. This latter percentage was that upon which the strength of the medical service, relatively to an army corps, was based in the calculations of the War Office previously to the war, and including voluntary and outside assistance of every kind, the actual medical strength during the war seems to have been from 3 per cent. to 4 per cent. of the total force.* It was, as the Royal Hospital Commission pointed out in its report, impossible, in a war conducted over so large an area, to secure that the medical personnel should be always distributed in proportion to the needs of particular localities, or of particular occasions. Such an occasion was the outbreak of enteric at Bloemfontein, where after rapid marching a vast number of cases had to be coped with. Surgeon-General Sir W. Wilson pointed out that the diversion of most of the First Field Force to Natal left the Army Medical Corps far too weak on the Cape side to provide for the need of the further troops coming out. He said:

The ordinary establishment was far too small. It was big enough to build upon the Natal side, and it was very fair there; they had a good, strong framework of regular service; but on the Cape side, where all the difficulties came in, and where we had to go away hundreds of miles from the lines of communication, and where our transport failed, it was a long way too small—out of all proportion.

The Testimony of Military Witnesses.

The military witnesses, to whom questions were addressed on the subject, spoke well, and some very highly, of the zeal and energy of the Army Medical Service, though some of them pointed out that the service was often short-handed, and that the orderlies, many of whom were mere untrained privates brought in as makeshifts, were not always good. Sir Ian Hamilton, while praising their devotion to duty, expressed the opinion that the army medical officers were too much shackled by the dread of infringing regulations. One witness said that "the medical service was overworked, undermanned, and under-ordered." General Kelly-Kenny said that "the medical services were gradually brought up to a state of efficiency and sufficiency." Naturally the experience of these witnesses

*The Royal Hospital Commission (page 10) states that at the end of March, 1900, the total force then engaged was about 207,500 men, and that there were then about 800 medical officers, including civil surgeons, 6,000 hospital subordinates, and 500 nurses in the country. In July there were to a force of 224,000 men about 1,000 medical officers, 7,000 subordinates, and 900 nurses. Of the 1,000 medical officers, about 400 belonged to the Royal Army Medical Corps, the rest were civil surgeons.

Instructions, &c.—Treatment of Sick Soldiers in Quarters.

A soldier reporting himself sick who, in the opinion of the medical officer, is temporarily unfit for the performance of all his duties, but for whom treatment in hospital is not essential, will be ordered to attend at the hospital or inspection room at such times and for such period as the medical officer may consider necessary.

While a soldier is attending hospital, his commanding officer, acting on the recommendation of the medical officer, will relieve him from all duties, or employ him on such duties and fatigues in barracks as he is capable of performing.

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The King's Regulations and the Medical Regulations will be amended accordingly.—A.O. 158, September 1903.

an English ambulance is hardly fit to transport the sick; it is impossible for a well man to sit in it almost, when it is moving rapidly." He said that the English ambulances were only suitable for a country with good roads, and that no light carts had been provided which could go rapidly across country to pick up a wounded man, or could follow a cavalry column. Surgeon-General Sir W. Wilson denied that the Boers had better ambulance wagons than the British, and said that one ambulance wagon, Mark 5, was a good one. He said that there was at first a deficiency of light vehicles and that "the situation was saved" by a gift of tongas sent from India, and by the use of Cape carts captured from the enemy. Ambulances of a useful kind were sent from Canada and Australia. Both in respect of ambulances and other equipment, the Colonial medical arrangements impressed witnesses favourably.

Conclusions.

The Commissioners conclude as follows:—The evidence may perhaps be said to leave the impression that the Army Medical Service as a whole had not, either as regards personnel or equipment, been maintained at the high standard which in so vital a matter is essential. We do not mean by this any reflection on the devotion or ability of individual members, nor do we overlook the improvements in equipment to which Sir W. Wilson and Colonel Gubbins have testified. But the service was weak in numbers, and the opportunities of gaining experience in the practice of modern methods were denied—while it seems clear that, at any rate in the early part of the war, perhaps owing to accumulations of stores at home, medical supplies were not always of the newest pattern, and parts of the equipment were comparatively antiquated.

We are glad to learn that in the last two years much energy has been devoted to improving this service. In order to consider the necessary steps and to assist the Secretary of State an Advisory Board has been created. Some of the most eminent civilian medical authorities have given to it their voluntary services and much of their time. Sir Frederick Treves expressed his belief that the Army Medical Service would be made "the finest service in the world in time" when reforms in contemplation could be carried out.

It will no doubt be recognized that in a matter of this importance there should be no hesitation in sanctioning all requisite expenditure, especially in the matter of improved training of medical officers and the proper equipment of military hospitals. The Commissioners desire to call attention to the statements of Mr. Frigg and Sir Frederick Treves with regard to the unsatisfactory condition into which these hospitals had been allowed to fall in this country.

differed according to the different parts of the area of the war which they saw. It was more easy for medical arrangements to be complete in Natal, with reference to which Sir F. W. Stopford spoke very highly, than under great pressure on the Modder River or at Bloemfontein, or with a flying column in the Transvaal or Orange country. In any criticism made upon the Army Medical Service in the field in South Africa, it had to be remembered that the task set to them far outstripped the largest expectations which had been formed before the South African war, with regard to what was expected from this as from other of the departments of the army. Surgeon-General Sir W. Wilson said:

The officers I had did everything that was possible; they were few in numbers. For instance, I had been supplied with personnel to look after two army corps, say, 80,000 men, and we had not enough to look after that number even; but instead of that, we had 250,000 men to look after, besides camp followers. The work was scattered all over half a continent, and I really do not think that any one at home knows the amount or the greatness of the task.

Lord Roberts, with reference to the same point, said:

I think the medical department suffered under, perhaps, greater disabilities than the other army departments. It was very far from being prepared for expansion, and yet, within a few months, it was called upon to provide officers, non-commissioned officers, orderlies, and nurses for an army three or four times the size of that for which its establishment had been estimated as sufficient. It had been calculated that it would be enough to arrange for medical aid for 4 per cent. of the troops employed in war, whereas it turned out that the calculation should have been for 10 per cent. Nevertheless, had it not been for the sudden outbreak of an epidemic, which is inevitable in war, the department would, in all probability, have proved equal to the occasion; and that the outbreak should have reached dimensions with which we were unable to cope was due rather to the arduous character of our operations and the nature of our lines of communication than to want of efficiency and zeal on the part of the medical officers and the assistants. It was impossible, under the circumstances, to give the medical supplies precedence on the railway and to bring up reinforcements of personnel.

The Testimony of Civilian Medical Men.

The Commissioners, however, feel bound to call attention to some evidence received from some eminent civilian medical men who had experience in South Africa. Professor Ogston said, with regard to the men employed as orderlies, that although there was no lack of zeal and devotion, many of them were quite untrained, and that most of them were "absolutely ignorant of anything like what was required for attending on the sick. They were utterly unaware how to deal with a sick man.....and hence, in spite of all their goodwill, they failed from the want of this training." They were, he said, not accustomed by their previous discipline to the discouraging work of attending on the sick, and knew nothing about disinfectants.

Sir Frederick Treves, referring to the officers, stated that in his opinion the Army Medical Service at that date suffered from "over-organization." The system, he said, "is full of an enormous number of safeguards apparently based on the impression that the officer put in charge of a hospital is likely to be incapable, and that his incapacity will be minimized by restrictions of all sorts." He urged that the whole service needed emancipation from forms and clerical work and decentralization, so that the medical officers might have both more time to practise their profession, and acquire greater initiative. Evidence to the same effect was given by Mr. Fripp. It was alleged that before the war the Army Medical Service only, as a rule, obtained the less able youths who were entering the profession, and it was pointed out that after they had joined the service they had no opportunity of practising in civil hospitals, but were confined to ill-equipped military hospitals, in which the cases were of a restricted class, where the standard of comfort was lower than in a workhouse infirmary, and to which the soldiers themselves were unwilling to go.

Surgeon-General Jameson considered that the officers entering the Army Medical Service were "very much superior" on the average, to those entering the civil profession. He admitted, however, that for some years before the war, in consequence of want of status and insufficiency of pay in the service, it was difficult to obtain candidates. "There were no examinations held at all for some time, because there were no candidates." He also said that the average army surgeon got in time of peace "very little surgical experience," and that the military authorities had never before the war considered any system for arranging that the Medical Staff should obtain opportunities of practising in civil hospitals. It was obvious that very insufficient practice can be acquired by army medical men if

in peace time they are restricted to practise in the army itself, that is, within the limits of a body of young men who have passed a medical examination, and who are not so much exposed to the risk of accidents requiring surgical operations as are the workers in many trades. It was stated that the rapid progress of surgical science in modern times made constant practice necessary. Professor Ogston said:

Our operations nowadays are pieces of very high art which a man acquires by daily training, weekly training. He comes to use his fingers like a conjurer uses his, and does things with his hands that have become a habit with him to do, but which at first are a little difficult and require technical skill, and if a man has not that daily practice he may know the theory most perfectly, he may be a most able and intelligent man, and yet he will not do such good technical work as the, perhaps, less able man who has had this practice.

Comparison with Other Armies.

The attention of the Commissioners was called to the fact that in point of opportunities of acquiring skill the British system had long been inferior to that of some foreign countries, that, for instance, of Germany, where not only are the military hospitals much larger and better managed, but where every medical man in the army can, at short intervals, apply to be admitted to the practice of civil hospitals. In Russia, civilian patients are admitted into the military hospitals. In this country there appears to have been an isolation of the Army Medical Service from the main body of the profession and the main stream of professional life, which had deleterious effects. The explanation given by the army medical officers is that under the system before the war the establishment of medical officers allowed was so small that they could not be spared if they wished to study in civil hospitals. The answer has always been—"We have not enough men; we cannot spare you."

It would not, of course, be possible that the country should maintain in peace a medical army staff which could meet unassisted the emergency of a great war, and there can be no doubt that in the event of such a war a sufficient number of civilian medical men can be obtained. But, if only with a view to our constant small expeditions, it is desirable that the officers of the Army Medical Corps should have opportunity of maintaining their professional skill at least on a level with that of the average surgeon in civilian practice. It should be considered, also, whether arrangements, such as those existing in Germany, should not be made in time of peace with medical men of experience in ordinary practice to secure their services on occasions which shall be declared to be national emergencies. It was pointed out that, under the purely voluntary arrangements in the late war, the supply of high-class civilian consultants fell off very much towards the end of the war. Mr. Fripp was not in favour of keeping lists of doctors who would be ready to serve in war, but he thought that better devised steps should be taken to secure the right men than were taken in the late war.

Mr. Fripp alleged that the officers of the Army Medical Service did not understand the treatment of enteric.

They do now that they have had an enormous experience, but they did not understand how even to write its name down in the slightest cases, because they called it simple continued fever, unless it had very marked symptoms; and they allowed that man with simple continued fever to go about and infect other people, and the other people so infected may have the acutest enteric.

A point of some importance is that no professional dentists were attached to the Army Medical Corps in the field.

Sanitary Organization.

The attention of the Commissioners was called by Lord Roberts and other officers to the hiatus which at the time of the war appeared to exist in the army system with regard to sanitary matters, such, for example, as the selection of healthy sites for camps or water supply. These matters are supposed to fall within the province of the Army Medical Corps, but often have been by no means properly attended to. Surgeon-General Jameson said that "If sanitation had been understood, not alone by our own officers, but by the rank and file and the military officers, commanding officers, I think it would have saved thousands of lives," and some striking evidence upon the same point was given by Professor Ogston. This witness called the Commissioners' attention to the fact that the German Army Medical Corps have an elaborate system for testing the water supply wherever troops arrive, and closing impure sources, but that in South Africa almost nothing of the kind was done. In other matters, such as the regulation of camp latrines, he contrasted unfavourably the British system with the German. These statements were confirmed by General Sir Charles Warren, who said

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From the purely medical point of view, the skill, zeal, and devotion to duty of our medical officers during the war is beyond all praise. From the sanitation point of view there is much to be desired. It never seems to be clear whether a camp is located according to strategic requirements or not, or to what extent the question of sanitation is to be considered. The result is there were grave defects in the position of many of our camps. The duties of medical officers ought to be more clearly defined, and their responsibilities laid down.

After calling attention to specific instances of disregard of sanitary considerations, he added:

In the open places the wounded troops frequently occupied the best ground before the infantry came up, and the infantry were bivouacked where horses had been. I have always found that in such cases there is sickness. I am convinced that typhoid fever does not belong of necessity to an army in the field; its presence is usually a sign of neglect of some kind. Wherever real sanitary precautions are taken, typhoid fever is at once reduced to a minimum. If there had been efficient sanitary regulations in our army, and if they had been attended to, I think that three-fourths or four-fifths of our losses from typhoid fever would have been avoided. I consider that our regulations have been retrograde in late years. It is impossible that a Provost-Marshal can look after such matters. His duty ought to be to look after others, and see they do their duty, and not do the duty himself. The whole sanitary service requires reorganizing. It ought to be automatic, so that on starting a camp or bivouac anywhere things should go straight.

Lord Roberts thought that there ought to be a special service of sanitary officers. He gave as an instance of the need of this that he found hospital tents pitched upon one of the chief sources of water supply at Bloemfontein. In the opinion of one civilian witness, the result of the system before the war was that "there is a general shirking of taking any responsibility of that kind, taking any initiative, and daring to do anything that is not already laid down in the regulations." Consequently, even when a site was obviously unhealthy, he considered that officers in the Army Medical Service would hesitate to take the necessary steps.

Surgeon-General Sir W. Wilson desired, like Lord Roberts, that special sanitary experts should be attached to the army on the ground that their opinion would have "greater weight than of the ordinary practitioner." He even desired for this purpose "men of European reputation, whose opinions cannot be set aside"—a somewhat large requirement.

It was suggested by Sir Charles Warren that the sanitation of camps and bivouacs should be jointly in the hands of the medical officers and Royal Engineers, and that their responsibility should be defined. He considered, also, that when there was an outbreak of fever, the officers concerned should be liable to be tried by court-martial unless they could show that they had taken all precautions.

Army Medical Equipment.

Evidence as to medical equipment was also taken both from army medical officers and civilians. The attention of the Commissioners was called by the official witnesses to the fact that till the year 1897 the medical equipment "was very obsolete, some of it dating back to the Crimean war. In that year a committee inquired into the matter, and in the result of their report it was thoroughly revised and brought up to date." "It would," said Colonel Gubbins, "have been a perfect scandal if we had gone out with the equipment as it was before."

There appears, say the Commissioners, to have been a difficulty before the war in obtaining proper accommodation for storing medical instruments and drugs. All medicines had to be kept in damp cellars of the Herliert Hospital, and to a great extent became useless, until a ward in the hospital was devoted to their storage. "The instruments were suffering and the medicines were perishing," Surgeon-General Jameson, who was then Director-General of the Army Medical Service, said that he had made frequent representations with regard to this matter, but that the necessary funds were not conceded, apparently for the same reasons as those which led to retrenchments in regard of the medical personnel. It is, however, probably true, as Colonel Gubbins pointed out, that, in a country like this, where almost everything can be obtained rapidly, it would be a mistake to store up great reserves of articles like medicines or of those like hospital beds. He said:

Medical supplies are perishable articles, and as to ordnance supplies, we might not go to war for twenty or thirty years, when they would be obsolete. I may mention as an instance that there was a pattern bedstead brought out in the time of the Crimea called the "Medicaid." We have got it in our hospitals still, and we cannot get rid of it. I worked a table out some years ago to determine, judging by the normal waste, when we should get rid of it, and I think we found that it would take 1,200 years to work off the present stock.

Surgeon-General Sir W. Wilson, who was Principal Medical

Officer in South Africa from the beginning to the end of the war, said that the surgical instruments used in South Africa were "very good," and that the medical officers were supplied, as a rule, with the most modern class of instruments. He said that there was never any deficiency of medical supplies in South Africa, although difficulties of transport made it impossible sometimes to get them to the front. "The dressings were the best," that ever accompanied an army in the field, and the medicines were made up in the most compact form possible. He also said that "we were well up to the times in the medicines and drugs." He mentioned, however, in his evidence one serious shortcoming—namely, the non-provision of pyjamas in which to clothe wounded men. He said: "When a man comes in, at present there are no clothes for him, although he may be deluged with blood, but, according to the regulation there are no clothes to put him into." This defect was at first met by the Red Cross Committee, and pyjamas were subsequently supplied by the Ordnance Department.

The evidence of the civilian medical men who had experience in the war left, on the whole, a less favourable impression of the medical equipment than that of the official witnesses.

Professor Ogston said that "the quantity and quality of the equipment prepared and supplied to the hospitals, field hospitals, and bearer companies were defective, and generally they were antiquated and badly organized," and he considered that the "whole system of drug supply had not been adequately thought out."

Sir Frederick Treves said that the supplies furnished by the Medical Department "were certainly antiquated, and we were carrying about with us instruments which I should have thought would only be found in museums." He could not say that the equipment was "entirely antiquated," but it was below the level of that usual in civil practice. The instruments in many cases were very inferior to those used in civil life. He also said:

We took about medicines that were in bottles in the most cumbersome form, and that had been in the bottles for twenty years possibly. It is really a serious complaint; we had to drag this useless chemist's shop all over the country, packed up in the most ludicrous and extravagant way. Tablets, or any such concentrated preparations as are used now, would have put the whole outfit into a twelfth part of the space.

He also said, "the present outfit is, of course, cumbersome beyond expression." Sir Frederick Treves also said:

The equipment of the field hospital, of course, is based upon certain tabulated forms, and it is supposed to be quite complete in itself, and the result is this, that in the many journeys we had to make in Natal up to the Tugela and back again we were dragging with us, I suppose, what amounted to tons of useless material. Every field hospital is hampered by a theoretically complete outfit, which has to be dragged to and fro all over the country, and it is an immense burden. We were dragging about things that under no circumstances would have to be used in South Africa, for example. The outfit of the field hospital is suitable for any climate in the world, from the Polar Regions to the Equator; it is an exceedingly elaborate outfit; it is complete on paper, and that has to be dragged all over the country.

He suggested that this difficulty might be partly met in the field by having advanced medical depots containing the supplies which were needed and no other. Another civilian witness, Mr. Fripp, considered that, generally speaking, the instruments and appliances of the Army Medical Service in South Africa were "quite adequate," though they were at first "old-fashioned." He thought that "surgery is a very secondary matter in the part that our 'medical profession ought to play in war nowadays," and that the rough surgery necessary after a battle did not require any elaborate instruments. He attached far greater importance to the prevention of disease. He said that the Army Medical Service did not understand the "enormous practical advantage of having steam disinfectors at each hospital, a modern article of medical equipment." The witness was the first to take out this apparatus. Colonel Gubbins said that at the beginning of the war there was a good reserve of hospital marquee tents, but that the present hospital tent is an "atrocious pattern," and could not be worse. According to Professor Ogston the tent accommodation on Modder River was quite inadequate, and he suggested that, as in the German army, some movable huts for hospital purposes in the field should have been provided. With regard to ambulance wagons the same witness stated that those sent out were not suitable to South Africa. "They were old wagons, and not the best.... They jolted and were old-fashioned." He thought they were not nearly so good as those used in the Russian and German armies, and were even inferior compared with the Cape wagons. Sir Frederick Treves said, "The Boers had good ambulances, but

meanwhile, the Commission instructed us to make certain arrangements in connection with the ambulance service.

Conclusions.

The Commissioners conclude as follows:—

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vacancies occur, is £300, which is increased to £400 and upwards by various allowances for horse, house, or otherwise. These posts carry the right to private practice. After every five years' service an officer is given an additional personal allowance at the rate of £50 per annum. All officers hereafter appointed are required to contribute 4 per cent. of their salaries to the Widows' and Orphans' Fund. But in future there will be few appointments, as the Government is aiming at the introduction of a system by which the work shall be performed by private practitioners under temporary contracts.

In the island of Tobago there are three district appointments, with salaries of £250 per annum with quarters.

Windward Islands (Grenada, St. Lucia, St. Vincent).—The 22 appointments are, with few exceptions, district appointments with the right to private practice attached; the salaries paid by Government vary from £250 to £400, with allowances in certain cases. The Secretary of State reserves the power to transfer a medical officer from one island to another.

Leeward Islands (Antigua, St. Christopher and Nevis, Dominica, Montserrat, Virgin Islands).—The 25 appointments are of the same nature as in the Windward Islands. An officer when first sent out is not appointed to a particular island but to the service of the Leeward Islands, with a salary of £200, and the Governor decides as to the district which is to be allotted to him. The medical officers receive fees for successful vaccinations, *post-mortem* examinations, attendance and giving evidence at courts of justice, certificates of lunacy, and, in the larger islands, for burial certificates. They are also allowed private practice.

British Honduras.—There are four medical appointments (besides the principal post of Colonial Surgeon) in all of which private practice is allowed, if it does not interfere with the public duties of the officer; the pay varies from \$750 to \$1,080. Two of the medical officers are also district commissioners, and receive \$1,500 for the combined posts of medical officer and district commissioner. Unless they already possess a diploma of public health, medical officers are liable to be required before they join the colony to undergo a course of instruction at a laboratory of public health or analogous institution. The dollar=about 4s. 2d.

Fiji.—There are at present 17 medical officers, of whom the Chief Medical Officer receives £600 per annum, the senior medical officer £450 per annum, and £50 allowance for house rent, the others receiving, if provincial medical officers, £400 to £500 per annum, if district medical officers, £300 per annum, with quarters, or £50 house allowance at the option of the Government.

Some of the district medical officers receive, in addition, capitation fees upon all the indentured labourers in their respective districts. These amounts, usually, to sums ranging between £40 and £200 per annum. District medical officers are entitled to the private practice of their profession in all districts, on the understanding that their official duties are not made subservient to it.

Proposals are at present under consideration for consolidating the two classes of District and Provincial Medical Officers into one Government medical service, appointments to which will be made on terms not yet fixed.

Ceylon.—The pay of the (36) Sub-Assistant Colonial Surgeons and (9) Deputy-Assistant Colonial Surgeons and (8) other subordinate medical officers is at the rate of from Rs. 900 to Rs. 1,600 per annum. The (23) Assistant Colonial Surgeons are paid at a rate of from Rs. 3,000 to Rs. 5,000 per annum, and the (4) Colonial Surgeons and (3) other superior medical officers at a rate of from Rs. 5,500 to Rs. 8,000 per annum. The Principal Civil Medical Officer receives Rs. 12,000, rising by biennial increments of Rs. 1,000 to Rs. 15,000 per annum. Private practice is allowed to the subordinate officers, but the Colonial Surgeons may only take consultation practice. The Medical Service of Ceylon is mainly recruited from among gentlemen born in the island, but possessing British diplomas. Exchange Compensation—that is, an allowance in respect of one half of an officer's salary, sufficient to make up the difference between the market value of rupee and a rupee worth 1s. 6d.—is at present granted to officers appointed from this country to medical posts in Ceylon.

This privilege is subject to an annual vote of the Legislative Council, and its permanence cannot therefore be guaranteed.

Straits Settlements.—Two house surgeons in the General Hospital, Singapore, on £300 rising to £360, with free quarters. There are ten other subordinate posts in the Medical

Department, with salaries varying from £360 (rising to £420) to £780 (rising to £900). Some of these posts have free quarters attached, and the holders of some are allowed private practice within limits. The salary of the Principal Civil Medical Officer is £1,000.

Federated Malay States.—There are 17 District Surgeons on salaries £360 rising to £480. There are also four State Surgeons, on salaries varying from £480 (rising to £540) to £720 (rising to £840).

Medical officers have no claim to private practice, and the enjoyment of it will be strictly subject to the permission of Government. There are two assistants in the Institute for Medical Research, on salaries of £360 to £420. These are non-pensionable, and the holders are eligible for appointment as District Surgeons.

Hong Kong.—Principal Civil Medical Officer, £800 rising to £1,000. There are two Health Officers of the Port, four Medical Officers of Health, and four Assistant Surgeons, with salaries of £480 rising to £720. Most of these appointments are pensionable. Private practice is not allowed, and free quarters are only given in few cases.

Mauritius.—There are 24 medical appointments in all. Of these 14 are minor appointments, with salaries varying from Rs. 500 to Rs. 1,500 per annum. The other 10 appointments have salaries varying from Rs. 2,000 to Rs. 9,000. Free quarters are not given in most cases, and private practice is not allowed. The service is mainly recruited from among gentlemen born in the island.

N.B.—There are Widows' and Orphans' Pension Funds in Ceylon, Straits Settlements, Hong Kong, and Mauritius, to which all permanent Government servants are called upon to subscribe at the rate of 4 per cent. on their salaries.

Officers in the service of Mauritius are required annually to contribute 2 per cent. of their salaries towards their pensions.

Seychelles.—There are four medical appointments. The Government Medical Officer receives Rs. 4,000, rising, after three years' service, to Rs. 4,500. The Assistant Government Medical Officers receive Rs. 3,000. The holders of these latter appointments have free quarters. Private practice is allowed.

Gibraltar.—There is a surgeon of the Colonial Hospital receiving £275, and an assistant surgeon receiving £96, in each case with quarters and private practice, and allowance of £20 12s. for fuel and light. The surgeon of the hospital, as medical officer of the civil prison and lunatic asylum, receives £55, and horse allowance of £42. The assistant surgeon is also police surgeon, £45, port surgeon, £109, and is a public vaccinator.

Cyprus.—There is a Chief Medical Officer paid at the rate of £500 per annum, two District Medical Officers paid at the rate of £250 per annum, and one paid at the rate of £200, rising by £10 a year to £250, all enjoying private practice, and receiving 2s. per diem forage allowance; these are the only medical appointments in the island which are open to English candidates.

St. Helena.—The Colonial Surgeon receives £300 per annum, and £30 horse allowance. Private practice is allowed.

Falkland Islands.—There are 2 appointments, one of which is paid at the rate of £300 per annum, with £25 as Health Officer, and the other at the rate of £200 per annum. Private practice is allowed in both cases.

4. All applicants for medical employment in these Colonies must be between the ages of 23 and 30, and must be doubly qualified; preference will be given to those who have held hospital appointments as house-physicians and house-surgeons; certificates of moral character and of sobriety will be required, and every officer before being appointed will have to be medically examined by one of the consulting physicians of the Colonial Office, Sir Patrick Manson, K.C.M.G., 21, Queen Anne Street, Cavendish Square, London, W.; Dr. Andrew Davidson, 11, Morningside Place, Edinburgh; and Dr. Hawtrey Benson, 57, Fitzwilliam Square, Dublin.

5. In addition to the ordinary medical appointments in these Colonies vacancies also occasionally, though very rarely occur, for which specialists are required—for example, to take charge of a lunatic asylum, and the particulars of chief medical officer in some of the larger Colonies have not been given, as the Headship of the Medical Department in such Colonies, requiring administrative as well as professional qualifications, is not reserved to the ordinary medical staff of the same Colony, but is often filled up directly by transfer, and sometimes from outside the service.

6. Applications for medical employment in these Colonies from persons in the United Kingdom must be addressed to the Assistant Private Secretary, Colonial Office, Downing

Street, S.W. Out of the total number so applying a list of candidates will be made who will be considered as vacancies occur, but no promise whatever can be held out that candidates, even if they are placed on the list, will eventually receive an appointment. It is not possible to forecast either the number or the nature of the vacancies which will arise in the course of any given year, and it is not expected that candidates should hold themselves in readiness by refraining from other employment, as usually, when selected for an appointment, they can be allowed sufficient time to make their preparations and to terminate their existing employment.

7. Information as to the West African Medical Staff is given in a separate memorandum printed below.

8. *South Africa.*—Medical appointments in the Bechuanaland Protectorate and Basutoland are made only on the recommendation of the High Commissioner for South Africa, who usually appoints local candidates. Appointments of medical officers to the South African Constabulary are made by the High Commissioner on the recommendation of the Inspector-General. The Secretary of State does not select candidates for these appointments, and no register of candidates is kept at the Colonial Office.

Medical appointments in the Transvaal and Orange River Colony are only made on the recommendation of the Governor of those Colonies. The supply of candidates in the Colonies is understood to be sufficient, and it is not anticipated that there will be any demand for the services of medical men from this country for ordinary appointments. Information as to the conditions of practice in these Colonies can be obtained from the Emigrants Information Office, 31, Broadway, Westminster, S.W.

Medical appointments in the Cape and Natal are made only by the Colonial Governments. Information with regard to appointments in these Colonies can be obtained from the Agent-General to the Cape, 100, Victoria Street, S.W., and the Agent-General for Natal, 26, Victoria Street, S.W.

Appointments in Rhodesia are made by the British South Africa Company, 2, London Wall Buildings, E.C.

INFORMATION FOR THE USE OF CANDIDATES FOR APPOINTMENTS IN THE WEST AFRICAN MEDICAL STAFF.

1. The medical services of the West African Colonies and Protectorates (viz., the Gambia, Sierra Leone, the Gold Coast, Lagos, Southern Nigeria, and Northern Nigeria) form one service under the above name. All the medical officers for the service are selected by the Secretary of State for the Colonies, and are on one list for employment and promotion.

SALARY AND ALLOWANCES.

2. The grades and salaries of medical officers are shown in the following table:

Grades.	Gold Coast, Southern Nigeria, Northern Nigeria.			Sierra Leone, Lagos.			Gambia.		
	Minimum Salary.	Annual Increment.	Maximum Salary.	Minimum Salary.	Annual Increment.	Maximum Salary.	Minimum Salary.	Annual Increment.	Maximum Salary.
Principal Medical Officer	£1,000	50	1,200	800	50	1,000	—	—	—
Deputy Principal Medical Officer	700	25	800	—	—	—	—	—	—
Senior Medical Officers	600	20	700	600	20	700	500	20	600
Medical Officers	400	20	500	400	20	500	400	20	500

3. The allowances are as follows:

(a) *Duty Pay.*—A Deputy Principal Medical Officer or Senior Medical Officer receives duty pay at the rate of £100 a year while acting for the Principal Medical Officer.

In the Gambia a Medical Officer while acting for the Senior Medical Officer in charge of the medical department receives duty pay at the rate of £50 a year.

Duty pay at the rate of £60 a year is also paid (1) to each Deputy Principal Medical Officer or Senior Medical Officer while employed in Ashanti or the Northern Territories of the Gold Coast, and (2) to not more than two officers of either of those ranks in Northern Nigeria, when similarly employed in outlying districts, at the discretion of the High Commissioner.

(b) *Horse or Hammock Allowance.*—An allowance of 2s. 6d. a day is paid to every medical officer for personal conveyance while on duty at his station, for any periods during which he is required by Government to keep, and has actually kept, a horse, carriers, etc., for the purpose.

(c) *Transport of Stores.*—The Government carries free of cost a reasonable amount of stores for every medical officer, the amount in each case being fixed by the local Government.

(d) *Travelling.*—Medical and other officers travelling on duty in a Colony or Protectorate are entitled to repayment of any actual out-of-pocket expenses which they may necessarily have incurred. In some cases, in lieu of the repayment of expenses, a travelling allowance is given, which is estimated to cover the average cost of travelling.

(e) *Field or Bush Allowance.*—An allowance of 5s. a day is paid to all medical officers, whatever their rank, while employed in the field or bush, away from recognized stations. Officers, while in receipt of this allowance, are not entitled to any repayment or allowance under (d) above.

(f) *Allowances on a Military Expedition.*—All medical officers, whatever their rank, while employed with a military expedition, will be paid an allowance of 10s. a day, and they will also be given free rations, or an allowance of 3s. a day in lieu of rations, whenever other officers employed with the expedition are given free rations or an allowance in lieu of rations. While in receipt of these allowances medical officers will not be entitled to any repayment or allowance under (d) and (e) above.

(g) *Outfit Allowance.*—An allowance of £12 is paid to every medical officer before his departure on first appointment for the purchase of camp outfit (see under "Outfit").

(h) *Special Allowances.*—Allowances varying in amount up to 10s. a day are paid to medical officers detailed for certain special duties (for example, sanitary duties in large towns, the charge of laboratories for research, etc.).

Medical officers when acting as Assistant District Commissioners on the Gold Coast, in addition to performing their medical duties, receive duty pay at the rate of £80 a year, and when acting as District Commissioners in Ashanti at the rate of £140 a year.

LEAVE OF ABSENCE, PASSAGES, ETC.

4. Medical officers are in general subject to the Colonial Regulations in force for the time being, Chapter XVIII of which contains the rules specially applicable to West Africa. A brief summary of these rules is given here for convenience.

5. The ordinary tour of residential service is one year, followed by leave with full pay during the voyages to and from England, and for four or two months clear in England, according as the officer is returning for further service in West Africa or not. If an officer is detained beyond the year, additional leave is given with full pay for ten or five days in respect of each completed month beyond twelve, according as he is returning or not. If he is invalided before the end of the year, the leave with full pay is for the voyages and for ten or five days in respect of each completed month, according as he is returning or not. Leave granted on the understanding that an officer will return is known as "return leave," and any pay drawn in respect of such leave is liable to be refunded if he does not return.

6. Leave may be extended for a limited period with half or no pay on the ground of ill-health, or without pay on other grounds.

7. Free passages are given to all officers who are granted leave as above.

A free passage is also given on first appointment, subject to the officer signing an agreement under which he is liable to refund its cost if he relinquishes his appointment for any other reason than physical or mental infirmity, or is removed for misconduct, within three years from the date of his arrival in West Africa.

8. Half-pay is given during the voyage out on first appointment.

9. Fuller information on these points will be found in the Colonial Regulations, which are published in the annual Colonial Office List (Messrs. Harrison and Sons, 59, Pall Mall, price 10s. 6d.), or may be consulted on application at the Colonial Office; and a copy of Chapter XVIII may also be obtained free on application to the Colonial Office.

GENERAL CONDITIONS OF ENGAGEMENT.

10. Every medical officer, unless exempted from this condition on account of previous Colonial service, or for any other reason, is engaged in the first instance on probation for one year from the date of his arrival in West Africa. If it is established to the satisfaction of the Governor or High Commissioner that an officer is not qualified for efficient service in West Africa, the Governor or High Commissioner, subject to the confirmation of the Secretary of State, will have full power to cancel his appointment at any time within the year without giving him any further compensation than a passage back to England, which will be granted only at the discretion of the Governor or High Commissioner.

11. At the end of the year of probation the officer may, on the recommendation of the Governor or High Commissioner, subject to the approval of the Secretary of State, be confirmed in his appointment with effect from the date of his first embarkation from England for West Africa; and unless it is expressly continued in this manner, the appointment will cease at the end of the year.

PRIVATE PRACTICE.

12. All medical officers, except the Principal Medical Officer, in each Colony or Protectorate, are allowed to take private practice, provided that it does not interfere with the faithful and efficient performance of their official duties, but it is within the power of the Governor or High Commissioner to withdraw or suspend the privilege in such places and for such periods as he may consider desirable.

OUTFIT.

13. *Instruments and Drugs* and all medical appliances are supplied by the Government.

14. *Camp Outfit* on the following scale must be taken out by every medical officer, and an allowance of £12 is given for its purchase: Camp table, 2½ ft. by 2 ft., camp bed (straps, etc.), hurricane lamp (with spare chimneys and wicks), enamelled basin, camp chair, portable bath, Berkefeld filter, stable bucket, mosquito curtains. Tents are supplied by the Government, if required.

15. *Clothing, etc.*—The following are recommended: Thin gauze vests and drawers, one or two pairs of thick Jaeger drawers, thin flannel shirts; white shirts, turned down collars for wear at head quarters (not required in Northern and Southern Nigeria); merino socks, one or two pairs of woollen socks, thick woollen cholera belts, thin flannel pyjamas (and two thick), flannel dressing-gown, medium great-coat; light tropical mackintosh, the seams should be sewn throughout, as those fastened only with composition fall to pieces after a few weeks; umbrella, either white linen with green lining, or ordinary black with white cover; shooting boots; a pair of high indiarubber rain boots for crossing swamps, etc., is useful; brush, comb, shaving-brush, razor, glass, tooth brushes, powder, sponge, soap, candles, needles and thread, etc.

16. *Miscellaneous Outfit.*—Table ware (not required in Algeria)—plates, dishes, glass, knives, forks and spoons, cruet, tea and coffee pot, cups and

SEPT. 5, 1903.

PRISON MEDICAL SERVICE.

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

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

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

Local Prison Service.—Ten deputy medical officers at £250, rising to £300; nine medical officers at £300; three medical officers at £350; three medical officers at £400, rising to £500. Quarters, or an allowance in lieu, are granted to those who give their whole time to the service.

¹ Intending applicants would do well to consult a memorandum prepared for the use of the Parliamentary Education Committee of the British Medical Association, and published in the *BRITISH MEDICAL JOURNAL* on April 23rd, 1899.

MEDICAL APPOINTMENTS IN THE COLONIES.

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

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

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

N.B.—Passage money on first appointment, and leave of absence on half pay (in addition to the ordinary annual vacation on full pay, not exceeding three months in two years), are granted only in the cases specified in the Colonial Regulations. Leave on half pay is not granted before the completion of six years' service, except on the ground of illness or urgent private affairs. With regard to pension, medical officers are usually on the same footing as other Government servants; but in cases where private practice is allowed the rule is that they are not usually entitled to pension.

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

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

Jamaica.—The appointments, 24 in number, are mainly district appointments with private practice allowed; the salary paid by Government varies from £150 to £350 per annum, and in most cases is £200. Newcomers are, in some cases, attached for a while to the public hospital in Kingston, and given an allowance at the rate of £200 per annum, but not permitted to undertake private practice. Some medical officers receive a varying capitation allowance for attendance on immigrants. There is a Civil Service Widows' and Orphans' Fund established by law, to which all medical officers are obliged to subscribe at the rate of 4 per cent. on their salaries.

Trinidad and Tobago.—In Trinidad there are 32 appointments. Officers are appointed in the first instance on two years' probation as supernumeraries. They receive a salary of £250 per annum with furnished quarters, and are usually attached to the Government hospital; the salary assigned to the district appointments, to which they are promoted as

sancers, jug, etc.; table cloth, napkins, dusters, glass cloths; cork-screw, turn-screw, tin opener; kitchen ware (not required in Southern Nigeria)—kettles, cooking utensils, towelings; Camp canteen; water bottle; waterproof sheet; thick blankets; towels; sheets (if desired); yellow cases; good watches or jewellery should not be taken out, as a small clock is useful; lounge chair (for voyage); shot gun, ammunition, hunting knife and belt, etc., if desired; tin boxes, to hold 6 lb. or less, are better than wooden boxes or portmanteaux. Transport is effected by means of native carriers, whose average load is 50 lb. each.

N.B.—A complete set of winter clothes and winter underclothing may be required on board ship if an officer's leave of absence takes him to England in the cold weather. Arrangements might, preferably be made for these to meet the officer during the voyage, as they are apt to get destroyed or kept unused in West Africa.

The above lists are only intended as a guide to requirements. Many articles can be obtained in West Africa, though at a rather higher price than in England. As a general rule it is desirable for officers to take out as little as possible with them, but circumstances vary, and a newly appointed officer should always, if possible, consult someone who has recently been on the Coast. If he applies to the Colonial Office he will be placed in communication with some officer at home on leave of absence, who will be able to advise him what to do.

UNIFORM.

18. In Northern and Southern Nigeria there is a uniform prescribed for medical officers in common with other civil officers, particulars of which can be obtained from the Colonial Office. In the other Colonies medical officers at present wear no special uniform.

QUARTERS.

19. At all the recognized stations free single quarters, furnished in most cases, are provided for medical officers, or an allowance is paid in lieu of quarters. Information as to the nature of the quarters, the amount of furniture supplied, etc., may be obtained on application at the Colonial Office.

PENSIONS AND GRATUITIES.

20. The ordinary regulations relating to pensions and gratuities for West African service can be consulted at the Colonial Office, but for convenience a brief, though necessarily incomplete, account of them is given here.

21. On attaining the age of 50 years, or after eighteen years' service (of which at least twelve must have been residential), an officer is qualified for a pension calculated at one-fourth of the last annual salary for each year of service.

22. If invalidated after a minimum of seven years' service, he is qualified for a pension calculated at the same rate.

23. If invalidated before completing seven years' service, he is qualified for a gratuity, exceeding three-quarters of a month's salary, for each six months of service; provided that he has been confirmed in his appointment, and that he is specially recommended by the Governor or High Commissioner for such gratuity.

24. For the purpose of calculating the amount of these pensions and gratuities, leave of absence without salary is not counted, while leave with half salary is counted half.

25. In addition to the ordinary regulations, an officer of the West African Medical Staff enjoys the following special privilege. At the end of nine years (of which not less than six must have been residential) he will be permitted to retire with a gratuity of £1,000, or at the end of twelve years (of which not less than eight must have been residential) with a gratuity of £1,200. All claims to pension are, however, forfeited on the receipt of such a gratuity.

APPLICATIONS FOR APPOINTMENTS.

26. Applications for appointment as Medical Officers in the West African Medical Staff (the higher grades will usually be filled by promotion from the lower) must be British subjects of European parentage, and between 25 and 35 years of age; they must possess a complete double qualification, and must be on the *Medical Register*.

27. Preference will be given to unmarried candidates. Married ones are not excluded; but it should be remembered that passages for wives and children are not provided by the Government, that houses for them are rarely available, and that, except in the case of an officer dying on active service, no provision is made by the Government for a widow or orphans.

28. Candidates should, in the first instance, apply in writing to the Assistant Private Secretary to the Secretary of State, Colonial Office, Downing Street, London, S.W., stating generally their qualifications and enclosing a certificate of birth. A form of application will then be forwarded to them to fill up and return together with testimonials.

29. Candidates whom it is proposed to select for appointment will have to be medically examined by one of the medical advisers of the Colonial Office (or, in the case of those residing in a Colony, by a medical officer appointed by the Colonial Government), and no appointment will be made unless the candidate is declared to be physically fit for service in West Africa.

30. Candidates for medical appointments in West Africa are allowed to express a preference for any particular Colony or Protectorate, and their wishes in this respect will be borne in mind and met, as far as possible, but they are liable to be posted in the first instance, or transferred afterwards if necessary, to any other West African Colony or Protectorate at the discretion of the Secretary of State.

31. Transfers from one Colony or Protectorate to another will, however, be made as seldom as possible, and will usually be restricted to the following cases:

- (i) If an officer is appointed in the first instance as supernumerary to the establishment of one Colony or Protectorate, pending the occurrence of a vacancy in another Colony or Protectorate.
- (ii) If an officer applies himself for transfer in the same grade.
- (iii) On promotion.
- (iv) Temporary transfers in cases of emergency.

INSTRUCTION IN TROPICAL MEDICINE.

32. Every candidate selected for appointment will, unless the Secretary of State decides otherwise, be required to undergo a course of instruction for two or three months either at the London School of Tropical Medicine, Royal Victoria and Albert Docks, E. (near Commercial Road Station), or at the Liverpool School of Tropical Medicine at the University of Liverpool. The cost of the tuition, fees, board, and residence during such instruction, amounting to a maximum of £400, for three months, will be borne by the Government, and a daily allowance of 5s. (but no pay) will be paid to each candidate during the course, and subsequently up to the date of embarkation. These payments will be made subject to the candidate's signing an agreement by which he will be bound to return to the Colonies or Protectorates to which he may be selected by the Secretary of State, and (a) if he relinquishes the West African Service for any other reason, than mental or physical infirmity, or is removed for misconduct, within three years of the date of his arrival in West Africa.

33. Half-pay begins from the date of embarkation.

34. If a medical officer has for any reason not taken a course of instruction prior to his appointment, he may be required, or will on application be allowed, to take it during his first leave of absence. In this case the tuition fees, but not the fees for board and residence, will be paid by the Government, and no daily allowance will be given in addition to his pay.

Applications for further information should be made at the Colonial Office, Downing Street, S.W.

King's Regulations. (See A.O.s 170 and 173.) Instructions, &c.—Officers' Expenses.

Extravagance amongst officers, individually and collectively, has long been forbidden by regulations. In view, however, of the financial concessions which have recently been made for the purpose of diminishing officers' expenses, it is the duty of commanding officers to see that officers derive full benefit from these advantages. If officers are extravagant in their mode of living it is the duty of a commanding officer to discourage and prevent it; and General Officers are directed to ensure, by careful periodical inspection, that officers' messes are so conducted that it is possible for those of moderate means to live in the Service.

Should any commanding officer fail to carry out, in their true spirit and intention, the regulations of the Service on a subject so materially affecting the interests and prospects of the younger officers, the Commander-in-Chief will seriously consider the propriety of retaining him in his command.—A.O. 169, October 1903, page 3.

* Issued as a Special A.O., dated 7th September, 1903.

Oct. 31, 1903.

THE MORTALITY EXPERIENCE OF THE IMPERIAL FORCES DURING THE WAR IN SOUTH AFRICA.

THE exhaustive paper on this subject read before the Institute of Actuaries by Messrs. F. Schooling, F.I.A., and E. A. Rusher, F.I.A., has now been printed, and proves to be a very important contribution to our knowledge of the incidence of fatal wounds and fatal sickness in connexion with war.

Method of Investigation.

For the purposes of the paper the Imperial Forces were divided into three classes, in each class the experience of the officers being distinguished from that of the non-commissioned officers and men: (a) Regulars, Volunteers, and Militia; (b) Imperial Yeomanry, and (c) Colonials, including the forces raised in South Africa. It was originally intended to give the experience of British volunteers separately, but this was found to be impossible, as in most instances they were attached to particular regiments. The proportion of volunteers to regulars was very small. Amongst the regulars and volunteers the ratio was 1 officer to 30.6 men, and amongst the yeomanry 1 officer to 20.6 men.

The laborious nature of the work involved in the paper may be gathered from the fact that a card had to be written for each of the 21,945 deaths observed. Deaths from "wounds" include all deaths on the battlefield as well as those subsequently occurring from wounds. By comparisons of data from various sources a degree of accuracy was secured which would have been impracticable if the figures had been taken from official returns without analysis.

Death-rates of Officers and Men.

The main statistical results are thrown into geometric form in diagrams, which enables them to be easily interpreted. Thus, the first diagram shows that almost continuously throughout the campaign the officers experienced a considerably higher death-rate than the non-commissioned officers and men. In the second diagram this comparison is carried a step further. The death-rates from wounds and from other causes are found to vary in opposite directions. The commissioned officers invariably experienced a higher death-rate from wounds throughout the entire period of the war, in most cases considerably higher, than the other classes of combatants, while, on the other hand, the death-rates from other causes were almost invariably higher among the non-commissioned officers and men than amongst the officers. The causes of these two important facts were probably that on the one hand in battle officers were marked men, and they also exposed themselves to risks which they would not allow their men to incur; and that in sickness they probably were as a class men of better stamina and were possibly better cared for when ill than men of the rank and file.

Death-rates of Various Arms.

Turning next to the three chief divisions of the army already named, the third diagram in Messrs. Schooling and Rusher's paper shows that for equal numbers exposed to risk the Imperial Yeomanry rapidly took the first place in the casualty lists, and "practically till the end of the war held that place as an easy first." This was almost certainly owing to the fact that they consisted of mounted men, who were most in demand in the war. The death-rates for the regulars were very high in the early part of the war. For the greater part of the war they suffered less than the yeomanry, more than the colonials; but in the latter part of the war less than either, probably because they were then chiefly employed in holding lines of communication and garrisoning block-houses.

Death-rate from Wounds.

Taking next the separate mortality from wounds, after the first stage of the war the regulars had a lower death-rate than either of the other two forces, which confirms the preceding statement as to their functions. The death-rate from wounds in the two other branches of the service shows peaks and depressions corresponding to the advancing movements of the British Army.

Death-rates from Disease.

In the death-rates from other causes than wounds, the effect of summer in increasing mortality is very obvious in the curves. So also is the effect of the privations at Ladysmith and of the conditions resulting from Paardeberg and the subsequent stay at Bloemfontein. The relatively low death-rate amongst the colonials stands out prominently. How much of this is due to acclimatization and how much to more intelligent precautions on their part cannot be stated.

¹ The Mortality Experience of the Imperial Forces during the War in South Africa, October 1903, to May 31st, 1907. By F. Schooling, F.I.A., and E. A. Rusher, F.I.A. London: C. and E. Layton. 1907. (Demy 8vo, pp. 55, 2s. 6d.)

Total Death-rates.

We come next to the total experience during the war, and here comparison can be made with other campaigns. Messrs. Smee and Ackland arrived at the conclusion, based on campaigns extending over nearly one hundred years, that the average death-rate of the army in the field is about 50 per 1,000 per annum; they also specially note that the death-rate in the American civil war was 70 per 1,000. The death-rate per annum in the recent war, for all the forces engaged, including officers and men, was 38.7 per 1,000. For officers alone it was 53 per 1,000; for non-commissioned officers and men 38.1 per 1,000. These figures would enable the term premium for a temporary assurance during a war comparable to the South African to be stated. They do not, however, take into account the probability of deterioration through wounds or disease contracted during the campaign. The following table summarizes the experience of the war:

² Journ. Inst. Actuaries, vol. xxiv.

	Officers.			N.C.O.'s and Men.		
	Months of Exposure to Risk.	Death-rate Per 1,000 Per Annum from		Months of Exposure to Risk.	Death-rate Per 1,000 Per Annum from	
		Wounds.	Illness, Total.		Wounds.	Illness, Total.
Regulars and Volunteers ...	161,604	33.7	50.6	4,980,375	11.6	27.3
Yeomanry ...	17,844	42.5	80.3	268,187	20.8	34.0
Colonials ...	53,747	30.8	44.3	1,115,484	14.1	16.3
Total for all classes ...	233,195	34.8	52.1	6,363,996	12.6	25.6
Total officers and men (all classes) ...	679,719	15.3	25.4	38.7		

Mortality among Assured Lives.

The remainder of Messrs. Schooling and Rusher's paper is devoted to the mortality amongst 19,259 assured lives in the war. Comparing the death-rates of the assured yeomanry and volunteers with those of the whole of the yeomanry deduced from the official War Office returns, the rates of the former were considerably lower. This might be to a slight degree owing to the necessary inclusion of volunteers who were not as a rule placed in positions of such danger as the yeomanry. The death-rate from wounds was on the whole about the same for all ages. The length of period for which the men were engaged upon active service had more important effect than age on the death-rate, possibly in part owing to the men becoming injured as time went on, and in part to the fact that the less hardy men were invalided home.

(FROM LAST NIGHT'S "LONDON GAZETTE.") WAR OFFICE, OCT. 2.

MEMORANDUM.
Lieut. Colonel T. J. P. Holmes, M.B., retired a pay, late Army Medical Staff, to be Colonel under the provisions of Article 654, Royal Warrant for Pay and Promotion, Oct. 28, 1903.

THE Medical Consultative Board of the Royal Naval Service is at present constituted as follows: President, The Medical Director-General of the Navy, Sir Henry Norbury, K.C.B. Members: Mr. G. H. Makins, C.B., F.R.C.S., Dr. W. H. Allchin, F.R.C.P., Dr. H. G. Rolleston, F.R.C.P., Secretary: Staff Surgeon William J. Colborne, R.N.

(FROM LAST NIGHT'S "LONDON GAZETTE.") WAR OFFICE, OCT. 27.

ARMY VETERINARY DEPARTMENT.—The King has been pleased, by Royal Warrant, dated Oct. 5, 1903, to approve of the alteration of the ranks of the Veterinary Officers of the Army serving on that date, as follows:—Veterinary Colonels to be Colonels; Veterinary Lieutenant Colonels to be Lieutenant Colonels; Veterinary Majors to be Majors; Veterinary Captains to be Captains; Veterinary Lieutenants to be Lieutenants. The Colonel holding the appointment of Director General to rank as Major General.

Army
order
1804
1903.

and, without in any way wishing to depreciate the work done by the civilian hospitals in South Africa, I cannot but think that in future, the care of the sick and wounded would be more economically provided for by one really effective administration than by the irregular efforts of private enterprise, however well intentioned; and I would suggest, though it is possibly outside the scope of my subject, that the efforts of the charitable should be rather directed towards the provision of such luxuries and comforts or aids to convalescence as a State

Class B.—It is with this class that the greatest difficulty arises, as they have all fixed positions and responsibilities from which it is difficult for them to escape for any lengthy period. However, recent experience has shown us that in a national crisis either a feeling of patriotism or a spirit of adventure took many such to South Africa, while institutions like our hospitals exhibited considerable public spirit in keeping their appointments open for them during their absence. About fifty of these would be required for three

se hospitals and lines would be distributed it could not be said to

A small retaining fee of this class, and, in time, I would make many instances men received training and proceeded to a definite rank, and with the pay of that rank. The again be a yearly one; and to training, the odds of enlistment with organization, take the rank

expense could be made their services. But it and would, I think, be. In the event of and rank of a surgeon. R.A.M.C., Militia, and to their own services, a system of expansion. In the event of road for active service, al medical officers and ly rely on the regular requirements. for home defence would that there would be, in- dice for all of us.

Outline of a scheme for fession in time of ar- tions, but, as a founda- may be based, I believe that it is not open to "Why pay every year

BER 22, 1903.

8th Rajputs
9th Jass
11th Rajputs
12th Pioneers (the Khelat-
[Ghildes Regiment]
12th Rajputs (the Shekha-
wal Regiment)
14th Peshawar Sikhs
15th Ludhiana Sikhs
16th Rajputs (the Lucknow
Regiment)
17th Infantry (the Loyal
Regiment)
18th Infantry
19th Punjab
20th Duke of Cambridge's
Own Punjab
21st Punjab
22nd Punjab
23rd Sikh Punjab
24th Punjab
25th Punjab
26th Punjab
27th Punjab
28th Punjab
29th Punjab
30th Punjab
31st Punjab
32nd Sikh Punjab
33rd Punjab
34th Sikh Pioneers
35th Sikh
36th Sikh
37th Dogra
38th Dogra
39th Batt. 39th Garhwal
Rifles
40th Batt. 39th Garhwal
Rifles
41st Pathans
42nd Dogra
43rd Rattray's Sikhs
44th Punjab
45th Sikh
46th Pioneers
47th Gurkhas
48th Pioneers
49th Gurkhas
50th Sikh (Frontier Force)
51st Sikh (Frontier Force)
52nd Sikh (Frontier Force)
53rd Sikh (Frontier Force)
54th Sikh (Frontier Force)
55th Sikh (Frontier Force)
56th Infantry (Frontier Force)
57th Wiltshire Rifles (Frontier Force)
58th Vaughan's Rifles (Frontier Force)
59th Sindia Rifles (Frontier Force)
60th Pioneers
61st Pioneers
62nd Pioneers
63rd Palamcottah Light Infantry
64th Pioneers
65th Carnatic Light Infantry
66th Punjab
67th Punjab
68th Punjab
69th Punjab
70th Punjab
71st Punjab
72nd Punjab
73rd Carnatic Infantry
74th Punjab
75th Carnatic Infantry
76th Punjab
77th Carnatic Infantry
78th Carnatic Infantry
79th Carnatic Infantry
80th Carnatic Infantry

Oct. 3, 1903.]

INTRODUCTORY ADDRESSES.

[THE MEDICAL JOURNAL 793]

ST. MARY'S HOSPITAL, LONDON.
By V. WARREN LOW, M.D., B.S., F.R.C.S.

of a medical society. As a result he felt himself, to a certain extent, cut off from his civilian colleagues, and he practised his profession in his own way, only conferring with his military

up an idea, among both civilian and some mysterious way the practice of one in the army differed from that of the other, and that the soldier, both indig-

Army Medical Service practically a surgeon; he held the Sovereign's he early days, he bought, in the imental colleagues, and he was as the regiment as was the colonel. the early half of the eighteenth assistant—the surgeon's mate—but tant officer, and did not receive a when he was styled an assistant

was responsible, apparently, to his medical care of his regiment, and, ly, he had an allowance proportioned ps for medicines, hire of hospitals, es of detachments and recruiting and elsewhere, groups of regiments dials, which were under the ad- mental surgeons. That these hos- pital effective is instanced by a report ed in the Low Countries in 1748 for e of Cumberland. These hospitals of medical administration. eparate and clean beds, frequent e attended by well-trained female ore-keepers and clerks, acting under very requisite with promptness and

ice took place between the Duke of e authorities with reference to the maintaining this establishment, and ainly not then grasped the fact that a certain responsibility towards the e. ctive arrangements are in marked the ill-fated Walcheren expedition, ds, when in less than eight weeks, of England, out of 40,000 men, 7,000 4,000 were wrecked in health for the . Although the medical arrangements f the crudest description and totally ibility of this enormous mortality swerable for the strategy than with cal arrangements devolved. A well- ummarizes the history of the whole

um, with his sword half drawn, dr Richard Strachan; go to be at 'em, he Earl of Chatham.

distinct administrative organization when Lord Barrington, as Secretary establish a Hospital Board for the medical service of the army then . "In order that, under its direction, service (including medicines, hospital its provision for the sick, might be th ability, regularity, and dispatch," "e, regularity, and dispatch," this was

this Board that John Hunter was staff surgeon to the expedition to iginal in 1763. In 1790 he succeeded

friendship of members of his own profession, or the oppor- tunities of listening to or joining in the technical discussions

1 Westminster Review, January, 1899. Right Hon. Sidney Herbert, M.P.

2 Ponsomby, *The Administration and Organization of the British Army*, p. 25.

3 Ponsomby, p. 31.

4 Clode's *Military Forces of the Crown*, vol. II, p. 465.

THE R.A.M.C. FUND

Report of the Proceedings up to and including the Seventh Meeting of the Committee.

London

JOHN BALE, SONS & DANIELSSON, Ltd.

OXFORD HOUSE

83-89, GREAT TITCHFIELD STREET, OXFORD STREET, W.

1903

following details:

Class A.—During their year of service in the Medical Reserve the members of this class would undergo a month's training, if possible, in the field. For this they would receive £s per day. In the event of mobilization each would be attached to a unit in a certain army corps, with the pay, allowances, and temporary rank of a Lieutenant R.A.M.C. In the event of their re-enlisting for a third period of service, they would, on mobilization, receive the pay and rank of a captain R.A.M.C. I do not think that we could expect to keep this class on the register for more than four or five years from qualification, as they would then have settled down into practices which it would be difficult for them to leave.

Contingent... Horse)
1st Central India Horse ... 28th Central India Horse
2nd Central India Horse ... 29th Central India Horse
INFANTRY.
1st Bengal Infantry ... 1st Bakhmans
2nd Bengal Light Infantry ... 2nd Queen's Own Rajput
Light Infantry
3rd Bengal Infantry ... 3rd Bakhmans
4th Bengal Infantry ... 4th Prince Albert Victor's
Rajputa
5th Bengal Light Infantry ... 5th Light Infantry
6th Bengal Light Infantry ... 6th Jat Light Infantry
7th Bengal Infantry ... 7th Duke of Connaught's
Own Rajputa

4th Madras Pioneers ... 64th Pioneers
5th Madras Infantry ... 65th Carnatic Light In-
fantry
6th Madras Infantry ... 66th Punjab
7th Madras Infantry ... 67th Punjab
8th Madras Infantry ... 68th Punjab
9th Madras Infantry ... 69th Punjab
10th Coorg Infantry ... 70th Punjab
11th Burma Infantry ... 71st Coorg Rifles
12th Madras Infantry ... 72nd Punjab
13th Madras Infantry ... 73rd Carnatic Infantry
14th Madras Infantry ... 74th Punjab
15th Madras Infantry ... 75th Carnatic Infantry
16th Madras Infantry ... 76th Punjab
17th Madras Infantry ... 77th Carnatic Infantry
18th Madras Infantry ... 78th Carnatic Infantry
19th Madras Infantry ... 79th Carnatic Infantry
20th Madras Infantry ... 80th Carnatic Infantry

King's Regulations. (See A.O.s 170 and 174.) Instructions, &c.—Officers' Expenses.

Extravagance amongst officers, individually and collectively, has long been forbidden by regulations. In view, however, of the financial concessions which have recently been made for the purpose of diminishing officers' expenses, it is the duty of commanding officers to see that officers derive full benefit from these advantages.

If officers are extravagant in their mode of living it is the duty of a commanding officer to discourage and prevent it; and General Officers are directed to ensure, by careful periodical inspection, that officers' messes are so conducted that it is possible for those of moderate means to live in the Service.

Should any commanding officer fail to carry out, in their true spirit and intention, the regulations of the Service on a subject so materially affecting the interests and prospects of the younger officers, the Commander-in-Chief will seriously consider the propriety of retaining him in his command.—A.O. 169, October 1903, page 3.

* Issued as a Special A.O., dated 7th September, 1903.

OCT. 31, 1903.

THE MORTALITY EXPERIENCE OF THE IMPERIAL FORCES DURING THE WAR IN SOUTH AFRICA.

THE exhaustive paper on this subject read before the Institute of Actuaries by Messrs. F. Schooling, F.I.A., and E. A. Rusher, F.I.A., has now been printed,¹ and proves to be a very important contribution to our knowledge of the incidence of fatal wounds and fatal sickness in connexion with war.

Method of Investigation.

For the purposes of the paper the Imperial Forces were divided into three classes, in each class the experience of the officers being distinguished from that of the non-commissioned officers and men: (a) Regulars, Volunteers, and Militia; (b) Imperial Yeomanry, and (c) Colonials, including the forces raised in South Africa. It was originally intended to give the experience of British volunteers separately, but this was found to be impossible, as in most instances they were attached to particular regiments. The proportion of volunteers to regulars was very small. Amongst the regulars and volunteers the ratio was 1 officer to 30.6 men, and amongst the yeomanry 1 officer to 20.6 men.

The laborious nature of the work involved in the paper may be gathered from the fact that a card had to be written for each of the 21,247 deaths observed. Deaths from "wounds" include all deaths on the battlefield as well as those subsequently occurring from wounds. By comparisons of data from various sources a degree of accuracy was secured which would have been impracticable if the figures had been taken from official returns without analysis.

Death-rates of Officers and Men.

The main statistical results are thrown into geometric form in diagrams, which enables them to be easily interpreted. Thus, the first diagram shows that almost continuously throughout the campaign the officers experienced a considerably higher death-rate than the non-commissioned officers and men. In the second diagram this comparison is carried a step further. The death-rates from wounds and from other causes are found to vary in opposite directions. The commissioned officers invariably experienced a higher death-rate from wounds throughout the entire period of the war, in most cases considerably higher, than the other classes of combatants, while, on the other hand, the death-rates from other causes were almost invariably higher among the non-commissioned officers and men than amongst the officers. The causes of these two important facts were probably that, on the one hand in battle officers were marked men, and they also exposed themselves to risks which they would not allow their men to incur; and that in sickness they probably were as a class men of better stamina and were possibly better cared for when ill than men of the rank and file.

Death-rates of Various Arms.

Turning next to the three chief divisions of the army already named, the third diagram in Messrs. Schooling and Rusher's paper shows that for equal numbers exposed to risk the Imperial Yeomanry rapidly took the first place in the casualty lists, and "practically till the end of the war held that place as an easy first." This was almost certainly owing to the fact that they consisted of mounted men, who were most in demand in the war. The death-rates for the regulars were very high in the early part of the war. For the greater part of the war they suffered less than the yeomanry, more than the colonials; but in the latter part of the war less than either, probably because they were then chiefly employed in holding lines of communication and garrisoning block-houses.

Death-rate from Wounds.

Taking next the separate mortality from wounds, after the first stage of the war the regulars had a lower death-rate than either of the other two forces, which confirms the preceding statement as to their functions. The death-rate from wounds in the two other branches of the service shows peaks and depressions corresponding to the advancing movements of the British Army.

Death-rates from Disease.

In the death-rates from other causes than wounds, the effect of summer in increasing mortality is very obvious in the curves. So also is the effect of the privations at Ladysmith and of the conditions resulting from Paardeberg and the subsequent stay at Bloemfontein. The relatively low death-rate amongst the colonials stands out prominently. How much of this is due to acclimatization and how much to more intelligent precautions on their part cannot be stated.

¹ The Mortality Experience of the Imperial Forces during the War in South Africa, October 1899, to May 21st, 1902. By F. Schooling, F.I.A., and E. A. Rusher, F.I.A. London: C. and E. Layton. 1903. (Demy 8vo, pp. 52, 2s. 6d.)

Total Death-rates.

We come next to the total experience during the war, and here comparison can be made with other campaigns. Messrs. Smee and Ackland² arrived at the conclusion, based on campaigns extending over nearly one hundred years, that the average death-rate of the army in the field is about 10 per 1,000 per annum; they also specially note that the death-rate in the American civil war was 70 per 1,000. The death-rate per annum in the recent war, for all the forces engaged, including officers and men, was 38.7 per 1,000. For officers alone it was 53 per 1,000; for non-commissioned officers and men 38.1 per 1,000. These figures would enable the term premium for a temporary assurance during a war comparable to the South African to be stated. They do not, however, take into account the probability of deterioration through wounds or disease contracted during the campaign. The following table summarizes the experience of the war:

² Journ. Inst. Actuaries, vol. XXIV.

	Officers.			N.C.O.'s and Men.		
	Months of Exposure to Risk.	Death-rate Per 1,000 Per Annum from		Months of Exposure to Risk.	Death-rate Per 1,000 Per Annum from	
		Wounds.	Total.		Wounds.	Total.
Regulars and Volunteers	161,604	33.7	54.3	4,980,385	11.6	38.2
Yeomanry	17,841	40.4	59.3	384,137	20.8	34.5
Colonials	53,747	30.3	44.4	1,315,484	14.1	30.4
Total for all classes	233,192	34.1	53.1	6,679,996	13.6	36.2
Total officers and men (all classes)	679,719	33.3	53.4			

Mortality among Assured Lives.

The remainder of Messrs. Schooling and Rusher's paper is devoted to the mortality amongst 10,269 assured lives in the war. Comparing the death-rates of the assured yeomanry and volunteers with those of the whole of the yeomanry deduced from the official War Office returns, the rates of the former were considerably the lower. This might be to a slight degree owing to the necessary inclusion of volunteers who were not as a rule placed in positions of such danger as the yeomanry. The death-rate from wounds was on the whole about the same for all ages. The length of period for which the men were engaged upon active service had more important effect than age on the death-rate, possibly in part owing to the men becoming insured as time went on, and in part to the fact that the less hardy men were invalided home.

(FROM LAST NIGHT'S "LONDON GAZETTE.") WAR OFFICE, OCT. 2.

MEMORANDA.

Lieut. Colonel T. J. P. Holmes, M.B., retired pay, late Army Medical Staff, to be Colonel under the provisions of Article 654, Royal Warrant for Pay and Promotion, Oct. 23, 1903.

THE Medical Consultative Board of the Royal Naval Service is at present constituted as follows: President, The Medical Director-General of the Navy, Sir Henry Norris, K.C.B. Members: Mr. G. H. Makins, C.B., F.R.C.S., Dr. W. H. Alchin, F.R.C.P., Dr. H. G. Rolleston, F.R.C.P., Secretary: Staff Surgeon William J. Colborne, R.N.

(FROM LAST NIGHT'S "LONDON GAZETTE.") WAR OFFICE, OCT. 27.

ARMY VETERINARY DEPARTMENT.—The King has been pleased, by Royal Warrant, dated Oct. 5, 1903, to approve of the alteration of the ranks of the Veterinary Officers of the Army serving on that date, as follows:—Veterinary Colonels to be Colonels; Veterinary Lieutenant Colonels to be Lieutenant Colonels; Veterinary Majors to be Majors; Veterinary Captains to be Captains; Veterinary Lieutenants to be Lieutenants. The Colonel holding the appointment of Director General to rank as Major General.

Army
order
1809
1903.

THE
R.A.M.C. FUND

Report of the Proceedings up to
and including the Seventh
Meeting of the Committee.

London

JOHN BALE, SONS & DANIELSSON, LTD.

OXFORD HOUSE

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—
1903

THE R.A.M.C. FUND.

ON March 7, 1902, the present Director-General A.M.S., Sir William Taylor, K.C.B., K.H.P., issued a circular to the Corps (including in this term officers on retired pay as well as those now serving) in order to ascertain the feeling with regard to a Fund for Perpetuating the Memory of Distinguished Officers of the Corps. In this circular it was suggested that this might be carried out by a memorial to be placed in the Headquarters Mess, or elsewhere; the memorial to take any form, such as paintings representing the deeds which won V.C.'s for officers, a Historical Record of the Army Medical Services, and special memorials of officers who have been distinguished during their career in the Service. In asking the opinion of each individual officer on the subject, Sir William Taylor pointed out that he considered a small annual subscription, if supported by the whole Corps, would suffice to carry out the scheme in time, and that a large and influential committee of officers would be necessary to decide questions as to the carrying out of the objects of the Fund.

The replies received to this circular showed a strong desire on the part of the Corps to support the wishes of the Director-General, and suggestions were made in these replies that the Fund should not be confined to memorials for officers, but should embrace other objects, such as the Band, a Mess Fund, and the Annual Dinner; that the proposed Historical Record should include the warrant officers, N.C.O.'s and men of the Corps.

Sir William Taylor then appointed a Provisional Committee to consider the whole question in connection with the wishes expressed by those who had replied to his circular, to prepare a scheme for working the Fund, to initiate the working, and to nominate a permanent Committee, the filling up of retirements from which should be on a plan that will be automatic, thus obviating frequent reference to subscribers.

The following was the constitution of this Committee:—

Four Retired Officers ..	{	Surg.-Gen. Sir Jas. Hanbury, K.C.B.
		„ J. B. C. Reade, C.B., K.H.S.
		„ W. Skey Muir, C.B.
		Lieut.-Col. J. F. Beattie.
The Deputy Director-General (Surg.-Gen. Keogh, C.B.).		
The P.M.O. 1st Army Corps (Col. Notter).		
„ Netley (Surg.-Gen. Townsend, C.B., C.M.G.).		
„ Home District (Col. Gubbins).		
The O.C. R.A.M.C., Aldershot (Lieut.-Col. H. E. R. James).		
The Professor of Hygiene (Major Firth).		
The Director-General being the Chairman.		

On July 25, 1902, the above Committee met, and after discussing the various proposals as mentioned above, the following resolutions were passed:—

- (1) That a Permanent Fund should be established.

(2) That the names of distinguished N.C.O.'s and men of the Corps should be included in the Scheme for Memorials.

(3) That a Consolidated Fund should be established to include the Memorial Fund, the Annual Dinner Fund, and the Band Fund; but in the case of Retired Officers, they shall have the privilege of saying to which of the Funds their subscription shall go.

(4) That a General Meeting should be held on the day of the Annual Dinner, to which a statement of the proceedings of the Committee during the past year should be presented, and at which free discussion of all matters bearing on the Fund should be invited; while those unable to attend the Annual Meeting should be empowered to express their views by proxy should they wish to do so.

(5) That the Committee may also, whenever it thinks fit, refer any point to the subscribers.

(6) That a statement of the proceedings of each meeting of the Committee be published in the proposed Journal for Army Medical Services.

(7) That it should be referred to subscribers on the Active List whether their subscription to the Consolidated Fund should be fixed at one day's pay of rank, or £1 per annum.

(8) That the amount of subscriptions of Officers on the Retired List be left to their own discretion (see Resolution 3).

(9) That the official Army Agents for the Army Medical Services, Messrs. Holt and Co., be appointed Bankers to the Fund.

(10) That the subscribers be invited to give the necessary order to their Bankers to make an annual payment from January 1 next to the Fund at the rate to be fixed in accordance with the views of the majority of subscribers when expressed in reply to this circular.

(11) That the nomination of a Permanent Representative Committee be postponed until the next meeting, which will be held after replies have been received to Resolutions 7 and 8.

And on the proposal of the Chairman:—

(12) That Major B. M. Skinner, R.A.M.C., be appointed Honorary Secretary to the Fund Committee.

On July 31, 1902, Sir William Taylor circulated the above proceedings to the Corps, together with the following observations:—

"With reference to the above, as the Fund will now include the Annual Dinner Fund, which is in the hands of Lieut.-Col. E. M. Wilson, C.M.G., D.S.O., whose advice as my staff officer will be invaluable in dealing with questions arising on Resolution 2, I have added his name to that of the above Committee.

"I should like all recipients of this circular to give their opinion on the following point, for the consideration of the Committee at its next meeting, viz.:—

"A designation for the Fund which will be comprehensive."

"With reference to Resolution 8, an order to bankers will be attached to this circular, which should be completed and returned to the Secretary to the Committee as indicated on the form.

"With reference to Resolution 7, it must be understood that the sum of 5s. paid by many members of the Service to the Band and to the Dinner is included in the proposed subscription of officers on the Active List. Whether the amount of the annual subscription will be a day's pay or £1 will be decided by the replies recorded on the voting form (attached hereto) for officers on the Active List received up to date of the next meeting of the Committee, and will be notified to the Army Agents. A form of general order is also attached for officers on the Active List, which should be completed and returned to the Honorary Secretary as noted on the form.

"For the information of all I may add that I have received the names of 476 officers up to the present who have promised to support the Fund, which I have every reason to believe to be one which will prove of the greatest value to the Corps, and also one which will grow in size as its utility impresses itself on those who will see the formation of an Historical Record and a series of Memorials constituting records of the deeds of members who have passed, as well as those of the present, and of those who will follow."

The distribution of voting and of subscription forms was at once proceeded with. The collection of replies was a matter of time, owing, as all members of the Service are aware, to the difficulty of reaching officers scattered all over the globe, especially at a time when the termination of the war in South Africa necessitated a redistribution of *personnel*.

It became necessary before the end of the year to decide on the amount of the subscription, the designation of the Fund, the permanent constitution of the Committee, as well as other points; consequently a second meeting of the Committee was summoned for December 16, 1902, and took place on that date. The proceedings at that meeting have been circulated to subscribers, but are here reproduced for the information of those who have not seen them.

The second meeting of the Committee was held at 68, Victoria Street, S.W., on Tuesday, December 16, 1902, at 5 p.m. Present:—

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General
A.M.S. (Chairman).

Surg.-Gen. J. B. C. Reade, C.B., K.H.S.,	{	Representing Retired Officers.
„ H. Skey Muir, C.B.,		
Lieut.-Col. J. F. Beattie,		
Surg.-Gen. E. Townsend, C.B., C.M.G.		
„ W. H. McNamara, C.B., C.M.G.		
Col. W. L. Gubbins, M.V.O.		
„ (temporary) H. E. R. James.		
Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.		
Major R. H. Firth.		

MINUTES OF THE SECOND MEETING.

(1) The resolutions passed at the first meeting were confirmed.

(2) A permanent Committee was then elected, it being borne in mind that the process of filling the places of those retiring should be automatic, the Director-General, A.M.S., being the Chairman. With regard to Retired Officers, it was agreed that the representatives named above should retain their seats, and that when vacancies occur they should be filled up on the vote of Retired Officers who subscribe to the Fund.

Surg.-Gen. Sir James Hanbury, K.C.B., having resigned his seat on the Committee, as the state of his health necessitates his being in the South of England or abroad, it becomes necessary to proceed to the election of a retired officer in his place.

As regards officers on the Active List, it was agreed that the holders for the time being of the following appointments shall be *ex-officio* members of the Committee:—

The Deputy Director-General (Vice-Chairman).

The Deputy Assistant Director-General (A.M.D. 4).

The P.M.O., 1st Army Corps.

The P.M.O., Home District.

The Commandant, Medical Staff College.

The Professor of Hygiene, Medical Staff College.

The Quartermaster, Medical Store Depot, Woolwich; and

One Junior Captain, R.A.M.C., not necessarily a member of their Mess, to be elected by the officers of the R.A.M.C. Mess at Aldershot.

(3) The question of a concise name for the Fund was then gone into. Forty-three designations had been proposed by subscribers, many of a lengthy character. The title R.A.M.C. Fund, however, gained the largest number of supporters, 9. The title A.M.S. Fund had the next largest number, 5.

Of the remaining designations, seventeen began with R.A.M.C., with thirty-one supporters, and seventeen with A.M.S. or A.M., with thirty supporters.

It was resolved that the Fund be called the Royal Army Medical Corps Fund.

(4) The votes of subscribers were then taken in order to fix the amount of the annual subscription of officers on the Active List. Out of a total of 339 votes, 195 were for £1 per annum, and 144 for one day's pay of rank.

The question of a reduction of subscription for Lieutenants was next considered, and was negatived on the votes received from officers of that rank.

It was consequently resolved that the subscription to the R.A.M.C. Fund for officers on the Active List should be £1 per annum.

(5) The accounts of expenditure up to date were then examined, passed and signed by the Chairman.

The cash receipts had been £1 6s.

The total expenditure was £9 14s. 2d., including an honorarium of £2 to two clerks who had carried out the work of the Fund.

Lieut.-Col. Skinner was authorised to draw the balance due to him of £8 8s. 2d. as soon as funds were available at the Bankers.

Lieut.-Col. Skinner was further authorised to operate on the account for such expenses as may be necessary.

(6) A proposal made by Major Macpherson that this Fund should take over the existing "Benevolent Fund" was negatived. It was considered that such an undertaking involved too great a responsibility, even if it were practicable to interfere with trusts involved.

A proposal by Col. Exham that a Fund should be started to meet cases of distress among widows and children of deceased officers was negatived, it being felt that the R.A.M.C. Fund was not yet in a position to undertake such large financial matters as were involved in this and the preceding proposal.

(7) A proposal by Col. J. McNamara that the R.A.M.C. Fund should take up the question of a Compassionate Fund for W.O.'s, N.C.O.'s and men of the Corps, and their wives and families, on or off the strength, was agreed to in principle by the Committee; the following Sub-Committee was consequently appointed to fully consider and report to the Committee upon the subject, dealing in the report with such funds relating to the subject as already exist:—

Surg.-Gen. H. Skey Muir, C.B.

The P.M.O. 1st Army Corps.

The Commandant, Medical Staff College.

Lieut.-Col. Beattie.

Deputy Assistant Director-General (A.M.D. 4.).

(8) The above Sub-Committee was also requested to draw up a report containing a scheme for the due administration of each of the objects embraced by the Fund, having regard to the existing conditions of certain funds; and to the fact that retired officers have in many cases limited their subscriptions to certain objects.

The President of the Band Fund and the Secretary of the Dinner are members of this Committee.

It was suggested as a theme for discussion that these two Funds should continue to be administered as at present. With regard to the Dinner Fund, it appears probable that if 5s. a head from Active List subscribers is allotted, there will be a larger accession of money to the Dinner Fund than is necessary for its maintenance, and it may be practicable and advantageous to lessen this allocation in favour of benevolent or compassionate objects. A report on this subject might be asked for from the Dinner Committee.

Until the Committee has decided these matters, Messrs. Holt and Co. should be requested to leave the subscriptions of Active List officers in a General Fund.

(9) In recognition of his efforts directed towards the interests of the Corps, it was resolved that a brass Memorial Tablet be erected to the memory of the late Surg.-Gen. J. B. Hamilton, at a cost not exceeding £20.

The Hon. Secretary was requested to write to Mrs. Hamilton informing her of this resolution, and asking what locality she would select for the reception of the Memorial.

The Third Meeting of the Committee was held at 68, Victoria Street, S.W., on Tuesday, February 17, 1903, at 4 p.m. Present:—

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General A.M.S. (Chairman).

Surg.-Gen. J. B. C. Reade, C.B., K.H.S., } Representing
 „ H. Skey Muir, C.B., } Retired Officers.
 „ W. H. McNamara, C.B., C.M.G.

Col. W. L. Gubbins, M.V.O.

Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.

Major R. H. Firth.

Capt. J. F. Martin (elected by Officers, R.A.M.C. Mess, Aldershot)

Capt. and Quarter-Master G. Merritt.

MINUTES OF THE THIRD MEETING.

(1) The resolutions passed at the second meeting were confirmed.

(2) The reply of Mrs. Hamilton on the subject of the proposed Memorial Tablet to the late Surg.-Gen. J. B. Hamilton was read by the Chairman. Mrs. Hamilton expressed her thanks to the R.A.M.C. Fund Committee, and while pointing out that the Church at the Royal Victoria Hospital at Netley naturally appealed to her as a suitable locality for the tablet, she preferred to leave the decision in the hands of the Committee, expressing the wish that it be so located as to keep her husband's memory fresh among officers of the Corps.

It was resolved that the Memorial Tablet to the late Surg.-Gen. J. B. Hamilton be located in the Chapel at the Royal Victoria Hospital, Netley, as a temporary measure, a final decision being come to when the proposed Medical Staff College has been erected.

(3) The report of the Sub-Committee appointed at the last meeting to report on the Compassionate, the Dinner, and the Band Funds was considered, and after certain amendments, was embodied in the following Minutes.

THE COMPASSIONATE FUND.

(4) It was noted that the Compassionate Fund for N.C.O.'s and men already existing was raised for general purposes for cases of distress occurring among men, women, and children of the Corps. It was also noted that there are, besides the above, several sums collected in South Africa, and intended to be devoted *solely* for the benefit of widows and orphans, and that these sums were being kept separate until the donors have decided whether they shall be kept solely for that purpose, or be absorbed into the General Fund for cases of distress.

It was resolved that the Compassionate Fund be applied:—

(a) For all cases of distress among men, women and children of the Corps on or off the strength, in small grants as required, not as pensions, except in the cases referred to above, in which the donors may express a desire for some special application of their gifts. As soon as these cases are decided the money will be utilised according to the wishes of the donors.

(b) In subscriptions and donations to charitable institutions, hospitals, &c., so as to secure admission in suitable cases for men, women and children.

(c) In subscriptions to obtain admission for children into charitable schools.

A Sub-Committee, consisting of the P.M.O. 1st Army Corps, and Lieut.-Col. E. M. Wilson (D.A.G.D.), was then selected, with power to co-opt the existing Committee at Aldershot. The latter Committee will continue to sit at Aldershot and decide all cases as at present, and will submit a report quarterly to the R.A.M.C. Fund Committee.

It is impossible to calculate at the present time the probable help that may be required from the R.A.M.C. Fund, but when this quarterly report is presented the Committee will be in a position to know what grant should be allotted.

THE BAND.

(5) As regards the Band, it was resolved that the P.M.O. 1st Army Corps and the member elected by the Aldershot Mess (at present Capt. Martin) shall co-opt the present Band Committee at Aldershot, and make a quarterly report to the R.A.M.C. Fund Committee, presenting their accounts, and asking for a grant.

THE ANNUAL DINNER.

(6) As regards the R.A.M.C. Annual Dinner, the Director-General made the following observations and proposal:—

"Out of 522 subscribers to the R.A.M.C. Fund who are on the Active List, one has objected to any of his subscription being taken for the Annual Dinner; one other objects to the Dinner being supported by the Corps, but would pay for guests; a few others (six), while objecting to the Dinner Subscription, consent on the ground of *esprit de Corps* to support this institution.

"Of the officers on Retired Pay there are now 177 subscribers; of these fifteen do not support the Dinner. In recognition of the existence of this feeling, I think this Committee should not allocate the sum of 5s. to the Dinner Fund for all the subscribers, and I now propose:—

"That the sum of 5s. for not more than two-thirds of the subscribers be allotted to the Dinner Fund for this year only, the balance being devoted to the Compassionate Fund."

"The necessary allocation for 1904 can be made a year hence, when we shall all be better aware of the financial success of this Fund; and I know that I can rely on my officers supporting this arrangement, which will maintain the Corps Dinner on a footing as satisfactory as that which it has always held, while the Compassionate Fund of the Corps, which has hitherto been supported by local efforts, will become more widely known and cared for."

This proposal, seconded by Col. Gubbins, was unanimously accepted as a resolution.

The P.M.O. Home District and Lieut.-Col. E. M. Wilson were appointed to co-opt the present Dinner Committee, and to make an annual report not later than April in each year to the R.A.M.C. Fund Committee; the first report to be presented by April next.

It was resolved that the civilian members of the Advisory Board shall continue to be Honorary Members, paying the full price of the Dinner as last year.

The question of the admission of guests was then discussed, and on the proposal of Major Firth, seconded by Col. Gubbins, it was resolved that the Annual Dinner shall be confined to members of the Corps, and the Agents—Messrs. Holt and Co. Lieut.-Col. Wilson was asked to inform those who had previously been invited as guests of this resolution.

(7) Owing to the retirement of Surg.-Gen. Sir James Hanbury, K.C.B., from the Committee, the votes of officers on Retired Pay were taken for the election of a retired officer to fill his place. Out of 52 votes received, 8 were for Lieut.-Col. E. Fairland; 7 for Col. Ligertwood, and 6 for Lieut.-Col. Hector, certain other officers having received from 1 to 3 votes each.

Lieut.-Col. E. Fairland was consequently declared to be elected to the Committee.

(8) The following resolutions as framed by Messrs Holt and Co., Bankers to the Fund, were passed:—

(i.) Resolved that Messrs. Holt and Co., Army Agents, of 3, Whitehall Place, be, and are, hereby appointed Bankers of the Royal Army Medical Corps Fund (late the Army Medical Services Fund for Perpetuating the Memory of Distinguished Officers, &c.).

(ii.) Resolved that Messrs. Holt and Co., be, and are, hereby authorised until further orders to honour in all respects on the account the signature of the undersigned Lieut.-Col. B. M. Skinner, as Hon. Secretary of the Fund.

The Fourth Meeting of the Committee was held at 68, Victoria Street, S.W., on Monday, May 18, 1903, at 3.30 p.m. Present:—

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General.

" J. B. C. Reade, C.B., K.H.S.,

" H. Skey Muir, C.B.,

Lieut.-Col. E. Fairland,

" J. F. Beattie,

Surg.-Gen. A. H. Keogh, C.B.

" W. H. McNamara, C.B., C.M.G.

Col. W. L. Gubbins, M.V.O.

" H. E. R. James.

Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.

Capt. and Quarter-Master G. Merritt.

} Representing
Retired Officers.

MINUTES OF THE FOURTH MEETING.

(1) The Minutes of the third meeting were confirmed.

(2) The Report of the Sub-Committee for the Compassionate Fund was approved by the Committee.

The Director-General notified that since this Report was submitted he has received from the Charity Fund of No. 18, General Hospital, late S.A. Field Force, the sum of £405 10s. 9d. for the Fund for Widows and Orphans of the Corps; making the balance to credit of this Fund, £951 14s. 4d.

With reference to the distribution of these Funds, he pointed out that the items of expenditure, especially in the case of widows and orphans, indicate that many cases of distress have not been reported to those responsible for the disbursements. Under the trying conditions imposed by the late war on women, children, widows and orphans, on men disabled by sickness, he feels that the sums given in relief, amounting in fifteen months to only £173 16s. 9d., must be far below the calls which would have been made did the Corps know that the cases of those in real need would meet with consideration and assistance. In consequence, he begs all subscribers to the R.A.M.C. Fund to use their endeavours to ascertain and report fully all cases which in their opinion should be considered by the Sub-Committee for the Compassionate Fund; it is only by such action that deserving cases can be made known and receive the relief which it is our object to administer. There is no truer saying than "He gives twice who gives quickly"; there is no object in hoarding these Funds, and he only regrets that deserving cases have seemingly up to the present kept themselves hidden from those able and anxious to help them.

The Committee resolved, on the proposal of Surg.-Gen. Muir, seconded by Capt. Merritt, that the Director-General be asked to publish a Corps Order notifying the formation of the R.A.M.C. Fund. It is suggested that the Corps Order be in the following terms: The R.A.M.C. Fund includes within its scope a Compassionate Fund for cases of distress among warrant officers, N.C.O.'s and men of the Corps, their wives, widows and children. Those who know of any deserving cases of distress are requested to inform, through the usual channels, the Principal Medical Officer of the District, who will report them to the R.A.M.C. Fund Committee.

It was also resolved that Lieut.-Col. Skinner be authorised to inform the Secretary of the Soldiers' and Sailors' Families Association of the institution of the R.A.M.C. Fund (Compassionate Branch), and to ask him to inform the various branches of the Association of the fact. It should be pointed out that the Compassionate Fund is established with a view to relieving cases of distress among families, widows and orphans of the R.A.M.C., and the Committee would be glad to be informed of any such cases coming to the notice of the Association.

(3) It was resolved that an honorarium of £3 be given to clerks who had carried out the clerical work of the Fund up to the end of April, and that in future this work, which is done by clerks as "overtime," should be remunerated at the rate of 9d. per hour. The Hon. Secretary was authorised to pay clerks at this rate, keeping an attendance book as a record of the work done.

(4) The question of guests being invited to the Annual Dinner was reconsidered by the Committee. It was resolved that the question should be put to the vote at the General Meeting on June 15, next; and further, that the question of entertaining the Civil Medical Profession should be kept in view for future discussion.

(5) The Director-General notified that he had secured the United Service Institution for the purpose of holding the General Meeting of subscribers to the R.A.M.C. Fund, on Monday, June 15, next, at 3 p.m. He hopes that all subscribers who are able to do so will attend the meeting, and he will be glad to receive their opinions on matters connected with the Fund. In order to prevent any doubt or misconception, and to facilitate the business, he would suggest that subscribers having any concrete proposals to offer for consideration of the meeting should present them in a written form signed by the proposer to the Honorary Secretary at least two days before the meeting. The Committee agreed that this last point was essential.

(6) It was resolved that the Memorial to Surg.-Gen. J. B. Hamilton should be located temporarily in the Library of the Cambridge Hospital at Aldershot, where it may be seen by every officer of the Corps at some period of his career,

instead of at the Royal Victoria Hospital, Netley; and that the under-named officers be asked to constitute a Sub-Committee to arrange for the execution of the Memorial:—

Lieut.-Col. Hubbard.
Major Greig.
Capt. Martin.

(7) The report of the Sub-Committee for the Annual Dinner was approved by the Committee and is appended to these Minutes.

(8) The report of the Sub-Committee for the Band was approved by the Committee and is appended to the Minutes.

It was resolved that the sum of £45 per quarter be paid to the Band Committee. This Committee will be in a position later to make up the grant for the year to £200, should this sum be found to be necessary.

(9) On the proposal of Col. Gubbins, seconded by Surg.-Gen. Reade, it was resolved to erect locally at a moderate cost tablets or head-stones in memory of Officers, R.A.M.C., dying in the Service, it being understood that action would be only taken where no provision was likely to be made by relatives in this direction. The submission of such cases to the Committee for consideration will be left to the discretion of the P.M.O. of the district in which the deceased officer had been serving.

(10) The following Sub-Committee was appointed to consider and report upon what steps should be taken regarding the proposed Historical Record:—

Surg.-Gen. Muir.
Col. Welch.
Lieut.-Col. Fairland.

The Sub-Committee was also asked in the course of its inquiry to use its endeavours to collect reliable information as to personal reminiscences of the older members of the Army Medical Service from any officers who may be willing to supply them.

(11) Col. James agreed to obtain information and to report to the Committee upon the subject of the V.C. Gallery, to enable the Committee to deal with this question.

(12) The Director-General, on behalf of Lieut.-Col. Babbie, V.C., submitted to the Committee that the sum of £34 was due to Messrs. Holt and Co., on account of the Jameson Portrait Fund. The Committee resolved that the sum of £34 be given to that Fund.

(13) It was resolved that a full report of the R.A.M.C. Fund proceedings should be given to the Editor of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS with a view to their publication in due course.

B. M. SKINNER,
Lt.-Col., R.A.M.C.,
Hon. Sec.

68, Victoria Street, S.W.

The fifth meeting of the Committee was held at 68, Victoria Street, S.W., on Wednesday, June 10, 1903, at 3 p.m. Present:—

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General A.M.S.
(Chairman).

Surg.-Gen. J. B. C. Reade, C.B., K.H.S.,	} Representing Retired Officers
Surg.-Gen. H. Skey Muir, C.B.,	
Lieut.-Col. E. Fairland,	
Surg.-Gen. A. H. Keogh, C.B.,	
Col. W. L. Gubbins, M.V.O.	
Col. H. E. R. James.	
Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.	
Major R. H. Firth.	
Capt. J. F. Martin (elected by Officers, R.A.M.C. Mess, Aldershot.)	
Capt. and Quarter-Master G. Merritt.	

MINUTES OF THE FIFTH MEETING.

(1) In considering the Minutes of the fourth meeting, Surg.-Gen. Muir pointed out that with regard to Minute 13, the sum of £34 would not cover some small incidental expenses connected with the Jameson Portrait Fund. The Committee resolved that this Minute should be amended as follows:—

Instead of "the sum of £34" read, "a sum not exceeding £36."

The Minutes were then confirmed as amended.

(2) The Committee considered the practicability of the Hon. Secretary of the Fund acting as Secretary to all the Sub-Committees, in order to co-ordinate the business of the Fund and its branches.

Such a step would necessitate appointing an officer who would have to devote most of his time to the work involved, and who would require to have an office and a typist clerk.

The Committee is of opinion that this is a matter which will probably require consideration later, but decided that the existing arrangement should continue for the present.

(3) The Committee considered a proposal from Lieut.-Col. Somerville Large, which is as follows:—

"To hand over a sum amounting to nearly £1,400 to the Compassionate Branch of the R.A.M.C. Fund on the condition that the sum be invested as Trust Money in the names of the Director-General and Deputy Assistant Director-General (A.M.D. 4), with power to add one more to their number, as Trustees; that the money so invested is never to be drawn upon; and that the interest accruing therefrom is to be spent in educating orphan children of Warrant or Non-Commissioned Officers of the Royal Army Medical Corps in some non-sectarian or non-religious charitable school or institution."

The Committee desired that Lieut.-Col. Somerville Large be thanked for his offer, and the following resolution be communicated to him:—

"The Committee is of opinion that it is not desirable to create a trust in the management of the Compassionate Fund, and asks that Col. Somerville Large be requested to say if he will modify his offer so as to enable the principal and interest to be devoted to the benefit of widows and orphans of the Corps in a similar manner to the funds already received for that purpose."

(4) With reference to the resolution contained in Minute 6 of the third meeting, the Committee resolved that the word "balance" be substituted for the words "remaining one-third."

(5) The Hon. Secretary was authorised to pay the Hon. Secretary of the Dinner Fund a sum not exceeding £100, to cover the expenses of the Annual Dinner.

(6) It was resolved to advertise the hour and date of the General Meeting of subscribers to this Fund in the *Morning Post* and *Standard*.

(7) The Director-General asked members of the Committee to notify before the 15th inst. any special points they thought required reference to the General Meeting.

(8) Col. Welch having notified his inability to serve on the Sub-Committee appointed at the last meeting for the purpose of considering the Historical Record, the Committee resolved that the Sub-Committee should consist of four members, and appointed Col. W. Johnston, C.B., and Lieut.-Col. L. A. Irving, as members, if they will accept the post.

Surg.-Gen. Muir undertook to act as convener of this Sub-Committee.

(9) A letter from Lieut.-Col. Corban proposing that the "Compassionate Fund" should in special cases assist "in apprenticing or placing sons and daughters of large families of the Royal Army Medical Corps, thus giving them a start in life," was considered.

The Committee resolved that the following be added to the resolution contained in number 4 of the third meeting:—

"Or (d) In apprenticing or placing sons and daughters of Warrant Officers, Non-Commissioned Officers, or men of the Royal Army Medical Corps who have large families—thus giving them a start in life; or in such other manner as the Committee may think most to their advantage."

(10) Lieut.-Col. Wilson communicated to the Committee the Corps Order published by the Director-General in response to the request contained in Minute 3 of the fourth meeting.

(11) Lieut.-Col. Wilson made the following statement :—

"To report that in 1892 the late Sir W. A. Mackinnon, then Director-General, asked for subscriptions from the officers of the Corps serving at home on behalf of the Officers' Endowment Fund of the Corps of Commissionaires, for the payment of the salaries of the officers of the staff. The then 'Medical Staff' was estimated at three battalions, and the subscription required to place men of the Corps desiring to join the Corps of Commissionaires on the same footing as men of other branches of the Service was £6 6s. The amount has gradually risen to £8, and is collected annually in A.M.D. 4. There is, however, always considerable difficulty and delay in collecting these small sums, and a great deal of correspondence.

"It is, therefore, submitted, that now there is a distinct fund for the Royal Army Medical Corps, the payment might be made after this year, annually, on behalf of all the officers of the Corps, abroad as well as at home, and as the amount is for the benefit of the rank and file of the Corps, it might fairly be charged to the Compassionate Branch of the Royal Army Medical Corps Fund (apart from the Widows' and Orphans' Branch).

"I also think, as the establishment of the Corps has increased, and will probably increase still further, that next year the amount may be fixed at £10 annually."

The Committee considered the suggestion an excellent one, and on the proposal of Col. Gubbins, seconded by Col. James, resolved that, commencing next year, the General Relief Fund of the Compassionate Fund should be charged annually with the sum of £10 to be paid to the Officers' Endowment Fund of the Corps of Commissionaires.

B. M. SKINNER,
Lieut.-Col. R.A.M.C.,
Hon. Sec.

I.—REPORT OF THE DINNER SUB-COMMITTEE IN ACCORDANCE WITH THE RESOLUTION OF GENERAL COMMITTEE R.A.M.C. FUND, AT THEIR MEETING ON FEBRUARY 17, 1903.

The Committee of the R.A.M.C. Dinner Fund have considered the resolution of the General Committee and recommend :—

(1) That the present Dinner Committee shall continue to act as a Sub-Committee of the General Committee of the R.A.M.C. Fund, and that in order to secure as full a representation of the Corps as possible, it shall continue to consist as heretofore of :—

The P.M.O. Home District, representing also the R.A.M.C. Fund.

Three Retired Pay Officers.

The Commandant of the R.A.M. College.

An officer representing Aldershot and the Dépôt; an officer representing Woolwich; an officer representing Netley.

The D.A.D.G. for the Corps representing also the R.A.M.C. Fund.

(2) As a considerable number (about 180) Retired Pay Officers are still subscribing to the former Dinner Fund and not to the R.A.M.C. Fund, it is recommended that for the present their subscriptions shall be kept separate and credited to the Dinner Fund, the balance required to keep the charge for the Dinner for all subscribers at 12s. 6d. per head being made up by a grant from the R.A.M.C. Fund not exceeding the amount authorised by the meeting of the General Committee held on February 17, viz., 5s. per head for not more than two-thirds of the subscribers.

(3) The Sub-Committee report that at the present time £115 is standing to the credit of the Dinner Fund. This will decrease every year as officers join the R.A.M.C. Fund or retire from the Dinner Fund, but it is considered that the amount authorised will be ample in this and future years to admit of subscribers dining at a charge of 12s. 6d. per head.

At the present time more than seventy officers have signified their intention of being present, but the number will probably be at least 120.

E. M. WILSON, Lieut.-Col.,
Hon. Sec.

WIDOWS AND ORPHANS, R.A.M.C.

Receipts.			Payments.		
		£ s. d.			£ s. d.
1901.			Jan.,		
Mar. 27.	President Coy. Fund, No. 16 Gen. Hospl., S.A. (Widows and Orphans)	20 0 0	1901, to March, 1902.	Disbursements to Widows, nineteen cases	46 10 0
Dec. 24.	M. O., i/c Burghersdorp, S.A. (Widows and Orphans) ..	11 5 0	1903.		
1902.			Feb. 23.	Drummond Institute (Donation) ..	2 0 0
May 27.	Major Gray (Widows and Orphans) ..	0 19 3	Jan. 27.	Lt.-Col. Wilson, C.B., C. M. G., D.S.O. (Benevolent Fund for Officers' Widows and Orphans) ..	28 6 0*
Sep. 25.	Col. Wilson, Standard Bank of S.A. (Widows and Orphans) ..	131 11 1			
Nov. 6.	No. 7 Stny. Hospl., East London, S.A. (Widows and Orphans) ..	50 0 0			
„ 15.	No. 7 Stny. Hospl., East London, S.A. (Widows and Orphans) ..	352 12 2			
Dec. 13.	No. 1 Gen. Hospl., Wynberg (per Capt. Buist, R.A.M.C. (Widows and Orphans) ..	56 12 1*			
		<u>£622 19 7</u>		By Balance ..	<u>£546 3 7</u>
					<u>£622 19 7</u>
Credit Balance	£546 3 7				
March 31, 1903.					

(Signed) H. A. HINGE, Capt. R.A.M.C.,
Hon. Sec., D.M.R.F.

* In accordance with the wishes of Captain Buist, half the sum of £56 12s. 1d. (shown on credit side) was to be given to the Benevolent Fund for Widows and Orphans of Officers, and the other half to the Widows and Officers of N.C.O.'s and men.

GENERAL RELIEF FUND, R.A.M.C.

Receipts.			Payments.		
		£ s. d.			£ s. d.
1901.			Jan.,	Local disbursements.	
Jan. 15.	Major Hale, R.A.M.C. (Relief Fund) ..	219 9 0	1901, to March 1, 1903.	For detail see D. M. R. F. Book. (Temporary Relief)	112 1 9
Nov. 9.	O. C., V. M. S. C. (Grant to Fund) ..	1 12 11	Mar. 1	Local disbursements.	
1903.			to 31.	For detail see D. M. R. F. Book. (Temporary Relief)	13 5 0
Jan. 27.	Major J. Drew Moir, R.A.M.C. (General Relief) ..	20 0 0			
Feb. 26.	Lt.-Col. A. S. Rose, R.A.M.C., De Aar (General Relief) ..	57 8 8			
		<u>£298 10 7</u>		By Credit Balance ..	<u>173 3 10</u>
					<u>£298 10 7</u>

Credit balance £173 3s. 10d. Interest on £600 (deposit a/c amounting to £4 7s.) was decided by the Sub-Committee should be placed to credit of this fund = £177 10s. 10d.

March 31, 1903.

(Signed) H. A. HINGE, Capt. R.A.M.C.,
Hon. Sec., D.M.R.F.

II.—REPORT OF SUB-COMMITTEE FOR THE COMPASSIONATE FUND.

Report of a Sub-Committee meeting held at Aldershot on April 2, 1903, to enquire into the accounts of the Compassionate Fund, for the information of the Committee of the R.A.M.C. Fund. The following members were present:—

President: Surg.-Gen. W. H. McNamara, C.B., C.M.G.

Members: Lieut.-Col. G. W. Robinson; Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.; Major F. J. Greig; Capt. H. A. Hinge (Hon. Sec.).

(1) The resolution of the General Committee at their third meeting held on February 17, 1903, was read.

(2) Capt. Hinge presented a statement of the accounts of the Fund by which it appeared that, at the commencement of the war, a considerable sum of money was received from various sources to be used for the benefit of N.C.O.'s and men of the Corps who might be in distress on account of the absence of their relatives in South Africa.

This was expended as necessity arose from time to time by Major G. H. Hale, D.S.O., but no regular Committee was formed. On January 1, 1901, a Committee was formed at the Depot. At that time there was a balance of £219 9s., £289 10s. having been expended up to that date in relieving cases of urgent distress, out of a total of £508 19s. which had been collected.

(3) This balance continued to be utilised for cases of general distress, but in March, 1901, money began to arrive from South Africa, being contributed from officers' messes and canteens of the Corps, which, by the direction of the donors, was to be applied solely for widows and orphans. These sums of money were therefore kept separate and utilised for these purposes.

(4) Two balance sheets, showing the sources and distribution of the Fund divided up into "Widows and Orphans" Fund and "General Relief" Fund, from January 1, 1901, to March 31, 1903, are appended. These show the credit balance of the Fund as follows:—

Widows and Orphans Fund	£546 3 7
General Relief Fund.. .. .	177 10 10

(5) A general statement of the disbursements is placed before the Sub-Committee and appended (Depôt Mobilisation Relief Fund).

(6) The accounts were inspected and passed by the Sub-Committee.

(7) At a discussion after, it was decided, subject to the approval of the General Committee: (a) That enquiries should be made with regard to any suitable Orphanage or School, with the idea of making a permanent subscription to the same for the benefit of orphan children of the Corps. (b) As regards subscription to Hospitals, it is thought that donations might be given as individual cases of distress arise. (c) That the two Funds should, for the future, be kept completely separate at the Bank. (d) As the calls on the "General Relief" Fund were at present more urgent, that the sum of £4 7s., being the interest upon £600 at deposit, should be credited to that Fund. (e) That as cases of distress are now few, the Committee do not think it necessary to ask for any grant at the present time.

Aldershot,
April 3, 1903.

(Signed) H. A. HINGE, Capt.,
Hon. Sec. Compassionate Fund.

DEPÔT MOBILISATION RELIEF FUND.

Statement of Accounts from January, 1901, to March, 1903.

Fifty-four cases of urgent need have been afforded temporary assistance from the Depot, R.A.M.C.

Nineteen widows have received temporary relief, three of whom are receiving monthly grants of £2 to tide over difficulties.

Three men late of the Corps are receiving monthly aid temporarily (£2) to tide over difficulties caused by serious illness.

Two women (wives of men of the Corps) are receiving temporary monthly aid (£2) to tide over difficulties caused by husbands being on foreign service.

Colonel Wilson, C.B., C.M.G., D.S.O., has received £50 from the Fund for disbursement to urgent cases of need reported at Headquarters.

Donations :—

To Drummond Institute	£2 0 0
To S. and S. Families' Association	10 0 0
To Benevolent Fund Officers' Widows and Orphans (by request of the donors)	28 6 0

Total receipts to the Fund (since January, 1901) .. 921 10 2

Expenditure :—

Widows and Orphans	£76 16 0
General Relief	125 6 9
	<hr/>
	202 2 9

Balance Credit 719 7 5

Interest on £600 deposit at 2 per cent. 4 7 0

Balance in hand

723 14 5

Of this £546 3s. 7d. is to the credit of the W. and O. Fund, according to the wishes of the donors, and £177 10s. 10d. is available for cases of general distress. The two accounts will, in future, be kept separate.

Aldershot, (Signed) H. A. HINGE, Capt. R.A.M.C.,
March 31, 1903. Hon. Sec., D.M.R.F.

III.—REPORT OF BAND SUB-COMMITTEE TO MARCH 31, 1903.

Report of a Sub-Committee Meeting held at Aldershot on April 17, 1903, to audit the accounts of the Band Fund for the information of the Committee of the R.A.M.C. Fund.

(1) Capt. Hinge, Hon. Secretary, presented a balance sheet for the first quarter ending March 31, 1903 (attached), showing the credit balance on that date, £75 1s. 10d.

A balance sheet showing the total actual receipts and expenses during the year 1902-1903, and one showing the probable expense and requirements for 1903-4, is attached.

(2) The accounts were inspected and passed by the Sub-Committee.

(3) It was proposed, in view of the expenses for the next year, to ask the R.A.M.C. Fund Committee for a grant of £200, to be paid, either quarterly or as one amount, to the credit of the Band Fund.

Aldershot, (Signed) H. A. Hinge, Capt.,
April 17, 1903. Hon. Sec., R.A.M.C. Band Fund.

REPORT OF THE GENERAL MEETING.

The General Meeting was held at 3 p.m., on Monday, June 15, 1903, at the Royal United Service Institution, Whitehall.

The Director-General (Sir William Taylor, K.C.B.) presided at the meeting. He was supported by the late Director-General, Surg.-Gen. J. Jameson, C.B. Nearly 100 officers were present.

The Director-General opened the meeting by giving a full account of the R.A.M.C. Fund, the formation of the Committee, and the inception and gradual growth of the various branches taken up by the Fund; the commencement of the work of establishing memorials, of collecting material for the Historical Record; the work of the Sub-Committees in charge of the Band and Dinner Funds, and of the Compassionate Fund. He explained the action taken by the Committee on the several points brought before it up to the last meeting, and asked for a vote of thanks to Lieut.-Col. Skinner, the Hon. Secretary. This was carried with applause. Continuing, the DIRECTOR-GENERAL said :—

"Now I have read these minutes through somewhat in detail, to put before you in as few words as possible how we now stand; and as this is the first general meeting of the Corps, it is also the first opportunity we have had of hearing what any officer of the Corps has to say on the subject of the various facts, details of which I have read to you. Consequently I shall be very glad if all officers who have got any views to express will now let us hear them. Perhaps it would be as

March 31, 1903.

Aldershot, April 10, 1903

(Signed) H. A. HINGE, Capt., Hon. Sec., R.A.M.C. Band.
December account, 1902.

* This amount was credited to the Fund in the December account, 1902.

Dr. PROBABLE BALANCE SHEET FOR YEAR 1903-4 FOR R.A.M.C. BAND. Cr.

	£	s.	d.		£	s.	d.
To Pay of Band for twelve months at £18 7s. per month	220	4	0	By Receipt from R.A.M.C. Mess, Aldershot, at £5 per month	60	0	0
" Repairs of instruments and new music at £5 per month	60	0	0	" Credit balance, March 31, 1903	75	1	10
" Incidental expenses	20	0	0	Required from R.A.M.C. Fund	200	12	2
" New instruments:—							
Oboe	..	..	£15 15 0				
String bass	..	..	15 15 0				
Violin	..	..	4 0 0				
			35 10 0				
	£335	14	0		£335	14	0

ACTUAL RECEIPTS AND EXPENSES FOR 1902-3.

	£	s.	d.		£	s.	d.
Expenses during 1902-3	371 1 4	Credit balance, March 31, 1902	..	..	173 7 8
Credit balance, March 31, 1903	75 1 10	Receipts during 1902-3	..	..	272 15 6
			£446 3 2				£446 3 2

Aldershot, April 15, 1903.

(Signed) H. A. HINGE, Capt., Hon. Sec., R.A.M.C. Band.

well that we should have once and for all a decision on the subject as to the invitation of guests to the Annual Dinner and so dispose of it. I have just been told there are two points of view from which this question may be looked at. First, the inviting of public guests by the Committee, and second, the invitation of private guests by each individual officer. Well, I shall be very glad to hear what any officer has to say, and I will not express my opinion, but will only point out the impracticability of the second proposal, that each officer should have the privilege of inviting a guest. We have this evening 180 of the Corps dining. Now if you give to these 180 officers the privilege of inviting one guest each, it will be a case of 'He don't know where he are!' I am sure the Secretary to the Dinner will not know where he is. We shall all be mixed up. Above all, it does away with that character of the Dinner which I think ought simply and solely to be a 'Family Gathering.' As I have no wish to prejudice opinions I will not say any more."

The question was then discussed and the meeting resolved that no guests should be invited to the Annual Dinner.

Subsequently, a proposal that a special dinner should be held was brought before the meeting. After some discussion, the following resolution was passed:—"That the subject of holding a special dinner to which invitations be sent to the representatives of the civil profession, and that other distinguished gentlemen who have shown hospitality and kindness to the officers of the Corps also be invited, be referred to the General Committee for consideration and report."

Col. May then moved a vote of thanks to the Committee for the admirable way in which they had carried out their duties. This was seconded by Surg.-Gen. Stevenson and carried unanimously.

The Director-General said that before the meeting separated he wished to say one word more, and that was about the coming Journal. "I dare say a great many of you have heard that at last it is an accomplished fact, and on the 1st of next month—July—the Journal will, I hope and believe, be issued. I would only ask you now, gentlemen, that, as a little leaven, you will go about the Corps and endeavour to stimulate all your brother officers to take an active interest in that Journal. We are putting ourselves now before the light of the world, and if we do not put our best foot foremost we may not appear in such a favourable light as we should do. Therefore I would ask you to bear in mind yourselves that there is such a thing as this Journal, and that upon your shoulders rests the responsibility (and I feel perfectly certain that of the officers of our Corps not one will shirk his share of responsibility) for its success. What I ask you is to spread this idea abroad, and not to let our brother officers get careless about it. We are not confined to medicine or surgery, but are open to every branch of science—all the "ologies." Let us try to bring all our brother officers up to the scratch that none remain backward in supporting the Journal. I think this is one of the most important steps ever taken in the Corps. When I entered the Corps the very first thing considered was a Journal, the form and legend of the Journal even was settled; but it is not until now that we have succeeded in it; and now that we have got it, we are under this responsibility, that we must make it a great success."

The Sixth meeting of the Committee was held at 68, Victoria Street, S.W., on Friday, June 26, 1903, at 12 noon. Present:—

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General A.M.S. (Chairman).

Surg.-Gen. Sir John B. C. Reade, K.C.B., K.H.S. } Representing
Lieut.-Col. J. F. Beattie. } Retired Officers

Surg.-Gen. A. H. Keogh, C.B.

Surg.-Gen. W. H. Macnamara, C.B., C.M.G.

Col. W. L. Gubbins, M.V.O.

Col. H. E. R. James.

Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.

Major R. H. Firth.

Capt. and Quarter-Master G. Merritt.

MINUTES OF THE SIXTH MEETING.

(1) The Minutes of the fifth meeting were confirmed.

(2) The following resolution passed at the General Meeting on June 15, 1903, was under the consideration of the Committee:—

"That the subject of holding a special dinner to which invitations be sent to the representatives of the civil profession, and that other distinguished gentlemen who have shown hospitality and kindness to the officers of the Corps also be invited, be referred to the General Committee for consideration and report."

After some discussion, the Committee came to the following determinations: (a) That a special Dinner of the Corps to which guests should be invited should be held, and that the cost of this special dinner should not be borne by the R.A.M.C. Fund. (b) That a list of guests, whom it is proposed should be invited, be prepared. (This list may be seen in the Secretary's office.) (c) That no private guests be allowed. (d) That the dress for the occasion be plain clothes with decorations. (e) That the place and date of the special dinner be the Whitehall Rooms of the Hotel Metropole on October 21, 1903. (f) That the following sub-committee should make the necessary arrangements in connection with the dinner: Col. Gubbins, Col. James, Lieut.-Col. Beattie, and Lieut.-Col. Wilson.

Lieut.-Col. Skinner was asked to communicate this Report to the officers of the Corps, and to obtain the names of those among the officers residing at Home who are willing to support the Dinner.

3.—A letter from Lieut.-Col. Somerville Large in reply to the resolution contained in Minute 3 of the fifth meeting was before the Committee. Lieut.-Col. Somerville Large, while regretting that the Committee does not consider it desirable to create a trust in the Compassionate Fund, withdrew that portion of his previous letter, and made an offer which was accepted by the Committee in the following terms:—

"That a sum amounting to nearly £1,400—presented by Lieut.-Col. Somerville Large—be placed to the credit of the Compassionate Branch of the Royal Army Medical Corps Fund. The whole of this sum will be spent in subscriptions to obtain the admission of orphan children of warrant officers, N.C.O.'s and men of the Royal Army Medical Corps, into some Charitable School or Institution, in accordance with paragraph 4 (c.) Report of the third meeting of the Committee."

The Director-General notified that he had in the name of the Committee written to Lieut.-Col. Somerville Large accepting his gift with thanks.

The seventh meeting of the Committee was held at 68, Victoria Street, S.W., on Wednesday, August 5, 1903, at 3.15 p.m. Present:—

Surg.-Gen. Sir William Taylor, K.C.B., K.H.P., Director-General A.M.S.	
(Chairman).	
Surg.-Gen. Sir John B. C. Reade, K.C.B., K.H.S.	} Representing Retired Officers.
Lieut.-Col. E. Fairland.	
Surg.-Gen. A. Keogh, C.B.	
Surg.-Gen. W. H. McNamara, C.B., C.M.G.	
Col. W. L. Gubbins, M.V.O.	
Lieut.-Col. E. M. Wilson, C.B., C.M.G., D.S.O.	
Major R. H. Firth.	
Capt. J. F. Martin (elected by officers R.A.M.C. Mess, Aldershot).	
Capt. and Quarter-Master G. Merritt.	

MINUTES OF THE SEVENTH MEETING.

(1) The Minutes of the sixth meeting were confirmed.

(2) In order to economise expense in postage and in clerical work it was resolved that the reports of each meeting of the Committee should be published in the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, and not separately circulated as hitherto.

Non-subscribers to the Journal will be supplied with a copy of the reports on application to the Hon. Secretary.

(3) The following further arrangements were made with reference to the special Dinner:—

(a) Certain selections were made of additional guests.

(b) It was resolved that invitations should be sent out at once.

(c) The Director-General was asked to take what steps he may consider necessary to fill up such vacancies as may arise from any cause in the list of guests.

(4) The second quarterly report of the Sub-Committee or the Band Fund was considered :—

(a) The accounts were passed as amended, and are appended to these minutes.

(b) No further payments will be made from the R.A.M.C. Fund to the Band Fund for the present, until the large credit balance has been absorbed

(c) The increase of the salary of the Band-Master by £10 per annum was approved.

(5) The second quarterly report of the Sub-Committee for the Compassionate Fund was considered :—

(a) The accounts were passed as amended and are appended to these minutes.

(b) The Committee approved of a further sum of £400 belonging to the Widows' and Orphans' Fund being placed on deposit.

(c) The grant of 5s. per mensem to a clerk was approved.

(6) It was resolved that it was inadvisable to keep large balances at out stations, and that the balances now outstanding should be gradually absorbed with a view to concentrating the funds at the Bankers of the Fund. Before taking any definite steps in this direction Lieut.-Col. Skinner was asked to ascertain if they will give a better rate of interest for deposits than the Bank rate which they are at present giving, and so place themselves in a similar position with regard to the Fund as those Banks who at present give 2½ per cent. on money deposited with them.

(7) It was noted that Lieut.-Col. Somerville Large, acting on behalf of the Widows and Orphans' Fund of No. 6 General Hospital, South Africa Field Force, had transferred the sum of £1,390 19s. 2d. to the Compassionate branch of the Royal Army Medical Corps Fund.

B. SKINNER, Lieut.-Col.,
Hon. Sec.

68, Victoria Street, S.W.
August 5, 1903.

BALANCE SHEET FOR SECOND QUARTER, 1903.

ALDERSHOT,
August 3, 1903.

(Signed) H. A. HINGE, Captain,
Hon. Sec., R.A.M.C. Band.

R.A.M.C. COMPASSIONATE FUND.—WIDOWS AND ORPHANS' FUND.

BALANCE SHEET FOR QUARTER ENDED JUNE 30, 1903.

RECEIPTS.			EXPENDITURE.		
Date.	From whom received.	On what Account	To whom paid.	On what Account.	Amount.
April 1, 1903	Balance from last Account	.. ..	Disbursements to five ..	.. ..	£27 5 0
June 17, 1903	Officer Commanding..	.. ..	widows		
	18th Gen. Hospital				
April 1, 1903	Cash in hand ..	Omitted from last Account			
			May, 20, 1903	Salesian Institute for Catholic Orphan Boys	.. 2 0 0
			April 15, 1903	J. W. Savage, South-ampton	.. 0 4 0
				Postage ..	.. ..
				Cheque Book ..	.. ..
				Cash in hand :—	.. ..
				Balance Credit at Bank ..	£522 0 4
				On Deposit ..	.. 400 0 0
					922 0 4
Total ..			Total..		
.. £951 15 10			.. £951 15 10		

ALDERSHOT,
August 3, 1903.

(Signed) H. A. HINGE, Captain,
Hon. Sec. Widows and Orphans' Fund, R.A.M.C.

R.A.M.C. COMPASSIONATE FUND.—GENERAL RELIEF FUND.

BALANCE SHEET FOR QUARTER ENDED JUNE 30, 1903.

RECEIPTS.			EXPENDITURE.		
Date.	From whom received.	Amount.	To whom paid.	On what Account.	Amount.
April 1, 1903	Balance from last Account	£177 10 10	April 1, 1903, to June 30, 1903	Small Disbursements. See book for details	£35 10 0
"	Cash in hand	0 1 6	April 13, 1903	J. W. Savage	0 4 0
May 21, 1903	Lt.-Col. Southy	0 2 6	" 27, 1903	Lt.-Col. E. M. Wilson For Urgent Cases	5 0 0
" 27, "	Col. Trewman	1 10 0	May 21, 1903	" " "	5 0 0
			Postage	" " "	0 2 4
			Balance Credit :—		
			Cash in hand	"	£0 11 8
			At Bank	"	32 16 10
			On Deposit	"	100 0 0
					133 8 6
Total ..		£179 4 10	Total ..		£179 4 10

ALDERSHOT,
August 3, 1903.

(Signed) H. A. HINGE, Captain,
Hon. Sec., General Relief Fund, R.A.M.C.

NOTICES.

Officers desiring to support the R.A.M.C. Fund can obtain, on application to the Hon. Secretary, a copy of the proceedings of the Committee up to date, together with an Order Form for the Annual Subscription.

The Subscription for Officers on the Active List is £1 per annum; for convenience of record, officers are asked to forward their Order Forms through the Hon. Secretary.

Officers on retired pay desiring to allocate their subscriptions to special objects, can obtain a special form for this purpose.

Attention is invited to Minute 2 of the seventh meeting. Officers not subscribing to the Journal and who wish for reports of the R.A.M.C. Fund are requested to intimate the fact to the Hon. Secretary.

B. SKINNER, *Lieut.-Col.*,

Hon. Secretary.

68, VICTORIA STREET, S.W.,

Sept. 17, 1903.

NOTES

On the 1st of August 1893, the first of the season's rain fell on the island. It was a heavy shower, and the ground was much improved. The water in the ponds was also much improved.

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The water in the ponds was much improved. The water in the ponds was much improved. The water in the ponds was much improved.

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and, without in any way wishing to depreciate the work done by the civilian hospitals in South Africa, I cannot but think that in future, the care of the sick and wounded would be more economically provided for by one really effective administration than by the irregular efforts of private enterprise, however well intentioned; and I would suggest, though it is possibly outside the scope of my subject, that the efforts of the charitable should be rather directed towards the provision of such luxuries and comforts or aids to convalescence as a State

Class B.—It is with this class that the greatest difficulty arises, as they have all fixed positions and responsibilities from which it is difficult for them to escape for any lengthy period. However, recent experience has shown us that in a national crisis either a feeling of patriotism or a spirit of adventure took many such to South Africa, while institutions like our hospitals exhibited considerable public spirit in keeping their appointments open for them during their absence. About fifty of these would be required for three

se hospitals and lines or would be distributed it could not be said to

A small retaining fee of this class, and, in time, I would make many instances where received training in to proceed to a definite d.C., and with the payers of that rank. The again be a yearly one; ent and to training, I ods of enlistment with lization, take the rank

ompense could be made their services. But it, and would, I think, be

ser. In the event of and rank of a surgeon, R.A.M.C., Militia, and 2 to their own services, e a system of expansion army. In the event of road for active service, al medical officers and dy rely on the regular requirements.

for home defence would that there would be, in ice for all of us.

outline of a scheme for fession in time of war. tions, but, as a founda may be based, I believe f that it is not open to

Why pay every year

BER 22, 1903.

8th Rajputs
9th Jass
11th Rajputs
12th Pioneers (the Khelst-
-Ghild Regiment)
13th Rajputs (the Shal-
-wai Regiment)
14th Peshawar Sikhs
15th Ludhiana Sikhs
16th Rajputs (the Locknow
Regiment)
17th Infantry (the Loyal
Regiment)
18th Infantry
19th Punjab
20th Duke of Cambridge's
Own Punjab
21st Punjab
22nd Punjab
23rd Sikh Punjab
24th Punjab
25th Punjab
26th Punjab
27th Punjab
28th Punjab
29th Punjab
30th Punjab
31st Punjab
32nd Sikh Punjab
33rd Punjab
34th Sikh Pioneers
35th Sikh
36th Sikh
37th Dogras
38th Dogras
39th Batt. 39th Garhwal
Rifles
40th Batt. 39th Garhwal
Rifles
41st Pathans
42nd Dogras
43rd Rattay's Sikhs
44th Punjab
45th Sikh
46th Pioneers
47th Gurkhas
48th Gurkhas
49th Sikh (Frontier Force)
50th Sikh (Frontier Force)
51st Sikh (Frontier Force)
52nd Sikh (Frontier Force)
53rd Sikh (Frontier Force)
54th Sikh (Frontier Force)
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73rd Sikh (Frontier Force)
74th Sikh (Frontier Force)
75th Sikh (Frontier Force)
76th Sikh (Frontier Force)
77th Sikh (Frontier Force)
78th Sikh (Frontier Force)
79th Sikh (Frontier Force)
80th Sikh (Frontier Force)

Oct. 3, 1903]

INTRODUCTORY ADDRESSES.

[The British Medical Journal 793]

ST. MARY'S HOSPITAL, LONDON.

By V. WARREN LOW, M.D., B.S., F.R.C.S.,

Surgeon to Out-patients, St. Mary's and Great Northern Hospitals;
Joint Lecturer in Practical Surgery, St. Mary's Hospital
Medical School.

THE RELATIONSHIP OF THE MILITARY MEDICAL SERVICE TO THE CIVIL PROFESSION.

AFTER some introductory remarks Dr. Warren Low said: The empire has just passed through a war of a magnitude such as it has not experienced for nearly fifty years, and within the last three months some of the lessons of that war have been crystallized in an essentially English manner, and delivered to us in blue paper covers, the result of the labours of a learned Commission. There is much food for reflection in these bulky volumes, and there is much that especially concerns us as members of the medical profession.

Without touching a host of details on which there is much to say, and which will doubtless lead to controversy in the future, the salient fact remains that we were not prepared in times of peace, in the matter of military medical personnel and equipment, for a war of the magnitude of that in South Africa; nor do I think that, in the present temper of the nation, we should be very much better prepared were the same to occur in the near future.

As a Secretary of State wrote, as far back as 1859, after a similar Blue Book had been issued on the subject of the medical arrangements of the Crimean war:

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That, I think, was the secret of our medical unpreparedness before the Crimea, and that was the cause of our want of preparation in 1899: it was not the fault of any department—it was the fault of the nation. Economy was the motive, and, naturally, the humanitarian department of the army felt it first and most acutely. Those who had the distribution of the money felt, as one witness expressed it, that everything except the trained fighting man could be purchased in the open market on the day; and that is practically what was done, and, as is usually the case, there followed on a period of injudicious parsimony a perfect saturnalia of lavish extravagance.

The medical arrangements of the campaign did not break down in the sense that some alarmists would have us believe; they were certainly not ideal, there was much that was obviously defective, and might have been remedied, but that they stopped short of an absolute débâcle was due to the superhuman exertions of the Royal Army Medical Corps, both officers and men, and to the Anglo-Saxon adaptability of some thousands of civilian doctors, nurses, and orderlies who were sent out in lavish profusion, but who, it must be remembered, were absolutely untrained in what their duties would be, and in the special features of their work.

However, out of this evil has come a certain measure of good. We have acquired at this fearful cost very many valuable lessons, and there are also certain other definite gains. By this time the man in the street is aware that England has been brought into closer union with her Colonies; but another union has taken place, and one that touches more nearly our own profession. We civilian medical men, who served in South Africa, realize that we have at last been brought into a closer contact with our colleagues in the military medical service.

The absence of militarism in England has had a peculiarly isolating effect on the soldier. The average Englishman, until lately, knew little about the army. He knew nothing of its habits, its traditions, or its history. He scarcely knew one regiment from another unless he happened to have a near relative a soldier. They were, generically, all soldiers to him, and he was singularly incurious as to anything further. This isolation, in a less degree, affected the army medical officer. Once he had obtained his commission he practically disappeared from the sight of his civilian contemporaries. In the old days he lived with the regiment and formed new ties and new friendships, necessarily military. The exigencies of foreign service and distant stations kept him out of touch with his old hospital, and he seldom had the companionship of members of his own profession, or the opportunities of listening to or joining in the technical discussions

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These apparently effective arrangements are in marked contrast with those of the ill-fated Walcheren expedition, over sixty years afterwards, when in less than eight weeks, within a hundred miles of England, out of 40,000 men, 7,000 died of fever, and over 14,000 were wrecked in health for the remainder of their lives. Although the medical arrangements of this expedition were of the crudest description and totally inadequate, the responsibility of this enormous mortality rests rather with those answerable for the strategy than with those on whom the medical arrangements devolved. A well-known stanza aptly summarizes the history of the whole campaign:

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The earliest trace of a distinct administrative organization is said to date from 1756, when Lord Barrington, as Secretary for War, was directed to establish a Hospital Board for the administration of the medical service of the army then intended to take the field. "In order that, under its direction, this part of the military service (including medicines, hospital stores, and other requisite provision for the sick, might be carried into execution with ability, regularity, and dispatch." Mark you! "with ability, regularity, and dispatch," this was the mandate 150 years ago.

It was by a member of this Board that John Hunter was appointed in 1760 as a staff surgeon to the expedition to Belleisle, and again in Portugal in 1763. In 1790 he succeeded

Fontblanque, *The Administration and Organization of the British Army*.

P. 31.

Clode's *Military Forces of the Crown*, vol. II, p. 45.

¹ Westminster Review, January, 1899. Right Hon. Sidney Herbert, M.P.

ORDER OF THE MEDICAL SERVICE. During their year of service in the Medical Reserve the members of this class would undergo a month's training, if possible, in the field. For this they would receive £1 per day.

In the event of mobilization each would be attached to a unit in a certain army corps, with the pay, allowances, and temporary rank of a lieutenant R.A.M.C. In the event of their re-enlisting for a third period of service, they would, on mobilization, receive the pay and rank of a captain R.A.M.C. I do not think that we could expect to keep this class on the register for more than four or five years from qualification, as they would then have settled down into practices which it would be difficult for them to leave.

Contingent—... Horse)
1st Central India Horse ... 2nd Central India Horse
2nd Central India Horse ... 3rd Central India Horse
INFANTRY.
1st Bengal Infantry ... 1st Brahmans
2nd Bengal Light Infantry ... 2nd Queen's Own Rajput
Light Infantry
3rd Bengal Infantry ... 3rd Brahmans
4th Bengal Infantry ... 4th Prince Albert Victor's
Rajputs
5th Bengal Light Infantry ... 5th Light Infantry
6th Bengal Light Infantry ... 6th Jax Light Infantry
7th Bengal Infantry ... 7th Duke of Connaught's
Own Rajputs

4th Madras Pioneers
5th Madras Infantry
6th Madras Infantry
7th Madras Infantry
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99th Madras Infantry
100th Madras Infantry

King's Regulations. (See A.O.s 170 and 173.)
Instructions, &c.—Officers' Expenses.

Extravagance amongst officers, individually and collectively, has long been forbidden by regulations. In view, however, of the financial concessions which have recently been made for the purpose of diminishing officers' expenses, it is the duty of commanding officers to see that officers derive full benefit from these advantages.

If officers are extravagant in their mode of living it is the duty of a commanding officer to discourage and prevent it; and General Officers are directed to ensure, by careful periodical inspection, that officers' messes are so conducted that it is possible for those of moderate means to live in the Service.

Should any commanding officer fail to carry out, in their true spirit and intention, the regulations of the Service on a subject so materially affecting the interests and prospects of the younger officers, the Commander-in-Chief will seriously consider the propriety of retaining him in his command.—A.O. 169, October 1903, page 3.

* Issued as a Special A.O., dated 7th September, 1903.

Oct. 31. 1903.

**THE MORTALITY EXPERIENCE OF THE
 IMPERIAL FORCES DURING THE WAR
 IN SOUTH AFRICA.**

THE exhaustive paper on this subject read before the Institute of Actuaries by Messrs. F. Schooling, F.I.A., and E. A. Rusher, F.I.A., has now been printed, and proves to be a very important contribution to our knowledge of the incidence of fatal wounds and fatal sickness in connexion with war.

Method of Investigation.

For the purposes of the paper the Imperial Forces were divided into three classes, in each class the experience of the officers being distinguished from that of the non-commissioned officers and men: (a) Regulars, Volunteers, and Militia; (b) Imperial Yeomanry; and (c) Colonials, including the forces raised in South Africa. It was originally intended to give the experience of British volunteers separately, but this was found to be impossible, as in most instances they were attached to particular regiments. The proportion of volunteers to regulars was very small. Among the regulars and volunteers the ratio was 1 officer to 30.6 men, and amongst the yeomanry 1 officer to 20.6 men.

The laborious nature of the work involved in the paper may be gathered from the fact that a card had to be written for each of the 21,945 deaths observed. Deaths from "wounds" include all deaths on the battlefield as well as those subsequently occurring from wounds. By comparisons of data from various sources a degree of accuracy was secured which would have been impracticable if the figures had been taken from official returns without analysis.

Death-rates of Officers and Men.

The main statistical results are thrown into geometric form in diagrams, which enables them to be easily interpreted. Thus, the first diagram shows that almost continuously throughout the campaign the officers experienced a considerably higher death-rate than the non-commissioned officers and men. In the second diagram this comparison is carried a step further. The death-rates from wounds and from other causes are found to vary in opposite directions. The commissioned officers invariably experienced a higher death-rate from wounds throughout the entire period of the war, in most cases considerably higher, than the other classes of combatants, while, on the other hand, the death-rates from other causes were almost invariably higher among the non-commissioned officers and men than amongst the officers. The causes of these two important facts were probably that on the one hand in battle officers were marked men, and they also exposed themselves to risks which they would not allow their men to incur; and that in sickness they probably were as a class men of better stamina and were possibly better cared for when ill than men of the rank and file.

Death-rates of Various Arms.

Turning next to the three chief divisions of the army already named, the third diagram in Messrs. Schooling and Rusher's paper shows that for equal numbers exposed to risk the Imperial Yeomanry rapidly took the first place in the casualty lists, and "practically till the end of the war held that place as an easy first." This was almost certainly owing to the fact that they consisted of mounted men, who were most in demand in the war. The death-rates for the regulars were very high in the early part of the war. For the greater part of the war they suffered less than the yeomanry, more than the colonials; but in the latter part of the war less than either, probably because they were then chiefly employed in holding lines of communication and garrisoning block-houses.

Death-rate from Wounds.

Taking next the separate mortality from wounds, after the first stage of the war the regulars had a lower death-rate than either of the other two forces, which confirms the preceding statement as to their functions. The death-rate from wounds in the two other branches of the service shows peaks and depressions corresponding to the advancing movements of the British Army.

Death-rates from Disease.

In the death-rates from other causes than wounds, the effect of summer in increasing mortality is very obvious in the curves. So also is the effect of the privations at Ladysmith and of the conditions resulting from Paardeberg and the subsequent stay at Bloemfontein. The relatively low death-rate amongst the colonials stands out prominently. How much of this is due to acclimatization and how much to more intelligent precautions on their part cannot be stated.

Total Death-rates.

We come next to the total experience during the war, and here comparison can be made with other campaigns. Messrs. Smee and Ackland¹ arrived at the conclusion, based on campaigns extending over nearly one hundred years, that the average death-rate of the army in the field is about 50 per 1,000 per annum; they also specially note that the death-rate in the American civil war was 70 per 1,000. The death-rate per annum in the recent war, for all the forces engaged, including officers and men, was 38.7 per 1,000. For officers alone it was 53 per 1,000; for non-commissioned officers and men 38.1 per 1,000. These figures would enable the term premium for a temporary assurance during a war comparable to the South African to be stated. They do not, however, take into account the probability of deterioration through wounds or disease contracted during the campaign. The following table summarizes the experience of the war:

¹ *Journ. Inst. Actuaries*, vol. XXIV.

*First
 Practical
 Article
 "An Army"*

ST. MARY'S HOSPITAL, LONDON.

By V. WARREN LOW, M.D., B.S., F.R.C.S.,

Surgeon to Out-patients, St. Mary's and Great Northern Hospitals;
Joint Lecturer in Practical Surgery, St. Mary's Hospital
Medical School.

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That, I think, was the secret of our medical unpreparedness before the Crimea, and that was the cause of our want of preparation in 1899; it was not the fault of any department—it was the fault of the nation. Economy was the motive, and, naturally, the humanitarian department of the army felt it first and most acutely. Those who had the distribution of the money felt, as one witness expressed it, that everything except the trained fighting man could be purchased in the open market on the day; and that is practically what was done, and, as is usually the case, there followed on a period of injudicious parsimony a perfect saturnalia of lavish extravagance.

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It was by a member of this Board that John Hunter was appointed in 1760 as a staff surgeon to the expedition to Belleisle, and again in Portugal in 1763. In 1790 he succeeded

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² Foulblanque, *The Administration and Organization of the British Army*.

³ Foulblanque, p. 38.

⁴ Clode's *Military Forces of the Crown*, vol. II, p. 463.

Mr. Adair as Surgeon-General and Inspector-General of regimental infirmaries. Later, a Physician-General was appointed, and the Inspector-General of Regimental Infirmaries made a separate office. There was thus established a dual system and a dual control; the Hospital Board under the Surgeon-General being responsible for the appointment of staff surgeons and physicians and hospital mates to the army, and also for the proper equipment and maintenance of what were known as general hospitals; while to a certain extent, independent of this control, was the system of regimental surgeons and regimental hospitals. That this gave rise to acrimonious disputes, chiefly as to the bestowal of patronage, one has only to read the correspondence of the time to ascertain. By a Royal Warrant dated 1798 the Surgeon-General's duties were extended, and comprised the election of all staff surgeons, regimental surgeons, and assistants, and the formation of the medical staff of every expedition which left the country. At the same time the Board was dissolved and the three officers comprising it acted separately, each having distinct duties and patronage assigned to him, and each being held responsible for his own acts.

Mr. Thomas Keates, a surgeon at St. George's, succeeded John Hunter as Surgeon-General, and his conduct during his tenure of office was somewhat severely animadverted upon by a Commission of Military Inquiry, held in 1807. This inquiry, and the really very able defence of Mr. Keates, published under the title of "Observations on the Fifth Report of the Commissioners of Military Inquiry," 1809, is a most valuable source of information to any one who is interested in the military medical history of this period. A most interesting personage, whose existence is brought into considerable prominence by this Commission, is a gentleman styled the Apothecary-General, who, though not a medical man, held a Royal Patent to supply the army with drugs and instruments. His emoluments were 10s. a day, and he also claimed the right to make a legitimate profit on the goods supplied.

The Commission estimated this profit at something between 30 to 40 per cent. on the capital invested, but the Apothecary-General's estimate was the most modest one of 13 or 14 per cent.; in either case, when we consider that his bills amounted to between £60,000 and £70,000 per year, the office certainly appears to have possessed very solid advantages.

In 1810, probably as the result of the findings of this Commission, the posts of surgeon and physician-general were abolished, and a director-general of hospitals appointed, with two principal inspectors of hospitals to assist him, and with a few unimportant changes this arrangement lasted until the time of the Crimea.

It will thus be seen that in the earlier history of the Army Medical Service the highest administrative posts were given to civilians, and that the regimental surgeons' chances of promotion were few and precarious. Sweeping changes were made in 1858 as a result of a Commission, of which Mr. Sidney Herbert, afterwards Secretary of State for War, was a member. With the more recent changes, again the result of a Royal Commission's report, you are probably all familiar.

The status and pay of the R.A.M.C. officer have been improved, opportunities for study leave are to be granted, and, what is of even greater importance, in the earlier stages of their career officers may be seconded to hold posts in civil hospitals. It is to advances in this direction that we must look in the future for improvement in the Army Medical Service; and it will be by these means that the civil and military branches of our profession will be brought into closer union. But the establishment is still too small, even in peace; and in war I am told it would require the addition of about 500 medical officers before three army corps could take the field with their proper medical personnel. It is obvious that no Chancellor of the Exchequer would ever agree to such an increase, except in a national emergency; nor is there necessity for such an establishment except to meet the requirements of a great campaign.

The true lesson of the war, in our opinion, is that no military system will be satisfactory which does not contain powers of expansion outside the limit of the regular forces of the Crown, whatever that limit may be.²

These words of the Commissioners, intended to cover the whole military system, apply with peculiar force to its medical service. Unlike any other branch of the service, the medical department possesses a reserve for war, of personnel,

already trained in every professional requirement. There was, I believe, never any real difficulty in obtaining civil medical aid during the late war; 1,065 civilian surgeons were sent out by the War Office, and this does not include numbers locally engaged in South Africa, nor the staffs of the various civil hospitals and the excellent medical units sent with the Colonial contingents, constituting a reserve considerably in excess of the regular medical service, and though, as a rule, thoroughly efficient in the professional part of their work, still untrained as regards that amount of administrative knowledge which is bound to fall to the lot of a medical officer with an army in the field. The result was that, in a great number of instances, there was a division of labour, the purely professional work falling to the civilian, while on the regular officer devolved the drudgery of administration. In the future I understand that much of the administrative detail will be rendered less cumbersome; and more, I trust, will be handed over to some other than a R.A.M.C. officer; but of what is left, though of necessity in the higher ranks, it must remain with the regular officer, in the lower it should, I think, be more evenly distributed between the active and reserve members of the service. This should be done, if for no other reason, in order to obviate the comparisons between members of the same profession that were freely made by laymen in South Africa.

The feature of the late war was improvisation. We have it—on the authority of the Commission—that this ailment affected the strategy, the organization, and the equipment, throughout the whole service; while it was obvious to every one interested that this was the main obstacle to perfect success of what I may term the mobilization of the Medical Reserves. Almost any system of organization, had it existed in 1899, would have produced a body of civilians, selected with more judgement than could possibly be exercised in the wild rush that took place at the commencement of the campaign. Almost any system would have secured men who would have been, to a certain extent, cognizant of what was required of them, beyond their purely technical work, and who, in many cases possibly, would have known something of those with whom they were destined to serve; with the result, that a less number would have been required, and so considerable expense saved the State; while the work of the remainder would have been more even, more effective, and would have been performed more in harmony with the traditions of their colleagues in the regular service. It thus becomes almost a duty of any one, who, by some chance, has had opportunities of studying this matter, to assist in formulating a scheme that would tend to prevent the recurrence of the unpreparedness that existed in 1899. This must be my excuse for bringing the matter before you this afternoon. In the search for such a scheme of organization, one naturally turns to the custom of other nations. There is a prevailing belief that every able-bodied German has in his possession a card, on which are inscribed his exact orders with regard to rendezvous and equipment, in the event of mobilization. Whether this be so or not, the initial difficulty in comparing the military institutions of Continental nations with those of England is the system of universal service. On the Continent there is not that distinction between the military and civilian branches of the profession which exists here. Practically every civilian doctor has once been in the army and would merely revert to his former position in the event of war; while, in times of peace, both work side by side in the large State hospitals. In Russia a large part of the civilian practice is in the hands of the military doctors, and their military hospitals would appear to play almost the same rôle that our large voluntary hospitals do in this country.

Any proposed scheme, therefore, must be elaborated with special reference to the peculiarities of our voluntary system of military service, and must also keep in view the fact that the civilian in England is absolutely unacquainted with military organization, and even the minimal amount of administrative detail that is essential in the daily routine of military life. There are, I think, certain main principles which should be observed in formulating any scheme.

First, that any organization of the civil medical profession for war must have as its framework the R.A.M.C. If the simile did not lend itself to misinterpretation, I would like to suggest that the civilians should form the soft parts of a body, of which the R.A.M.C. would be the skeleton. It has been suggested that the various medical schools should each organize a medical unit ready to take the field; but I feel convinced that military units, organized and administered by civilians entirely, are neither economical nor really effective;

² Report of Royal Commission on War in South Africa, 1903, p. 83.

and, without in any way wishing to depreciate the work done by the civilian hospitals in South Africa, I cannot but think that in future, the care of the sick and wounded would be more economically provided for by one really effective administration than by the irregular efforts of private enterprise, however well intentioned; and I would suggest, though it is possibly outside the scope of my subject, that the efforts of the charitable should be rather directed towards the provision of such luxuries and comforts or aids to convalescence as a State service could scarcely be expected to provide. In this we could not do better than borrow the German plan of appointing a Commissioner, whose duty it would be to organize such efforts in order to prevent waste and overlapping.

The second principle is that any civilian absorbed into the R.A.M.C. for the purposes of a war should be as far as possible indistinguishable from the regular members of the corps. This is not the time to discuss the question of army rank for medical men. We must accept the system as we find it; and, since the R.A.M.C. officer has rank, so must the reservist, if we wish to avoid some of the anomalies of the late campaign.

Thirdly, in a profession such as ours, in which the environment of the individual—especially of the young individual—is constantly changing, we ought not to extend the period of liability for service for longer than a year at a time. This principle of an annual register I consider very important.

Fourthly, there must be some graduation of the civilians selected. In the late war there were only two grades—consultants and civil surgeons, as they were called. There were nine of the former, and, as I have said, over 1,000 of the latter. In the last class were all degrees of excellence and the reverse—the brilliant student and, possibly from the same school, his friend the chronic; the youth just qualified, and men, some of whom had ten to fifteen years of experience behind them. All were equal, all were asked to perform similar tasks; and there was seldom any selection exercised of men for work for which they appeared especially adapted. It is wonderful that such a want of system should have obtained even a semblance of success. This graduation should, I think, be based as far as possible on professional standing and attainments.

Lastly, it is important that each Medical Reserve officer, as we may call him, should know, within reasonable limits, the unit to which he would be attached on mobilization. He would then have some idea of the circumstances under which he would serve; and in many cases, as I shall show later, he would have had some opportunity of forming the acquaintance of those with whom, in the event of a campaign, he would be associated. The system of army corps lends itself particularly well to this arrangement, and there seems no reason why each reserve officer should not be attached to a certain army corps, and in many cases to a particular unit, and not be merely one of a list of names at the War Office for general service. These, then, are the main principles:

1. Organization with the R.A.M.C. as a framework.
2. For the Medical Reserve officer temporary rank equivalent to that of the regular R.A.M.C. officer.
3. An annual register.
4. Graduation according to professional standing.
5. Appointment to definite army corps, and if possible to units.

Three grades of professional standing suggest themselves:

A.—The class to which the civil surgeons in the late war mainly belonged—that is to say, men within the first two or three years of their qualification. In this case preference, as far as possible, would be given to those who had held resident appointments in any hospital; and of these between 300 and 400 would be required for three army corps, though the actual number called out in any campaign would naturally depend on its nature and duration.

B.—Members of the junior honorary staff, either medical or surgical, of the metropolitan and provincial hospitals. Certainly in another war we should have to realize the importance of the trained physician. In South Africa we had far too few; but in the stationary and base hospitals a few more men of the class to which the assistant physicians of our London and provincial hospitals belong would have been of the greatest value. With regard to his colleague, the assistant surgeon, his place would be in what in foreign armies are termed the field ambulances. In these days of specialism, however much we may regret the fact, it would appear difficult for a man to become a skilled operator unless he has devoted a considerable proportion of his time to the practice of surgery to the partial exclusion of other branches of his work.

The exigencies of general practice, and the varied nature of the Royal Army Medical Corps officer's work, prevent many men from acquiring this skill; but there are in the R.A.M.C. skilled operators who have had opportunities of extensive practice in such big hospitals as Woolwich and Netley and in some of the larger stations of India. It is to supplement, and not to supersede, men like these, that I would call up Class B.

Class C would consist of a few of the heads of the profession, both medical and surgical, and with them I would include at least one eminent pathologist. These gentlemen would be attached to the large base hospitals, as presenting to them the greatest spheres of usefulness, and they would also be present for general advisory purposes.

The experience of the South African war has taught us that there is little difficulty in procuring men during a campaign, and I think, therefore, that a comparatively small inducement would keep the register of each class full during times of peace; while the justification of the extra expenditure involved would be the enormous saving of money effected by instituting an organized plan for a hasty improvisation at the outset of the war. Bearing this in mind, I would suggest the following details:

Class A.—During their year of service in the Medical Reserve the members of this class would undergo a month's training, if possible, in the field. For this they would receive £1 per day. In the event of mobilization each would be attached to a unit in a certain army corps, with the pay, allowances, and temporary rank of a lieutenant R.A.M.C. In the event of their re-enlisting for a third period of service, they would, on mobilization, receive the pay and rank of a captain R.A.M.C. I do not think that we could expect to keep this class on the register for more than four or five years from qualification, as they would then have settled down into practices which it would be difficult for them to leave.

Class B.—It is with this class that the greatest difficulty arises, as they have all fixed positions and responsibilities from which it is difficult for them to escape for any lengthy period. However, recent experience has shown us that in a national crisis either a feeling of patriotism or a spirit of adventure took many such to South Africa, while institutions like our hospitals exhibited considerable public spirit in keeping their appointments open for them during their absence. About fifty of these would be required for three army corps, with their equivalent base hospitals and lines of communication; and, as this number would be distributed over England, Ireland, and Scotland, it could not be said to deplete the staff of any one hospital. A small retaining fee would have to be paid to the members of this class, and, bearing in mind how occupied is their time, I would make the question of training optional. In many instances members of Class B would already have received training in Class A. On mobilization, each would proceed to a definite unit, with the style of a Major R.A.M.C., and with the pay and allowances of the senior members of that rank. The period of liability to service would again be a yearly one; but, as an inducement to re-enlistment and to training, I would suggest that after three periods of enlistment with training the officer would, on mobilization, take the rank and pay of a lieutenant-colonel.

For the last class, C, no adequate recompense could be made during times of peace for a lien on their services. But it would necessarily be a limited class, and would, I think, be considered a position of some honour. In the event of mobilization each would take the pay and rank of a surgeon-general. I have said nothing of the R.A.M.C. Militia, and Volunteers, as I consider these belong to their own services, and would probably themselves require a system of expansion, such as I have outlined for the regular army. In the event of Militia or Volunteers proceeding abroad for active service, they would take their own regimental medical officers and bearer companies, but would probably rely on the regular service for the remainder of their medical requirements.

The question of a medical service for home defence would be, no doubt, simplified by the fact that there would be, in the event of invasion, compulsory service for all of us.

Gentlemen, such is the rough outline of a scheme for organization of the civil medical profession in time of war. I feel that it possesses many imperfections, but, as a foundation on which some workable scheme may be based, I believe it to be sound. I do not flatter myself that it is not open to criticism. I can hear the cynic ask, "Why pay every year

THE TIMES, THURSDAY, OCTOBER 22, 1903.

THE RENUMBERING OF THE INDIAN ARMY.

The scheme for the renumbering and renaming of the regiments of the Indian army has now been finally approved. The following is a complete list of the regiments as they stand at present in the Army List, with the numbers and titles they are to bear under the new system, which will come into operation immediately—

Present Number.	New Title.	Present Number.	New Title.
1st Bengal Lancers...	1st Duke of York's Own Lancers	8th Bengal Infantry...	8th Rajputs
2nd Bengal Lancers...	2nd Lancers, Gardner's Horse	9th Bengal Infantry...	9th Jais
3rd Bengal Cavalry...	3rd Skinner's Horse	10th Bengal Infantry...	10th Rajputs
4th Bengal Cavalry...	4th Lancers	11th Bengal Infantry...	11th Pioneers (the Khelat-Lahilz Regiment)
5th Bengal Cavalry...	5th Cavalry	12th Bengal Infantry...	12th Rajputs (the Shekha-wal Regiment)
6th Bengal Cavalry...	6th Prince of Wales's Cavalry	13th Bengal Infantry...	13th Peshawar Sikhs
7th Bengal Lancers...	7th Lancers	14th Bengal Infantry...	14th Peshawar Sikhs
8th Bengal Lancers...	8th Lancers	15th Bengal Infantry...	15th Ludhiana Sikhs
9th Bengal Lancers...	9th Hudson's Horse	16th Bengal Infantry...	16th Rajputs (the Lucknow Regiment)
10th Bengal Lancers...	10th Duke of Cambridge's Lancers (Hudson's Horse)	17th Bengal Infantry...	17th Infantry (the Loyal Regiment)
11th Bengal Lancers...	11th Prince of Wales's Own Lancers	18th Bengal Infantry...	18th Infantry
12th Bengal Cavalry...	12th Cavalry	19th Bengal Infantry...	19th Punjabis
13th Bengal Lancers...	13th Duke of Connaught's Lancers	20th Bengal Infantry...	20th Duke of Cambridge's Own Punjabis
14th Bengal Lancers...	14th Murray's Jat Lancers	21st Punjab Infantry...	21st Punjabis
15th Bengal Lancers...	15th Lancers, Curzon's Mooltanis	22nd Punjab Infantry...	22nd Punjabis
16th Bengal Lancers...	16th Cavalry	23rd Punjab Infantry...	23rd Sikh Punjabis
17th Bengal Lancers...	17th Cavalry	24th Punjab Infantry...	24th Punjabis
18th Bengal Lancers...	18th Tivana Lancers	25th Punjab Infantry...	25th Punjabis
19th Bengal Lancers...	19th Lancers (Pana's Horse)	26th Punjab Infantry...	26th Punjabis
1st Punjab Cavalry...	21st Prince Albert Victor's Own Cavalry (Frontier Force)	27th Punjab Infantry...	27th Punjabis
2nd Punjab Cavalry...	22nd Cavalry (Frontier Force)	28th Punjab Infantry...	28th Punjabis
3rd Punjab Cavalry...	23rd Cavalry (Frontier Force)	29th Punjab Infantry...	29th Punjabis
4th Punjab Cavalry...	24th Cavalry (Frontier Force)	30th Punjab Infantry...	30th Punjabis
1st Madras Lancers...	25th Light Cavalry	31st Punjab Infantry...	31st Punjabis
2nd Madras Lancers...	26th Light Cavalry	32nd Punjab Infantry...	32nd Sikh Punjabis
3rd Madras Lancers...	27th Light Cavalry	33rd Punjab Infantry...	33rd Punjabis
1st Bombay Lancers...	28th Light Cavalry	34th Punjab Pioneers...	34th Sikh Pioneers
2nd Bombay Lancers...	29th Light Cavalry	35th Punjab Infantry...	35th Sikhs
3rd Bombay Light Cavalry...	30th Duke of Connaught's Own Lancers	36th Punjab Infantry...	36th Sikhs
4th Bombay Cavalry...	31st Lancers	37th Punjab Infantry...	37th Dogras
5th Bombay Cavalry...	32nd Queen's Own Light Cavalry	38th Punjab Infantry...	38th Dogras
6th Bombay Cavalry...	33rd Prince Albert Victor's Own Poona Horse	1st Batt. 39th Garhwal Rifles...	1st Batt. 39th Garhwal Rifles
7th Bombay Cavalry...	34th Sinah Horse	2nd Batt. 39th Garhwal Rifles...	2nd Batt. 39th Garhwal Rifles
1st Lancers, Haidarabad Contingent...	35th Jacob's Horse	3rd Batt. 39th Garhwal Rifles...	3rd Batt. 39th Garhwal Rifles
2nd Lancers, Haidarabad Contingent...	36th Baluch Horse	40th Punjab Infantry...	40th Pathans
3rd Lancers, Haidarabad Contingent...	20th Deccan Horse	41st Punjab Infantry...	41st Dogras
4th Lancers, Haidarabad Contingent...	21st Lancers (Deccan Horse)	42nd Punjab Infantry...	42nd Sikh Punjabis
1st Central India Horse...	22nd Lancers (Gordon's Horse)	43rd Punjab Infantry...	43rd Punjabis
2nd Central India Horse...	23rd Lancers	44th Punjab Infantry...	44th Sikhs
1st Bengal Infantry...	1st Brahmins	45th Punjab Infantry...	45th Pioneers
2nd Bengal Light Infantry...	2nd Queen's Own Rajput Light Infantry	46th Punjab Infantry...	46th Pioneers
3rd Bengal Infantry...	3rd Brahmins	47th Punjab Infantry...	47th Sikhs
4th Bengal Infantry...	4th Prince Albert Victor's Rajputs	48th Punjab Pioneers...	48th Pioneers
5th Bengal Light Infantry...	5th Light Infantry	49th Gurkha Rifles...	49th Gurkhas
6th Bengal Light Infantry...	6th Jat Light Infantry	50th Gurkha Rifles...	50th Gurkhas
7th Bengal Infantry...	7th Duke of Connaught's Own Rajputs	51st Sikh Infantry...	51st Sikhs (Frontier Force)
		52nd Sikh Infantry...	52nd Sikhs (Frontier Force)
		53rd Sikh Infantry...	53rd Sikhs (Frontier Force)
		54th Sikh Infantry...	54th Sikhs (Frontier Force)
		55th Sikh Infantry...	55th Sikhs (Frontier Force)
		56th Sikh Infantry...	56th Sikhs (Frontier Force)
		57th Sikh Infantry...	57th Sikhs (Frontier Force)
		58th Sikh Infantry...	58th Sikhs (Frontier Force)
		59th Sikh Infantry...	59th Sikhs (Frontier Force)
		60th Sikh Infantry...	60th Sikhs (Frontier Force)
		61st Sikh Infantry...	61st Sikhs (Frontier Force)
		62nd Sikh Infantry...	62nd Sikhs (Frontier Force)
		63rd Sikh Infantry...	63rd Sikhs (Frontier Force)
		64th Sikh Infantry...	64th Sikhs (Frontier Force)
		65th Sikh Infantry...	65th Sikhs (Frontier Force)
		66th Sikh Infantry...	66th Sikhs (Frontier Force)
		67th Sikh Infantry...	67th Sikhs (Frontier Force)
		68th Sikh Infantry...	68th Sikhs (Frontier Force)
		69th Sikh Infantry...	69th Sikhs (Frontier Force)
		70th Sikh Infantry...	70th Sikhs (Frontier Force)
		71st Sikh Infantry...	71st Sikhs (Frontier Force)
		72nd Sikh Infantry...	72nd Sikhs (Frontier Force)
		73rd Sikh Infantry...	73rd Sikhs (Frontier Force)
		74th Sikh Infantry...	74th Sikhs (Frontier Force)
		75th Sikh Infantry...	75th Sikhs (Frontier Force)
		76th Sikh Infantry...	76th Sikhs (Frontier Force)
		77th Sikh Infantry...	77th Sikhs (Frontier Force)
		78th Sikh Infantry...	78th Sikhs (Frontier Force)
		79th Sikh Infantry...	79th Sikhs (Frontier Force)
		80th Sikh Infantry...	80th Sikhs (Frontier Force)

King's Regulations. (See A.O.s 170 and 178.) Instructions, &c.—Officers' Expenses.

Extravagance amongst officers, individually and collectively, has long been forbidden by regulations. In view, however, of the financial concessions which have recently been made for the purpose of diminishing officers' expenses, it is the duty of commanding officers to see that officers derive full benefit from these advantages.

If officers are extravagant in their mode of living, it is the duty of a commanding officer to see that they are not; and General Officer careful periodical inspection conducted that it is possible to live in the Service.

Should any commandant their true spirit and late Service on a subject so material and prospects of the young Chief will seriously consider him in his command.—A.O.

* Issued as a Special A.O.

Oct.

THE MORTALITY IMPERIAL FORCE IN 1901

The exhaustive paper on the subject of Mortality by Messrs. Rusher, F.I.A., has now been very important contribution of fatal wounds and fatal accidents.

Method. For the purposes of the divided into three classes, officers being distinguished from other ranks and men: (a) Imperial Yeomanry, and raised in South Africa. It experience of British volun- to be impossible, as in most particular regiments. The regulars was very small. The ratio was 1 officer to 30, 1 officer to 20.6 men.

The laborious nature of the gathered from the fact each of the 21,945 deaths include all deaths on the 1 quently occurring from various sources a degree of have been impracticable if official returns without anal-

Death-rates.

The main statistical result in diagrams, which enable Thus, the first diagram throughout the campaign t ably higher death-rate than men. In the second diagram further. The death-rates in are found to vary in opposi officers invariably experience throughout the entire per siderably higher, than the on the other hand, the d almost invariably higher an and men than amongst the important facts were proba officers were marked men, to risks which they would that in sickness they prob stamina and were possibly of the rank and file.

Death-rate.

Turning next to the tl already named, the third Rusher's paper shows the risk the Imperial Yeoman the casualty lists, and " held that place as an eny owing to the fact that the were most in demand in regulars were very high the greater part of the yeomanry, more than the the war less than either, chiefly employed in hold garrisoning block-houses.

Death-rate.

Taking next the separat first stage of the war th than either of the other t ceding statement as to the wounds in the two other in and depressions correspon of the British Army.

Death-rate.

In the death-rates from effect of summer in incre the curves. So also is the effect of the privations at Ladysmith and of the conditions resulting from Paardeberg and the subsequent stay at Bloemfontein. The relatively low death-rate amongst the colonials stands out prominently. How much of this is due to acclimatization and how much to more intelligent precautions on their part cannot be stated.

Total Death-rates.

We come next to the total experience during the war, and here comparison can be made with other campaigns. Messrs. Smee and Ackland arrived at the conclusion, based on campaigns extending over nearly one hundred years, that the average death-rate of the army in the field is about 50 per 1,000 per annum; they also specially note that the death-rate in the American civil war was 70 per 1,000. The death-rate per annum in the recent war, for all the forces engaged, in-

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INTRODUCTORY ADDRESSES.

[Oct. 3, 1903.]

Mr. Adair as Surgeon-General and Inspector-General of regimental infirmaries. Later, a Physician-General was appointed, and the Inspector-General of Regimental Infirmaries made a separate office. There was thus established a dual system and a dual control; the Hospital Board under the Surgeon-General being responsible for the appointment of staff surgeons and physicians and hospital mates to the army, and also for the proper equipment and maintenance of what were known as general hospitals; while to a certain extent, independent of this control, was the system of regimental surgeons and regimental hospitals. That this gave rise to acrimonious disputes, chiefly as to the bestowal of patronage, one has only to read the correspondence of the time to ascertain. By a Royal Warrant dated 1908 the Surgeon-General's duties were extended, and comprised the election of all staff surgeons, regimental surgeons, and assistants, and the formation of the medical staff of every expedition which left the country. At the same time the Board was dissolved and the three officers comprising it acted separately, each having distinct duties and patronage assigned to him, and each being held responsible for his own acts.

Mr. Thomas Keates, a surgeon at St. George's, succeeded John Hunter as Surgeon-General, and his conduct during his tenure of office was somewhat severely animadverted upon by a Commission of Military Inquiry, held in 1897. This inquiry, and the really very able defence of Mr. Keates, published under the title of "Observations on the Fifth Report of the Commissioners of Military Inquiry," 1899, is a most valuable source of information to any one who is interested in the military medical history of this period. A most interesting personage, whose existence is brought into considerable prominence by this Commission, is a gentleman styled the Apothecary-General, who, though not a medical man, held a Royal Patent to supply the army with drugs and instruments. His emoluments were 10s. a day, and he also claimed the right to make a legitimate profit on the goods supplied.

The Commission estimated this profit at something between 30 to 40 per cent. on the capital invested, but the Apothecary-General's estimate was the most modest one of 15 or 14 per cent.; in either case, when we consider that his bills amounted to between £60,000 and £70,000 per year, the office certainly appears to have possessed very solid advantages.

In 1810, probably as the result of the findings of this Commission, the posts of surgeon and physician-general were abolished, and a director-general of hospitals appointed, with two principal inspectors of hospitals to assist him, and with a few unimportant changes this arrangement lasted until the time of the Crimea.

It will thus be seen that in the earlier history of the Army Medical Service the highest administrative posts were given to civilians, and that the regimental surgeons' chances of promotion were few and precarious. Sweeping changes were made in 1858 as a result of a Commission, of which Mr. Sidney Herbert, afterwards Secretary of State for War, was a member. With the more recent changes, again the result of a Royal Commission's report, you are probably all familiar.

The status and pay of the R.A.M.C. officer have been improved, opportunities for study leave are to be granted, and, what is of even greater importance, in the earlier stages of their career officers may be seconded to hold posts in civil hospitals. It is to advances in this direction that we must look in the future for improvement in the Army Medical Service; and it will be by these means that the civil and military branches of our profession will be brought into closer union. But the establishment is still too small, even in peace; and in war I am told it would require the addition of about 200 medical officers before three army corps could take the field with their proper medical personnel. It is obvious that no Chancellor of the Exchequer would ever agree to such an increase, except in a national emergency; nor is there necessity for such an establishment except to meet the requirements of a great campaign.

The true lesson of the war, in our opinion, is that no military system will be satisfactory which does not contain powers of expansion outside the limit of the regular forces of the Crown, whatever that limit may be.

These words of the Commissioners, intended to cover the whole military system, apply with peculiar force to its medical service. Unlike any other branch of the service, the medical department possesses a reserve for war, of personnel.

Report of Royal Commission on War in South Africa, 1903, p. 83.

already trained in every professional requirement. There was, I believe, never any real difficulty in obtaining civil medical aid during the late war; 1,065 civilian surgeons were sent out by the War Office, and this does not include numbers locally engaged in South Africa, nor the staffs of the various civil hospitals and the excellent medical units sent with the Colonial contingents, constituting a reserve considerably in excess of the regular medical service, and though, as a rule, thoroughly efficient in the professional part of their work, still untrained as regards that amount of administrative knowledge which is bound to fall to the lot of a medical officer with an army in the field. The result was that, in a great number of instances, there was a division of labour, the purely professional work falling to the civilian, while on the regular officer devolved the drudgery of administration. In the future I understand that much of the administrative detail will be rendered less cumbersome; and more, I trust, will be handed over to some other than a R.A.M.C. officer; but of what is left, though of necessity in the higher ranks, it must remain with the regular officer, in the lower it should, I think, be more evenly distributed between the active and reserve members of the service. This should be done, if for no other reason, in order to obviate the comparisons between members of the same profession that were freely made by laymen in South Africa.

The feature of the late war was improvisation. We have it—on the authority of the Commission—that this ailment affected the strategy, the organization, and the equipment, throughout the whole service; while it was obvious to every one interested that this was the main obstacle to perfect success of what I may term the mobilization of the Medical Reserves. Almost any system of organization, had it existed in 1899, would have produced a body of civilians, selected with more judgement than could possibly be exercised in the wild rush that took place at the commencement of the campaign. Almost any system would have secured men who would have been, to a certain extent, cognizant of what was required of them, beyond their purely technical work, and who, in many cases possibly, would have known something of those with whom they were destined to serve; with the result, that a less number would have been required, and so considerable expense saved the State; while the work of the remainder would have been more even, more effective, and would have been performed more in harmony with the traditions of their colleagues in the regular service. It thus becomes almost a duty of any one, who, by some chance, has had opportunities of studying this matter, to assist in formulating a scheme that would tend to prevent the recurrence of the unpreparedness that existed in 1899. This must be my excuse for bringing the matter before you this afternoon. In the search for such a scheme of organization, one naturally turns to the custom of other nations. There is a prevailing belief that every able-bodied German has in his possession a card, on which are inscribed his exact orders with regard to rendezvous and equipment, in the event of mobilization. Whether this be so or not, the initial difficulty in comparing the military institutions of Continental nations with those of England is the system of universal service. On the Continent there is not that distinction between the military and civilian branches of the profession which exists here. Practically every civilian doctor has once been in the army and would merely revert to his former position in the event of war; while, in times of peace, both work side by side in the large State hospitals. In Russia a large part of the civilian practice is in the hands of the military doctors, and their military hospitals would appear to play almost the same rôle that our large voluntary hospitals do in this country.

Any proposed scheme, therefore, must be elaborated with special reference to the peculiarities of our voluntary system of military service, and must also keep in view the fact that the civilian in England is absolutely unacquainted with military organization, and even the minimal amount of administrative detail that is essential in the daily routine of military life. There are, I think, certain main principles which should be observed in formulating any scheme.

First, that any organization of the civil medical profession for war must have as its framework the R.A.M.C. If the simile did not lend itself to misinterpretation, I would like to suggest that the civilians should form the soft parts of a body, of which the R.A.M.C. would be the skeleton. It has been suggested that the various medical schools should each organize a medical unit ready to take the field; but I feel convinced that military units, organized and administered by civilians entirely, are neither economical nor really effective;

and, without in any way wishing to depreciate the work done by the civilian hospitals in South Africa, I cannot but think that in future, the care of the sick and wounded would be more economically provided for by one really effective administration than by the irregular efforts of private enterprise, however well intentioned; and I would suggest, though it is possibly outside the scope of my subject, that the efforts of the charitable should be rather directed towards the provision of such luxuries and comforts or aids to convalescence as a State service could scarcely be expected to provide. In this we could not do better than borrow the German plan of appointing a Commissioner, whose duty it would be to organize such efforts in order to prevent waste and overlapping.

The second principle is that any civilian absorbed into the R.A.M.C. for the purposes of a war should be as far as possible indistinguishable from the regular members of the corps. This is not the time to discuss the question of army rank for medical men. We must accept the system as we find it; and, since the R.A.M.C. officer has rank, so must the reservist, if we wish to avoid some of the anomalies of the late campaign.

Thirdly, in a profession such as ours, in which the environment of the individual—especially of the young individual—is constantly changing, we ought not to extend the period of liability for service for longer than a year at a time. This principle of an annual register I consider very important.

Fourthly, there must be some graduation of the civilians selected. In the late war there were only two grades—consultants and civil surgeons, as they were called. There were nine of the former, and, as I have said, over 1,000 of the latter. In the last class were all degrees of excellence and the reverse—the brilliant student and, possibly from the same school, his friend the chronic; the youth just qualified, and men, some of whom had ten to fifteen years of experience behind them. All were equal, all were asked to perform similar tasks; and there was seldom any selection exercised of men for work for which they appeared especially adapted. It is wonderful that such a want of system should have obtained even a semblance of success. This graduation should, I think, be based as far as possible on professional standing and attainments.

Lastly, it is important that each Medical Reserve officer, as we may call him, should know, within reasonable limits, the unit to which he would be attached on mobilization. He would then have some idea of the circumstances under which he would serve; and in many cases, as I shall show later, he would have had some opportunity of forming the acquaintance of those with whom, in the event of a campaign, he would be associated. The system of army corps lends itself particularly well to this arrangement, and there seems no reason why each reserve officer should not be attached to a certain army corps, and in many cases to a particular unit, and not be merely one of a list of names at the War Office for general service. These, then, are the main principles:

1. Organization with the R.A.M.C. as a framework.
2. For the Medical Reserve officer temporary rank equivalent to that of the regular R.A.M.C. officer.
3. An annual register.
4. Graduation according to professional standing.
5. Appointment to definite army corps, and if possible to units.

Three grades of professional standing suggest themselves:

A.—The class to which the civil surgeons in the late war mainly belonged—that is to say, men within the first two or three years of their qualification. In this case preference, as far as possible, would be given to those who had held resident appointments in any hospital; and of these between 300 and 400 would be required for three army corps, though the actual number called out in any campaign would naturally depend on its nature and duration.

B.—Members of the junior honorary staff, either medical or surgical, of the metropolitan and provincial hospitals. Certainly in another war we should have to realize the importance of the trained physician. In South Africa we had far too few; but in the stationary and base hospitals a few more men of the class to which the assistant physicians of our London and provincial hospitals belong would have been of the greatest value. With regard to his colleague, the assistant surgeon, his place would be in what in foreign armies are termed the field ambulances. In these days of specialism, however much we may regret the fact, it would appear difficult for a man to become a skilled operator unless he has devoted a considerable proportion of his time to the practice

for what we can obtain, for very little more when the occasion arises, with always the possibility that such an occasion may never arise?" This has ever been the attitude of Englishmen; and, that it has been a false economy, one has only to read the reports of Royal Commissions from their earliest inception to learn.

[Dr. Warren Low concluded his address with some appropriate advice to the students.]

Class B.

Class C. would consist of a few of the heads of the profession, both medical and surgical, and with them I would include at least one eminent pathologist. These gentlemen would be attached to the large base hospitals, as presenting to them the greatest spheres of usefulness, and they would also be present for general advisory purposes.

The experience of the South African war has taught us that there is little difficulty in procuring men during a campaign, and I think, therefore, that a comparatively small inducement would keep the register of each class full during times of peace; while the justification of the extra expenditure involved would be the enormous saving of money effected by instituting an organized plan for a hasty improvisation at the outset of the war. Bearing this in mind, I would suggest the following details:

Class A.—During their year of service in the Medical Reserve the members of this class would undergo a month's training, if possible, in the field. For this they would receive £1 per day. In the event of mobilization each would be attached to a unit in a certain army corps, with the pay, allowances, and temporary rank of a lieutenant R.A.M.C. In the event of their re-enlisting for a third period of service, they would, on mobilization, receive the pay and rank of a captain R.A.M.C. I do not think that we could expect to keep this class on the register for more than four or five years from qualification, as they would then have settled down into practices which it would be difficult for them to leave.

example, the discovery of the wounded and their removal down the steep, rocky descent was a specially difficult and tedious matter. Yet by 11 o'clock on the morning after the fight 21 officers and 326 men had passed through the field hospitals of the 5th Brigade and were on their way to the rear, while the hospital itself had been got ready for the next march. The frequency with which wounds healed under the first bandages put on on the field of battle gave proof of the efficiency of the first aid. Dr. Herz bestows nothing but praise on the base hospitals, and the hospital trains and ships. The operating rooms were lighted by electricity and well supplied with instruments, sterilizing apparatus, and Roentgen ray apparatus. The isolation of typhoid cases was absolute. The only unfriendly critics of the hospitals, according to the author, were English society ladies who had been rejected as nurses and came home to start a newspaper campaign against military doctors and hospitals. The third section deals with the wounds inflicted, their treatment and progress. The proportion of killed to wounded on the field of battle did not differ materially from that obtaining in other wars of the last century. But the number of deaths in hospital from wounds was relatively less. Thus, taking a similar number of cases in both instances, 14 per cent. of wounded in hospital died during the Crimean war, as compared with 5 per cent. in the Boer war. He calculates that if those dying from septicæmia, pyæmia, and tetanus be excluded, the mortality in the Crimean war is reduced to 6 per cent. He thinks that while the antiseptic treatment of wounds is largely responsible for the lessened mortality, several other important factors must be remembered. Thus, the dry, hot air of the veld quickly dried up the blood oozing from a wound, and a protective covering was formed under which the wound in many cases healed by first intention. The Mauser bullet was aseptic, and, where khaki uniform was worn, seldom carried fragments of clothing into the wound. To these causes he would add the promptitude and care with which the first aid was administered. Dealing with wounds of the different regions more in detail, he finds that the results reported in the wounds of the abdomen and joints were surprisingly good. He thinks the favourable course run by abdominal wounds where no operation was performed was in some cases due to the fact that the gut slipped away and was not perforated by the bullet. Where this explanation cannot apply he mentions the suggestion of Major Dick, R.A.M.C., that recovery was due to the fact that the wounds in the gut were small, and the shock not great enough to paralyse the gut, but only to cause contraction of its muscle with a consequent further diminution in the size of the wound. Further, Dr. Herz thinks it probable that in such cases there was no food in the intestine at the time the injury was sustained. As regards injuries to joints Dr. Herz points out that according to Lonsdale no case was recorded during the Crimean war in which a patient retained both life and limb after a shot injury of the knee-joint. In the Boer war, however, few deaths followed this injury and there was in many cases full recovery of the mobility of the joint. In cases of fracture of bones primary amputation was seldom performed, even complicated fractures of the femur recovering without operation. The small outlet openings of the Mauser bullets gave no clue to the presence or absence of a fracture, but the Roentgen rays proved most useful in determining the exact nature of the injury to bone. Little external primary hæmorrhage followed Mauser bullet wounds, but where the larger arteries were involved aneurysms often resulted and operations were performed on aneurysms of the profunda femoris, the common carotid, the popliteal and subclavian arteries amongst others. It was found that long journeys by ambulance wagon had a bad effect on the wounded. Fractures of the femur, for instance, almost always took an unfavourable course if a wagon journey had to be undertaken during the first few days after the injury, but this risk was avoided if treatment in a stationary hospital could be given for the first five days. Journeys in hospital trains had no such bad effect. In the section on diseases the author praises most highly the devotion and energy of the medical officers in the actual treatment of cases, but he laments the lack of adequate preventive measures so often noticed during the war. He points out, however, that although the medical officers were blamed for defective sanitary regulations, the commanding officers alone had power to enforce them. Every natural aid to the spread of typhoid was present. Good drinking water was almost unobtainable, and flies and dust, which have been conclusively shown in this war and in the Spanish-American war to spread the disease, penetrated everywhere. It was impossible for the medical officers to combat successfully the carelessness of the soldiers themselves in the matter of drinking water. At Paardeburg, while attempts were being made to supply good drinking water, the men filled their flasks every day at the river in which corpses of men and animals were floating. The difficulty in dealing with the resulting outbreak of typhoid at Bloemfontein was very great. Three hospitals were lying blocked on the railway, while shelter for the sick could scarcely be found in the town. Some idea of the work falling upon the medical officers and nurses may be gained from the report of the commander of General Hospital No. 8, who says that between 7 and 10 o'clock one evening 373 sick and wounded arrived for treatment in the hospital. Many medical officers fell victims to the disease during this outbreak. A favourable report is given of the results of inoculation with Wright's serum, especially where the operation was twice performed and where fresh serum was used. At Ladysmith 24.1 per cent. of those not inoculated were attacked by typhoid fever as compared with only 3.5 per cent. of the inoculated, and the disease commonly ran a milder course in the latter. Dr. Herz does not seriously attempt to decide upon whom rests the main responsibility for the outbreaks of disease during the war. He points out, however, that many lives might have been saved if the Government had accepted Sir Walter Foster's suggestion that a small commission of experts should be sent out at the beginning of the war to advise on sanitary matters. The pamphlet is of value as being a careful history of the facts of the war as understood by a fair-minded critic from outside.

THE SICK AND WOUNDED IN WAR.

SIR.—Permit me to draw the attention of your readers to the following:

The Central British Red Cross Committee has been charged with the duty of making known to the British public the existence of a fund instituted by H.I.M. the Dowager Empress Marie Féodorovna of Russia for encouraging inventors and others to devise improvements in the means of dealing with wounded and sick in the field.

The announcement of the foundation of this fund was made at the seventh International Conference of Red Cross Societies held at St. Petersburg in May, 1902. The money set apart for the above object, and which is called the Empress Marie Féodorovna International Red Cross Fund, consists of a sum of 100,000 roubles (about £11,000) graciously presented by Her Majesty, the interest of which is to be expended every fifth year in prizes to be awarded at each successive International Red Cross Conference.

The prizes at the first competition which will take place in 1907 (country to be hereafter named), will be three in number. They will be awarded to competitors who submit, in whole or in part, the best solution of problems connected with rendering aid to the wounded, whether on land or sea, and in the following directions:

The surest and quickest means of searching for and removing the wounded from the field of battle; the best type stretchers or vehicles for moving the wounded to the dressing stations with the greatest rapidity and with the least degree of suffering; the means of saving lives at sea; the best installations in movable hospitals, wagons, ships, etc., for the final evacuation of wounded and sick.

The competition is an open one, and intending competitors are informed that they will have to send their inventions to the exhibition of ambulance material which is proposed shall be held quinquennially in connexion with the International Conference of Red Cross Societies. Further details can be obtained on application to the Honorary Secretary, Central British Red Cross Committee, 68, Victoria Street, London, S.W.—I am, etc.,

KNUTSFORD,
Chairman.

London, S.W., Oct. 1911.

THE MEDICAL ARRANGEMENTS IN THE SOUTH AFRICAN WAR.

SIR.—I learn from several of my friends amongst the officers of the Royal Army Medical Corps that certain items in my answers before the War Commission (recently reprinted in your pages without the questions which led up to them) have given

rise to irritation amongst the officers of the Corps. And I am bound to say that, on re-perusing my evidence, I do feel that my opinions were expressed without that degree of qualification which was desirable, and, indeed, requisite, if they were not to convey to the ordinary reader an erroneous impression of my judgement as to the Officers of the R.A.M.C. generally.

May I plead that any one judging my evidence from this point of view will not omit to note my answers No. 11,905, 6 and 7, and my statement there that "any deprecatory remarks I have made are not intended to apply universally"? It has been my pleasure and privilege to know many Medical Officers in the army of the highest professional attainments, and others I have met whose ignorance and incapacity would justify the strongest animadversion. I regret that in my evidence I should have made it possible for anybody to think that I intended to confound the two classes in indiscriminate condemnation, and I regret particularly that my reply to 11,899 is worded in such a way that, if taken without the context (that is, the preceding 11,866, 7 and 8, and the following 11,890 answers), it reads as if I considered the individual R.A.M.C. Officer ignorant of the clinical treatment of a soldier suffering from enteric. What I meant to convey was that those in authority did not seem to know how to provide for the adequate management of enteric as an epidemic disease. I submit it is clear that throughout my interview with the Commissioners I had in my mind rather the want of initiative and administrative capacity in the higher medical quarters than the criticism of the general body of Officers. Those who know me are aware that I have always held that the Army Medical Officers acquitted themselves, as a corps, second to none engaged in South Africa, and this in spite, as I have publicly urged, of the fact that the strain to which the corps is subjected in war is greater and more continuous than any other arm of the service is called upon to endure.—I am, etc.,

ALFRED D. FRIPP.

London, W., Nov. 1911.

* * The following is the full text, extracted from the official Minutes of Evidence, vol. 1, of the questions and answers to which Sir Alfred Fripp refers:

11,866 (By the Chairman). You received every encouragement, did you not, from the Army authorities when you volunteered to go out in the first instance?—Yes, every encouragement.

11,867. And most of the eminent surgeons, from Sir William MacCormac downwards, all received encouragement?—Yes.

11,868. But how about physicians? Do you know whether many physicians volunteered to go out?—I do not know whether they actually volunteered, but they would have been delighted to go if they had been asked.

11,869. Were they encouraged to go?—Certainly not in the early days. I cannot speak of what happened after the time I left England. All I can say is that I was looked upon as a crank for taking a physician out with me. One comment that I remember was: "Take as many surgeons as you like, but, my dear fellow, the one thing that our officers do understand is the treatment of enteric." Well, they do not; at least, they did not. They do now that they have had an enormous experience, but they did not understand how even to write its name down in the slightest cases, because they called it "simple continued fever," unless it had very marked symptoms; and they allowed that man with simple continued fever to go about and infect other people, and the other people so infected may have the most acute enteric.

11,870. And that was during the earliest stages of the war?—Yes; they threw cold water on physicians, but they allowed me to take one. Dr. Washbourne came with me, and was of the greatest use. He was afterwards appointed consulting physician to the forces by Lord Kitchener, and I am sorry to say he has since died. Another thing, they did not understand among modern methods was the enormous practical advantage of having steam disinfectors at each large hospital. An especially if he has soiled it with the discharges from either end of the alimentary canal, is most highly infective, and will give the disease to the next patient who uses it, unless it is previously disinfected. The modern and most simple method of disinfecting it is by means of the

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KNUTSFORD,
Chairman.

London, S.W., Oct. 31st.

Nov. 14, 1903.

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London, W., Nov. 10th.

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11,870 And that was during the earliest stages of the war?—Yes; they three cold water on physicians, but they allowed me to take one, Kitchener, and I am sorry to say he has since died. Another thing they did not understand among modern methods was the enormous practical advantage of having steam disinfectors at each large hospital. An enteric sheet or blanket, or anything used by an enteric patient, especially if he has soiled it with the discharges from either end of the alimentary canal, is most highly infective, and will give the disease to the next patient who uses it, unless it is previously disinfected. The modern and most simple method of disinfecting it is by means of the

11,905. I know myself that there were two men—the one I have already spoken of and another—who kept up their reading all their lives.—Yes, and I know one officer of the corps who has recently got a Fellowship of the Royal Society for original research.
11,906 [Sir Frederick Darley.] A certain percentage love their profession?—Undoubtedly, a very large percentage love it.

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11,907 [Sir Frederick Darley]. A certain percentage love their profession?—Undoubtedly, a very large percentage love it.

I am
that

steam sterilizer. I took one out, and was roared at for taking it, but very soon they sent them out to as many of the hospitals as they could get them to. Similarly, all the excreta from typhoid patients ought to be destroyed in some way. At first they did not make any systematic efforts to destroy them, and that is the chief reason why the disease spread so rapidly and so widely.

[By Sir John Edge]. I suppose there are many men in the Royal Army Medical Corps who keep up their reading?—Yes, certainly. Any deprecatory remarks that I have made were not intended to apply universally.

Nov. 21, 1903.

THE MEDICAL ARRANGEMENTS IN THE SOUTH AFRICAN WAR.

SIR.—If we examine the evidence given before the Royal Commission by Sir Alfred D. Frigg, placing ourselves for a moment in the position of the outside public, I think it will be easy to show that the only possible conclusion is one derogatory to the medical profession as a whole, supposing the statements made by him to be correct.

The first thing to be noticed in this evidence is the "black and white" style adopted, which is scarcely compatible with historical accuracy. Taking the specific statements, we find "that all the senior medical officers of the R.A.M.C., from the Surgeon-General downwards, suffered from shakiness at the knees, and were afraid to ask for anything." Now, we can only judge our fellow-creatures by ordinary human standards, and the question naturally suggests itself: "Did the combatant officers, from the Commander-in-Chief downwards, suffer from any similar phenomenon?" If so, then we can see nothing but the operation of some law of nature and the R.A.M.C. must be absolved. If not, the want of morale shown by the officers of the R.A.M.C. must either be a characteristic of the medical profession as a body, or of the very lowest representatives of it, who had somehow managed to get into the army. To clear up this point, we turn to the evidence given by other distinguished civil surgeons, and find the opinion expressed that the officers of the R.A.M.C. were distinctly above the average of the profession in education and intelligence, and we further find it stated by Sir A. Frigg himself that the class of men whom he now represents as of a superior order were formerly deterred from competing because of the danger of finding themselves below those that were able to display an elementary knowledge of modern languages or natural science.

This brings us to the next interesting point in the evidence. We know that outside the medical profession it is the busiest man as a rule that can spare most time for general intellectual culture, while the lazy and ignorant find the little that they must do quite sufficient for them. It seems to us, therefore, that the statement made by Sir Alfred that a good medical man cannot spare time to learn even one modern language, apart from the curious psychological theory of memory implied, is not complimentary to the general intelligence of the profession. Finally, it appears from the fact that several candidates have been recently prevented from competing for the R.A.M.C. owing to their extreme illiteracy and generally unorthodox manner, that the standard for admission to the medical profession must be very low indeed. As the respectability of the R.A.M.C. must depend to a great extent on the standard of general education possessed by their colleagues in civil life, it is evident that Sir Alfred Frigg's method of exalting his new protégés is not likely to prove an unalloyed blessing to them.

However, a corps that could survive such a torrent of fatuity and abuse as was poured upon it during the war may be trusted to follow the natural course of evolution, even when those that would criticize it from the summit of a lofty peak, where ordinary mortals here below can only be dimly discernible, have passed a little further away, beyond the range of terrestrial vision.—I am, etc.,

M. KELLY.

Major R.A.M.C. (retired).

Eding, W., Nov. 17th.

If some one with leisure to explore the by-ways of the history of science would compile a sympathetic account of those women who have been content to give the work of brain and hands with the sole desire to help on the scientific investigations of husband, brother, or father, he might make a very interesting book. If it is ever written, not one of the least striking chapters will describe the share of Mrs. Bruce in the work which Lieutenant-Colonel David Bruce has done to elucidate the part played by the trypanosomes in the production of disease in animals and man. In his concluding report on nagana, Colonel Bruce writes: "My wife also has my best thanks. In her capacity of sole laboratory assistant she worked throughout the inquiry." Mrs. Bruce again accompanied her husband to Uganda to study sleeping sickness, and again gave invaluable assistance in the laboratory work, which has resulted in the important report analysed elsewhere.

Dec. 5, 1903.

THE MEDICAL ARRANGEMENTS IN THE SOUTH AFRICAN WAR.

SIR.—I have read with somewhat mixed feelings the evidence of Professor Ogston and Sir Alfred Frigg on the medical arrangements in the South African war. With much I cordially agree, with much I do not, and I claim, with 24 years' experience, to know more of the internal economy of the R.A.M.C. than either of them. Neither of these gentlemen, nor the Advisory Board, nor anyone else, so far as I have heard, have struck the keynote, namely, the English and Indian Budgets. Increase the medical vote, make the medical department a spending department (which it is not at present), and in a few years, if I know anything of my "incompetent" brother officers, we shall see what we shall see. It may be news to some of our critics to know that in the face of the non *possessio* of no money, a general, "titled" or otherwise, is just as powerless, or shall we say "incompetent," as "the first two-page-Army-List" medical officer. Sir Alfred Frigg dimly sees this when he talks about £20,000 being granted next year. "Next year" is instructive. I think, and hope, we will get it, and we shall be largely indebted to our civil brethren for it. Unfettered by red tape, untrammelled by the restrictions of discipline, living outside of our environment, perchance it may haply prove that their's is not "a voice crying in the wilderness."

A little knowledge is a dangerous thing and I think it would have been more judicious if our civilian critics had confined themselves to strictly professional questions, on which they are eminently competent to speak, and left other matters severely alone. The doctor in the army is neither better nor worse than his civilian comrade. Both in equal proportion are good, bad, and indifferent. Sweeping condemnatory generalizations re want of professional pride, rank, skill, discouragement of enthusiastic juniors, etc., etc., are uncalled for, untrue, and somewhat discourteous. Better far to leave such matters to the good sense of the R.A.M.C. themselves.

I hail with unalloyed satisfaction the promise of reform which looms so brightly in the future; I afford the full measure of praise to those who have pressed and are pressing it forward; but, I would add, it is the fruition of what my brother officers have been struggling for ever since I entered the Service—honour to whom honour is due, and a goodly portion of it is theirs.

With all due deference to Sir Alfred Frigg, I must say that his picture of the "quaking" and "chattering-kneed" medical officer is fantastic. Somewhat mixed metaphor, too, is it not? "Chattering" knees are not a common physiological or pathological phenomenon. I have never quaked, nor chattered either; I never saw any cause to. My own experience of the service is that the vast majority of officers, medical and others, try strenuously to struggle towards efficiency against difficulties which only they can appreciate and understand. That we have advanced I know; that a psychological moment in that advance has arrived I hope. The efficiency of the service in all its branches is what we, as patriotic Englishmen, have earnestly at heart; and if the medical branch is one of the weakest links in the chain, as I believe it is, I am certain that no thinking, or even moderately intelligent, officer will not do his utmost to strengthen that link, irrespective of petty personal prejudices.—I am, etc.,

E. H. FORMAN, Lieutenant-Colonel R.A.M.C.

Bangalore, November 2nd.

EMENT

THE

CAL JOURNAL.

GENERAL COUNCIL

OF

MEDICAL EDUCATION AND REGISTRATION.

WINTER SESSION, 1903.

REPORTS OF PROCEEDINGS.

Tuesday, November 24th, 1903.

SIR WILLIAM TURNER, K.C.B., President, in the Chair.

REPRESENTATIVE OF THE ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

SIR JOHN WILLIAM MOORE was introduced to the Council by Dr. LITTLE, as successor to Dr. Atthill in the representation of the Royal College of Physicians of Ireland.

PRESIDENT'S ADDRESS.

The PRESIDENT delivered the address, which was published in full in the BRITISH MEDICAL JOURNAL of November 28th, page 1425, and a vote of thanks to him was adopted.

EXAMINATIONS FOR THE MEDICAL SERVICES.

The REGISTRAR brought up tables supplied by the Directors-General of the Medical Department of the Royal Navy and of the Army, and by the Under-Secretary of State for India, showing the results of recent examinations for the medical services, and a resolution thanking these officials, and requesting that the returns might in future continue to be furnished to the Council, was adopted. The following is an analysis of these tables:

TABLE I.—Showing the Extent of the Competition for each Service.

Services.	No. of Examinations.	No. of Vacancies.	No. of Candidates.	Amount of Competition.
Royal Naval Medical Service	1	11	48	3 candidates for every 2 posts
Indian Medical Service	1	15	41	" " " "
Royal Army Medical Corps	1	91	160	" " " "
Totals	3	117	209	

TABLE II.—Showing whence the Candidates Received their Qualifications.

Licensing Body.	Total Number of Candidates.	Proportion of Entire Candidates.
English Colleges and Universities.	104	46 per cent.
Scotch " " " "	60	" " " "
Irish " " " "	38	" " " "
Malta University	3	" " " "
Total	205	

A Side Light on Medical Education.—An analysis of the return forwarded to the Council in respect of the recent examinations held for admission to the Royal Navy Medical Service, the Royal Army Medical Corps, and the Indian Medical Service, which will be found at page cxvii of the SUPPLEMENT, is interesting. The return includes three competitions for the army and one for each of the other two services. It will be seen that 46 per cent. of all the candidates were from English schools of medicine, or rather, held English qualifications only, and that they carried off between them 63 per cent. of all the appointments. The extent of the existing competition for admission to each service is also shown. Thus, it will be seen that there were three candidates for every two vacancies in the Royal Navy, five for every two vacancies advertised in the Indian Medical Service, and nine for every five commissions in the Royal Army Medical Corps. It will be noted that the competition for the Indian Medical Service was still the most severe, though the examination was held in August before the new regulations were published. Another point of view from which the analysis is interesting is as follows: These examinations are practically the only post-graduate examinations which exist in the subjects covered by the ordinary medical curriculum, and their results, so far as they go, throw some light on the question of the efficiency of medical teaching. On the whole the result may be considered satisfactory, for it will be seen that, although only 54 per cent. of all candidates received appointments, the number of them who passed the qualifying standard was 85 per cent., or, in other words, only some 14 per cent. totally failed. Another interesting point is the comparison that is possible between the three countries. It will be observed that, candidate for candidate, England appears in a much more flattering light than either of her sisters; for five out of every nine of her candidates won appointments in competition, while twelve Scotch candidates were required to win the same number of posts, and Ireland required as many as fifteen. Amongst those who totally failed, the English candidates occupy an equally favourable place, for only 7 per cent. of them figure in this list, against twenty-one from Ireland and twenty-three from Scotland. In the list of those who qualified, while England again heads the list with 93 per cent. of her candidates, Ireland again beats Scotland by 81 per cent. to 75 per cent. It is to be noted, too, that although the list of the Scottish candidates won rather more appointments than the Irish, the difference in favour of Scotland is less than would appear at first sight from the analysis, for two of the winners with whom Scotland is credited held also the diploma of the Conjoint Board of England. A point of further interest is that the great majority of the English candidates held the diploma of the Conjoint Board of England alone, and that almost throughout the series the higher places were won by these diplomates. Seeing how high a proportion of the Irish and Scotch candidates held degrees, it looks as if a further analysis of the returns from this point of view might serve as a valuable test whereby to decide the vexed question of whether the English diploma is not entitled to consider himself at least as well trained a man as his Scotch or Irish confrère graced with a degree. But this is an analysis which we leave to those specially interested in the question.

Hospital Equipment Schedules.

The revised schedules of hospital equipment promulgated by A.O. 50 of 1903 will apply only to hospitals with 100 beds or more.

Hospitals with less than 100 beds should, for the present, be equipped in accordance with the schedules of hospital equipment referred to in A.O. 37 of 1903, but articles already issued to such hospitals under the most recent schedules should not be withdrawn, but treated as temporary issues in excess of schedule.—A.O. 187, November 1903.

4. Army Form approved:—

Army Form F 788, "Abstract of Personal Charges against Patients in Military Hospitals and Prisoners in Military Prisons."

A distribution has been made to all concerned.

5. The following Army Forms revised:—

Army Form B 2090, "Report of Death of a Soldier." A distribution has been made to all concerned. Former prints are obsolete and should be wasted.

Army Form K 1263, "Tender for Farms and Lands." Former prints are obsolete and should be wasted.

Mobilization Store Tables

Army Form G 1098—39, "Mobilization Store Table for Telegraph Section, Volunteers." Dated September, 1903.

Army Form G 1098—95, "Mobilization Store Table for Reservists, Army Pay Corps." Dated October, 1903.

Distribution has been made to all concerned.

6. Army Forms cancelled:—

Army Form B 250, "Establishment and Strength of Engineer Units at Submarine Mining Stations." Army Form C 337, "Annual Report on Administrative Medical Officers." Army Form C 338 will be used instead, the Report on Colonels, Royal Army Medical Corps, being made by General Officers Commanding.

Army Form E 640, "Recruiting Poster for Royal Army Medical Corps (Militia)."

Army Form I 1229, "Application for Extra Duty Pay, Hospital Subordinates not belonging to Royal Army Medical Corps."—A.O. 192, November 1903.

Stamp Duty.

10. Stamp duty shall not be chargeable on the commissions of officers appointed to Our Army after the 31st August, 1903. Arts. 196, 302, and 467 of the Pay Warrant shall accordingly be cancelled.

INDIAN MEDICAL SERVICE. REVISED RULES.

THE following appeared in the Gazette of December 4th 1903
EDWARD, R. and I.

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 the Warrants of Our late Royal Mother of 25th December, 1891, 2nd October, 1895, and so much of the Warrant of 25th August, 1898, as applies to Our Indian Medical Service be cancelled, and that from and after this date the following rules shall be established, and that by these rules Our Viceroy and Governor-General in Council shall be governed:

1. The substantive ranks of Medical Officers in Our Indian Military Forces shall be as follows: Surgeon-General (ranking as Major-General), Colonel, Lieutenant-Colonel, Major, Captain, Lieutenant.

2. Except as otherwise herein provided, a Lieutenant shall be promoted to the rank of Captain on completing three years' full-pay service.

3. Except as otherwise herein provided, a Captain shall be promoted to the rank of Major on completing twelve years' full-pay service.

4. Except as otherwise herein provided, a Major shall be promoted to the rank of Lieutenant-Colonel on completing twenty years' full-pay service.

5. Time on half-pay, not exceeding one year, shall be allowed to reckon as service for promotion under Articles 2, 3, and 4, where removal to half-pay has been the consequence of ill-health caused by Military Service.

6. A Captain, after at least six years' service, a Major or a Lieutenant-Colonel, may be promoted to the next higher rank by brevet for distinguished service in the field or for distinguished service of an exceptional nature other than in the field.

7. A certain number of Lieutenant-Colonels may be specially selected for increased pay for ability and merit.

8. Promotion from the rank of Lieutenant-Colonel with increased pay to that of Colonel, and from the rank of Colonel to that of Surgeon-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.

9. A Lieutenant-Colonel may also be promoted to the rank of Colonel and a Colonel to the rank of Surgeon-General for distinguished service in the field. In any such case the Officer shall remain supernumerary in the higher rank until the vacancy to which in the ordinary course he would have been promoted, or in the case of an Officer promoted to the rank of Colonel until selection for the rank of Surgeon-General.

10. On appointment as Our Honorary Physician or Surgeon under Article 23 of the Order below the rank of Colonel shall be promoted to that rank, remaining supernumerary of his rank until he would have attained the rank of Colonel in ordinary course.

11. Exchanges between Officers of Our Indian Medical Service and Officers of our Royal Army Medical Corps, below the rank of Major, and transfers of such Officers from either of the above Services to the other, shall be permitted subject to the approval of Our Secretary of State for War and of Our Secretary of State for India in Council and on the following conditions:

a. That the Officers shall have less than seven years' service.

b. That the senior Officer exchanging shall take the place of the junior on the Departmental List, and shall not be promoted under Article 3, 4, or 5, until the Officer next above him shall have been so promoted.

c. That the junior Officer exchanging shall be placed for seniority next below all Medical Officers whose commissions have the same date as his own.

d. That the Officer transferred shall be placed for seniority below all Medical Officers holding the same rank at the time of his transfer, and shall not be promoted under Article 3, 4, or 5 until the Officer next above him shall have been promoted.

12. 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-General...	...	60
Colonel...	...	55
Lieutenant-Colonel...	...	50
Major...	...	45

But a Lieutenant-Colonel, who has been specially selected for increased pay, if he attains the age of 55 years before he becomes entitled to the pension for thirty years' service, may be retained until completion of such service; and in any special case where it would appear to be for the good of Our Service that an Officer should be so continued in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

13. An Officer appointed on and after the 1st September, 1900, who may retire on pension before completing thirty years' service, shall be liable, till he completes 55 years of age, to be recalled to duty in case of emergency.

14. 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 Sandringham, this twenty-eighth November, one thousand nine hundred and three, in the third year of Our Reign.

By His Majesty's Command,
ST. JOHN BRODRICK.

Royal Army Medical Corps—Examination of Majors for Promotion.

For the year 1904 the special subjects for the examination of majors, Royal Army Medical Corps, for promotion to the rank of lieutenant-colonel, referred to in para. 5 (a), (b), and (c), App. F VIII. of the King's Regulations, will be—

Subject 5 (a).—Medical history of the more important campaigns.

(i.) Report on the Ashanti Expedition, 1895-96, contained in App. III. of Army Medical Department Report for 1895; and

(ii.) Report on Field Operations, West African Hinterland, contained, in App. V. of Army Medical Department Report for 1898.

Subject 5 (b).—A general knowledge of the Army Medical Services of other powers.

The Medical Organization of the German Army as described in the "Handbook of Medical Organization of Foreign Armies," and papers in the "Journal of the Royal Army Medical Corps," for December 1903, and January, 1904, on "The German Regulations for utilizing Voluntary Aid in War," by Lieut.-Colonel W. G. Macpherson, C.M.G., and on the "Medical arrangements for War in the German Army," by Colonel F. Howard;

or
"The Medical Organization of a Foreign Army," selected by the candidate, described within similar limits.

N.B.—Candidates will not be examined in Subject 5 (c).—The Laws and Customs of War.—A.O. 204, December 1903.

* The number of this appendix was altered from VIII. A by the amendment of the King's Regulations issued with Special A.O., dated 15th October, 1903. [A.O. 185 of 1903.]

steam steriliser. I took one out, and was roared at for taking it, but very soon they sent them out to as many of the hospitals as they could get them to. Similarly, all the excreta from typhoid patients ought to be destroyed in some way. At first they did not make any systematic efforts to destroy them, and that is the chief reason why the disease spread so rapidly and so widely.

11009 (By Sir John Edgar). I suppose there are many men in the Royal Army Medical Corps who keep up their reading?—Yes, certainly. Any deprecating remarks that I have made were not intended to apply universally.

Nov. 21, 1903.

THE MEDICAL ARRANGEMENTS IN THE SOUTH AFRICAN WAR.

SIR.—If we examine the evidence given before the Royal Commission by Sir Alfred D. Frigg, placing ourselves for a moment in the position of the outside public, I think it will be easy to show that the only possible conclusion is one derogatory to the medical profession as a whole, supposing the statements made by him to be correct.

The first thing to be noticed in this evidence is the "black and white" style adopted, which is scarcely compatible with historical accuracy. Taking the specific statements, we find that all the senior medical officers of the R.A.M.C., from the Surgeon-General downwards, suffered from shakiness at the knees, and were afraid to ask for anything. Now, we can only judge our fellow-creatures by ordinary human standards, and the question naturally suggests itself: "Did the combatant officers, from the Commander-in-Chief downwards, suffer from any similar phenomenon?" If so, then we can see nothing but the operation of some law of nature, and the R.A.M.C. must be absolved. If not, the want of morale shown by the officers of the R.A.M.C. must either be a characteristic of the medical profession as a body, or of the very lowest representatives of it, who had somehow managed to get into the army. To clear up this point, we turn to the evidence given by other distinguished civil surgeons, and find the opinion expressed that the officers of the R.A.M.C. were distinctly above the average of the profession in education and intelligence, and we further find it stated by Sir A. Frigg himself that the class of men whom he now represents as of a superior order were formerly deterred from competing because of the danger of finding themselves below those that were able to display an elementary knowledge of modern languages or natural science.

This brings us to the next interesting point in the evidence. We know that outside the medical profession it is the business of a rule that can spare most time for general intellectual culture, while the lazy and ignorant find the little that they must do quite sufficient for them. It seems to us, therefore, that the statement made by Sir Alfred that a good medical man cannot spare time to learn even one modern language, apart from the curious psychological theory of memory implied, is not complimentary to the general intelligence of the profession. Finally, it appears from the fact that several candidates have been recently prevented from competing for the R.A.M.C. owing to their extreme illiteracy, and generally uncouth manner, that the standard for admission to the medical profession must be very low indeed. As the respectability of the R.A.M.C. must depend to a great extent on the standard of general education possessed by their colleagues in civil life, it is evident that Sir Alfred Frigg's method of exalting his new protégés is not likely to prove an unmarked blessing to them.

However, a corps that could survive such a torrent of flattery and abuse as was poured upon it during the war may be trusted to follow the natural course of evolution, even when those that would criticize it from the summit of a lofty peak, where ordinary mortals here below can only be dimly discernible, have passed a little further away, beyond the range of terrestrial vision.—I am, etc.,

M. KELLY.

Major R.A.M.C. (retired).

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If some one with leisure to explore the by-ways of the history of science would compile a sympathetic account of those women who have been content to give the work of brain and hands with the sole desire to help on the scientific investigations of husband, brother, or father, he might make a very interesting book. If it is ever written, not one of the least striking chapters will describe the share of Mrs. Bruce in the work which Lieutenant-Colonel David Bruce has done to elucidate the part played by the trypanosomes in the production of disease in animals and man. In his concluding report on nagana, Colonel Bruce writes: "My wife also has my best thanks. In her capacity of sole laboratory assistant she worked throughout the inquiry." Mrs. Bruce again accompanied her husband to Uganda to study sleeping sickness, and again gave invaluable assistance in the laboratory work, which has resulted in the important report analysed elsewhere.

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R. H. FORMAN, Lieutenant-Colonel R.A.M.C.

Bangalore, November 2nd.

TABLE III.—Showing the Proportion of the Vacancies Filled by the Candidates of each Country.

Country.	Number of Successful Candidates.	Proportion of all Vacancies.
England	77	62 per cent.
Scotland	25	20
Ireland	19	15
Malta	1	1
Total	122	

TABLE IV.—Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.

Country.	No. of Candidates.	No. Suc. successful.	Proportion of Success to Candidates.
England	104	77	1 out of every 9 candidates.
Scotland	55	25	1 12 ..
Ireland	33	19	5 55 ..
Malta	3	1	1 33 ..
Totals	195	122	

TABLE V.—Showing the Qualifications Held by the Candidates.

English Candidates.	Scottish Candidates.	Irish Candidates.
Conjoint Colleges alone	Conjoint Colleges alone	Irish Colleges
Conjoint and English Degrees	Conjoint and English Degrees	Irish Degrees
Apothecaries' Society alone	Scottish Degrees alone	33
Apothecaries' Society and English Degrees	Scottish and English Diplomas	2
English Degrees alone	English Degrees alone	1
Total	Total	Total
104	60	38

TABLE VI.—Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Appointments.

Countries.	No. who Passed the Standard.	Proportion to the Total.
English candidates	97	93 per cent.
Scottish	45	75
Irish	47	85
Maltese	1	33
Total	190	Total percentage of men who qualified 84 per cent.

TABLE VII.—Showing the Men who Failed Totally among the Candidates of each Country.

Countries.	No. of Candidates.	Proportion who Failed Totally "Rejected."
English candidates	104	7 per cent.
Scottish	55	25
Irish	33	21
Maltese	3	33
Totals	195	Proportion of all rejected 14.7 per cent.

PROPOSED LEAVING SCHOOL EXAMINATION.
The following letter was directed to be entered upon the minutes:—

Board of Education, South Kensington,
London, S.W.,
October 27th, 1903.

Consultative Committee.

SIR.—I am directed to invite the General Council of Medical Education and Registration to send one or two representatives to a Conference with the Consultative Committee on Friday, December 4th. The Conference will be held at the Office of the Board of Education, South Kensington, at 10.15 a.m., and representatives of other medical

TABLE III.—*Showing the Proportion of the Vacancies Filled by the Candidates of each Country.*

Country.	Number of Successful Candidates.	Proportion of all Vacancies.
England	77	63 per cent.
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Total	122	

TABLE IV.—*Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.*

Country.	No. of Candidates.	No. Successful.	Proportion of Success to Candidates.
England	104	77	5 out of every 9 candidates.
Scotland	60	25	5 " " 12 "
Ireland	58	19	5 " " 15 "
Malta	3	1	— " " "
Totals	225	122	

TABLE V.—*Showing the Qualifications Held by the Candidates.*

English Candidates.		Scotch Candidates.		Irish Candidates.	
Conjoint Colleges alone	70	Conjoint Colleges alone	25	Irish Colleges	26
Conjoint and English Degrees	11	Scotch Degrees alone	33	Irish Degrees	32
Apothecaries' Society alone	8	Scotch and English Diplomas	2		
Apothecaries' Society and English Degrees	1				
English Degrees alone	14				
Total	104	Total	60	Total	58

TABLE VI.—*Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Appointments.*

Countries.	No. who Passed the Standard.	Proportion to the Total.
English candidates	97	93 per cent.
Scotch "	45	75 " "
Irish "	47	81 " "
Maltese "	3	— " "
Total	192	Total percentage of men who qualified 85 per cent.

TABLE VII.—*Showing the Men who Failed Totally among the Candidates of each Country.*

Countries.	No. of Candidates.	Proportion who Failed Totally "Rejected."
English candidates... ..	104	7 per cent.
Scotch "	60	23 " "
Irish "	58	21 " "
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Totals	225	Proportion of all rejected 14.7 per cent.

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PROMOTIONS AND APPOINTMENTS.

(FROM LAST NIGHT'S "LONDON GAZETTE.")
WAR OFFICE, Dec. 18, 1903.

BREVET.

Major A. H. Morris, D.S.O., the Royal Irish Regiment, to be Lieutenant Colonel, in recognition of his services during the operations in Ashanti, 1900.

The undermentioned Lieutenant Colonels to be Colonels—

David Bruce, F.R.S., M.B., Royal Army Medical Corps, in recognition of his services in investigating the cause of the "Sleeping Sickness" in Uganda, as well as in consideration of the distinction already attained by him in researches connected with Malta Fever and Typhoid Fever.

A. Mc Carthow-Keston, C.B., half-pay.

A. Wilson, C.B., half-pay.

W. A. Scott, C.B., half-pay.

A. E. W. Colville, C.B., half-pay.

S. D. Rainford, Royal Field Artillery.

GIBRALTAR CHRONICLE AND OFFICIAL GAZETTE.

JANUARY 7, 1904.

The Royal Army Medical Corps Ball took place last night at the Assembly Rooms and was one of the most brilliant scenes Gibraltar has seen for many years. The dancing which commenced at 9.30 was kept up to about 3 a.m.; when the guests left they one and all felt that they had never seen anything so perfectly arranged; in fact it is generally stated that it will be impossible to beat it in the future. We are sure that Colonel J. McNamara, P.M.O., and Officers of the Royal Army Medical Corps, must be very pleased at the delight and pleasure which their beautiful dance has given in Gibraltar. A detailed account will be given to-morrow.

JANUARY 8 1904.

R.A.M.C. DANCE.

On the evening of the 6th January (Twelfth night), Colonel J. McNamara and Officers R.A.M.C. gave a delightful Dance in the Assembly Rooms. Dancing commenced punctually at 9.30 p.m. and was continued with great spirit until 3.30 a.m.

His Excellency the Governor, accompanied by his personal Staff and the Misses White, honoured the Corps with his presence, the arrival of His Excellency being heralded by the playing of the National Anthem by the Royal Artillery Band. Among others present were Rear-Admiral Sir William and Lady Acland, Sir Walter Foster, M.P., Major-General Raper and Miss Raper, Major-General and Mrs. Baily, and the Colonial Secretary and Mrs. Evans. It is impossible to enumerate the remainder of the guests who numbered about 300, and included representatives of the Naval, Military, and Civil Communities.

The absence of Lady White and Mrs. Raper, owing to indisposition, was much regretted.

The various uniforms of the Officers mingling with the brilliant colours and sparkling jewels of the ladies combined to form a scene of rare beauty.

The decorations were unusually effective; the approach to the ballroom was a scene from fairy land, leading up the staircase through an avenue of date palms arched overhead, entwined with coloured globes of electric light. At the top of the stairway was a rustic well, made to appear as if frosted, and the silver bucket contained the dance programmes.

On entering the ball-room a scene of unusual brilliancy met the eye. Festoons of ivy with various coloured electric lights suspended from the dome to the balcony, which was decorated with arches of green, from the foliage of which scintillated electric light in various hues.

On the balcony facing the entrance was the Corps' crest outlined with electric light; this formed a brilliant centre to the scheme of decoration. All the electric lighting was ably carried out by Mr. Williams, electrical engineer to the Sanitary Commissioners.

The tea-room was transformed into quite an eastern room with palms and oriental draperies; the small drawing room was very prettily arranged with cosy corners. The supper room was a tasteful arrangement in scarlet and white, wreathed with palms and ivy, the tables being charmingly decorated with pink roses and violets, all lit by candelabra of arctic lights with red shades.

The floor was excellent and the performance of the R.A. Band under the able conductorship of Band Sergeant Bruner, accompanied by Madame Bruner in her usual talented style, was everything that could be desired and did ample justice to the choice selection of music.

The Ladies of the Corps ably assisted the officers in the decorations and their help was invaluable as the great taste displayed in the arrangements testified.

Mention must be made of the artistic way in which Major Wade-Brown painted the charming dance programme which was universally admired; also of the exceedingly tasteful way in which the music was selected and arranged.

In conclusion we can confidently say the dance given by the officers of the R.A.M.C. will be long remembered as one of the most brilliant, successful and enjoyable ever given on this Rock.

Bronze Medal of the Order of St. John of Jerusalem.

His Majesty the King has been graciously pleased to approve of military recipients of the bronze medal of the Order of St. John of Jerusalem being permitted to wear it when in uniform on the left breast immediately after British war medals.—A.O. 2, January 1904.

Instructions, &c.—Admission of Officers to the Convalescent Home, Osborne, Isle of Wight, and to King Edward VII.'s Hospital, London.

Convalescent Home for Officers of the Navy and Army.

1. The Convalescent Home at Osborne, Isle of Wight, presented to the nation by His Majesty the King for the reception of officers of the navy and army, will be opened on the 6th April, 1904.

2. The accommodation at Osborne, which will be divided equally between the two services, will provide for—
38 single officers, and 5 married officers (who may be accompanied by their wives).

Children will not be allowed to live in the Home.

3. Officers will be admitted on the recommendation of the Directors-General of the Medical Departments of their respective services, to whom all applications for admission should be addressed.

4. Principal medical officers at home and abroad should, therefore, submit to the Director-General, Army Medical Service, the names of army officers, for whom they advise treatment at Osborne. The Commander-in-Chief in India has been requested to issue similar instructions to the foregoing, and the names of officers of the Indian army will be submitted for admission to the Director-General, Army Medical Service.

5. The only payment required will be that laid down in para. 65, Allowance Regulations, viz., 2s. 6d. per diem for each officer or his wife. No other charge will be made.

6. The duration of the stay of officers at Osborne will be determined by the Directors-General of the Medical Departments of their respective services, who will be guided by the reports received from the Medical Officer of the Home.

King Edward VII.'s Hospital for Officers, Osborne House, Grosvenor Gardens, London, S.W.

7. In connection with the Convalescent Home at Osborne, Isle of Wight, a hospital will be opened at the same time in London for the reception of officers of the navy and army requiring medical or surgical treatment prior to their removal to Osborne. His Majesty has appointed a special medical and surgical staff for this hospital.

8. Recommendations for the admission of officers will be made either to the Directors-General of the Medical Departments of their respective services, or to Sister Agnes, King Edward VII.'s Hospital for Officers, Osborne House, Grosvenor Gardens, London, S.W.

9. The daily charge will be the same as that at Osborne Home, Isle of Wight.

The foregoing announcement should be repeated in all District Orders.—A.O. 27, February 1904.

Books, Maps, Forms, &c. A.O. 40 (346) 1904

1. Books placed on sale, and added to the list issued with A.O. 22 of 1903:—

	Price s. d.
Regulations for Recruiting for the Regular Army, Militia, and Imperial Yeomanry. 1903	0 5
Standing Orders for the Royal Army Medical Corps and Queen Alexandra's Imperial Military Nursing Service. 1903	0 10

WAR OFFICE REFORM.

NEW ARMY COUNCIL.

INSPECTOR GENERAL TO BE APPOINTED.

COMMANDER-IN-CHIEF ABOLISHED.

The King has been pleased to approve of the issue of the Report of the War Office (Reconstitution) Committee.

We understand that, in accordance with the recommendations of the Committee, the Government, with His Majesty's approval, have decided to appoint an Army Council framed on the model of the Board of Admiralty.

The Council will be constituted by Patent. The Office of Commander-in-Chief will cease to exist.

A new post will be created, viz., that of Inspector General, whose principal duty will be to inspect and report on the efficiency of the Military Forces under the control of the Home Government.

REPORT OF THE COMMITTEE.

SPECIAL RECOMMENDATIONS.

We are authorised to publish the following letter to the Prime Minister with the accompanying Report of the War Office (Reconstitution) Committee:—

To the Right Honourable A. J. Balfour, M.P.
Sir,—In forwarding to you our Report, we desire to make a few observations which do not come immediately within the terms of our reference, and which cannot, therefore, in our opinion, be placed upon record in a formal document.

While the arguments by which we sustain the proposals contained in Section II. of our Report are fully stated, those which have led us to the conclusions upon which Section I. is based are incomplete, inasmuch as we have thought it undesirable to analyse the constitution and functions, as well as the actual and potential uses, of the Defence Committee.

To the Defence Committee, acting as the co-ordinating head of all the departments concerned in the conduct of, and in the preparations for, war, we look to fulfil the main functions of a General Staff, as they are now understood all over the civilised world by Statesmen who have considered the necessities and conditions of Empire.

The scientific study of Imperial resources, the co-ordination of the ever-varying facts upon which Imperial rule rests, the calculation of forces required, and the broad plans necessary to sustain the burden of Empire, have, until quite recently, found no place in our system of government.

Although the Defence Committee of the Cabinet germinated a few years back, its work has only recently become a reality. While fully appreciating the incalculable value of this achievement, we cannot conceal from ourselves that the guarantees for, first, the permanent and continuous labours of the Committee, and, second, their adequate discharge, are not at present secured.

In considering the constitution of the Defence Committee itself, we are fully alive to the vital necessity for having as its Invariable President the Prime Minister of the day. Under our political institutions, based on the authority of a Parliament with traditions like ours, no body of experts, however highly trained and qualified, would carry sufficient weight and authority to give practical effect to their conclusions, unless the Prime Minister, in whom governing power is vested, were present at their deliberations and personally committed to their policy.

If, therefore, and we assume this to be an essential condition, the Prime Minister is to preside over the Defence Committee, we fully realise the importance of leaving to him absolute discretion in the selection and variation of its members; but we would venture to suggest the vital importance of giving to that institution, yet in its infancy, as powerful a sanction for its continuity and permanence as may be consistent with the retention by the Prime Minister of perfect freedom of action in regard to its composition.

It may be presumptuous for us to make this suggestion, and we recognise the difficulty of attempting to draw the distinction, so clear to us, between the administration of the Naval and Military Forces of the Empire by past Prime Ministers. Still less can we attempt to anticipate future possibilities. We should, however, fail in our duty, were we not clearly to define the urgent and vital importance of providing, in some shape or form, a permanent institution, charged with the duties and responsibilities of calling the attention of the Prime Minister of the day to strategic problems of defence, which are never constant, to the actual condition of our armaments, and to the relation which the latter should bear to the former if the King's Dominions are to remain secure.

For this reason we have suggested the creation of a "Department" to use a well-understood term, for the

Defence Committee, containing elements of a permanent character, following the well-tried and established precedents of British administration, located in close proximity to the residence of the Prime Minister, and under his exclusive control. We have not proposed that this Department shall be organised on a lavish scale. At present the material of which to compose it is scanty, but while we believe that the growth of all permanently useful institutions must necessarily be slow, we confidently look forward to a time, if our proposal is adopted, when Great Britain shall possess a scientific body of expert opinion, highly trained to deal with all the problems of war, suitable for her Imperial requirements, and necessary for her safety.

We remain, your obedient servants,

EDWARD

J. A. FISHER.

G. S. CLARKE.

G. F. ELLISON, Secretary. 11th January, 1904.

REPORT OF THE WAR OFFICE (RECONSTITUTION) COMMITTEE.

SECTION I.—DEFENCE COMMITTEE.

We have been directed to make recommendations for the reconstitution of the War Office. Our task, as we understand it, is specially difficult from the fact that for many years this Department of State has been administered from the point of view of peace. It is necessary to make a complete breach with the past, and to endeavour to reconstitute the War Office with a single eye to the effective training and preparation of the Military Forces of the Crown for war. Thus improvements of the existing machinery cannot alone suffice to remedy the grave evils which the recent War has disclosed. Those evils must, in great part, be traced to a deeper source than defects in the administration of the War Office. The evidence taken by the Royal Commission proves that the Cabinet had in 1899 no adequate means of obtaining reasoned opinions on which to base a war policy. We are strongly impressed by the gravity of the danger thus incurred, which would, in circumstances easily imagined, lead to national disaster. At the outset of our inquiry, therefore, we are driven to the conclusion that no measure of War Office reform will avail, unless it is associated with provision for obtaining and collating for the use of the Cabinet all the information and the expert advice required for the shaping of national policy in war, and for determining the necessary preparations in peace. Such information and advice must necessarily embrace not only the sphere of the War Office, but those of the Admiralty and of other offices of State.

2. The Defence Committee of the Cabinet, as now reconstituted, is intended to fulfil this imperative requirement; but we are convinced that further development is essential. A Committee which contains no permanent nucleus, and which is composed of political and professional members, each preoccupied with administrative duties and widely differing, cannot, in our opinion, deal adequately with the complex questions of Imperial defence. Valuable as is the work which this Committee has accomplished, the fact remains that there is no one charged with the duty of making a continuous study of these questions, of exercising due foresight in regard to the changing conditions produced by external developments, and of drawing from the several Departments of State, and arranging in convenient form for the use of the Cabinet such information as may at any moment be required. Failing the provision of such an equipment, we are convinced that the Government cannot be in a position to arrive at or to carry out sound conclusions in regard either to the needs of war or to the preparations required in peace. We believe that the result has been, and must be, misdirected effort, involving risk on the one hand and waste on the other. The object should be to secure for the British Empire, with the least possible derangement of existing machinery, the immense advantages which the General Staff has conferred upon Germany.

3. Our national problems of defence are far more difficult and complex than those of any other Power. They require exhaustive study over a much wider field. The Great General Staff at Berlin is the machine by which the Emperor, who is charged with maintaining the efficiency of the Army, and who would be its Commander-in-Chief in war, directs and controls the Military policy of the German nation. Differences of conditions forbid the reproduction of the German system in this country, where the responsibility for efficiency and sufficiency of preparations for war rests upon Parliament, and, in a special sense, upon the Prime Minister. We hold that it is essential to provide the latter with adequate means of discharging his heavy obligations to the Empire.

4. The imperative need for harmonising Naval and Military policy in the broadest sense has been, partially at least, recognised. Proposals for meeting it, by combining under a Minister of Defence the administration of the Navy and Army, have been made from time to time, and notably by Lord Randolph Churchill in a Memorandum appended to the Report of the Harrington Commission.

5. The Commission rejected this proposal for reasons which appear to us to be unimpeachable, but which might have been materially strengthened, since the bulk of the Regular troops of the Empire, the 220,000 men in India, as well as the whole of the Colonial forces, would lie outside the authority of the suggested Minister of Defence.

6. The grave danger to which we call attention remains, and demands effective remedy. The British Empire is pre-eminently a great Naval, Indian, and Colonial Power. There are, nevertheless, no means for co-ordinating defence problems for dealing with them as a whole, for defining the proper functions of the various elements, and for ensuring that, on the one hand, peace preparations are carried out upon a consistent plan, and, on the other hand, that, in time of emergency, a definite war policy, based upon sound

data, can be formulated. It would be easy to show that unnecessary weakness, coupled with inordinate waste of national resources, thus results.

7. The existing Defence Committee has, under the auspices of the present Prime Minister, proved capable of useful work. There have been, however, in the past, and there will be in the future, Prime Ministers to whom the great questions of Imperial defence do not appeal. The Committee is necessarily a changing body. It is not safe to trust matters affecting national security to the chance of a favourable combination of personal characteristics. We are, therefore, convinced that the addition of a permanent nucleus to the Defence Committee is essential as the only valid guarantee (1) that vitally important work with which no one is now charged shall be continuously and consistently carried on, and (2) that the Prime Minister shall have at his disposal all the information needed for the due fulfilment of his weighty responsibilities. And, further, we can conceive no other means of focusing questions of national defence under existing conditions without involving constitutional changes which would be undesirable if not impracticable.

8. Before proceeding to discuss the reconstruction of the War Office, we are impelled to urge the immediate provision of what is in actual fact the corner stone of the needed edifice of Reform.

9. The permanent nucleus of the Defence Committee should consist of:—

1. A permanent Secretary who should be appointed for five years renewable at pleasure.

11. Under this official, two Naval officers, selected by the Admiralty, two Military officers, chosen by the War Office, and two Indian officers, nominated by the Viceroy, with, if possible, one or more representatives of the Colonies. These officers should not be of high rank, and the duration of their appointment should be limited to two years.

10. The duties of the permanent nucleus of the Defence Committee would be:—

(a) To consider all questions of Imperial Defence from the point of view of the Navy, the Military Forces, India, and the Colonies.

(b) To obtain and collate information from the Admiralty, War Office, India Office, Colonial Office, and other Departments of State.

(c) To prepare any documents required by the Prime Minister and the Defence Committee, anticipating their needs as far as possible.

(d) To furnish such advice as the Committee may ask for in regard to defence questions involving more than one Department of State.

(e) To keep adequate records for the use of the Cabinet of the day and its successors.

11. We consider that the functions now vested in the Joint Naval and Military Committee for Defence, and in the Colonial Defence Committee, should be transferred to the Defence Committee. These two Committees should, therefore, be dissolved, as soon as the permanent office which it is proposed to attach to the Defence Committee can be formed.

EDWARD

J. A. FISHER.

G. S. CLARKE.

G. F. ELLISON, Secretary. January 11, 1904.

SECTION II.—ARMY COUNCIL.

In Section I. of our Report, we have made recommendations in regard to the Defence Committee, to which we attach extreme importance. The focussing of the higher policy of the defence of the Empire can, in our opinion, be vested only in this Committee, over which the Prime Minister presides. We can conceive no other means of providing the Cabinet with the information and advice in regard to the general preparations for war which are at all times required to be maintained, or which may at any moment be needed to meet special circumstances unexpectedly arising, and of watching Naval and Military expenditure so as to ensure that it is consistent with the conditions which His Majesty's Government may desire to enforce.

2. We have, therefore, after full consideration, come to the conclusion that our wisest course was to deal first with the supreme direction of the national policy of defence, then to report upon the superior administration of the War Office, and later to make specific recommendations as to the details of the distribution of duties and of responsibilities between the heads of branches.

3. At the outset of our inquiry it was necessary to decide whether formal evidence should be taken. After discussion, we determined that it was undesirable to add to the enormous volume of evidence already available. We consequently decided to take counsel with all the high officials, Military and Civil, whose views and experience could throw light upon our investigations, but not to record their evidence. We have thus obtained expressions of opinion given with complete freedom, which have been of great value to us in formulating the conclusions embodied in our Report.

4. We are directed, by the terms of our Reference, to take the Admiralty system of higher administration as the basis of our action, and we are convinced that, while there may be imperfections in the working of that system, it is absolutely sound in principle. It has been handed down without material change from the period of great Naval wars. It may be said to have been founded on the proved requirements of war; and although it has not in recent times been put to the supreme test, it has smoothly and successfully met new demands as they have arisen, including an enormous increase of personnel and material. It conforms closely to the arrangements under which the largest private industries are conducted. Finally, it has retained the confidence of the Navy and of the nation.

5. This cannot be said of the War Office, where great changes have been frequent, and stability of administration has never been attained. The complex system which prevailed at the time of the Crimean campaign broke down completely under the stress of war, after bringing the nation to the verge of disaster. The changes that followed were important, and in some respects beneficial. The conception of a War Office for dealing with the whole business of the Army dates from 1855; but a dual system, involving great disad-

vantages, prevailed till 1870. Subsequent changes of greater or less moment were introduced by successive Secretaries of State, and have been traced in some detail by the various bodies which have reported upon the War Office. We do not propose to recapitulate those changes. It suffices to state that no public department has been so frequently examined, or so scathingly criticised by Commissions and Committees as the War Office.

6. Since the partial reconstruction effected with a view to remedy the evils rendered obvious by the experience of the Crimea, there has been nothing of the nature of organic change in the system of War Office administration. Some of the recommendations of the numerous inquiring bodies have from time to time been selected for acceptance without any due regard to the necessary drawbacks of dealing with administrative reform in piecemeal fashion; but when, in 1893, the Harrington Commission urged a drastic measure of reorganisation, nothing was done. It has followed that the War Office has been subjected to successive tinkering processes, by which improvements in minor matters may occasionally have been accomplished, but which left great principles entirely out of sight.

7. Meanwhile, during a period of inactivity from real stress, when the provision of relatively small expeditionary forces to operate against unorganised and ill-armed peoples has been the principal occupation of the War Office, apart from its multitudinous duties of purely peace routine, primary needs have escaped due recognition. The experience of the South African campaign has clearly shown that the system of administration prevailing was not adapted to the requirements of war, and an examination of the methods and regulations of the War Office strengthens the impression that the reorganisation for which this Department of State exists—the preparation of the Military forces of the Crown for war—has not been attained.

8. The relations of the Secretary of State to the Military heads of the War Office are not such as to enable him to discharge his duties to the best advantage. The centralisation of a vast number of incongruous functions in the Commander-in-Chief results in the neglect of work of primary importance. The War Office, as was pointed out by the Harrington Commission, has no thinking department, and the branches concerned with preparations for a campaign and with the collection of necessary information are weak, and not sufficiently in touch with the Secretary of State. At the same time, the duties and the responsibilities of the Military heads are ill-defined, and their relations to each other and to the Secretary of State are not such as effective administration demands. No distinction between policy and routine work exists, and the Military heads, absorbed in work with which they ought to have nothing to do, have no time for the proper consideration of questions of real importance, or for exercising foresight and initiative. Leaving out of consideration numerous minor flaws in the machine, the above conditions alone fully suffice to account for evils ramifying through the whole structure of the Army, and rendering it inefficient for war. No scheme of reconstruction can be worthy of the acceptance of His Majesty's Government unless it provides substantial and permanent guarantees against the continuance of these conditions.

9. The Harrington Commission stated (82) that "the complete responsibility to Parliament and the country of the Secretary of State for the discipline, as well as for the administration, of the Army must now be accepted as definitely established." At the same time, it was pointed out, in practice, "the responsibility of the Secretary of State appears to be still, in some aspects, less real than that of the First Lord of the Admiralty." It is now clear from the evidence given before the War Commission that real power has been divorced from responsibility, with results injurious to the Military advisers of the Secretary of State, and fatal to his authority with his colleagues in the Cabinet.

10. We consider that, as a first step in the reconstruction of the War Office, the position of the Secretary of State should be placed on precisely the same footing as that of the First Lord of the Admiralty, and that all submissions to the Crown in regard to Military questions should be made by him alone.

11. The next step is the constitution of a Board, or, as we prefer to call it, an "Army Council," following the general principles which obtain at the Admiralty.

12. The Council should consist of seven members—four Military and three civil—with the Permanent Under-Secretary as Secretary.

13. We reserve for further investigation and consideration the distribution in precise detail of the duties of the members of the Council.

14. We attach great importance to a scientific grouping of these duties, and we propose, in a future Section of our Report, to deal with the subdivision of work under Directors or Sections subordinate to the Members of Council, and to make other recommendations in regard to matters affecting Military administration. We shall further make recommendations for developing and extending the principle of decentralisation by the transfer of certain functions from the War Office to the Executive Commanders of the Army. We believe, however, that it is essential that a Council should be constituted with the least possible delay. We understand that the principle has been duly accepted by His Majesty's Government, and we urge that immediate action to this end should be taken. It is necessary, for the further prosecution of our work, that the members of the new Army Council should be appointed forthwith, to enable us to consult with them in regard to the further proposals which we have under consideration.

15. Speaking broadly, the distribution of duties must be as follows:—

A.—Secretary of State.

B.—1st Military Member.—Military Policy in all its branches. War Staff duties, Intelligence, Mobilisation, Plans of Operations, Training, Military History, Higher Education, War Regulations.

C.—2nd Military Member.—Recruiting, Pay, Discipline, Rewards, Peace Regulations.

D.—3rd Military Member.—Supply, Clothing, Remounts, Transport.

E.—4th Military Member.—Armaments and Fortifications.

F.—Civil Member.—The Parliamentary Under-Secretary of State.

G.—Civil Member.—The Financial Secretary.

H.—Civil Member.—Finance, Audit, Accounting, Estimates.

16. The arrangements for grouping would be:—
A.—Minister responsible to the Crown and to Parliament. B.—Operations of war. C.—Personnel. D.—Supply. E.—Armament. F.—Civil business. G.—Finance.

17. New measures demand new men, and we therefore attach special importance to the immediate appointment of Military members who have not hitherto been closely connected with existing methods, and are, therefore, not likely to be embarrassed by the traditions of a system, which is to be radically changed. Fresh minds will thus be brought to bear upon the work of the Council, and the new principles of administration will be smoothly inaugurated. Paving this action, which could not be regarded as conveying any possible reflection upon the distinguished Generals now holding high office, we see no hope that the reorganisation of the War Office will be a reality.

18. It was recognised, both by the Harrington Commission and by the members of the War Commission who signed the Minor Report, that the high office of Commander-in-Chief, as hitherto defined, is inconsistent with the principle of the administration of the Army by the Secretary of State and a Board or Council. Attempts to combine the administrative and executive functions of the Army have led to confusion, to reduplication of work to expense, to divided control, to divided responsibility, and ultimately to the conditions revealed in the evidence taken before the Royal Commission on the South African War. As an executive Commander of an Army scattered over Great Britain and Ireland, over Europe and Africa, such an officer is an anomaly, and by the light of experience a mistake. On the other hand, a general officer commanding in Ireland, or South Africa, in the Mediterranean, at Aldershot, or in Scotland, has a position clearly defined to which the duties and functions of an executive officer can be properly assigned. For the exercise of effective control, the sphere of the Commander-in-Chief, as at present understood, is far too wide; while for administrative purposes, he may be sometimes not the most efficient, and sometimes too fine an instrument. In order to secure effective control, a Commander should be in constant touch with the units of his command. Owing to the wide extent of the King's Dominions, this necessary condition cannot be fulfilled by a Commander-in-Chief, and even in Germany—a homogeneous empire—executive command, in time of peace, has been completely decentralised. We therefore consider that it is imperative to abolish the office of Commander-in-Chief, which was only revived as late as 1877, and we urge the divorce of administration from executive command, and the decentralisation of the latter.

19. Theoretically the Commander-in-Chief was held to be the Inspecting Officer of the Military Forces of the Crown, but this duty could not be performed by reason of the vast number of administrative functions concentrated upon that officer. If the conditions which obtained before the South African War had been brought to the knowledge of the Secretary of State and the Cabinet, on the high authority of an experienced General Officer, known to be independent of the administrative work of the War Department, and specially charged with the duty of reporting on actual facts, many evils could have been averted. A measured report upon facts by one who was not concerned with administration must carry more weight than the conflicting demands, and sometimes the conflicting statements, of those engaged in the art of persuading financial authorities in the War Office and at the Treasury to increase the total of the Army's numbers. We shall, hereafter recommend the appointment of an Inspector General whose sole function would be to report upon actual facts, without expressing opinions upon policy, and who should, therefore, be located outside the War Office. He should be appointed by the Crown, on the recommendation of the Secretary of State, and his appointment should be for five years.

20. The other high offices which would disappear under the proposed reconstruction are those of the Inspector General of Fortifications and of the Military Secretary. The duties of the first will be combined with those of the Armaments Branch. We shall later make detailed proposals for dealing with the functions now exercised by the Military Secretary.

21. We also defer to a later stage our recommendations as regards the important questions affecting the relations between the Auxiliary Forces and the War Office.

22. In appointing the members of the Army Council no consideration except that of special fitness for the duties involved, should arise. It will not be necessary to appoint an officer of high rank who has shown capacity for field command, to a purely administrative office such as D or E; nor need there be a bar to the appointment of an officer of any rank to any post at the War Office if he possesses the necessary qualifications, experience, and intellectual capacity. We consider that the question of Military rank can be allowed to remain in abeyance among members of the Council. They will have official titles and fixed salaries during their period of office, and they will be practically in the position of the Lords of the Admiralty. This would have the advantage that any member of the Council could afterwards revert to any post outside the War Office suitable to his Military rank without, as now, being restricted to a few appointments of the highest class.

23. While we are strongly of opinion that immense improvement can be effected in the War Office and in the Army, by reconstructing the administrative machine on sound principles, we are well aware that the personal qualifications of the individual members of the Council must be factors of great importance. Men of exceptional ability can obtain fair results from a bad system, but under a good system, personal shortcomings produce the minimum of disadvantage, and they are, moreover, easily detected. It is of the essence of a bad system that mediocrity or worse is effectively shielded.

24. The appointment of the Military members of the Army Council should follow exactly the long-established practice of the Admiralty. The selection of the Military subordinates in each branch should be made by the Secretary of State, upon the sole recommendation of the responsible member of Council.

25. As regards the legal aspects of the constitution of the Army Council, we have received a memorandum prepared by the Parliamentary Counsel, which makes it clear that this Council can be "constituted under the prerogative by letters patent," the distribution of business being subsequently provided for by Order in Council. The terms of the War Office Patent could follow those of the Admiralty Patent *mutatis mutandis*.

It may hereafter be necessary to obtain Statutory authority for the transfer to the Army Council of the powers now vested in the Secretary of State by virtue of Statutory enactments.

26. As already stated, we are convinced that the first step in reconstruction should be taken forthwith by constituting the new Council.

EMER.
J. A. FINCH.
G. S. CLARKE.

G. F. ELLISON, Secretary, January 11, 1904.

SECTION III.—INSPECTION.

The reconstruction of the War Office and the re-adjustment of its relations with the Army demand a large measure of decentralisation. Many existing evils can be traced directly to the attempt to perform in the Central Office duties which should be delegated to the Executive Commanders of the Army at home and abroad. It results that these duties are frequently ill discharged from want of adequate knowledge, that there is too much correspondence of a useless and sometimes irritating nature, and that executive officers, nursed by the officials of the War Office in peace, are not accustomed to, or trained for, the duties which they must perform in war. Striking instances of these evils have come to our notice. We consider that, as pointed out in Section I. of our Report, it is the essence of the task entrusted to us as to frame our proposals with a single eye to the needs of war, and from this point of view, we are convinced of the absolute necessity for decentralisation.

2. Partial steps in this direction have been taken in connection with the establishment of Army Corps Commands. Much more is required, however, and we shall, in a future section, indicate in detail the powers which the Executive Commanders of the Army should wield in time of peace, in order, on the one hand, that the War Office may be relieved from functions which it does not and cannot properly discharge, and, on the other hand, that the officers of the Army may be trained to exercise initiative, and to accept responsibility.

3. We assume, at this stage of our inquiry, that the executive command of the Army in the United Kingdom will be vested in General Officers selected for their fitness for command in the field, and administering in peace time the forces quartered in defined territorial areas. Following the Naval analogy, and on other grounds, we are strongly of opinion that these high officers should be entitled "General Officers Commanding-in-Chief." The Military functions which must be exercised by the General Officer Commanding at Aldershot or in Ireland are far more extensive than those of the Governor of Malta, and infinitely more important than those of the Governor of Bermuda. Proximity to the War Office appears to be no ground for withholding in the one case the title accorded in the other. Portsmouth is nearer to the Admiralty than Dublin to the War Office; but this has not been considered a valid reason for curtailing the title or weakening the powers of the Naval Commander-in-Chief at Portsmouth, who is placed practically in the same position as the Admiral commanding in the Mediterranean or on the China Station. We are convinced that the adoption of the higher title in the case of the Army would facilitate the transfer from the War Office to the territorial commands of the new powers which we shall propose to confer upon them, and would mark the reality of the necessary decentralisation.

4. Independent Inspection is the necessary corollary of effective decentralisation. We have already pointed out (Section II., § 19) that the Commander-in-Chief is in theory the Inspecting Officer of the Military Forces of the Crown, and that this most important duty is not performed.

5. The constitution of an Army Council as the Supreme Administrative Body of the Military Forces, and the measures of decentralisation which are a necessary consequence, will render effective inspection absolutely imperative. The Army Council is to administer, and not to command the Army. Executive command being vested in Generals outside the War Office, who will be responsible for the training and efficiency of all troops within their districts, an independent inspection Department must be provided for the information and the protection of the Council.

6. An Inspector General of the Forces should, therefore, be appointed for a period of five years, who should command and direct the various Inspectors.

7. It may be objected that the appointment of this high officer might derogate from the influence and authority of the executive commanders. We cannot accept this view for the following reasons:—
(a) An Inspector General of the Forces already exists, in the person of the Commander-in-Chief, who has been prevented by the nature of his office from discharging the duties.

(b) Inspectors General of Cavalry, of Garrison Artillery and of Engineers already exist, and have not been found to clash with Army Corps Commanders.

(c) The system of independent inspection is of long standing in Germany, where it has proved a most important guarantee of efficiency, and has not been found to interfere with the many responsibilities and the large powers devolving upon the Army Corps Commanders.

8. Again, it may be said that the Inspection Department would tend to grow into a bureauocracy, or to develop into a revived Horse Guards. We desire to emphasise the fact that these tendencies are impossible as the functions of the Inspector General will be clearly defined by Order in Council, and he will be responsible and subject to the Army Council.

9. It is our purpose to avoid the consideration of details until we have laid down and secured the acceptance of great principles. We shall, therefore, defer to a future Section of our Report the discussion of the precise personnel of the Department of the Inspector General of the Forces. The objects, the general duties, the principal subordinate officers, and the relations of the Inspector General to the War Office can, however, be stated at once.

10. The main object sought is to provide the Secretary of State and Council with eyes and ears other than those of the Administrative Heads of the War Office, who cannot have time or opportunity for inspection.

11. The duties of the Inspector General should, therefore, be those of Review and of Report upon the practical results of the policy of the Army Council within the financial limits laid down by the Cabinet. His field of action would cover the United Kingdom and those portions of the Empire where troops under the control of the Home Government are stationed.

He must form a judgment, either personally or through his Staff as the Army Council may direct, on the efficiency of officers and men, on the handling of troops, on the standard and system of training, on the suitability of equipment, and generally on all that affects the readiness of the Forces for War.

12. As pointed out in Section I. of our Report (p. 19), the sole function of an Inspector General "would be to report upon actual facts, without expressing opinions upon policy."

13. Directly under the Inspector General as part of his staff should be Inspectors of—

Cavalry.
Horse and Field Artillery.
Garrison Artillery.
Engineers.
Mounted Infantry.

We do not propose the appointment of subordinate Inspectors of Infantry, who have not been found necessary in Germany.

14. The Inspector General should attend or be represented at all manoeuvres or considerable reviews of troops. He should act as chief umpire at large manoeuvres, thus avoiding the need of depriving an executive officer of an opportunity for practice in the duties of high command.

15. He should prepare a careful annual Report to the Secretary of State and Council by November 1, in order that, when the Estimates for the coming financial year are under discussion, the Army Council may have the advantage of considering the facts disclosed by his independent inspection.

16. The annual Report should be divided into heads corresponding to the distribution of duties among the members of the Army Council.

17. The Inspector General should enter his opinions upon the confidential Reports of all Commanding Officers, and may report on any officer.

18. A Selection Board should be created composed of General Officers Commanding-in-Chief, which should make recommendations to the Secretary of State and the Army Council for all promotions and appointments of Officers above the rank of Captain, with the exception of Officers of the General Staff, who should, as in Germany, be centrally supervised and administered. This is a point to which we shall later draw attention. We understand that the present Selection Board has done its work well, and has merited the confidence of the Army; but we consider it should be entirely outside the War Office. We are of opinion that the Inspector General should be a member and President of the new Selection Board. The Promotion Board should be abolished.

19. Following the system adopted in Sections I. and II. of our Report, we now submit all that we consider necessary in order that a decision should be taken in regard to the principles of the constitution of an Inspection Department. If these principles are accepted, we strongly urge that an Inspector General, with whom we can confer as to details, should be appointed immediately.

ESHER,
J. A. FISHER,
G. S. CLARKE.

G. F. ELLISON, Secretary, January 13, 1904.

AY, FEBRUARY 8, 1904. THE ARMY COUNCIL. OFFICIAL APPOINTMENTS.

His Majesty the King has been pleased, by Warrant to the Lord High Chancellor, to direct Letters Patent, under the Great Seal, to be issued, appointing the following to be the members of the Army Council:—

THE SECRETARY OF STATE—The Right Honourable Hugh Oakeley Arnold-Forster, M.P.

FIRST MILITARY MEMBER—Lieut. General the Honourable Sir Neville Gerald Lyttelton, K.C.B.

SECOND MILITARY MEMBER—Major General Charles Whittingham Horsley Douglas.

THIRD MILITARY MEMBER—Major General Herbert Charles Onslow Plumer, C.B.

FOURTH MILITARY MEMBER—Major General Sir James Wolfe Murray, K.C.B.

CIVIL MEMBER—The Parliamentary Under Secretary of State, Richard Walter John, Earl of Donoughmore.

CIVIL MEMBER—The Financial Secretary, William Bromley Davenport, Esquire, D.S.O., M.P.

SECRETARY—The Permanent Under Secretary of State, Colonel Sir Edward Willis Duncan Ward, K.C.B.

The War Office, February 7, 1904.

FEBRUARY 15, 1904.

A supplement to the *London Gazette* has been issued containing the names (which have already been given in this paper) of the members of the new Army Council, whose appointments date from the 12th inst.

RETIREMENT OF LORD ROBERTS.

OFFICIAL ANNOUNCEMENT.

The Press Association last night received the following from the Prime Minister's official residence:—"In consequence of the abolition of the office of Commander-in-Chief, Field-Marshal Earl Roberts has retired from the War Office. At the special request of the Prime Minister, Earl Roberts has consented to place his services at the disposal of the Committee of Imperial Defence."

THE ARMY COUNCIL.

NEW TITLES OF THE MEMBERS.

The "Times" calls attention to the titles he notified in the "Gazette" supplement published yesterday by which in future the military members of the Council are to be designated. The First Military Member, Sir Neville Lyttelton, is to be called the "Chief of the General Staff," an entirely new title, but one which seems to be particularly apt and suitable, seeing that the duties of this officer as laid down in the report of the Reconstitution Committee are—Military policy in all its branches, war staff duties, intelligence, mobilization, plans of operations, training, military history, higher education, and war regulations. The titles of the Second and Third Military Members respectively are not new. The "Adjutant-General to the Forces," Major-General Douglas, will deal with recruiting, pay and discipline, rewards, and peace regulations; the "Quartermaster-General to the Forces," Major-General Plumer, with supply, clothing, remounts, and transport. The title of the Fourth Military Member, Major-General Sir J. W. Murray—that of "Master-General of Ordnance"—an officer whose duties are concerned with armaments and fortifications, is a revival from ancient times. The title which is superadded is "Director-General of Ordnance," and it may be that this change indicates that, as in the case of the Admiralty, the immediate subordinates of the members of the Council will be styled "Directors."

British Medical Journal.

SATURDAY, FEBRUARY 13TH, 1904.

THE MEDICAL SERVICE OF THE ARMY.

IN the last issue of the *BRITISH MEDICAL JOURNAL* reference was made to the absence of any mention of the medical service of the army in the scheme for the reconstitution of the War Office proposed by Lord Escher's Committee. On Lord Escher's attention being called to what seemed an inexplicable omission, he replied that the position of the medical service under the new scheme was receiving the serious attention of the Committee. The matter is indeed one that demands the most serious attention, and this makes it all the more remarkable that the members of the Committee should have approached its consideration apparently as an afterthought. With the immense loss of life from preventable causes during the South African war fresh in the public memory, it might have been supposed that in any scheme of reform of army administration the medical service would have occupied a prominent place. So vitally important to the efficiency of the army and the safety of the nation is the matter felt to be that the British Medical Association, as representing the medical profession, lost no time in placing its views before the Secretary of State for War. The scheme for the reconstitution of the War Office was carefully considered at a special meeting of the Royal Naval and Military Committee held on February 8th, and as the result certain recommendations, the text of which will be found at p. 395, were forwarded to Mr. Arnold-Forster. Regret was expressed at the absence of any provision for the direct representation of the Medical Service on the proposed Army Council, and it was strongly urged that steps should be taken to repair this omission. The reply of the Secretary of State for War was to the effect that the new Army Council is in no way a representative body, and that in these circumstances it is not considered necessary that the Army Medical Service should be directly represented.

It is necessary to speak plainly on this matter, and we say at once that we cannot accept Mr. Arnold-Forster's description of the proposed Army Council as "in no way a representative body" as being accurate in any but a non-natural sense. As the Schoolman would have said, the Council, though it may not be representative *formaliter* is so *materialiter*. It is to consist of seven members, each of whom, with the exception of the Secretary of State, represents a definite group of army duties and requirements. These are summarized in the report of Lord Escher's Committee under the heads of "Operations of War," "Personnel," "Supply," "Armament," "Civil Business," and "Finance." Under which of these heads is the medical service to be placed? We confess we cannot guess, unless it be under the conveniently elastic head of "Civil Business."

We may be allowed to recall to the mind of the Secretary for War that it was as the outcome of the bitter experience of the South African war that Mr. Brodrick's Committee gave the medical service direct representation on the Army Board. The Director-General was thus placed on a footing of equality with other chiefs of departments. This change was far more than a matter of mere rank and dignity; the greater official position given to the head of the medical service made it impossible for the military authorities to treat his recommendations and demands as the utterances of a Greek chorus to which no regard need be paid. It is beyond question that the spirit of military pedantry and jealousy which found characteristic expression in Lord Wolseley's remark in the *Soldier's Pocket Book*, that "medical advice is a good thing—when it is asked for," has been responsible for a vast amount of preventable disease and great and needless loss of life in our recent wars. Experience has abundantly shown that medical advice, if it is really to be useful in a campaign, must be given whether it is asked for or not, and that commanding officers who refuse to take it must be held responsible for the consequences. The reforms introduced by Mr. Brodrick gave the Director-General not only the right to advise, but the authority to enforce. It would seem that Mr. Arnold-Forster intends to undo the good work of his predecessor.

We gather from his letter that he thinks the system of administration of the medical department of the navy applicable to the corresponding service of the army. Yet it requires no long experience or particular insight to see that the practical problems with which the latter has to deal are vastly more complex than those which the former has to face. The difficulties of transport and supply, field hospitals, sanitation of moving columns, and distribution of officers over a vast area are for the most part non-existent in naval warfare.

It is pretty clear, too, that Mr. Arnold-Forster has not

taken the trouble to make himself acquainted with the history of the relations between the War Office and the medical service. A little time spent in the study of the long struggle for the recognition of the very important part which it plays in the organization of the army would be well bestowed, for it could scarcely fail to teach him that, in matters which touch the medical arrangements, military reformers must always reckon with the medical profession.

It is disappointing to find that the lessons of an experience so dearly bought are to be thrown away with a lightness of heart like that with which M. Ollivier entered on the fateful war of 1870. We warn Mr. Arnold-Forster that the medical profession will not tolerate a reversion to the bad old system which has been the cause of so many misfortunes to the army and such terrible cost—not in money only but in lives—to the country. Without direct representation on the Army Council the medical service is relegated to a subordinate position which checks initiative, paralyses intelligent activity and tends to make the service shunned by the very men most fitted to make good officers. All this makes for inefficiency; and without an efficient medical service the army is doomed sooner or later to disaster.

THE RECONSTITUTION OF THE WAR OFFICE.

A MEETING of the Royal Naval and Military Committee of the British Medical Association called for the purpose of considering the report of the War Office (Reconstitution) Committee, published in the *Times* of February 1st, was held on February 8th, Mr. ANDREW CLARK, Chairman of Council, in the chair.

The following resolution was passed:—
That this Committee, having carefully considered the new scheme of War Office reform as published in the *Times* of February 1st, is of opinion that the following recommendations should be forwarded to His Majesty's Secretary of State for War:—

While the British Medical Association would welcome any measure which will tend to increase the efficiency of the military organization of the Empire, such as it outlined in the new scheme of War Office reform, it regrets to observe that notwithstanding the experience gained in the South African war, after which Mr. Brodrick's Committee gave to the Army Medical Service direct representation on the Army Board, no such similar provision appears to have been made for the direct representation of the Medical Service of the army on the now proposed Army Council.

The British Medical Association considers the absence of direct representation on the Army Council of so important a branch of the military service a retrograde movement, and one that can only tend to handicap the efficiency of this branch of the service. It would, therefore, respectfully urge on His Majesty's Government to take such steps as will insure the direct representation of the Army Medical Service on the Army Council, or whatever the central governing body of the War Office may be designated.

In pursuance of this resolution the recommendations were forwarded to the Secretary of State for War by the General Secretary of the Association. The following reply has been received from Mr. Arnold-Forster:—

War Office,

February 8th, 1904.

Dear Sir,—I am desired by Mr. Arnold-Forster to acknowledge receipt of your letter of the 8th inst. forwarding certain recommendations of the British Medical Association, and to say that the new Army Council is in no way a representative body, but is constituted in the same manner as the Admiralty. Under these circumstances it is not considered desirable that the Army Medical Service should be directly represented.—Believe me, yours faithfully,

Guy Elliston, Esq.

H. SHUTE.

LONDON, SATURDAY, FEBRUARY 13.

THE NEW ARMY COUNCIL.

The *London Gazette* last night published the following, in regard to the New Army Council:—

Edward the Seventh, by the Grace of God of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, King, Defender of the Faith, Emperor of India:—

To Our right trusty and well-beloved Councillor Hugh Oakeley Arnold-Forster, Our trusty and well-beloved Sir Neville Gerald Lyttelton, commonly called the Honourable Sir Neville Gerald Lyttelton, Knight Commander of Our Most Honourable Order of the Bath, Lieutenant General in Our Army, Charles Whittingham Horsley Douglas, Esquire, Herbert Charles Oaslow Plumer, Esquire, Companion of Our Most Honourable Order of the Bath, Sir James Wolfe Murray, Knight Commander of Our Most Honourable Order of the Bath, Major Generals in Our Army, Our right trusty and well-beloved Cousin Richard Walter John, Earl of Donoughmore, Our trusty and well-beloved William Broomley-Davenport, Esquire, Companion of Our Distinguished Service Order, Greeting:—

Know ye that We, trusting in your wisdom and fidelity of Our especial grace, do by these presents constitute and appoint you to be Our Army Council, for the administration of matters pertaining to Our Military forces and the defence of Our Dominions, with such power and authority for the purpose as has hitherto been exercised under Our prerogative by Our Secretary of State for War, Our Commander-in-Chief or other Our principal officers who have under Our Secretary of State for War been charged with the administration of the Departments of the Army.

And We do command all Our Officers of Our Military forces and all others in any department of Our Military Service, that they be attendants on you and observe and execute all such orders as you may give in the exercise of your power and authority.

And know ye that We do grant unto you full power and authority from time to time to appoint such officers for conducting the business of the civil departments of Our Military Service entrusted to you as shall seem necessary to you, and to revoke the appointment of any such officers as you shall see fit,

and appoint others in their place, and We enjoin all such officers and all others whom it may concern to be obedient unto you in all things as becometh.

And We grant unto you full power in relation to any power and authority for the time being vested in you under these Our Letters Patent to make such contracts and do all such other things as you may find necessary in your discretion for the better carrying on of Our Military Service, and generally to execute and to do every power and thing which formerly appertained to Our Secretary of State for War or to Our Commander-in-Chief or other principal officers aforesaid.

And know ye that your powers may be exercised and your duties performed by any three of your number, that Our right trusty and well-beloved Councillor Hugh Oakeley Arnold-Forster shall be your President, and that any document may be signed on your behalf by any two of you or by any one of you and such person as you may appoint to be your Secretary.

In witness whereof We have caused these Our Letters to be made Patent.

Witness Ourselves at Westminster, the Sixth day of February, in the fourth year of Our Reign.

By Warrant under the King's Sign Manual.

MUR MACKENZIE.

LONDON, WEDNESDAY, MARCH 2.

NEW INSPECTOR GENERAL

THE DUKE OF CONNAUGHT'S APPOINTMENT.

We are authorised to state that His Majesty the King has been pleased to approve of the appointment of Field Marshal his Royal Highness the Duke of Connaught and Strathearn, K.G., &c., Commanding the Forces in Ireland and the Third Army Corps, to be Inspector General of the Forces and President of the Selection Board. This confirms the announcement which was made in *The Standard* on Tuesday, February 16.

The following also appears in last night's *London Gazette*:—

Field Marshal his Royal Highness Arthur W. P. A., Duke of Connaught and Strathearn, K.G., K.T., K.P., G.C.B., G.C.S.I., G.C.M.G., G.C.I.E., G.C.V.O., Personal Aide de Camp to the King, to be Inspector General of the Forces and President of the Selection Board.

SATURDAY, MARCH 5, 1904.

THE INSPECTOR GENERAL

We have received the following from the War Office:—

"In view of their Majesties' approaching visit to Ireland, the Field Marshal his Royal Highness the Duke of Connaught and Strathearn, K.G., &c., will not vacate his command of the Forces in Ireland and the Third Army Corps until May 1 next, from which date his appointment as Inspector General of the Forces and President of the Selection Board will take effect."

The following appears in last night's *London Gazette*:—

"The appointment of Field Marshal his Royal Highness the Duke of Connaught and Strathearn, K.G., K.T., K.P., G.C.B., G.C.S.I., G.C.M.G., G.C.I.E., G.C.V.O., as Inspector General of the Forces and President of the Selection Board, will take effect from May 1, 1904, and not as stated in the *Gazette* of March 1, 1904."

LONDON, FRIDAY, MARCH 25.

WAR OFFICE CHANGES.

We learn from the War Office that the following appointments have been approved:—

Colonel Sir Edward W. D. Ward, K.C.B., to be Secretary of the War Office, retaining his rank and title of Permanent Under Secretary of State.

Sir Guy Fleetwood Wilson, C.B., to be Director of Army Finance, retaining his rank and title of Assistant Under Secretary of State.

Lieutenant General the Hon. Sir Neville Lyttelton, Chief of the General Staff and First Military Member, has appointed Mr. J. S. Rose to be his Private Secretary.

MONDAY, MARCH 7, 1904.

MEDICAL OFFICERS OF THE GUARDS.

Army Orders, issued on Saturday, contain a Royal Warrant with regard to Medical Officers of the Foot Guards, which says:—"All regulations authorizing the transfer of an officer of our Royal Army Medical Corps to our regiments of Foot Guards shall be cancelled. Medical officers who have already been gazetted to our regiments of Foot Guards shall elect, within such time as may be prescribed by our Army Council, whether they will remain therein or be transferred to our Royal Army Medical Corps. Medical officers who elect to remain in our regiments of Foot Guards shall be eligible for promotion under Article 583a of the Pay Warrant up to, but not beyond, the rank of Surgeon Lieut. Colonel. Those who elect to be transferred to our Royal Army Medical Corps shall take rank and seniority therein as follows:—A Brigade Surgeon Lieut. Colonel—as a Lieut. Colonel selected for increased pay, with seniority from the date of promotion to his present rank. A Surgeon Lieut. Colonel—as a Lieut. Colonel not selected for increased pay, with seniority from the date of promotion to his present rank. A Surgeon Major—as a Major, with seniority from the date of his original promotion to the rank of Surgeon Major or Major."

REGIMENTAL BANDS.

It is announced in Army Orders issued on Saturday that from April 1, 1904, an allowance at the rate of £160 per annum will be issued to each regiment of Cavalry of the Line, and to each battalion of Infantry of the Line and the West India Regiment, for the maintenance of a regimental band. An annual allowance at the same rate will also be issued for the maintenance of the Royal Artillery mounted band and the Royal Artillery garrison bands at Dover, Plymouth, Portsmouth, and Gibraltar. After the date mentioned the band contributions and subscriptions paid by officers under Paragraph 522 of the King's Regulations will cease to be payable by officers of Cavalry and Infantry of the Line, and of the West India Regiment, when serving at home or in the Colonies.

MARCH 12, 1904.

DENTISTS FOR THE ARMY.

It has already been announced in our advertising columns that the War Office has authorized the appointment of eight dental surgeons for duty with troops in the United Kingdom from April 1st next. They will be required to devote their whole time to army duty, and will receive an inclusive salary of £365 per annum and travelling expenses. As at present arranged, the dental surgeons will be stationed at Aldershot, Devonport, Cork, Edinburgh, Portsmouth, Dublin, Colchester, and Woolwich. They will, however, be required to give attendance as directed by the general officers in command of the various stations. Applications for these appointments should be made to the Secretary of the Army Council, 68, Victoria Street, S.W., not later than March 12th. Soundness of the dental apparatus plays an important part in efficient digestion, and soldiers who on a campaign must often, like Mark Antony, eat "strange food" have special need of a serviceable set of teeth. Moreover, modern research has shown that a healthy condition of the mouth is a safeguard against many serious diseases. On these grounds the step taken by the War Office must be hailed as a really useful reform.

LONDON WEDNESDAY, FEBRUARY 17.

THE ARMY COUNCIL AND MILITARY MEDICAL ADMINISTRATION.

TO THE EDITOR OF THE STANDARD.

SIR,—I desire, on behalf of the British Medical Association, to point out a serious defect in the constitution of the Army Council, recommended by the War Office (Reconstitution Committee) and formally appointed by Letters Patent published on February 5, and the Royal Warrant of February 12, 1904. Among the most welcome Army reforms carried out under Mr. Brodrick's Administration was the appointment of the Director-General of the Army Medical Service to a seat on the Army Board. The constitution of the new Army Council without any medical representative is a retrograde step. The outcome of the War Office Committee Report is the formation (1) of a "Defence Department" working directly under the Prime Minister of the day; (2) an "Army Council" like the Board of Admiralty; and (3) an "Inspector General" and Staff to do Army inspections. I have no remarks to make on 1 and 3; but as to the formation of the Army Council on the same lines as the Board of Admiralty the British Medical Association feels considerable anxiety. All the branches of the Army are to be subordinate to this Army Council, and it forms the "supreme administering body" of the Army. On the supreme administering body of the Army there is no direct representative skilled in the technical work of the Army Medical Service able to advise the Army Council on medical and sanitary requirements. In the various duties assigned to the Army Council, no mention is made of sanitation, the prevention of disease, or the care of the sick and wounded. All reference to medical and sanitary matters is thus entirely absent. In the opinion of the British Medical Association this is unsatisfactory, and it views with great anxiety the injurious effect on Military medical efficiency that must result. Although the Army Council may from its composition deal efficiently with Army matters in general, and arrive at sound conclusions, it seems difficult to imagine how, in matters so highly technical as medical and sanitary work, the Army Council, without any trained expert member, can efficiently discharge the work of administration in these directions. The British Medical Association therefore feels that it would fall in its duty if it did not bring this condition of affairs to

public notice, and strongly urge that the Army Medical Service should be represented on the Army Council by an officer of that service, who would personally represent the sanitary requirements and general medical needs of the Army.

The proper method of dealing with the Medical service of the Army is to give it responsibility and power. To secure these essentials the British Medical Association considers that direct representation on the Army Council is of vital importance to the Army and to the nation.

I am, Sir, your obedient servant,
ANDREW CLARK, Chairman of Council,
British Medical Association, 429, Strand,
London, W.C., February 16.

FEB. 27, 1904.

THE ARMY COUNCIL AND MILITARY MEDICAL ADMINISTRATION.

THE Times, in an article on the new army organization published in its issue of February 18th, made the following observations on the letter of the Chairman of Council of the British Medical Association, republished in the BRITISH MEDICAL JOURNAL of February 20th, p. 442. "Some surprise," our contemporary wrote, "has been expressed in medical quarters that the Committee's report has so far given no indication of the place it intends to assign to the Army Medical Department; and the Council of the British Medical Association has protested against the constitution of the Army Medical Service should have a seat on it, as he had on Mr. Brodrick's Army Board."

A part of the letter of the Chairman of Council was then quoted, and the following further observations made upon it: "Important as the functions of the medical departments of the Services are, they have no separate representative on the Board of Admiralty, and it certainly seems to us out of the question to give them a separate representative on the Army Council; and the omission of a reference to it in the report, no doubt, indicates nothing more than that the Committee had not yet decided to which member of the Council to attach the supervision of these duties. The probability, no doubt, is that the Army Medical Corps will be placed under the Adjutant-General's branch, with which it will naturally come into most frequent contact in the field."

In consequence of these observations the following letter was addressed to the editor of the Times, and was published in its issue of Monday, February 22nd:

THE PREVENTION OF DISEASE IN WAR.

To the Editor of the "Times."

SIR,—The article on the New Army Organization published in the Times of February 18th might lead the reader to assume that the British Medical Association has protested against the exclusion of the Director-General, Army Medical Service, from the Army Council. This, however, is not quite the contention of the Association. It urges that the Army Council should include an officer of the Army Medical Service who would be able personally to represent the sanitary requirements and general medical needs of the army. No member of the Council as now constituted can be competent to undertake such special duties. The analogy of the Board of Admiralty must not be pushed too far. In the first place, its constitution became fixed at a time when the science of hygiene had not yet come into being, and when sanitary administration was in its infancy. In the second place, the responsibilities for the prevention of disease in war which fall upon the medical service of the army are far more onerous, and the problems presented far more complex, than in the sister service. Finally, it is notorious that the absence from the Board of Admiralty of any representative of the medical department is a source of inconvenience, delay, and inefficiency. To perpetuate in the Army Council this cause of inefficiency will be a retrograde step.

During the war in South Africa the number of men who died from disease was far larger than the number of those who succumbed to wounds. The same has been true of every big war. Military history teems with instances in which the dispositions of the most skilful commanders have been defeated not by the enemy but by epidemic disease. During the South African war, in December, 1901, and January and February, 1902, and, therefore, long subsequent to the great epidemic which paralysed the army after the occupation of Bloemfontein, the admissions for enteric fever numbered 6,370 and the deaths 953. The British Medical Association holds that the repetition of such serious epidemics, so costly in life and so fatal to the efficiency of an army, can only be avoided if the problem of prevention is adequately studied by the supreme administering body of the army, and if the army is organized and administered with constant reference to its sanitary needs. The British Medical Association would most strongly urge that this can only be achieved if preventive medicine in its relation to military problems in war is directly represented on the Army Council in peace.

I am, Sir, your obedient servant,
ANDREW CLARK, Chairman of Council,
British Medical Association,
General Secretary's Office, 429, Strand, W.C., Feb. 18.

ROYAL WARRANTS.

Brevet and Substantive Rank.

EDWARD R.I.

100
Gen. No.
1207

WHEREAS We deem it expedient to amend the Regulations governing the rank of officers of Our Army; OUR WILL AND PLEASURE is that the Warrant of Her late Majesty, Queen Victoria, dated the 26th October, 1900, shall be amended as follows:—

A.O. 42.
March
1904.

1. The following shall be substituted for Articles 38 and 39:—

38. An officer holding the rank of lieutenant-colonel may be promoted to the brevet rank of colonel:—

(a.) On appointment as aide-de-camp to the Sovereign.
(b.) On appointment to a position specified in Article 40 if, at the date of his appointment, he holds regimental rank not above that of major, and has completed three years' full pay service as brevet lieutenant-colonel.

(c.) On completion of three years' service in command of a regiment of cavalry or battalion of infantry, or in any appointment tenable by a lieutenant-colonel which may be considered by Our Army Council to be analogous thereto. One-half of any previous full pay service as substantive or brevet lieutenant-colonel may be reckoned in reduction of this period.

(d.) On completion of six years' full pay service as substantive or brevet lieutenant-colonel.

2. The following shall be substituted for Article 40:—

40. An army or brevet colonel, or a lieutenant-colonel having three years' full pay service in that rank (except a lieutenant-colonel who receives on his appointment the brevet rank of colonel under Article 38 (b)), may be granted the substantive rank of colonel on being selected for the command of a regimental district, or regiment of Our Foot Guards, for the appointment of principal ordnance officer, or for any other appointment approved by Our Secretary of State as carrying the substantive rank of colonel.

3. The following shall be substituted for the first sentence of Article 93:—

93. An army or a brevet colonel, or a lieutenant-colonel,

* This refers to combatant officers only.

on being promoted to the substantive rank of colonel under Article 40, except when so promoted on appointment to the command of a regiment of Our Foot Guards; and a regimental lieutenant-colonel, not being an officer of Our Royal Engineers, on being selected for an extra-regimental appointment in Our Army, or for employment in any of the cases specified in Article 77 (b) or (i); shall be removed from his regiment or corps.

Given at Our Court at Windsor, this 10th day of February, 1904, in the 4th year of Our Reign.

By His Majesty's Command,

H. O. ARNOLD-FORSTER.

Medical Officers of Foot Guards.

EDWARD R.I.

A.O. 43.
March
1904.

WHEREAS We deem it expedient to provide that medical officers shall not in future be transferred to Our regiments of Foot Guards;

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OUR WILL AND PLEASURE is that all regulations authorizing the transfer of an officer of Our Royal Army Medical Corps to Our regiments of Foot Guards shall be cancelled.

Medical officers who have already been gazetted to Our regiments of Foot Guards shall elect, within such time as may be prescribed by Our Army Council, whether they will remain therein or be transferred to Our Royal Army Medical Corps.

Medical Officers who elect to remain in Our regiments of Foot Guards shall be eligible for promotion under Article 383a of the Pay Warrant up to, but not beyond, the rank of surgeon-lieutenant-colonel. Those who elect to be transferred to Our Royal Army Medical Corps shall take rank and seniority therein as follows:—

A brigade surgeon-lieutenant-colonel—as a lieutenant-colonel selected for increased pay, with seniority from the date of promotion to his present rank.

A surgeon-lieutenant-colonel—as a lieutenant-colonel not selected for increased pay, with seniority from the date of promotion to his present rank.

A surgeon-major—as a major, with seniority from the date of his original promotion to the rank of surgeon-major or major.

(Pay)
(A.O. 65)

The Warrant of Her late Majesty Queen Victoria, dated the 26th October, 1900, as amended by Our Warrants of the 24th March, 1902, and the 11th August, 1902, shall be further amended accordingly.

Given at Our Court at Buckingham Palace, this 12th day of February, 1904, in the 4th year of Our Reign.

By His Majesty's Command,

H. O. ARNOLD-FORSTER.

Allowance Regulations.

EDWARD R.I.

WHEREAS We deem it expedient to amend the Regulations governing the Allowances of Our Army;

A.O. 44.
March
1904

OUR WILL AND PLEASURE is that the regulations issued with Our Warrant of the 5th September, 1903, shall be amended as follows:—

Hospital Diets.

1. The following shall be substituted for lines 18 to 22 of paragraph 56:—

"Beef tea, per pint—
1 lb. beef without bone.
4 oz. extractum carnis.
4 oz. essence of beef.
With pepper and salt as required."

2. The following shall be substituted for paragraph 63:—

63. At stations where hospitals for soldiers' wives and children, or infectious wards, have been established, patients under treatment will receive the diets and extras as laid down in the following scales:—

DIETS FOR WOMEN, AND CHILDREN OVER 10 YEARS OF AGE.

Article.	Class of diet.				
	Varied	Chicken	Low	Milk	Fruit
Beef or mutton*—without bone (or) with bone	oz.	4	4	4	4
Fowl	No.	12	12	12	12
Bread	oz.	12	12	12	12
Salt	oz.	12	12	12	12
Tea	oz.	12	12	12	12
Sugar	oz.	12	12	12	12
Milk	pints	12	12	12	12
Butter	oz.	12	12	12	12
Potatoes	oz.	12	12	12	12
Vegetables	oz.	12	12	12	12
Fruit	oz.	12	12	12	12
Barley	oz.	12	12	12	12
Rice	oz.	12	12	12	12
Pepper (every 100 diets)	oz.	12	12	12	12
Mustard (every 20 diets)	oz.	12	12	12	12
Eggs (for pudding)	oz.	12	12	12	12

* On varied diet—beef, 3 days; mutton, 2 days; Irish stew (with 1 oz. flour), 1 day; fish (6 oz. gross weight, with 1 oz. of butter) or 1 rabbit may be issued for one day.

* Including 1 oz. for sauce.

1 For sauce.

1 As a substitute for rice, 2 oz. of sago or tapioca may be issued 2 days each week. Bread pudding, 4 oz., with 4 oz. milk, may be issued 1 day each week on varied and chicken diets.

Extras, as laid down in paras 55 and 56,—1 oz. of cinnamon, cloves, or other spice, may be issued for 10 puddings, or one lemon for 12 puddings.

DIETS FOR CHILDREN UNDER 10 YEARS OF AGE.

Article.	Class of diet.				
	Varied	Chicken	Low	Milk	Fruit
Beef or mutton*—without bone (or) with bone	oz.	4	4	4	4
Fowl	No.	12	12	12	12
Bread	oz.	12	12	12	12
Salt	oz.	12	12	12	12
Tea	oz.	12	12	12	12
Sugar	oz.	12	12	12	12
Milk	pints	12	12	12	12
Butter	oz.	12	12	12	12
Potatoes	oz.	12	12	12	12
Vegetables	oz.	12	12	12	12
Fruit	oz.	12	12	12	12
Barley	oz.	12	12	12	12
Rice	oz.	12	12	12	12
Pepper (every 100 diets) if required	oz.	12	12	12	12
Mustard (every 20 diets) if required	oz.	12	12	12	12
Eggs (for pudding)	oz.	12	12	12	12

* On varied diet—beef, 3 days; mutton, 2 days; Irish stew (with 1 oz. flour), 1 day; fish (6 oz. gross weight, with 1 oz. butter) or 1 rabbit may be issued for one day.

* Including 1 oz. for sauce.

1 For sauce.

1 As a substitute for rice, 2 oz. of sago or tapioca may be issued 2 days each week. Bread pudding, 4 oz., with 4 oz. milk, may be issued 1 day in each week on varied and chicken diets.

Extras as laid down in paras 55 and 56,—1 oz. of cinnamon, cloves, or other spice, may be issued for 10 puddings, or one lemon for 12 puddings.

3. Insert after para. 63:—

63A. The matron and subordinates employed in established hospitals for soldiers' wives and children, or infectious wards, will receive free diets according to the scale laid down in para. 54, and the following "extras" may be ordered in addition:—

(a.) On varied diet—2 eggs, 2 oz. jam or marmalade, 2 pints lemonade.

(b.) On all other diets—12 oz. of fish, or 2 eggs; 1 rice, sago, or custard pudding; 2 oz. jam or marmalade; 2 pints lemonade, or 1 pint milk.

Any of the substitutes referred to in para. 57 may be issued as required.

4. Para. 54A is cancelled.

King's Regulations — Band Contributions and Subscriptions.

1. After 1st April, 1904, the contributions and subscriptions paid by officers under para. 282 of the King's Regulations, will cease to be payable by officers of cavalry and infantry of the line, and of the West India Regiment, when serving at home or in the colonies.

Y MEDICAL SERVICES. [THE BRITISH MEDICAL JOURNAL 813]

"9. Too much importance cannot be attached to the Sanitary service of the Army in peace and in war, and it has been represented to us that a place on the Army Council ought to have been provided for the Director-General of Army Medical Services, who

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of this Department have long been a source of trouble and friction. Under the Army Council system now inaugurated, the head of the Department must clearly either be on the Army Council as an extra Military member, or must "report to" one or other of the Military members. For strong reasons, the Committee reject the first alternative and select the Adjutant-General as the natural superior of the Medical Staff. The Staff of this Department having only recently been elevated into a Royal Corps, and placed directly under the Commander-in-Chief, it is to be feared that the change now proposed will not be altogether acceptable to this vitally important branch of the Service; but it is difficult to see what other alternative is compatible with the new organisation of the Military Departments of the War Office.

APRIL 2, 1904.]

THE MEDICAL SERVICE OF THE ARMY.

[THE BRITISH MEDICAL JOURNAL 791]

BRITISH MEDICAL ASSOCIATION.

Subscriptions to the British Medical Association for the year 1904 are now due and should be forwarded by postal order or cheque to the amount of 25s. to the General Secretary, 429, Strand, London, W.C., or, in the case of Colonial members, to their Branch Treasurer.

British Medical Journal.

SATURDAY, APRIL 2ND, 1904.

LORD ESHER'S COMMITTEE AND THE ARMY MEDICAL SERVICE.

ELSEWHERE we publish extracts from the final report of Lord Esher's Committee on War Office Reconstitution, issued at the end of last week, touching the points which concern the medical service of the army. The first thing that will probably strike most readers in the new scheme is its vague and sketchy character. Lord Esher and his colleagues seem to be aware that their whole scheme is open to this criticism. They endeavour to meet it in anticipation by insisting that they claim only to have devised the machinery which will enable the problem of the reorganization of the military forces of the Crown to be worthily solved. They say that it has been their object to avoid details as far as possible, and to "erect a strong and well-knit fabric which can be elaborated by others." They appear to have felt the nebulous character of their scheme most in regard to the medical service; nor is this to be wondered at considering that not one of the triumvirate can have any special knowledge of the medical requirements of the army. They have doubtless done their best, but their single idea seems to have been to make the medical service of the army as far as possible an exact replica of that of the navy. We have already pointed out more than once that in making this their aim they have followed a model which is not good in itself and is likely to prove disastrous if applied to the vastly more complex conditions under which the Army Medical Service has to work.

It is clearly the mistaken idea that everything is for the best in the best of all possible navies which has inspired the report; in regard to the medical service in particular this has been frankly admitted by Mr. Arnold-Forster in his reply to the representations of the Royal Naval and Military Committee of the British Medical Association. Now, it is notorious that the weakest point in the administration of the medical department of the navy is the subordinate position of the Director-General, who is simply a puppet in the hands of the Naval Lords of the Admiralty. Can a service be efficient in which an officer, who has set his heart on a particular billet which he is for good and sufficient reasons refused by the Director-General, has only to go behind his superior officer's back to get the wires pulled as he wishes? Can a service be efficient in which the responsible head has no opportunity of impressing his views, founded on expert knowledge, on the First or even on the Second Lord? His advice on matters with which he is specially conversant has to be filtered through a subordinate official who may or may not be a satisfactory medium for the purpose. This is the system which Lord Esher's Committee has taken as a model.

Adjutant-General's Branch is divided. The duties of the Adjutant-General, who is the second Military Member of the new Army Council, are summarized in the word "Personnel."

His functions are described as—

- Raising and organizing the military forces.
- Maintenance of the army abroad in officers and men.
- Distribution of units.
- Regulations for placing units on a war footing.
- Personal questions.
- Medical and sanitary matters.
- Discipline, ceremonial matters.
- Administrative arrangements connected with training and education.
- Selection and administration of the Adjutant-General's staff.

The Committee devotes several paragraphs to what seems to be intended as an explanation of the inclusion of the supervision of "medical and sanitary matters" among the multifarious and heterogeneous duties assigned to the Adjutant-General. It appears advisable, therefore, to quote this part of the Report textually. The following passages occur in Section 1 of the third part of the Report, which is headed "The Adjutant-General":

ROYAL WARRANTS.

Brevet and Substantive Rank.

EDWARD R.I.

100
Gen. No. 1297
WHEREAS We deem it expedient to amend the Regulations governing the rank of officers of Our Army; A.O. 42.
OUR WILL AND PLEASURE is that the Warrant of Her late Majesty, Queen Victoria, dated the 26th October, 1900, shall be amended as follows:—

1. The following shall be substituted for Articles 38 and 39:—

38. An officer holding the rank of lieutenant-colonel may be promoted to the brevet rank of colonel—

(a.) On appointment as aide-de-camp to the Sovereign.
(b.) On appointment to a position specified in Article 40 if, at the date of his appointment, he holds regimental rank not above that of major, and has completed three years' full pay service as brevet lieutenant-colonel.

(c.) On completion of three years' service in command of a regiment of cavalry or battalion of infantry, or in any appointment tenable by a lieutenant-colonel which may be considered by Our Army Council to be analogous thereto. One-half of any previous full pay service as substantive or brevet lieutenant-colonel may be reckoned in reduction of this period.

(d.) On completion of six years' full pay service as substantive or brevet lieutenant-colonel.

2. The following shall be substituted for Article 40:—

40. An army or brevet colonel, or a lieutenant-colonel having three years' full pay service in that rank (except a lieutenant-colonel who receives on his appointment the brevet rank of colonel under Article 38 (b)), may be granted the substantive rank of colonel on being selected for the command of a regimental district, or regiment of Our Foot Guards, for the appointment of principal ordnance officer, or for any other appointment approved by Our Secretary of State as carrying the substantive rank of colonel.

3. The following shall be substituted for the first sentence of Article 93:—

93. An army or brevet colonel, or a lieutenant-colonel,

* This refers to combatant officers only.

on being promoted to the substantive rank of colonel under Article 40, except when so promoted on appointment to the command of a regiment of Our Foot Guards; and a regimental lieutenant-colonel, not being an officer of Our Royal Engineers, on being selected for an extra-regimental appointment in Our Army, or for employment in any of the cases specified in Article 77 (h) or (i); shall be removed from his regiment or corps.

Given at Our Court at Windsor, this 10th day of February, 1904, in the 4th year of Our Reign.

By His Majesty's Command,

H. O. ARNOLD-FORSTER.

Medical Officers of Foot Guards.

EDWARD R.I.

A.O. 43.
March 1904.
WHEREAS We deem it expedient to provide that medical officers shall not in future be transferred to Our regiments of Foot Guards;

OUR WILL AND PLEASURE is that all regulations authorizing the transfer of an officer of Our Royal Army Medical Corps to Our regiments of Foot Guards shall be cancelled.

Medical officers who have already been gazetted to Our regiments of Foot Guards shall elect, within such time as may be prescribed by Our Army Council, whether they will remain therein or be transferred to Our Royal Army Medical Corps.

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A surgeon-lieutenant-colonel—as a lieutenant-colonel not selected for increased pay, with seniority from the date of promotion to his present rank.

A surgeon-major—as a major, with seniority from the date of his original promotion to the rank of surgeon-major or major.

The Warrant of Her late Majesty Queen Victoria, dated the 26th October, 1900, as amended by Our Warrants of the 24th March, 1902, and the 11th August, 1902, shall be further amended according to y.

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By His Majesty's Command,

H. O. ARNOLD-FORSTER.

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EDWARD R.I.

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March 1904

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Hospital Diets.

1. The following shall be substituted for lines 18 to 22 of paragraph 56:—

"Beef tea, per pint { 1 lb. beef without bone.
 { ½ oz. extractum carnis.
 { 4 oz. essence of beef.
 { With pepper and salt as required."

2. The following shall be substituted for paragraph 63:—

63. At stations where hospitals for soldiers' wives and children, or infectious wards, have been established, patients under treatment will receive the diets and extras as laid down in the following scales:—

DIETS FOR WOMEN, AND CHILDREN OVER 10 YEARS OF AGE.

Article.	Class of diet.				
	Varied	Chicken	Low	Milk	Plain milk
Beef or mutton*—without bone	oz.	4	4	4	4
(or) with bone	No.	5	5	5	5
Pow.	oz.	12	12	12	12
Bread	oz.	12	12	12	12
Salt	oz.	12	12	12	12
Tea	oz.	12	12	12	12
Sugar	oz.	12	12	12	12
Milk	pints	12	12	12	12
Butter	oz.	12	12	12	12
Potatoes	oz.	12	12	12	12
Vegetables	oz.	12	12	12	12
Flour	oz.	12	12	12	12
Barley	oz.	12	12	12	12
Rice	oz.	12	12	12	12
Pepper (every 100 diets)	oz.	12	12	12	12
Mustard (every 20 beef diets)	oz.	12	12	12	12
Eggs (for pudding)	oz.	12	12	12	12

* On varied diet—beef, 3 days; mutton, 2 days; Irish stew (with flour, 1 oz.) 1 day; fish, 3 oz. gross weight, with 1 oz. of butter or ½ a rabbit may be issued for one day.

† Including 1 oz. for sauce.

‡ For sauce.

§ As a substitute for rice, ½ oz. of sago or tapioca may be issued 2 days each week. Bread pudding, 1 oz., with 1 oz. of sultana, may be issued 1 day each week on varied and chicken diets.

Extras, as laid down in paras 55 and 56.—½ oz. of cinnamon, cloves, or other spice, may be issued for 10 puddings, or one lemon for 12 puddings.

DIETS FOR CHILDREN UNDER 10 YEARS OF AGE.

Article.	Class of diet.				
	Varied	Chicken	Low	Milk	Plain milk
Beef or mutton*—without bone	oz.	4	4	4	4
(or) with bone	No.	5	5	5	5
Pow.	oz.	12	12	12	12
Bread	oz.	12	12	12	12
Salt	oz.	12	12	12	12
Sugar	oz.	12	12	12	12
Milk	pints	12	12	12	12
Butter	oz.	12	12	12	12
Potatoes	oz.	12	12	12	12
Vegetables	oz.	12	12	12	12
Flour	oz.	12	12	12	12
Barley	oz.	12	12	12	12
Rice	oz.	12	12	12	12
Pepper (every 100 diets) if required	oz.	12	12	12	12
Mustard (every 20 diets) if required	oz.	12	12	12	12
Eggs (for pudding)	oz.	12	12	12	12

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3. Insert after para. 63:—

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(a.) On varied diet—2 eggs, 2 oz. jam or marmalade, 2 pints lemonade.

(b.) On all other diets—12 oz. of fish, or 2 eggs; 1 rice, sago, or custard pudding; 2 oz. jam or marmalade; 2 pints lemonade, or 1 pint milk.

Any of the substitutes referred to in para. 57 may be issued as required.

4. Para. 54A is cancelled.

BRITISH MEDICAL ASSOCIATION.

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British Medical Journal.

SATURDAY, APRIL 2ND, 1904.

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It is clearly the mistaken idea that everything is for the best in the best of all possible navies which has inspired the report; in regard to the medical service in particular this has been frankly admitted by Mr. Arnold-Forster in his reply to the representations of the Royal Naval and Military Committee of the British Medical Association. Now, it is notorious that the weakest point in the administration of the medical department of the navy is the subordinate position of the Director-General, who is simply a puppet in the hands of the Naval Lords of the Admiralty. Can a service be efficient in which an officer, who has set his heart on a particular billet which he has got good and sufficient reasons refused by the Director-General, has only to go behind his superior officer's back to get the wires pulled as he wishes? Can a service be efficient in which the responsible head has no opportunity of impressing his views, founded on expert knowledge, on the First or even on the Second Lord? His advice on matters with which he is specially conversant has to be filtered through a subordinate official who may or may not be a satisfactory medium for the purpose. This is the system which Lord Esher's Committee has taken as a model

In reply to criticisms founded on undeniable facts the Committee virtually say with Falstaff, "I deny your major." They cannot accept the view "that a place on the Army Council ought to have been provided for the Director-General of Army Medical Services," who, as they recall with something rather like a chuckle, "was a member of the defunct War Office Council." They are good enough to point out that the Royal Army Medical Corps "exist to serve the army in a most important capacity." They repudiate the principle of representation as tending to destroy the character of the Council. As on their own showing, the function of the Army Council is to create and to maintain an army, it would certainly seem that the more completely the representative principle is accepted, that is to say, the more completely special knowledge of all arms and branches of an army is in a position to make its influence practically felt, the more efficiently will the Army Council discharge its functions.

We are not, however, concerned about a word. By all means let the character of the Army Council be saved by making it, as the Committee would have us believe, absolutely non-representative. The principle for which we contend—let it be called representation or by any other name—is that in the administration of the medical, which is also the sanitary, service of the Army the Director should have no authority over him in his own sphere but the Army Council of which he should be a member. Lord Esher and his colleagues seem to have persuaded themselves that, under the arrangements which they propose, the status and the power of the Head of the Medical Services of the Army will not be lowered; they profess to believe on the contrary "that his position will be considerably strengthened in peace and war." The reason for this seems to be that the Council as a whole is now responsible for the welfare of the soldier. "It has full powers over the whole range of military administration, and there should be no danger that sanitary considerations will be neglected." The Adjutant-General, it is stated, as a member of the Council, occupies a far stronger position than his predecessors, and it is asserted that he will be able to represent effectively the medical needs of the personnel of the army with which he is especially charged. On this the obvious comment is: Could not the Head of the Medical Services represent these needs far more effectively than an officer whose mind must surely be sufficiently occupied with the multifarious duties—of less importance, indeed, than medical matters to the welfare of the army—which fall within the province of the Adjutant-General? We do not doubt the plenitude of the power of the Army Council, and we quite agree that there should be no danger that sanitary considerations may be neglected, but if the Adjutant-General should be an officer of the type with which the medical service has been painfully familiar in the past, it is pretty certain that they will be neglected. The only security against such neglect is that the Director-General shall be on the Council, not merely to recommend but to enforce his recommendations.

As will be seen by a note in another column (page 814) the Royal Naval and Military Committee of the British Medical Association held a special meeting on March 29th, and passed a resolution reaffirming its opinion that the Medical Service of the army now occupies so important a position in safeguarding the health and life of the soldier in peace and in war, that in

order to secure the highest state of efficiency it is essential, in the best interests of the army, that the medical service shall be administered by an army medical officer who shall have a seat on the Army Council. This resolution was adopted after considering fully the arguments adduced by Lord Esher's Committee in the contrary direction.

The plan proposed by Lord Esher's Committee is so retrograde that we can account for its adoption by three earnest and able men only by the supposition that it is the outcome of a compromise between conflicting influences and ambitions. We venture to predict that if the proposal is adopted by the Government, the attitude of the medical profession towards the service, which had become favourable under the influence of the reforms instituted by Mr. Brodrick, will once more be changed to one of at least negative hostility.

For the rest, as presented in the report, the scheme invites no particular criticism except in regard to the mistiness of its outlines. But, as the logicians say, *dolus latet in generalibus*, and the innocent-looking definition of the duties of the Director-General may conceal ulterior intentions of the most mischievous kind. The issue of the first part of the Report was hailed by the public as indicating the birth of a new order of things at the War Office. The "old gang," to use Lord Randolph Churchill's phrase, was to be eliminated; jobbery was to be stamped out; social influence was to be no more. A Saturnian reign was to be established in which Napoleon's maxim, *La carrière ouverte aux talents*, was to be taken as the guiding principle, and the whole machinery of administration was to be framed and worked out with a single eye to efficiency. It was a beautiful idea, but alas! for the somewhat sordid reality. Before the ink of the signatures to the Report could well have been dry, there come whispers of jobbery and social influences to mar the fair dream of reform. We know not what truth there may be in these rumours, but there is unfortunately nothing in them that is intrinsically impossible. We of course acquit Lord Esher and his colleagues of any conscious tampering with the unclear, but the very shadowiness of the system of administration which they propose lends itself to possible abuses in its practical working. Before, therefore, a final judgement is expressed on the matter, it will be well to watch for some time the development of the new organization of the service.

In the meantime, attention may be called to a curious feature of the report. Reference is made to an Army Hospitals Committee the existence of which is simply assumed without any information being vouchsafed as to how it came into being or who are its members. In the last issue of the Army List there is no mention of such a Committee. We are sure that the profession and the public would be interested to know more about this little mystery, which is suggestive of the Venetian Republic rather than of our stolidly straightforward Britain. Like the man at the Circumlocution Office—we want to know; and our curiosity is all the greater since the Hospitals Committee, as far as we can make out, is altogether independent both of the Director-General and of the Adjutant-General. Yet its duties, which are said to be to advise the Civil Member of the Council as regards the designs, sites and sanitation of barracks and hospitals might be supposed to have a somewhat close relation to the "medical and sanitary questions" which are within the province of the Director-General.

The Army Sanitary Committee is suppressed but the

Advisory Board is allowed [to survive, though instead of giving counsel to the Secretary of State for War direct it is required to bestow its advice on the Army Council. The Nursing Board has also escaped the iconoclastic hand of the reformer.

There we must leave the matter for the present. The scheme, as far as it has been revealed to the public, has, as we have pointed out, one fundamental defect which of itself must tend to make it hopelessly ineffective and therefore unacceptable to the medical profession. A system under which the head of the Army Medical Service is subordinate to an officer who represents the purely military element of the army, and an *imperium in imperio* is set up in the medical service itself, may be said to combine the maximum of confusion with the minimum of efficiency.

THE PHYSIOLOGY AND PATHOLOGY OF THE PANCREAS.

TWENTY years ago the pancreas and its diseases were omitted altogether from our standard works on the practice of medicine and even ten years ago they were dismissed in a few pages. The progress which has since been made and the knowledge which has been acquired respecting the functions of this gland, its relation to metabolism, its morbid conditions and the clinical symptoms caused by them we owe in the first place to physiological researches carried on by means of experiments on animals and in the second place to the surgery of the abdomen.

Unquestionably the clinical importance of the pancreas was greatly increased by the discovery of its relation to glycogenesis by von Mering and Minkowski, but we have to thank abdominal surgeons like Mr. Mayo Robson for working out in detail the distinctive features of the various pathological affections of the pancreas and for laying the foundations of their diagnosis. The work of von Mering and Minkowski has been followed by a series of confirmatory researches, but a new line was struck out by Pawlow in his study of the conditions under which the pancreas secretes the ferments which play, as we now know, such an important part in digestion. It was Pawlow who first drew attention to the singular adaptability of the glands concerned in the secretion of digestive fluids to special foods. Thus, a dog fed on flesh secretes pancreatic fluid rich in trypsin, while one fed on bread secretes a fluid relatively rich in starch ferment, and again a third animal fed on milk secretes a fluid rich in fat-splitting ferment. The study of this function of the pancreas has been greatly facilitated by the discovery of Starling and Bayliss that the secretion of pancreatic juice may be stimulated by introducing into the circulation the chemical substance to which they have given the name of "secretin," obtained by them from the intestinal mucous membrane. In the communication we publish by Dr. Bainbridge, one of the Research Scholars of the Association, he details some very interesting results obtained by the study of the pancreas on the lines indicated by the investigators to whose work we have alluded. He selected lactase, an enzyme normally absent from the pancreatic secretion of adult dogs, as this ferment converts lactose into galactose and dextrose, and its effect may be readily determined by estimating by means of Pavy's solution the quantity of dextrose formed with a given amount of pancreatic juice. His experiments showed that dogs fed on biscuit secrete no lactase, while those fed on milk secrete

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2. Band property belonging to these units (exclusive of presentation instruments, &c.) will remain in regimental custody, and will be replaced when necessary out of the increased allowance provided under para. 685, Allowance Regulations, but all such property will be regarded as vested in the Army Council, and will not be alienated without the consent of the Council.

3. The commanding officer will be responsible that the necessary band property of every description is at all times available and in a serviceable condition to meet the requirements of the band of the unit.

4. Inspecting officers will satisfy themselves, when making the annual inspection of units, that these instructions are carried out.—A.O. 46, March 1904.

Monthly Army List.

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LONDON, SATURDAY, MARCH 26. DENTISTS FOR THE ARMY.

TO THE EDITOR OF THE STANDARD.

SIR,—At last the Government have awakened to the fact that our soldiers have teeth, and that they are subject to dental disorders which damage the masticatory powers. So, to remedy this state of affairs throughout the country, the War Office, in their new-found zeal for reform, have actually appointed eight surgeon dentists to attend to the teeth of the whole British Army. Such a staff would not be too much for a single brigade, and to suggest that eight dentists can attend to the needs of the entire Army is simply to court ridicule. Both the German and Japanese Armies, to quote the most up-to-date Army organisations, are amply equipped with dental surgeons, having thoroughly realised the old campaigner's saying that "the Army marches on its belly," and that if a soldier's teeth are defective he cannot masticate his food properly, and so cannot march.

Now, I do not propose that every soldier who has lost some of his teeth should be fitted with false teeth on a gold plate, for in that case the cost would be prohibitive; but I do urge that every regimental depot should have its qualified surgeon dentists, who should care for the teeth of the men. Especially would I urge that particular attention be paid to the teeth of the recruits, and every trace of decay removed and stopped with permanent stopping. An ounce of prevention is worth many pounds of cure in such cases; and where teeth are too far gone for conservation they should be removed, quite apart from the question of false teeth, as a decayed tooth infects its neighbours. In recent years great attention has been paid to the boots of the Army, but little to its teeth, which, almost as much as his boots, contribute to the comfort and efficiency of Tommy Atkins. I hope that the recent appointment of eight surgeon dentists is merely the herald of a much larger number of appointments throughout the Army, and that soon we may have an Army Dental Corps of thoroughly trained and qualified dentists, on the same footing as the Army Medical Corps.

I am, Sir, your obedient servant,

A. S. HAYMAN.

London, W., March 24.

WAR OFFICE REFORM.

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We are indebted to the personal courtesy of Sir Edward Ward, K.C.B., Permanent Under-Secretary of State for War, for a copy of the third part of the report of the War Office (Reconstitution) Committee, consisting of Lord Esher, Admiral Sir John Fisher, and Colonel Sir George Clarke. In this, the concluding part of the report, the medical service of the army is dealt with. In a letter addressed to the Prime Minister with which the report is prefaced, Lord Esher and his colleagues point out that Part III "contains no new principle, but is descriptive and explanatory of the nature and the duties of offices already created by the act of His Majesty's Government, of principles already accepted and of a scheme already become operative." They add that the Sections of the Report dealing with the duties of the several branches of the War Office "have in every case been drawn up in consultation with the head of the branch concerned."

THE DUTIES OF THE ADJUTANT-GENERAL.

The "Army Medical Services," as they are called in the report, constitute one of the four main groups into which the Adjutant-General's Branch is divided. The duties of the Adjutant-General, who is the second Military Member of the new Army Council, are summarized in the word "Personnel." His functions are described as—

- Raising and organizing the military forces.
- Maintenance of the army abroad in officers and men.
- Distribution of units.
- Regulations for placing units on a war footing.
- Personal questions.
- Medical and sanitary matters.
- Discipline, ceremonial matters.
- Administrative arrangements connected with training and education.
- Selection and administration of the Adjutant-General's staff.

The Committee devotes several paragraphs to what seems to be intended as an explanation of the inclusion of the supervision of "medical and sanitary matters" among the multifarious and heterogeneous duties assigned to the Adjutant-General. It appears advisable, therefore, to quote this part of the Report textually. The following passages occur in Section I of the third part of the Report, which is headed "The Adjutant-General":

Y MEDICAL SERVICES.

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- "9. Too much importance cannot be attached to the Sanitary service of the Army in peace and in war, and it has been represented to us that a place on the Army Council ought to have been provided for the Director-General of Army Medical Services, who was a Member of the defunct War Office Council.
- "10. We cannot accept this view. The Army Council is not and cannot be a representative body as regards the several Arms and Departments. The Royal Army Medical Corps exists to serve the Army in a most important capacity; but the first object must be to create and to maintain an Army, and this is the function of the Army Council. To admit the principle of representation would destroy the character of the Council.
- "11. Sanitation in war and in peace is closely bound up with discipline, and we, therefore, consider that the proper position of the Director-General of Army Medical Services is, as we have laid down, under the Adjutant-General, whose duties are specially connected with the person of the soldier.
- "12. We do not admit that, under this arrangement, the status and the power of the Head of the Medical Services will be lowered. We believe, on the contrary, that his position will be considerably strengthened in peace and in war.
- "13. The Council as a whole is now responsible for the welfare of the soldier. It has full powers over the whole range of military requirements and there should be no danger that sanitary considerations will be neglected. The Adjutant-General, as a Member of the Council, occupies a far stronger position than his predecessors, and will be able to represent effectively the medical needs of the personnel of the Army with which he is specially charged. Moreover, the Director-General, if necessary associated with a civil representative of the Army Medical Services Advisory Board, should be summoned to the Council whenever his advice and specialist knowledge are required.
- "14. We consider, however, that it is desirable to strengthen the hands of the Director-General as regards the control of his expenditure. A case was brought to our notice in which inexcusable delay occurred in supplying necessary stores for hospital use, the apparent cause being the involved paper arrangements entailed by the alteration of a schedule. The requirements of hospitals cannot be stereotyped like those of barracks, and if all special hospital stores were placed in a separate subhead of the Vote, as we understand might be done, the Director-General could be given discretionary powers of purchase, which he does not now possess, to enable him to meet a pressing need."

We make no comment on the arguments, if such they can be called, and statements contained in these paragraphs. The whole subject is discussed in a leading article which will be found at p. 791.

THE DUTIES OF THE DIRECTOR-GENERAL.

The position of the Director-General of Army Medical Services is, as has been stated, that of head of a "group" under the Adjutant-General. There are four such "groups," the other three being Recruiting and Organization, Personal Services, and Auxiliary Forces. It is this list the Director-General occupies the third place, the fourth in order being the Director of Auxiliary Forces. The functions of the Head of the Medical Services are comprised in the following summary:

- Medical and sanitary questions.
- Administration of the Royal Army Medical Corps.
- Supply of medical stores.

ARMY HOSPITALS COMMITTEE.

Under Section iv, which deals with the duties of the Civil Member of the Army Council, it is stated that the proposals of Lord Esher's Committee on the Construction of Barracks, 1902, for the formation of a new barracks department, have been approved, and preliminary steps have already been taken to give them effect. It is recommended that this department, charged with the duty of constructing all new barracks and hospitals costing more than £2,000, be placed under the Civil Member. The Director of Barrack Construction, it is urged, should occupy a position analogous to that of the Director of Works at the Admiralty, with the powers assigned by Lord Esher's Committee; the Army Hos-

THE STANDARD, MONDAY, APRIL 25, 1904.

The Third Part of the Report contains, as the Committee observe, no new principle, but is descriptive and explanatory of the nature and duties of offices already created and of principles already accepted. A noticeable feature of it is the proposal to place the Army Medical Department under the Adjutant-General. The position and status of the Staff of this Department have long been a source of trouble and friction. Under the Army Council system now inaugurated, the head of the Department must clearly either be on the Army Council as an extra Military member, or must "report to" one or other of the Military members. For strong reasons, the Committee reject the first alternative and select the Adjutant-General as the natural superior of the Medical Staff. The Staff of this Department having only recently been elevated into a Royal Corps, and placed directly under the Commander-in-Chief, it is to be feared that the change now proposed will not be altogether acceptable to this vitally important branch of the Service; but it is difficult to see what other alternative is compatible with the new organisation of the Military Departments of the War Office.

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The Committee devotes several paragraphs to what seems to be intended as an explanation of the inclusion of the supervision of "medical and sanitary matters" among the multifarious and heterogeneous duties assigned to the Adjutant-General. It appears advisable, therefore, to quote this part of the Report textually. The following passages occur in Section I of the third part of the Report, which is headed "The Adjutant-General":

No Army List for the month of March.
Responsible for

pitals Committee (a body of which no mention is made in the foregoing parts of the Report, and which finds no place in the Army List for February) should, it is recommended, advise the civil member as regards the design, site, and sanitation of barracks and hospitals.

It is recommended (Section xi, "The Quartermaster-General," par. 6) that the Sanitary officer now attached to the Quartermaster's branch should be transferred to the new Barrack Construction Department.

From a paragraph considerably further on in the Report (Section vii, entitled "Committees") we gather that the Army Hospitals Committee was formed to undertake "among other duties" that of "reporting upon all plans for new hospitals and standard plans for barracks and standing camps, and of selecting sites for new hospitals." It is recommended that this "important Committee," should be brought into touch with the New Works Branch, and should send a civil representative to attend the Army Council when required. As far as can be gathered from the Report, the Army Hospitals Committee is altogether independent both of the Director-General of Army Medical Services and of the Advisory Board, but is responsible solely to the Civil Member of the Army Council.

ARMY SANITARY COMMITTEE.

The abolition of a number of permanent committees is recommended. Among them is the Army Sanitary Committee.

ADVISORY AND NURSING BOARDS.

Among the permanent committees stated to be required is the Army Medical Services Advisory Board, "which has already done invaluable work in relation to the whole question of Army hygiene, and which forms an essential link between the Civil and the Military Medical Professions."

The Committee advises that the Nursing Board be retained. Both the Army Medical Services Board and the Nursing Board will advise the Army Council on the subjects allotted to them and will send a representative to attend the Council when required.

Under the head of "Committees" it is stated that "where specialist knowledge not available at the War Office is required, the temporary association of experts with officials may be beneficial."

MEDICAL STORES.

In the field the hospitals and sanitary arrangements, the supply of medical stores, and accommodation and rest camps are among the duties of the Adjutant-General.

MEDICAL INTELLIGENCE WORK.

In Part II of the Report (Section iv entitled "The Chief of the General Staff," par. 25) it is stated that there is at present a great lack of information as regards technical military progress. Among other recommendations to remedy this is one to the effect that an officer of the Royal Army Medical Corps should be attached to the section of the Director of Military Operations which deals with Intelligence. It should be the duty of this officer to supply the Director-General of Army Medical Services with information in regard to new developments of military hygiene. This officer should be enabled to travel when necessary.

ROYAL NAVAL AND MILITARY COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

At a special meeting of the Royal Naval and Military Committee of the British Medical Association held on March 29th the report of the War Office (Reconstitution) Committee in so far as it affects the Medical Service was considered and the following resolution unanimously adopted:

That notwithstanding the arguments adduced in support of the proposals set out in the War Office (Reconstitution) Committee Report, Part III, the British Medical Association still adheres to its opinion that the Medical Service of the Army now occupies so important a position in safeguarding the health and life of the soldier in peace and in war, that in order to secure the highest state of efficiency it is essential in the best interests of the army that the Medical Services should be administered by an army medical officer, who shall have a seat on the Army Council.

*Messrs. Eyre and Spottiswoode inform us "that the issue of the Monthly Army List will be suspended; the No. for March will not be published, and the No. for April will be published."

THE STANDARD, MONDAY, APRIL 25, 1904.

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APRIL 16, 1904.

A STATEMENT OF THE CASE OF RE-EMPLOYED ARMY MEDICAL OFFICERS DURING THE SOUTH AFRICAN WAR.

[FROM A CORRESPONDENT.]

DURING the exigency of the South African war a certain number of retired army medical officers of lieutenant-colonel's rank, both those liable to recall and those not so liable, were re-employed by the authorities and continued re-employed for periods varying from eighteen months to three years and longer. A few of these officers were promoted in the *Gazette* of October 17th, 1902, and February 14th, 1903, to the rank of colonel, in recognition of the services they rendered during the national emergency, which services were also fully and fully recognized by official letters emanating from the Adjutant-General conveying the thanks of the Commander-in-Chief. The rank attained on promotion—that is, of colonel—was fully recognized by the authorities during the re-employment of the army medical officers by the grant of full pay and allowances of the rank of colonel.

When the exigency of the South African war ceased these officers' services were dispensed with, and they were compulsorily replaced on the retired list. It has now been decided to refuse these colonels the increased retired pay to which they seem justly and equitably entitled.

The refusal to grant these officers the increased retired pay is based on Article 604 of the Royal Warrant, "Pay, etc.," which the Finance branch says only authorizes the grant of any increased retired pay to which a re-employed officer's further service may entitle him, and that the stipulation of three years' service in the higher rank cannot be dispensed with. Now, as the refusal to grant increased retired pay is based on the "three years' service" in the higher rank, the following comments may be made:

1. How, possibly, could such officers qualify by serving three years in the promoted rank, seeing that they were compulsorily relegated to retired pay, and thus prevented from qualifying? Is it fair to first force an officer on to the retired list after all the work possible has been got out of him, and then to tell him "you cannot get the increased retired pay of your special promotion because you have not served three years in the rank."

2. The article of the Pay Warrant quoted heretofore was framed long before the unforeseen contingency of the South African war arose. It therefore appears scarcely reasonable or equitable to apply an old warrant to a new condition.

3. The case of the re-employed officers promoted was submitted to an ex-official who occupied, before retirement, a high position in the Finance branch of the War Office who has recorded his opinion on the clause of the warrant, namely: Article 604 Pay Warrant as follows:

"But it strikes me that a very narrow meaning has been given to the word, 'service,' in Article 604, and as far as I can remember not the sense that was intended. I think there is something to fight."

In the spring of 1902 a question was put by Captain Cecil Norton, M.P., to the Secretary of State for War, in the following terms:

"If he would consider the advisability of granting officers who had retired from the Army Medical Department and other branches of the service, and were not liable to recall, but accepted service in the late national emergency, similar conditions with reference to pension and rank as are granted to reserve officers who have been re-employed."

To this question the Financial Secretary to the War Office replied:

"Medical officers not liable to recall who volunteered to take the places normally occupied by medical officers of the regular army obtain similar conditions to reserve officers."

Now, the reserve medical officers, that is, those liable to recall, have benefited materially by their re-employment in obtaining increased retired pay, for example, an officer who only completed twenty years' service and more but under twenty-five years, obtained after re-employment on completion of twenty-five years an extra $\text{rs. } 6\text{d.}$ a day. Another point in favour of increased retired pay for the re-employed medical officers promoted to colonel's rank is Paragraph 1 of Army Order 16, of July, 1902, which reads as follows:

"Retired officers and others specially taken into re-employment on or before May 1st, 1902, will be allowed to reckon employment subsequent to that date, if continuous with employment before it, towards increase of retired pay."

On this ruling, officers of majors rank who had voluntarily retired but were re-employed during the South African war have been promoted to lieutenant-colonel's rank, and have duly obtained the increased retired pay of the latter rank.

Under these circumstances it is singular and incomprehensible why the lieutenant-colonels who were promoted to colonel's rank are denied the increased rate of retired pay to which they consider themselves entitled.

The action of the War Office Finance branch towards officers who in the stress of war worked hard and well can scarcely be termed creditable. The power of the Finance branch to put any ruling it likes on any clause of a Royal Warrant to the disadvantage and prejudice of officers is one that should be curtailed. The officers concerned, who are losers to a large extent by the ruling of the Finance branch, can now only fall back on such help as members of Parliament can give them.

It is, indeed, an open secret that when the *Gazette* (October 17th, 1902, giving promotions specially for services during the South African war was promulgated there was no consultation between the Military and Financial branches as to its financial effect, and now that the officers promoted are retired again it is sought to perpetuate a blunder by refusing them increased pension.

The probable cost to the State of doing justice to a body of officers of all branches promoted to colonel's rank and causing contentment among them would be not more than £16,000 a year. While millions are muddled away a very few thousands are grudgingly to officers who came willingly to the aid of the authorities in a crisis, in fact in a great national emergency, and who at their present ages will in all probability not live many years to enjoy the increased pension if even it is sanctioned.

Aberdeen Free Press

ARMY MEDICAL SERVICE.

AN EXAMINATION for not less than 30 Commissioned in the Royal Army Medical Corps, will be held on 28th JULY NEXT, and following days.

Applications to compete should be made to the Secretary of the Army Council, 65 Victoria Street, London, S.W., not later than the 15th July, on which date the list will be closed. The names of candidates will be required in London from 24th May.

Candidates who are over the regulated limit of age at the date of the examination, will be permitted to defer from their actual age any period of service in the field after 1st October, 1898, that they could reckon towards retired pay and gratuity, if such deduction will bring them within the age limit.

ABERDEEN, SATURDAY, APRIL 30, 1904.

APRIL 27, 1904.

PRIVATE APPLICATIONS TO THE WAR OFFICE.

The following Order, issued by direction of the Army Council, and signed by Colonel Sir Edward Ward, was promulgated last night—

"The following instructions are substituted for those promulgated by Army Order 185 of 1891.—

1. Officers are forbidden to write private letters to officials at the War Office on official personal matters, such as promotion, appointment, postings, transfers, &c.
2. An officer on full pay and serving in the United Kingdom is forbidden to ask for an interview with any official at Army headquarters, unless he has previously obtained from the general officer under whom he is immediately serving written permission to do so, which will only be accorded on good and reasonable grounds. The written permission will be brought to the War Office by the officer seeking the interview.
3. Officers temporarily at home, but belonging to units abroad, who have no commanding officer at home, and who are, therefore, allowed to correspond officially direct with the War Office, will be permitted to ask for an interview without a written permission; but then only in cases of such urgency that a written official application will not meet the case.
4. Attempts to obtain favourable consideration of any application by the use of outside influence are forbidden, and, if resorted to, will be regarded as an admission on the part of the applicant that his case is not good on its merits, and it will be dealt with accordingly.
5. When an interview is asked for, or a letter written on behalf of an officer by any person other than himself, such application will be deemed to have been made at his suggestion, unless he can show to the satisfaction of the authorities that he has no knowledge, directly or indirectly, of such application."

APRIL 30, 1904.

ARMY MEDICAL ADMINISTRATION.

A SPECIAL meeting of the Royal Naval and Military Committee of the British Medical Association was held on April 27th to consider a reply received from the Secretary of the War Office (Reconstitution) Committee to representations made in accordance with the resolution adopted by the Committee at its meeting on March 29th, and published in the *BRITISH MEDICAL JOURNAL* of April 2nd, p. 814. The reply stated in the first place that the War Office (Reconstitution) Committee has not proposed any change as regards the Army Hospitals Committee except to bring that body into touch with the new barrack branch under the civil member of the Army Council; and further, to provide that it shall send a representative to attend the Army Council when required; secondly, that the Advisory Board remains unaffected except that Lord Esher's Committee has laid it down that the Director-General, if necessary associated with a civil representative of the Board, should be summoned to the Army Council "whenever his advice and specialist knowledge" are required; and thirdly, Lord Esher's Committee has recommended the abolition of the Army Sanitary Committee because its functions could better be discharged by the new medical bodies recently constituted. The Royal Naval and Military Committee having fully considered the reply, resolved that a communication should be addressed to Lord Esher's Committee pointing out that the further arguments set forth in the letter now received from the War Office (Reconstitution) Committee did not in any way meet the objection urged against the exclusion of a military medical and sanitary expert from the Army Council, but by showing clearly that there was no adequate method of co-ordination rather tended to aggravate the apprehension that the scheme was likely to be inimical to the welfare of the soldier and the efficiency of the army.

MAY 28, 1904.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

The following extraordinary order has just been issued by the Government of India:

The Governor-General in Council is pleased to direct that the following shall be substituted for paragraphs 1 and 4 of the Home Department Notification No. 417, dated July 25th, 1893, amended by the Home Department Notifications of 1900 and 1901 regarding the remuneration of medical officers for attendance on native chiefs and nobles and native gentlemen of high position in a native State. The native chief or gentleman may offer any medical officer of the Government attending him such fee as he thinks fit to make, and it will be reported by the medical officer to the political agent or other officer of the Government exercising political functions in the State of which the said chief, noble, or gentleman is a resident, for the consideration of the local government within whose jurisdiction the native State is situated. This report will state the period during which he was in attendance, and the number of visits paid. The medical officer will at the same time submit to the administrative medical officer or inspector-general of hospitals, to whom he is subordinate, a full medical statement of the case, showing the nature and extent of the relief afforded, the importance of the case from a professional point of view, and the circumstances in which he attended the patient. The local government is required to satisfy itself that the fee proposed is not out of proportion to the relief afforded and to the circumstances of the case, and has authority to sanction the acceptance of a fee not exceeding Rs. 2,000. In considering these questions it will, if necessary, refer to the administrative medical officer or inspector-general of civil hospitals as the case may be. If the proposed fee exceeds this sum, the matter will be submitted with a full report by the local government for consideration and orders of the Government of India. The reports prescribed in the preceding paragraph will not be required from a medical officer when the fee does not exceed Rs. 20 a visit, or Rs. 2,000 in the aggregate, for repeated visits in the course of a year.

This order may be looked at from several points of view. The absurdly low fee allowed to be paid by a native chief with a huge income, of £3 6s. 8d. for a single visit, however many hundred miles the doctor may have travelled, except by special sanction of the local government (which means an officer of the Indian Civil Service, the notorious jealousy of which is well known to the casual reader of these absurd rules) is sufficient to reveal the spirit in which the rules have been framed. There is, however,

nothing new about this part of the ruling, which was recently characterized by the Naval and Military Committee of the British Medical Association as "an insult to the medical profession." A case recently occurred in which it is said that a medical officer performed a successful operation for cataract on a native chief, but the very moderate fee offered by the patient was materially reduced by the civilian officer to whom it had to be reported for sanction. On the patient requesting the surgeon to operate on the other eye he declined on the ground that the local government would not allow him to take a fee which would compensate him for the loss of time in going to the native State in question and remaining for several days to ensure the success of the operation. He was then ordered by the local government to go and do the second operation for the fee fixed by them. Such a condition of affairs is intolerable, and reveals the petty spirit in which the rules are carried out in practice.

In the new rules, however, a more serious question than the mere monetary one crops up, for under these new rules the medical officer is compelled to report the details of his patient's illness and of his treatment to a civilian non-medical man; the latter will then assess the amount of the fee to be received, for it will be observed that it is stated that the reference to the administrative officer is not obligatory, but will only occur when the civilian officer considers it to be necessary to do so, and in any case the final orders are issued by the civilian officers. In the first place, this order raises the very important question as to whether a medical officer is justified in revealing professional secrets as to his patients to any one, even under the orders of the Government. The inquisitorial nature of the whole proceedings is also most objectionable, and these orders may very well result in a self-respecting medical man refusing to attend any native chief except one of whom he may be in medical charge as part of his routine duties. Whether a medical officer would be justified in refusing to furnish any information as to the condition of his patient or the fee received by him on the grounds that he cannot reveal professional secrets is a delicate one, but such a course of action, whether right or wrong, would only lead to his being severely punished by the Government by being removed from his appointment, and sent to some undesirable station.

JUNE 4, 1904.

A SIDELIGHT ON MEDICAL EDUCATION.

A SERIES of tables which commence on the first page of the SUPPLEMENT will be found interesting by those who take an interest in the comparative results of medical education as carried on in different parts of Great Britain, and as represented by competition among those who hold the diplomas or degrees of different licensing bodies. It is an analysis of the results of the examinations for admission to the Royal Navy, Army Medical and Indian Medical Services communicated by the Directors of the three services to the General Medical Council; it is drawn up upon the same lines as that which we published on December 5th last year, but covers three examinations only instead of five. It is of interest as showing the extent of the competition for each service, the divisions of the country which are now supplying the majority of the candidates, and also because, since these examinations are the only form of general post-graduate competitive examination which exist, the results throw a light not otherwise obtainable upon the comparative powers shown by candidates of different classes. It will be observed that in spite of the discontent at present existing in the Indian Medical Service and of the comparative content now reigning in the Royal Army Medical Corps, the competition for vacancies in the former, though diminished, remains considerably higher than that for vacancies in the latter. The competition now is twenty-one for every ten posts in the Indian Medical Service against five competitors for every two posts last year, and nineteen for every fifteen vacancies in the Royal Army Medical Corps instead of nine for every five as last year; while the competition for admission to the Royal Naval Medical Service is reduced from three competitors for every two posts to nearly nil. It will be noted, too, that the extent to which the candidates were supplied by English colleges and universities was even greater than last year, and equal to 50 per cent, while they carried off between them nearly 60 per cent. of all the vacancies. Of more particular interest in this direction, however, is the fact that taking the men who failed totally, that is to say, who were successful neither in competition nor in reaching the qualifying standard, only 10 per cent. held English diplomas or degrees as against 20 per cent. of all Irish candidates, and as many as 37 of all Scotch candidates. A point of further interest is the continued success of candidates holding the Conjoint diploma of the English Colleges alone. As last year they compare very favourably with the candidates from Scotch and Irish universities and colleges, 85 per cent. of all of them being successful in competition. Moreover, they show well as compared with the whole of the candidates, since they occupy the higher places in all the examinations, carrying off all but one of the first six places in the naval examination and the first in the army medical; while in the examination for the Indian Medical Service out of the forty-two candidates the first held the English Conjoint diploma and the L.S.A., and the second the English Conjoint diploma alone. Of the English university candidates, there were six from London University and one each from Oxford and Cambridge. They all held other diplomas and were all successful. Of provincial universities, Durham won two places with four candidates, and Manchester one with two candidates.

Death of Field-Marshal His Royal Highness The Duke of Cambridge, K.G., &c.

The Army Council has received the King's Commands to direct, on the present melancholy occasion of the death of Field-Marshal His Royal Highness the Duke of Cambridge, K.G., K.T., K.P., G.C.B., G.C.S.I., G.C.M.G., G.C.L.E., G.C.V.O., Chief Personal Aide-de-Camp to the King, Honorary Colonel-in-Chief to the Forces, Colonel-in-Chief 17th Lancers, Royal Artillery and Royal Engineers, Colonel Grenadier Guards, Colonel-in-Chief Middlesex Regiment and King's Royal Rifle Corps, Honorary Colonel 10th Duke of Cambridge's Own Lancers, 26th Duke of Cambridge's Own Punjab, Royal Malta Artillery, 4th Bn. Suffolk Regiment, Middlesex Imperial Yeomanry, and 1st City of London Volunteer Brigade, that the officers of the Army be required to wear, when in uniform, a band of black crepe round the left arm, as prescribed by the Regulations. The mourning will commence from the 18th March and be continued until the 24th March.

* Issued as a Special A.O., dated 17th March, 1904.
—A.O. 70, April 1904.

Army Forms revised.

4. Army Forms revised:—
Army Form B 207, "Recruiting Poster; Foot Guards."
Army Form B 2065, "Recruiting Poster; types of the British Army" has been reprinted, and will in future appear as Army Form B 2055A (Mounted Arms) and Army Form B 2055B (Dismounted Arms). Copies will be distributed to all concerned.
This Form will take the place of Army Forms B 122, B 163, B 201, and B 207, which are cancelled.

Army Forms cancelled.

5. Army Forms cancelled:—
Army Form B 122, "Recruiting Poster; Army Service Corps and Royal Army Medical Corps."
Army Form B 163, "Recruiting Poster; Royal Artillery."
Army Form B 201, "Recruiting Poster; Royal Engineers."
Army Form B 207, "Form of Outpost Report."
Army Form B 2097, "Recruiting Poster; Regular Army and Militia."
—A.O. 85, April 1904.

Royal Warrant defining "Corps" for the purposes of the Army Act.

His Majesty the King has been graciously pleased by warrant, dated the 9th April, 1904, to cancel the various warrants defining "corps" for the purposes of the Army Act, and to substitute a new warrant with schedule thereto attached. Copies of the new warrant and schedule will be issued to all concerned.—A.O. 86, May 1904.

(FROM LAST NIGHT'S "LONDON GAZETTE.")

WAR OFFICE, MAY 17, 1904.

His Majesty the King has been graciously pleased to approve of the "Wills and Doers" Bearer Company, Royal Army Medical Corps (Volunteers), being formed into an independent unit.

LANCASHIRE FUSILIER VOLUNTEER INFANTRY BRIGADE BEARER COMPANY.

THE KING has been pleased to approve of the Bearer Company of the Lancashire Fusilier Volunteer Infantry Brigade being formed into an independent unit, to be designated the "Lancashire Fusilier Bearer Company, Royal Army Medical Corps (Volunteers)."

Instructions, &c.—Prohibition of Private Applications to the War Office.

Instructions substituted for those promulgated by A.O. 183 of 1891:—

1. Officers are forbidden to write private letters to officials at the War Office on official personal matters, such as promotion, appointment, postings, transfers, &c.

2. An officer on full pay and serving in the United Kingdom is forbidden to ask for an interview with any official at Army headquarters, unless he has previously obtained from the general officer under whom he is immediately serving written permission to do so, which will only be accorded on good and reasonable grounds. The written permission will be brought to the War Office by the officer seeking the interview.

3. Officers temporarily at home, but belonging to units abroad, who have no commanding officer at home, and who are therefore allowed to correspond officially direct with the War Office, will be permitted to ask for an interview without a written permission; but then only in cases of such urgency that a written official application will not meet the case.

4. Attempts to obtain favourable consideration of any application by the use of outside influence are forbidden, and, if resorted to, will be regarded as an admission on the part of the applicant that his case is not good on its merits, and it will be dealt with accordingly.

5. When an interview is asked for, or a letter written on behalf of an officer by any person other than himself, such application will be deemed to have been made at his suggestion, unless he can show to the satisfaction of the authorities that he has no knowledge, directly or indirectly, of such application.—A.O. 89, May 1904.

* Issued as a Special A.O., dated 16th April, 1904.

Revised Hospital Equipment Schedules have been approved, and copies issued to all concerned.

These schedules are confined to the hospitals shown therein. A scheme of centralization under which important central hospitals only will be retained is now under consideration.

A.O. 50 of 1903, and the first para. of A.O. 187 of 1903, are cancelled.—A.O. 93, May 1904.

Allowance Regulations.

Amend the Regulations relating to the allowances of Our Army;

The regulations attached to Our Warrant of the 5th September, 1903, amend as follows—

Hospital Stoppages.

1.—Soldiers who are detained in hospital after discharge or transfer to the Army Reserve shall not be subject to hospital stoppages.
Para. 65 and the footnote thereto amend accordingly.

Forage.

2.—Substitute for paras. 119 to 147, with effect from the 1st October, 1904:—

119. Except as provided in paras. 140 and 145, the number of horses for which forage, or an allowance in lieu thereof, may ordinarily be drawn by officers when not in receipt of a consolidated rate of pay or allowance which includes a provision for forage, will be as follows:—

	At stations at home and abroad.	With an army in the field.
133. ARMY MEDICAL STAFF AND ROYAL ARMY MEDICAL CORPS.	Horses.	Horses.
Surgeon-general	2	...
Colonel	1	...
Lieutenant-colonel or major	1	...
Principal medical officer at army head-quarters, or on the lines of communication	...	2
Officers attached to the staff of a cavalry division, or to regiments of cavalry, batteries of horse artillery, or battalions of mounted infantry	...	2
All other officers serving in front of the advanced depot, or attached to the advanced depot of medical stores, or to a stationary hospital	...	1
Lieutenant-colonel in charge of a division of a general hospital	...	1

3.—Substitute for para. 153:—

153. In a case of officers absent on leave, or on any duty not requiring them to be mounted, forage will only be allowed for their horses during the period of such leave when the horses are left at the disposal of the general or other officer commanding at the station to be employed for the public service solely by the officers performing the duties of the absent officers.

Fuel and Light Allowance.

4. Officers who have hitherto not been entitled to allowances of fuel and light at their permanent station during temporary absence on duty, shall in future be granted those allowances, for any period of such absence which does not exceed 7 days.

Para. 226 amend accordingly.—A.O. 88, May 1904.

JUNE 18, 1904.

NURSING REGULATIONS.

It is notified in Army Orders that the following will be inserted after Paragraph 100 of the Regulations for Army Medical Services:—"And, as regards medical and sanitary matters and work in connection with the sick, the matrons, sisters, and staff nurses are to be regarded as having authority in and about their hospitals next after the officers of the Royal Army Medical Corps, and are at all times to be obeyed accordingly and to receive the respect due to their position."

THE STANDARD, JULY 18, 1904.**HOSPITAL FOR OFFICERS.****HONORARY MEDICAL STAFF.**

The following list of the Honorary Medical Staff for King Edward the Seventh's Hospital for Officers, appointed by his Royal Highness the Prince of Wales, President, and his Royal Highness the Duke of Connaught, Vice President of the Hospital, the appointment being for five years from January 1, 1904, has been approved by his Majesty, as Patron:—

CONVICTED SCIENTISTS.

Sir Thomas Smith, Bart., K.C.V.O., F.R.C.S.
Sir Frederick Treves, Bart., K.C.V.O., C.B., F.R.C.S., LL.D.

MEDICAL OFFICERS.

Dr. Charles A. Morris, C.V.O., F.R.C.S.
Mr. Herbert W. Allingham, F.R.C.S.
Sir Thomas Barlow, Bart., K.C.V.O., M.D., F.R.C.P., M.R.C.S., LL.D.
Sir William Henry Bennett, K.C.V.O., F.R.C.S., L.R.C.P.
Mr. Tom Bird, M.R.C.S.
Mr. Anthony A. Bowley, C.M.G., F.R.C.S.
Sir William H. Broadbent, Bart., K.C.V.O., M.D., F.R.C.P., F.R.S., LL.D.
Mr. Arthur H. Cheate, F.R.C.S., L.R.C.P.
Mr. G. Lenthal Cheate, C.B., F.R.C.S.
Sir Anderson Critchett, F.R.C.S. Edin., M.R.C.S. Eng.
Dr. Alexander Crombie, C.B., L.R.C.S. Edin.
Dr. David Ferrier, F.R.C.P., F.R.S., LL.D.
Dr. P. Johnston Freyer.
Sir Alfred Downing Fripp, C.V.O., C.B., F.R.C.S., L.R.C.P.
Mr. Hickman Godlee, M.S., F.R.C.S.
Dr. James Frederick Goodhart, F.R.C.P., M.R.C.S., LL.D.
Dr. Frederick William Hewitt, M.V.O., M.R.C.S.
Sir Victor A. H. Horsley, F.R.C.S., F.R.S.
Mr. George Henry Makins, C.B., L.R.C.P., F.R.C.S.
Mr. John Percy Manservant, F.R.C.S., M.R.C.S., L.R.C.P.
Dr. Frederick W. Fawcett, F.R.C.P., F.R.S., LL.D.
Sir Richard D. Powell, Bart., K.C.V.O., F.R.C.P., M.D., M.R.C.S.
Dr. William Andrew Turner, F.R.C.P.
Mr. Henry Roe Walker, M.R.C.S., L.R.C.P.
Dr. William Hale White, F.R.C.P., M.R.C.S.

Architect—Mr. Arthur Bonfield.

JUNE 21, 1904.

THE MEDICAL SERVICE OF THE ARMY.

It is true that the Government intends to shelve the question of army organization till next session, no opportunity will arise for the discussion by Parliament of the recommendations of Lord Esher's Committee as to the Medical Service. At present the position of the Service is not altogether unlike that of the subject of Mr. Montagu Tiggs's famous riddle, "When is a man in gaol like a man out of gaol?" We have it on that gentleman's authority that the answer to this riddle has never been found; but we hope that a solution of the medico-military problem may soon be forthcoming. In the meantime, it may be worth while to review the actual situation. According to the letter of the War Office Reconstitution Committee, which was published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 7th, p. 115, the health of the army is now in the care of three distinct and more or less independent authorities, the Director-General, the Advisory Board, and the Hospitals Committee. The Director-General, who is nominally the executive head of the Army Medical Service, is *ex officio* Chairman of the Advisory Board. He is to some extent under the control of that Board, but, according to the recommendations of Lord Esher's Committee, he can be summoned independently of the Board to the Army Council "whenever his advice and specialist knowledge are required." With the Hospitals Committee he has nothing to do. The Director-General may possibly find it as easy to separate his different capacities as Harpagon's servant found it to divest himself of the character of cook and assume that of coachman. To the ordinary mind, however, his complicated official personality is a mystery almost theological in its subtle elusiveness. In the letter to which reference has been made, it is stated that the Advisory Board "remains unaffected," except that the Director-General—"if necessary associated with a Civil representative of the Board"—may be invited to advise the Army Council independently of the Board. This practically gives the military authorities the power of dispensing with the counsel of the Advisory Board, or of going behind its decisions whenever they please. Again, the Board, which used to make its recommendations directly to the Secretary of State for War, is now under the Adjutant-General, among whose multifarious functions the supervision of "medical and sanitary matters" occupies a relatively insignificant place. As soon as the third part of the Report of Lord Esher's Committee was issued direct communication between the Advisory Board and the Secretary of State was cut off, and it was ordered to send its recommendations to the Adjutant-General. This at once reduced the Board to the position of a Greek chorus—a fate which, at the time of its formation, we predicted would be likely to befall it. As long as Mr. Brodrick remained in office, however, he loyally gave effect to his professed intention, and the Board exercised a real controlling influence, and its work, on the whole, made for efficiency. But under the new arrangement the Board was made directly subordinate to a purely military authority. The Adjutant-General could deal pretty much as he pleased with its recommendations, and there was no security that they would even reach the Army Council. We understand that this system, which obviously tends to neutralize whatever power for good the Board might have, has been so far altered that instead of the recommendations being submitted to the Adjutant-General, they are now sent to the Secretary of the Army Council. This at least affords assurance that the recommendations will be brought to the knowledge of the superior authority of the army. But how can a Council on which medical science has no representative profitably discuss the recommendations of a medical Board? That, as has more than once been pointed out in the JOURNAL, is one of the weak points of the system proposed by Lord Esher's Committee. Another is the independent position given to the Hospitals Committee, which is in organic relation with the Works Branch, and reports upon all plans for new hospitals and standard plans for barracks and

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

DECLARATION.

I

a Candidate for appointment as Nursing Sister in Queen Alexandra's Military Nursing Service for India, do hereby declare that I have answered the following questions to the best of my knowledge and belief, that I am fully aware of the terms and conditions of service [printed on the other side] under which I seek appointment, and accept the same.

1. Date and place of birth *supported by Certificate of birth* -
N.B.—Certificate of Baptism will not be accepted except in the case of Candidates born in India.
2. Profession or occupation of father -
3. Whether single, married, or widow -
4. Place and standard of education
5. State of health, *supported by a Medical Certificate* -
6. In what hospital trained, with dates of entering and leaving. Give name of Matron and of two senior Medical Officers (one physician and one surgeon) to whom reference may be made
7. List of appointments (if any) held since completion of training, with dates. Give name of Matron and two senior Medical Officers (one physician and one surgeon) at the hospital at which last employed, to whom reference may be made -
8. Names and addresses of two ladies to whom reference may be made as to social position (they should not be employers or relations, but well acquainted with the candidate in private life)
9. Have you ever been a candidate for the Army Nursing Service, or Queen Alexandra's Imperial Nursing Service? If so, what was the result?

Note.—No testimonials need be sent, but candidates will be expected to produce their original certificates of training if called upon to do so.

Signature _____

Permanent Address _____

Date _____

Note.—On a candidate being appointed to the Service this Declaration will be stamped as an agreement according to law.

(Form 147.)

14550. L. 1111. 500.—6/1904.

connected with Army officers cannot grapple with the medical members of the the Advisory Medical Board and that the five civil long pleasure tour, a n, and the others con- en so situated are able or which they are paid ago the organ of the Medical Journal, alluded he Advisory Medical er the sum allocated vantage. At present my Medical Service with expenses. It is etter to pay a fee for the meetings of the but we have heard igent." Indeed, it is l members are fairly If to the pay of the penses and personal the extra emoluments rship of the Advisory its the country £2000 sum? The foregoing After its institution unpopular, and then inspections. And not tions, but so also did army corps, Generals I went rushing round t one hospital five of The Advisory Board's is had been run since t "scratch" staffs in (.C.) orderlies, civilian e nurses. In truth, Kingdom could have Army Medical Corps these hospitals were f their charges. This d the Advisory Board s stated. Rather a inspections which is vouched for. Rather n coming towards a is going his rounds e latter was about to intruder, the Army "Leave him alone, ise."

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ad Journal on the point to the deplor- it states that three r-General, and the ther, can advise the sion of medical and t this muddling as ntre," and also as is not reform, but ll break down." If set aside ruthlessly boards, medical and d useless "Appeal e tax-payer without Arnold-Forster take

JUNE 20, 1904.

Allowance Regulations.

Amend the Regulations relating to the allowances of Our Army;

The regulations attached to Our Warrant of the 5th September, 1903, amend as follows:—

Hospital Stoppages.

1.—Soldiers who are detained in hospital after discharge or transfer to the Army Reserve shall not be subject to hospital stoppages.
Para. 65 and the footnote thereto amend accordingly.

Forage.

2.—Substitute for paras. 119 to 147, with effect from the 1st October, 1904:—

119. Except as provided in paras. 140 and 145, the number of horses for which forage, or an allowance in lieu thereof, may ordinarily be drawn by officers when not in receipt of a consolidated rate of pay or allowance which includes a provision for forage, will be as follows:—

	At stations at home and abroad.	With an army in the field.
133. ARMY MEDICAL STAFF AND ROYAL ARMY MEDICAL CORPS.	Horses.	Horses.
Surgeon-general	2	...
Colonel	1	...
Lieutenant-colonel or major	1	...
Principal medical officer at army head-quarters, or on the lines of communication	...	2
Officers attached to the staff of a cavalry division, or to regiments of cavalry, batteries of horse artillery, or battalions of mounted infantry	...	2
All other officers serving in front of the advanced depot, or attached to the advanced depot of medical stores, or to a stationary hospital	...	1
Lieutenant-colonel in charge of a division of a general hospital	...	1

3.—Substitute for para. 153:—

153. In a case of officers absent on leave, or on any duty not requiring them to be mounted, forage will only be allowed for their horses during the period of such leave when the horses are left at the disposal of the general or other officer commanding at the station to be employed for the public service solely by the officers performing the duties of the absent officers.

Fuel and Light Allowance.

4. Officers who have hitherto not been entitled to allowances of fuel and light at their permanent station during temporary absence on duty, shall in future be granted those allowances, for any period of such absence which does not exceed 7 days.

Para. 226 amend accordingly.—A.O. 88, May 1904.

JUNE 18, 1904.

NURSING REGULATIONS.

It is notified in Army Order 114 of 1904 that the following will be inserted after Paragraph 10 of the Regulations for Army Medical Services:—"As regards medical and sanitary matters and work in connection with the sick, the matrons, sisters, and staff nurses are to be regarded as having authority in and about their hospitals next after the officers of the Royal Army Medical Corps, and are at all times to be obeyed accordingly and to receive the respect due to their position."

THE STANDARD, JULY 18, 1904.**HOSPITAL FOR OFFICERS.****HONORARY MEDICAL STAFF.**

The following list of the Honorary Medical Staff for King Edward the Seventh's Hospital for Officers, appointed by his Royal Highness the Prince of Wales, President, and his Royal Highness the Duke of Connaught, Vice President of the Hospital, the appointment being for five years from January 1, 1904, has been approved by his Majesty, as Patron:—

CONSULTING SURGEONS.

Sir Thomas Smith, Bart., K.C.V.O., F.R.C.S.
Sir Frederick Treves, Bart., K.C.V.O., C.B., F.R.C.S., LL.D.

MEDICAL OFFICERS.

Dr. Charles A. Morris, C.V.O., F.R.C.S.
Mr. Herbert W. Allingham, F.R.C.S.
Sir Thomas Barlow, Bart., K.C.V.O., M.D., F.R.C.P., M.R.C.S., LL.D.
Sir William Henry Bennett, K.C.V.O., F.R.C.S., L.R.C.P.
Mr. Tom Bird, M.R.C.S.
Mr. Anthony A. Bowley, C.M.G., F.R.C.S.
Sir William H. Broadbent, Bart., K.C.V.O., M.D., F.R.C.P., F.R.S., LL.D.
Mr. Arthur H. Cheate, F.R.C.S., L.R.C.P.
Mr. G. Lenthal Chestie, C.B., F.R.C.S.
Sir Anderson Critchett, F.R.C.S. Edin., M.R.C.S. Eng.
Dr. Alexander Crombie, C.B., L.R.C.S. Edin.
Dr. David Ferrier, F.R.C.P., F.R.S., LL.D.
Dr. F. Johnston Freyer.
Sir Alfred Downang Fripp, C.V.O., C.B., F.R.C.S., L.R.C.P.
Mr. Hickman Godlee, M.S., F.R.C.S.
Dr. James Frederick Goodhart, F.R.C.P., M.R.C.S., LL.D.
Dr. Frederick William Hewitt, M.V.O., M.R.C.S.
Sir Victor A. H. Horsley, F.R.C.S., F.R.S.
Mr. George Henry Makins, C.B., L.R.C.P., F.R.C.S.
Mr. John Percy Mummery, F.R.C.S., M.R.C.S., L.R.C.P.
Dr. Frederick W. Pavy, F.R.C.P., F.R.S., LL.D.
Sir Richard D. Powell, Bart., K.C.V.O., F.R.C.P., M.D., M.R.C.S.
Dr. William Andrew Turner, F.R.C.P.
Mr. Henry Ede Walker, M.R.C.S., L.R.C.P.
Dr. William Hale Waise, F.R.C.P., M.R.C.S.

Architect—Mr. Arthur Blomfield.

THE MEDICAL SERVICE OF THE ARMY.

It is true that the Government intends to shelve the question of army organization till next session, no opportunity will arise for the discussion by Parliament of the recommendations of Lord Escher's Committee as to the Medical Service. At present the position of the Service is not altogether unlike that of the subject of Mr. Montagu Tiggs's famous riddle, "When is a man in gaol like a man out of gaol?" We have it on that gentleman's authority that the answer to this riddle has never been found; but we hope that a solution of the medico-military problem may soon be forthcoming. In the meantime, it may be worth while to review the actual situation. According to the letter of the War Office Reconstitution Committee, which was published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 7th, p. 115, the health of the army is now in the care of three distinct and more or less independent authorities, the Director-General, the Advisory Board, and the Hospitals Committee. The Director-General, who is nominally the executive head of the Army Medical Service, is *ex officio* Chairman of the Advisory Board. He is to some extent under the control of that Board, but, according to the recommendations of Lord Escher's Committee, he can be summoned independently of the Board to the Army Council "whenever his advice and specialist knowledge are required." With the Hospitals Committee he has nothing to do. The Director-General may possibly find it as easy to separate his different capacities as Harpagon's servant found it to divest himself of the character of cook and assume that of coachman. To the ordinary mind, however, his complicated official personality is a mystery almost theological in its subtle elusiveness. In the letter to which reference has been made, it is stated that the Advisory Board "remains unaffected," except that the Director-General—"if necessary associated with a Civil representative of the Board"—may be invited to advise the Army Council independently of the Board. This practically gives the military authorities the power of dispensing with the counsel of the Advisory Board, or of going behind its decisions whenever they please. Again, the Board, which used to make its recommendations directly to the Secretary of State for War, is now under the Adjutant-General, among whose multifarious functions the supervision of "medical and sanitary matters" occupies a relatively insignificant place. As soon as the third part of the Report of Lord Escher's Committee was issued direct communication between the Advisory Board and the Secretary of State was cut off, and it was ordered to send its recommendations to the Adjutant-General. This at once reduced the Board to the position of a Greek chorus—a fate which, at the time of its formation, we predicted would be likely to befall it. As long as Mr. Brodrick remained in office, however, he loyally gave effect to his professed intention, and the Board exercised a real controlling influence, and its work, on the whole, made for efficiency. But under the new arrangement the Board was made directly subordinate to a purely military authority. The Adjutant-General could deal pretty much as he pleased with its recommendations, and there was no security that they would even reach the Army Council. We understand that this system, which obviously tends to neutralize whatever power for good the Board might have, has been so far altered that instead of the recommendations being submitted to the Adjutant-General, they are now sent to the Secretary of the Army Council. This at least affords assurance that the recommendations will be brought to the knowledge of the superior authority of the army. But how can a Council on which medical science has no representative profitably discuss the recommendations of a medical Board? That, as has more than once been pointed out in the JOURNAL, is one of the weak points of the system proposed by Lord Escher's Committee. Another is the independent position given to the Hospitals Committee, which is in organic relation with the Works Branch, and reports upon all plans for new hospitals and standard plans for barracks and

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

DECLARATION.

I

a Candidate for appointment as Nursing Sister in Queen Alexandra's Military Nursing Service for India, do hereby declare that I have answered the following questions to the best of my knowledge and belief, that I am fully aware of the terms and conditions of service [printed on the other side] under which I seek appointment, and accept the same.

1. Date and place of birth *sup-
ported by Certificate of birth -*
N.B.—*Certificate of Baptism will not
be accepted except in the case of
Candidates born in India.*
2. Profession or occupation of
father - - - }
3. Whether single, married, or
widow - - - }
4. Place and standard of education
5. State of health, *supported by a
Medical Certificate* - - }
6. In what hospital trained, with
dates of entering and leaving.
Give name of Matron and of
two *senior* Medical Officers (one
physician and one surgeon) to
whom reference may be made
7. List of appointments (if any)
held since completion of
training, with dates. Give
name of Matron and two
senior Medical Officers (one
physician and one surgeon) at
the hospital at which last
employed, to whom reference
may be made - - - }
8. Names and addresses of two
ladies to whom reference may
be made as to social position
(they should not be employers
or relations, but well ac-
quainted with the candidate
in private life) - - }
9. Have you ever been a candidate
for the Army Nursing Service,
or Queen Alexandra's Imperial
Nursing Service? If so, what
was the result? }

Note.—No testimonials need be sent, but candidates will be expected to produce their original certificates of training if called upon to do so.

Signature _____

Permanent Address _____

Date _____

Note.—On a candidate being appointed to the Service this Declaration will be stamped as an agreement according to law.

(Form 147.)

14550. I. 1111. 500.—6/1904.

CONDITIONS OF APPOINTMENT, &c.

(Applications for admission to the Service should be addressed to the Under Secretary of State,
India Office, St. James' Park, London, S.W.)

1. The Nursing Establishment consists of three grades, viz. :—

- (1.) Lady Superintendents.
- (2.) Senior Nursing Sisters.
- (3.) Nursing Sisters.

Note.—The term "lady nurse" as used in the following paragraphs includes all three grades.

The numbers in these grades are subject to alteration : but at present the service is composed of 65 Nursing Sisters, 15 Senior Nursing Sisters, and four Lady Superintendents.

2. Nursing Sisters must be, at the time of appointment, over 25 and under 35 years of age, and before admission to the Service they must satisfy the Nursing Board at the India Office, in a personal interview, as to their general suitability, and must be certified by the President of the Medical Board to be physically fit for service in India. They must have had at least three years' preliminary training and service combined in a general hospital or hospitals in which adult male patients receive medical and surgical treatment, and in which a staff of Nursing Sisters is maintained.

3. The duration of a term of service, for all grades of lady nurses, is five years, and may be renewed for a second, and again for a third, period of five years at the option of the Government, with the consent of the lady nurse. A lady nurse who has been pronounced by a Medical Board to be physically fit for further service in India, and who may be specially recommended by the Commander-in-Chief in India for an extension of service, will be permitted to serve for a fourth term of five years.

4. The engagement may, however, be terminated at any time on six months' notice being given, either on the part of the Government or of the lady nurse (but see paras. 16 and 17).

Rates of Pay.

(In addition to free quarters, fuel, light, and punkah-pullers.)

	Rs.
5. For a Lady Superintendent - - - -	300 per mensem,
For a Senior Nursing Sister - - - -	200 "
For a Nursing Sister - - - -	175 "

commencing from the date of embarkation for India.

A local allowance of Rs. 50 per mensem is authorised for the Senior Lady Superintendent.

An allowance of Rs. 60 for the provision of uniform is authorised for every Senior Nursing Sister and Nursing Sister at the end of each completed year of service; and a grant-in-aid for the provision and maintenance of mess property is made at the rate of Rs. 50 for each lady nurse on appointment and Rs. 12 annually afterwards.

Leave.

6. After engagement for a second, third, or fourth term of service, a lady nurse may be granted not more than one year's leave from duty, on two-thirds pay, with free passage by sea and land from and to her station. Such period will not reckon as service in any way.

Such leave may be extended on medical certificate for a period not exceeding one year, on two-thirds pay, provided that, in the opinion of the India Office Medical Board, there is a reasonable prospect of her return to duty.

7. Special leave out of India, without pay, can also be granted, subject to the exigencies of the Service.

8. Leave on medical certificate, either in or out of India, up to a maximum of six months during each five years' term of service, may be granted to a lady nurse by the Principal Medical Officer of the Command; during such leave, which will reckon as service, she will receive two-thirds of the salary of her grade. Such leave may be extended for a further period not exceeding six months, on the condition that the period of extension shall be reckoned as part of the one year's leave referred to in paragraph 6 on completion of a term of five years' service, should the lady nurse eventually become entitled to such leave. This extension will only be granted on the recommendation of a Medical Board. If the leave is taken in Europe, free passage by sea and rail is granted on the homeward, and by rail only on the outward, journey. Short leave and privilege leave may be granted at the discretion of the local authorities and as circumstances may admit.

Gratuities.

9. The following gratuities on leaving the Service are payable to lady nurses:—

	Nursing Sister.	Senior Nursing Sister.	Lady Superintendent.
For a completed term of 5 years - -	Rs. 500	As Nursing Sister, with Rs. 70 additional for each complete year's service as Senior Nursing Sister.	As Nursing Sister, with Rs. 70 additional for each complete year's service as Senior Nursing Sister, and Rs. 140 additional for each complete year's service as Lady Superintendent.
For a completed term of 10 years - -	1,500	As Nursing Sister, with Rs. 125 additional for each complete year's service as Senior Nursing Sister.	As Nursing Sister, with Rs. 125 additional for each complete year's service as Senior Nursing Sister, and Rs. 250 additional for each complete year's service as Lady Superintendent.
If compelled by sickness to leave India before completion of a 5 years' term, for each complete year's service - -	75	Rs. 100	Rs. 200
If compelled by sickness to leave India after completion of a first term of 5 years' service, but before completion of a second, for each complete year of the second term, and in addition to the gratuity for the completed term of 5 years as shown above - -	100	120	240

10. No gratuity is given for service terminated by any other cause than sickness or the completion of the term of 5 or 10 years' service.

Pensions.

11. Lady nurses retiring after completion of 15 or 20 years' total service will be entitled to pension at the following rates:—

	Nursing Sister, per annum.	Senior Nursing Sister.	Lady Superintendent.
After 15 years' service - - -	£ 50	As Nursing Sister, with 1 <i>l</i> . additional for each complete year's service in the grade of Senior Nursing Sister.	As Nursing Sister, with 1 <i>l</i> . additional for each complete year's service as Senior Nursing Sister, and 2 <i>l</i> . additional for each complete year's service as Lady Superintendent.
After 20 years' service - - -	60		

12. A lady nurse compelled by ill-health to retire after more than 15 but less than 20 years' total service will receive a pension of 50*l.* a year, with an increment of 2*l.* for each completed year over 15 years' service, and an additional 1*l.* a year in the case of a Senior Nursing Sister, and 2*l.* a year in the case of a Lady Superintendent, for each complete year served in those grades respectively (with the addition, for a Lady Superintendent of 1*l.* a year for each complete year's service in the grade of Senior Nursing Sister).

13. A lady nurse compelled by ill-health to retire after more than 10 but less than 15 years' service, will be granted such rate of pension, below that fixed for 15 years' service, as may be determined by the Secretary of State for India in Council on the recommendation of the Government of India.

14. If paid in India, these pensions will be payable in Indian currency at the rate of Rs. 15 to the 1*l.* sterling.

Passage, &c.

15. Passage at the public expense, subject to a deduction of 2*s.* a day for messing while on board ship, is granted to lady nurses when proceeding to India on appointment; and also when returning home on leave (under paragraph 6) on completion of a term of service, or if invalidated home before the completion of a term, provided that they avail themselves of it within one year of the completion of their term or of the orders permitting their retirement. They are entitled to take 6 cwt. of baggage. They are also entitled to travelling expenses on the above occasions from their places of residence in England to port of embarkation, and from port of disembarkation in India to destination in that country, and *vice versa*. Claims for conveyance of baggage must be supported by vouchers. Agency and dock charges are inadmissible.

16. An outfit allowance on appointment is made at the rate of 15*l.* for each Nursing Sister.

17. A lady nurse who resigns (except on account of ill-health), with less than 5 years' Indian service, will forthwith refund the sum of 20*l.* in respect of her passage out (or 30*l.* if she have failed to give the notice required by Rule 4), and will not be entitled to a passage home.

18. A lady nurse who, having completed a term of service, has re-engaged and availed herself of leave to England, will be subject to the same penalties if she resigns (except owing to ill-health) before completing the term of her engagement. If, however, she has not availed herself of leave to England on re-engagement, she is subject to no penalty on resignation, except a fine of 10*l.* if she fails to give six months' notice; and, whether she gives notice or not, she will receive free passage to England.

19. Lady nurses must be prepared to embark, if necessary, not later than 30 days from date of appointment.

Army 1904, June, 1904.

Royal Warrant—Ranks and Appointments of Non-commissioned Officers and Men.

Amend the regulations relating to the classification of non-commissioned officers and men of Our Army, and to provide that in all cases their pension and allowances shall be governed by their permanent rank :

The Warrant dated 26th October, 1900, and the Regulations for the Allowances of Our Army, published with Our Warrant of the 5th September, 1903, amend in accordance with the following provisions :—

1. The non-commissioned officers enumerated in column 1 of the following table shall in future have the rank and bear the designation shown in column 2 :—

Former rank and designation.	Future rank and designation.
Corporal-instructor in fencing and gymnastics.	Squadron-corporal-major-instructor in fencing and gymnastics.
Sergeant-instructor in fencing and gymnastics.	Squadron-sergeant-major-instructor in fencing and gymnastics.
Corporal-trumpeter.	Corporal-of-horse-trumpeter.
Orderly-room Paymaster ...	Orderly-room Paymaster ...
Saddler ...	Saddler ...
Farrier ...	Farrier ...
Sergeant-instructor in gunnery.	Company-sergeant-major-instructor in gunnery.
Sergeant-instructor of musketry.	Colour-sergeant-instructor of musketry.
Staff-sergeant 1st class (Royal Army Medical Corps).	Quarter-master-sergeant.
Staff-sergeant, 2nd class (Royal Army Medical Corps).	Staff-sergeant.
Staff-armourer-sergeant.	Armourer quarter-master-sergeant.
Armament-sergeant.	Armament-staff-sergeant.
Armourer-sergeant, 1st class.	Armourer-staff-sergeant.
Armourer-sergeant, 2nd class.	Company-sergeant-major-photographer.
Sergeant-photographer.	Company-sergeant-major-instructor.
Sergeant-instructor, 2nd class (School of Musketry).	Sergeant-instructor.
Sergeant-instructor, 3rd class (School of Musketry).	Company-sergeant-major-instructor.
Sergeant-instructor, 1st and 2nd class (In gymnasia).	Sergeant-instructor.
Sergeant-instructor, 3rd class (In gymnasia).	

July 16, 1904.

THE BROAD ARROW.

THE ADVISORY BOARD OF THE ARMY MEDICAL SERVICE.

[COMMUNICATED.]

OF the legacies left by the late Secretary of State for War (Mr. Brodrick) to his successor (Mr. Arnold-Forster), the Advisory Boards are not the least ill-fated. Army corps, three years' service in the ranks, etc., have failed, and it is a question whether Advisory Boards may not be abolished without in any way affecting efficiency. The institution of Advisory Boards is costly, and where economy in the administration of the Army is a *sine qua non* the point arises: Can Advisory Boards make more useful suggestions on educational or Army medical efficiency in peace and war than can the highly-paid and experienced officers who preside over the destinies of these two departments of the Service? It is not my object to enter into the complications that have arisen over the Advisory Board for the educational branch, but I shall be allowed to express the opinion of a Service paper of standing. *The Broad Arrow*, in discussing, on the 25th ult., the appointment of a new Director-General of Military Education, said: "However even he will fail if he is hampered by Mr. Brodrick's legacy of the Advisory Board. That adjunct to vacillation has revised its views which are not generally acceptable, and it should now be thanked and dismissed, particularly as its meetings add, comparatively speaking, largely to the Estimates. It is very desirable that in future military education should be directed by an officer who will be allowed freedom of action, and whose experience has been gained in a practical school." Just two years previously the same journal pronounced the following pregnant prediction: "But it may be doubted whether such a board (the Advisory Board) will be found to work harmoniously and without friction in a matter on which there appears to be such complexity of views as that of military education." May not these quotations be applied in every respect to the Advisory Board of the Army Medical Service? Let us take the history of this Board. It was instituted when the country was smarting under the statements, largely exaggerated and in some respects inaccurate, made in *The Times* by Mr. Burdett-Coutts about the administration and working of the military hospitals in South Africa, and the Treasury accepted the expense of its institution in deference to public opinion during an insensate panic. It has been considered that the recommendations of an Advisory Board must of necessity be accepted, and acted upon without cavil, by the Secretary of State for War. This is a complete fallacy; it is a mockery, a delusion, and a snare. Let me ask whether since its formation in the Army Medical Service, all, and if not all, how many of its recommendations have been wholly, or even in part, accepted and acted upon? Perhaps an answer of an authoritative nature may be forthcoming. Again, is it not a fact that long previous to the outbreak of the South African War the military medical authorities had represented shortcomings in the Army Medical Department, namely, shortage in medical officers, an undermanned medical service, insufficient hospital requirements, with other defects and deficiencies, to which the Army authorities turned a deaf ear; either because of gross conservatism, or because any recommendation made for improving the state of things was not acceptable to the Treasury—the great boulder of obstruction to all Army reform? Successive Blue Books can prove how far Army medical officers have been helpless to get their recommendations

carried out. Further, is there any one subject connected with Army medical administration that military medical officers cannot grapple with as well, or even better, than any civil medical members of the Advisory Board? When the constitution of the Advisory Medical Board at headquarters is discussed it is found that the five civil doctors on it are located as follows: One on a long pleasure tour, a second a surgeon in leading practice in Dublin, and the others consulting surgeons in London. Can it be that men so situated are able to give their services effectively to the work for which they are paid £200 a year out of public funds? Six months ago the organ of the British Medical Association, *The British Medical Journal*, alluded in the following terms to the working of the Advisory Medical Board: "But we are inclined to ask whether the sum allocated in the Estimates is expended to the best advantage. At present each of the civilian members of the Army Medical Service Advisory Board receives £200 a year, together with expenses. It is perhaps a question whether it would not be better to pay a fee for each attendance. The list of attendances at the meetings of the Board and its committees are not published, but we have heard rumours that all the members are not equally diligent." Indeed, it is no secret that only two out of the five civil members are fairly punctual in their attendance at the meetings. If to the pay of the civil members is added their travelling expenses and personal allowances to pay hotel bills, etc., and also the extra emoluments given to the military medical officers for membership of the Advisory Board, it will be found that this institution costs the country £2000 or more a year. Are the results worth this sum? The foregoing statements will enable any one to frame a reply. After its institution the Advisory Board, in its zeal, adopted a most unpopular, and then unjust, step—it commenced to make surprise inspections. And not only did this Board make these surprise inspections, but so also did commanders and principal medical officers of army corps, Generals and principal medical officers of Districts. All went rushing round hospitals, madly making surprise visits, and at one hospital five of such inspections occurred within a few days. The Advisory Board's visits commenced at a time when these hospitals had been run since the beginning of the South African War with "scratch" staffs in every case, i.e., civilian or regimental (not R.A.M.C.) orderlies, civilian wardmasters and stewards, and civilian female nurses. In truth, scarcely one military hospital in the United Kingdom could have had five per cent. of its properly trained Royal Army Medical Corps staffs. Yet the medical officers in charge of these hospitals were held to blame, and not a few were turned out of their charges. This scarcely redounds to the credit of the members of the Advisory Board who could not have been ignorant of the facts stated. Rather a humorous incident arose over these surprise inspections which is worth relating as its substantial correctness is vouched for. Rather a disreputable-looking man was one day seen coming towards a certain hospital while the medical officer was going his rounds accompanied by the sergeant-major. When the latter was about to raise his voice to order off the seedy-looking intruder, the Army medical officer asked him to refrain, saying: "Leave him alone, he is very probably a surprise inspector in disguise."

If a surprise visit is to be a just and equitable one it should be made under circumstances different to those related. These surprise visits are the custom also for the matron-in-chief and her aide-de-camp the principal matron, who not only do not confine themselves to their legitimate business but interfere with administration, construction, equipment, etc., matters out of their competence and province. In fact the Advisory Board finds no favour. Its actions in reference to recommendations for promotion in the Royal Army Medical Corps have been distrusted. Mr. Brodrick's pet is loved by no one except himself and the gentlemen members who draw extra emoluments from public funds. The Army Medical Service in these days is not what it used to be in years gone by. There are in it at present highly-qualified officers, many of whom are experts in science, bacteriology, ophthalmology, hygiene, medicine, and surgery; men well experienced in the executive and administrative duties pertaining to their branch, with an officer at their head (the Director-General) who would not have been placed there had he not been considered in every respect fit to administer his department. So that it is futile to contend that the Army medical officers are not quite capable of managing their own affairs without any extraneous civil aid or an Advisory Board which costs £2000 a year. It is now currently reported that the new nursing Regulations for Army hospitals, possibly the outcome of the Advisory Board's deliberations, have caused friction and dissatisfaction and have not been found to work efficiently. Will War Ministers never recognise that military and military medical officers are capable and willing to work efficiently, and to advise thoroughly without any aid from civilians?

More recent comments in *The British Medical Journal* on the present state of the medical branch of the Army point to the deplorable results of Mr. Brodrick's meddling when it states that three distinct bodies, the Advisory Board, the Director-General, and the Hospitals Committee, each independent of the other, can advise the Adjutant-General, to whom is allotted the supervision of medical and sanitary matters. The same journal described this muddling as "three authorities without a co-ordinating centre," and also as "three arms without a head." It says: "This is not reform, but retrogression, and if put to the test of war will break down." If only the present Secretary of State for War would set aside ruthlessly his predecessor's fads and disestablish Advisory Boards, medical and educational, and also that monstrously stupid and useless "Appeal Board," some £4000 a year would be saved to the tax-payer without efficiency being in any way impaired. Let Mr. Arnold-Forster take this matter in hand at once.

THE STANDARD, FRIDAY, AUGUST 5, 1904.

THE QUEEN AT NETLEY.

The Queen, accompanied by the Prince of Wales, Princess Victoria, the Marquis de Soveral, and Sir A. Berkeley Milne, yesterday afternoon visited the Royal Victoria Hospital, Netley, for the purpose of inspecting the new quarters of Queen Alexandra's Nursing Service. The party arrived from Cowes about two o'clock on board the Royal yacht Osborne, but, owing to the thunderstorm which broke over Southampton Water, remained on board until 4.15 p.m., when they proceeded ashore in two steam pinnaces, landing at Netley Hard. Although the visit was purely private, the villagers mustered in good numbers on the shore to see the Queen. Entering a carriage which was in waiting, the Royal visitors drove to the main entrance of the Hospital, where they were received by Sir Edmund Townsend, Principal Medical Officer; Colonel T-iss, R.A.M.C., in Command of the Garrison; and other officers. They were afterwards conducted over the nurses' new quarters by the Lady Superintendent, Miss Adams Smith; subsequently passing through the surgical and medical departments. The visit extended over an hour, at the end of which time the party re-embarked on board the Osborne. Prior to her departure from the Hospital a handsome bouquet was placed in the Queen's carriage.

DAILY MAIL, FRIDAY.

AUGUST 5, 1904.

The Queen, accompanied by the Prince of Wales, steamed over to Netley Hospital in the Osborne, arriving there at four o'clock, and remaining an hour and a half. Colonel Twiss's little daughter presented the Queen with a basket of flowers.

THE STANDARD, WEDNESDAY, AUGUST 17, 1904.

THE NEW ARMY COUNCIL.

OFFICIAL ANNOUNCEMENT.

(FROM LAST NIGHT'S "LONDON GAZETTE.")

At the Court at Buckingham Palace, the 10th day of August, 1904. Present, the King's Most Excellent Majesty in Council.

Whereas an Army Council has been constituted under his Majesty's Letters Patent, and it is expedient to make such provision as is hereinafter contained with respect thereto:

Now, therefore, his Majesty, by and with the advice of his Privy Council, is pleased to order, and it is hereby ordered as follows:—

1. The Secretary of State is to be responsible to his Majesty and Parliament for all the business of the Army Council.

All business, other than business which the Secretary of State specially reserves to himself, is to be transacted in the following principal divisions:—

(a.) The first Military member of the Army Council (the Chief of the General Staff, the second Military member of the Army Council (the Adjutant General, the third Military member of the Army Council (the Quartermaster General), and the fourth Military member of the Army Council (the Master General of Ordnance) to be responsible to the Secretary of State for the administration of so much of the business relating to the organisation, disposition, personnel, armament, and maintenance of the Army as shall be assigned to them or each of them from time to time by the Secretary of State.

(b.) The finance member of the Army Council to be responsible to the Secretary of State for the finance of the Army, and for so much of the other business of the Army Council as may be assigned to him from time to time by the Secretary of State.

(c.) The civil member of the Army Council to be responsible to the Secretary of State for the non-effective votes, and for so much of the other business of the Army Council as may be assigned to him from time to time by the Secretary of State.

2. The Secretary of the War Office will act as Secretary of the Army Council, and will be charged with the interior economy of the War Office, and the preparation of all official communications of the Council, and with such other duties as the Secretary of State may from time to time assign to him.

A. W. FRANKOR.

Whereas his Majesty has been pleased to appoint an Inspector General of the Forces, and it is expedient to prescribe generally the duties of that officer:

Now, therefore, his Majesty, by and with the advice of his Privy Council, is pleased to order, and it is hereby ordered as follows:—

The duties of the Inspector General of the Forces are, under the orders and direction of the Army Council, to review generally, and to report to the Army Council on, the practical results of the policy of that Council, and for that purpose to inspect and report upon the training and efficiency of all troops under the control of the Home Government, on the

suitability of their armament and equipment, on the condition of fortifications and defences, and generally on the readiness and fitness of the Army for war.

A. W. FRANKOR.

Whereas an Army Council having been constituted under his Majesty's Letters Patent, it is expedient that the functions of the Officer charged with the accounting of Army Votes, Accounts, and Funds should be defined:

Now, therefore, his Majesty, by and with the advice of his Privy Council, is pleased to order, and it is hereby ordered as follows:—

The Director of Army Finance will act as Deputy and Assistant to the Finance Member of Council, and, as the Accounting Officer of Army Votes, Accounts, and Funds, shall be charged with the allowance and payment of all moneys for Army Services; with accounting for and auditing all cash expenditure and preparing the annual accounts of such expenditure for Parliament; with the audit of all Manufacturing Expense, Supply, and Store Accounts; and with advising the Administrative Officers at the War Office and in commands on all questions of Army expenditure.

A. W. FRANKOR.

THE BRITISH MEDICAL JOURNAL. AUG. 6, 1904.

Promotion in the R.A.M.C.—Dr. Thompson asked the Secretary of State for War if the Advisory Board of the Royal Army Medical Corps was solely responsible for recommending promotions in the corps; and whether, seeing that this Board was partly composed of civilians and partly of comparatively junior officers, who might themselves benefit by the supercession of their seniors, he would consider the advisability of altering the duties of the Advisory Board so as to leave the military responsibilities of promotions in the hands of the Director-General of the Royal Army Medical Corps. Mr. Secretary Arnold-Forster replied that the Advisory Board was not solely responsible for recommending promotions in the R.A.M.C. The Advisory Board sent forward the names of those officers whom it considered professionally qualified for promotion, and the Selection Board decided whether from a military point of view they were fit to be promoted. All promotions were finally approved by the Secretary of State for War. He might add that the junior medical officers of the Advisory Board did not give an opinion on the qualifications of officers senior to themselves.

Royal Army Medical Corps—Examination of Majors for Promotion.

For the year 1905 the special subjects for the examination of majors, Royal Army Medical Corps, for promotion to the rank of lieutenant-colonel, referred to in para. 5 (a), (b), and (c) App. VIII, of the King's Regulations (inserted by A.O. 182 of 1903), will be—

Subject 5 (a).—Medical history of more important campaigns.

The medical history of expeditions in the Sudan and Nile valley, as described in Army Medical Department Reports—

Vol. XXIV, 1882 App. I.

Vol. XXV, 1883 App. VII; and

Vol. XXVI, 1884, Apps. I, II, III, and IV.

Subject 5 (b).—A general knowledge of the Army Medical Services of other Powers.

The medical organization of the Russian army as described in the "Handbook of Medical Organization of Foreign Armies," and in Army Medical Department Report for 1899, Part III, of App. IV; or

The medical organization of a foreign army, selected by the candidate, described within similar limits.

Subject (c).—The laws and customs of war.

Candidates will not be examined in this subject.—A.O. 124, July 1904.

Royal Army Medical Corps—Badge of Queen Alexandra's Imperial Military Nursing Service.

His Majesty the King has been graciously pleased to sanction the wearing in uniform of the bronze badge and ribbon of the Queen Alexandra's Imperial Military Nursing Service by non-commissioned officers and men of the Royal Army Medical Corps who, on account of their skill in nursing, their zeal, character, intelligence, and education, are specially selected for admission into that service.

The badge to be worn on the right breast when in full dress, the ribbon only to be worn in undress.—A.O. 125, July 1904.

Travelling Expenses of Officers admitted to King Edward VII's Hospital and Osborne Home.

The expenses incurred by officers admitted to King Edward VII's Hospital, London, and the Convalescent Home at Osborne, Isle of Wight, in travelling from their stations to Osborne (direct or via the hospital) and back to the stations will be borne by Army Votes. Claims will be submitted in the usual manner.—A.O. 128, July 1904.

Army Books and Forms approved.

3. New Army Books and Forms approved:—

Army Book 180, "Ordnance Station Ledger containing Woolwich Section 15." A distribution has been made to those concerned.

Army Book 190, "Syphilis Register." A distribution has been made to all concerned.

Army Book 360, "Fort Record Book." Indents for copies should specify the fort for which each copy is required.

Army Form A45B, "Proceedings of Medical Boards on Injuries received otherwise than in Action." A distribution has been made to all general officers commanding at home and abroad.

Army Form 1123B, "Syphilis Case Sheet."

Army Form 1123B, "Venereal Surveillance Return."

Distribution has been made to all concerned.

Army Forms revised.

4. Army Forms revised:—

Army Form A 45A, "Proceedings of Medical Board on Injuries received in Action." Former prints are obsolete and should be wasted. A.O. 124, July 1904.

1899/...
Erratum
A.O. 54 of 1904

522 A.O.
69 (Ampl)
1905.



[159]

Fortress Orders.

GIBRALTAR, Monday, July 11th, 1904.

GARRISON DETAIL FOR TO-MORROW.

Morning Gun-fire—4.10 a.m. *First Evening Gun-fire*—8.15 p.m.
Field Officer of the Day—Major H. S. HAMILTON, Lancashire Fusiliers.
 next, Major G. D. MACPHERSON, Royal Munster Fusiliers.
Ration Boards—6.30 a.m. and 12 noon.
Medical Officers—North, Major POWELL, R.A.M.C.; next, Capt. BRODRIBB, R.A.M.C.
 South, Capt. STEPHENS, R.A.M.C.; next, Capt. PARKES, R.A.M.C.
Piquets—North, R.G.A.; New Mole, Infantry Brigade; Europa Main Road, R.G.A.
Duty at Four Corners, North Front, at 6 a.m.—R.G.A.
Assistant Key Sergeant—Infantry Brigade.

GARRISON GUARDS. Infantry Brigade.

INFANTRY BRIGADE DETAIL.

GARRISON GUARDS—Royal Warwickshire Regt.—N. Front, Bayade Barrier, Ragged Staff, North Flat Station.
 Lancashire Fusiliers.—Waterport, Convent, Sandpits Magazine, Hosi, New Mole, Willis's.
 Royal Munster Fusiliers.—N.W. Front, Windmill Hill Plate.
 North Front Detachment.—Devil's Tower, N.E. Front.

Asst. Key Sergt.—Lancashire Fusiliers.
Privates—NEW MOLE, Lancashire Fusiliers.
Retreat—Royal Warwickshire Regiment.

DAILY WORKING PARTIES.

Place.	N.C.O.	Men.	Place.	N.C.O.	Men.
Ragged Staff, 6.0 a.m.	1	3 Lan. Fus.	A.S.C., 6.0 a.m.	1	12 R. War. R.

DAILY FATIGUE PARTIES.

Place.	N.C.O.	Men.	Place.	N.C.O.	Men.
Garrison Cells, 5.50 a.m.	0	1 R. War. R.	Barack Stores, Sandpits, 9.0 a.m.	1	4 Lan. Fus.
Garrison Rec. Rooms, 8.30 a.m.	1	3 do.	" " " " 2.0 p.m.	1	4 do.
Ragged Staff, 6.0 a.m.	2	20 do.	" " " " 2.0 p.m.	1	4 do.

1—Embarkations.

With reference to Fortress Order No. 6 of the 8th instant, the undermentioned man will embark in the Orient Line s.s. *Orontes* for conveyance to London (Tilbury Docks):—

Lancashire Fusiliers.—Private Allin.

2—Board.

A Board of Officers, composed as under, will assemble at the Army Service Corps Stores, Queen Street, at 10 a.m. on Tuesday, the 12th inst., to investigate and report upon the condition of consignments of Flour received in February and March last, from the North Shore Mill Company, Liverpool.

PRESIDENT—Lieut.-Colonel W. G. A. BEDFORD, C.M.G., R.A.M.C.

MEMBERS:

Lieut.-Colonel A. H. B. Clough, C.B., M.V.O., Royal Munster Fusiliers.

Lieut.-Colonel F. J. A. Trench, D.S.O., R.G.A.

Proceedings (in triplicate) to be forwarded to the Officer Commanding Army Service Corps.

By Order,

R. J. F. BANFIELD, COLONEL,

CHIEF STAFF OFFICER.

PRINTED AT THE HEADQUARTERS' PRINTING OFFICE, GIBRALTAR.

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JAMESON.

JAMESON died at his
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Mr. William Jame-
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was promoted to be
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aided. He became
Surgeon ten years
1882, and Surgeon
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the Army Medical
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[SEPT. 24, 1904.]

MESON, M.D., C.B.,

MEICAL SERVICE.
at Kilburne, Ayrshire,
vicated M.D. at the
and entered the Army
year, being gazetted
9th. He was ordered
he served for nearly
British North America,
that period he was
appointed, in 1862, assistant surgeon of the 47th (now
the 1st Battalion "Loyal North Lancashire") Regiment
and he followed the fortunes of that corps until his pro-
motion. The regiment was ordered to the West Indies in

THE STANDARD, FRIDAY, AUGUST 5, 1904.

THE QUEEN AT NETLEY.

The Queen, accompanied by the Prince of Wales, Princess Victoria, the Marquis de Soveral, and Sir A. Berkeley Milne, yesterday afternoon visited the Royal Victoria Hospital, Netley, for the purpose of inspecting the new quarters of Queen Alexandra's Nursing Service. The party arrived from Cowes about two o'clock on board the Royal yacht Osborne, but, owing to the thunderstorm which broke over Southampton Water, remained on board until 4.15 p.m., when they proceeded ashore in two steam pinnaces, landing at Netley Hard. Although the visit was purely private, the villagers mustered in good numbers on the shore to see the Queen. Entering a carriage which was in waiting, the Royal visitors drove to the main entrance of the Hospital, where they were received by Sir Edmund Townsend, Principal Medical Officer; Colonel T-iss, R.A.M.C., in Command of the Garrison; and other officers. They were afterwards conducted over the nurses' new quarters by the Lady Superintendent, Miss Adams Smith; subsequently passing through the surgical and medical departments. The visit extended over an hour, at the end of which time the party re-embarked on board the Osborne. Prior to her departure from the Hospital a handsome bouquet was placed in the Queen's carriage.

DAILY MAIL, FRIDAY.

AUGUST 5, 1904.

The Queen, accompanied by the Prince of Wales, steamed over to Netley Hospital in the Osborne, arriving there at four o'clock, and remaining an hour and a half. Colonel Twiss's little daughter presented the Queen with a basket of flowers.

THE STANDARD, WEDNESDAY, AUGUST 17, 1904.

THE NEW ARMY COUNCIL.

OFFICIAL ANNOUNCEMENT.

(FROM LAST NIGHT'S "LONDON GAZETTE.")

At the Court at Buckingham Palace, the 10th day of August, 1904. Present, the King's Most Excellent Majesty in Council.

Whereas an Army Council has been constituted under his Majesty's Letters Patent, and it is expedient to make such provision as is hereinafter contained with respect thereto:

Now, therefore, his Majesty, by and with the advice of his Privy Council, is pleased to order, and it is hereby ordered as follows:—

1. The Secretary of State is to be responsible to his Majesty and Parliament for all the business of the Army Council.

All business, other than business which the Secretary of State specially reserves to himself, is to be transacted in the following principal divisions:—

(a.) The first Military member of the Army Council (the Chief of the General Staff), the second Military member of the Army Council (the Adjutant General), the third Military member of the Army Council (the Quartermaster General), and the fourth Military member of the Army Council (the Master General of Ordnance) to be responsible to the Secretary of State for the administration of so much of the business relating to the organization, disposition, personnel, armament, and maintenance of the Army as shall be assigned to them or each of them from time to time by the Secretary of State.

(b.) The finance member of the Army Council to be responsible to the Secretary of State for the finance of the Army, and for so much of the other business of the Army Council as may be assigned to him from time to time by the Secretary of State.

(c.) The civil member of the Army Council to be responsible to the Secretary of State for the non-effective votes, and for so much of the other business of the Army Council as may be assigned to him from time to time by the Secretary of State.

2. The Secretary of the War Office will act as Secretary of the Army Council, and will be charged with the interior economy of the War Office, and the preparation of all official communications of the Council, and with such other duties as the Secretary of State may from time to time assign to him.

A. W. FRANKLIN.

Whereas his Majesty has been pleased to appoint an Inspector General of the Forces, and it is expedient to prescribe generally the duties of that officer:

Now, therefore, his Majesty, by and with the advice of his Privy Council, is pleased to order, and it is hereby ordered as follows:—

The duties of the Inspector General of the Forces are, under the orders and direction of the Army Council, to review generally, and to report to the Army Council on, the practical results of the policy of that Council, and for that purpose to inspect and report upon the training and efficiency of all troops under the control of the Home Government, on the

suitability of their armament and equipment, on the condition of fortifications and defences, and generally on the readiness and fitness of the Army for war.

A. W. FRANKLIN.

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Army Book 190, "Syphilis Register." A distribution has been made to all concerned.

Army Book 360, "Fort Record Book." Indents for copies should specify the fort for which each copy is required.

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Army Form I 1238, "Syphilis Case Sheet."

Army Form I 1239, "Venereal Surveillance Return."

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Army Forms revised.

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Erratum
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522 A.O.
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v. 1905.



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Morning Gun-fire—4.10 a.m. First Evening Gun-fire—8.15 p.m.

Field Officer of the Day—Major H. S. HAMILTON, Lancashire Fusiliers.

next, Major G. D. MACPHERSON, Royal Munster Fusiliers.

Ration Boards—6.30 a.m. and 12 noon.

Medical Officers—*North*, Major POWELL, R.A.M.C.; *next*, Capt. BRODRICK, R.A.M.C.

South, Capt. STEPHENS, R.A.M.C.; next, Capt. PARKES, R.A.M.C.

Piquets—*North, R.G.A.*; *New Mole, Infantry Brigade*; *Europa Main Road, R.G.A.*

Duty at Four Corners, North Front, at 6 a.m.—R.G.A.

Assistant Key Sergeant—Infantry Brigade.

GARRISON GUARDS.

Infantry Brigade.

INFANTRY BRIGADE DETAIL.

GARRISON GUARDS—Royal Warwickshire Regt.—N. Front, Dayside Barrier, Ragged Staff, North Flat Bastion.

Lancashire Fusiliers.—Waterport, Convent, Sandpits Magazine, Rodia, New Mole, Willis's.

Royal Munster Fusiliers.—N.W. Front, Windmill Hill Flats.

North Front Detachment.—Devil's Tower, N.E. Front.

Asst. Key Sergt.—Lancashire Fusiliers.

PIQUETS—NEW MOLE, Lancashire Fusiliers.

RETREAT—Royal Warwickshire Regiment.

DAILY WORKING PARTIES.

Place.	N.C.O.	Men.	Place	N.C.O.	Men.
Ragged Staff, 6.0 a.m.	1	3	A.S.C., 6.0 a.m.	1	12

DAILY FATIGUE PARTIES.

Place.	N.C.O.	Men.		Place.	N.C.O.	Men.
Garrison Cells, 8.30 a.m.	0	2	R. War. R.	Barrack Stores, Sandpits, 9.0 a.m. ..	1	4 Lan. Fus.
Garrison Rec. Rooms, 8.30 a.m.	1	3	do.	" " " " " " " "	1	4 do.
Ragged Staff, 6.0 a.m.	2	20	do.	" " " " " " " "	1	4 do.

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Lancashire Fusiliers.—Private Allin.

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MEMBERS:

Lieut.-Colonel A. H. B. Clough, C.B., M.V.O., Royal Munster Fusiliers.

Lieut.-Colonel F. J. A. Trench, D.S.O., R.G.A.

Proceedings (in triplicate) to be forwarded to the Officer Commanding Army Service Corps.

By Order,

R. J. F. BANFIELD, COLONEL.

CHIEF STAFF OFFICER.

THE STANDARD, AUGUST 20, 1904.

Princess Louise of Schleswig-Holstein came to town yesterday afternoon from Cumberland Lodge. Princess Christian and Princess Victoria, who leave to-day for Pretoria, accompanied her Highness to the Great Western station at Windsor. Sir William Taylor, who proceeds, it is understood, to South Africa with the Royal party, arrived at Cumberland Lodge last evening.

AUGUST 22, 1904.

DEPARTURE OF PRINCESS CHRISTIAN.

Princess Christian and her daughter, Princess Victoria of Schleswig-Holstein, arrived at Southampton, on Saturday, to embark on the Union Castle liner Walmer Castle, for the Cape, the

Cancelled by A.O. 217 91907
148

Issued with Army Order dated 1st August, 1904.

[All Rights Reserved.]

REGULATIONS FOR ADMISSION TO THE QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

I.—CONSTITUTION.

1. The Queen Alexandra's Imperial Military Nursing Service consists of:—

- (1) A matron-in-chief.
- (2) Principal matrons.
- (3) Matrons.
- (4) Sisters.
- (5) Staff nurses.

(6) Such non-commissioned officers and 1st class orderlies of the Royal Army Medical Corps as have been specially recommended.

II.—APPOINTMENT AND QUALIFICATION OF CANDIDATES.

2. Appointments to the Queen Alexandra's Imperial Military Nursing Service are given to persons duly qualified, in accordance with the following regulations:—

3. A candidate for the position of staff nurse or sister must be between 25 and 35 years of age, single or a widow, and possess a certificate of not less than 3 years' training and service in medical and surgical nursing in a civil hospital recognised by the Advisory Board. She must be of British parentage or a naturalised British subject. The matron-in-chief will be required to satisfy the Nursing Board that, as regards education, character, and social status, she is a fit person to be admitted to Queen Alexandra's Imperial Military Nursing Service. The candidate will be required to fill in the form of application which will be forwarded to her, and to produce the following documents:—

(a.) A certificate of registration of birth; or, if this is not obtainable, a declaration made before a magistrate by one of her parents or former guardians, giving the date of her birth.

(b.) Her certificates of training (in the original).

(4404)

veterinary lieutenant-colonel shall have the option of transfer to Our Army Veterinary Department, or may be permitted to exchange with officers of that department, provided that officers so transferred or exchanging have fulfilled the conditions as to service abroad required of officers of that department.

Officers so exchanging shall take rank and seniority in Our Army Veterinary Department according to date of promotion to the rank held on exchange or transfer, but junior to officers of that department whose seniority bears the same date.—A.O. 146, August 1904.

Manual for the Royal Army Medical Corps.

A Revised Edition of the Manual for the Royal Army Medical Corps has been approved, and copies will be issued to all concerned. The edition promulgated by A.O. 115 of 1899 is cancelled.—A.O. 146, August 1904.

Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service.

Revised Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service have been approved, and copies will be issued to all concerned.

The regulations promulgated by A.O. 247 of 1902 and 71 of 1903 are cancelled.—A.O. 148, August 1904.

Books, Maps, Forms, &c.

Military Books.

1. Books placed on sale, and added to the list issued with A.O. 92 of 1903:—

	Price.
First Report of Advisory Board for Army Medical Services. The Treatment of Venereal Disease and Scabies in the Army	1 3
Manual for the Royal Army Medical Corps. 1904	0 8
Extract from Signalling Regulations, 1904. Semaphore Signalling	0 1

—A.O. 151, August 1904.

Glasgow Herald.

THURSDAY, SEPTEMBER 15, 1904.

Surgeon-General Jameson.

Surgeon-General James Jameson, whose death is to-day announced at Newlands, Eltham, Kent, was a West of Scotland man, having been born at Kilbirnie on 15th August, 1837. After receiving his education at the High School and University of Glasgow he was gazetted Staff Assistant Surgeon in 1857, and proceeded to Canada. He afterwards joined the 47th Regiment of Foot, accompanying it to the West Indies. While there an epidemic of yellow fever at Trinidad brought him into public notice, and he was specially promoted for the services he had rendered. He commanded a division of the English Ambulance in the Franco-German war, was present at the siege of Paris, was engaged in the Loire campaign, and by a special act of grace was given the Emperor William I. Commemorative War Medal. The British Rail took him back to Canada in 1866, where he carried the Canadian War Medal and Clasp. He passed through all the ranks of the Medical Department of the Army and was Director-General of that branch of the service from 1896 until he retired from active service in 1901. The deceased officer, who was Hon. Surgeon to Queen Victoria and to the King, and was a Knight of Grace of the Order of St John of Jerusalem in England, married in 1864 Mary, daughter of the Rev. Robert David Cartwright, of Canada. He was created a Companion of the Bath in 1897, and was an M.D. and LL.D. of Glasgow and L.R.C.S. of Edinburgh. He wrote numerous articles and reports of a professional nature, and took an active part in all athletic games and sports.

THE STANDARD.

JAMESON.—On the 15th inst., at Newlands, Eltham, Kent, Genl. J. Jameson, C.B., K.H.S., Ar., late Director-General Army Medical Service, aged 67. Funeral on Saturday, 13th, at Newlands. Interment at Greenwich Cemetery, Shooter's-hill.

OBITUARY.

SURGEON GENERAL JAMESON.

Surgeon General JAMES JAMESON died at his residence, Newlands, Eltham, on Tuesday, at the age of sixty-seven. He was a son of Mr. William Jameson, of Ladeside, Kilbirnie, N.B., entered the Army Medical Department in 1857, and was promoted to be Surgeon in 1879 for highly meritorious conduct during an epidemic of yellow fever in Trinidad. He became Surgeon Major in 1873, Brigade Surgeon ten years later, Deputy Surgeon General 1886, and Surgeon General 1893. During the Franco-German War he served with the English Ambulance, was present at the siege of Paris, and was engaged in the Loire Campaign. In 1896 he was appointed Director General of the Army Medical Department, and held that position until 1901, when he retired from active service. The deceased officer, who was Hon. Surgeon to Queen Victoria and to the King, and was a Knight of Grace of the Order of St. John of Jerusalem in England, married in 1864 Mary, daughter of the Rev. Robert David Cartwright, of Canada. He was created a Companion of the Bath in 1897, and was an M.D. and LL.D. of Glasgow, and L.R.C.S. of Edinburgh.

The funeral took place, at Greenwich Cemetery, Shooter's-hill, on Saturday, of Surgeon General J. Jameson, Royal Army Medical Corps, who died at Newlands, North Park, Eltham, on the 15th inst. A gun-carriage and firing party, consisting of fifty mounted men, attended from Woolwich, and officers from each Corps in the garrison were present.

926 THE LANCET,

[SEPT. 24, 1904.]

Obituary.

SURGEON-GENERAL JAMES JAMESON, M.D., C.B., K.H.S., LL.D.

LATE DIRECTOR-GENERAL, ARMY MEDICAL SERVICE.

Surgeon-General Jameson was born at Kilbirnie, Ayrshire, on August 15th, 1837. He graduated M.D. at the University of Glasgow in 1857 and entered the Army Medical Department in the same year, being gazetted Staff assistant surgeon on Nov. 9th. He was ordered to Canada in January, 1858, and he served for nearly 11 years in various stations of British North America, including Nova Scotia. During that period he was appointed, in 1866, assistant surgeon of the 47th (now the 1st Battalion "Loyal North Lancashire") Regiment and he followed the fortunes of that corps until his promotion. The regiment was ordered to the West Indies in

The obituary notice in the Lancet was written by Surgeon-General H. Skey, M.D., C.B.

*revised
A.O. 217
91907*

THE STAN AUGUS THE QUEEN

The Queen, accompanied by Wales, Princess Victoria, and Sir A. Soveral, and Sir A. Netley, for the purpose of the quarters of Queen Alice. The party arrived from on board the Royal to the thunderstorm ampton Water, some p.m., when they proceeded, landing at the visit was more mustered in good in the Queen. Ent was in waiting, th to the main entrance where they were Townsend, Principal Triss, R.A.M.C., in and other officers. duced over the m Lady Superintendent, sequently passing the medical departments an hour, at the end embarked on board the departure from the bouquet was placed

DAILY MA AUGUS

The Queen, accompanied by Wales, arrived at the Osborne, arriving and remaining at the Twiss's little daughter with a basket of

THE STANDA AUGUS THE NEW A

OFFICIAL

(From Last News)
At the Court at Buckingham Palace, 10th of August, 1904. Present: Majesty in Council.

Whereas an Army under his Majesty's command to make such a talised with respect the Now, therefore, his of his Privy Council, hereby ordered as follows:

1. The Secretary of Majesty and Parliament Army Council.

All business, other t tary of State specially transacted to the follo

(a.) The first Military member of the Army (the third Military member of the Army) Quartermaster General member of the Army) Ordinance) to be responsible for the administration relating to the organization, and maintenance assigned to them or by the Secretary of State

(b.) The finance to be responsible to the of the Army, and for the Army Council as time to time by the Secretary of State

(c.) The civil member responsible to the Secretary of State effective votes, and for the Army Council as time to time by the Secretary of State

2. The Secretary of the Army with the interior economy preparation of all Council, and with such of State may from time

Whereas his Majesty an Inspector General ent to prescribe general

Now, therefore, in advice of his Privy Council is hereby ordered as follows:

The duties of the are, under the order Council, to review generally,

Army Council on the practical results of the policy of that Council, and for that purpose to inspect and report upon the training and efficiency of all troops under the control of the Home Government, on the

4. Army Forms revised:—
Army Form A 45A, "Proceedings of Medical Board on Injuries received in Action." Former prints are obsolete and should be wasted. AD. July 1904.

Canceled by a.o. 217 91907
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[Issued with Army Orders dated 1st August, 1904.]

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REGULATIONS FOR ADMISSION TO THE QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

4862
2861

I.—CONSTITUTION.

1. The Queen Alexandra's Imperial Military Nursing Service consists of :—

- (1) A matron-in-chief.
- (2) Principal matrons.
- (3) Matrons.
- (4) Sisters.
- (5) Staff nurses.
- (6) Such non-commissioned officers and 1st class orderlies of the Royal Army Medical Corps as have been specially recommended.

II.—APPOINTMENT AND QUALIFICATION OF CANDIDATES.

2. Appointments to the Queen Alexandra's Imperial Military Nursing Service are given to persons duly qualified, in accordance with the following regulations :—

3. A candidate for the position of staff nurse or sister must be between 25 and 35 years of age, single or a widow, and possess a certificate of not less than 3 years' training and service in medical and surgical nursing in a civil hospital recognised by the Advisory Board. She must be of British parentage or a naturalised British subject. The matron-in-chief will be required to satisfy the Nursing Board that, as regards education, character, and social status, she is a fit person to be admitted to Queen Alexandra's Imperial Military Nursing Service. The candidate will be required to fill in the form of application which will be forwarded to her, and to produce the following documents :—

(a.) A certificate of registration of birth; or, if this is not obtainable, a declaration made before a magistrate by one of her parents or former guardians, giving the date of her birth.

(b.) Her certificates of training (in the original).

(4404)

4. Before being appointed, the candidate will, if physically fit, appear before a Sub-Committee of the Nursing Board, which will make recommendations as to her appointment. Arrangements will be made for her physical examination at Headquarters.

III.—TERMS OF APPOINTMENT.

5. *Staff nurses*.—If accepted for service, a staff nurse will be appointed provisionally for a period of 6 months. A special report will be made at the end of the provisional period, as to the staff nurse's work, conduct, and suitability in all respects for the Queen Alexandra's Imperial Military Nursing Service. This special report will be made by the matron of the hospital, and will be forwarded to the matron-in-chief through the officer in charge of the hospital, to be laid before the Nursing Board.

6. *Sisters and matrons*.—Sisters and matrons will be recommended by the Nursing Board on the advice of the matron-in-chief. Sisters will be appointed provisionally for six months before being considered as permanently in the service.

IV.—DRESS.

7. Members of the Queen Alexandra's Imperial Military Nursing Service are to provide themselves with the following uniform:—

Matron-in-Chief.

Grey uniform, faced with scarlet, and braided.
Scarlet cape.

*Principal Matrons and Matrons.**

Annual—

1 grey serge dress	} with scarlet cuffs.
2 grey alpaca dresses	
6 muslin caps.	
6 turned-down collars.	
6 pairs cuffs.	
2 scarlet capes.	
1 grey bonnet.	

Triennial—

1 summer cloak, grey, with scarlet collar.
1 winter cloak, grey, with scarlet collar.

* In hospitals where matrons are required to nurse they will provide themselves with one grey alpaca dress instead of two, two grey washing dresses, and six aprons.

Sisters.

Annual—

- | | |
|------------------------|----------------------------------|
| 1 grey serge dress | } with two scarlet bands, 1 inch |
| 3 grey washing dresses |  | wide, on the cuffs. |
| 6 muslin caps. | |
| 6 turned-down collars. | |
| 6 pairs cuffs. | |
| 2 scarlet capes. | |
| 1 grey bonnet. | |
| 8 aprons. | |

Triennial—

- 1 summer cloak.
- 1 winter cloak.

Staff Nurses.

Annual—

- 1 grey serge dress.
- 3 grey washing dresses.
- 6 muslin caps.
- 6 collars.
- 6 pairs cuffs.
- 2 scarlet capes.
- 1 grey bonnet.
- 8 aprons.

Triennial—

- 1 summer cloak.
- 1 winter cloak.

BADGE AND UNIFORM.

8. The Queen's Badge for Her Majesty's Imperial Military Nursing Service is always to be worn by members when in uniform.

8.A See a.O. 69 of 1905 (Amended)

9. In uniform, ornaments are not to be worn.

Members of all ranks may wear a special evening dress of an approved pattern, with a cap and without an apron. Grey water-proofs may be worn when required. Helmets, or white sailor hats, with plain distinctive ribbon bands, may be worn when serving in hot climates or in the country.

Detailed particulars regarding uniform will be furnished by the matron-in-chief on application.

10. Uniform will be purchased by the members themselves, an allowance for this purpose being granted under paragraph 690, Allowance Regulations (*see* p. 6). The establishments selected to supply it will be intimated to them on application to the matron-in-chief.

The accounts and vouchers of uniform supplied will be kept by the matrons for inspection by the matron-in-chief.

*Cancelled
a.O. 217 of 1907.*

V.—PAY, PENSIONS, AND ALLOWANCES.

Pay.—The pay and allowances and pensions of Queen Alexandra's Imperial Military Nursing Service are as follows :—

RANK.	PAY PER ANNUM.*			Board and Washing Allowance per annum.	Uniform Allowance per annum.	Fuel and Light Allowance when Fuel and Light are not provided.	Lodging Allowance, when Quarters are not provided.	TOTAL ANNUAL EMOLUMENTS.		MAXIMUM PENSION.†	
	Initial Rate.	Annual Increment.	Maximum.					Minimum.	Maximum.	After 20 Years' Service.	After 30 Years' Service.
Staff Nurse ...	£ s. d. 40 0 0	£ s. d. 2 10 0	£ s. d. 45 0 0	£ s. d. 39 0 0	£ s. d. 8 0 0	£ s. d. (average) 13 3 6	£ s. d. 41 1 3	£ s. d. 141 4 9	£ s. d. 146 4 9	£ s. d. 22 10 0	£ s. d. 31 10 0
Sister ...	£ s. d. 50 0 0	£ s. d. 5 0 0	£ s. d. 65 0 0	£ s. d. 39 0 0	£ s. d. 8 0 0	£ s. d. 13 3 6	£ s. d. 41 1 3	£ s. d. 151 4 9	£ s. d. 156 4 9	£ s. d. 32 10 0	£ s. d. 45 10 0
Matron ...	£ s. d. 75 0 0	£ s. d. 10 0 0	£ s. d. 150 0 0	£ s. d. 39 0 0	£ s. d. 8 0 0	£ s. d. 13 3 6	£ s. d. 41 1 3	£ s. d. 176 4 9	£ s. d. 251 4 9	£ s. d. 75 0 0	£ s. d. 105 0
Principal Matron ...	£ s. d. 175 0 0	£ s. d. 10 0 0	£ s. d. 205 0 0	£ s. d. 39 0 0	£ s. d. 8 0 0	£ s. d. 18 16 0	£ s. d. 54 15 0	£ s. d. 295 11 0	£ s. d. 325 11 0	£ s. d. 102 10 0	£ s. d. 143 10 0
Matron-in-Chief ...	£ s. d. 300 0 0	£ s. d. 10 0 0	£ s. d. 350 0 0	£ s. d. 39 0 0	Nil.	£ s. d. 26 7 0	£ s. d. 73 0 0	£ s. d. 438 7 0	£ s. d. 488 7 0	£ s. d. 175 0 0	£ s. d. 245 0

In addition to the above, the necessary establishment of servants is provided when servants' allowance is not drawn.

4862 * Charge pay is granted to a Matron or Sister on the undermentioned scale :—
In charge of 300 Beds and over ... £30 per annum.

2816 " " from 200 to 299 Beds ... £25 " " " " from 100 to 199 Beds ... £15 "

† For other rates see pages 5 and 6.

Candidates on appointment will also be subject to the following regulations:—

2816

A matron or sister in charge of a hospital may be granted charge pay at a rate not exceeding £30 a-year, according to the magnitude of her charge.

During the absence on sick leave of a matron or sister who has been granted charge pay, such pay may be drawn by the person actually in charge.

Pay may be issued in advance for a period not exceeding 1 month, prior to embarkation for service abroad.

Pay during leave of absence.

Pay and charge pay during ordinary leave of absence may be granted in each financial year for the following periods:—

Matron-in-chief	....	....	....	6 weeks.
Principal matron	....	....	....	6 "
Matron	....	....	....	6 "
Sister	....	....	....	5 "
Staff Nurse	....	....	....	4 "

It may also be granted for leave of absence which has accumulated for not more than three years during service at a station abroad.

Pay (but not charge pay) may be granted during leave of absence on account of injury or sickness, as under:—

- (a.) When the injury or sickness is certified by the regulated medical authority to have been caused by the Service, full pay may be issued for a period of 12 months, and half-pay for a further period of 6 months. In exceptional cases, half-pay may be issued for a still further period up to a maximum of 6 months, if approved by the Army Council.
- (b.) When the injury or sickness is not caused by the Service, full pay may be granted for a period of three months; and, after 20 years' service, two-thirds pay; or, with less than 20 years' service, half-pay for a further period of three months. In special circumstances, and subject to the approval of the General Officer Commanding, pay at the reduced rate may be granted for a third period of three months.
- (c.) When the sickness occurs at the station, a period not exceeding 30 days shall, if duly certified by the regulated medical authority, be excluded from the period of absence on ordinary leave to which the issue of pay is limited.

Retirement, Pensions, and Gratuities.

A member of Queen Alexandra's Imperial Military Nursing Service, who was previously employed with that Service, or with the late Army Nursing Service, may count the period of such employment for pension.

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A member of Queen Alexandra's Imperial Military Nursing Service may retire voluntarily on pension on attaining the age of 50, and shall be compulsorily retired at the age of 55.

If pensioned on account of disability, one year of service in a tropical climate may count as two years towards pension.

She shall be entitled to retire on pension after 10 years' service if she is rendered unfit for hospital duty through disease or injury, certified by the regulated medical authority to have been caused by the Service.

She may at any time be required to retire on account of unfitness for the duties of her appointment, with such gratuity as she may be entitled to under Article 682R of the Pay Warrant.

The pension shall be calculated on the rate of pay at the time of retirement, and shall, after 10 years' service, be 30 per cent. of such pay, with an additional 2 per cent. for each year of service in excess of 10, up to a maximum of 70 per cent. of such pay.

In any case of special devotion to duty, a higher pension, not exceeding £50 a year, may be granted.

If disabled in the Service, after five but under 10 years' service, such rate of pension below that fixed in Article 682x of the Pay Warrant shall be granted as may be determined by Army Council. If she has served for less than five years when disabled, she shall receive a gratuity, to be determined in like manner.

A member of Queen Alexandra's Imperial Military Nursing Service retired under Article 682M of the Pay Warrant may, provided she has not been guilty of misconduct, be granted a gratuity of one month's pay for each year of service, if not entitled to a pension under Article 682N of the Pay Warrant.

In cases where a member of Queen Alexandra's Imperial Military Nursing Service is pensioned for a disability not permanently unfitting her for duty, the pension shall cease on the date when she again becomes fit for duty, unless there should then be no vacancy, in which case, should she be willing to continue her service, she may remain on pension for a period not exceeding one year, pending a vacancy.

A member of Queen Alexandra's Imperial Military Nursing Service retiring without having previously obtained permission to do so shall forfeit all claim to pension or gratuity.

Allowances.

An allowance in lieu of board and washing at the rate of 15s. a week at a home station, or of 21s. a week at a station abroad, will be granted to each member of the Queen Alexandra's Imperial Military Nursing Service. A special allowance for the provision of clothing will also be granted, except to the matron-in-chief, at the following rates :—

Annual clothing and cloak allowance abroad	....	£9
" " " at home	....	£8
Outfit allowance when proceeding on active service		£8 5s.

An allowance of 10s. 6d. a week for board, &c., will be granted to the servant appointed to attend on the members of the Queen Alexandra's Imperial Military Nursing Service. The other allowances at stations abroad, including the allowance for servants, will be (with the exception of the matron-in-chief and principal matrons, Queen Alexandra's Imperial Military Nursing Service, who will be entitled to allowances of their class) at such rates, not exceeding those of a departmental Officer of Subaltern rank, as the Army Council may determine.

VI.—DISCIPLINE AND DUTIES.

As regards medical and sanitary matters and work in connection with the sick, the matrons, sisters, and staff nurses are to be regarded as having authority in and about their hospitals next after the officers of the Royal Army Medical Corps, and are at all times to be obeyed accordingly, and to receive the respect due to their position.

Matron-in-Chief.

The Matron-in-Chief will be responsible for keeping the Service records and confidential reports from the matrons of the various hospitals regarding the character, conduct, and efficiency of the sisters and staff nurses under their control.

Records and Reports.

She will, by frequent inspections, keep herself acquainted with the administration of the Nursing Service in the various military hospitals.

Inspections.

She will submit to the Nursing Board recommendations for the appointment, promotion, distribution, retirement, and dismissal of members of the Service.

Recommendations to the Nursing Board.

She will be responsible for maintaining a sufficient staff of special staff nurses, detailing them for duty in cases of emergency or for service in smaller hospitals.

Administration.

She will present every year to the Nursing Board a scheme for the annual leave of matrons and special staff nurses, and shall report to the Board the arrangements made by matrons for the annual leave of sisters and staff nurses.

Leave.

She will perform such other duties as may be from time to time determined by the Nursing Board.

Duties.

Matrons.

The matron will be responsible for the general nursing arrangements of the hospital, for the due performance of their duties by the sisters and staff nurses, and for the maintenance of good conduct, efficiency, and discipline amongst all members of the female nursing and domestic staff, as well as for the cleanliness and good order of the wards under their charge. She will, in conjunction with the medical officer in charge of the hospital, furnish an annual report upon these matters to the Nursing Board, which will be submitted by the medical officer in charge with his Annual Return of Medical Transactions (Army Form A 33). She will not be

Responsibilities.

	responsible for nursing in wards which are set apart by the officer in charge of the hospital for cases which he may consider unsuitable for female nursing.
Supervision of training.	She will supervise the training of the non-commissioned officers and men of the nursing section of the Royal Army Medical Corps in nursing duties.
Training of orderlies.	The matron will receive from sisters, quarterly, a confidential report, in manuscript, on the orderlies of the nursing section undergoing training in their wards. These ward sisters' reports will be countersigned by the medical officer of the ward, who will state whether he assents or disagrees. After record in Army Book 300 by the Matron, these reports will be passed to the officer in charge of the hospital.
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2742	
Register of training.	A register of training of orderlies (Army Book 300) will be prepared by the Matron, and kept by the officer in charge, with the man's other documents, after he has recorded his concurrence or otherwise.
Bedding for nurses' quarters.	She will be responsible to the officer in charge for demanding sufficient supply, and for the good condition and cleanliness of the bedding and linen in the nurses' quarters and the wards under her nursing charge.
Equipment.	She will frequently inspect the equipment and bedding to ascertain whether any damage has been done thereto, and will check them with the inventories periodically.
Sickness.	She will see that proper medical and nursing attendance is provided without delay for sick members of the nursing or female domestic staff.
Leave.	She will arrange the annual leave of sisters, staff nurses, and female domestic staff, reporting thereon through the officer in charge to the Matron-in-Chief.
Reference to officer in charge.	In all instances of difficulty she will apply to the officer in charge, who will render her every assistance in the performance of her responsible duties.
Orders of medical officers.	She will see that all orders and instructions of the medical officers treating the cases are duly carried out by the sisters and staff nurses.
Report to officer in charge.	When she is informed of any neglect of duty or impropriety of conduct, whether on the part of sisters, staff nurses, non-commissioned officers or men of the Royal Army Medical Corps, patients, or visitors, she will at once report it to the officer in charge.
Instruments, &c., for operations.	She will detail a sister or staff nurse to prepare instruments and dressings at operations, and to assist at all operations in sisters' wards.
Share of nursing.	She will take such share in nursing as ordered by the Matron-in-Chief.
Books and accounts.	She will keep the books and accounts connected with the nursing staff; and a monthly record of the messing will be kept, together with a statement of the cost, vouched by bills of expenditure; the special allowances drawn by the nursing staff under paragraph 690, Allowance Regulations, being entered in liquidation thereof. The register is intended as a permanent record, and will be vouched by the signature of the Matron, and inspected

periodically by the Matron-in-Chief at home, and by the Principal Medical Officer in charge abroad.

She will fix the hours of duty, meals, and recreation for sisters and staff nurses, subject to instructions from the Matron-in-Chief, in such a manner as will comply with Garrison Standing Orders. Hours for duty to be fixed.

When a staff nurse or sister is transferred from one hospital to another the Matron will prepare a confidential report for transmission, through the officer in charge, for the information of the Matron under whom the sister or staff nurse will serve. On, or as soon as possible after, the 1st January, a similar confidential report will be forwarded on all sisters and nurses, through the officer in charge, to the Matron-in-Chief. Report on transfer.
Annual confidential report.

Sisters.

Every sister in a military hospital will be under the immediate supervision of the Matron, and directly responsible to her in all matters relating to conduct and discipline. She will receive and carry out such orders and instructions relative to the treatment of the sick as she may receive from the officer in charge of her wards, whom she will accompany in his visits. Responsibility and duties.

She will be responsible for the personal cleanliness of the patients in her wards, and for the cleanliness, ventilation, lighting, warming, as well as good order of her wards and annexes. Any neglect of duty, or impropriety of conduct, whether on the part of staff nurses, non-commissioned officers, orderlies, patients, or visitors, will be reported by her to the Matron. In cases of emergency she will apply for the assistance of the orderly medical officer or non-commissioned officer on duty.

When in doubt or difficulty in any matter she will at once inform the Matron, who will, if necessary, bring it to the notice of the officer in charge, or, in his absence, to the medical officer on duty. Reference to matron.

*A sister is not permitted to accept presents of any kind from any patient, or friend of any patient, whether during his illness or after his death, recovery, or departure. Presents from patients not permitted.

*A sister is not, at any time, to go to wards in which she is not working, except on special business; she is not to remain in her own wards, or visit in any other wards, when off duty. Only to remain in wards when on duty.

*A sister may not allow staff nurses or orderlies to visit in her wards, except on business, or by special leave of the Matron.

*All talking in the wards, corridors, and on the stairs is strictly forbidden; a sister is required to be quiet and orderly when moving about the hospital. Talking in corridors, &c.

*She is to adhere punctually to her time-tables, and to be most particular in returning to her wards at the exact time specified. Punctuality.

*Sisters are not to visit each other after 10.30 p.m., but must retire to their rooms by that hour, unless special permission for late leave be obtained. Their bedrooms are to be neat and orderly, and all lights are to be extinguished therein by 11 p.m., unless special permission be given. Routine.

* These paragraphs also apply to Staff Nurses.

Absence
from meals.

*A sister is not to absent herself from meals without permission. Except at the recognized "off duty" times she will not absent herself from the hospital or quarters without permission.

Uniform.

*Uniform is to be worn on all occasions, both indoors and out of doors, except when on leave out of garrison, or by special permission of the Matron.

Night
memoran-
dum sheet.

Before going off duty each sister is required to put in writing on the night memorandum sheet any notes on special cases, or other important matters which may be necessary for the guidance of the night staff nurses and orderlies, or which it may be desirable to bring to the notice of the night sister. The night sister shall see that these instructions are carefully carried out. She will record the hours of her visits to each ward, and will note on the night memorandum sheet any information she may wish to bring to the notice of the ward sister. Similarly, the night sisters and staff nurses will record matters of importance for the information of the day sister.

Admission of
patients.

In cases of fresh admissions into her ward she will ascertain when the patients last had any food, and see that they are not kept waiting for suitable nourishment. She must impress upon orderlies the importance of this duty.

Friends of
patients.

Sisters and orderlies should unite in showing special sympathy and kindness to the friends of those patients who are on the "dangerous list."

Death of a
patient.

When a death takes place the sister in charge of the ward will see that the body is reverently prepared for the mortuary, and will then inform the senior non-commissioned officer, who will proceed in accordance with para. 204, Standing Orders, Royal Army Medical Corps.

Discharge of
patients.

When a patient is to be discharged, she will send him, together with his diet sheet and temperature chart, to the office of the Senior Medical Officer at the hour appointed.

Equipment
of patients.

She will draw from the steward the personal equipment required for each patient on admission, and will be responsible that it is returned into store on the patient's discharge or death. A list of these articles is given in Appendix No. 14, Standing Orders for Royal Army Medical Corps.

Army Book
42.

When patients are able, she will obtain their signature on the counterfoil on Army Book 42, as an acknowledgment of having received these articles, but when patients are so ill as to be unable to look after their equipment, she will cause the ward orderly to endorse the book.

Kits of
patients.

When the hospital clothing and necessities have been issued to a patient on admission, she will make an inventory of the effects which he has brought with him into hospital, and will hand these into the pack store, receiving a receipt for the same, on Army Book 42.

On his discharge she will hand to the patient the receipt in her possession, in order to enable him to recover his effects from the pack store.

Emer-
gencies.

When any case of illness or accident is brought to hospital, or in the event of any accident, emergent illness, or attempted suicide resulting in personal injury, occurring in the hospital, she

* These paragraphs also apply to Staff Nurses.

will cause a medical officer to be at once informed, and, pending his arrival, will take such steps within the limits of her training as may appear to her to be necessary to meet the requirements of the case.

She will be responsible that patients who have been allowed up throughout the day are in bed by 9 p.m. in winter and 10 p.m. in summer. Time of retiring for patients.

She will see that the discharged men leave her wards in sufficient time to be present at their parade. Discharged patients.

She will visit her wards at meal times and see that the diets are properly distributed and served, and that the patients conduct themselves in an orderly manner. She will communicate any irregularity to the orderly non-commissioned officer. Visits at meal times.

Sisters are earnestly requested to interest themselves in the home circumstances of men being invalided as permanently unfit, and make such representations as may be necessary to the Matron for the information of the officer in charge. Invalids.

The sister will daily receive from the steward the wines, spirits, or malt liquor ordered for the patients in her wards, and be responsible for their correct distribution, in accordance with the orders of the officers. Wines, &c.

When the daily diets and extras have been entered on the diet sheets by the officers, she will complete and sign the Diet and Extra Sheet Summary (Army Form F. 734). She will then check and countersign these forms and transmit them to the steward. Diets and extras.

She will take over from the steward the equipment shown on the ward inventories (which will not include bedding or patient's personal equipment), and she will be responsible for the same to the quartermaster, or to the officer in charge if there is no quartermaster. Equipment.

She will take over from the steward the regulated quantity of bedding for each ward. Bedding.

Sisters must take care that there is no waste of provisions, coals, gas, water, or other articles. Hospital forms must not be used for notes, &c. They must exercise the strictest economy compatible with the adequate supply of the patients' needs, in the use of mackintosh, bandages, tow, lint, cotton wool, and all surgical dressings. Supplies, Army Forms, &c.

Sisters are responsible for the linen allotted to their respective wards, and for its good condition. Linen.

The sister will immediately report to the officer in charge, or to the quartermaster, all damages or deficiencies chargeable against patients and others, as well as breakages of crockery or table glass, which when shown to be caused by accident are chargeable to the public. Damages and deficiencies.

She will have charge of books issued to patients from hospital or garrison libraries, and will prevent any improper use of them. She will at once notify any damage to them to the quartermaster, or to the officer in charge of a hospital in which no quartermaster is doing duty, in order that the amount may be assessed and recovered by means of the Personal Charge Book, as laid down in Regulations for Army Medical Services. Library books.

She will submit all applications from patients for writing materials, tobacco, &c., to the officer in charge of the ward for Writing materials and tobacco.

	approval, and will take such requisitions and letters to be stamped, to the Officer in charge of the hospital for transmission to the patient's Commanding Officer. Requisitions for these articles will be made on Army Book 38.
Un- authorised articles.	She will see that no money, articles of diet or extras, books, tracts, pictures, or unauthorised articles of equipment are introduced into the wards without the previous sanction of the officer in charge.
Report to Matron.	A sister must comply with the instructions of the Matron and officers. She must daily report to the Matron as to the condition of her wards, or of the various departments of which she is in charge. She must be careful to mention any irregularities which may have occurred, or other matters to which her attention should be directed.
Serious illness and operations.	She must give the Matron the earliest possible information of any serious cases or operations connected with her wards, or of any other matters of importance affecting the welfare of the patients under her care.
Special nurse or orderly.	If a ward sister deems a special nurse or male attendant necessary, she must immediately report the fact to the Matron. At night, the night sister must make these arrangements, mentioning full particulars in the night report.
Illness of nurses.	The sister is held responsible for reporting to the Matron if any of the staff Nurses serving under her are not well, and if they appear to need medical or surgical attention.
Drugs.	The sister is personally responsible for the correct measurement of all drugs employed for hypodermic injections, sleeping draughts and strong poisons.
Care of poisons.	She will ensure that all poisons and external applications are kept in their appointed place, and that the special poison cupboard is kept carefully locked, and the key removed.
Custody of keys.	She will keep the keys of such store closets and lock-up places in the wards as may be required for the carrying out of these duties.
Instruction of orderlies.	A sister is prohibited from utilising the services of nursing orderlies for any but nursing and routine ward work. She will be held responsible for carrying out the prescribed courses of nurse-training, and will, by every means in her power, afford the orderlies ample opportunity of learning their duties, and will endeavour to awaken the interest of the orderlies in all that pertains to nursing.
Nursing of serious cases.	She will herself take part in the nursing of all patients seriously ill.
To be present when anæsthetics are ad- ministered.	A sister must always be present (unless, under special circumstances, her presence is not required) when an anæsthetic is administered. Should the sister be off duty, and no other sister be readily available, the staff nurse in charge of the patient must give immediate notice to the Matron, that the necessary assistance may be supplied.
Night duties.	Sisters will be detailed in rotation for duty as night sister for a period of not less than two or three months, as the Matron may decide. A night sister will begin duty at 9 p.m., reporting herself at the Matron's office to receive instructions; she will visit the wards at started hours during the night, and oftener

if necessary; and, on coming off duty, she will submit to the Matron at 9 a.m. a written report on the condition of the patients.

Staff Nurses.

Staff nurses will obey the orders which they receive from Duties. the Matron or sisters.

In the absence of a sister from a ward, whether temporarily or permanently, the senior staff nurse present will be held responsible for the performance of the duties ordinarily performed by a sister. Responsibility.

They must scrupulously refrain from relegating an unfair share of routine ward work to the orderlies. Orderlies.

When in doubt or difficulty staff nurses will refer to the sister in charge of their ward, and will abide by her decision. Reference to sister.

Staff nurses are not to go into one another's rooms after 10.30 p.m. Their bedrooms are to be neat and tidy, and all lights are to be extinguished therein by 11 p.m., unless special permission be given. (See also page 9 and footnote.) Routine.

General.

The period of service abroad, reckoning from the date of embarkation at home, will be from three to five years, according to climate, unless such period be incompatible with the interests of the public service. Foreign service.

On a matron, sister, or staff nurse becoming non-effective, she will hand over her copy of the "Regulations for Army Medical Services, &c.," and of the "Manual for the Royal Army Medical Corps" in her possession to the officer in charge of the hospital, who will forward them direct to the Principal Medical Officer for disposal. Disposal of regulations, &c.

if necessary; and on coming on duty, she will submit to the
Nurse at 9 a.m. a written report on the condition of the
patients, and on the progress of the treatment.

2. The Nurse will also submit a written report on the condition of the
patients, and on the progress of the treatment, at 9 a.m.

3. The Nurse will also submit a written report on the condition of the
patients, and on the progress of the treatment, at 9 a.m.

4. The Nurse will also submit a written report on the condition of the
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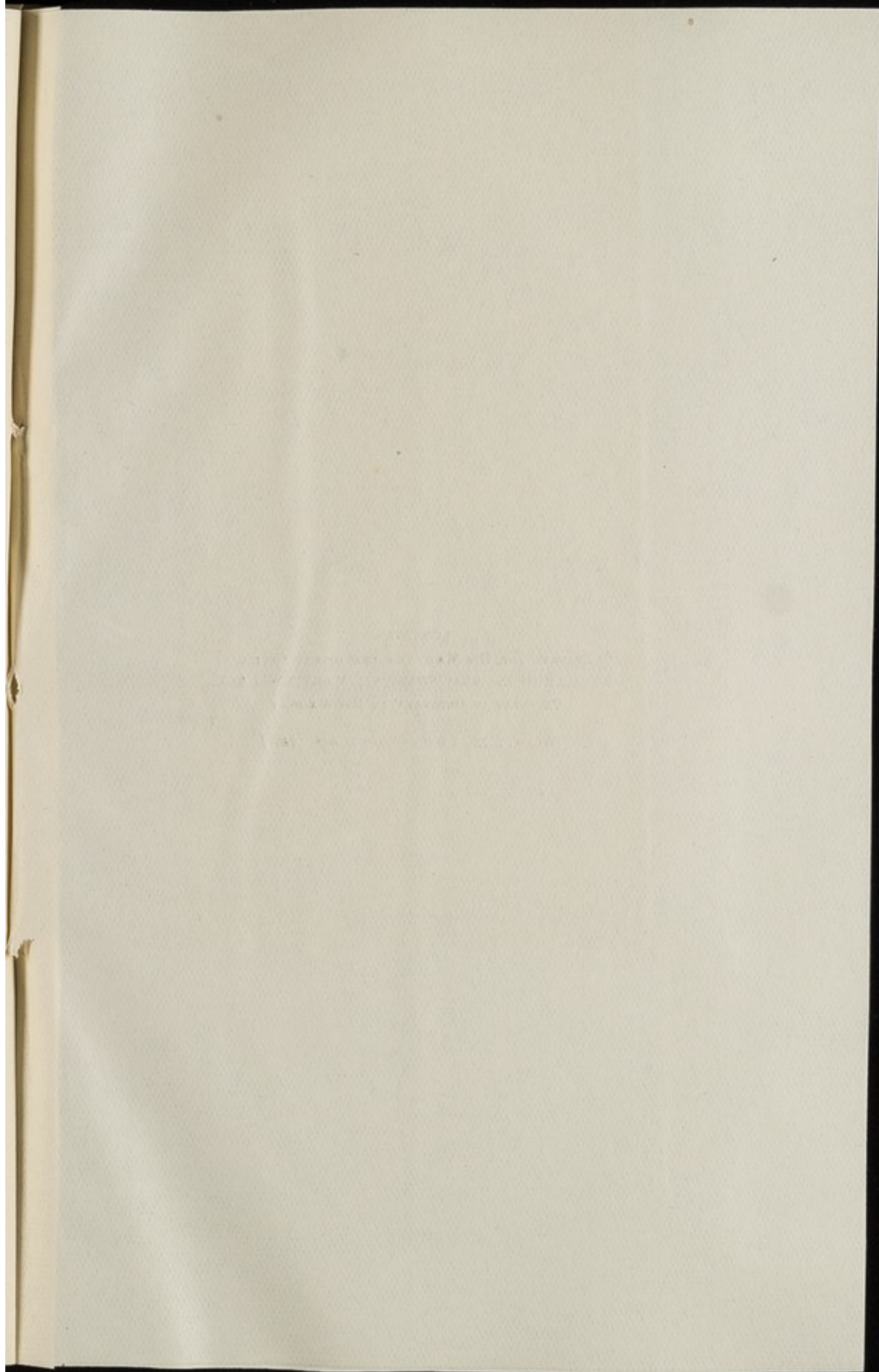
8. The Nurse will also submit a written report on the condition of the
patients, and on the progress of the treatment, at 9 a.m.

9. The Nurse will also submit a written report on the condition of the
patients, and on the progress of the treatment, at 9 a.m.

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LONDON:
PRINTED FOR HIS MAJESTY'S STATIONERY OFFICE
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THE STANDARD, AUGUST 20, 1904.

Princess Louise of Schleswig-Holstein came to town yesterday afternoon from Cumberland Lodge. Princess Christian and Princess Victoria, who leave to-day for Pretoria, accompanied her Highness to the Great Western station at Windsor. Sir William Taylor, who proceeds, it is understood, to South Africa with the Royal party, arrived at Cumberland Lodge last evening.

AUGUST 22, 1904.

DEPARTURE OF PRINCESS CHRISTIAN.

Princess Christian and her daughter, Princess Victoria of Schleswig-Holstein, arrived at Southampton, on Saturday, to embark on the Union Castle liner Walmer Castle, for the Cape, the object of the journey to South Africa being to visit the grave of Prince Christian Victor. They were accompanied by Admiral Sir John Fullerton and Sir William Taylor, and were received at the docks by Colonel the Hon. G. H. L. Crichton (a Director of the London and South-Western Railway), Lady Emma Crichton, Mr. M. Evans (representing Messrs. Donald Currie and Co.), and other officials, who were presented to Princess Christian. Lady Emma Crichton handed her highness a beautiful bouquet.

Previous to embarking on the Walmer Castle, their Royal Highnesses were taken to Princess Henry of Battenberg's new yacht, lying off Hythe Pier, where they lunched, and afterwards Princess Henry, with Princes Maurice and Alexander of Battenberg, went on board the Walmer Castle, where the special cabins, luxuriously fitted and furnished for the travellers, were inspected. On joining the Walmer Castle a telegram was handed to Princess Christian from the Empress Eugénie wishing her a happy and safe voyage. The Royal party, which was joined by Sir W. Hely-Hutchinson, Governor of Cape Colony, and Lady Hely-Hutchinson, who were also proceeding to the Cape, bade an affectionate adieu to Princess Henry and those accompanying her, and the Walmer Castle left shortly before five o'clock.

WAR OFFICE, August 23, 1904.
STAFF.

1st Life Guards.—Second Lieut. Lord H. W. Grosvenor to be Lieutenant, vice the Hon. F. E. Guest, promoted.

The King has been pleased by Royal Warrant, dated July 11, 1904, to approve of the alteration of the ranks of the Veterinary Officers serving with the Household Cavalry on that date, as follows:—

1st Life Guards.—Major A. J. Meredith, F.R.C.V.S., from Army Veterinary Department, to be Veterinary Major.

2nd Life Guards.—Captain E. P. J. Barry, from Army Veterinary Department, to be Veterinary Captain.

Royal Horse Guards.—Major F. B. Drage, from Army Veterinary Department, to be Veterinary Major.

August, 1904

Royal Warrant.—Veterinary Officers of the Household Cavalry.

Amend the regulations relating to the veterinary officers of Household Cavalry:

The veterinary officers now serving in Our Household Cavalry, or who may hereafter be transferred or appointed thereto, shall have the rank of veterinary-lieutenant, veterinary-captain, veterinary-major, or veterinary-lieutenant-colonel, and, except as provided below, shall be eligible for pay, promotion, and retired pay, on the conditions applying to officers of Our Army Veterinary Department.

Officers who elect to serve permanently with Our Household Cavalry, may, if recommended, be granted the rank of veterinary-lieutenant-colonel on completing 23 years' service, but should they desire to be promoted to the administrative grades of Our Army Veterinary Department they must elect to be transferred to that department before attaining the rank of veterinary-lieutenant-colonel.

Officers of Our Household Cavalry below the rank of veterinary-lieutenant-colonel shall have the option of transfer to Our Army Veterinary Department, or may be permitted to exchange with officers of that department, provided that officers so transferred or exchanging have fulfilled the conditions as to service abroad required of officers of that department.

Officers so exchanging shall take rank and seniority in Our Army Veterinary Department according to date of promotion to the rank held on exchange or transfer, but junior to officers of that department whose seniority bears the same date.—A.O. 140, August 1904.

Manual for the Royal Army Medical Corps.

A Revised Edition of the Manual for the Royal Army Medical Corps has been approved, and copies will be issued to all concerned. The edition promulgated by A.O. 115 of 1899 is cancelled.—A.O. 146, August 1904.

Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service.

Revised Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service have been approved, and copies will be issued to all concerned.

The regulations promulgated by A.Os. 247 of 1902 and 71 of 1903 are cancelled.—A.O. 145, August 1904.

Books, Maps, Forms, &c.

Military Books.

1. Books placed on sale, and added to the list issued with A.O. 92 of 1903:—

	Price.
First Report of Advisory Board for Army Medical Services. The Treatment of Venereal Disease and Scabies in the Army	1 3
Manual for the Royal Army Medical Corps. 1904	0 8
Extract from Signalling Regulations, 1904. Semaphore Signalling	0 1

—A.O. 151, August 1904.

Glasgow Herald.

THURSDAY, SEPTEMBER 15, 1904.

Surgeon-General Jameson.

Surgeon-General James Jameson, whose death is to-day announced at Newlands, Eltham, Kent, was a West of Scotland man, having been born at Kilmorie on 15th August, 1837. After receiving his education at the High School and University of Glasgow he was gazetted Staff Assistant-Surgeon in 1857, and proceeded to Canada. He afterwards joined the 47th Regiment of Foot, accompanying it to the West Indies. While there an epidemic of yellow fever at Trinidad brought him into public notice, and he was specially promoted for the services he had rendered. He commanded a division of the English Ambulance in the Franco-German war, was present at the siege of Paris, was engaged in the Loire campaign, and by a special act of grace was given the Emperor William I. Commemorative War Medal. The Fenian Raid took him back to Canada in 1866, where he earned the Canadian War Medal and Clasp. He passed through all the ranks of the Medical Department of the Army and was Director-General of that branch of the service from 1895 until he retired from active service in 1901. The deceased officer, who was Hon. Surgeon to Queen Victoria and to the King, and was a Knight of Grace of the Order of St. John of Jerusalem in England, married in 1864 Mary, daughter of the Rev. Robert David Cartwright, of Canada. He was created a Companion of the Bath in 1897, and was an M.D. and LL.D. of Glasgow and LL.D. of Edinburgh. He wrote numerous articles and reports of a professional nature, and took an active part in all athletic games and sports.

THE STANDARD.

JAMESON.—On the 15th inst., at Newlands, Eltham, Surg. Genl. J. Jameson, C.B., K.H.S., Ac., late Director General Army Medical Service, aged 67. Funeral on Saturday, 25th, at Newlands. Interment at Greenwich Cemetery, Shooter's-hill.

OBITUARY.

SURGEON GENERAL JAMESON.

Surgeon General JAMES JAMESON died at his residence, Newlands, Eltham, on Tuesday, at the age of sixty-seven. He was a son of Mr. William Jameson, of Ledsdale, Kilmorie, N.B., entered the Army Medical Department in 1857, and was promoted to be Surgeon in 1870 for highly meritorious conduct during an epidemic of yellow fever in Trinidad. He became Surgeon Major in 1873, Brigade Surgeon ten years later, Deputy Surgeon General 1888, and Surgeon General 1893. During the Franco-German War he served with the English Ambulance, was present at the siege of Paris, and was engaged in the Loire Campaign. In 1895 he was appointed Director General of the Army Medical Department, and held that position until 1901, when he retired from active service. The deceased officer, who was Hon. Surgeon to Queen Victoria and to the King, and was a Knight of Grace of the Order of St. John of Jerusalem in England, married in 1864 Mary, daughter of the Rev. Robert David Cartwright, of Canada. He was created a Companion of the Bath in 1897, and was an M.D. and LL.D. of Glasgow, and LL.D. of Edinburgh.

The funeral took place, at Greenwich Cemetery, Shooter's-hill, on Saturday, of Surgeon General J. Jameson, Royal Army Medical Corps, who died at Newlands, North Park, Eltham, on the 15th inst. A gun-carriage and firing party, consisting of fifty mounted men, attended from Woolwich, and officers from each Corps in the garrison were present.

926 THE LANCET.]

[SEPT. 24, 1904.]

Obituary.

SURGEON-GENERAL JAMES JAMESON, M.D., C.B., K.H.S., LL.D.

LATE DIRECTOR-GENERAL, ARMY MEDICAL SERVICE.

Surgeon-General Jameson was born at Kilmorie, Ayrshire, on August 15th, 1837. He graduated M.D. at the University of Glasgow in 1857 and entered the Army Medical Department in the same year, being gazetted Staff assistant surgeon on Nov. 9th. He was ordered to Canada in January, 1858, and he served for nearly 11 years in various stations of British North America, including Nova Scotia. During that period he was appointed, in 1862, assistant surgeon of the 47th (now the 1st Battalion "Loyal North Lancashire") Regiment, and he followed the fortunes of that corps until his promotion. The regiment was ordered to the West Indies in

*The obituary notice
in the Standard was
written by Surgeon-General
H. S. Key, M.D., C.B.*

*Cancelled
A.O. 217
91907*

December, 1868, and it was Assistant Surgeon Jameson's lot to proceed to Trinidad in medical charge of a detachment. Here, in 1869, he made acquaintance with tropical disease of virulent form—he had an opportunity, of which he availed himself, of showing his zeal, energy, and assiduity in the performance of his professional duties and he was rewarded by special promotion to the rank of staff surgeon "in consideration of his highly meritorious services during the epidemic of yellow fever at Trinidad." This promotion removed him from the regiment, in which he was a great favourite of both officers and men. Returning to England in May, 1870, he remained at home but a few weeks when he volunteered for service with the English ambulance in France during the Franco-Prussian war and he commanded a division thereof during 1870-71. It so happened that most of his time was spent in the company of the Prussian invading forces and not very long before the close of his service as Director-General he received the Emperor William commemorative war medal, by special act of grace conferred upon him by the German Emperor. At the conclusion of the war Staff Surgeon Jameson proceeded to the Bahamas where he served until 1875. Returning home for four or five years his next foreign service was in India, the Madras Presidency, where he remained from 1881 to 1886. During a portion of this time he was in medical charge of the 12th Lancers. We have received from a former officer of that regiment an appreciation which may well be given in his own words:—

"Poor Jameson was in medical charge of the 12th Lancers from their arrival in Bangalore in 1882 and was the first non-regimental medical officer that we had to do with. We very soon learned to appreciate his value. Professionally and socially he was found to be admirable, and among all ranks and among the families of officers, non-commissioned officers, and men, he was recognised as a true friend. He was infinitely kind and attentive, never sparing himself in any way when he could be of service to anyone. It was of enormous importance to us all to feel that we had at hand a medical adviser so tender in his ways and in whom we had such complete confidence. And he was always the best and most genial of comrades; an excellent sportsman—full of sympathy with every manly pursuit. He was everything that a man in his position should be—respected, loved, and implicitly trusted."

He attained the rank of Deputy Surgeon-General (subsequently changed to "Surgeon-Colonel") in September, 1888, his first service in an administrative capacity being as principal medical officer on the staff of General Lord Frankfort in Egypt, during the years 1889 to 1893, where, in the words of the general, "he rendered excellent service."

In 1893 he was promoted Surgeon-Major-General and became "personal assistant" (the post being that now known as Deputy Director-General) to the then head of the department, Sir William MacKinnon, K.C.B., whom he eventually succeeded on May 7th, 1896. He received a meritorious service reward in October, 1896, was decorated C.B. in 1897, and in the same year was appointed honorary surgeon to Queen Victoria.

Then came the "troubled times" of the Boer war. As head of the Army Medical Service he was responsible for the medical and sanitary arrangements of a campaign which attained dimensions far beyond the calculations of everyone—including those supposed to be "in the know." It must be in the recollection of all that a Royal Commission was appointed to make inquiry and to report upon the "Care and Treatment of the Sick and Wounded." The opinion of that Royal Commission was "that in no campaign have the sick and wounded been so well looked after as they have in this." Bearing in mind that at the outbreak of the war the establishment of the Royal Army Medical Corps was not even equal to peace requirements (it was "practically exhausted in supplying the First Army Corps and in manning the base hospitals") the sudden and long-continued "expansion" which became necessary was no easy matter. But Director-General Jameson "tackled" the difficulties with characteristic energy, and the verdict of the tribunal was one in which he was entitled to feel legitimate pride.

It is impossible for us to account for the fact that his strenuous efforts received no official recognition. There must have been some extraordinary misunderstanding or misconception of the character of the man who worked so loyally for his Sovereign and for the good of the service. Not only was his name absent from the Honours Lists, but he was requested to retire from his post after the completion of five years' tenure, it being understood that it was to be held by him for seven years (for a rule recently promulgated was not supposed to apply to him, but to his successors). For this premature dismissal to very satisfactory reason was forthcoming, the only plausible explanation being that reorganisation and reconstruction of the medical service were "in the air" and the authorities wished for "a new broom." This would have been better understood had the enforced retirement been carried out generously and gracefully, but the omission of all recognition came as a grievous disappointment, not only to the corps of which he was the popular chief, but to the whole body of the medical profession—to say nothing of his friends. The profession, however, hastened to do him honour by inviting him to a complimentary banquet on July 24th, 1901, which was presided over by Sir William Church, Bart., President of the Royal College of Physicians of London (who, it will be remembered, was a member of the Royal Commission). He also received honorary degrees from three or four universities. It should not be forgotten that it was during his term of office that the Army Medical Department was converted into the "Royal Army Medical Corps" and substantive rank was introduced. As regards his personal character he was conspicuous for his loyalty to his officers and profession. Those who worked with him were struck with his thorough honesty, his generous confidence in all who served under him, and his ability to take a sound, commonsense view of any question which had to be considered. He had a keen sense of humour withal and was always "excellent company."

Surgeon-General Jameson married in 1864 a daughter of the Rev. R. W. Cartwright of Kingston, Ontario, who survives him, together with five sons and one daughter. Four of his sons are medical men, one being in the Royal Navy, two in the Royal Army Medical Corps, and one in private practice. The announcement of his death came as a shock to all who knew him, for he always appeared to be the embodi-

ment of sound health and vigour. He had quite recently been to Norway on a fishing expedition and apparently he must have overtaxed his strength by fatigue and exposure. Shortly after his return he had an attack of thrombosis in both extremities and just when recovery was confidently expected embolism supervened followed by septic pneumonia. Death occurred at his house at Eltham on Sept. 13th. The funeral took place on Sept. 17th at Greenwich cemetery and was largely attended by relatives and friends, amongst whom were some of his old comrades of the 47th Regiment. The Director-General was represented by Surgeon-General A. H. Keogh, C.B., Deputy Director-General (Sir William Taylor being absent in South Africa), and his staff at the army medical office, and there were present several officers on the retired list as well as many now serving in the Royal Army Medical Corps. There was also a strong company of the Royal Army Medical Corps from the Herbert Hospital. The coffin was borne on a gun carriage provided by the Royal Horse Artillery who also furnished the firing party.

SEPT. 24, 1904.

THE COMMAND OF HOSPITALS IN THE UNITED STATES NAVY. Owing to the efforts of Surgeon-General Huxley, Chief of the Medical Department of the United States Navy, and the Bureau of Medicine and Surgery, of which he is the head, an important reform has been made in the administration of naval hospitals. In future, medical officers of the United States Navy are to be in "command of" instead of "in charge of" hospitals. The following order has lately been issued by Acting Secretary Darling: "Medical officers in charge of naval hospitals, or other medical departments of a naval station under the command of the station, are hereby authorized to use the term 'in command,' instead of 'in charge of,' to designate their respective official positions."

ARMY MEDICAL SERVICE.

SURGEON-GENERAL JAMES JAMESON, M.D., C.B., LL.D., Honorary Surgeon to the King, died at Eltham on September 13th, aged 62. He entered the service as Assistant Surgeon, November 24th, 1857; became Surgeon, March 1st, 1871; Surgeon-Major, April 1st, 1871; Brigade Surgeon, May 2nd, 1871; Surgeon-Colonel, September 14th, 1888; and Surgeon-Major-General, July 6th, 1896. He was appointed Director-General of the Army Medical Service, May 7th, 1896, and held that appointment till June, 1901, when he retired from the service. He was promoted to be Surgeon "in consideration of his highly meritorious services during an outbreak of yellow fever at Trinidad." During the Franco-German war in 1870-71 he was employed with the English ambulance, and was at the siege of Paris and in the campaign on the Loire, being awarded the Memorial Medal of the Emperor William I. He also held the Canadian war medal with clasp for his services during the Fenian Raid in 1866. Surgeon-General Jameson was made Honorary Surgeon to the late Queen Victoria in 1895, granted a Distinguished Service Award in 1896, and made a Companion of the Bath in 1897. He was also a Knight of Grace of the Order of St. John of Jerusalem.

OCT. 1, 1904.

SURGEON-GENERAL JAMESON, M.D., C.B., LL.D.

Late Director-General, Army Medical Service.

We have received the following note from Professor McCall Anderson of Glasgow:—

IN THE BRITISH MEDICAL JOURNAL of September 24th there is a short notice of the death of Surgeon-General Jameson, giving a few particulars of his career; but I think it may be of interest to many of your readers to know more of him and of his personality, from the point of view of one who knew him well and intimately during the greater part of his life.

He was born in 1847, and was educated at Glasgow High School and Glasgow University, and immediately after qualifying he entered the Army Medical Service, in which he did much good work, as has been already stated in the JOURNAL. His distinguished career culminated in his appointment in 1896 to the onerous post of Director-General of the Army Medical Department, which appointment he held until 1901. His last years of office were ones of great anxiety and strenuous work caused by the outbreak of the Boer war, and there can be little doubt that these labours told upon his health, and undermined a constitution of great natural vigour.

During his term of office his constant aim was to improve the position of the Army Medical Department, and the members of the Royal Army Medical Corps are well aware that they are greatly indebted to him for their improved status and emoluments.

He was known to be a splendid organizer, as was amply shown by the way in which hospitals, medical men, and nurses were sent out to South Africa to meet the emergency caused by the epidemic of enteric on such an unprecedented scale.

The estimation in which he was held, both by the civil and military members of the profession, was amply shown by the great banquet, attended by leading members of the profession from all parts of the British Isles, given to him at the Hotel Cecil when he demitted office, and by the portrait presented by his fellow-officers, which now adorns the walls of the R.A.M.C. mess-house at Aldershot. His illness lasted for six weeks, and for a time recovery was hopefully anticipated, but more serious symptoms developed, and a varied and useful life closed on September 13th.

He is survived by his wife—a Canadian lady, sister of Sir Richard Cartwright—a daughter, and five sons, two of whom are in the Royal Army Medical Corps, and one in the Naval Medical Service, and for whom much sympathy is felt.

His loss will be keenly felt by many, especially by those who had the pleasure of knowing him unofficially and in private life. His genial presence was always welcome, and he entered into the life and interests of his friends with a whole-heartedness which made them feel that he was to be depended upon for sympathy both in joy and in sorrow.

A friend and contemporary of the late Director-General sends us the following reminiscences of him:—

The death of Jameson came as a shock and surprise to his friends both in and out of the service. His robust frame and active habits seemed to afford some guarantee of a long life, but it was unexpectedly cut short through cardiac complications.

His early friends and contemporaries of over forty years ago can recall him as a quiet, unassuming young Scot, tenacious in will, of strong physique and great activity; foremost in athletics, a good all-round sportsman, but pre-eminently a keen and skilful angler. Few, indeed, could handle a fishing-rod better, whether casting for the nimble trout or lordly salmon, for he was bred to the gentle craft among his native streams and lochs, and perfected in it through the accident of

his early service failing in Canada.

While always an efficient and reliable officer, his spells of service in Canada and the West Indies prevented his seeing active service in the field as did most of his contemporaries, but, nevertheless, brought some compensation. While serving as an assistant surgeon in the Bahamas, one of those periodic epidemics of yellow fever, which in the Fifties and Sixties

LONDON, MONDAY, OCTOBER 31.

Princess Christian, accompanied by Princess Victoria of Schleswig-Holstein, and attended by Admiral Sir John Fullerton and Surgeon Sir William Taylor, reached Southampton early on Saturday morning, after her tour in South

Highness was a passenger steamer, and on the arrival of the ship, she was welcomed by Captain Wisely Evans, on behalf of the Major Martin, her Royal Highness's and Comptroller of the ship. The Princess left Southampton by the ship to London and South-land, and travelled to Egham. Princess of Cumberland Lodge to daughter, and accompanied her in Windsor Great Park.

ms. A.O. 167 (Oct) 1904

is relating to the allowances of

hed to Our Warrant of the 5th as follows:—

pital Diets.

ed diet) of the scale of hospital children over 10 years of age, laid the 1st March, 1904, the quantities out bone, and "Beef or mutton, and 6 ounces respectively.

once Regulations (promulgated in amended accordingly.

is for Nurses, &c.

nurse employed in a hospital for a hospital or ward for infectious is granted an allowance in lieu of a rate of 15s. a week at a home on abroad. This allowance shall be when free messing is provided, and a week for board, &c., shall servant employed in a hospital for a hospital or ward for infectious

d in A.O. 44 of 1904) and the last the Allowance Regulations shall

ry Medical Services.

Regulations for Army Medical in approved, and copies issued to 1, October 1904.

MEDICAL STAFF.

LOW, M.D., K.C.S., K.H.P., is placed on Colonel Assistant Surgeon, September 30th, 1904, 1905; Surgeon-Major, September 30th, 1905, 1906; Surgeon-Colonel, March 30th, 1906, 1907; and Director-General of Public Health, 1907. Sir William was granted 1904, October 1st, 1905; appointed Honorary 1905, 1906; and made a Knight Commander 1906, 1907. He was also a Knight of Justice 1906. His war record is as follows:— 1904: Burmese expedition, 1904-5; served on Chindia in India (mentioned in dispatches, 1904); Burmese expedition, 1904-5; Japan and 1904; Japanese Army (Japanese war 1904-5 as Principal Medical Officer (honourary Surgeon-Major-General, star); Nile expedition, 1904, including the battle of Khartoum (mentioned in dispatches, 1904); Egyptian medal

ARD, SATURDAY,

BER 24, 1904.

CE APPOINTMENT.

replaced to approve, on the re- Secretary of State for War, of 1st Lieut. Colonel (temporary Keogh, M.D., C.B., Royal Army pay Director General Army be Director General, Army 1904, Surgeon General Sir W., K.H.P., retired.

Y MEDICAL CORPS.

owing to the excess of Quarter- ment in the Royal Army the consequent block of promo- as for the present no extension additional service can be granted



SURGEON-GENERAL JAMES JAMESON, M.D., C.B., K.H.S., LL.D.

ARMY MEDICAL SERVICES.

The Secretary of State for War has approved of the reappointment, for a further period of three years, of the present civilian members of the Advisory Board for Army Medical Services, viz.:—Sir C. B. Ball, M.Ch., Dr. J. Galloway, Sir E. Cooper Perry, M.D., and Sir F. Treves, Bt., K.C.V.O., C.B.

grave were revived, such a scandal would become responsible; for every candidate would then stand upon his own personal qualifications. The result is obtaining the old class of medical officers is chiefly owing to the fact that the doctor no longer belongs to the regiment under his charge. In the old days "the doctor" was often the most popular man in a regiment.

Free Press 10 Dec 1904.

December, 1868, and it was Assistant Surgeon Jameson's lot to proceed to Trinidad in medical charge of a detachment. Here, in 1869, he made acquaintance with tropical disease of virulent form—he had an opportunity, of which he availed himself, of showing his zeal, energy, and assiduity in the performance of his professional duties and he was rewarded by special promotion to the rank of staff surgeon "in consideration of his highly meritorious services during the epidemic of yellow fever at Trinidad." This promotion removed him from the regiment, in which he was a great favorite of both officers and men. Returning to England in May, 1870, he remained at home but a few weeks when he volunteered for service with the English ambulance in France during the Franco-Prussian war and he commanded a division thereof during 1870-71. It so happened that most of his time was spent in the company of the Prussian invading forces and not very long before the close of his service as Director-General he received the Emperor William commemorative war medal, by special act of grace conferred upon him by the German Emperor. At the conclusion of the war Staff Surgeon Jameson proceeded to the Bahamas where he served until 1875. Returning home for four or five years his next foreign service was in India, the Madras Presidency, where he remained from 1881 to 1886. During a portion of this time he was in medical charge of the 12th Lancers. We have received from a former officer of that regiment an appreciation which may well be given in his own words:—

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He attained the rank of Deputy Surgeon-General (subsequently changed to "Surgeon-Colonel") in September, 1888, his first service in an administrative capacity being as principal medical officer on the staff of General Lord Frankfort in Egypt, during the years 1889 to 1893, where, in the words of the general, "he rendered excellent service."

In 1893 he was promoted Surgeon-Major-General and became "personal assistant" (the post being that now known as Deputy Director-General) to the then head of the department, Sir William MacKinnon, K.C.B., whom he eventually succeeded on May 7th, 1896. He received a meritorious service reward in October, 1896, was decorated C.B. in 1897, and in the same year was appointed honorary surgeon to Queen Victoria.

Then came the "troubled times" of the Boer war. As head of the Army Medical Service he was responsible for the medical and sanitary arrangements of a campaign which attained dimensions far beyond the calculations of everyone—including those supposed to be "in the know." It must be in the recollection of all that a Royal Commission was appointed to make inquiry and to report upon the "Care and Treatment of the Sick and Wounded." The opinion of that Royal Commission was "that in no campaign have the sick and wounded been so well looked after as they have in this." Bearing in mind that at the outbreak of the war the establishment of the Royal Army Medical Corps was not even equal to peace requirements (it was "practically exhausted in supplying the First Army Corps and in manning the base hospitals") the sudden and long-continued "expansion" which became necessary was no easy matter. But Director-General Jameson "tackled" the difficulties with characteristic energy, and the verdict of the tribunal was one in which he was entitled to feel legitimate pride.

It is impossible for us to account for the fact that his strenuous efforts received no official recognition. There must have been some extraordinary misunderstanding or misconception of the character of the man who worked so loyally for his Sovereign and for the good of the service. Not only was his name absent from the Honours Lists, but he was requested to retire from his post after the completion of five years' tenure, it being understood that it was to be held by him for seven years (for a rule recently promulgated was not supposed to apply to him, but to his successors). For this premature dismissal no very satisfactory reason was forthcoming, the only plausible explanation being that reorganisation and reconstruction of the medical service were "in the air" and the authorities wished for "a new broom." This would have been better understood had the enforced retirement been carried out generously and gracefully, but the omission of all recognition came as a grievous disappointment, not only to the corps of which he was the popular chief, but to the whole body of the medical profession—to say nothing of his friends. The profession, however, hastened to do him honour by inviting him to a complimentary banquet on July 24th, 1901, which was presided over by Sir William Church, Bart., President of the Royal College of Physicians of London (who, it will be remembered, was a member of the Royal Commission).¹ He also received honorary degrees from three or four universities. It should not be forgotten that it was during his term of office that the Army Medical Department was converted into the "Royal Army Medical Corps" and substantive rank was introduced. As regards his personal character he was conspicuous for his loyalty to his officers and profession. Those who worked with him were struck with his thorough honesty, his generous confidence in all who served under him, and his ability to take a sound, commonsense view of any question which had to be considered. He had a keen sense of humour withal and was always "excellent company."

Surgeon-General Jameson married in 1864 a daughter of the Rev. R. W. Cartwright of Kingston, Ontario, who survives him, together with five sons and one daughter. Four of his sons are medical men, one being in the Royal Navy, two in the Royal Army Medical Corps, and one in private practice. The announcement of his death came as a shock to all who knew him, for he always appeared to be the embodi-

ment of sound health and vigour. He had quite recently been to Norway on a fishing expedition and apparently he must have overtaxed his strength by fatigue and exposure. Shortly after his return he had an attack of thrombosis in both extremities and just when recovery was confidently expected embolism supervened followed by septic pneumonia. Death occurred at his home at Eltham on Sept. 13th. The funeral took place on Sept. 17th at Greenwich cemetery and was largely attended by relatives and friends, amongst whom were some of his old comrades of the 47th Regiment. The Director-General was represented by Surgeon-General A. H. Keogh, C.B., Deputy Director-General (Sir William Taylor being absent in South Africa), and his staff at the Army Medical Office, and there were present several officers on the retired list as well as many now serving in the Royal Army Medical Corps. There was also a strong company of the Royal Army Medical Corps from the Herbert Hospital. The coffin was borne on a gun carriage provided by the Royal Horse Artillery who also furnished the firing party.

SEPT. 24, 1904.

THE COMMAND OF HOSPITALS IN THE UNITED STATES NAVY. Owing to the efforts of Surgeon-General Ruxton, Chief of the Medical Department of the United States Navy, and the Bureau of Medicine and Surgery, of which he is the head, an important reform has been made in the administration of naval hospitals. In future, medical officers of the United States Navy are to be in "command of" instead of "in charge of" hospitals. The following order has lately been issued by Acting Secretary Darling: "Medical officers in charge of naval hospitals, or other medical departments of a naval station under the command of the station, are hereby authorized to use the term 'in command,' instead of 'in charge of,' to designate their respective official positions."

ARMY MEDICAL SERVICE.

SURGEON-GENERAL JAMES JAMESON, M.D., C.B., LL.D., Honorary Surgeon to the King, died at Eltham on September 13th, 1904. He entered the service as Assistant Surgeon, November 29th, 1857; became Surgeon, March 1st, 1859; Surgeon-Major, April 1st, 1861; Brigade Surgeon, May 2nd, 1861; Surgeon-Colonel, September 24th, 1888; and Surgeon-Major-General, July 28th, 1893. He was appointed Director-General of the Army Medical Service, May 7th, 1896, and held that appointment till June, 1901, when he retired from the service. He was promoted to be Surgeon "in consideration of his highly meritorious services during an outbreak of yellow fever at Trinidad." During the Franco-German war in 1870-71 he was employed with the English ambulance, and was at the siege of Paris and in the campaign on the Loire, being awarded the Memorial Medal of the Emperor William I. He also held the Canadian war medal with clasp for his services during the Fenian Raid in 1866. Surgeon-General Jameson was made Honorary Surgeon to the late Queen Victoria in 1892, granted a Distinguished Service Award in 1896, and made a Companion of the Bath in 1897. He was also a Knight of Grace of the Order of St. John of Jerusalem.

OCT. 1, 1904.

SURGEON-GENERAL JAMESON, M.D., C.B., LL.D.,
Late Director-General, Army Medical Service.

We have received the following note from Professor McCall Anderson of Glasgow:

In the BRITISH MEDICAL JOURNAL of September 24th there is a short notice of the death of Surgeon-General Jameson, giving a few particulars of his career; but I think it may be of interest to many of your readers to know more of him and of his personality, from the point of view of one who knew him well and intimately during the greater part of his life.

He was born in 1817, and was educated at Glasgow High School and Glasgow University, and immediately after qualifying he entered the Army Medical Service, in which he did much good work, as has been already stated in the JOURNAL. His distinguished career culminated in his appointment in 1896 to the onerous post of Director-General of the Army Medical Department, which appointment he held until 1901. His last years of office were ones of great anxiety and strenuous work caused by the outbreak of the Boer war, and there can be little doubt that these labours told upon his health, and undermined a constitution of great natural vigour.

During his term of office his constant aim was to improve the position of the Army Medical Department, and the members of the Royal Army Medical Corps are well aware that they are greatly indebted to him for their improved status and emoluments.

He was known to be a splendid organizer, as was amply shown by the way in which hospitals, medical men, and nurses were sent out to South Africa to meet the emergency caused by the epidemic of enteric on such an unprecedented scale.

The estimation in which he was held, both by the civil and military members of the profession, was amply shown by the great banquet, attended by leading members of the profession from all parts of the British Isles, given to him at the Hotel Cecil when he demitted office, and by the portrait presented by his fellow officers, which now adorns the walls of the R.A.M.C. mess-house at Aldershot. His illness lasted for six weeks, and for a time recovery was hopefully anticipated, but more serious symptoms developed, and a varied and useful life closed on September 13th.

He is survived by his wife—a Canadian lady, sister of Sir Richard Cartwright—a daughter, and five sons, two of whom are in the Royal Army Medical Corps, and one in the Naval Medical Service, and for whom much sympathy is felt.

His loss will be keenly felt by many, especially by those who had the pleasure of knowing him unofficially and in private life. His genial presence was always welcome, and he entered into the life and interests of his friends with a whole-heartedness which made them feel that he was to be depended upon for sympathy both in joy and in sorrow.

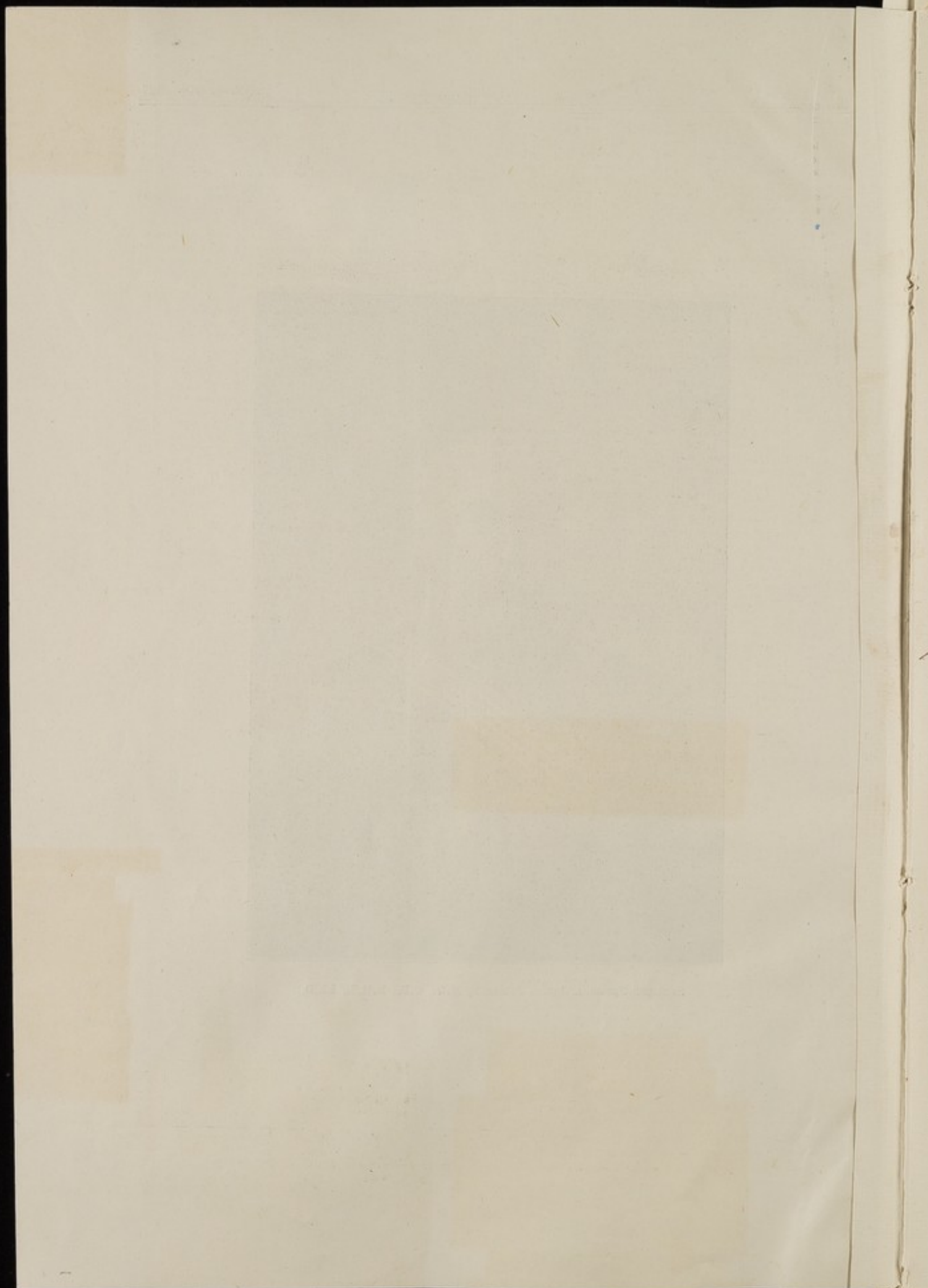
A friend and contemporary of the late Director-General sends us the following reminiscences of him:

The death of Jameson came as a shock and surprise to his friends both in and out of the service. His robust frame and active habits seemed to afford some guarantee of a long life, but it was unexpectedly cut short through cardiac complications.

His early friends and contemporaries of over forty years ago can recall him as a quiet, unassuming young Scot, tenacious in will, of strong physique and great activity; foremost in athletics, a good all-round sportsman, but pre-eminently a keen and skilful angler. Few, indeed, could handle a fishing-rod better, whether casting for the nimble trout or lordly salmon, for he was bred to the gentle craft among his native streams and lochs, and perfected in it through the accident of



SURGEON-GENERAL JAMES JAMESON, M.D., C.B., K.H.S., LL.D.



his early service falling in Canada.

While always an efficient and reliable officer, his spells of service in Canada and the West Indies prevented his seeing active service in the field as did most of his contemporaries, but, nevertheless, brought some compensation. While serving as an assistant surgeon in the Bahamas, one of those periodic epidemics of yellow fever, which in the Fifties and Sixties decimated the West Indies, broke out in Trinidad, and Jameson was sent there. For conspicuous services in this hazardous duty he received special promotion to the rank of Surgeon in 1870, when in his thirteenth year of service—a small boon as may now be thought, but something in those days when his contemporaries had to wait fifteen weary years for the same step by seniority! No one grudged the promotion, which, fortunately, enabled him to assume a higher position in the British ambulance during the Franco-German war, at the siege of Paris, and the campaign on the Loire, where he rendered good service.

After years of uneventful service in India and elsewhere, he ultimately became Deputy to Sir William Mackinnon in the War Office, and succeeded him as Director-General. His career in the latter capacity, if comparatively recent, is already, in the whirl of events, fading history; but, in his quiet and unostentatious way, he did big work at head quarters. He will be personally remembered as accessible, sympathetic, and impartial; courteous, but no courtier; firm almost to obstinacy, seeking no popularity whether from above or below. As is well known, his retirement from his high office was premature, but the true causes which led to it have never been publicly stated. This much, however, must

be admitted, even by the least generous critics of the Army Medical Service, that his efforts, assisted by very able deputies, in organizing and keeping up his department during the Boer war were really immense, and, what is better, are now recognized as having been remarkably successful.

And what was his reward for such strenuous labour? Not even thanks, so far as the public knows; for although he received the full pension of his office on retirement, the customary K.C.B. and other honours were withheld. He himself was far too manly, self-contained, and independent to murmur at an obvious official slight, and he retained his self-respect and the esteem of all who knew him.

Public recognition of his services soon followed, first at the hands of his civil medical brethren in a banquet, and then by his brother officers who subscribed for a portrait. Only a year ago a replica of the portrait was unveiled in the mess-room of the R.A.M.C. in Aldershot, which it now adorns, and hangs as a memorial of the Director-General, during whose tenure of that office the medical service of the army became a Royal corps.

D. writes: The death of Surgeon-General Jameson recalls the remarkable connexion between Scottish Universities and past director generals. The first D.G. (Sir James McGregor) was a graduate of Aberdeen; Sir Andrew Smith was a graduate of Edinburgh or Glasgow; Director-General T. Alexander was an alumnus of Edinburgh; Sir James Brown Gibson and Sir Thomas Galbraith Logan were graduates of Glasgow; Sir William M. Muir was a graduate of Edinburgh or Glasgow; Sir Thomas Crawford was a graduate of Edinburgh; Sir William Mackinnon was an alumnus of Glasgow; Surgeon-General Jameson was also a graduate of Glasgow, as is the present D.G., Sir William Taylor.

Sept. 1904.

The Army Council has decided that the formation of Volunteer Infantry Brigade Bearer Companies, or the conversion into independent units of the Bearer Companies, shown at page 1157a of the "Army List," as borne on the strength of their Infantry units, but supernumerary to the Establishment, shall be discontinued for the present.

OCT. 8, 1904.

We learn with regret that the army will shortly lose the services of Sir William Taylor, K.C.B., whose period of appointment as Director-General A.M.S. terminates early in December next, and are authorized to contradict the statement that Sir Frederick Treves is to succeed to the office. It is difficult to understand how such a rumour obtained currency.

We understand that owing to the pressure of his engagements Sir Alfred Fripp has felt himself compelled to resign his position as a member of the Advisory Board for Army Medical Services. Sir Alfred has been a member of the Board since it was established three years ago.

THE STANDARD, OCTOBER 15, 1904. ARMY DESIGNATIONS.

In the Army List for the present month, just issued, the use of the designation "Army Corps," in respect to the four principal Home Military commands, is discontinued. The First Army Corps is renamed the Aldershot Command, the Second the Southern Command, the Third the Irish Command, and the Fourth the Eastern Command. In other respects, recent arrangements are unaltered.

OCTOBER 18, 1904.

ARMY MEDICAL SERVICES.

The Secretary of State for War has approved of the reappointment, for a further period of three years, of the present civilian members of the Advisory Board for Army Medical Services, viz.:—Sir G. B. Ball, M.Ch., Dr. J. Galloway, Sir E. Cooper Perry, M.D., and Sir F. Treves, Bt., K.G.V.O., C.B.

LONDON, MONDAY, OCTOBER 31.

Princess Christian, accompanied by Princess Victoria of Schleswig-Holstein, and attended by Admiral Sir John Fullerton and Surgeon Sir William Taylor, reached Southampton early on Saturday morning, after her tour in South Africa. Her Royal Highness was a passenger by the Kildonan Castle, and on the arrival of the vessel was welcomed by Captain Wisely and Mr. Murland Evans, on behalf of the Union-Castle Line. Major Martin, her Royal Highness's Equerry and Comptroller of the Household, was also present. The Princess and her daughter left Southampton by the twenty minutes to ten London and South-Western train, and travelled to Egham. Princess Christian drove from Cumberland Lodge to meet his wife and daughter, and accompanied them to their residence in Windsor Great Park.

Allowance Regulations. A.O. 167 (Oct) 1904

Amend the Regulations relating to the allowances of Our Army:

The Regulations attached to Our Warrant of the 5th September, 1903, amend as follows:—

Hospital Diets.

1. In column 2 (varied diet) of the scale of hospital diets for women, and children over 10 years of age, laid down in Our Warrant of the 1st March, 1904, the quantities of "Beef or mutton, without bone," and "Beef or mutton, with bone," shall be 5 and 6 ounces respectively.

Para. 63 of the Allowance Regulations (promulgated in A.O. 44 of 1904) shall be amended accordingly.

Allowances for Nurses, &c.

2. A head-nurse or a nurse employed in a hospital for women and children, or in a hospital or ward for infectious diseases, shall in future be granted an allowance in lieu of board and washing at the rate of 15s. a-week at a home station, and 21s. at a station abroad. This allowance shall be reduced to 12s. 6d. a-week when free messing is provided. An allowance of 10s. 6d. a-week for board, &c., shall also be granted for each servant employed in a hospital for women and children or in a hospital or ward for infectious diseases.

Para. 63A (promulgated in A.O. 44 of 1904) and the last ten words of para. 691 of the Allowance Regulations shall be cancelled.

Regulations for Army Medical Services.

Amendments in the Regulations for Army Medical Services, 1900, have been approved, and copies issued to all concerned.—A.O. 178, October 1904.

ARMY MEDICAL STAFF.

SURGEON-GENERAL Sir W. TAYLOR, M.D., K.C.B., K.H.F., is placed on retired pay, December 31st. Appointed Assistant Surgeon, September 10th, 1864. He became Surgeon, March 1st, 1871; Surgeon-Major, September 10th, 1871; Brigade-Surgeon, February 21st, 1880; Surgeon-Colonel, March 14th, 1885; Surgeon-Major-General, March 10th, 1890; and Director-General of the Army Medical Service, December 31st, 1901. Sir William was granted a reward for distinguished services, October 1st, 1893; appointed Honorary Physician to the King, August 2nd, 1902; and made a Knight Commander of the Order of the Bath, June 25th, 1904. He was also a Knight of Justice of the Order of St. John of Jerusalem. His war record is as follows:—Jowaki expedition, 1877 (medal); Burmese expedition, 1885—served on the Staff of the Commander in Chief in India (mentioned in dispatches, clasp); Hazara expedition, 1887; Burmese expedition, 1888-9; Japan and China, 1894-5—attached to Head Quarters, Japanese Army (Japanese war medal); Assam expedition, 1894-5—as Principal Medical Officer (mentioned in dispatches, clasp); Jowaki expedition, 1897; Nile expedition, 1898-9—as Principal Medical Officer, including the battle of Khartoum (mentioned in dispatches, C.B., second class of the Medjidie, Egyptian medal with clasp, British medal).

THE STANDARD, SATURDAY,

DECEMBER 24, 1904.

WAR OFFICE APPOINTMENT.

The King has been pleased to approve, on the recommendation of the Secretary of State for War, of the appointment of Lieut. Colonel (Temporary Surgeon-General) A. Keogh, M.D., C.B., Royal Army Medical Corps, Deputy Director General Army Medical Services, to be Director General, Army Medical Services, vice Surgeon-General Sir W. Taylor, M.D., K.C.B., K.H.F., retired.

ROYAL ARMY MEDICAL CORPS.

The Army Council, owing to the excess of Quartermasters over establishment in the Royal Army Medical Corps, and the consequent block of promotion, has decided that for the present no extension beyond 15 years' commissioned service can be granted to those officers.

"BLACKBALLING" ARMY DOCTORS AT A SERVICE CLUB.

The "World" has the following:—Seventeen army doctors were recently proposed for election as members of the Junior United Service Club, and all of them have been "blackballed." At first sight this proceeding upon the part of the members appears quite inexcusable; the natural and doubtless the correct conclusion being that the candidates were rejected simply because they were "doctors," quite apart from whether, or not, they were considered socially eligible. There is, however, something to be said upon the other side. The club in question already contains a very large number of officers of the R.A.M.C., desirable and undesirable. It is very difficult for anyone to refuse to propose or second a brother officer, and obviously the lower the standard falls the lower it must therefore be likely to continue falling. If the old system of regimental surgeons were revived, such a scandal would become impossible; for every candidate would then stand upon his own personal qualifications. The difficulty in obtaining the old class of medical officer is chiefly owing to the fact that the doctor no longer belongs to the regiment under his charge. In the old days "the doctor" was often the most popular man in a regiment.

Free Press 10 Dec 1904.

British Medical Journal.

SATURDAY, DECEMBER 31ST, 1904.

THE MEDICAL SERVICE OF THE ARMY.

FOR a month the medical service of the army was without an official head. We are not prepared to say whether such a state of things is without precedent, but certainly it is anomalous to a degree sufficient to excite considerable curiosity as to what was passing behind the scenes during the interregnum. To those whom experience has taught that "for ways that are dark and for tricks that are vain" the War Office is as peculiar as the Heathen Chinese, the situation was clear enough without the help of any special information. It could safely be taken for granted that the delay in appointing a Director-General in succession to Sir William Taylor simply meant that the military authorities were striving to do by craft what, fortunately, they are no longer able to do by force. It is no secret now that this is precisely what was taking place. A comparatively junior officer had been recommended for the appointment because his previous services marked him out as pre-eminently fit for the post. On the other hand, the military authorities, though they could find no objection to the appointment, could not bring themselves to depart from the routine method. Every influence that could be brought to bear on the Secretary of State for War was made use of to prevent an appointment which was looked upon by the Sir Leicester Dedlocks of Pall Mall as an opening of the floodgates of revolution. The struggle was indeed a death-grapple between the old system and the new, and the obstinacy of the resistance of the War Office is a measure of its appreciation of the importance of the issue in regard to its traditional policy of standing on the ancient ways. The War Office may at least be congratulated on having once in a way seen things as they really are; for there can be no doubt that the appointment of Surgeon-General Keogh to the position of Director-General marks the end of the old order of things as far as the medical service of the army is concerned.

It would be utterly wrong to regard the selection of a comparatively young man for so responsible a post as in any sense a disparagement of the distinguished officers who have been passed over. We heartily sympathize in the disappointment that must necessarily be felt by men who have grown grey in the service at their failure to reach the goal of their honourable ambition. But they would themselves be the first to acknowledge that the good of the service must be the first and paramount consideration in the choice of a Director-General. It was for this reason that the principle of selection was substituted for that of seniority in promotion to the higher grades; and if the

principle is to be fairly acted upon, there can be no limitation in the range of such action. The new system is founded on the Napoleonic maxim, *La carrière ouverte aux talents*—a principle which is recognized as the basis of efficiency everywhere except in the public services. The Advisory Board was appointed for the express purpose of securing efficiency in the medical service of the army by the application of that principle.

Apart from any question of professional equipment or official experience, Surgeon-General Keogh has the accidental, but none the less important, advantage over officers otherwise well-fitted for the post that he has inherited none of the traditions and prejudices of the older militarism. He was one of the first batch of officers who entered the service after it was made autonomous, and thus he never came under the influence of the regimental system which the military mind, as represented by the older generation of combatants, has never ceased to hanker after. In addition to this, Surgeon-General Keogh's record of service shows that he possesses in an eminent degree the personal and professional qualifications for the great position which he has been chosen to fill. A brief account of his career will be found elsewhere. It cannot be said of him that he might be considered *copax imperii nisi imperasset*, for he has already been in charge of the Royal Army Medical Corps during Sir William Taylor's absence, and has had a long experience of the administrative duties of the office of which he is now to be the chief. In the discharge of the duties of the important appointments which he has held he has given proof of great administrative capacity, readiness of resource in meeting practical difficulties, and firmness, tempered by tact and sympathy, in dealing, on the one hand, with the military authorities, and on the other with the officers of his own corps.

Strong testimony to the excellence of Surgeon-General Keogh's work in the Boer war is borne by Sir W. D. Wilson in his recently issued *Report on the Medical Arrangements in the South African War*. He took a prominent part in the work of the Committee to which the task of rearranging the medical service of the army was entrusted by Mr. Brodrick; and his mastery of the problems of medico-military administration has been conspicuously displayed in his work at the head quarters office. It is therefore no untold man who is now to command the Royal Army Medical Corps, but one who has given the most convincing evidence of his special fitness for the position. His appointment will, we feel sure, be approved by the general voice of the profession to which he belongs. It will be particularly welcomed as an indication that the spirit of arrogant hostility towards the medical service which has proved so disastrous to the best interests of the army has passed away.

One of the personal characteristics of the new Director-General which inspires the best hope for the success of his administration is the fact that in him the doctor has never been submerged in the officer. His heart has always been in his professional work, and he has kept his scientific knowledge fresh and adequate to the exigencies of medical practice. He is known to be particularly anxious that the officers of the Royal Army Medical Corps should be thoroughly efficient in their proper work, which is the treatment and especially the prevention of disease. As his appointment is the knell of the parting day of promotion by seniority, we hope it may also be taken as a sign that the time is gone by when the army could be regarded either as a refuge for the professionally incapable,

ARMY MEDICAL SERVICE.

THE NEW DIRECTOR-GENERAL.

THE King has been pleased to approve, on the recommendation of the Secretary of State for War, of the appointment of Lieutenant-Colonel (temporary Surgeon-General) Alfred Henry Keogh, M.D., C.B., R.A.M.C., to be Director-General, Army Medical Service, vice Surgeon-General Sir W. Taylor, M.D., K.C.B., K.H.F., retired. The appointment will run as from January 1st, 1905. Surgeon-General Keogh, though comparatively young in years, has a distinguished record of service in the army. Born in 1857, he received his professional education at Queen's College, Cork, and Guy's Hospital, London. He took the degrees of Doctor of Medicine and Master in Surgery at the Royal University of Ireland in 1878. After holding the appointment of House-Physician at the Brompton Consumption Hospital, he entered the medical department of the army in 1879, coming out second of nearly seventy successful candidates. This was the first batch of officers commissioned under the Warrant of 1879. For a considerable time before that, owing to the shuffling policy which had become traditional in the War Office, the discontent in the service had been so acute that there had been the greatest difficulty in getting suitable men to come forward. Surgeon-General Keogh is now the senior of the batch who entered under the non-regimental system. He distinguished himself highly at Netley, winning the Martin Memorial Gold Medal and the Herbert Prize, and passing out with the highest total of marks of all the candidates, Army, Indian, and Naval. He was first stationed at Woolwich. His first tour of foreign service was in Bermuda, whence he proceeded to India. On his return he was on duty at the Royal Arsenal, Woolwich, for five years; during that period he gained a large surgical experience. On completion of this appointment in

the beginning of 1894, he was sent to India where he served in the Madras Presidency; later he was transferred to Barrackpore, near Calcutta, where he was in charge of the Military Hospital. He was also Civil Surgeon there, and in that capacity had large opportunities of ordinary professional work among the operators in the factories and civilian population. The experience thus obtained was put to good use. Returning to England in 1899, he did duty at the manoeuvres on Salisbury Plain in the summer of that year. In November, 1899, he went to South Africa as Secretary and Registrar of No. 3 General Hospital, which was located at Rondebosch near Capetown in the early part of the war. When Bloemfontein was taken hospital accommodation was required on the lines of communication, and Surgeon-General Keogh was sent to Springfontein with half of No. 3 General Hospital. This hospital was very quickly got into good order. While at Springfontein he was for a short time Principal Medical Officer of the lines of communication from Bloemfontein to Norval's Pont.

He was soon transferred to Pretoria to take charge of No. 2 General Hospital, where chaos reigned at the time. Thanks to his administrative ability the hospital was soon in admirable order. In November, 1900, it had 1,000 beds, and this number was maintained till the following March. Surgeon-General Keogh was also a Senior Medical Officer of "Howitzer Camp," which included the Langman Hospital, and direction of the sanitation of the eastern outskirts at Pretoria. At the end of 1900, he contracted enteric fever, and was invalided home in February, 1901. He was mentioned in Lord Roberts's first despatch, received the decoration of C.B., and was specially advanced from the lower to the higher rate of Lieutenant-Colonel.

When the reform of the medical service of the Army was

undertaken, he was invited to join Mr. Brodrick's Reorganization Committee. His work as a member of this Committee is recognized by his colleagues as having been of the highest value. He was appointed Deputy-Director-General from January 1st, 1902. In 1903 he was made a Knight of Grace of the Order of St. John of Jerusalem.

Surgeon-General Keogh has throughout his career retained the keenest interest in professional work. A first-rate officer and administrator, he has never ceased to be a "good doctor." During his home service he has always taken every opportunity of extending his professional experience by attendance at hospital, and by special study.

1905

(FROM LAST NIGHT'S "LONDON GAZETTE.")

WAR OFFICE, JAN. 3, 1905.

ROYAL ARMY MEDICAL CORPS.—Lieut. Colonel (temporary Surgeon General) A. Keogh, M.D., C.B., to be Colonel, vice W. Donovan, C.B., promoted; Lieut. Colonel J. I. South to be Colonel, vice A. Keogh, M.D., C.B., promoted; Colonel A. H. Anthony, M.B., is placed on retired pay.

ARMY MEDICAL SERVICE.—Colonel W. Donovan, C.B., from Royal Army Medical Corps, to be Surgeon General, vice Sir W. Taylor, M.D., K.C.B., K.H.P.; Colonel (temporary Surgeon General) A. Keogh, M.D., C.B., from Royal Army Medical Corps, to be Surgeon General, to complete establishment.

ARMY MEDICAL SERVICE.—Surgeon General A. Keogh, M.D., C.B., is appointed Director General, vice Sir W. Taylor, M.D., K.C.B., K.H.P., retired.

JAN. 28, 1905.

A SIDELIGHT ON MEDICAL EDUCATION.

SIR,—Possibly your correspondents writing upon this subject have failed to notice that the whole matter of the returns which form the basis of your editorial has been referred by the General Medical Council to its Examination Committee for consideration and report.

Meantime, may I say that I think we want a good deal more than mere statistical statements in order to arrive at a fair estimate of the responsibility for results of the various teaching bodies? I am given to understand that many of the men who take the highest places are holding, at the time of the examination, or have held resident hospital appointments; the significance of which, as a preparation for a clinical examination in surgery, is sufficiently obvious.

Hence it may well be that the length of the course of education (especially in its practical departments) rather than its quality which is the determining factor.

Furthermore, the public medical services of the country are not in favour with the young graduates of the Scottish universities. I can speak with assurance for Aberdeen at least, from which the men who have taken the highest places in the university examinations rarely proceed to competition for navy or army appointments.

I might add that the total numbers in some of your columns seem to me to be so small as to be practically worthless for statistical purposes.—I am, etc.

Aberdeen University, Jan. 24th.

DAVID W. FINLAY.

PHYSIQUE IN THE ARMY

Standard — 28 Feb. 1905

INSPECTORS OF RECRUITS.

Important appointments not previously contemplated have been made in connection with the new organisation of army commands in respect of recruiting. The War Office have announced that a medical inspector of recruits is to be stationed at the headquarters of each command charged with the responsibility of securing recruits for the army of the requisite physique, and his duties are to extend to the militia, yeomanry, and volunteers. He is to visit the regimental depots of the regular forces and militia, inspect the recruits, and superintend their physical training, and he is also to attend at the drill halls of volunteer corps, and examine the recruits as to their stature and chest measurement, and report as to those for whom the capitation grant should be withheld.

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FEB. 11, 1905.

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belief in the policy of promotion by selection, and "honestly and consistently" congratulated Surgeon-General Keogh on his appointment—"an appointment," our contemporary went on to say, "which represents the adoption of a new and, as we believe, sound principle in this respect." The *Practitioner*, in its February number, says that "the appointment of Surgeon-General A. H. Keogh . . . has been hailed with profound satisfaction by all who are sufficiently enlightened and patriotic to place the efficiency of the service above merely personal considerations." It adds that "the army and the nation are to be congratulated on an appointment which marks a new epoch in the history of the Army Medical Service." The *Scottish Medical and Surgical Journal* for February points out that "the main aim of this Committee [the Advisory Board] was increased efficiency, and in selecting a comparatively young man for the post of head of the Medical Service they have, it appears to us, only done their duty." The only note of opposition that has reached us comes from *Truth* and one or two other lay papers of no particular importance. It is amusing to see the Sage of Queen Anne's Gate, who is nothing if not "progressive," made to come forward as the champion of vested rights and fossilism. He says that the appointment "has been very strongly condemned in professional quarters;" he has not, however, stopped to inquire what these "professional quarters" are, or he would probably have discovered the true inwardness of the condemnation pronounced by them. From such "professional quarters," doubtless, have emanated the very few protests against Surgeon-General Keogh's appointment that have appeared in the lay press. In one of these the *BRITISH MEDICAL JOURNAL* is threatened with "the resentment of army medical officers at their service being depreciated and decried in the eyes of the profession, the public, and the army at large," and the use of that peculiarly Hibernian weapon, the boycott, is hinted at not obscurely. The occasion calls for plain speaking, and we therefore must be allowed to say that it is simply untrue that the service has been decried or insulted in the *JOURNAL*. The *JOURNAL* has in season and out of season advocated the cause of the service against the oppressor's wrong and the insolence of office, and without its help, constantly and unstintingly given, medical officers would not be in the position which they now hold in the army. As for the boycott, we commend to those whom it may concern the following story of a famous American editor, whose views had offended some one. An acquaintance met Horace Greeley one day, and said "Mr. Greeley, I've stopped your paper." "Have you?" said Greeley; "well, that's too bad, and the old white hat went its way. The next morning Greeley met his subscriber again, and said: "I thought you had stopped the *Tribune*?" "So I did." "Then there must be some mistake," said Greeley, "for I just came from the office and the presses were running, the clerks were as busy as ever, the compositors were hard at work, and the business was going on the same as yesterday and the day before." "Oh!" said the subscriber, "I didn't mean that I had stopped the paper; I stopped only my copy of it because I didn't like your editorials." "Pshaw!" retorted Greeley; "It wasn't worth taking up my time to tell me such a trifle as that. My dear sir, if you expect to control the utterance of the *Tribune* by the purchase of one copy a day, or if you think to find any newspaper worth reading that will never express convictions at right angles with your own, you are doomed to disappointment." The moral of which story lies, as Jack Bunsby says, in the application of it.

SATURDAY, FEBRUARY 25th, 1905.

THE MEDICAL OFFICER IN THE FIELD.

AMONG the lessons of the present war none is more striking than the illustrations which it affords of the capital importance of the medical service to an army in the field. Unlike Lord Wolseley, who, with the ignorant contempt for "non-combatants" characteristic of a certain type of military mind, said that medical advice was a good thing—when it was asked for, the Japanese commanders have from the first realized that

A wise physician still'd our wounds to heal
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They have given their medical officers a free hand, and supported their action with all the weight of their authority. The result of this intelligent appreciation of the value of preventive medicine is seen in the remarkable mortality statistics of General Oku's force which were quoted in the *BRITISH MEDICAL JOURNAL* of February 4th. In a total number of 24,643 cases of illness occurring between May 6th and December 1st, there were 18,578 recoveries in the field hospitals and 5,609 cases were sent home. There were only 40 deaths from disease. The cases of typhoid fever were less than 200, those of dysentery less than 400 in number. This record is probably unprecedented in the history of war.

The contrast between the Japanese methods of warfare and those of nations which consider themselves more civilized is seen on comparing their mortality statistics with the 13,000 or 14,000 deaths from disease in our army in South Africa, amounting to half the total loss suffered in the war, and with the 4,965 cases of death from disease—nearly 70 per cent. of the cases—in the American army from May 1st to December 31st, in the war with Spain. As regards the Russian army, it has been estimated that the total number of sick and wounded down to the time of the great battle on the Sha-Ho was 150,000, or about 30 per cent. of the total force in Manchuria. Of the 32,000 sick

or an easy career in which playing at soldiers was agreeably diversified by the dissipations of garrison society and the excitement of sport.

The irritation of the "old gang"—if we may use Lord Randolph Churchill's racy phrase—has shown itself in paragraphs, obviously inspired, which have appeared in society and service journals. It is unnecessary to refer to these further than to point out that it is simply fatuous to attribute the choice of the new Director-General to "outside influences." The Advisory Board was called into existence in order to advise the Secretary of State. In recommending Surgeon-General Keogh for the appointment the Board has simply discharged the duty placed upon it. The members of the Board are surely better judges of the professional qualifications of medical officers than military authorities or bureaucrats of any kind or description can be. These are the "outside influences" which the medical service of the army has to fear.

of service shows that he possesses in an eminent degree the personal and professional qualifications for the great position which he has been chosen to fill. A brief account of his career will be found elsewhere. It cannot be said of him that he might be considered *capax imperii nisi imperasset*, for he has already been in charge of the Royal Army Medical Corps during Sir William Taylor's absence, and has had a long experience of the administrative duties of the office of which he is now to be the chief. In the discharge of the duties of the important appointments which he has held he has given proof of great administrative capacity, readiness of resource in meeting practical difficulties, and firmness, tempered by tact and sympathy, in dealing, on the one hand, with the military authorities, and on the other with the officers of his own corps.

Strong testimony to the excellence of Surgeon-General Keogh's work in the Boer war is borne by Sir W. D. Wilson in his recently issued *Report on the Medical Arrangements in the South African War*. He took a prominent part in the work of the Committee to which the task of rearranging the medical service of the army was entrusted by Mr. Brodrick; and his mastery of the problems of medico-military administration has been conspicuously displayed in his work at the headquarters office. It is therefore no untried man who is now to command the Royal Army Medical Corps, but one who has given the most convincing evidence of his special fitness for the position. His appointment will, we feel sure, be approved by the general voice of the profession to which he belongs. It will be particularly welcomed as an indication that the spirit of arrogant hostility towards the medical service which has proved so disastrous to the best interests of the army has passed away.

One of the personal characteristics of the new Director-General which inspires the best hope for the success of his administration is the fact that in him the doctor has never been submerged in the officer. His heart has always been in his professional work, and he has kept his scientific knowledge fresh and adequate to the exigencies of medical practice. He is known to be particularly anxious that the officers of the Royal Army Medical Corps should be thoroughly efficient in their proper work, which is the treatment and especially the prevention of disease. As his appointment is the knell of the parting day of promotion by seniority, we hope it may also be taken as a sign that the time is gone by when the army could be regarded either as a refuge for the professionally incapable,

the beginning of 1894, he was sent to India where he served in the Madras Presidency; later he was transferred to Barrackpore, near Calcutta, where he was in charge of the Military Hospital. He was also Civil Surgeon there, and in that capacity had large opportunities of ordinary professional work among the operators in the factories and civilian population. The experience thus obtained was put to good use. Returning to England in 1899, he did duty at the manoeuvres on Salisbury Plain in the summer of that year. In November, 1899, he went to South Africa as Secretary and Registrar of No. 3 General Hospital, which was located at Rondebosch near Capetown in the early part of the war. When Bloemfontein was taken hospital accommodation was required on the lines of communication, and Surgeon-General Keogh was sent to Springfontein with half of No. 3 General Hospital. This hospital was very quickly got into good order. While at Springfontein he was for a short time Principal Medical Officer of the lines of communication from Bloemfontein to Norval's Pont.

He was soon transferred to Pretoria to take charge of No. 2 General Hospital, where chaos reigned at the time. Thanks to his administrative ability the hospital was soon in admirable order. In November, 1900, it had 1,000 beds, and this number was maintained till the following March. Surgeon-General Keogh was also a Senior Medical Officer of "Howitzer Camp," which included the Langman Hospital, and direction of the sanitation of the eastern outskirts at Pretoria. At the end of 1900, he contracted enteric fever, and was invalided home in February, 1901. He was mentioned in Lord Roberts's first dispatch, received the decoration of C.B., and was specially advanced from the lower to the higher rate of Lieutenant-Colonel.

When the reform of the medical service of the Army was

undertaken, he was invited to join Mr. Brodrick's Reorganization Committee. His work as a member of this Committee is recognized by his colleagues as having been of the highest value. He was appointed Deputy Director-General from January 1st, 1902. In 1903 he was made a Knight of Grace of the Order of St. John of Jerusalem.

Surgeon-General Keogh has throughout his career retained the keenest interest in professional work. A first-rate officer and administrator, he has never ceased to be a "good doctor." During his home service he has always taken every opportunity of extending his professional experience by attendance at hospital, and by special study.

1905

(FROM LAST NIGHT'S "LONDON GAZETTE.")

WAR OFFICE, JAN. 3, 1905.

ROYAL ARMY MEDICAL CORPS.—Lieut. Colonel (Temporary Surgeon General) A. Keogh, M.D., C.B., to be Colonel, vice W. Donovan, C.B., promoted; Lieut. Colonel J. L. Royston to be Colonel, vice A. Keogh, M.D., C.B., promoted; Colonel A. H. Anthorpe, M.B., is placed on retired pay.

ARMY MEDICAL STAFF.—Colonel W. Donovan, C.B., from Royal Army Medical Corps, to be Surgeon General, vice Sir W. Taylor, M.D., K.C.B., K.H.P.; Colonel (Temporary Surgeon General) A. Keogh, M.D., C.B., from Royal Army Medical Corps, to be Surgeon General, to complete establishment.

ARMY MEDICAL SERVICE.—Surgeon General A. Keogh, M.D., C.B., is appointed Director General, vice Sir W. Taylor, M.D., K.C.B., K.H.P., retired.

JAN. 28, 1905.

A SIDELIGHT ON MEDICAL EDUCATION.

SIR.—Possibly your correspondents writing upon this subject have failed to notice that the whole matter of the returns which form the basis of your editorial has been referred by the General Medical Council to its Examination Committee for consideration and report.

Meantime, may I say that I think we want a good deal more than mere statistical statements in order to arrive at a fair estimate of the responsibility for results of the various teaching bodies? I am given to understand that many of the men who take the highest places are holding, at the time of the examination, or have held resident hospital appointments; the significance of which, as a preparation for a clinical examination in surgery, is sufficiently obvious.

Hence it may well be that the length of the course of education (especially in its practical departments) rather than its quality which is the determining factor.

Furthermore, the public medical services of the country are not in favour with the young graduates of the Scottish universities. I can speak with assurance for Aberdeen at least, from which the men who have taken the highest places in the university examinations rarely proceed to competition for navy or army appointments.

I might add that the total numbers in some of your columns seem to me to be so small as to be practically worthless for statistical purposes.—I am, etc.

Aberdeen University, Jan. 24th.

DAVID W. FINLAY.

PHYSIQUE IN THE ARMY

Standard — 28 Feb. 1905

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and wounded registered at the Central Board in Kharbin from June 15th to August 15th, only about one-fifth were wounded. During the first six months of the war the most common diseases were dysentery and rheumatic fever. Several severe outbreaks of dysentery occurred among the younger soldiers of certain regiments, but their illness was generally attributed to the drinking of river water. Preventive measures were prescribed by army orders, but no trouble was taken to see that they were carried out. After the month of July typhoid fever increased rapidly, and caused much sickness and disability. Preparations for treating the sick and wounded had been made on a very large scale, not only by the War Office but by the Russian Red Cross Society and by the Zemstvos or county councils; in addition, twenty-four hospital trains, most of them well, and some of them luxuriously equipped, were provided by private generosity. Owing to the large number of sick and wounded, however, the hospital accommodation was often inadequate, and this evil was intensified by imperfect organization and a failure to provide an adequate number of beds at places where they were most wanted.

The medical staff of the Russian army is very insufficiently paid and is numerically quite incapable of grappling with such emergencies as have had to be met in the present campaign; not only have the hospitals been overcrowded and the food supply frequently insufficient, but necessary dressings have even been wanting.

A graphic description of the state of things which is sure to occur when medical advice is neither asked for nor taken when offered is given by a Russian medical officer serving in Manchuria. Writing in July, he complains bitterly of the bread supply on which the soldier is largely dependent for his sustenance. There were days when no bread was served out, or when only 1 lb. was given to each man instead of the regulation allowance of 2 1/2 lb. The bread brought from a distance, at a hot-house temperature, was delivered in an altogether impossible condition; it was covered with a thick pile of velvety moulds of many colours and countless species. Although the doctor's horse refused this bread, it was eaten by the men. It is not surprising that very soon after this 900 men had to be sent to hospital suffering from acute gastro-enteritis, dysentery, typhoid fever, fevers of malarial type, but especially anaemia and debility. Russian admirals, as we know, have a preternaturally keen eye for torpedo boats; but Russian generals can be conveniently blind to the existence of dysentery. Interrogated by "high authority" as to the causes of the prevalence of illness, the medical officer frankly spoke his mind. His remarks were listened to quietly till he mentioned dysentery, when he was told that it was a crime to speak of dysentery when there was none, and when there ought not to be any, in the army. After this authoritative pronouncement that dysentery "ought not to be," it naturally disappeared from the returns, its place being taken by "col. ac." (colitis acuta). The sickness was peremptorily attributed to the want of cholera belts, which, it appeared, the soldiers had thrown away.

All this is in accordance with that sort of military tradition which fortunately for themselves does not yet oppress the Japanese. It is not so long ago since typhoid fever was not officially recognized in India and the appearance of its name in a return might cost a medical officer his promotion. It is well known, too, that in at least one of our Egyptian campaigns medical officers were expressly ordered by the military authorities to make no mention of typhoid fever, but to return it as "simple continued fever." We, therefore, have no cause for pharisaic complacency if we compare ourselves with the Russians. Of all forms of that disastrous disease, official blindness, the worst is that which afflicts military authorities when they meddle with medical matters. But the object lesson given to the world by Japan is so clear and demonstrative that we venture to hope it may make some impression even on the obtuse sensorium of the War Office. At least, it is to be hoped that it may stimulate the Secretary of State for War to carry into execution the schemes for the better training of army medical officers which the dilatoriness of the War Office and the obstructiveness of the Treasury have kept in a state of suspended animation for several years. As Sir Walter Foster well said in the debate on the Address, it is the adaptation of science to the prevention of disease which renders an army most efficient. This is the great lesson of the present war, and this is the lesson which both our Government and our army authorities need to have strongly and constantly impressed upon them.

THE STANDARD, MARCH 8, 1905.

QUEEN ALEXANDRA'S NURSING SERVICE

The Director General of the Army Medical Service (Surgeon General A. Keogh, C.B.) has estimated to General Officers Commanding that it is considered desirable that Matrons or Acting Matrons of Queen Alexandra's Imperial Military Nursing Service should keep a permanent record of all the sisters and staff nurses of the Nursing Service, and also of the Army Nursing Service Reserve members, who are serving under them in each hospital. The record is to contain the names of the members of the nursing staff, and the addresses of nearest relatives; also any special qualifications they may possess, such as ability to lecture, to train orderlies in massage, electricity, and the light treatment, or to nurse special diseases of women and children or midwifery cases, and also the dates of ordinary and sick leave and of commencing and ending night duty. The record is not to contain anything of a confidential nature, such as the character of the members or the manner in which they perform their duty.

MARCH 13, 1905. THE ARMY COMMANDS REARRANGED.

NEW TITLES OF OFFICERS.

COAST DEFENCE ORGANISATION.

In the new issue of the monthly "Army List," the commands of the United Kingdom will be found in their reorganised form, and in a general classification, which marks a great advance on previous publications. The head of each command is shown as that of a General Officer Commanding-in-Chief, and his staff are given under the headings of "General Staff," "Administrative Staff," "Services and Departments," and "Schools of Instruction." The divisional organisation of the troops is tabulated in an improved form. Instead of a list of troops serving in each Command, all the battalions, batteries, and other units are enumerated under the special arm to which they belong, and it is, therefore, possible, for the first time, to note what troops comprise a particular brigade. Corps troops and divisional troops are similarly shown, and the cavalry brigades, instead of following the infantry, are now given their proper place at the head of the list of troops. The following new titles have been adopted:—

NEW TITLE.	OLD TITLE.
Colonel, General Staff ...	Assistant Adjutant General.
Major General of Horse ...	General Officer Commanding-in-Chief.
Chief Engineer ...	ing R.A.
Assistant Director of Ordnance Services ...	Commanding R.E.
Assistant Director of Supplies and Transport ...	Chief Ordnance Officer.
Chief Accountant ...	Transport.
Brigadier ...	Auditor.
	Brigadier General.

Subordinate officers in charge of services at out-stations are called Administrative Medical Officer, Chief Ordnance Officer, Senior Veterinary Officer, Chief Quartermaster, Senior Engineer, and Officer Commanding Army Service Corps.

The Generals shown as confirmed in their appointments under the new organisation embrace:—Sir John French, Aldershot Army Corps; Lord Methuen, Eastern Command; Lord Grenfell, Irish Command; Sir Charles Tucker, Scottish Command; and Major General L. J. Olliphant, London District. The present chiefs of the Northern and Welsh and Midland Commands are shown as acting in those appointments. These officers are Sir Leslie Rundle and Sir Francis Howard respectively. The Southern Command is not filled in, pending the arrival home of Sir Ian Hamilton.

The new staff for a Coast Defence zone includes a Commander, Aide-de-Camp, a Staff Officer for Defence, Deputy Assistant Adjutant and Quartermaster General, Chief Engineer, Adjutant of Royal Engineers, and a Colonel Royal Garrison Artillery. The commanders appointed or provisionally appointed include the following:—

COAST DEFENCE.	
Portsmouth ...	Major General Montgomery.
Chatham ...	Major General Sir R. C. Hart, V.C.
Dover ...	Colonel G. E. Owen.
Cock ...	Colonel G. D. Fanshawe.
Scotland ...	Colonel Lord Playfair.
Welsh ...	Colonel E. H. Walker.

Sir John French's command bears the local name of the "Aldershot Army Corps." This will probably be changed to "The Army Corps."

MARCH 28, 1905. SOLDIERS' DEFECTIVE TEETH.

AN ABANDONED EXPERIMENT.

The Army Council has decided to discontinue the experiment, commenced last November, of providing recruits with artificial teeth; and the instructions contained in the War Office letter of the 5th of that month have therefore been cancelled as regards both recruits and trained soldiers.

The experiment allowed recruits with defective or deficient teeth, but otherwise eligible, to be accepted if the provision of artificial dentures (costing not more than £3, to be recovered by stoppages from the men's pay) were likely to make them efficient; and the experiment was extended to trained soldiers who, through dental deficiency, might become liable to discharge as invalids, but whose efficiency might be preserved by dental provision. In practice it has been found that a large number of the men enlisted under these conditions decline to complete their enlistment contracts by accepting the dentures proposed for them; and many have already been discharged as not likely to become efficient soldiers, it not being possible to compel them to fulfil their contracts.

Admission of Officers to the Convalescent Home, Osborne, and to King Edward VII's Hospital, London.

With reference to A.O. 27 of 1904, paras. 3, 4, and 8, it is hereby notified that applications for the admission of officers to these institutions will in future be submitted by commanding officers direct to the Director-General Army Medical Service, or, in the case of King Edward VII's Hospital, to Sister Agnes.—A.O. 48, March 1905.

War Establishments for the following units have been approved, and copies will be issued to all concerned. They will apply to such units as may, from time to time, be notified to General Officers commanding:—

- The head-quarters of a division.
- A Field troop, Royal Engineers.
- A Field company, Royal Engineers.
- A battalion of mounted infantry.
- A battalion of infantry.
- A field ambulance.

A cavalry field ambulance. — *See A.O. 177 of 1905.*
—A.O. 52, March 1905.

Ribbon and Collar Badge—Queen Alexandra's Imperial Military Nursing Service.

1. A new pattern ribbon to be worn with the badge of the Queen Alexandra's Imperial Military Nursing Service has been approved. The ribbon authorized by A.O. 125 of 1904 will no longer be worn.

2. Non-commissioned officers and men of the Royal Army Medical Corps, who have been authorized, under A.O. 125 of 1904, to wear the badge and ribbon of the Queen Alexandra's Imperial Military Nursing Service will also wear the new ribbon in place of the old.

3. Insert on page 2 of the Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service, 1904:—

8A. A collar badge in white and gilded metal, or silver and silver-gilt, is to be worn on the points of the collar of the coats by members of all ranks.
—A.O. 69, April 1905.

Pay of Staff, Medical and Departmental Officers.

It has been decided that, from the 1st July next, until further orders, all staff, medical, and departmental officers serving at home or abroad (except India), shall, in common with regimental officers, have the option of drawing their pay either through the agents, or the local accountant or paymaster.

Servant allowance will continue to be drawn in the same manner as the pay, but field allowance, and allowances for fees of fencible, stabling, lodging, and fuel and light, will always be drawn through the local accountant.

Returns on Army Form B 149 for the above services, similar to those now sent in from home stations, will accordingly be rendered to the agents and to the War Office from all stations.

The Secretary of State's instructions on pages 36, 38, 97, 98, and 99 of the Pay Warrant of 1900, and para. 12, Allowance Regulations, will be amended accordingly.—A.O. 70, April 1905.

Pay of Staff, Medical and Departmental Officers.

Substitute for the second sentence of A.O. 70 of 1905:—

"Servant allowance at home stations will be drawn in the same manner as the pay, but at stations abroad it will be drawn through the local accountant."

"All other allowances will invariably be drawn through the local accountant."—A.O. 93, May 1905.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS)

The formation of a SECOND ABERDEEN COMPANY ROYAL ARMY MEDICAL CORPS (VOLUNTEERS), with Transport Section for a Reserve Company, having been approved by the War Office. Recruits for this Company will be Enrolled at HEADQUARTERS, Albert Hall, 14, White Way, on MONDAY, TUESDAY, WEDNESDAY, and THURSDAY, during the month of April, from 6 to 9 p.m. 1905.
J. SCOTT RIDDELL, Major, R.A.M.C. (V.),
Officer Commanding Aberdeen Companies.

*See A.O.
93 of
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Colour Blindness.

It has been decided that defective colour vision shall no longer disqualify candidates for commissions in the British Army. The following amendment will accordingly be made in the regulations below-mentioned:—

Rule "inability to distinguish the principal colours" and add a new para. "Defective colour vision will not disqualify."

(a.) Regulations respecting admission to the Royal Military Academy, Woolwich (page 23, line 1).

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(e.) Regulations under which commissions in the British Army may be obtained by officers of Colonial Local Military Forces and students from the Colonial Universities (page 12, line 14)—A.O. 71, April 1905.

APRIL 1, 1905.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LORRY CORRESPONDENT.]

Civil Surgeons for the Army.—On Thursday last week, in the course of the debate on the Report on Supply for the Army Supplementary Estimate, Sir Walter Foster called attention to the item of £20,000 on the vote for the pay of civilian medical practitioners. He asked for an explanation of this excess vote, which raised the sum of £56,000 for civil surgeons to £56,000, when it had been stated by the Secretary for War that he had added 462 medical officers to the Army Medical Corps. There was some mistake, he thought, in the figures given by the Secretary of State. In any case the amount for civil surgeons was very large, and ought not to be increasing in time of peace. It might be desirable to keep army medical officers in the large centres, but he found an increase of pay for civil surgeons in nearly all the districts of the home commands. Mr. Baskett-Conte, in speaking of the same subject, paid a tribute to Mr. Brodrick for his reforms of the Army Medical Service, but complained that a promise for a scheme for the proper organization of civilian medical service had not yet been formulated. There were two methods of using civilian medical aid in war time: as separate units working together under the military department, or by absorption into the Army Medical Service. He commended to the attention of the Secretary of War the plan formulated by Dr. G. Stoker, and submitted to the War Office in 1900. In the absence of Mr. Arnold-Forster, the Financial Secretary to the War Office (Mr. Bromley-Davenport) replied. He admitted the importance of the subject. The Secretary of State had personally interested himself in the subject, and would no doubt when the time came give the assurance asked for. The establishment of the Royal Army Medical Corps had to be large in time of war and to be reduced in time of peace. In time of war it was desirable to call in the assistance of civilian officers, and these had rendered splendid service during the South African war. It was unfair to say the Estimates were crude and imperfect because this supplementary estimate was asked for. The necessity for maintaining a larger number of men in South Africa had affected all the votes. The garrisons were not reduced until months after the date when the reduction had been expected, and the necessity made greater demands upon the medical service, demands which could not be met by the Royal Army Medical Corps, and it became necessary to have recourse to civilian services. He thought the establishment was not sufficiently large and had not been kept up satisfactorily; but in the coming year the establishment could be increased, and he hoped a sufficient number of medical officers would be obtained to fill up requirements.

MAY 6, 1905.

THE FIELD AMBULANCE.

SURGEON-LIEUTENANT-COLONEL R. E. SLEMAN (London) writes: A description of the new unit, "The Field Ambulance," has recently been published by the War Office. It takes the place of the bearer company and the field hospital, and is under the command of a lieutenant-colonel. The total personnel consists of 252 of all ranks; these are divided into:

- (1) A bearer,
- (2) A tent, and
- (3) A transport division.

The bearer division consists of a personnel of 120, of which 117 are privates; 50 of these may be "specially enlisted men."

The tent division has accommodation for 150 patients; three of the officers may be civilian surgeons.

In the transport division no less than 60 of the Army Service Corps are employed, but without an officer from that corps.

Each field ambulance is attached to a brigade. There is also one for the corps troops.

In a cavalry brigade there is only accommodation for a field ambulance equipped for 50 patients, and the personnel is accordingly reduced to 120.

MAY 13, 1905.

YEOMANRY AND VOLUNTEER MEDICAL OFFICERS. ANNUAL DINNER.

The annual dinner of the Medical Officers of the Yeomanry and Volunteers took place on Saturday last, May 6th, at the Hotel Cecil. The chair was occupied by Major-General W. H. Mackinnon, C.V.O., C.B., Director of Auxiliary Forces, and among the visitors present were Surgeon-General Keogh, C.B., Director-General of the Army Medical Department, Sir William Church, Bart., K.C.B., Lieutenant-Colonel Hopkins, V.D., Major Thurston, and Major Green. There was not so large an attendance of Volunteer officers as had been hoped, owing probably to the fact that the day was Saturday, which was fixed in the belief that it would enable country medical officers to attend more easily.

After the toast of "The Imperial Forces," which was proposed by Sir William Church, Surgeon-General Keogh, C.B., proposed "The Volunteer Medical Association," and in the course of his remarks said that he did not think the Volunteer medical service of this country was in a satisfactory condition, and this was partly because there was no similarity between it and the Army Medical Service. Some volunteer battalions had three or more medical officers who were trained with their battalions and learned nothing of duties outside them; this was unsatisfactory. His theory was that the volunteers ought to be in a position to act at home when the regular army had gone abroad; but to be able to take their place they must be trained for it. The senior officers of volunteers should be in a position to take the place of the senior officers of the army and carry out the higher duties, not merely regimental duties as they did at present. They were all well instructed and competent in medical matters, but lacked knowledge of administration. He hoped the Volunteer Medical Association would take the matter up, and he would be pleased to give any advice or assistance in his power.

the field and as many more die of their wounds as to bring the total deaths to about one-third the casualties, or 3,300. Probably 2,500 or more of the wounded are able to walk from the battlefield without assistance, and of these 1,500 recover in the field hospitals and soon return to active service. The remainder of the casualties (5,200) are sent to Japan (almost all to Hiroshima), and either they are found incapacitated for further fighting, or, after a varying period in hospital and health resort, they return to take their place at the front again in Manchuria. Probably only from twenty to thirty of these men are operated on before reaching Japan (generally in order to stop haemorrhage), and several times that number require operation at Hiroshima. A fact which goes to show that the bayonet is by no means an obsolete weapon is that it was responsible for 7 per cent. of all wounds. In the Japanese army, for every 100 men killed outright about 66 wounded die, and almost all these deaths occur before the men can be sent beyond the field hospitals—in other words, the men recorded as dying from wounds are killed by bullet or steel, not by microbes or want of proper treatment. According to Dr. McGee, these results are chiefly due to the intelligent use of the package of sterilized bandages which every soldier carries, and to the rule of not operating on the field. Among the wounded Russian prisoners, on the other hand, in scarcely any case had a regular dressing been applied; they had bandaged themselves with pieces of dirty underclothing, and consequently their wounds were in a shockingly septic state.

Still more striking testimony to the efficiency of the Japanese medical service came from Sir Frederick Treves at the dinner of the Japan Society held on May 3rd. That distinguished surgeon said the Japanese were helping us to solve many of the problems which had been a terror to all European armies. British troops entered a war with many determinations. One was to have 10 per cent. sick. This was what they were accustomed to—and they got it. Now the Japanese were quite content with 1 per cent. sick, and they got it. Sir Frederick Treves did not say how our allies achieved this result. We will therefore venture to suggest an explanation. It is not that the Japanese are superior to us in the practice of the healing art, but simply that they apply the knowledge which they have learnt from Western nations more effectively to the necessities and emergencies of war.

The first object of the Japanese medical service is to keep the soldiers in good fighting condition. The Chief Surgeon with the United States force in the China Relief Expedition in 1900 reported that the organization of the Japanese provided three skilled medical officers to take care of their sick and wounded for every two provided by any other contingent, and this without taking into account the supplementary personnel of the Red Cross Society.

To sum up: Japan has given to the world a striking proof of the inestimable value to an army in the field of a large and well-organized medical department; she has also taught the still more important lesson that the efforts of the military sanitarian to be effective must be supported by the officers and by the men. The appreciation of the value of sanitary measures is a part of the Japanese military training; this is the secret of their unparalleled results in the saving of lives. We have seen how much the authorities of our own fighting forces stand in need of education as to this matter. Once more, therefore, we earnestly invite their attention to the great object lesson now being given by Japan.

and wounded registered at the Central Board in Kharbin from June 15th to August 15th, only about one-fifth were wounded. During the first six months of the war the most common diseases were dysentery and rheumatic fever. Several severe outbreaks of dysentery occurred among the younger soldiers of certain regiments, but their illness was generally attributed to the drinking of river water. Preventive measures were prescribed by army orders, but no trouble was taken to see that they were carried out. After the month of July typhoid fever increased rapidly, and caused much sickness and disability. Preparations for treating the sick and wounded had been made on a very large scale, not only by the War Office but by the Russian Red Cross Society and by the Zemstvos or county councils: in addition, twenty-four hospital trains, most of them well, and some of them luxuriously equipped, were provided by private generosity. Owing to the large number of sick and wounded, however, the hospital accommodation was often inadequate, and this evil was intensified by imperfect organization and a failure to provide an adequate number of beds at places where they were most wanted.

The medical staff of the Russian army is very insufficiently paid and is numerically quite incapable of grappling with such emergencies as have had to be met in the present campaign; not only have the hospitals been overcrowded and the food supply frequently insufficient, but necessary dressings have even been wanting.

A graphic description of the state of things which is sure to occur when medical advice is neither asked for nor taken when offered is given by a Russian medical officer serving in Manchuria. Writing in July, he complains bitterly of the bread supply on which the soldier is largely dependent for his sustenance. There were days when no bread was served out, or when only 2 lb. was given to each man instead of the regulation allowance of 2½ lb. The bread brought from a distance, at a hot-house temperature, was delivered in an altogether impossible condition; it was covered with a thick pile of velvety moulds of many colours and countless species. Although the doctor's horse refused this bread, it was eaten by the men. It is not surprising that very soon after this 900 men had to be sent to hospital suffering from acute gastro-enteritis, dysentery, typhoid fever, fevers of malarial type, but especially anaemia and debility. Russian admirals, as we know, have a preternaturally keen eye for torpedo boats; but Russian generals can be conveniently blind to the existence of dysentery. Interrogated by "high authority" as to the causes of the prevalence of illness, the medical officer frankly spoke his mind. His remarks were listened to quietly till he mentioned dysentery, when he was told that it was a crime to speak of dysentery when there was none, and when there ought not to be any, in the army. After this authoritative pronouncement that dysentery "ought not to be," it naturally disappeared from the returns, its place being taken by "col. m." (colitis munda). The sickness was peremptorily attributed to the want of cholera belts, which, it appeared, the soldiers had thrown away.

All this is in accordance with that sort of military tradition which fortunately for themselves does not yet oppress the Japanese. It is not so long ago since typhoid fever was not officially recognized in India and the appearance of its name in a return might cost a medical officer his promotion. It is well known, too, that in at least one of our Egyptian campaigns medical officers were expressly ordered by the military authorities to make no mention of typhoid fever, but to return it as "simple continued fever." We, therefore, have no cause for pharisaic complacency if we compare ourselves with the Russians. Of all forms of that disastrous disease, official blindness, the worst is that which afflicts military authorities when they meddle with medical matters. But the object lesson given to the world by Japan is so clear and demonstrative that we venture to hope it may make some impression even on the obtuse sensorium of the War Office. At least, it is to be hoped that it may stimulate the Secretary of State for War to carry into execution the schemes for the better training of army medical officers which the dilatoriness of the War Office and the obstructiveness of the Treasury have kept in a state of suspended animation for several years. As Sir Walter Foster well said in the debate on the Address, it is the adaptation of science to the prevention of disease which renders an army most efficient. This is the great lesson of the present war, and this is the lesson which both our Government and our army authorities need to have strongly and constantly impressed upon them.

THE STANDARD, MARCH 8, 1905.

QUEEN ALEXANDRA'S NURSING SERVICE

The Director General of the Army Medical Service (Surgeon General A. Keogh, C.B.) has intimated to General Officers Commanding that it is considered desirable that Matrons or Acting Matrons of Queen Alexandra's Imperial Military Nursing Service should keep a permanent record of all the sisters and staff nurses of the Nursing Service, and also of the Army Nursing Service Reserve members, who are serving under them in each hospital. The record is to contain the names of the members of the nursing staff, and the addresses of nearest relatives; also any special qualifications they may possess, such as ability to lecture, to train orderlies in massage, electricity, and the light treatment, or to nurse special diseases of women and children or midwifery cases, and also the dates of ordinary and sick leave and of commencing and ending night duty. The record is not to contain anything of a confidential nature, such as the character of the members or the manner in which they perform their duty.

MARCH 13, 1905.

THE ARMY COMMANDS REARRANGED.

NEW TITLES OF OFFICERS.

COAST DEFENCE ORGANISATION.

In the new issue of the monthly "Army List," the commands of the United Kingdom will be found in their reorganised form, and in a general classification, which marks a great advance on previous publications. The head of each command is shown as that of a General Officer Commanding-in-Chief, and his staff are given under the headings of "General Staff," "Administrative Staff," "Services and Departments," and "Schools of Instruction." The divisional organisation of the troops is tabulated in an improved form. Instead of a list of troops serving in each Command, all the battalions, batteries, and other units are enumerated under the special arm to which they belong, and it is, therefore, possible, for the first time, to note what troops comprise a particular brigade. Corps troops and divisional troops are similarly shown, and the cavalry brigades, instead of following the infantry, are now given their proper place at the head of the list of troops. The following new titles have been adopted:—

NEW TITLE.	OLD TITLE.
Colonel, General Staff ...	Assistant Adjutant General.
Major General of Horse ...	General Officer Commanding Cavalry.
Chief Engineer ...	ing R.A.
Assistant Director of Ordnance Services ...	Commanding R.E.
Assistant Director of Supplies and Transport ...	Chief Ordnance Officer.
Chief Accountant ...	Director of Supplies and Transport.
Brigadier ...	Auditor.
	Brigadier General.

Subordinate officers in charge of services at out-stations are called Administrative Medical Officer, Chief Ordnance Officer, Senior Veterinary Officer, commanding Royal Engineer, and Officer Commanding Army Service Corps.

The Generals shown as confirmed in their appointments under the new organisation embrace:—Sir John French, Aldershot Army Corps; Lord Methuen, Eastern Command; Lord Grenfell, Irish Command; Sir Charles Tucker, Scottish Command; and Major General L. J. Oliphant, London District. The present chiefs of the Northern and Welsh and Midland Commands are shown as acting in those appointments. These officers are Sir Leslie Hundle and Sir Francis Howard respectively. The Southern Command is not filled in, pending the arrival home of Sir Ian Hamilton.

The new staff for a Coast Defence zone includes a Commander, Aide-de-Camp, a Staff Officer for Defence, Deputy Assistant Adjutant and Quartermaster General, Chief Engineer, Adjutant of Royal Engineers, and a Colonel Royal Garrison Artillery. The commanders appointed or provisionally appointed include the following:—

COAST DEFENCE.
Portsmouth ... Major General Montgomery.
Chatham ... Major General Sir R. C. Hart, V.C.
Dover ... Colonel G. P. Owen.
Cork ... Colonel G. D. Fanshawe.
Scotland ... Colonel Lord Playfair.
Welsh ... Colonel E. H. Walker.

Sir John French's command bears the local name of the "Aldershot Army Corps." This will probably be changed to "The Army Corps."

MARCH 28, 1905.

SOLDIERS' DEFECTIVE TEETH.

AN ABANDONED EXPERIMENT.

The Army Council has decided to discontinue the experiment, commenced last November, of providing recruits with artificial teeth; and the instructions contained in the War Office letter of the 5th of that month have therefore been cancelled as regards both recruits and trained soldiers.

The experiment allowed recruits with defective or deficient teeth, but otherwise eligible, to be accepted if the provision of artificial dentures (costing not more than £3, to be recovered by stoppages from the men's pay) were likely to make them efficient; and the experiment was extended to trained soldiers who, through dental deficiency, might become liable to discharge as invalids, but whose efficiency might be preserved by dental provision. In practice it has been found that a large number of the men enlisted under these conditions decline to complete their enlistment contracts by accepting the dentures proposed for them; and many have already been discharged as not likely to become efficient soldiers, it not being possible to compel them to fulfil their contracts.

Admission of Officers to the Convalescent Home, Osborne, and to King Edward VII's Hospital, London.

With reference to A.O. 27 of 1904, paras. 3, 4, and 8, it is hereby notified that applications for the admission of officers to these institutions will in future be submitted by commanding officers direct to the Director-General Army Medical Service, or, in the case of King Edward VII's Hospital, to Sister Agnes.—A.O. 48, March 1905.

War Establishments for the following units have been approved, and copies will be issued to all concerned. They will apply to such units as may, from time to time, be notified to General Officers commanding:—

- The head-quarters of a division.
- A Field troop, Royal Engineers.
- A Field company, Royal Engineers.
- A battalion of mounted infantry.
- A battalion of infantry.
- A field ambulance.
- A cavalry field ambulance.

—A.O. 62, March 1905. 54 A.O. 177

Ribbon and Collar Badge—Queen Alexandra's Imperial Military Nursing Service.

1. A new pattern ribbon to be worn with the badge of the Queen Alexandra's Imperial Military Nursing Service has been approved. The ribbon authorized by A.O. 125 of 1904 will no longer be worn.

2. Non-commissioned officers and men of the Royal Army Medical Corps, who have been authorized, under A.O. 125 of 1904, to wear the badge and ribbon of the Queen Alexandra's Imperial Military Nursing Service will also wear the new ribbon in place of the old.

3. Insert on page 3 of the Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service, 1904:—

8A. A collar badge in white and gilded metal, or silver and silver-gilt, is to be worn on the points of the collar of the coats by members of all ranks.

—A.O. 63, April 1905.

Pay of Staff, Medical and Departmental Officers.

It has been decided that, from the 1st July next, until further orders, all staff, medical, and departmental officers serving at home or abroad (except India), shall, in common with regimental officers, have the option of drawing their pay either through the agents, or the local accountant or paymaster.

Servant allowance will continue to be drawn in the same manner as the pay, but field allowance, and allowances for horse, forage, stabling, lodging, and fuel and light, will always be drawn through the local accountant.

Returns on Army Form B 149 for the above services, similar to those now sent in from home stations, will accordingly be rendered to the agents and to the War Office from all stations.

The Secretary of State's instructions on pages 36, 38, 37, 38, and 39 of the Pay Warrant of 1903, and para. 12, Allowance Regulations, will be amended accordingly.—A.O. 70, April 1905.

Pay of Staff, Medical and Departmental Officers.

Substitute for the second sentence of A.O. 70 of 1905:—

"Servant allowance at home stations will be drawn in the same account as the pay, but at stations abroad it will be drawn through the local accountant."

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J. SCOTT RIDDELL, Major, R.A.M.C. (V.),
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APRIL 7, 1905.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENT.]

Civil Surgeons for the Army.—On Thursday last week, in the course of the debate on the Report on Supply for the Army Supplementary Estimate, Sir Walter Foster called attention to the item of £30,000 on the vote for the pay of civilian medical practitioners. He asked for an explanation of this excess vote, which raised the sum of £36,000 for civil surgeons to £26,000, when it had been stated by the Secretary for War that he had added 62 medical officers to the Army Medical Corps. There was some mistake, he thought, in the figures given by the Secretary of State. In any case the amount for civil surgeons was very large, and ought not to be increasing in time of peace. It might be desirable to keep army medical officers in the large centres, but he found an increase of pay for civil surgeons in nearly all the districts of the home commands. Mr. Balfour-Scott, in speaking on the same subject, paid a tribute to Mr. Brodrick for his reforms of the Army Medical Service, but complained that a promise for a scheme for the proper organization of civilian medical service had not yet been formulated. There were two methods of using civilian medical aid in war time: as separate units working together under the military department, or by absorption into the Army Medical Service. He commended to the attention of the Secretary of War the plan formulated by Dr. G. Stoker, and submitted to the War Office in 1900. In the absence of Mr. Arnold-Forster, the Financial Secretary to the War Office (Mr. Bromley-Davenport) replied. He admitted the importance of the subject. The Secretary of State had personally interested himself in the subject, and would no doubt when the time came give the assurance asked for. The establishment of the Royal Army Medical Corps had to be large in time of war and to be reduced in time of peace. In time of war it was desirable to call in the assistance of civilian officers, and these had rendered splendid service during the South African war. It was unfair to say the Estimates were crude and imperfect because this supplementary estimate was asked for. The necessity for maintaining a larger number of men in South Africa had affected all the votes. The garrisons were not reduced until months after the date when the reduction had been expected, and the necessity made greater demands upon the medical service, demands which could not be met by the Royal Army Medical Corps, and it became necessary to have recourse to civilian services. He thought the establishment was not sufficiently large and had not been kept up satisfactorily; but in the coming year the establishment would be increased, and he hoped a sufficient number of medical officers would be obtained to fill up requirements.

MAY 6, 1905.

THE FIELD AMBULANCE.

SUB-ROUN-LIEUTENANT COLONEL R. R. SLEMAN (London) writes: A description of the new unit, "The Field Ambulance," has recently been published by the War Office. It takes the place of the bearer company and the field hospital, and is under the command of a lieutenant colonel. The total personnel consists of 252 of all ranks; these are divided into:

- (1) A bearer,
- (2) A tent, and
- (3) A transport division.

The bearer division consists of a personnel of 120, of which 117 are privates; 90 of these may be "specially enlisted men."

The tent division has accommodation for 150 patients; three of the officers may be civilian surgeons.

In the transport division no less than 60 of the Army Service Corps are employed, but without an officer from that corps.

Each field ambulance is attached to a brigade. There is also one for the corps troops.

In a cavalry brigade there is only accommodation for a field ambulance equipped for 30 patients, and the personnel is accordingly reduced to 120.

MAY 13, 1905.

YEOMANRY AND VOLUNTEER MEDICAL OFFICERS' ANNUAL DINNER.

The annual dinner of the Medical Officers of the Yeomanry and Volunteers took place on Saturday last, May 6th, at the Hotel Cecil. The chair was occupied by Major-General W. H. Mackinnon, C.V.O., C.B., Director of Auxiliary Forces, and among the visitors present were Surgeon-General Keogh, C.B., Director-General of the Army Medical Department, Sir William Church, Bart., K.C.B., Lieutenant-Colonel Hopkins, V.D., Major Thurston, and Major Green. There was not so large an attendance of Volunteer officers as had been hoped, owing probably to the fact that the day was Saturday, which was fixed in the belief that it would enable country medical officers to attend more easily.

After the toast of "The Imperial Forces," which was proposed by Sir William Church, Surgeon-General Keogh, C.B., proposed "The Volunteer Medical Association," and in the course of his remarks said that he did not think the Volunteer medical service of this country was in a satisfactory condition, and this was partly because there was no similarity between it and the Army Medical Service. Some volunteer battalions had three or more medical officers who were trained with their battalions and learned nothing of duties outside them; this was unsatisfactory. His theory was that the volunteers ought to be in a position to act at home when the regular army had gone abroad; but to be able to take their place they must be trained for it. The senior officers of volunteers should be in a position to take the place of the senior officers of the army and carry out the higher duties, not merely regimental duties as they did at present. They were all well instructed and competent in medical matters, but lacked knowledge of administration. He hoped the Volunteer Medical Association would take the matter up, and he would be pleased to give any advice or assistance in his power.

British Medical Journal.

SATURDAY, MAY 13TH, 1905.

THE DOCTOR IN MODERN WARFARE.

WELLINGTON, though unlike his mighty foe, he took little personal interest in his sick and wounded, had the sense to perceive that the organization of victory depends largely on the maintenance of troops in full physical vigour. He used to boast that whatever might be his merits as a general he was at any rate a first-rate commissariat officer. To his superiority over the French in this respect he attributed his success. With a large mindlessness which has been conspicuously absent in some of those who have come after him, he recognized the military value of the work done by his medical staff. In his day, however, preventive medicine was still in its infancy, and destructive pestilences were, like hospital gangrene, accepted as among the inevitable conditions of war. Now the means of preventing such scourges are known to sanitarians, but the lesson that it is the first duty of a general in the field to use those means has not yet penetrated the military mind in our own and most other countries that call themselves civilized.

For proof of this statement we need look no farther back than the beginning of the present year. It is notorious that the establishment of a new order of things, founded on a recognition of the fact that the prevention of disease is the primary and vital function of the medical service of the army, was so vehemently opposed by the military authorities that the strongest pressure from high quarters was needed to bring it into being. How little they have even now taken to heart the teaching of our terrible experience in South Africa is shown by the readiness with which they fall back into the old ways as soon as any scare that galvanizes them into an appearance of activity dies out. Only one "modern instance" need be cited. Three years ago the Advisory Board recommended that lectures on military sanitation should be given to the cadets at Woolwich and Sandhurst and to the officers going through the special course of training at the Staff College. It can scarcely be denied that at the present day an intelligent grasp of the sanitary problems which must inevitably arise in a campaign is an essential part of the training of an officer; it is indeed the want of such knowledge in military commanders of the old school that has been the cause of immense waste of life and terrible disasters. These courses have been given during the last two years, and it speaks well for the intelligence of the future officers of the British army that they were thoroughly interested in the subject and fully appreciated the value of the lectures. Now the War Office, for no apparent reason, has reduced the lectures to a number that makes anything like an adequate treatment of the subject impossible. It is the old, old story. South Africa is forgotten, and Manchuria is a long way off; why, then, trouble about things as to which Parlia-

ment and the public are alike indifferent? The certain consequences of this short-sighted policy if we should unfortunately be involved in a great war—and in this time of political earthquakes who shall say what a day may bring forth?—have been pointed out over and over again in this Journal. But the men to whose hands is entrusted the defence of the country seem to be smitten with blindness in regard to the health of the fighting machines under their direction. Could anything prove this more convincingly than the intention with which that impetuous reformer Sir John Fisher is credited of replacing the specially trained medical service of the navy by civilians who will "sign on" for five years, and, after they have got such experience as can be gained in that time, will make room for another batch of raw hands?

Of the disasters brought upon forces in the field by imperfect equipment in the means of defence against disease a most instructive example is presented by the Russian army in Manchuria. It is well known that General Kuropatkin's movements were seriously crippled by the prevalence of disease among his troops, and there can be little doubt that the inadequate provision for the proper care of the sick and wounded has been a main cause of the defeat of the Russians. Providence, as Napoleon said, is on the side of the big battalions. But if, through want of efficiency in the medical arrangements, men who could be made fit to serve again are allowed to die or to become useless, the biggest battalions must in time shrink to a degree that will make them an easy prey to a more intelligently-directed enemy. This, indeed, seems to us the great military lesson of the war, and, blind as are our authorities, they might, as Lear says, see how the world goes in this direction without eyes.

How well the Japanese understand the part played by the doctor in modern warfare has already been pointed out in the JOURNAL. Some additional details are given by Anita Newcomb McGee, M.D., in the May number of the *Century Magazine*. As supervisor of nurses at the great base hospital at Hiroshima, on hospital ships, and at hospitals on the Yalu River she had ample opportunities of observing, to use her own words, "how the Japanese save lives." Among the many thousands of patients treated at the Hiroshima Hospital before the end of September, there were only fifty deaths of men suffering from typhoid, and a large proportion of these deaths were, she says, actually due to beri-beri, wounds, or other complications. The explanation of this low rate of mortality is, first of all, the great attention paid to sanitation; every case is treated as contagious and rigorously isolated. Dr. McGee further mentions the daily consumption by every soldier of several creosote pills as having contributed to the result. In the Hiroshima Hospital, where only serious cases of wounds, especially those requiring operation, are received, the results of surgical treatment are equally remarkable. Of more than 3,000 such patients received up to the end of September, only 47 died. Even more notable is the saving of limbs, for although the hospital is the chief operating centre for the whole Japanese army, only 19 amputations were performed there in a period of three months, and of these 5 were of fingers only.

From the figures available Dr. McGee estimates the total number of deaths from wounds of the whole army of Japan during the year after the declaration of war to have been less than 40,000. When one reads, she says, of 10,000 casualties in a prolonged battle, it means, on the average, that approximately one-fifth, or 2,000 men, are killed on

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THE TIMES, THURSDAY, MAY 25, 1905.

THE ROYAL ARMY MEDICAL CORPS WAR MEMORIAL.

At ten minutes past 1 the Royal party left Frensham-ridge and drove off to luncheon at Pierrepont-house, the residence of Mrs. Combe. After lunch the King drove through Farnham, which was decorated and crowded with spectators, to Aldershot, to unveil the Royal Army Medical Corps memorial. He was timed to arrive at 3.30, but was a quarter of an hour late. The memorial stands near the headquarters of the corps, which furnished a guard of honour opposite the platform. A number of ladies occupied raised seats behind, and among them were several nurses in uniform wearing medals. On the platform, which was beautifully decorated with flowers, the following gentlemen and officers were waiting to receive his Majesty:—Bishop J. Taylor Smith (Chaplain-General), the Rev. P. F. Raymond (Chaplain to the Forces), Surgeon-General A. Keogh, C.B. (Director-General of the Army Medical Service), Surgeon-General Sir W. D. Wilson, Colonel A. F. Sloggett, C.M.G., Lieutenant-Colonel G. M. Robinson (commanding the R.A.M.C. Depot), Lieutenant-Colonel W. Babbie, V.C., C.M.G., Lieutenant-Colonel R. J. Simpson, C.M.G., Major F. J. Greig, Major R. J. C. Cottell, Mr. Goscombe John, the sculptor, Mr. Weir Schultz, the architect, Surgeon-General W. H. McNamara, C.B., C.M.G., Lieutenant-Colonel J. M. Irwin, and Colonel C. E. Heath.

At a quarter to 4 the Royal motor-car, preceded, as it had been all day, by two motor bicycles carrying small Royal Standards, drove up, and his Majesty, accompanied by the Duke of Connaught, was at once conducted to the platform by Surgeon-General Keogh, while the band played the National Anthem. The following address was then read by Surgeon-General Keogh:—

May it please your Majesty.—The memorial, which your Majesty is graciously about to unveil, was erected by the officers, warrant officers, non-commissioned officers, and men of the R.A.M.C. to the memory of their comrades who were killed in action or died of disease in the South African war.

In this memorial 21 officers and 203 non-commissioned officers and men are commemorated.

The Chaplain-General then read the following prayer:—

Almighty God, our Heavenly Father, Lord of life and health, we give Thee hearty thanks for the Royal Army Medical Corps, and every member of the same by whose earnest and generous endeavours our brave comrades have received comfort and relief in times of peace and war. We bless Thee for having provided remedies for the wounded and disease-stricken body, as well as an antidote for the sin-sick soul. And now we come to Thee and ask that this memorial of those who laid down their lives for King and country may promote Thy glory, stirring up the minds of all who pass by to yield themselves to Thy service and minister to the needs of their fellow-men, through Jesus Christ our Lord. Amen.

At the conclusion of the prayer, his Majesty pulled a cord and unveiled the memorial, which had been hidden by a Union Jack, whereupon the buglers sounded the "Last Post," while all saluted, including his Majesty, in solemn silence. The King then stepped forward and said:—

"I have had great pleasure to-day in unveiling at your wish this memorial to the Royal Army Medical Corps, in remembrance of those gallant officers and men who fell during the recent campaign or by disease. I am well aware of the valuable services which they rendered to their country and to the sick and wounded during the whole of that arduous campaign, and I feel sure that they will often now and in the future excel, if it is possible, in those duties. It has given me great pleasure, and, I may say, melancholy satisfaction, at your wish to unveil this monument to-day."

The Réveille followed, the guard remaining at the carry until it was finished. At its conclusion Sir John French presented the officers and others on the platform to the King, who shook hands with each. This brought the ceremony to a close. It was a solemn little scene, which lasted only ten minutes. The Royal party re-entered the motor-cars and drove off to Farnborough Station amid cheers.

The memorial is built of Cornish granite in the classical Greek style, the semi-circle being ornamented with bronze panels, on which is inscribed the name of every man who fell or died, and the central shaft bears a wreath of immortelles enclosing the staff and serpent of Æsculapius. Below it is the following inscription:—"To those who gave their lives for their country." Below this is a bronze group of three figures, representing an officer and man of the corps engaged in attending to a wounded soldier. Below the group again are the words and dates:—

SOUTH AFRICA.

1899-1902.

Two bronze braziers at each corner represent the ancient altars erected to the names of the dead. The whole design has an impressive dignity and simplicity.

The King and the Duke of Connaught arrived in London at 5 o'clock last evening from Aldershot.

THE KING yesterday visited Aldershot, witnessed a sham fight in which between 14,000 and 15,000 troops were engaged, and afterwards unveiled a monument to officers and men of the Royal Army Medical Corps who fell in the South African war. (p. 10)

Yesterday Empire Day was celebrated with becoming observances throughout the world-wide dominions of KING EDWARD VII. The review at Aldershot, where His Majesty in person witnessed the evolutions of 15,000 fine soldiers, was, perhaps, the most picturesque and stirring incident of the day at home. But there were other events to remind us of the grave duties and the cruel sacrifices which Empire brings. After the review the King unveiled a monument to more than 300 officers and men of the Royal Army Medical Corps who died of wounds or of disease contracted in their noble efforts to save the lives of their fellow-soldiers in South Africa. At St. Paul's, where the heroes of so many of our old wars rest, the PRINCE OF WALES performed a similar ceremony. The Colonial troops, those "sons of Britain beyond the seas" who laid down their lives in that struggle "for the motherland and her cause," will henceforth have a memorial in the heart of the City of London beside the great dead who were their forefathers as well as ours.

Court Circular.

BUCKINGHAM PALACE, MAY 24.

His Majesty the King, accompanied by Field-Marshal His Royal Highness the Duke of Connaught, Inspector-General of the Forces, and attended by Major-General Sir Stanley Clarke and Colonel A. Davidson, Esq., visited Aldershot to-day.

Major M. Murray, Aide-de-Camp, was in attendance upon His Royal Highness the Duke of Connaught.

His Majesty travelled by special train on the South-Western Railway from Waterloo to Milford, and was received at the railway station by Lieut.-General Sir John French, Commanding in Chief at Aldershot, and the Staff of the Aldershot Army Corps.

The King, after witnessing the field manoeuvres near Frensham, honoured Mrs. R. H. Combe with his presence at luncheon at Pierrepont House.

His Majesty subsequently proceeded to Emswore Lines, Aldershot, and unveiled the Memorial erected by all ranks of the Royal Army Medical Corps in memory of Comrades who lost their lives in the South African Campaign.

The King was received by Surgeon-General A. Keogh, Director-General, Army Medical Service, and Surgeon-General W. H. McNamara, Principal Medical Officer of the Aldershot Army Corps.

Mr. Goscombe John and Mr. Weir Schultz, the Sculptor and the Architect of the Memorial, had the honour of being presented to His Majesty.

The following officers of the Royal Army Medical Corps also had the honour of being presented to the King:—Surgeon-General Wilson, Colonel Sloggett, Lieut.-Colonel Babbie, Lieut.-Colonel Simpson, Major Cottell, and Major Greig.

The King then proceeded to Farnborough Railway Station and returned to London.

His Royal Highness the Prince of Wales visited His Majesty.

The Right Hon. Sir Charles Hardinge, His Majesty's Ambassador and Plenipotentiary at St. Petersburg, had an audience of the King.

THE MORNING POST.

(THURSDAY, MAY 25, 1905.)

R.A.M.C. MEMORIAL.

The monument which has been erected by the subscriptions of the officers, warrant and non-commissioned officers, and men of the Royal Army Medical Corps to the memory of their three hundred comrades who died in South Africa during the war stands on a commanding site near the officers' quarters on Gun Hill. It is a fine Cornish granite obelisk on a semi-circular wall of the same material. Beneath the obelisk is a bronze group, nearly life-size, representing an officer and man of the corps tending a wounded soldier of the Line. On the wall are recorded on bronze tablets the names of all the officers and men who gave up their lives in South Africa. At the top of the obelisk are the badge and cipher of the Royal Army Medical Corps, with the motto "In Arduis Fidelis," while on the side pillars are wreaths of immortelles and beautiful bronze braziers. The inscription on the obelisk is:—"To those who gave their lives for their country," and on the steps of the monument are the words:—"Erected by the officers, warrant and non-commissioned officers, and men of the Royal Army Medical Corps in memory of their comrades of the corps." "South Africa" is placed in large letters beneath the group. The architect, Mr. Weir Schultz, and the artist of the group, Mr. Goscombe John, A.R.A., have produced a monument of which Aldershot and all Royal Army

Medical Corps men may well be proud. The company which witnessed the unveiling ceremony performed by the King included the Duke of Connaught, Sir John French, General Paget, Brigadier-General Lloyd and Mrs. Lloyd, Major-General Scobell, Sir Frederick Treves (honorary colonel of the Royal Army Medical Corps Militia), Surgeon-General Macnamara (Principal Medical Officer, Aldershot), Surgeon-General Keogh (Director-General Army Medical Training), Surgeon-General Sir W. D. Wilson, Bishop Taylor-Smith (Chaplain-General to the Forces), the Rev. P. F. Raymond (Senior Chaplain to the Forces at Aldershot), Colonel A. T. Sloggett, Colonel C. E. Heath, Colonel A. J. Murray, Lieutenant-Colonel G. W. Robinson, Lieutenant-Colonel W. Babbie, V.C., Lieutenant-Colonel R. J. Simpson, Lieutenant-Colonel J. M. Irwin, Major R. F. Greig, Major R. J. C. Cottell, Mr. Goscombe John, and Mr. Weir Schultz. There were also present several ladies belonging to Queen Alexandra's Imperial Military Nursing Service.

UNVEILING CEREMONY.

An interesting incident while the spectators were awaiting his Majesty was the forming up of the guard of honour of the Royal Army Medical Corps, commanded by Captain G. St. C. Thom. Many of the men wore medals won in South Africa, and took therefore more than an ordinary interest in the ceremony. The corps band, conducted by Bandmaster Bennett, was in attendance. Two officers of the Guards on motor-cycles, on which were flying small Royal Standards, rode up at twenty minutes to four o'clock, and a few seconds later the royal motor-car was driven up and the King, with whom were the Duke of Connaught and Sir John French, stepped out and at once took his place on the carpeted enclosure in front of the monument. The guard of honour received his Majesty with a royal salute and the National Anthem was played.

Surgeon-General A. Keogh read the following address to the King:—"The memorial which your Majesty is graciously about to unveil was erected by the officers, warrant officers, non-commissioned officers, and men of the Royal Army Medical Corps to the memory of their comrades who were killed in action or died of disease in the South African War. In this memorial twenty-one officers and two hundred and ninety-three non-commissioned officers and men are commemorated."

The Chaplain-General read the following prayer:—"Almighty God, our Heavenly Father, Lord of life and health, we give Thee hearty thanks for the Royal Army Medical Corps, and every member of the same, by whose earnest and generous endeavours our brave comrades have received comfort and relief in times of peace and war. We bless Thee for having provided remedies for the wounded and disease-stricken body, as well as an antidote for the sin-sick soul. And now we come to Thee and ask that this memorial of those who laid down their lives for King and country may promote Thy glory, stirring up the minds of all who pass by to yield themselves to Thy service and minister to the needs of their fellow men, through Jesus Christ our Lord. Amen."

The King then pulled a silk cord, and the huge Union Jack which hung in front of the monument fell to the ground. The "Last Post" was sounded by the bagpipers, his Majesty and all the officers present standing saluting. The scene was a solemn and impressive one, and there was absolute silence when the King stepped forward to make his short speech.

THE KING'S SPEECH.

His Majesty said:

"I have had great pleasure to-day, at your wish, in unveiling this memorial of the Royal Army Medical Corps in remembrance of those gallant officers and men who fell or died from disease during the recent campaign in South Africa. I am well aware of the valuable services which members of the corps rendered to their country and to the sick and wounded during the whole of that arduous campaign, and I feel sure that they will often now and in the future excel, if it is possible, in those duties. It has given me great pleasure and, I may say, melancholy satisfaction to unveil at your wish this monument to-day."

The "Réveille" was then sounded, after which Sir John French presented the officers of the Royal Army Medical Corps and the architect and sculptor to his Majesty, and after the playing of the National Anthem the King and the Duke of Connaught were conducted to their motor-car and driven to Farnborough Station. His Majesty and his Royal Highness reached London at five o'clock.

MAY 27, 1905

THE ARMY MEDICAL COLLEGE.

In a note under this title last week we ventured to jest at a complicated blunder made by our contemporary the *Standard*, and were led to draw the inference that the appearance of the same blunder a little later in the *Pall Mall Gazette* must have been due to the latter having copied from the former. We have been informed on the best authority that this inference was not correct, and we hasten to express our regret that it should have been drawn. We may, perhaps, be allowed to take this opportunity of calling attention to the difficulty of stopping the dissemination of such a blunder when it has been set going by newspapers of the highest standing like the *Pall Mall Gazette* and the *Standard*. The *Lancet* of May 20th contained an announcement, apparently founded on the *canard* which we thought it our duty to expose, that "under a new scheme about to be introduced the War Office authorities will provide their own specially-qualified medical officers and hope thereby to reduce the expenditure on the medical department and to increase its efficiency." What remarkable results, however, can be achieved by the journalistic fancy working on such material is best illustrated by the following extract from *Reynolds's Weekly Newspaper*, May 21st: "The recently-established Royal Army Medical College has just undergone a strange metamorphosis. It was originally established to train probationers for service in the Royal Army Medical Corps, the want of such an institution being clearly demonstrated during the South African war. It has just been announced, however, that for the future the College will not be used for this purpose, but to instruct officers already in the Service, and to enable them to gain greater experience. The reasons for this sudden and retrograde step are not very obvious, and the general impression is that medical officers already serving would gain much more experience in one of the large military hospitals—such as Netley, or the Herbert Hospital, Woolwich—than theorizing within the walls of a college." Like the costermonger of the legend, whose flow of profane language never failed till his barrow was upset thrice in one afternoon, we cannot do justice to the situation.

THE MORNING POST

(MONDAY, MAY 22, 1905)

ARMY MEDICAL OFFICERS.

"Crinane" writes that in common with many other retired officers of the Army Medical Service it has been a source of gratification to him to note the laudatory testimony borne by his Majesty (himself an honorary surgeon) to the services of those who "gave their lives for their country" at Aldershot last week. He considers, however, that it will be well for those proposing to enter this service to be reminded of certain disabilities connected with it in the matter of admission to certain Service clubs from which at present they are practically barred. He states that in one recently a very large batch of R.A.M.C. were all excluded, though this decision was ultimately reversed. At another the regulation as to field rank was recast so to the extent that subalterns of three years' service were eligible. As the R.A.M.C. officer of the rank of lieutenant-colonel does not enjoy this privilege he considers the action as casting an insulting slight both on the King's commission and the profession to which he belongs.

May, 1905.

Royal Warrant.—Army Accounts Department.

We deem it expedient to reorganize and consolidate the accounting and pay services of Our Army and to provide for the performance locally in commands of certain financial duties performed hitherto in the War Office:

A department for the above named services shall be established and be designated "The Army Accounts Department"; that the directing staff shall be classified as follows:—Chief accountant, accountant, assistant accountant, 1st class, assistant accountant, 2nd class (upper grade); assistant accountant, 2nd class; that no further appointments be made to the Army Pay Department established by the Warrant of Her late Majesty Queen Victoria, dated 22nd October, 1877, and that officers now serving in the Army Pay Department, and such members of the Civil Service as our Army Council may select, be appointed to form in the first instance the Army Accounts Department, but that appointments shall afterwards be made by competitive examination under regulations to be approved by Our Civil Service Commissioners.

Officers now serving in Our Army Pay Department, who may be appointed to the Army Accounts Department, shall retain their present military titles and continue to serve under existing conditions as regards rank, pay, promotion, leave, retired pay, widows' pensions and compassionate allowances; that they shall remain eligible to receive the rewards for distinguished and meritorious service granted by Arts. 608 and 609 of Our Warrant for the pay, appointment, promotion, and non-effective pay of Our Army; that the rate of pay laid down in Art. 417 of Our Warrant for a staff paymaster at headquarters and the said warrant for a staff paymaster at headquarters and Arts. 419, 420, 422, 423, and 426 (relating to charge pay and extra duty pay) shall be cancelled, provided however that it shall be competent to Our Army Council to grant to officers selected to perform duties of exceptional responsibility at home or abroad, such rates of extra pay as may from time to time be determined, with the concurrence of the Lords Commissioners of our Treasury.—A.O. 86, May 1905.

Warrant, dated 28 April, 1905.

THE INDIAN ARMY.

The Army Council, on the recommendation of Lord Kitchener and the Government of India, and with the concurrence of the Secretary of State for India in Council, have decided that the regiments of the Indian Army, which at present appear only in the Indian Army List, shall in future appear also in the War Office Monthly and Quarterly Army Lists. This change will be given effect to in the June issue of the Monthly Army List and in the July issue of the Quarterly Army List. *Standard*, 10 June 1905.

Establishment of paid lance-sergeants, lance corporals, and acting bombardiers.

1. The Army Council have approved, under the provisions of Art. 242 of the Pay Warrant, the following establishment of paid lance-sergeants, paid lance corporals, and paid acting bombardiers:—

Royal Army Medical Corps	35	140
Army Ordnance Corps	3	96
Army Veterinary Corps	9	18

2. A.O. 107 of 1904 is hereby cancelled.—A.O. 108, June 1905.

War Establishments.

1. Revised War Establishments for a stationary hospital and a general hospital have been approved, and copies will be issued to all concerned.

2. The War Establishment for a stationary hospital issued with A.O. 32 of 1905, and that for a general hospital included in War Establishments, 1898, are cancelled.—A.O. 148, July 1905, page 18.

Books, Maps, Forms, &c.

Military Books.

1. Books placed on sale, and added to list issued with A.O. 92 of 1905:—

	Price.
Transport Manual (Provisional), Field Service. 1905...	s. d.
Instructions for Practice, Heavy Artillery. 1905	0 4
Nursing in the Army. Queen Alexandra's Imperial Military Nursing Service. Reprinted, by permission, from the <i>British Medical Journal</i>	0 3
	0 1

July, 1905.

Signature of Orders and Correspondence in Military Commands.

1. The use of the expression "By order" in official correspondence will be discontinued. The third and following sentences of para. 2084 of the King's Regulations are hereby cancelled.

2. Orders are to be preceded by a statement showing by whose authority they are issued, e.g., "Divisional orders by the general officer commanding 1st Division"; "Artillery Brigade orders by the officer commanding 1st Brigade, Royal Field Artillery." These orders will be signed by a staff officer, who will add to his signature his rank and the title of the appointment he holds on the staff.

3. Staff officers issuing orders in the form of memoranda to units, or to individual officers, will sign as above described, and such memoranda will be accepted as conveying the orders of their superior officer.—A.O. 19, May 1905.

Veterinary Services:—

(a) Army Veterinary Department.

Officers of the Army Veterinary Department will in future be allotted to stations instead of to units. Their duties will be assigned to them by the general or other officer commanding at the station.

(b) Veterinary Officers of Auxiliary Forces.

1. A veterinary lieutenant of Auxiliary Forces will, if recommended, be promoted to the rank of veterinary captain on completion of 5 years' service as a veterinary officer, and a veterinary captain to the rank of veterinary major on completing 10 years' service in the rank of veterinary captain, or, if appointed a veterinary lieutenant before the 1st May, 1900, on completing 15 years' total service.

2. Para. 39 of the Imperial Yeomanry Regulations and para. 64 of the Volunteer Regulations will be amended accordingly.—A.O. 27, May 1905.

Volunteer Regulations—Amendments.

Amendments made in the Volunteer Regulations:—

In para. 65, at the end of the para., insert "on appointment a quartermaster will have the honorary rank of lieutenant."

In para. 318, after "examined," in line 8, insert "as a field officer or captain."

In para. 428, after "rank," in line 3, insert "or as a quartermaster, of the substantive rank corresponding to his honorary rank."

(See also A.O. 97).—A.O. 102, May 1905.

Record Offices.

1. In accordance with Special A.O., dated 6th January, 1905, and amendments thereto promulgated by A.O. 87 of 1905, record offices will be established under instructions from the War Office on 1st July next at the stations named in the above-quoted order.

2. Officers in charge of records will not be in a position to deal fully with the duties laid down for them in the Special A.O. of 6th January until existing regulations have been revised in detail. For the present, therefore, they will be responsible only for the duties defined in para. 32 (other than drafts), 34, and 35, of that Order.

3. The returns and regimental correspondence affecting warrant officers, non-commissioned officers and men, which have hitherto been dealt with by the authorities mentioned in column 2 of the table below will, from 1st July inclusive, be sent by units direct to officers in charge of records.

Depôts will furnish to them returns, &c., similar to those sent by service units:—

Corps.	Under present system.	In future.
Cavalry— Hussars	A.A.O., Army Head-quarters.	Officer in charge of Cavalry records (York).
Lancers and Dragoons.	A.A.O., Army Head-quarters.	Officer in charge of Cavalry records (Sunderbury).
Artillery— Royal Horse and Royal Field.	R.A. record office. O.C. depôts as regards reservists. R.F. record office.	Officer in charge of Horse and Field Artillery records.
Royal Garrison.	O.C. depôts as regards reservists. R.G. record office.	Officer in charge of Royal Garrison Artillery records.
Royal Engineers.	A.A.O., R.E. Army Head-quarters. O.C. Regiments. District. Officer's Original Attachments. A.S.C. record office.	Officer in charge of Royal Engineer records.
Infantry	Officer's Original Attachments. A.S.C. record office.	Officer in charge of Infantry records.
Army Service Corps.	A.Q.M.G. Army Head-quarters.	Officer in charge of Army Service Corps records.
Royal Army Medical Corps. Army Ordnance Corps.	D.Q.A.M.S., Army Head-quarters. O.C., A.O.C.	Officer in charge of Royal Army Med. Corps records. Officer in charge of Army Ordnance Corps records.

4. Regimental matters, e.g., promotions, postings, &c., of serving soldiers, which have hitherto been dealt with by the officers commanding Artillery depôts will, as a temporary measure, continue to be administered by these officers.

5. In the case of the supernumerary staff, Royal Engineers, employed upon engineer services, promotions and postings hitherto carried out by the Assistant Adjutant-Generals, Royal Engineers, at Army Head-quarters, will be carried out in future by the Director of Fortifications and Works.—A.O. 110, June 1905.

THE TIMES, THURSDAY, MAY 25, 1905.

THE ROYAL ARMY MEDICAL CORPS WAR MEMORIAL.

At ten minutes past 1 the Royal party left Farnham-ridge and drove off to luncheon at Pierrepont-house, the residence of Mrs. Combe. After lunch the King drove through Farnham, which was decorated and crowded with spectators, to Aldershot, to unveil the Royal Army Medical Corps memorial. He was timed to arrive at 3.30, but was a quarter of an hour late. The memorial stands near the headquarters of the corps, which furnished a guard of honour opposite the platform. A number of ladies occupied raised seats behind, and among them were several nurses in uniform wearing medals. On the platform, which was beautifully decorated with flowers, the following gentlemen and officers were waiting to receive his Majesty:—Bishop J. Taylor Smith (Chaplain-General), the Rev. P. F. Raymond (Chaplain to the Forces), Surgeon-General A. Keogh, C.B. (Director-General of the Army Medical Service), Surgeon-General Sir W. D. Wilson, Colonel A. T. Sloggett, C.M.G., Lieutenant-Colonel G. M. Robinson (commanding the R.A.M.C. Depot), Lieutenant-Colonel W. Babbie, V.C., C.M.G., Lieutenant-Colonel R. J. Simpson, C.M.G., Major F. J. Greig, Major R. J. C. Cottell, Mr. Goscombe John, the sculptor, Mr. Weir Schultz, the architect, Surgeon-General W. H. McNamara, C.B., C.M.G., Lieutenant-Colonel J. M. Irwin, and Colonel C. E. Heath.

At a quarter to 4 the Royal motor-car, preceded, as it had been all day, by two motor bicycles carrying small Royal Standards, drove up, and his Majesty, accompanied by the Duke of Connaught, was at once conducted to the platform by Surgeon-General Keogh, while the band played the National Anthem. The following address was then read by Surgeon-General Keogh:—

May it please your Majesty.—The memorial, which your Majesty is graciously about to unveil, was erected by the officers, warrant officers, non-commissioned officers, and men of the R.A.M.C. to the memory of their comrades who were killed in action or died of disease in the South African war.

In this memorial 21 officers and 293 non-commissioned officers and men are commemorated.

The Chaplain-General then read the following prayer:—

Almighty God, our Heavenly Father, Lord of life and health, we give Thee hearty thanks for the Royal Army Medical Corps, and every member of the same by whose earnest and generous endeavours our brave comrades have received comfort and relief in times of peace and war. We bless Thee for having provided remedies for the wounded and disease-stricken body, as well as an antidote for the sin-sick soul. And now we come to Thee and ask that this memorial of those who laid down their lives for King and country may promote Thy glory; stirring up the minds of all who pass by to yield themselves to Thy service and minister to the needs of their fellow-men, through Jesus Christ our Lord. Amen.

At the conclusion of the prayer, his Majesty pulled a cord and unveiled the memorial, which had been hidden by a Union Jack, whereupon the buglers sounded the "Last Post," while all saluted, including his Majesty, in solemn silence. The King then stepped forward and said:—

"I have had great pleasure to-day in unveiling at your wish this memorial to the Royal Army Medical Corps, in remembrance of those gallant officers and men who fell during the recent campaign or by disease. I am well aware of the valuable services which they rendered to their country and to the sick and wounded during the whole of that arduous campaign, and I feel sure that they will often now and in the future excel, if it is possible, in those duties. It has given me great pleasure, and, I may say, melancholy satisfaction, at your wish to unveil this monument to-day."

The reveille followed, the guard remaining at the carry until it was finished. At its conclusion Sir John French presented the officers and others on the platform to the King, who shook hands with each. This brought the ceremony to a close. It was a solemn little scene, which lasted only ten minutes. The Royal party re-entered the motor-cars and drove off to Farnborough Station amid cheers.

The memorial is built of Cornish granite in the classical Greek style, the semi-circle being ornamented with bronze panels, on which is inscribed the name of every man who fell or died, and the central shaft bears a wreath of immortelles enclosing the staff and serpent of Asclepius. Below it is the following inscription:—"To those who gave their lives for their country." Below this is a bronze group of three figures, representing an officer and man of the corps engaged in attending to a wounded soldier. Below the group again are the words and dates—

SOUTH AFRICA.
1899-1902.

Two bronze braziers at each corner represent the ancient altars erected to the manes of the dead. The whole design has an impressive dignity and simplicity.

The King and the Duke of Connaught arrived in London at 5 o'clock last evening from Aldershot.

The King yesterday visited Aldershot, witnessed a sham fight in which between 14,000 and 15,000 troops were engaged, and afterwards unveiled a monument to officers and men of the Royal Army Medical Corps who fell in the South African war. (p. 10)

Yesterday Empire Day was celebrated with becoming observances throughout the world-wide dominions of KING EDWARD VII. The review at Aldershot, where HIS MAJESTY in person witnessed the evolutions of 15,000 fine soldiers, was, perhaps, the most picturesque and stirring incident of the day at home. But there were other events to remind us of the grave duties and the cruel sacrifices which Empire brings. After the review the King unveiled a monument to more than 300 officers and men of the Royal Army Medical Corps who died of wounds or of disease contracted in their noble efforts to save the lives of their fellow-soldiers in South Africa. At St. Paul's, where the heroes of so many of our old wars rest, the PRINCE OF WALES performed a similar ceremony. The Colonial troops, those "sons of Britain beyond the seas" who laid down their lives in that struggle "for the motherland and her cause," will henceforth have a memorial in the heart of the City of London beside the great dead who were their forefathers as well as ours.

Court Circular.

BUCKINGHAM PALACE, MAY 24.

His Majesty The King, accompanied by Field-Marshal His Royal Highness the Duke of Connaught, Inspector-General of the Forces, and attended by Major-General Sir Stanley Clarke and Colonel A. Davidson, Esquires in Waiting, visited Aldershot to-day.

Major M. Murray, Aide-de-Camp, was in attendance upon His Royal Highness The Duke of Connaught.

His Majesty travelled by special train on the South-Western Railway from Waterloo to Milford, and was received at the railway station by Lieut.-General Sir John French, Commanding in Chief at Aldershot, and the Staff of the Aldershot Army Corps.

The King, after witnessing the field manoeuvres near Farnham, honoured Mrs. R. H. Combe with his presence at luncheon at Pierrepont House.

His Majesty subsequently proceeded to Stanhope Lines, Aldershot, and unveiled the Memorial erected by all ranks of the Royal Army Medical Corps in memory of Comrades who lost their lives in the South African Campaign.

The King was received by Surgeon-General A. Keogh, Director-General, Army Medical Service, and Surgeon-General W. H. McNamara, Principal Medical Officer of the Aldershot Army Corps.

Mr. Goscombe John and Mr. Weir Schultz, the Sculptor and the Architect of the Memorial, had the honour of being presented to His Majesty.

The following officers of the Royal Army Medical Corps also had the honour of being presented to The King:—Surgeon-General Wilson, Colonel Sloggett, Lieut.-Colonel Babbie, Lieut.-Colonel Simpson, Major Cottell, and Major Greig.

The King then proceeded to Farnborough Railway Station and returned to London.

His Royal Highness the Prince of Wales visited His Majesty.

The Right Hon. Sir Charles Hardinge, His Majesty's Ambassador and Plenipotentiary at St. Petersburg, had an audience of The King.

THE MORNING POST.

(THURSDAY, MAY 25, 1905.)

R.A.M.C. MEMORIAL.

The monument which has been erected by the subscriptions of the officers, warrant and non-commissioned officers, and men of the Royal Army Medical Corps to the memory of their three hundred comrades who died in South Africa during the war stands on a commanding site near the officers' quarters on Gun Hill. It is a fine Cornish granite obelisk on a semi-circular wall of the same material. Beneath the obelisk is a bronze group, nearly life-size, representing an officer and man of the corps tending a wounded soldier of the line. On the wall are recorded on bronze tablets the names of all the officers and men who gave up their lives in South Africa. At the top of the obelisk are the badge and cipher of the Royal Army Medical Corps, with the motto "In Ardus Fideles," while on the side pillars are wreaths of immortelles and beautiful bronze braziers. The inscription on the obelisk is "To those who gave their lives for their country," and on the steps of the monument are the words "Erected by the officers, warrant and non-commissioned officers, and men of the Royal Army Medical Corps in memory of their comrades of the corps." "South Africa" is placed in large letters beneath the group. The architect, Mr. Weir Schultz, and the artist of the group, Mr. Goscombe John, A.R.A., have produced a monument of which Aldershot and all Royal Army

Medical Corps men may well be proud. The company which witnessed the unveiling ceremony performed by the King included the Duke of Connaught, Sir John French, General Paget, Brigadier-General Lloyd and Mrs. Lloyd, Major-General Scobell, Sir Frederick Treves (honorary colonel of the Royal Army Medical Corps Militia), Surgeon-General Macnamara (Principal Medical Officer, Aldershot), Surgeon-General Keogh (Director-General Army Medical Training), Surgeon-General Sir W. D. Wilson, Bishop Taylor-Smith (Chaplain-General to the Forces), the Rev. P. F. Raymond (Senior Chaplain to the Forces at Aldershot), Colonel A. T. Sloggett, Colonel C. E. Heath, Colonel A. J. Murray, Lieutenant-Colonel G. W. Robinson, Lieutenant-Colonel W. Babbie, V.C., Lieutenant-Colonel R. J. Simpson, Lieutenant-Colonel J. M. Irwin, Major R. F. Greig, Major R. J. C. Cottell, Mr. Goscombe John, and Mr. Weir Schultz. There were also present several ladies belonging to Queen Alexandra's Imperial Military Nursing Service.

UNVEILING CEREMONY.

An interesting incident while the spectators were awaiting his Majesty was the forming up of the guard of honour of the Royal Army Medical Corps, commanded by Captain G. St. C. Thom. Many of the men wore medals won in South Africa, and took therefore more than an ordinary interest in the ceremony. The corps band, conducted by Bandmaster Bennett, was in attendance. Two officers of the Guards on motor-cycles, on which were flying small Royal Standards, rode up at twenty minutes to four o'clock, and a few seconds later the royal motor-car was driven up and the King, with whom were the Duke of Connaught and Sir John French, stepped out and at once took his place on the carpeted enclosure in front of the monument. The guard of honour received his Majesty with a royal salute and the National Anthem was played.

Surgeon-General A. Keogh read the following address to the King: "The memorial which your Majesty is graciously about to unveil was erected by the officers, warrant officers, non-commissioned officers, and men of the Royal Army Medical Corps to the memory of their comrades who were killed in action or died of disease in the South African War. In this memorial twenty-one officers and two hundred and ninety-three non-commissioned officers and men are commemorated."

The Chaplain-General read the following prayer: "Almighty God, our Heavenly Father, Lord of life and health, we give Thee hearty thanks for the Royal Army Medical Corps, and every member of the same, by whose earnest and generous endeavours our brave comrades have received comfort and relief in times of peace and war. We bless Thee for having provided remedies for the wounded and disease-stricken body, as well as an antidote for the sin-sick soul. And now we come to Thee and ask that this memorial of those who laid down their lives for King and country may promote Thy glory; stirring up the minds of all who pass by to yield themselves to Thy service and minister to the needs of their fellow men, through Jesus Christ our Lord. Amen."

The King then pulled a silk cord, and the huge Union Jack which hung in front of the monument fell to the ground. The "Last Post" was sounded by the buglers, his Majesty and all the officers present standing saluting. The scene was a solemn and impressive one, and there was absolute silence when the King stepped forward to make his short speech.

THE KING'S SPEECH.

His Majesty said:

"I have had great pleasure to-day, at your wish, in unveiling this memorial of the Royal Army Medical Corps in remembrance of those gallant officers and men who fell or died from disease during the recent campaign in South Africa. I am well aware of the valuable services which members of the corps rendered to their country and to the sick and wounded during the whole of that arduous campaign, and I feel sure that they will often now and in the future excel, if it is possible, in those duties. It has given me great pleasure and, I may say, melancholy satisfaction to unveil at your wish this monument to-day."

The "Reveille" was then sounded, after which Sir John French presented the officers of the Royal Army Medical Corps and the architect and sculptor to his Majesty, and after the playing of the National Anthem the King and the Duke of Connaught were conducted to their motor-car and driven to Farnborough Station. His Majesty and his Royal Highness reached London at five o'clock.

JUNE 10, 1905.

INDIAN MEDICAL SERVICE. PRIZE DISTRIBUTION AT NETLEY.

THE Army Medical School was organized in consequence of a strong recommendation contained in the report of the Royal Commission appointed in May, 1857, for the purpose of inquiring into the "regulations affecting the sanitary condition of the army, the organization of military hospitals, and the treatment of the sick and wounded." It was opened in 1860 at Fort Pitt, Chatham, and transferred in 1863 to the newly-built Royal Victoria Hospital, Netley, where it remained until the year 1902, when it was transferred to London and reconstituted as the Royal Army Medical College. All officers entering the British and Indian Medical Services undergo a course of instruction and training in the School. Since the year 1902 officers entering the Indian Medical Service have, after having attended a course of two months' instruction in the Royal Army Medical College, been sent to Netley for a further two months' course of instruction.

At the close of the session which expired on May 31st, and which is understood to be the last occasion on which officers are to go to Netley for instruction and training, the presentation of prizes gained in London and at Netley was made by Surgeon-General A. M. Branfoot, C.I.E., I.M.S., President of the Medical Board at the India Office, in the presence of Surgeon-General Quill and the staff of the hospital. The following list shows the names of officers attending during the session, the aggregate marks obtained by them, and the prizes gained at the Royal Army Medical School and at Netley:

Marks.		Marks.	
A. F. Hamilton, M.B.	3,764	M. R. C. MacWalters	3,412
A. D. White	3,641	W. H. Boslith	3,596
M. F. Kearney, M.B.	3,594	G. A. Soltau	3,537
R. K. White	3,484	W. H. Hamilton	3,396
H. C. Bockley, M.B.	3,453	J. Cunningham, M.B.	3,321
N. M. Wilson	3,449	H. Falk, M.B.	3,295
J. S. O'Neill, M.B.	3,414	C. J. Coppinger, M.B.	3,290

* Marshall Webb medal and prize in hospital administration; second Montefiore prize in military surgery. † Ronald Martin gold medal in military medicine. ‡ First Montefiore prize in military surgery. (MacLean prize in clinical medicine.)

Colonel MacLeod read a report of the work of the session and added: It is understood that this is the last occasion on which officers entering the Indian Medical Service will be sent to Netley for instruction. Under these circumstances and as the final closing of the Army Medical School coincides with the termination of my tenure of the office of Professor of Military Medicine, I venture to offer a few remarks arising from the situation. On July 20th, 1902, His Excellency Field Marshal Earl Roberts presided at the distribution of prizes at the end of the summer session which preceded the transfer of the school to London. On that occasion, which signalled the closure of the Army Medical School as originally constituted, I read a short report setting forth the history, objects, and work of the school. As that report was published at the time I need not now repeat what I then wrote. The school had been in existence for forty-two years and had completed 84 sessions: 1,687 officers of the British Medical Service, 1,193 of the Indian Medical Service, and 213 of the Naval Medical Service had passed through Netley, making a total of 3,093. In addition over 300 senior officers had come to Netley for instruction. Since the year 1902, officers to the number of 127 entering the Indian Medical Service have been sent to this hospital after studying the subjects of hygiene, pathology, military surgery, and hospital administration in the Royal Army Medical College, London, for the purpose of undergoing instruction in tropical diseases, lunacy, and ambulance drill, and obtaining a practical knowledge of the administration and management of military hospitals, and an initiation into the ways of military life and service. This has raised the total of Indian medical officers trained at Netley to 1,318. Since the Indian Medical Service was reorganized in the year 1865 all officers joining it have passed through the Army Medical School in close association with officers of the sister service. The name Netley, with all that it represents in the way of instruction, initiation, and social enjoyment must abide lovingly in the minds and memories of the officers of both services, just as the name Haileybury claimed the fond remembrance of Indian civilians and the name Addiscombe of Indian gunners and sappers in the old time; and as it is to be hoped the name Millbank, despite its ancient association with a penitentiary, will dwell kindly in the recollection of officers of the medical services in the future. During the six sessions that have elapsed since the transfer of the school to London and its reconstitution as the Royal Army Medical College, the position of what remained of the old Army Medical School at Netley has been somewhat anomalous, but with the willing and generous co-operation of the Principal Medical Officer and staff of the hospital, no friction or difficulty has been encountered—a circumstance of which I desire now to make thankful acknowledgement.

Surgeon-General Branfoot handed the prizes to the successful competitors, and remarked that it gave him great pleasure to preside on so interesting an occasion, and to be supported by Surgeon-General Quill, who had been at Netley with him 33 years ago and whom he had not had the pleasure of meeting since. He associated himself heartily with what Colonel MacLeod had said regarding the valuable assistance which the Principal Medical Officer and hospital staff had so efficiently rendered in carrying on the work of instruction and training at Netley. The Army Medical School had served a great purpose in the past for the prevention of disease and the preservation of health in the navy and army as well as in civil life both in this and other countries; and the final closure of the institution could not fail to excite feelings of interest and regret among those who had passed through it. The removal of the school to the centre of life and progress, and its reconstitution on a broader basis and with higher aims, would no doubt conduce to the benefit of the services, of medical science and of humanity. What precise arrangements were to be made in the future for perpetuating and developing the work commenced and carried on for nearly half a century at Netley he was unable to announce, but he was in a position to say that the Indian Medical Service would share fully in the advantage to be gained from the college the erection of whose home had been commenced at Millbank. Surgeon-General Branfoot referred to the early retirement of two professors—Surgeon-General Stevenson, C.B., and Colonel MacLeod, M.D. The former had been asked to preside on this occasion, but unfortunately had found himself unable to be present. He congratulated those

who had now entered the Indian Medical Service, and especially the prize takers. He counselled them to maintain the habit of work in spite of climate hindrances, for once lost it was very difficult indeed to regain it. They must uphold a high standard of professional ethics in a country where the medical profession was in the stage of adolescence and development, and the force of example and guidance was peculiarly needful and effective. Notwithstanding the recent brilliant advances which had been made in knowledge of the etiology of tropical diseases they would find abundance of work awaiting them in India, more especially as regards the adaptation of increased knowledge to the circumstances and peculiarities of its inhabitants. The climate was no doubt trying to health, but more blame was perhaps laid on it than was justly due. They must, as prudent and sensible men, hold a proper balance between work and recreation, and practise moderation and wise adaptation to their new environment. He finally wished them God-speed, in full confidence that one and all would do their utmost to maintain the fine tradition and honour of the service to which they were now admitted, "traditions which we who have retired from it very jealously cherish."

Surgeon-General Quill thanked General Branfoot for presiding on this memorable occasion, and heartily seconded the counsels and wishes which he had addressed to them.

SATURDAY, JUNE 3RD, 1905.

A SIDELIGHT ON MEDICAL EDUCATION.

THERE will be found at page 307 of the SUPPLEMENT to this issue an analysis of the returns respecting the examinations for admission to the medical services of the Royal Navy, the Royal Army Medical Corps, and the Indian Medical Service placed on record in the minutes of the recent session of the General Medical Council. They relate to all the examinations held since its autumn session, namely, two for the Indian Medical and one for each of the other services. The analyses have been prepared on the same lines as those followed in regard to earlier returns. What has been said about them before could almost be said again, for the results shown are practically the same as those brought out in an analysis covering all the examinations held since June, 1902, published on January 7th, 1905. The competition for the Royal Navy remains at 5 candidates for 4 vacancies, while that for the Royal Army Medical Corps is practically the same as for the Indian Medical Service, or 5 candidates for every 2 commissions. Candidates from English colleges and universities continue to form rather less than half the total, and to carry off rather more than half the commissions offered. As regards the candidates who totally fail at the examinations, or, in other words, who do not obtain half marks and are classed as rejected, the English candidates thus failed to the extent of 12 per cent. of their number, the Scotch to 24 per cent., and the Irish to 19 per cent., the average of all candidates being 35 per cent. These figures are somewhat higher than in the past for English candidates and slightly lower for the rest. As regards the candidates representing individual examining bodies, those holding the diploma of the English Conjoint Board are seen to have been, as heretofore, much more numerous than those of any other corporation or of any university. They number 50 out of a total of 153 candidates of all classes, and still come out well, but not so pre-eminently well as in former analyses. In view of the correspondence which took place early in the year, the results of the competitions for the Indian Medical Service taken alone are worth noting. At the two examinations there were altogether 68 candidates for 27 vacancies. Of these candidates 33 held University degrees but no diploma, 17 degrees and diplomas together, and 18 the diploma of the English Conjoint Colleges alone. Of the latter 16 passed the qualifying standard, 2 were rejected and 7 won places; of the 33 graduates 23 passed the standard, 10 were rejected and 14 won commissions. At the earlier competition the first, and at the later competition the second, third, fifth, and seventh places fell to the English candidates holding Conjoint diplomas alone. The figures do not bear out the suggestion made by some correspondents that if the Indian examinations were taken alone the results would put the English Conjoint candidates in a position of less credit than that to which they seemed to be entitled by the result of all the examinations taken together.

JULY 17, 1905.

THE AWARD OF HONOURS.

Replying to Sir Walter Foster, Mr. Arnold-Forster states that no honours for South Africa were awarded to Artillery, Engineers, Army Service, or Medical Corps, Regular or Auxiliary, because it is not the custom to award honours to any but corps of cavalry and infantry, as it is accepted as a fact that all the other branches of the Army have contributed in some measure to every honour which is recorded on colour or accoutrement.

JULY 27, 1905.

NEW ARMY RANK.

The Army Council has decided that the title "Brigadier" shall be a rank as well as a grading for pay.

It will be used in the same manner as the rank of "Brigadier-General" has been used hitherto, and will be local or temporary only. The amendments necessary to this change will shortly be made in the King's Regulations and Royal Warrant.

AUGUST 19, 1905.

RANK OF BRIGADIER-GENERAL.

The Army Council, on reconsideration, has decided to retain the title of "Brigadier-General," for which "Brigadier" was recently substituted.

JUNE 3, 1905.]

GENERAL MEDICAL COUNCIL.

[SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL] 307

The following tables represent an analysis of the returns made to the General Medical Council of all examinations for the services since the date of its winter session—namely, two for the Indian Medical Service, one for the Royal Navy, and one for the Royal Army Medical Corps:

TABLE I.

Showing the Extent of the Competition for each Service.

Services.	No. of Candidates.	No. of Vacancies.	Proportion of Candidates to Vacancies.
Royal Naval Medical Service ...	59	95	5 to 4
Royal Army Medical Corps ...	51	95	5 to 2
Indian Medical Service ...	65	27	5 to 2
Total or average ...	153	77	5 to 3

TABLE II.

Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities ...	71	46.4 per cent.
Scottish ...	37	24.2 "
Irish ...	37	24.2 "
Colonial ...	3	2.0 "
Mixed ...	5	3.3 "
Total or average ...	153	100.0 "

TABLE III.

Showing the Proportion of Commissions Gained by the Candidates of each Country.

Country.	Number of Commissions Won.	Proportion of all Commissions Offered.
England ...	43	55.8 per cent.
Scotland ...	37	47.4 "
Ireland ...	16	20.5 "
Colonies ...	0	0.0 "
Mixed ...	1	1.3 "
Total or average ...	77	100.0 "

TABLE IV.

Showing the Relative Success of the Candidates of Each Country in Proportion to their Respective Numbers.

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England ...	71	43	60.6 per cent.
Scotland ...	37	37	100.0 "
Ireland ...	37	16	43.2 "
Colonies ...	3	0	0.0 "
Mixed ...	5	1	20.0 "
Total or average ...	153	77	50.3 "

TABLE V.
Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Countries.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates ...	71	62	87.3 per cent.
Scottish ...	37	37	100.0 "
Irish ...	37	30	81.1 "
Colonial ...	3	0	0.0 "
Mixed ...	5	4	80.0 "
Total or average ...	153	124	80.4 "

TABLE VI.

Showing the Proportion of those who Failed Totally among the Candidates of Each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates ...	71	9	12.6 per cent.
Scottish ...	37	0	0.0 "
Irish ...	37	7	18.9 "
Colonial ...	3	3	100.0 "
Mixed ...	5	1	20.0 "
Total or average ...	153	20	13.1 "

TABLE VII.

Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Commissions Offered.	Qualified but not successful.	Rejected.	Percentage of Success.
English Conjoint Board alone ...	10	28	17	11	56
" " " and Oxford degree ...	1	1	1	0	100
" " " and Cambridge ...	1	1	1	0	100
" " " and London ...	0	5	1	0	100
" " " and Durham ...	1	1	1	0	100
" " " and Aberdeen ...	1	1	1	0	100
English Apothecaries' Society alone ...	3	1	0	2	100
" " " and London ...	1	1	1	0	100
English Apothecaries' Society and Scottish diploma ...	1	1	1	0	100
London degree alone ...	1	1	1	0	100
" " and Manchester degree ...	1	1	1	0	100
Cambridge degree alone ...	2	2	0	0	100
Durham ...	1	1	0	0	100
Oxford ...	1	1	1	0	100
Birmingham ...	1	1	1	0	100
Scottish Conjoint Colleges alone ...	2	2	4	2	75
" " " and Colonial ...	1	1	1	0	100
Aberdeen degree alone ...	1	1	1	0	100
Edinburgh ...	10	10	4	7	44
Glasgow ...	4	4	0	0	100
Irish Conjoint Colleges alone ...	13	13	5	8	62
Dublin University alone ...	14	14	4	0	100
Royal University of Ireland ...	13	13	5	8	62
Colonial universities ...	1	1	1	0	100
Total or average ...	153	77	47	20	50.3

TABLE VIII.

Percentage Comparison of the Work of certain Classes of Candidates.

Qualifications.	Number of Candidates.	Gained Commissions.	Qualified but unsuccessful.	Total qualified.	Number rejected.	Percentage of Winners.	Percentage qualified.	Percentage rejected.	Order.
English Conjoint diploma and English degree ...	8	6	2	8	0	75.0	100.0	0.0	1
English Conjoint diploma alone ...	10	28	17	45	5	81.0	90.0	10.0	2
English degrees alone ...	20	2	0	2	18	10.0	10.0	90.0	3
Irish degrees alone ...	37	13	0	13	24	35.1	35.1	64.9	4
Scottish degrees alone ...	37	15	7	22	15	59.5	59.5	40.5	5
Irish Conjoint diploma alone ...	13	5	3	8	5	61.5	61.5	38.5	6
Scottish Conjoint diploma alone ...	2	2	4	6	2	75.0	75.0	25.0	7
Other classes together ...	11	8	3	11	0	100.0	100.0	0.0	8
Total or average ...	153	77	47	124	29	80.4	80.4	19.6	—

JULY 15, 1905.

INDIAN MEDICAL SERVICE.

PROMOTION AND PRECEDENCE.

THE London Gazette of July 15th notifies that the Royal Warrant, in relation to promotion and precedence in the Indian Medical Service, dated November 25th, 1903, is amended thus:—(1) The following is added to Article 1: "The Director-General of our Indian Medical Service shall hold the substantive rank of Surgeon-General, but may rank as Lieutenant-General when approved by our Secretary of State for India in Council." (2) The following is substituted for Articles 3 and 4: "Except as otherwise herein provided, a Captain shall be promoted to the rank of Major on completing twelve years full-pay service, but this period may be reduced by six months in the case of an officer who produces satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency." (3) Except as otherwise herein provided, a Major shall be promoted to the rank of Lieutenant-Colonel on completing eight years full-pay service in the rank of Major." (4) The following is added to Article 10: "An officer below the rank of Colonel, who may be appointed as our Honorary Physician or Surgeon after retirement from the Service, shall be granted the honorary rank of Colonel." (5) The following is inserted in Article 11 at the head of the Table of Ages at which officers shall be placed on the Retired List: "The Director-General, &c."

THE STANDARD.

AUGUST 2, 1905.

There was laid in dummy on the table of the House of Commons last night an abstract of recommendations of the Royal Commission appointed to inquire into the treatment of the sick and wounded during the South African campaign, together with the action taken.

THE STANDARD,

WEDNESDAY, AUGUST 30, 1905.

ARMY MEDICAL OFFICERS.

The Army Council has decided to cancel the order directing medical officers returning home at the end of a tour of service abroad to report themselves personally to the Director-General. These officers will in future report themselves to the War Office in writing.

JULY 18, 1905.

NEW RED CROSS SOCIETY.

A striking and memorable appeal "To all the Women of the Empire" was uttered by her Majesty the Queen yesterday in the course of a Red Cross Society meeting at Buckingham Palace. It was framed in words that were of necessity calm, and dignified, and weighty—but Lord Rothschild, who rose immediately afterwards, expressed what will be the general feeling when spoke in the same restrained language of its effect and its eloquence.

"I, therefore, now appeal to all the women of the Empire to assist me in carrying out this great scheme," said her Majesty, in reference to a new national Red Cross organisation, "which is essentially a woman's work, and which is the one and the only way in which we can assist our brave and gallant Army and Navy to perform their arduous duties in time of war."

As a matter of fact, however, the whole movement arose at the instigation, and proceeded under the auspices, of their Majesties the King and Queen. It began with the recognition of the fact that a new Red Cross Society ought to be formed to co-ordinate all the existing societies which are concerned with the succour of the sick and wounded in war. As a consequence, a council was appointed by their Majesties to deal with the projected reform, under the presidency of the Queen, with Lord Rothschild as chairman, and Lord Knutsford, Lord Escher, Lord Chylesmore, and Mr. A. Loyd, M.P., as vice-chairmen.

SPEECH OF THE QUEEN.

The Queen presided yesterday in person at the first meeting of this council at Buckingham Palace, and the proceedings were opened by a speech from her Majesty. The Queen said:—

It has been on my mind ever since the South African war, and I became the president, to try and reorganise the Red Cross Society on a more practical and sound basis.

It affords me, therefore, the greatest satisfaction to learn that the Red Cross Council has consented to join hands with the National Aid Society, founded by that distinguished soldier, the late Lord Winterton, under one title—"The British Red Cross Society."

I therefore propose that this new organisation shall be based upon a membership association, and that the members and associates of the society shall be recruited from all classes throughout the Empire.

The society shall be entirely voluntary, and, while in touch with the War Office and Admiralty, the society shall be organised and act wholly independently of those departments in time of peace; but, naturally, in time of war it must be under naval and military control.

I therefore now appeal to all the women of the Empire to assist me in carrying out this great scheme, which is essentially a woman's work, and which is the one and only way in which we can assist our brave and gallant Army and Navy to perform their arduous duties in time of war.

Lord Rothschild said he rose with great diffidence in the presence of so many illustrious persons who were intimately connected with the art of war and the requirements of the naval and military forces. His apology for doing so was the fact that the King and her Majesty the Queen had kindly selected him to be the chairman of the new Red Cross organisation, which her Majesty had in such eloquent words inaugurated that day. There might be also another reason. He was, unfortunately, one of the few survivors connected with the original Red Cross Association, which had existed in England for 35 years, and which owed its origin to that gallant soldier, Lord Winterton, who took advantage of the new Geneva Association to start their National Society in Aid of the Sick and Wounded in War. Having spoken of the difficulties then encountered, and the good work done by the association in later campaigns, particularly the South African, Lord Rothschild reverted to the details of the new Red Cross organisation.

ROYAL HOPES OF THE NEW SCHEME.

Her Majesty, he said, wished that the Red Cross Association of the United Kingdom should be worthy of its name and of the royal patronage which was extended to it. It was to that feeling that this new association owed its origin. This association would comprise all the various bodies which had hitherto acted independently. He was glad to add that the National Aid Society would bring to this new undertaking a small capital sum, the interest of which was more than sufficient for the organisation they had to undertake. In future that capital would remain intact until we should be unfortunately engaged in war.

The formal business of that meeting was very simple. It was necessary to appoint an Executive

Committee and he begged humbly to move that the Council should appoint an Executive Committee as soon as convenient, which, he supposed, would be in September or October next. It would also be necessary to appoint a secretary, and he would propose that Mr. Vokes who had for so many years been the secretary of the National Aid Society, should continue to give his services to the new body.

Lord Knutsford, after a reference to the excellent work hitherto performed by the various societies and the Red Cross Council, seconded the resolution, which was passed, authorising the appointment of an Executive Committee, over which it is hoped that Sir Frederick Treves will consent to preside.

THE NEW COUNCIL.

The following have been appointed ordinary members of the council:—Chairman, Lord Rothschild; vice-chairmen, Viscount Knutsford, Viscount Escher, Lord Chylesmore, and Mr. A. Loyd, M.P., Duke of Portland, Marquess of Litchfield, Earl Roberts, Lord Iveagh, Lord Barton, Lord Curzon, Lord Milner, Lord Grenfell, Lord Walter Kerr, Sir William Butler, Sir Ernest Cassel, Sir John Ardagh, Sir John Furley, Sir Frederick Treves, Hon. Arthur Stanley, Hon. Charles Rothschild, Hon. George Peel, Sir Julius Wernher, Dr. Bowley, Dr. Makins, Dr. Beaton, Mr. Danvers Power, Princess Christian, Duchess of Montrose, Adeline Duchess of Bedford, Marchioness of Londonderry, Marchioness of Lansdowne, Countess of Derby, Countess Howe, Countess Roberts, Georgiana Countess of Dudley, Viscountess Knutsford, Viscountess Wolsley, Lady Chesham, Lady Wantage, Lady Fisher, Miss McCaul, and Miss Monk.

The proceedings terminated by a unanimous vote of thanks to the Queen for having graciously consented to preside.

Princess Christian of Schleswig-Holstein and some few others were unfortunately prevented from being present.

Recruiting Regulations, 1903.

Amendment made in App. III. —

Delete from line 14, inclusive, of para. 5, to end of para., and substitute—

Recruits for the Royal Army Medical Corps (Militia) will be enlisted for the undermentioned units in the areas stated, and sent on enlistment to the Depot, Royal Army Medical Corps, at Aldershot, to undergo their course of training.

Command	Unit.	Area in which recruit may be enlisted.
Aldershot	Aldershot Company, headquarters Cambridge	Aldershot Command, London Recruiting District.
Eastern	No. 1—Woodwich Company, headquarters Royal Herbert Hospital, Woodwich.	Regimental Districts Nos. 7 and 17, Woodwich Recruiting District.
"	No. 2—Colchester Company, headquarters Colchester.	Regimental Districts Nos. 9, 12, 15, 44, and 45.
"	No. 3—Dover Company, headquarters Dover.	Regimental Districts Nos. 2, 3, and 53.
"	No. 4—Thames Company, headquarters Port Pitt, Chatham.	Regimental Districts Nos. 31 and 50.
Irish	No. 1—Dublin Company, headquarters Royal Infirmary, Dublin.	Regimental Districts Nos. 18 and 102.
"	No. 2—Curragh Company, headquarters Curragh.	Regimental Districts Nos. 83, 100, and 101.
"	No. 3—Belfast Company, headquarters Belfast.	Regimental Districts Nos. 27, 83, and 87.
Northern	York Company, headquarters York.	Regimental Districts Nos. 4, 5, 68, 19, 24 (Border Group); Nos. 8, 49, 20, 20, 47, and 42 (Lancashire Group); Nos. 14, 15, 33, 34 & 50 (Yorkshire Group).
Scottish	Edinburgh Company, headquarters Edinburgh.	Regimental Districts Nos. 42, 72, 73, 79, & 91 (Highland Group); Nos. 1, 21, 25, 26, 71 (Lowland Group).
Southern	Portsmouth Company, headquarters Portsmouth.	Regimental Districts Nos. 25, 29, 43, 49 (South Midland Group); Nos. 11, 13, 22, 27, 28, 62 (Western Counties Group).
Welsh and Midland	Lichfield Company, headquarters Lichfield.	Regimental Districts Nos. 22, 23, 24, 41, and 34 (Welsh Border Group); Nos. 19, 17, 38, 44, and 45 (North Midland Group).

—A.O. 162, August 1905.

Allowance Regulations.

Amendment made in para. 54:—

In the table of diets, "Varied" diet will be deleted, and "Roast" and "Convalescent" diets grouped as "Ordinary" diet—

	Ordinary.
Roast.	
Convalescent.	

Para. 55. All reference to "Varied" diet will be eliminated.

Hospital Stoppages.

Substitute for the last sentence of para. 67:—

"In all cases of serious injury the medical officer will note on the form that the general officer commanding has approved the remission of the stoppage, and that the usual Court of Inquiry (see King's Regulations) has been held."

—A.O. 164, August 1905.

Militia Regulations—Amendment.

634. Designations on shoulder-straps will be worn in white metal. Battalions whose full dress is green will wear the designation in black.

(c) Royal Army Medical Corps Volunteers and bearer companies.—The title, with "V." "R.A.M.C." and the numeral where necessary.

V
R.A.M.C.
MAIDSTONE
SUSSEX & KENT
2
V
R.A.M.C.
LONDON

635. The colour of the edging on shoulder-straps of full-dress garments will be—

Artillery Scarlet.
Engineers White.
Infantry clothed in scarlet White.
Infantry clothed in green, except those with scarlet facings. Light green.
Infantry clothed in green, scarlet facings. Scarlet.
Infantry clothed in grey Colour of facings.
Where the facings are "grey" the colour of the braid or piping.

Medical Corps, including bearer companies. Dull cherry.

Army Service Corps, when wearing White.

Army Service Corps uniform.

—A.O. 166, August 1905.

War Establishments.

The war establishment of a "Cavalry Field Ambulance," published with A.O. 52 of March, 1905, will be amended as follows:—

Under the heading of "attached," a "sanitary officer (major or captain)," with 2 horses and 2 riding horses, will be added. The note "For sanitary duties with the cavalry brigade" will also be added in reference to the above officer.

The totals of columns will be amended accordingly where necessary.—A.O. 177, September 1905.

AUG. 26, 1905.

THE ARMY COUNCIL AND THE MEDICAL SERVICES.

A PARLIAMENTARY paper was issued on August 11th, which gives an abstract of recommendations of the Royal Commission on the Care and Treatment of the Sick and Wounded in War during the South African War, together with the action taken by the Army Council upon these recommendations. The establishment of medical officers has since the war been increased by 125, and the establishment of quartermasters, warrant officers, non-commissioned officers, and men, including provision for South Africa, by 1,216, and the question of further increases in both categories is still under consideration. The equipment provided by the Mowatt reserves for three army corps, one cavalry division and line of communication troops has been completed and is being revised. By a Royal Warrant issued on March 26th, 1902, the pay of medical officers was greatly improved. A college for the instruction of officers was opened in London, and a permanent building is now in course of erection at Millbank. All officers of over five years' service are required to attend a six months' course of instruction, which includes clinical teaching in the various civil hospitals in London by civilian professors. Officers passing certain standards at the examination after the course are eligible for accelerated promotion up to a period of eighteen months, and officers who distinguish themselves in selected subjects are eligible for employment as specialists with extra pay. Promotion to the higher ranks is made upon a system of strict selection based upon positive merit. As the result of these regulations, the supply of candidates has been of the most satisfactory nature. A Royal Warrant was issued in March, 1902, approving of the establishment of Queen Alexandra's Imperial Military Nursing Service. This warrant greatly improved the conditions of service of nurses, and is attracting highly-qualified nurses. An increase of 259 nurses has been made to the peace establishment, and this number is being recruited. The needs of all important military hospitals will, it is considered, be met by this addition. The scale of nurses for fixed hospitals in war has been largely augmented. The appointment of properly-qualified sanitary officers to all commands at home and abroad has been approved, and already in all home commands and the important commands abroad these officers have been appointed. To ensure a satisfactory ambulance wagon being provided, a prize was offered by the Secretary of State for War, and many firms competed. After exhaustive trials of many patterns, wagons of a thoroughly satisfactory character have now been selected. A special tent—a modification of the Indian pattern E.P. tent—has been designed and made, and has undergone successful trials. Some further alterations have recently been made, and the tent is receiving a final trial before adoption. The provision of further Reserves of Officers and Orderlies is still under consideration. A scheme has been drawn up for the establishment of a Reserve of Civilian Surgeons who will receive military training. A scheme of Special Enlistment to provide a sufficient reserve of trained Orderlies is under consideration.

SEPT. 30, 1905.

THE ARMY MEDICAL ADVISORY BOARD.

It is said, we do not know with how much truth, that certain members of the Army Medical Advisory Board are disposed to recommend the abolition of that body on the ground that the reorganization of the Army Medical Service has been effected. However perfect that reorganization may have been, and however excellent its constitution may be at the present moment, we cannot think that the need for the existence of the Board has disappeared. Medicine, surgery, and hygiene are always changing, and the general sum of that change is progress. It is only by close association with the civil profession that the military medical service can maintain itself in the forefront of medical science. But while believing that the abolition of the Advisory Board would be a retrograde step, we are strongly of opinion that it requires to be rejuvenated from time to time. It is a defect in its constitution that no machinery exists for the retirement of members after a certain period, so that their successors, untrammelled by routine, may bring new ideas to its deliberations. When men become permanent advisers they are apt to grow conservative and to become imbued with official ideas. We do not wish to suggest that this has happened as yet, but we must reckon with a common tendency of human nature. It would have been a wise precaution to have placed a limit to the period during which a civilian member retained his seat on the Board. Lord Escher's Committee placed a limit of four years on the tenure of military offices; after that, the office holder must spend at least one year at general duty before he can be readmitted to an administrative post. We commend the application of this principle to the Advisory Board. It is certain that the infusion of fresh blood would strengthen the Board in the discharge of its duty of advising the War Office on medical matters, and would at the same time foster a livelier interest among the civil profession in army medical matters by increasing the number of those who have a practical acquaintance with the War Office, as well as of those who might look forward to an opportunity of applying principles which as onlookers they had elaborated from their acquaintance with the general scheme of medical aid in civil life.

Barrack and Hospital Furniture, Part II.—Hospital Schedules.

Page 24. Clothing, after "Neckerchiefs" insert—

"Overalls for nursing orderlies | 3 for each orderly."—A.O. 215, November 1905, page 11.

2 Issue to be made only when orderlies are engaged on actual medical duties, such as dressing, or assisting in dressing wounds.

Nov. 18, 1905.

THE ARMY MEDICAL ADVISORY BOARD.

SIR,—In addition to the reasons given in the BRITISH MEDICAL JOURNAL against the abolition of the Army Medical Advisory Board permit me to add another: The civilian members of the Board are among the leaders of the profession, and their remuneration for serving on the Board can be of no consequence to them—they can, therefore, put their views before the War Office with a firmness and independence which no individual army medical officer could do consistently with his own interests.

Besides, if necessary, and if their reasonable recommendations were neglected by the War Office, the civilian members could resign and appeal to public opinion.

From what I know of War Office methods and feeling I can well understand that the abolition of the Advisory Board, as at present constituted, would be popular with many War Office officials, but its abolition would not be in the interests of the army or of the medical service.—I am, etc.,

SURGEON-GENERAL.

OCTOBER 21, 1905.

SHORT SERVICE.

WAR OFFICE PROPOSALS.

THE TERRITORIAL PRINCIPLE.

The following official notification has been issued by the War Office:—

"As was indicated in the Secretary of State for War's speech at Norwich on the 5th instant, recruiting for the infantry of the line under the terms of enlistment promulgated by Army Order No. 189 of November, 1904, viz., nine years with the colours and three years in the reserve, has produced such satisfactory results that the deficiency of men available for the Indian drafts, caused by the unwillingness of men enlisted for three years under Army Order No. 73 of April, 1902, to extend the period of their colour service, has in a large measure been made good.

"To ensure the attainment of this end, it was necessary to suspend for a time all enlistments for short service in the infantry. This step was rendered practicable by reason of the large accession of strength to the Army reserve due to the very causes which had led to the decrease of long service men.

"A continuance of long service enlistments for the whole of the infantry, however, could not but tend to an ultimate depletion of the reserve below the numbers demanded by the requirements of imperial defence. His Majesty's Government have decided, therefore, to give effect on a limited scale to the scheme laid before Parliament by the Secretary of State for War, and to open enlistment for a term of short service of two years with the colours and ten years in the reserve. The long and short service enlistments will, therefore, proceed concurrently. A somewhat similar course was adopted in 1896, when, by Order 60 of April in that year, a limited number of recruits for the infantry of the line were enlisted for three years' army and nine years' reserve service, concurrently with the enlistment of men for seven years' army service. In that case, however, the short service men were attached to the long service battalions. In the present instance, short service enlistment will be confined to special short service battalions.

"The scheme now promulgated will give practical expression to the desire of His Majesty's Government to further the principle of territorialisation, as it is intended to localise the short service battalions as far as possible in the county or city with which they are nominally, and for administrative purposes, connected. The exigencies of service in India and the Colonies, and the expense involved in moving battalions from abroad, must necessarily make the process a gradual one.

"The change which is about to be made will affect seven battalions of the seven four-battalion regiments, viz.:

- "The Northumberland Fusiliers.
- "The Royal Warwickshire Regiment.
- "The Royal Fusiliers (City of London Regiment).
- "The Lancashire Fusiliers.
- "The Worcestershire Regiment.
- "The Duke of Cambridge's Own (Middlesex Regiment).
- "The Manchester Regiment.

"It is intended to move these battalions to their territorial districts as soon as practicable. When these moves are completed, seven localities will each have one battalion of its territorial regiment quartered within its borders. It is believed that this step will have the result of strengthening the ties of interest which still exist between localities and their territorial regiments, to the mutual advantage of both."

Army Order No. 1170 1905.
Army Book and Army Forms cancelled.

5. Army Book and Forms cancelled:—
- Army Book 84, "Hospitals, Visitors' Book."

Field Army Tables—Field Ambulances.

With reference to the revised organization of Field Army Medical Units, published with A.O. 52 of 1st March, 1905, field ambulances and cavalry field ambulances will now take the place of bearer companies and field hospitals. The necessary amendments to Field Army Tables are issued herewith.

Special instructions will be issued regarding the formation of mobilization equipments.—A.O. 209, November 1905.

Issued with A.O. 195, 1st October, 1905.]

Dress Regulations, 1904.—Amendments.

Para. 26, sub-para. 7 and 7A are cancelled, and the following substituted:—

7. "ORDER IN WHICH DECORATIONS AND MEDALS ARE TO BE WORN."

"Decorations and medals, and the ribbons appertaining thereto, will be worn in the following order:—

(a) British Decorations and Medals:—

- Victoria Cross.
- *Order of the Garter.
- *Order of the Thistle.
- *Order of St. Patrick.
- Order of the Bath.
- *Order of Merit.
- Order of the Star of India.
- Order of St. Michael and St. George.
- Order of the Indian Empire.
- Royal Victorian Order (1st, 2nd, 3rd, and 4th Class).
- Distinguished Service Order.

Royal Victorian Order (5th Class).

Badge of the Order of St. John of Jerusalem in England.

Conspicuous Service Cross. (Naval.)

Albert Medal.

Board of Trade Medal for Saving Life.

Volunteer Officers' Decoration.

Colonial Auxiliary Forces, Officers' Decoration.

Kaiser-i-Hind.

Imperial Service Order.

Queen Victoria's Jubilee Medal.

Coronation Medal.

Conspicuous Gallantry Medal. (Naval.)

Medal for Distinguished Conduct in the Field.

Medal of the Royal Victorian Order.

Medal of the Order of St. John of Jerusalem in England.

British War Medals, in order of date.

Medal for Meritorious Service.

Long Service and Good Conduct Medal.

Militia Long Service Medal.

Imperial Yeomanry Long Service Medal.

Volunteer Long Service Medal.

"The above order of Decorations applies to those of similar grades.

"When the miniature of a higher grade of a junior Order is worn with the miniature of a lower grade of a senior Order, the higher grade miniature should come first, e.g., the miniature of a K.C.I.E. will come before a C.B., and a G.C.M.G. before a K.C.B.

(b) Foreign Decorations, in order of date.

(c) Foreign Medals, in order of date."

Delete footnotes marked "*" and "+" on page 7, and substitute the following:—

"* These Orders are not worn in miniature.

"In undress uniform no Badge of an Order will be worn round the neck except the Order of Merit."

"* Order of Merit comes immediately after G.C.B. It is not worn in miniature but is to be worn round the neck on all occasions."

2. The following will be substituted for the last line of Clause 7 (a) of para. 26, as amended by A.O. 196 of 1905:—

A.O. "C.I.E. worn by a K.C.I.E. will come before a

1384 C.B., and a miniature of a C.M.G. worn by a

1385 G.C.M.G. before that of a C.B. worn by a K.C.B."

War Establishments.

1. Revised war establishments for the following units have been approved, and copies issued to all concerned:—

An ambulance train.

A hospital ship.

A cadre for an advanced depot of medical stores.

A cadre for a base depot of medical stores.

2. War Establishments, 1898, will be amended accordingly.

3. The War Establishment of a Stationary Hospital, published with A.O. 148 of 1905, will be amended as follows:—

After the word "batmen," in the last line of the note under the heading "Queen Alexandra's Imperial Military Nursing Service," insert "and 1 cook."—A.O. 230, December 1905.

JAN. 6, 1906.

CIVIL PRACTITIONERS AND MILITARY WORK.

EVEN with the help of a properly-constituted reserve the Royal Army Medical Corps will in time of war be quite inadequate for the discharge of the duties which fall upon it at home in time of peace. It is clear that it will be necessary to have recourse to the aid of civil practitioners, and it is well therefore that some system of training should be provided for those who offer their services in the kind of work they will have to do should the occasion arise. Not long ago a number of medical practitioners, nearly all resident in the West London district, expressed their willingness to render such assistance as they could within their own district, provided they were instructed in the duties they would be called upon to perform. A request that such instruction should be provided was privately addressed to the Director-General of the Army Medical Services. With the object of meeting this demand the Director-General has arranged for a short course of lectures and demonstrations to be given at the West London Hospital on alternate Saturdays at 4 p.m., commencing January 20th. An endeavour will be made to give a broad and practical view of the subject without going too much

into detail. Medical men residing in West London who may wish to attend the course are requested to apply by letter to Dr. H. W. Chambers, 101, Goldhawk Road, W. The course, which is free, is under the direction of Colonel James, Superintendent of the Royal Army Medical College, and the size of the class will necessarily be limited. Similar courses will be given at the Army Medical College, and, it is hoped, elsewhere. It must be understood that neither the staff of the West London Hospital nor that of the Post-graduate School have officially anything to do with the scheme. The hospital has been chosen as the place of instruction owing to the convenience of its situation, and the two or three members of the staff who have agreed to help in the teaching will do so simply in their private and personal capacity. The medical practitioners at whose request the Director-General has consented that the course should be started are anxious that it should be made clear that in taking this step they are not seeking to point the way to the profession at large; they are merely doing their best to fit themselves for the discharge of duties which they have undertaken to fulfil should the occasion arise. Nevertheless, we may be allowed to commend their patriotic spirit, and to express a hope that the example which they are setting will be widely followed wherever there are opportunities for the kind of instruction that is needed being given.

JAN. 13, 1906.

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JAN. 27, 1906.

THE TITLE "BRIGADE-SURGEON-LEUTENANT-COLONEL."

M.D. suggests that the new War Minister should be approached with the view of having this obsolete and cumbersome old title, with which retired medical officers are officially and socially handicapped, cut down to the military part of it. It is true that former War Ministers declined, in deference to military prejudices, but the new Minister is not likely to be so dominated, even if such prejudices now exist, which is doubtful.

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War Establishments.

The war establishment of a hospital ship, issued with A.O. 230 of 1905, amend as follows:—

After the note at the foot of the table, add—

"Queen Alexandra's Imperial Military Nursing Service—

Matron	...	1
Sisters	...	3
Staff nurses	...	5

Total ... | 9 |

—A.O. 20, January 1906, page

Books, Maps, Forms, &c.

Military Books (A.O. 21 of 1906)

1. Books placed on sale, and added to list issued with A.O. 92 of 1903:—

	Price.
s.	d.
Sudan Almanac, 1906	0 9
Regulations for the equipment of the Army, Part 2, Section V. Royal Army Medical Corps, 1905	0 2

FEBRUARY 21, 1906.

ARMY MEDICAL SERVICE.
Lieut. Colonel W. G. Macpherson, C.M.G., M.B., Royal Army Medical Corps, to be a Deputy-Assistant Director-Military Operations.

ROYAL ARMY MEDICAL CORPS.
Lieutenant-Colonel W. G. Macpherson, C.M.G., is granted the next higher rate of pay of his rank in recognition of special services rendered when acting with the Japanese forces operating in Manchuria during the recent Russo-Japanese campaign, dated March 15th, 1904.

A new and important departure.

upon which the series of lectures should be framed. You will probably deem it right that the subject should be dealt with upon elementary lines; indeed, you may regard

the lines of the regular R.A.M.C. The officer has a definite command, commencing from the subaltern of a half company, leading to the captaincy of an entire company, and thence to becoming major and second in command, and so

FEB. 17, 1906.]

THE MEDICAL PROFESSION AND WAR.

[THE BRITISH MEDICAL JOURNAL 361]

An Address ON THE RELATION OF THE MEDICAL PROFESSION TO WAR.

BEING THE INAUGURAL ADDRESS TO A COURSE OF LECTURES,
ON ARMY MEDICAL ADMINISTRATION AND DUTIES,
AT THE WEST LONDON HOSPITAL ON

REGULATIONS

FOR THE

ARMY NURSING SERVICE RESERVE.

I.—Constitution.

1. The Army Nursing Service Reserve is formed for the purpose of maintaining a reserve of nurses to supplement Queen Alexandra's Imperial Military Nursing Service in the event of war. It is under the control of a Committee, of which Her Royal Highness the Princess Christian of Schleswig-Holstein is President; but when members are doing duty in military hospitals they are entirely under the control of the Army Council.

II.—Qualification of Candidates.

2. A candidate for appointment must not be under 25 or over 35 years of age.

3. A candidate will be required to sign a declaration* of her willingness, in the event of war, to accept service, if called on to do so, in a military hospital in the United Kingdom,† and she must forward the following with the declaration form:—

(a) A certified copy of the entry in the register of her birth, or, if this is not obtainable, a declaration made before a magistrate by one of her parents or guardians, giving the date of her birth.

* The form of declaration will be supplied to intending candidates, on application by letter to the Honorary Secretary, Army Nursing Service Reserve, 68, Victoria Street, London, S.W.

† Although members can be called on only to replace in military hospitals at home those members of Queen Alexandra's Imperial Military Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad, or at the seat of war.

(W.L. 2476 236 9 [10]—H & S 7614)

attempt was made to solve the problems now presented to medical men, and where, moreover, the resources of medical science were so limited that medicine could find no place in the administrative system. But those days have passed, and the evolution of the medical service has proceeded, till to-day we find it a special branch of the

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medical profession and of the Army, requiring in its members a training for the acquirement of a special knowledge essential for efficiency. The altered conditions of modern warfare, the constantly accumulating experience of our officers in our numerous wars, the enormous improvement in medical education, and the general advance in professional knowledge, have been the circumstances which have determined the line along which the evolution of the medical branch of the army has proceeded. To-day, gentlemen, although I am far from saying that our service is in as perfect a state as the British medical profession could make it, I have no hesitation in saying that in its plan of organization, in the enthusiasm which its members, officers, nurses, non-commissioned and men, and in its traditions, it is better adapted purpose than that of any other European army.

A principle which it has been necessary to assert and carry into practice is differentiation of duties in accordance with the tastes and aptitude of individuals. A medical officer was formerly supposed to be an able Crichton—a first-class physician, a first-class surgeon, an expert sanitarian, a capable administrator, an ophthalmologist, otologist, gynaecologist, and all other subjects, as well as an expert in adapting his work to science and art of war, with which, also, he was bound to be acquainted. These various attainments wider field of knowledge than that expected from a general practitioner in civil life.

The existence of this specialization, like all specialities, creates a danger, against which we must continue to ourselves. In the service of the country it is that the profession as a whole should work for common good, and that there should not be two professions, but one. While, therefore, we in the Army make every effort to close up the interval which specialization may cause between the civil and military branches of the medical profession, so also have you to approach near to us by becoming acquainted with the organization which represents the contribution of the medical profession towards national defence.

It advances in army medical organization have been for the maintenance of touch with the civil profession.

The establishment of an Army Medical College, amidst the throwing into your great schools of the medical corps, taking note of your work and of the atmosphere of progress, is our method of maintaining touch.

Arrangements made for this purpose have been of comprehensive nature. We are establishing in an Army Medical College, and laboratories and replete with all modern improvements. In addition, I propose to continue to avail ourselves of the facilities which the civil hospitals in London and we have been met more than half way by the Army. Even on a necessarily imperfect system, we have given to our officers who have been abroad the further study in the London medical schools, and paid their fees for them, and in the short time that has elapsed since we began no fewer than 1,000 have been able to avail themselves of this opportunity. In addition, we have allowed 20 probationers to their hospitals for one year to hold various and surgical resident appointments. We have also to the Continent of Europe to study. We have also in appointing one for a prolonged period to the staff for special work. Gentlemen, if I had not word to say, I think this record is sufficient to my claim that recent army medical administration has been to modern educational necessities, and to the fact of keeping in touch with the civil profession.

It is not put into words our other exertions on behalf of officers who have sought opportunities to their professional knowledge and obtain special honours. Suffice it to say that during the short which I am reviewing, our officers have been to take degrees in the Universities of London, Cambridge, Durham, and elsewhere, and numerous officers have taken diplomas in sanitary science. I can confidently assert that there is no other public medical service which has done so much in the interests of professional efficiency in this direction as has the Royal Army Medical Corps. Your method of maintaining touch with us is attained by the great Volunteer medical corps of London, Glasgow,

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(A) Insert after App. VIII.C:—

APPENDIX VIII.D.

Promotion to Matron.

Syllabus referred to in para. 1197h.

acquired by the civil practitioner on the lines of the training of the R.A.M.C.

In contrast to that of the regimental volunteer medical officer, the training in the militia and volunteer R.A.M.C. is much more complete and interesting, and is entirely on

here in the Medical
Regulations

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a 2 months' course of special instruction in matrons' duties.
(A) Insert after App. VIII.C:—
APPENDIX VIII.D.
Promotion to Matron.
Syllabus referred to in para. 1197h.

Issued with A.O. 196, 1st October, 1905.]

Dress Regulations, 1904.—Amendments.

Para. 26, sub-para. 7 and 7A are cancelled, and the following substituted:—

7. "ORDER IN WHICH DECORATIONS AND MEDALS ARE TO BE WORN."

"Decorations and medals, and the ribands appertaining thereto, will be worn in the following order:—

"(a) British Decorations and Medals:—

- Victoria Cross.
- Order of the Garter.
- Order of the Thistle.
- Order of St. Patrick.
- Order of the Bath.

- † Order of Merit.
- Order of the Star of India.
- Order of St. Michael and St. George.
- Order of the Indian Empire.
- Royal Victorian Order (1st, 2nd, 3rd, and 4th Class).
- Distinguished Service Order.

- Royal Victorian Order (5th Class).
- Badge of the Order of St. John of Jerusalem in England.

- Conspicuous Service Cross. (Naval.)
- Albert Medal.
- Board of Trade Medal for Saving Life.
- Volunteer Officers' Decoration.
- Colonial Auxiliary Forces, Officers' Decoration.
- Kaiser-i-Hind.

- Imperial Service Order.
- Queen Victoria's Jubilee Medal.
- Coronation Medal.
- Conspicuous Gallantry Medal. (Naval.)
- Medal for Distinguished Conduct in the Field.
- Medal of the Royal Victorian Order.
- Medal of the Order of St. John of Jerusalem in England.

- British War Medals, in order of date.
- Medal for Meritorious Service.
- Long Service and Good Conduct Medal.
- Militia Long Service Medal.
- Imperial Yeomanry Long Service Medal.
- Volunteer Long Service Medal.

"The above order of Decorations applies to those of similar grades.

"When the miniature of a higher grade of a junior Order is worn with the miniature of a lower grade of a senior Order, the higher grade miniature should come first, e.g. the miniature of a K.C.I.E. will come before a C.B., and a G.C.M.G. before a K.C.B.

"(b) Foreign Decorations, in order of date."

"(c) Foreign Medals, in order of date."

Delete footnotes marked "*" and "†" on page 7, and substitute the following:—

"* These Orders are not worn in miniature.

"† In undress uniform no Badge of an Order will be worn round the neck except the Order of Merit."

"* Order of Merit comes immediately after G.C.B., it is not worn in miniature but is to be worn round the neck on all occasions."

2. The following will be substituted for the last line of Clause 7 (a) of para. 26, as amended by A.O. 196 of 1905:—

A.O. "C.I.E. worn by a K.C.I.E. will come before a C.B., and a miniature of a C.M.G. worn by a G.C.M.G., before that of a C.B. worn by a K.C.B."

War Establishments.

1. Revised war establishments for the following units have been approved, and copies issued to all concerned:—

- An ambulance train.
- A hospital ship.
- A cadre for an advanced depot of medical stores.
- A cadre for a base depot of medical stores.

2. War Establishments, 1898, will be amended accordingly.

3. The War Establishment of a Stationary Hospital, published with A.O. 148 of 1905, will be amended as follows:—

After the word "batmen," in the last line of the note under the heading "Queen Alexandra's Imperial Military Nursing Service," insert "and 1 cook."—A.O. 230, December 1905.

JAN. 6, 1906.

CIVIL PRACTITIONERS AND MILITARY WORK.

EVEN with the help of a properly-constituted reserve the Royal Army Medical Corps will in time of war be quite inadequate for the discharge of the duties which fall upon it at home in time of peace. It is clear that it will be necessary to have recourse to the aid of civil practitioners, and it is well therefore that some system of training should be provided for those who offer their services in the kind of work they will have to do should the occasion arise. Not long ago a number of medical practitioners, nearly all resident in the West London district, expressed their willingness to render such assistance as they could within their own district, provided they were instructed in the duties they would be called upon to perform. A request that such instruction should be provided was privately addressed to the Director-General of the Army Medical Services. With the object of meeting this demand the Director-General has arranged for a short course of lectures and demonstrations to be given at the West London Hospital on alternate Saturdays at 4 p.m., commencing January 20th. An endeavour will be made to give a broad and practical view of the subject without going too much

Dress Regulations—Amendment—
Para. 26, sub-para. 7 (a) as amended by A.O. 196 of 1905—

The "Imperial Service Order" should immediately follow the "Distinguished Service Order".
The list will be corrected accordingly.
—A.O. 20, January 1906.

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Staters	3
Staff nurses	5

Total 9

—A.O. 20, January 1906, page

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A new and important departure

REGULATIONS

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2. A candidate for appointment must not be under 25 or over 35 years of age.

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- (b) A certificate that she has completed, to the satisfaction of the hospital authorities, a course of not less than 3 years' training and service combined in a civil general hospital.
- (c) A recommendation from a person of social position (not a member of her own family) to the effect that by education and conduct she is, in every way, a desirable person to enter a service composed of ladies.
- (d) Two recent testimonials of efficiency in medical and surgical nursing from registered practitioners under whom she has worked.
- (e) A certificate from a registered medical practitioner that she is in good health.

4. A recommendation from the matron of the civil hospital at which she was trained, certifying that she considers the candidate in every respect suitable for appointment to the Army Nursing Service Reserve, will be required, but will be applied for by the Committee.

III.—Dress.

5. Members, when not doing military duty, are not bound by any rules as regards dress or uniform, but are expected to wear at all times the badge of the Army Nursing Service Reserve. The badge will be worn on the right breast. When members are doing military duty, they are supplied with a regulation uniform.

The uniform approved by Her Royal Highness the President, to be worn by members when doing duty in military hospitals, is similar to that approved for Queen Alexandra's Imperial Military Nursing Service, with the exception that the cape is of grey material with a border of scarlet cloth $2\frac{1}{4}$ inches wide, and that the badge of the Army Nursing Service Reserve is worn on the cape instead of that of Her Majesty Queen Alexandra.

IV.—Discipline and Duties.

6. Members of the Army Nursing Service Reserve doing duty in military hospitals will be required to conform to the rules

laid down for Queen Alexandra's Imperial Military Nursing Service in the Regulations for Army Medical Service, in so far as they may be applicable.

V.—Retirement.

7. Members on attaining the age of 50 will cease to belong to the Army Nursing Service Reserve.

VI.—Pay and Gratuities.

8. Members doing duty in military hospitals receive the same rates of pay as the members of Queen Alexandra's Imperial Military Nursing Service. These rates are as follows :—

	Initial Rate.	Annual Increment.	Maximum.
	£	£ s.	£
Matron	75	10 0	150
Sister	50	5 0	65
Staff Nurse	40	2 10	45

9. A member of the Army Nursing Service Reserve doing duty in a military hospital will, on the cessation of her employment from causes beyond her own control, receive a gratuity at one of the undermentioned rates, provided she is certified by the principal medical officer, under whom she has served, to have rendered satisfactory service. If her employment has extended beyond one year she will be granted, under the same conditions and at the same rates, a further gratuity for each complete year of further service, broken periods to be calculated accordingly. If she has relinquished her employment for reasons not satisfactory to the Army Council, she will forfeit her title to a gratuity.

The following are the rates of gratuities :—

Matrons, £15. Sisters, £10. Staff Nurses, £7 10s.

VII.—Allowances.

10. An allowance in lieu of board and washing, at the rate of 15s. a week at a home station or of 21s. a week at a station abroad, is granted to members of the Army Nursing Service

Reserve doing duty in military hospitals, and a special allowance for the provision of clothing at the following rates :—

Clothing and cloak allowance abroad	.... £9 a year.
" " at home	.... £8 "
Outfit allowance when proceeding on active service	.... £8 5s.

11. An allowance of 10s. 6d. a week for board, &c., is granted to the servant appointed to attend on army nurses.

12. The other allowances at stations abroad, including the allowances for servants, are at such rates as the Army Council may determine.

13. Members doing duty are also supplied with government quarters, and with fuel and light, or granted allowances in lieu.

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the lines of the regular R.A.M.C. The officer has a definite command, commencing from the subaltern of a half company, leading to the captaincy of an entire company, thence to becoming major and second in command, and so

FEB. 17, 1906.]

THE MEDICAL PROFESSION AND WAR.

[THE BRITISH MEDICAL JOURNAL 361]

An Address ON THE RELATION OF THE MEDICAL PROFESSION TO WAR.

BEING THE INAUGURAL ADDRESS TO A COURSE OF LECTURES,
ON ARMY MEDICAL ADMINISTRATION AND DUTIES,
AT THE WEST LONDON HOSPITAL ON
JANUARY 20TH, 1906.

By SURGEON-GENERAL A. H. KEOGH, C.B.,
DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

GENTLEMEN.—My friend Mr. Keetley, animated by a spirit of true patriotism, has represented to me that there are many members of our profession in civil life who are desirous of knowing in what way they can assist the country in time of war, without having to join one or other of the volunteer units in which opportunities, limited or otherwise, are afforded for becoming acquainted with the relation which the profession of medicine bears to the profession of arms. So convinced am I that this relationship is a very definite one, and that the potential energy of the medical profession is a factor capable of contributing to or hindering the successful issue of campaigns, and that the dissemination of knowledge as to the rôle of a medical service in an army is a first step in its efficiency, that it is impossible for me to neglect for a moment the suggestion of Mr. Keetley. The usefulness of a member of the medical profession in an army depends largely upon his appreciation of the fact that he is a member of an organization designed for special and diverse purposes. To have been trained in medicine is essential before a man can play any part in the rôle of this organization; and while the different duties assigned to the various parts of the organization require differentiation of function to produce a high degree of efficiency in the whole, a common knowledge of definite facts is required in every individual member of the system. To afford information on specific points I have found it necessary, of course, to procure for you experts in special branches of medical work in the army; but before you can be in a position to fully appreciate the interdependence of the varieties of special work and special knowledge, a general knowledge of the army and of its component parts as well as a general knowledge of the medical service and its component parts are essential. The series of discourses which will be presently begun will accordingly be dealt with on these lines.

Having been invited to open these lectures, I have chosen as my subject the relation of the medical profession to war. I am encouraged to embark upon this topic because I find so many distinguished members of the profession who seek information upon the matter. But I cannot, in the limited time afforded me, do more than touch the fringe of the subject: for the story of the evolution of the medical service of the British army is the story of the evolution of modern methods of warfare, and it is almost impossible to adequately deal with the matter without discoursing on the historical events which have led up to the modern Royal Army Medical Corps. This it is impossible for me to do. But those of you who care to seek information on matters historical will find much useful information in a series of articles by Captain Howell now appearing in the *Royal Army Medical Corps Journal*. Let it suffice to say that there has been a gradual progress from a state of affairs infinitely crude to one in which, complicated though its mechanism may be, you have a co-ordinated machinery, well constructed and well adapted for the purpose which it is designed to serve. Time was when an army in the field was adequately served by a staff of physicians and surgeons engaged, one might say, for the occasion, when no serious attempt was made to solve the problems now presented to medical men, and where, moreover, the resources of medical science were so limited that medicine could find no place in the administrative system. But those days have passed, and the evolution of the medical service has proceeded, till to-day we find it a special branch of the

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The existence of this specialization, like all specialities, constitutes a danger, against which we must continue to guard ourselves. In the service of the country it is essential that the profession as a whole should work for the common good, and that there should not be two medical professions, but one. While, therefore, we in the army make every effort to close up the interval which specialization may cause between the civil and military branches of the medical profession, so also have you resolved to approach near to us by becoming acquainted with the organization which represents the contribution of the profession towards national defence.

Recent advances in army medical organization have provided for the maintenance of touch with the civil profession. The establishment of an Army Medical College in your midst, the throwing into your great schools of officers of the medical corps, taking note of your work and breathing the atmosphere of progress, is our method of maintaining touch.

The arrangements made for this purpose have been of a very comprehensive nature. We are establishing in London an Army Medical College, and laboratories and hospital replete with all modern improvements. In addition, we propose to continue to avail ourselves of the unrivalled facilities which the civil hospitals in London afford, and we have been met more than half way by the authorities. Even on a necessarily imperfect system, we have already given to our officers who have been abroad six months' further study in the London medical schools, and have paid their fees for them, and in the short time which has elapsed since we began no fewer than 140 captains who have been serving in various parts of the world have been able to avail themselves of this opportunity. In addition, we have allowed 20 probationers to return to their hospitals for one year to hold various medical and surgical resident appointments. We have sent two to the Continent of Europe to study. We have succeeded in appointing one for a prolonged period to the Lister Institute for special work. Gentlemen, if I had not another word to say, I think this record is sufficient to establish my claim that recent army medical administration is alive to modern educational necessities, and to the necessity for keeping in touch with the civil profession.

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GEORGE J. H. EVATT.

Regulations.

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a 2 months' course of special instruction in matrons' duties.
(b) Insert after App. VIII.C :-
APPENDIX VIII.D.
Promotion to Matron.
Syllabus referred to in para. 1197B.

Issued with A.O. 196, 1st October, 1905.]

Dress Regulations, 1904.—Amendments.

Para. 26, sub-para. 7 and 7A are cancelled, and the following substituted:—

7. "ORDER IN WHICH DECORATIONS AND MEDALS ARE TO BE WORN."

"Decorations and medals, and the ribands appertaining thereto, will be worn in the following order:—

(a) British Decorations and Medals:—

- Victoria Cross.
- Order of the Garter.
- Order of the Thistle.
- Order of St. Patrick.
- Order of the Bath.
- Order of Merit.
- Order of the Star of India.
- Order of St. Michael and St. George.
- Order of the Indian Empire.
- Royal Victorian Order (1st, 2nd, 3rd, and 4th Class).
- Distinguished Service Order.
- Royal Victorian Order (5th Class).
- Badge of the Order of St. John of Jerusalem in England.
- Conspicuous Service Cross. (Naval.)
- Albert Medal.
- Board of Trade Medal for Saving Life.
- Volunteer Officers' Decoration.
- Kaiser-i-Hind.
- Imperial Service Order.
- Queen Victoria's Jubilee Medal.
- Coronation Medal.
- Conspicuous Gallantry Medal. (Naval.)
- Medal for Distinguished Conduct in the Field.
- Medal of the Royal Victorian Order.
- Medal of the Order of St. John of Jerusalem in England.
- British War Medals, in order of date.
- Medal for Meritorious Service.
- Long Service and Good Conduct Medal.
- Militia Long Service Medal.
- Imperial Yeomanry Long Service Medal.
- Volunteer Long Service Medal.

"The above order of Decorations applies to those of similar grade."

"When the miniature of a higher grade of a junior Order is worn with the miniature of a lower grade of a senior Order, the higher grade miniature should come first, e.g., the miniature of a K.C.I.E. will come before a C.B., and a G.C.M.G. before a K.C.B."

(b) Foreign Decorations, in order of date.

(c) Foreign Medals, in order of date.

Delete footnotes marked "*" and "+" on page 7, and substitute the following:—

"* These Orders are not worn in miniature."

"In dress uniform no Badge of an Order will be worn round the neck except the Order of Merit."

"* Order of Merit comes immediately after G.C.B., it is not worn in miniature but is to be worn round the neck on all occasions."

2. The following will be substituted for the last line of Clause 7 (a) of para. 26, as amended by A.O. 196 of 1905:—

A.O. "C.I.E. worn by a K.C.I.E. will come before a C.B., and a miniature of a C.M.G. worn by a G.C.M.G. before that of a C.B. worn by a K.C.B."

War Establishments.

1. Revised war establishments for the following units have been approved, and copies issued to all concerned:—

An ambulance train.

A hospital ship.

A cadre for an advanced depot of medical stores.

A cadre for a base depot of medical stores.

2. War Establishments, 1898, will be amended accordingly.

3. The War Establishment of a Stationary Hospital, published with A.O. 148 of 1905, will be amended as follows:—

After the word "batmen," in the last line of the note under the heading "Queen Alexandra's Imperial Military Nursing Service," insert "and 1 cook."—A.O. 230, December 1905.

JAN. 6, 1906.

CIVIL PRACTITIONERS AND MILITARY WORK.

EVEN with the help of a properly-constituted reserve the Royal Army Medical Corps will in time of war be quite inadequate for the discharge of the duties which fall upon it at home in time of peace. It is clear that it will be necessary to have recourse to the aid of civil practitioners, and it is well therefore that some system of training should be provided for those who offer their services in the kind of work they will have to do should the occasion arise. Not long ago a number of medical practitioners, nearly all resident in the West London district, expressed their willingness to render such assistance as they could within their own district, provided they were instructed in the duties they would be called upon to perform. A request that such instruction should be provided was privately addressed to the Director-General of the Army Medical Services. With the object of meeting this demand the Director-General has arranged for a short course of lectures and demonstrations to be given at the West London Hospital on alternate Saturdays at 4 p.m., commencing January 20th. An endeavour will be made to give a broad and practical view of the subject without going too much

into detail. Medical men residing in West London who may wish to attend the course are requested to apply by letter to Dr. H. W. Chambers, 101, Goldhawk Road, W. The course, which is free, is under the direction of Colonel James, Superintendent of the Royal Army Medical College, and the size of the class will necessarily be limited. Similar courses will be given at the Army Medical College, and, it is hoped, elsewhere. It must be understood that neither the staff of the West London Hospital nor that of the Post-graduate School have officially anything to do with the scheme. The hospital has been chosen as the place of instruction owing to the convenience of its situation, and the two or three members of the staff who have agreed to help in the teaching will do so simply in their private and personal capacity. The medical practitioners at whose request the Director-General has consented that the course should be started are anxious that it should be made clear that in taking this step they are not seeking to point the way to the profession at large; they are merely doing their best to set themselves for

Dress Regulations—Amendment.
Para. 26, sub-para. 7 (c) as amended by A.O. 196 of 1905—

The "Imperial Service Order" should immediately follow the "Distinguished Service Order".
The list will be corrected accordingly.
—A.O. 20, January 1906.

Reserve doing duty in military hospitals, and a special allowance for the provision of clothing at the following rates:—

Clothing and cloak allowance abroad	£9 a year.
" " " at home	£8 "
Outfit allowance when proceeding on active service	£5 5s.

11. An allowance of 10s. 6d. a week for board, &c., is granted to the servant appointed to attend on army nurses.

12. The other allowances at stations abroad, including the allowances for servants, are at such rates as the Army Council may determine.

13. Members doing duty are also supplied with government quarters, and with fuel and light, or granted allowances in lieu.

By order of the Director-General of the Army Medical Services,
Lieut.-Colonel W. G. Macpherson, C.M.G., M.B., Royal Army Medical Corps, to be a Deputy-Assistant Director of the Department of the Director of the Army Medical Services.

Sudan Almanac, 1906	0 2
Regulations for the equipment of the Army, Part 2, Section V, Royal Army Medical Corps, 1905	0 2

FEBRUARY 21, 1906.

ARMY MEDICAL SERVICE.
Lieut.-Colonel W. G. Macpherson, C.M.G., M.B., Royal Army Medical Corps, to be a Deputy-Assistant Director of the Department of the Director of the Army Medical Services.
ROYAL ARMY MEDICAL CORPS.
Lieutenant-Colonel W. G. Macpherson, C.M.G., is granted the next higher rate of pay of his rank in recognition of special services rendered when acting with the Japanese forces operating in Manchuria during the recent Russo-Japanese campaign, dated March 10th, 1904.

A new and important departure

An Address ON THE RELATION OF THE MEDICAL PROFESSION TO WAR.

BEING THE INAUGURAL ADDRESS TO A COURSE OF LECTURES,
ON ARMY MEDICAL ADMINISTRATION AND DUTIES,
AT THE WEST LONDON HOSPITAL ON
JANUARY 20TH, 1906.

BY SURGEON-GENERAL A. H. KEOGH, C.B.,
DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

GENTLEMEN,—My friend Mr. Keetley, animated by a spirit of true patriotism, has represented to me that there are many members of our profession in civil life who are desirous of knowing in what way they can assist the country in time of war, without having to join one or other of the volunteer units in which opportunities, limited or otherwise, are afforded for becoming acquainted with the relation which the profession of medicine bears to the profession of arms. So convinced am I that this relationship is a very definite one, and that the potential energy of the medical profession is a factor capable of contributing to or hindering the successful issue of campaigns, and that the dissemination of knowledge as to the rôle of a medical service in an army is a first step in its efficiency, that it is impossible for me to neglect for a moment the suggestion of Mr. Keetley. The usefulness of a member of the medical profession in an army depends largely upon his appreciation of the fact that he is a member of an organization designed for special and diverse purposes. To have been trained in medicine is essential before a man can play any part in the rôle of this organization; and while the different duties assigned to the various parts of the organization require differentiation of function to produce a high degree of efficiency in the whole, a common knowledge of definite facts is required in every individual member of the system. To afford information on specific points I have found it necessary, of course, to procure for you experts in special branches of medical work in the army; but before you can be in a position to fully appreciate the interdependence of the varieties of special work and special knowledge, a general knowledge of the army and of its component parts as well as a general knowledge of the medical service and its component parts are essential. The series of discourses which will be presently begun will accordingly be dealt with on these lines.

Having been invited to open these lectures, I have chosen as my subject the relation of the medical profession to war. I am encouraged to embark upon this topic because I find so many distinguished members of the profession who seek information upon the matter. But I cannot, in the limited time afforded me, do more than touch the fringe of the subject; for the story of the evolution of the medical service of the British army is the story of the evolution of modern methods of warfare, and it is almost impossible to adequately deal with the matter without discoursing on the historical events which have led up to the modern Royal Army Medical Corps. This it is impossible for me to do. But those of you who care to seek information on matters historical will find much useful information in a series of articles by Captain Howell now appearing in the *Royal Army Medical Corps Journal*. Let it suffice to say that there has been a gradual progress from a state of affairs infinitely crude to one in which, complicated though its mechanism may be, you have a co-ordinated machinery, well constructed and well adapted for the purpose which it is designed to serve. Time was when an army in the field was adequately served by a staff of physicians and surgeons engaged, one might say, for the occasion, when no serious attempt was made to solve the problems now presented to medical men, and where, moreover, the resources of medical science were so limited that medicine could find no place in the administrative system. But those days have passed, and the evolution of the medical service has proceeded, till to-day we find it a special branch of the

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I cannot put into words our other exertions on behalf of medical officers who have sought opportunities to improve their professional knowledge and obtain special qualifications. Suffice it to say that during the short period which I am reviewing, our officers have been enabled to take degrees in the Universities of London, Cambridge, Durham, and elsewhere, and numerous officers have taken diplomas in sanitary science. I can confidently assert that there is no other public medical service which has done so much in the interests of professional efficiency in this direction as has the Royal Army Medical Corps. Your method of maintaining touch with us is attained by the great Volunteer medical corps of London, Glasgow,

Manchester, and elsewhere, and, we may now say, by the series of lectures which I at your wish inaugurate to-day.

There is considerable misapprehension as to the lines upon which the medical corps of the army has been seeking efficiency. I fear that the civil mind is satisfied with the assurance that provision is being made for recognition of professional merit, for advanced education, and for research. But a medical corps administered only with a regard to these most important matters is imperfectly equipped in relation to its prime *raison d'être*—war. The best type of military mind is only satisfied with a corps which is designed with a view to the fulfilment of functions which are auxiliary to the fighting and winning of battles.

To comply with the conditions of modern warfare an efficient medical corps must satisfy certain requirements. It must possess some knowledge of the art of war and of military history to enable it to co-ordinate itself to the military requirements of the moment, and to profit by past experience. It must be so organized that it is capable of receiving, housing, feeding, and transporting troops non-effective from disease or injury. It must be capable of providing medical and surgical aid as nearly as possible equal to that which is at the disposal of those who remain at home. It must especially be brought to the highest possible pitch of perfection to enable it to prevent disease in the fighting force. An efficient medical corps is in theory and in actual practice a potent factor in the fighting and winning of battles. The medical corps is maintained for war, and it is as to its readiness and capacity for adapting itself to war conditions that the medical profession must be judged.

A perfect medical corps is one which, without excessive impediment, removes troops non-effective from disease or injury, disposes of its hospitals in positions least likely to embarrass military movements or supplies, quickly restores to the ranks those cured of disease or injury, but above all things prevents the occurrence of disease, and thus maintains the fighting powers of an army.

Any allusion to army medical administration would be incomplete without very definite reference to sanitation and the investigation and prevention of disease.

There never was a body of men more competent to apply sanitary principles to the prevention of disease in war, to supply from among its members men selected to investigate the problems which the diseases of armies present for solution, than those who are receiving their medical education in the universities and schools of the present day; and there can be no doubt whatever that if army medical administration is alive to the opportunities which the profession affords it, the sanitary work of the corps in the future will have a useful career in the military service.

We have made a beginning in the establishment of an Army Sanitary Branch. Officers specially qualified in State Medicine and endowed with the qualities which go to make sanitarians have been appointed so that each district has its sanitary expert during peace, and sanitary experts are therefore available for war. These officers are being rapidly provided with sanitary laboratories, and are given a free hand, unhampered by special regulations. Non-commissioned officers and men are being trained in London to act as laboratory attendants. The movement is in its early stage at present, but so far there has been no hitch. Every layman nowadays knows that preventive medicine ought to be able to contribute to maintain the fighting strength of an army in the field. I hold strongly that much of the wastage of armies is preventable, and that a portion of our war establishment now allotted for curative purposes can be with advantage allotted to prevention. The sanitary work of the medical corps has begun and must go forward. The main object of its formation and of its existence is to devise methods for the prevention of disease in the field. This includes scientific research. The material for research is abundant. The position of the army medical officer in relation to scientific medicine is unique. It is the duty of the administrators to assist him to avail himself of the opportunities at his disposal. This is being done. Under the auspices of the Royal Society at the present moment two series of researches are being conducted by army medical officers. In addition to the sanitary laboratories which I have already mentioned, clinical laboratories are

being set up in our hospitals, and their influence upon research must be enormous.

I might continue to place before you and to comment upon various items in the different departments of our work in which the medical service of the army can contribute to army efficiency.

If you will turn your attention in detail to any one of these departments, you will readily appreciate what is involved in the way of study and work. Let me take for illustration an instance which will readily come home to you: Imagine yourself directed to establish and work a hospital in war. You have but begun when you have provided a professional staff; you have to accumulate tents and stores; you have to arrange for food and bedding to an extent and of a quality suitable to the special circumstances; you have to receive, to treat, feed, and clothe soldiers sick and wounded, maintain communication with their corps, remove them from your area either back to their corps, clothed and equipped, or by convoy to the base of operations, where other medical functionaries have their allotted problems. How are these things done? That is what you have to learn. Your professional knowledge affords you no aid. Or, to take an unfamiliar example, imagine the battle of the Yalu. Regard yourself as responsible for the application of the principles I have mentioned, before, during, and after an engagement of this description, and a little consideration will suffice to convince you that only an intimate acquaintance with the detailed management and organization of all units, military and medical, will enable you to successfully assist the operations of war. These things you desire to learn, these things you must learn if you are ready and willing to assist the country in the future. I think that you should first learn the organization of the medical services for war, if you would understand the system which you will find exists in time of peace; for many of the essential differences between civil and military medical organization are explained by the conditions incidental to active service in the field.

But the Army Medical Service is further responsible for its own internal economy. Too often does the civil mind dwell only upon the technical requirements of sick and wounded, without recollecting that the duties to be performed in relation to the fighting forces can only be adequately provided for by an efficient, disciplined, and educated *personnel*. In other words, the administration of the *personnel* of the Medical Corps in peace is a necessary factor for its successful work in war. You will, I hope, have opportunities of observing the scope of the work involved, and be able to estimate how we have provided for the securing of efficiency. All these things are taking place in the largest military centres, and, if naturally unknown to the layman, should no longer be unknown to the members of the medical profession who find themselves capable of assisting their brethren in the army even in the smallest degree.

I have said enough, I think, to show you that the Army Medical Service is involved in work sufficiently varied to suit the capacity of the various individuals composing it, and affording opportunities for differentiation of work. The efficiency of a medical unit depends upon the efficiency of its several parts; upon its physicians and its surgeons, and its administrators, upon its higher and lower *personnel* equally, upon its equipment, its discipline, its mobility, and upon its readiness to seize its opportunities, and extend its efforts under the pressure of circumstances incidental to war—the rôle of the individual member demands the possession of all the military and medical virtues.

During the late South African war, when medical men for the moment began to think of military medical affairs, one not infrequently heard of schemes by which civil effort would provide for the supply of *personnel*, and of even complete hospitals in war, such hospitals to be affiliated to, or exist as, offshoots from the great civil institutions. The idea was undoubtedly a good one, but as the years have passed the zeal and enthusiasm has lessened. It probably remains for the Red Cross Society to inaugurate a system which will deal with this great problem of expansion—and when the country emulates the example of Japan in dealing seriously with this branch of work, the education of the profession in hospital administration will have to be undertaken.

Perhaps I have said enough to indicate to you the lines

upon which the series of lectures should be framed. You will probably deem it right that the subject should be dealt with upon elementary lines; indeed, you may regard this as necessary. I take leave to think that most of you possess no acquaintance with military affairs; that the constitution of, say, an army corps is unknown to you; that its allotment of divisions and brigades are mere names to you; that the proceedings adopted to call into existence the machinery for mobilizing a force for the field, and especially what part the medical branch plays in these things and these proceedings are also matters with which you cannot be expected to be familiar.

Perhaps you will allow me to recapitulate the present position of the medical corps in relation to the problem of efficiency, and to enunciate the principles upon which we have, as the phrase goes, reorganized the medical service. In the front rank we place professional efficiency, and the means of attaining it. We desire to adapt to our purposes the resources of modern science, and for this reason we desire a close connexion with the profession, and we have, as I think, successfully endeavoured to raise the standard of work in our large institutions. We have borne in mind that to raise the standard of work we have to provide for the training of the subordinate personnel more than for that of the medical officers. I think I can say that we have encouraged medical officers and matrons to improve the method of training of our men, and that we endeavour to allocate to all ranks the class of work which the individuals prefer or for which they are best suited. In this direction we claim to have grasped the most important factor determining efficiency. The army medical officer, like every member of the profession, has his special preferences.

In the series of lectures which are to follow you will become acquainted with the details of medical organization in peace and war. Should the occasion ever arise when it may be possible for you, busy men as you are, to take a part in the great work, I cannot doubt that you will be the more useful to the army because of a little preliminary education.

MARCH 10, 1906.

THE ARMY MEDICAL RESERVE.

THE Secretary of State for War in the memorandum explanatory of the Army Estimates for 1906-7 states that he is making provision to begin the formation of a Reserve of Civilian Surgeons, with some training in the special requirements of army field hospitals, to be available on mobilization for service abroad or at home. Steps are also contemplated for providing on mobilization the necessary numbers of medical subordinates, both fully trained and auxiliary. The estimates contain under Vote 2 (II) the sum of £4,500 "pay and outfit allowance of Reserve of Civil Surgeons." No indication is given of the manner in which it is proposed to constitute the reserve, but it is generally understood that it is intended to obtain the services of recently-qualified medical men, who would hold themselves in readiness to serve in any part of the world.

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* Catherine Grace Loch, Royal Red Cross, Senior Lady Superintendent, Queen Alexandra's Military Nursing Service for India. A Memoir. London, Henry Frowde. 1905. (Crown 8vo, pp. 375. 4s.)

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That more of the junior members of our hospital staffs and younger general practitioners do not avail themselves of the opportunities furnished at these various centres is most astonishing when one remembers the recognized patriotism of our profession, and can best be accounted for by assuming ignorance on their part of the genuinely interesting character of the work.

It, of course, stands to reason that this particular line of work will only appeal to a certain class of mind, but there must be many of that class, both in London and other great towns, who would eagerly embrace the opportunity of combining useful work with interesting relaxation, did they but grasp the fact that the Militia and Volunteer R.A.M.C. combine both in a high degree.—I am, etc.,

VALENTINE MATTHEWS,

Lieutenant-Colonel, Royal Army Medical Corps (Volunteers),
Commanding London Companies.
London, S.W.

A NAVAL AND MILITARY MEDICAL SOCIETY IN LONDON.

SIR.—There is need of a Naval and Military Medical Society in London to discuss scientifically all matters connected with these services. It would include the Militia, Volunteer, and Yeomanry medical officer, and all persons interested in Ambulance Red Cross work in peace and war, and military sanitation. So far as I know, London is the only capital city without such a society.

I suggest a way by which the British Medical Association can greatly assist the formation of such a society. We have now succeeded in forming a Navy, Military, and Ambulance Section at our annual meetings.

I ask why should this Section cease to exist when the annual meeting is over? I desire that this Section be allowed to meet monthly in London, under the same presidency as controlled the Section at the annual meeting of the British Medical Association. This would ensure an independent society free from any War Office control or interference, and able to criticize its action and make suggestions—a thing impossible in a closely-controlled official body.

I maintain that all Sections of the annual meeting should exist and work until the following annual meeting, but this is a larger question than the one I now put forward.

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London, W. GEORGE J. H. EVATT.

3. (a.) Insert after para. 1197A. King's Regulations. Examination of Sisters for the rank of Matron, Queen Alexandra's Imperial Military Nursing Service.

1197B. Sisters of Queen Alexandra's Imperial Military Nursing Service will not be promoted to the rank of matron until they have passed the examination set forth in App. VIII.D.

This examination may be taken after completing 5 years' service in the rank of sister. The written examination will take place half yearly, on the last Monday in May and November.

The board of examiners for sisters, Queen Alexandra's Imperial Military Nursing Service, for the rank of matron, will consist of a principal matron, as president, and two military matrons as members; for stations abroad, a board will be appointed to conduct the oral portion of the examination, under arrangements made by the director-general, Army Medical Service. The written portion of the examination will be supervised by a local board, consisting of a matron as president and two sisters as members. Sisters on leave from abroad will apply to the War Office for facilities as to examination.

Sisters serving abroad will, whenever possible, be examined by a board in the command in which they are serving.

Examination papers for the written portion of Part I. will be prepared under the direction of the director-general, Army Medical Service, application for permission to be examined should therefore be submitted to the War Office in time to enable papers to reach the respective commands before the date of examination.

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APPENDIX VIII.D.

Promotion to Matron.
Syllabus referred to in para. 1197B.

The Regulations for examination of medical officers for promotion were not inserted in the King's Regulations until 1902 (See p. 4) when they were incorporated in the Medical Regulations; but the Nursing Sisters got into the King's Regulations without having been in the Medical Regulations.

a. 976
91907

Issued with A.O. 196, 1st October, 1905.]

Dress Regulations, 1904.—Amendments.

Para. 25, sub-para following substitute

7. "ORDER IN MEDAL"

"Decorations and thereto, will be worn"

"(a) *British Dec*

*Victoria Cross

*Order of the Bath

*Order of the Star of India

*Order of St. Michael and St. George

*Order of the Red Cross

*Order of the Royal Victorian Medal

*Distinguished Service Medal

*Royal Victorian Medal

*Badge of the Order of the British Empire

*Conspicuous Service Medal

*Albert Medal

*Board of Trade Medal

*Volunteer Officer's Medal

*Colonial Auxiliary Medal

*Kaiser-i-Hind Medal

*Imperial Service Medal

*Queen Victoria Medal

*Coronation Medal

*Conspicuous Service Medal

*Medal for Distinguished Service

*Medal of the Order of the British Empire

*British War Medal

*Medal for Meritorious Service

*Long Service Medal

*Military Long Service Medal

*Imperial Yeomanry Medal

*Volunteer Long Service Medal

"The above order similar grades"

"When the minima Order is worn with a senior Order, the latter, e.g. the minima C.B., and a G.C.M.G., be"

"(b) *Foreign Dec*

"(c) *Foreign Med*

Delete footnotes and substitute the following

"* These Orders are"

"* In uniform wear neck except the Order of the Bath"

"* Order of Merit or in miniature but is to be"

2. The following Class 7 (a) of p 1905 :-

A.O. "C.I.E. was 1384 C.B., and 1385 G.C.M.G., be"

War Establishment

1. Revised war establishment have been approved, An ambulance A hospital ship A cadre for a A cadre for a

2. War Establishment accordingly.

3. The War Establishment published with A.O. follows :-

After the word "under the heading "Nursing Service," December 1905,

JAN.

CIVIL PRACTICE

EVEN with the help of the Royal Army Medical Corps it is quite inadequate for the fall upon it at home that it will be necessary of civil practitioners that some system of those who offer their will have to do should a number of medical practitioners in the West London district render such assistance district, provided the they would be called that such instruction addressed to the Director-General has arranged for a short course of lectures and demonstrations to be given at the West London Hospital on alternate Saturdays at 4 p.m., commencing January 20th. An endeavour will be made to give a broad and practical view of the subject without going too much

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THE MEDICAL PROFESSION AND WAR.

[FEB. 17, 1906.]

Manchester, and elsewhere, and, we may now say, by the series of lectures which I at your wish inaugurate to-day.

There is considerable misapprehension as to the lines upon which the medical corps of the army has been seeking efficiency. I fear that the civil mind is satisfied with the assurance that provision is being made for recognition of professional merit, for advanced education, and for research. But a medical corps administered only with a regard to these most important matters is imperfectly equipped in relation to its prime *raison d'être*—war. The best type of military mind is only satisfied with a corps which is designed with a view to the fulfilment of functions which are auxiliary to the fighting and winning of battles.

To comply with the conditions of modern warfare an efficient medical corps must satisfy certain requirements. It must possess some knowledge of the art of war and of military history to enable it to co-ordinate itself to the military requirements of the moment, and to profit by past experience. It must be so organized that it is capable of receiving, housing, feeding, and transporting troops non-effective from disease or injury. It must be capable of providing medical and surgical aid as nearly as possible equal to that which is at the disposal of those who remain at home. It must especially be brought to the highest possible pitch of perfection to enable it to prevent disease in the fighting force. An efficient medical corps is in theory and in actual practice a potent factor in the fighting and winning of battles. The medical corps is maintained for war, and it is as to its readiness and capacity for adapting itself to war conditions that the medical profession must be judged.

A perfect medical corps is one which, without excessive impediment, removes troops non-effective from disease or injury, disposes of its hospitals in positions least likely to embarrass military movements or supplies, quickly restores to the ranks those cured of disease or injury, but above all things prevents the occurrence of disease, and thus maintains the fighting powers of an army.

Any allusion to army medical administration would be incomplete without very definite reference to sanitation and the investigation and prevention of disease.

There never was a body of men more competent to apply sanitary principles to the prevention of disease in war, to supply from among its members men selected to investigate the problems which the diseases of armies present for solution, than those who are receiving their medical education in the universities and schools of the present day; and there can be no doubt whatever that if army medical administration is alive to the opportunities which the profession affords it, the sanitary work of the corps in the future will have a useful career in the military service.

We have made a beginning in the establishment of an Army Sanitary Branch. Officers specially qualified in State Medicine and endowed with the qualities which go to make sanitarians have been appointed so that each district has its sanitary expert during peace, and sanitary experts are therefore available for war. These officers are being rapidly provided with sanitary laboratories, and are given a free hand, unhampered by special regulations. Non-commissioned officers and men are being trained in London to act as laboratory attendants. The movement is in its early stage at present, but so far there has been no hitch. Every layman nowadays knows that preventive medicine ought to be able to contribute to maintain the fighting strength of an army in the field. I hold strongly that much of the wastage of armies is preventable, and that a portion of our war establishment now allotted for curative purposes can be with advantage allotted to prevention. The sanitary work of the medical corps has begun and must go forward. The main object of its formation and of its existence is to devise methods for the prevention of disease in the field. This includes scientific research. The material for research is abundant. The position of the army medical officer in relation to scientific medicine is unique. It is the duty of the administrators to assist him to avail himself of the opportunities at his disposal. This is being done. Under the auspices of the Royal Society at the present moment two series of researches are being conducted by army medical officers. In addition to the sanitary laboratories which I have already mentioned, clinical laboratories are

being set up in our hospitals, and their influence upon research must be enormous.

I might continue to place before you and to comment upon various items in the different departments of our work in which the medical service of the army can contribute to army efficiency.

If you will turn your attention in detail to any one of these departments, you will readily appreciate what is involved in the way of study and work. Let me take for illustration an instance which will readily come home to you: Imagine yourself directed to establish and work a hospital in war. You have but begun when you have provided a professional staff; you have to accumulate tents and stores; you have to arrange for food and bedding to an extent and of a quality suitable to the special circumstances; you have to receive, to treat, feed, and clothe soldiers sick and wounded, maintain communication with their corps, remove them from your area either back to their corps, clothed and equipped, or by convey to the base of operations, where other medical functionaries have their allotted problems. How are these things done? That is what you have to learn. Your professional knowledge affords you no aid. Or, to take an unfamiliar example, imagine the battle of the Yalu. Regard yourself as responsible for the application of the principles I have mentioned, before, during, and after an engagement of this description, and a little consideration will suffice to convince you that only an intimate acquaintance with the detailed management and organization of all units, military and medical, will enable you to successfully assist the operations of war. These things you desire to learn, these things you must learn if you are ready and willing to assist the country in the future. I think that you should first learn the organization of the medical services for war, if you would understand the system which you will find exists in time of peace; for many of the essential differences between civil and military medical organization are explained by the conditions incidental to active service in the field.

But the Army Medical Service is further responsible for its own internal economy. Too often does the civil mind dwell only upon the technical requirements of sick and wounded, without recollecting that the duties to be performed in relation to the fighting forces can only be adequately provided for by an efficient, disciplined, and educated personnel. In other words, the administration of the personnel of the Medical Corps in peace is a necessary factor for its successful work in war. You will, I hope, have opportunities of observing the scope of the work involved, and be able to estimate how we have provided for the securing of efficiency. All these things are taking place in the largest military centres, and, if naturally unknown to the layman, should no longer be unknown to the members of the medical profession who find themselves capable of assisting their brethren in the army even in the smallest degree.

I have said enough, I think, to show you that the Army Medical Service is involved in work sufficiently varied to suit the capacity of the various individuals composing it, and affording opportunities for differentiation of work. The efficiency of a medical unit depends upon the efficiency of its several parts; upon its physicians and its surgeons, and its administrators, upon its higher and lower personnel equally, upon its equipment, its discipline, its mobility, and upon its readiness to seize its opportunities, and extend its efforts under the pressure of circumstances incidental to war—the rôle of the individual member demands the possession of all the military and medical virtues.

During the late South African war, when medical men for the moment began to think of military medical affairs, one not infrequently heard of schemes by which civil effort would provide for the supply of personnel, and of even complete hospitals in war, such hospitals to be affiliated to, or exist as, offshoots from the great civil institutions. The idea was undoubtedly a good one, but as the years have passed the zeal and enthusiasm has lessened. It probably remains for the Red Cross Society to inaugurate a system which will deal with this great problem of expansion—and when the country emulates the example of Japan in dealing seriously with this branch of work, the education of the profession in hospital administration will have to be undertaken.

Perhaps I have said enough to indicate to you the lines

March 20th, 1906. recent Russo-Japanese campaign, dated

upon which the series of lectures should be framed. You will probably deem it right that the subject should be dealt with upon elementary lines; indeed, you may regard this as necessary. I take leave to think that most of you possess no acquaintance with military affairs; that the constitution of, say, an army corps is unknown to you; that its allotment of divisions and brigades are mere names to you; that the proceedings adopted to call into existence the machinery for mobilizing a force for the field, and especially what part the medical branch plays in these things and these proceedings are also matters with which you cannot be expected to be familiar.

Perhaps you will allow me to recapitulate the present position of the medical corps in relation to the problem of efficiency, and to enunciate the principles upon which we have, as the phrase goes, reorganized the medical service. In the front rank we place professional efficiency, and the means of attaining it. We desire to adapt to our purposes the resources of modern science, and for this reason we desire a close connexion with the profession, and we have, as I think, successfully endeavoured to raise the standard of work in our large institutions. We have borne in mind that to raise the standard of work we have to provide for the training of the subordinate personnel more than for that of the medical officers. I think I can say that we have encouraged medical officers and matrons to improve the method of training of our men, and that we endeavour to allocate to all ranks the class of work which the individuals prefer or for which they are best suited. In this direction we claim to have grasped the most important factor determining efficiency. The army medical officer, like every member of the profession, has his special preferences.

In the series of lectures which are to follow you will become acquainted with the details of medical organization in peace and war. Should the occasion ever arise when it may be possible for you, busy men as you are, to take a part in the great work, I cannot doubt that you will be the more useful to the army because of a little preliminary education.

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London, W.

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(b.) Insert after App. VIII.C:—

APPENDIX VIII.D.

Promotion to Matron.

Syllabus referred to in para. 1197B.

The Regulations for examination of medical officers for promotion were not inserted in the King's Regulations until 1902 (See p. 4) when they were transferred to the Medical Regulations; but the Nursing Sisters got into the King's Regulations without having been mentioned in the Medical Regulations.

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Subjects in which the board is to test the capabilities of the sister are as follows:—

PART I.

The examination will be written and oral; the written portion will consist of four questions, for which 3 hours will be allowed.

The time allowed for the oral portion will be 15 minutes. The examination will consist of questions bearing on the following subjects:—

(a.) The regulations affecting the Army Nursing Service, and the relations of its members to the medical officers, nursing staff, and patients of hospitals; method of conducting official correspondence and of keeping accounts.

(b.) The distribution of duties of the nursing personnel in hospitals in peace and war, and the numerical proportion of nursing staff to patients under varying circumstances.

(c.) The special circumstances affecting nursing in hospitals in the field, hospital ships, ambulance trains, convalescent establishments.

(d.) Responsibilities of nursing staff as to equipment, bedding and linen.

(e.) The supervision of nursing quarters and their domestic economy.

(f.) The sanitation, in accordance with the regulations, of all premises under their charge; ventilation, warming, and methods of cleaning.

(g.) Precautions necessary in connection with nursing of cases of infectious disease.

(h.) The nursing in hospitals for women and children.

PART II.

To deliver, before the examiners, a lecture adapted to the training of orderlies, Royal Army Medical Corps, on one of the subjects laid down in syllabus contained in Standing Orders for Royal Army Medical Corps, App. 2. The time allotted to this lecture should not exceed 45 minutes.

Written questions on the lecture (suitable for the orderlies attending the same) must be handed in at the time of examination.

Marks for the examination.

Written	75
Oral	50
Lecture	25
Total	150

50 per cent. of the total marks are necessary to pass. Marks shall be allotted by each examiner independently; the mean of these marks shall indicate the final result.

A week before the board is held, each sister will send a certificate to the effect that she has, during the 12 months previous to the date on which the examination is held, undergone special instruction, in duties of matrons, by the matron, for a period of 2 months, or has discharged matron's duties for 2 months. This certificate will be signed by the matron of the hospital in which the sister is serving.

GENERAL INSTRUCTIONS FOR BOARD.

A.—For Local Boards.

(1.) When commenced, the examination should be concluded without unnecessary delay.

(2.) On completion of the written examination, at stations at home, the board will transmit the papers of the candidates, with the replies, under sealed cover, to "the Board of Examiners, Queen Alexandra's Imperial Military Nursing Service," c/o Director-General, Army Medical Service, War Office, London.

At stations abroad, the board will compile separate proceedings for each sister orally examined; they will enclose with such proceedings (1) the written examination papers, with replies; (2) the written questions upon the lecture handed in by the sister; and (3) the marks allotted to each candidate in the oral portion of the examination.

At stations, both at home and abroad, the local board will render the following certificate:—

"We hereby certify that we have conducted the examination of Sister _____, Queen Alexandra's Imperial Military Nursing Service, in strict accordance with para. 1197n and App. VIII.D, King's Regulations.

President.

Members.

Place _____

Date _____

B.—For Board of Examiners.

The board of examiners referred to in para. 1197n will furnish the following certificate:—

"We hereby certify that we have examined Sister _____ for promotion to the rank of matron. She has been thoroughly tested in accordance with App. VIII.D, King's Regulations, and we are of opinion that she has attained the necessary standard in the subjects in which she has been examined.

President.

Members.

Place _____

Date _____

Should one of the board demur at signing this certificate she will record her reasons on the back. But if two members decline to sign, the candidate will be informed by the president that she has failed.

Books recommended.

King's Regulations.
Allowance Regulations.
Pay warrant.

Regulations, Army Medical Service.
Field Service Manual for Army Medical Service.
Standing Orders, Royal Army Medical Corps.
Report of South African War. By Sir W. Wilson.
Royal Army Medical Corps Journal.
Regulations for Supply, Transport and Barrack Services.
The medical and surgical books authorised for the training of orderlies.

—A.O. 36, February 1906.

MARCH 17, 1906.

THE MEDICAL ARRANGEMENTS OF THE VOLUNTEER FORCES.

SIR.—The recent issues of the BRITISH MEDICAL JOURNAL have contained some interesting points regarding volunteers and their want of organization, and among these, perhaps, the most interesting is the letter by Lieutenant-Colonel P. B. Giles, inasmuch as it shows the necessity and sets forth the lines of volunteer organization as it should be.

His objects are, first, to create a service—the R.A.M.C. (Vols.). To his six very good reasons given for creating such a service I might add a seventh: It would form a service for medical aid to the volunteer forces, corresponding in all respects to the Royal Army Medical Corps of the regulars.

Without touching upon his third object, I will refer only to the second, which is to augment the Royal Army Medical Corps in peace as in war. Unless I mistake his intention in using the word "augment," I take it that he means that the volunteers should be a reserve to the R.A.M.C. Now, the organization of the volunteers is a thing apart from the organization of the regulars; but it must in the course of time pursue the same scheme for war purposes. In the sense that they constitute a line of defence behind the regulars, the volunteers are a reserve force; but inasmuch as the regulars have their own reserve serving under special terms, that reserve cannot be replaced by volunteers without destroying the scientific organization of the army. The same principle applies to the medical portion of the army. Mr. Haldane, in his speech on army estimates, spoke of decentralization of the auxiliary forces and of military local government for the decentralized force. But in his sketch of bands of armed troops aided by the population, even he acknowledged that the requisite measures should be arranged beforehand, leaders appointed, companies formed, and no man allowed to run about in confusion. It is to be presumed, therefore, that with regard to the volunteers such decentralization assumes at least the creation of brigades, each self-centred as regards its administration. Each brigade will require its own separate medical complement, which will be administered by a senior medical officer, who in his brigade will carry out the functions allotted by Lieutenant-Colonel Giles to "one officer at the War Office," that is to say, provision of medical officers with battalions as required, provision of necessary field units when necessary, and inspection. Such a decentralization into brigades must be the first step towards organization. These islands will not maintain 250,000 irregular troops acting without co-ordination, and becoming the easy prey of any great invading military force. Whatever steps are taken immediately, the ultimate fate of all civilized forces is organization. When the brigades have been properly placed on a war footing, the organization for war will be rapidly completed by providing them with staffs for divisions and army corps. The senior medical officers of brigades will then be in a position to apply their practical administrative knowledge as principal medical officers of those divisions and army corps.

But Lieutenant-Colonel Giles does not mention that an essential factor for such an organization is the expressed wish of the Volunteer officers themselves. Until the medical officers of the volunteers have by their own initiative come forward and formed themselves into a corps wherein they will pass through the various grades (from below upwards, the regimental medical officer, the medical officer doing duty with medical field units, officers commanding such units, senior medical officers of brigades) no progress will be possible towards satisfactory organization.

Medical officers of volunteer regiments do not appear to realize that the duties carried out by them are the duties which junior army medical officers are competent to carry out in the earliest stages of their careers. As soon as they realize that regimental duty does not constitute a training ground for the highest duties of army medical officers, they will doubtless desire to form themselves into a corps wherein they will progress, step by step, to duties more in keeping with their age and experience.

I hope, Sir, that future correspondence in your columns will voice the desire of the whole of the volunteer medical services to rise to the occasion, and thus indicate in unmistakable language that the time has now arrived for effecting the reorganization of the medical arrangements of the volunteer forces.—I am, etc.,

March 13th.

UN GUERRILLA MALOÉ LUI.

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(A.O. 754) 1907*

"MATRON-IN-CHIEF."

RETIREMENT OF THE SOLDIER'S FRIEND AND COMFORTER.

Grateful recollections will no doubt be awakened among the officers, and especially among the rank and file of the Army (says the "Daily News") at the announcement of the retirement on April 4th of Miss Sidney Browne from the post of matron-in-chief of Queen Alexandra's Imperial Military Nursing Service.

The veteran Army nurse might indeed justly claim a large share of the oft-quoted eulogy given by Lord Roberts, in one of his South African despatches: "It is difficult," wrote the late Commander-in-Chief, "to give expression to the deep feeling of gratitude with which the nursing sisterhood has inspired all ranks serving in South Africa."

In spite of her arduous duties, which began in 1882, when she was appointed a staff nurse at St. Bartholomew's Hospital, and included Red Cross service during the campaigns in Egypt and the Transvaal, Miss Browne is still gifted with robust health and a temperament singularly alert and cheerful. She has always a word of comfort and a smile of encouragement for the many who come to her for help. In her neat grey uniform, relieved by the variegated ribbons of the numerous stars and medals she has won, one may see her busy every day at the office of the Army Medical Department, planning and organising some new scheme for the welfare of the sick soldier in peace or war.

It was in Egypt during the 1882-83 campaign that Miss Browne first saw the practical side of war nursing. She then visited Malta, and subsequently was appointed superintendent of nurses at the Herbert Hospital, Woodwich, and later at the Connaught Hospital, Aldershot. In 1899, when the South African war broke out, the indefatigable nurse was one of the first to go to the front. She was at once sent to take charge of one of the most important military hospitals at Springfontein, in the Orange Free State.

For her devotion and self-sacrifice, her admirable capacity for quick and efficient organisation, her invariable tact and kindness to all, the Order of the Royal Red Cross was conferred upon her at the conclusion of the war. Miss Browne has also received, among other decorations, the Egyptian medal and clasp and the Kedive's Star, the Queen's and King's South African medals, and the Connaught medal.

She enjoys the unique distinction of being the first to whom the title of "Matron-in-Chief" has been given.

Aldershot Free Press. 27 Mar. 1906.

THE STANDARD, FRIDAY,

MARCH 30, 1906.

ARMY ESTIMATES.

The House went into Committee of Supply on the Army Estimates.

On the vote of £290,000 for the Army Medical Establishment.

Mr. BURDETT-COUTTS (U., Westminster) pleaded for the use of more civilian medical aid in time of war, and said that to secure that additional aid some scheme to define the relations the civilian assistants should bear to the Army Medical Service should be laid down.

Mr. HALDANE explained that £4500 was set down for the training of civilian medical officers for the Army, and that it was proposed to train a certain number of such civilian officers who would be willing to enter the medical reserve.

Mr. ARNOLD-FORSTER agreed that this was a case in which the civilian element might well be brought in to supplement the military element, and approved of the step proposed by the War Secretary.

The vote was approved.

MARCH 31, 1906.

WAR OFFICE SCHEME FOR A MEDICAL RESERVE. The following statement has been issued by the War Office: It is impossible to maintain in times of peace the whole of the medical personnel necessary for an army in the field, and it has therefore been determined to deal with the deficiency in the medical officers required by the formation of an Army Medical Reserve, subject to the rules that govern the employment of Reserve officers generally. It is proposed to commission young medical men in the Army Medical Reserve, the rank on joining to be that of Lieutenant, with promotion to Captain after three and a half years' satisfactory service. A practitioner joining the Reserve would have to undergo a course of training and instruction at the Depot of the Royal Army Medical Corps at Aldershot, during which time he would receive the pay and allowances of an officer of his rank in the R.A.M.C. If this probationary period of service were satisfactory he would be confirmed in his rank and receive in his second and third years a retaining fee of £20 per annum. He would then be called upon to undergo another course of instruction preparatory to passing the examination necessary for promotion to the rank of Captain, and during this course, the duration of which would be one month, he would be paid as before. After promotion the retaining fee would be increased to

March, 1906.

Royal Warrant.—Army Veterinary Service.

After in certain respects the conditions under which the officers employed upon the veterinary duties of Our Army are at present serving:

The colonels of Our Army Veterinary Department shall in future collectively be designated Our Army Veterinary Staff, and that officers below the rank of colonel shall be amalgamated with and form part of Our Army Veterinary Corps.

The officers of Our Army Veterinary Staff and the officers now to be amalgamated with and in future to form part of Our Army Veterinary Corps shall continue to be subject in all respects to the provisions laid down for the Army Veterinary Department in the Warrant of Her late Majesty Queen Victoria, dated the 26th October, 1900, as amended by subsequent warrants.—A.O. 48, March 1906.

Manual for the Royal Army Medical Corps.

Parts X. (Field Training) and XI. (Bearer Company and Field Hospital Encampments) of Section II. have been revised, and copies will be issued to all concerned. These should be substituted for the corresponding parts in the edition promulgated by A.O. 146 of 1904.—A.O. 73 March 1906.

THE STANDARD,

APRIL 5, 1906.

COMMANDERS-IN-CHIEF.

Army orders state that the large powers prescribed for a General Officer Commanding-in-Chief will be exercised by those officers so appointed at home and in South Africa, and by the Governors of Malta, Gibraltar, and Bermuda, lieutenant-generals in India, the London commander, and generals at Gurnsey, Sierra Leone, North China, South China, Straits, Mauritius, Egypt, Ceylon, and Jamaica. A major-general of coast defence will be a divisional commander, and a chief engineer, principal medical officer, and officers commanding Army Service Corps and Army Ordnance Corps will have the powers of a brigade commander.

British Medical

SATURDAY, APRIL 7.

The Army Medical Establishment.

service came on in Supply on Thursday Burdett-Coutts opened the discussion, length on the conditions which prevail African war, and the reforms which since. He specially urged the creation of medical reserve which could be called war. He based his recommendations on vice rendered by the voluntary hospital and contended that civilian medical trained, with full equipment ready to be instituted as a regular medical reserve in his reply, said that a start had already been recognized that the civilian doctor special training to be of use in time of war, and there must be a getting them trained in time of peace so as to be ready.

There was a sum of £4,500 in this vote for a reserve of civilian surgeons, and what they proposed was to take 450 young medical men who were willing to enter the new army medical reserve and train them. They would be subject to the rules that governed the employment of Reserve officers generally, and would have the rank of lieutenant on joining, with promotion to captain after three and a half years' satisfactory service. A practitioner joining the reserve would have to undergo a course of special training at the depot of the Royal Army Medical Corps at Aldershot. During this time he would receive the pay and allowances of an officer of his rank in the Royal Army Medical Corps. If this probationary period of service was satisfactory, he would be confirmed in his rank and receive, in his second and third years, a retaining fee of £20 a year. He must, of course, do something for that money, and he would be called upon to undergo another period of instruction preparatory to passing the examination which was necessary for promotion to the rank of captain. During this second course, the duration of which would be one month, he would be paid as before. After promotion to the rank of captain his retaining fee would be £25 a year. They proposed to limit the period of service in the reserve to seven years, by which time he would have learned enough to make him, with his civilian knowledge, able to take the field with the knowledge that was requisite in these matters. The reserve would primarily be composed of civilian surgeons, but they did not intend to exclude officers of the Auxiliary Forces and medical officers of the Volunteers, provided they were seconded in their Volunteer corps. These Reserve officers could resign their commissions under the usual conditions. They also hoped to get a certain number of reserve attendants in the same way, and to make this medical department of the army one which would turn out to be of great service in the future. The Committee would observe that they were increasing the vote for the medical service. If they

£25 per annum. It is intended to limit the period of service in the Reserve to seven years, as it is thought that after that time practitioners would not care to incur the general liability of Reserve Officers to serve at home or abroad in time of emergency. Reserve Officers would be able to resign their commissions under the usual conditions.

April, 1906.

Royal Warrant.—Allowance Regulations.

The regulations issued with Our Warrant of the 5th September, 1903, shall be altered as follows:—

2. Add after para. 691—

XIII.—*Allowance for local purchase of additional articles of equipment and decorative articles for hospital wards.*

692. An initial allowance, not exceeding 5s. per bed will be granted to each new or re-appointed hospital, nursed by Queen Alexandra's Imperial Military Nursing Service, in which the number of beds forming the approved accommodation is not less than 100.

A similar initial allowance will be granted for each bed added by War Office authority, to existing hospitals nursed by Queen Alexandra's Imperial Military Nursing Service, in which the total approved accommodation is not less than 100 beds.

693. A subsequent allowance for maintenance and additional purchases, not exceeding 1s. per bed per annum, will be granted to all hospitals nursed by Queen Alexandra's Imperial Military Nursing Service, in which the number of beds forming the approved accommodation is not less than 100.

694. These allowances will not be issued in cash, but will be expended in payment of bills incurred by medical officers in charge of hospitals in the purchase of—

(a.) Articles of equipment (additional to those allowed by the approved schedules of hospital equipment) of a type calculated to afford increased comfort to the sick.

(b.) Small useful or decorative articles of the class which tend to improve the appearance of hospital wards, and generally brighten military hospital surroundings.

695. The initial and annual allowances will not both be issuable in the same financial year. Any sums not actually disbursed in the financial year in which the allowance is issuable cannot be added to the allowances for the ensuing financial year, and must be regarded as forfeited.

696. Purchasing officers will be held responsible that the money is expended solely for the purposes detailed in para. 694. They will be held personally liable for—

(a.) Any expenditure incurred in the purchase of articles which the general officer commanding may consider unsuitable for the purpose for which the allowance was granted.

(b.) Any expenditure in excess of the initial or annual allowances.

All bills will, before payment, be submitted for the approval of the general officer commanding.

697. The articles purchased from these allowances must be shown separately at the end of inventories of hospital equipment, in the same manner as "gifts." All bills submitted for payment must be supported by a certificate to the effect that the articles have been so accounted for.

698. Any necessary repairs which can be executed in local Army Ordnance Department workshops may be carried out at the expense of the public, provided the cost of repair is reasonable, having regard to the original value of the article. Replacements of stores purchased from these allowances will not be made by the Army Ordnance Department.—A.O. 79, April 1906.

Subjects in which the board is to test the capabilities of the sister are as follows:—

PART I.

The examination will be written and oral; the written portion will consist of four questions, for which 3 hours will be allowed.

The time allowed for the oral portion will be 15 minutes. The examination will consist of questions bearing on the following subjects:—

(a.) The regulations affecting the Army Nursing Service, and the relations of its members to the medical officers, nursing staff, and patients of hospitals; method of conducting official correspondence and of keeping accounts.

(b.) The distribution of duties of the nursing personnel in hospitals in peace and war, and the numerical proportion of nursing staff to patients under varying circumstances.

(c.) The special circumstances affecting nursing in hospitals in the field, hospital ships, ambulance trains, convalescent establishments.

(d.) Responsibilities of nursing staff as to equipment, bedding and linen.

(e.) The supervision of nursing quarters and their domestic economy.

(f.) The sanitation, in accordance with the regulations, of all premises under their charge; ventilation, warming, and methods of cleaning.

(g.) Precautions necessary in connection with nursing of cases of infectious disease.

(h.) The nursing in hospitals for women and children.

PART II.

To deliver, before the examiners, a lecture adapted to the training of orderlies, Royal Army Medical Corps, on one of the subjects laid down in syllabus contained in Standing Orders for Royal Army Medical Corps, App. 2.

The time allotted to this lecture should not exceed 45 minutes.

Written questions on the lecture (suitable for the orderlies attending the same) must be handed in at the time of examination.

Marks for the examination.

Written	75
Oral	50
Lecture	25
Total	150

50 per cent. of the total marks are necessary to pass. Marks shall be allotted by each examiner independently; the mean of these marks shall indicate the final result.

A week before the board is held, each sister will send a certificate to the effect that she has, during the 12 months previous to the date on which the examination is held, undergone special instruction, in duties of matrons, by the matron, for a period of 2 months, or has discharged matron's duties for 2 months. This certificate will be signed by the matron of the hospital in which the sister is serving.

GENERAL INSTRUCTIONS FOR BOARD.

A.—For Local Boards.

(1.) When commenced, the examination should be concluded without unnecessary delay.

(2.) On completion of the written examination, at stations at home, the board will transmit the papers of the candidates, with the replies, under sealed cover, to "the Board of Examiners, Queen Alexandra's Imperial Military Nursing Service," c/o Director-General, Army Medical Service, War Office, London.

At stations abroad, the board will compile separate proceedings for each sister orally examined; they will enclose with such proceedings (1) the written examination papers, with replies; (2) the written questions upon the lecture handed in by the sister; and (3) the marks allotted to each candidate in the oral portion of the examination.

At stations, both at home and abroad, the local board will render the following certificate:—

"We hereby certify that we have conducted the examination of Sister _____, Queen Alexandra's Imperial Military Nursing Service, in strict accordance with para. 1197h and App. VIII.D., King's Regulations.

President.

Members.

Place _____

Date _____

B.—For Board of Examiners.

The board of examiners referred to in para. 1197h will furnish the following certificate:—

"We hereby certify that we have examined Sister _____ for promotion to the rank of matron. She has been thoroughly tested in accordance with App. VIII.D., King's Regulations, and we are of opinion that she has attained the necessary standard in the subjects in which she has been examined.

President.

Members.

Place _____

Date _____

Should one of the board demur at signing this certificate she will record her reasons on the back. But if two members decline to sign, the candidate will be informed by the president that she has failed.

Books recommended.

King's Regulations.
Allowance Regulations.
Pay warrant.

Regulations, Army Medical Service.
Field Service Manual for Army Medical Service.
Standing Orders, Royal Army Medical Corps.
Report of South African War. By Sir W. Wilson.
Royal Army Medical Corps Journal.
Regulations for Supply, Transport and Barrack Services.
The medical and surgical books authorised for the training of orderlies.

—A.O. 36, February 1906.

MARCH 17, 1906.

THE MEDICAL ARRANGEMENTS OF THE VOLUNTEER FORCES.

SIR,—The recent issues of the BRITISH MEDICAL JOURNAL have contained some interesting points regarding volunteers and their want of organization, and among these, perhaps, the most interesting is the letter by Lieutenant-Colonel P. B. Giles, inasmuch as it shows the necessity and sets forth the lines of volunteer organization as it should be.

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UN GUÉRISSA MALGRÉ LUI.

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(A.O. 754, 1907)

"MATRON-IN-CHIEF."

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Grateful recollections will no doubt be awakened among the officers, and especially among the rank and file of the Army (says the "Daily News") at the announcement of the retirement on April 4th of Miss Sidney Browne from the post of matron-in-chief of Queen Alexandra's Imperial Military Nursing Service.

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The vote was approved.

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March, 1906

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British Medical Journal.

SATURDAY, APRIL 7TH, 1906.

The Army Medical Establishment.—The vote for this service came on in Supply on Thursday last week. Mr. Burdett-Coutts opened the discussion, and spoke at some length on the conditions which prevailed during the South African war, and the reforms which had been effected since. He specially urged the creation of a civilian medical reserve which could be called upon in time of war. He based his recommendations on the splendid service rendered by the voluntary hospitals during the war, and contended that civilian medical units organized and trained, with full equipment ready to be supplied, should be instituted as a regular medical reserve. Mr. Haldane, in his reply, said that a start had already been made, and he recognized that the civilian doctor must go through a special training to be of use in time of war. They could not keep up in time of peace the great body of men necessary in war, and there must be some other way of getting them trained in time of peace so as to be ready. There was a sum of £4,500 in this vote for a reserve of civilian surgeons, and what they proposed was to take 450 young medical men who were willing to enter the new army medical reserve and train them. They would be subject to the rules that governed the employment of Reserve officers generally, and would have the rank of lieutenant on joining, with promotion to captain after three and a half years' satisfactory service. A practitioner joining the reserve would have to undergo a course of special training at the depot of the Royal Army Medical Corps at Aldershot. During this time he would receive the pay and allowances of an officer of his rank in the Royal Army Medical Corps. If this probationary period of service was satisfactory, he would be confirmed in his rank and receive, in his second and third years, a retaining fee of £20 a year. He must, of course, do something for that money, and he would be called upon to undergo another period of instruction preparatory to passing the examination which was necessary for promotion to the rank of captain. During this second course, the duration of which would be one month, he would be paid as before. After promotion to the rank of captain his retaining fee would be £25 a year. They proposed to limit the period of service in the reserve to seven years, by which time he would have learned enough to make him, with his civilian knowledge, able to take the field with the knowledge that was requisite in these matters. The reserve would primarily be composed of civilian surgeons, but they did not intend to exclude officers of the Auxiliary Forces and medical officers of the Volunteers, provided they were seconded in their Volunteer corps. These Reserve officers could resign their commissions under the usual conditions. They also hoped to get a certain number of reserve attendants in the same way, and to make this medical department of the army one which would turn out to be of great service in the future. The Committee would observe that they were increasing the vote for the medical service. If they

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694. These allowances will not be issued in cash, but will be expended in payment of bills incurred by medical officers in charge of hospitals in the purchase of—

(a.) Articles of equipment (additional to those allowed by the approved schedules of hospital equipment) of a type calculated to afford increased comfort to the sick.

(b.) Small useful or decorative articles of the class which tend to improve the appearance of hospital wards, and generally brighten military hospital surroundings.

695. The initial and annual allowances will not both be issuable in the same financial year. Any sums not actually disbursed in the financial year in which the allowance is issuable cannot be added to the allowances for the ensuing financial year, and must be regarded as *unexpended*.

insible that detailed in for purchase of outstanding purpose for initial or ed for the nces must f hospital bills substitute to d for, noted in se carried cost of nal value ed from ny Ord-

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Great credit is due to Mr. Brodrick for these reforms, and now Mr. Haldane has added another improvement in instituting a Civilian Medical Reserve by which some 450 young surgeons will be trained year by year in those duties by which an ordinary civilian medical man can be made efficient for service in time of war. The £4,500 voted in the Estimates for this purpose will, if wisely applied, yield most valuable results and provide for the time of need an adequate Reserve for the Royal Army Medical Corps trained in the special duties of an army medical officer and eager for service. The Secretary of State must not stop here. The Volunteer Medical Service equally, if not more urgently, demands his attention, and we are glad to observe from an answer to a question in the House last week that it has not been forgotten. The medical services of the Militia and Yeomanry must all be regularized and reformed so as to bring all into an efficient condition, if we are to attain anything like the perfection reached by the Japanese in the late war.

Mr. Haldane is seeking to create a scientific system of medical service for the army. We congratulate him on the ideal which he has set up, but we must warn him that if he is to realize high success he must neglect no branch, but direct his energies to the improvement of the Militia, the Yeomanry and the Volunteer Medical Services, so as to co-ordinate and organize all on a scientific system. The system must be framed with due regard to the exigencies of civilian medical practice, and we would venture to add must not be imposed from above. Mr. Haldane has promised to consult with those who are in a position to state the views of the persons concerned, and the appointment

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APRIL 14, 1906.

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It must be apparent that the authorities cannot help us unless we make an effort to help ourselves by submitting our united views and desires to them.

The vast improvement in the army medical service itself ought to make us feel proud of being in any way connected with it, and determined to follow its example as closely as we can, for the credit of our own service and the good of the State. We must realize, too, that success in such laudable imitation is not to be attained by a change in uniform alone, but by study and practice by every one of us all the year round—not for a week or fortnight, ending with a paltry examination.

Since the regimental medical officer has been abolished in the regular army and almost in the militia, I hope we will be unanimous for his abolition in the volunteer force, and I submit a scheme for his rescue and absorption, on which I have been trying to work in my own brigade. As the regimental stretcher-bearers are also abolished in the army, they, too, will have to go in the volunteers, and my object is to preserve and utilize the disestablished medical officer and his stretcher-bearers by transferring them to the independent medical unit of their brigade—up to now the bearer company. But the bearer company and the field hospital have been abolished in the army in favour of the field ambulance, and the present time I believe would be opportune to apply for a similar change in the volunteers.

By the means I propose I believe that the full establishment (192) of one of these units could be easily maintained by the 6 brigades which contain 7 battalions each and the 5 containing 6 battalions. Of the remainder of the 46 brigades, there are 13 of 5 battalions, 19 of 4, and 3 of 3 battalions each, and I would suggest that these should only aspire to a modified field ambulance equal to two bearer companies—namely, 128 officers, non-commissioned officers, and men, or two-thirds of the full field ambulance strength, and having two sections, instead of three. Forty-two of the 46 volunteer infantry brigades have bearer companies each with a staff sergeant instructor of the Royal Army Medical Corps, whose time is very far from being fully occupied in military duties, and I propose to utilize his services all round.

To form a modified field ambulance I shall require 1 lieutenant-colonel, 1 major, 4 captains or subalterns, and 1 quartermaster, 1 sergeant-major, 8 sergeants, 6 corporals, 2 buglers, and 104 men. To obtain these, in addition to the existing bearer company, I propose to ask the medical officers of each of the four battalions in my brigade to select one of their number to join the field ambulance, be borne on its strength, and adopt its uniform, towards the cost of which he will obtain the £20 outfit allowance. I also want a sergeant and 18 of his stretcher-bearers to join with him and be equipped with R.A.M.C. (Vol.) uniform, etc., by the medical unit, to which all capitation grant earned by the transferred officers, non-commissioned officers, and men would be paid. My sergeant-instructor is to visit the four subsections at their own head quarters once a week for drill, etc. The subsection officer and his sergeant should visit the field ambulance head quarters once a week or as often as possible, until both are competent by practice to drill their own men.

Each battalion may not be able to contribute so many men at first, but I have no doubt the officer, who would now have real command over his men, his sergeant, and the men themselves would take a new pride in their unit, and soon recruit up to the strength required in their neighbourhoods. The commanding officer of their battalion would be compensated for the men's khaki uniforms and a fair contribution be paid annually towards head-quarter expenses, but they would lose the capitation grant earned by the officer and men, a loss they ought to face cheerfully in view of the improved organization for providing efficient medical attendance for themselves and their men.

One more medical officer could be absorbed as quartermaster, while the remainder, with a little elasticity in regulations, could be borne on the strength as supernumeraries of the reserve, all taking turns at drill, and teaching first aid. The commanding officer of the new unit should have the assistance of the adjutant of the nearest company R.A.M.C. (Vol.) in his command, and these officers should have drawn up for them at the depot a regular course of study and instruction (with list of

books of reference) for volunteer medical officers of all ranks, and the latter should pass an examination equivalent to the P.S. at the end of twelve months for the full outfit allowance.

The large brigades will have to be provided with extra sergeant-instructors at first. The most pressing want of the bearer companies is suitable independent head quarters, and this will be accentuated in the increased medical unit. Their acquisition would absolutely insure the permanent success of the volunteer medical service, and with these depôts secured we could look forward with confidence to the beneficent career of these medical units studded about the country as efficient and convenient schools of instruction for all civil surgeon reservists and officers and men of the volunteer medical service—healthy and vigorous centres of ossification to stiffen the cartilaginous section of our corps.—I am, etc.,

JOHN J. DE ZOUCHE MARSHALL,
Lieutenant-Colonel R.A.M.C. (Vol.),
Commanding 1st Surrey Bearer Company.

Teddington, April 9th.

ARMY PROMOTIONS AND APPOINTMENTS
WAR OFFICE, MAY 11/1906

116.

[Promulgated by Army Order dated 1st May, 1906.]

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Gen. No. 1490]

REGULATIONS FOR ADMISSION

TO THE

ROYAL ARMY MEDICAL CORPS.

1906.

CANDIDATES FOR COMMISSIONS.

Qualifications.

1. A candidate for a commission in the Royal Army Medical Corps must be 21 years and not over 28 years of age at the date of the commencement of the entrance examination.
2. He must, at the time of his appointment, be registered under the Medical Acts in force in the United Kingdom.
3. He must complete the form of application and declaration shown in Appendix I, and submit it to the Director-General, Army Medical Service, in sufficient time to permit of reference to the medical school in which the candidate completed his course as a medical student.
4. The Dean, or other responsible authority, of such school will be requested by the Director-General to render a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the Corps, and to this report special importance will be attached.
5. After the form of application and the confidential report above alluded to have been received, the Director-General will decide if he may be allowed to compete for a commission in the Royal Army Medical Corps.
6. If approved, he will then be examined as to his physical fitness by a Board of Medical Officers in accordance with Appendix II.
7. If the candidate is pronounced to be physically fit for service at home and abroad, he will be eligible to present himself at the Entrance examination, which will be held twice in the year, usually in January and July, for the admission of qualified candidates as lieutenants on probation.

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Brigade, President of the Scottish Volunteer Medical Officers' Association; Captain C. B. Ker, 1st Lothian Bearer Company, Secretary of the Association; and Captain A. Macdonald, commanding 1st Lothian Bearer Company; and the success of the meeting was in no small degree due to their untiring efforts.

Surgeon-General A. Keogh, M.D., C.B., Director-General Army Medical Service, and Honorary President of the Scottish Volunteer Medical Officers' Association, was present, and eighteen teams entered for the competition, seven being from Edinburgh, four from Glasgow, two from Dundee, and one each from Inverness, St. Andrews, Helensburgh, Hamilton, and Haddington. At the conclusion of the examinations it was found that the trophy had been won by the 1st Lothian Bearer Company, B Team; and Lady Cranston, on the invitation of the Chairman, presented it to the winners.

In the evening Surgeon-General Keogh was entertained at dinner by the Edinburgh Committee of the Scottish Volunteer Medical Officers' Association, and there were also present Lieutenant-General Leitch, V.C., General Commanding in Scotland, the Lord Provost (Sir Robert

Cranston, C.V.O.), Commanding 1st Lothian Volunteer Brigade, Colonel T. M. Coker, M.D., R.A.M.C., P.M.O. Scottish Command, Professor Annandale, and others. Lieutenant-Colonel Webster, M.D., occupied the chair, and the croupiers were Lieutenant-Colonel Ronaldson, M.D., Haddington, and Captain Halliday, M.D., Glasgow. Surgeon-General Keogh, in the course of a powerful and eloquent speech, spoke very strongly on the urgent necessity of an entire reorganization of the Volunteer Medical Service. He declared that in every direction it would conduce to greater efficiency were the service to stand in the same relation to the Volunteers as the R.A.M.C. to the regular troops, and he contended that this was absolutely essential if the Volunteer Medical Service was to be of real use in the event of mobilization.

As regards Edinburgh more particularly, this district forms a splendid field for ambulance recruiting, and it is hoped that in the immediate future the 1st Lothian Bearer Company will form the nucleus of a field ambulance which could readily be officered by junior practitioners in the various branches of medicine and surgery.

ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL J. M. IRWIN, M.B., R.A.M.C., to be Assistant Director-General, vice Lieutenant-Colonel W. Babie, V.C., C.M.G., M.B., R.A.M.C., whose tenure of that appointment has expired, June 1st 1906.

JUNE 2, 1906.

A SIDELIGHT ON MEDICAL EDUCATION.

IN THE SUPPLEMENT to this issue, page 294, will be found an analysis of the Service examination returns presented to the General Medical Council, such as we have been accustomed to publish for the past few years. In the main it does not differ materially from its predecessors, but there are some points worth noting. On the one hand, the number of candidates was rather larger than usual; and, on the other, there were rather more Scottish and considerably more Irish candidates than of late years. In fact, the number of the latter, 61, only fell short of that of the English candidates by 7. As usual, the greater number of the English candidates held only the conjoint diploma of the Royal Colleges of Physicians and Surgeons. All of these passed the qualifying standard, and 78.8 per cent. of the 52 won commissions. Of candidates from Irish and Scottish Universities the numbers were approximately equal, 36 and 34 respectively. Of the former, 5.8 per cent. and of the latter, 8.3 per cent., failed to pass the qualifying standard, the proportion of commissions won by them being Irish 67.6 per cent. and Scottish 66.6 per cent. A much greater difference is apparent in the performance of the representatives of the Irish and Scottish colleges. Of the latter 63.6 per cent. failed to pass the standard, and of the former 22.2 per cent. As by some the examination for the Indian Medical Service is regarded as of special interest, the figures in respect of this competition may be given separately: 6 of the 44 competitors for 23 commissions held the English Conjoint diploma alone; they all passed the qualifying standard, and 4, or 66 per cent. of them, won commissions. The Scottish Universities in their turn sent up 16 candidates, 9 of whom, or 56 per cent., proved winners. Only 7 representatives of Irish Universities appeared, of whom 4, or 57 per cent., gained commissions. The English diplomates, therefore, were considerably more successful than the Irish graduates, and the Irish graduates a little in advance of their Scottish fellows. Among the remaining candidates there were 2 holding both an English degree and the English Conjoint diploma, and 4 holding English degrees alone. Both the former won commissions and 2 of the latter. The Scottish Colleges sent 6 candidates, of whom 1 earned a commission and 4 failed to pass the standard. The Irish Colleges only sent 1 candidate; he won a commission.

Establishment of paid lance-sergeants, lance-corporals, and acting bombardiers.—1. The Army Council have approved, in accordance with the provisions of Art. 242 of the Pay Warrant, the following establishment of paid lance-sergeants, paid lance-corporals, and paid acting bombardiers:—

Royal Army Medical Corps	35	140
Army Ordnance Corps	3	96
Army Veterinary Corps	9	18

2. 108 of 1905 is hereby cancelled.

—A.O. 110, May 1906.

Regulations for admission of Candidates to the Royal Army Medical Corps.

Revised regulations have been approved, and copies will be issued to all concerned.
114 of 1902 and the regulations issued therewith are cancelled.—A.O. 116, May 1906.

Cancelled
A.O. 111 of
1907.

were to make the army really efficient and really cheap they must get rid of the wastage as far as possible and the increasing cost which came to the State in enormous sums through not properly looking after the men. They had increased the vote for nurses in like manner. He felt that this matter was only in its infancy, but they were making a beginning. The strides that had been made in this department of the army were enormous. He did not think anybody who had not had his attention called to it could realize the immense changes that had been made for the better in the care of the sick in our army. They had got the whole matter on to something like scientific principles, and they were reaching a stage at which, he thought, they would find that there really was a scientific system of looking after our soldiers. He was glad to think that, in the British army to-day, the same attention was being bestowed upon these matters as was given to them in the Japanese army during the late war and in Germany for a long time past, and the same anxiety was being displayed to improve the general condition of our men. Mr. Arnold-Forster said that a step had been made in the right direction by requiring something from the civilian surgeon in return for his fee. Had anything been done to utilize the militia as attendants? Mr. Haldane said a start had been made with 500 of these, and he acknowledged this idea to have originated with his predecessor in office. After speeches by Colonel Legge, Mr. Cox, and Colonel Lockwood, the debate closed with a statement by the Secretary of State that it was part of the regular training of the army surgeons to go through professional courses of study at ordinary hospitals. The fees were paid and the pay was not stopped. It was desired to keep the civilian and military courses of training as much in touch as possible.

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[Promulgated by Army Orders dated 1st May, 1906.]

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*Cancelled.
A.O. 111 of 1907*

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1906.

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Qualifications.

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3. He must complete the form of application and declaration shewn in Appendix I, and submit it to the Director-General, Army Medical Service, in sufficient time to permit of reference to the medical school in which the candidate completed his course as a medical student.

4. The Dean, or other responsible authority, of such school will be requested by the Director-General to render a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the Corps, and to this report special importance will be attached.

5. After the form of application and the confidential report above alluded to have been received, the Director-General will decide if he may be allowed to compete for a commission in the Royal Army Medical Corps.

6. If approved, he will then be examined as to his physical fitness by a Board of Medical Officers in accordance with Appendix II.

7. If the candidate is pronounced to be physically fit for service at home and abroad, he will be eligible to present himself at the Entrance examination, which will be held twice in the year, usually in January and July, for the admission of qualified candidates as lieutenants on probation.

8. The Army Council reserve the right of rejecting any candidate who may show a deficiency in his general education.

9. An entrance fee of £1 is required from each candidate admitted to the examination, and is payable at the conclusion of his physical examination, if pronounced fit.

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1400

10. Candidates who have been specially employed in consequence of a national emergency, either as an officer or in a position usually filled by an officer, will be allowed to reckon such service towards retired pay and gratuity, and if over the regulated limit of age at the date of commencement of the competitive examination shall be permitted to deduct from their actual age any period of that service, if such reduction will bring them within the age limit. The duration of service is to be reckoned from the date on which the candidate commenced such service, except in the case of candidates who have served for two or more periods at short intervals. In such cases the total period of service to be considered in granting marks at the entrance examination shall be specially determined.

APPOINTMENTS, &c.

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11. A candidate successful at the entrance examination will be appointed a lieutenant on probation, and will be required to pass through such courses of instruction as the Army Council shall decide, and, after passing the examinations in the subjects taught, and satisfying the Director-General that he possesses the necessary skill, knowledge, and character for permanent appointment to the Royal Army Medical Corps, his commission as lieutenant will be confirmed. The commission shall bear the date of the day of passing the entrance examination.

12. The precedence of lieutenants among each other shall be in order of merit as determined by the combined results of the entrance examination and the examinations undergone while on probation, except that the position on the list of a lieutenant on probation seconded under Article 349 Royal Warrant shall be determined by the place he has gained at the entrance examination. A lieutenant so seconded will be required, at the conclusion of his hospital appointment, to attend the course of instruction at the Royal Army Medical College; but the subsequent examinations referred to in paragraphs 17 and 18 will be of a qualifying character, and will not influence his position on the seniority list of the Corps.

13. Lieutenants when appointed on probation will receive instructions as to the provision of uniform.

EXAMINATIONS.

Subjects for the Entrance Examination.

14. Candidates will be examined by the examining board in medicine and surgery. The examination will be of a clinical

and practical character, partly written and partly oral, marks being allotted under the following scheme :—

Medicine (written).

	Maximum marks.
A. Examination and report upon a medical case	125
B. Commentary upon a case in medicine	125
(Three hours allowed for A and B together.)	

Medicine (oral).

A. Clinical cases ; clinical pathology	75
B. Morbid Anatomy and Morbid Histology	75
(One quarter of an hour allowed for each table.)	

Surgery (written).

A. Examination and report upon a surgical case	125
B. Commentary upon a case in surgery....	125
(Three hours allowed for A and B together.)	

Surgery (oral).

A. Clinical cases, including diseases of the eye ; surgical instruments and appliances	75
(One quarter of an hour allowed for this table.)	
B. Operative surgery and surgical anatomy	75

Total marks	800
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The following headings are published as a guide to candidates in drawing up their reports on cases :—

- (a) A brief history of the case as given by the patient, including such points only (if any) in the family or personal history as have a distinct bearing upon the present illness or incapacity.
- (b) A detailed account of the subjective symptoms and physical signs elicited by the candidate's personal examination of the patient, noting the absence of any which might be expected to be present in a similar case.
- (c) Where there is any reasonable doubt in the mind of the candidate as to an exact diagnosis, he is to give the alternatives, with his reasons for making the selection.
- (d) A commentary upon the case as a whole, pointing out the symptoms which may be considered typical, and those which appear to be unusual or only accidental complications.
- (e) Suggestions as to treatment, both immediate and possibly necessary at a later date.
- (f) A forecast of the progress and probable termination of the case.

Similarly the commentary on the report of a case submitted to the candidate should discuss :—

- (a) The family and personal history and other conditions preceding the development of the condition described.
- (b) The relative significance of the physical signs, symptoms, other indications of disease noted, and the general clinical aspects of the case.
- (c) The diagnosis, with reasons for selection of the most probable, when a positive diagnosis cannot be attained.
- (d) The treatment, dietetic, medicinal, operative, &c., including a criticism of the plan adopted, and alternative schemes of treatment in case of disagreement.
- (e) The morbid appearances, and an account of the *post mortem* examination (if any).

15. The examination will be held in London, and will occupy about four days.

16. The appointments announced for competition will be filled up from the list of qualified candidates arranged in the order of merit, as determined by the total number of marks each has obtained.

17. Having gained a place in this entrance examination, the successful candidates will undergo 2 months' instruction in hygiene and bacteriology, after which they will be examined in these subjects. The maximum number of marks obtainable at this examination will be 100.

18. On completion of the above course lieutenants on probation will be ordered to proceed to the Depôt of the Royal Army Medical Corps at Aldershot for a 3 months' course of instruction in the technical duties of the Corps, and at the end of the course will be examined in the subjects taught. The maximum number of marks obtainable at this examination will be 100.

19. A lieutenant on probation who fails to qualify in either of these examinations will be allowed a second trial, and should he qualify, will be placed at the bottom of the list. Should he again fail in either examination his commission will not be confirmed.

Regulations for the Examination for Promotion in the Royal Army Medical Corps.

20. These examinations are intended to test the progress and proficiency of officers in those branches of knowledge which are essential to their continued efficiency.

Lieutenant before Promotion to Captain.

21. This examination may be taken at any time after completing 18 months' service, and will be held in the military district in which the officer is serving.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows:—

1. Squad, company, and corps drills and exercises.
2. The duties of wardmasters and stewards in military hospitals, and the preparation of returns, accounts, and requisitions connected therewith.
3. Duties of executive medical officers.
4. Military law.

Captains before Promotion to Major.

22. Captains will be examined under the rules laid down in paragraph 23, and will be eligible for acceleration in their promotion to the rank of major under Article 352 of the Royal Warrant, subject to the following restrictions—

- (a) The acceleration which can be gained by a captain promoted to that rank in January, 1896, will be limited to 6 months, and an officer gaining this acceleration will take precedence after the last captain promoted major on completion of 12 years' service.
- (b) The acceleration which can be gained by a captain promoted to that rank in July, 1896, will similarly be limited to 12 months, and an officer gaining this acceleration will take precedence next after the last captain promoted to that rank in January, 1896, who may have gained 6 months' service.

termination or a period of special study. The examination will consist of written papers, essays, oral and practical examinations in the following subjects, which are detailed in the *King's Regulations*:—

1. Medicine.
2. Surgery.
3. Hygiene.
4. Bacteriology and Tropical diseases.

Similarly the commentary on the report of a case submitted to the candidate should discuss :—

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1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

Regulations for Admission to the Royal Army A.O. 228.
Medical Corps—Amendment.—The following will be 1906.
inserted after paragraph 19, with effect from 1st March,
1907 :—

4845
Gen. No.
1434

19A. Illiteracy on the part of a candidate as evinced
by inaccurate spelling, poor composition, or grammatical
errors in the oral examination, at the entrance examina-
tion, or at the examinations undergone while on proba-
tion, will be regarded as disqualifying for appointment.

A.O. 228.
1906.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows:—

1. Squad, company, and corps drills and exercises.
2. The duties of wardmasters and stewards in military hospitals, and the preparation of returns, accounts, and requisitions connected therewith.
3. Duties of executive medical officers.
4. Military law.

Captains before Promotion to Major.

22. Captains will be examined under the rules laid down in paragraph 23, and will be eligible for acceleration in their promotion to the rank of major under Article 352 of the Royal Warrant, subject to the following restrictions—

- (a) The acceleration which can be gained by a captain promoted to that rank in January, 1896, will be limited to 6 months, and an officer gaining this acceleration will take precedence after the last captain promoted major on completion of 12 years' service.
- (b) The acceleration which can be gained by a captain promoted to that rank in July, 1896, will similarly be limited to 12 months, and an officer gaining this acceleration will take precedence next after the last captain promoted to that rank in January, 1896, who may have gained 6 months' service.
- (c) A captain promoted to that rank in January, 1897, can gain the full acceleration, but will take precedence after any captain promoted to that rank in July, 1896, who may have gained 12 months' acceleration.
- (d) Officers gaining acceleration under (a) will take precedence *inter se* in order as they have obtained a special certificate or passed in the 1st, 2nd, or 3rd class, and a similar course will be followed under (b) and (c).
- (e) In all other cases an officer who gains accelerated promotion will be placed for precedence after the last officer (whether subject to acceleration or not) promoted approximately, 3, 6, 12, or 18 months before him.

23. This examination, which may be taken at any time after completing 5 years' service, will be held in London on the termination of a period of special study. The examination will consist of written papers, essays, oral and practical examinations in the following subjects, which are detailed in the *King's Regulations*:—

1. Medicine.
2. Surgery.
3. Hygiene.
4. Bacteriology and Tropical diseases.

Similarly the commentary on the report of a case submitted to the candidate should discuss :—

- (a) The family and personal history and other conditions preceding the development of the condition described.
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17. Having gained a place in this entrance examination, the successful candidates will undergo 2 months' instruction in hygiene and bacteriology, after which they will be examined in these subjects. The maximum number of marks obtainable at this examination will be 100.

18. On completion of the above course lieutenants on probation will be ordered to proceed to the Depôt of the Royal

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A.O. 228.
 1906.

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proficiency of officers in those branches of knowledge which are essential to their continued efficiency.

Lieutenant before Promotion to Captain.

21. This examination may be taken at any time after completing 18 months' service, and will be held in the military district in which the officer is serving.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows:—

1. Squad, company, and corps drills and exercises.
2. The duties of wardmasters and stewards in military hospitals, and the preparation of returns, accounts, and requisitions connected therewith.
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- (c) A captain promoted to that rank in January, 1897, can gain the full acceleration, but will take precedence after any captain promoted to that rank in July, 1896, who may have gained 12 months' acceleration.
- (d) Officers gaining acceleration under (a) will take precedence *inter se* in order as they have obtained a special certificate or passed in the 1st, 2nd, or 3rd class, and a similar course will be followed under (b) and (c).
- (e) In all other cases an officer who gains accelerated promotion will be placed for precedence after the last officer (whether subject to acceleration or not) promoted approximately, 3, 6, 12, or 18 months before him.

23. This examination, which may be taken at any time after completing 5 years' service, will be held in London on the termination of a period of special study. The examination will consist of written papers, essays, oral and practical examinations in the following subjects, which are detailed in the *King's Regulations*:—

1. Medicine.
2. Surgery.
3. Hygiene.
4. Bacteriology and Tropical diseases.

5. One special subject from the subjoined list to which additions may from time to time be made :—

- (a) Bacteriology.
- (b) Dental surgery.
- (c) Dermatology, including venereal diseases.
- (d) Midwifery and gynæcology.
- (e) Operative surgery, advanced.
- (f) Ophthalmology.
- (g) Otology, including laryngology and rhinology.
- (h) Psychological medicine.
- (i) State medicine.

4840
1034

Majors before Promotion to Lieut.-Colonel.

24. This examination, which may be taken at any time after 3 years in the rank of major, will be held in the military district in which the officer is serving at times which will be duly notified.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows :—

- 1. Military law.
- 2. Army medical organisation in peace and war.
- 3. Sanitation of towns, camps, transports; and all places likely to be occupied by troops in peace or war, epidemiology and the management of epidemics.
- 4. The laws and customs of war, so far as they relate to the care of the sick and wounded.

A.O. 98
1906

5. One special subject from the subjoined list to which additions may from time to time be made :—

- (a) Medical history of the more important campaigns.
- (b) A general knowledge of the Army Medical Services of other Powers.

"EXTRACTS" FROM THE ROYAL WARRANT FOR PAY AND PROMOTION.

(The following Extracts are given for the information of candidates; but, as the Pay Warrant is amended from time to time, it must be understood that these extracts are merely quoted for guidance and cannot be cited as an authority.)

Pay.

25. The following shall be the rates of pay, additional pay, and charge pay of Our Army Medical Staff and Royal Army Medical Corps:—

						Inclusive of all allowances except field and travelling allowances.
						Yearly. £
ARMY MEDICAL SERVICE.						
<i>At Head Quarters—</i>						
Director-General..	..	..	..	..	..	2,000
Deputy Director-General	..	..	..	..	..	1,500
Assistant Director-General	..	..	..	..	..	850
Deputy Assistant Director-General	..	..	..	..	..	750
						Exclusive of Allowances Daily.
<i>At other Stations—</i>						£ s. d.
Surgeon-General	..	..	..	..	..	3 0 0
Colonel	..	..	..	..	..	2 0 0
Lieutenant-Colonel	..	..	..	..	..	1 10 0
Lieutenant-Colonel specially selected for increased pay after at least 8 years' service abroad	..	..	..	..	..	1 15 0
Major	..	..	..	..	..	1 3 6
After 3 years as such	..	..	..	..	..	1 6 0
Captain	..	..	..	..	..	0 15 6
After 7 years' total full pay service.	..	..	..	..	..	0 17 0
After 10 years' total full pay service	..	..	..	..	..	1 1 0
Lieutenant on probation and Lieutenant	..	..	..	..	..	0 14 0
Adjutant of our Royal Army Medical Corps (Volun- teers)	..	..	..	..	..	The pay of his rank.

[Article 365.]

26. A captain of Our Royal Army Medical Corps, holding the brevet rank of major, shall receive pay at 2s. a day, in addition to the rates laid down in Article 365. [Article 366.]

Additional Pay.

27. Officer not serving on the Headquarters staff appointed a member of the Advisory Board, £150 a year.

Officer serving as Secretary of the Advisory Board and Nursing Board, £100 a year.

	Daily.
Officer under the rank of Lieutenant-Colonel	s. d.
holding an appointment as specialist ...	.... 2 6
	[Article 367.]

Charge Pay.

28. (a) Officer in charge of a general or other hospital, or of a division of a general hospital—

	Daily.
	s. d.
If in charge of at least 50 beds....	.... 2 6
" " 100 " ....	.... 5 0
" " 200 " ....	.... 7 6
" " 300 " ....	.... 10 0
(b) Senior medical officer, Royal Arsenal, not exceeding ....	.... 10 0
(c) Officer in command of the Dépôt, Royal Army Medical Corps ....	.... 5 0
(d) The senior officer of our Army Medical Service with an army in the field— A rate to be fixed according to the magnitude of the charge.	
(e) In a command abroad— The senior medical officer, if the number of soldiers is 1,500 or upwards ....	.... 5 0
	[Article 368.]

Extra-duty Pay.

29. An officer of our Royal Army Medical Corps, appointed to act as adjutant or quartermaster of our Royal Army Medical Corps (Militia) during preliminary drill or training shall receive extra-duty pay at the following rates :—

	Daily.
	s. d.
Acting Adjutant ....	.... 2 6
Acting Quartermaster ....	.... 2 0
	[Art. 369.]

Reserve of Officers.

30. An officer of Our Royal Army Medical Corps with at least 3 but not more than 6 years' service may be permitted by Our Army Council to become an Army Reserve officer for a period of 7 years, and while so serving he shall receive pay at the rate of £25 a year.

With the sanction of Our Army Council such officer may be allowed to return to the active list, and if the period he has been in our Reserve of Officers amounts to at least 1 year, and not more than 3 years, he shall be allowed to reckon one-third of such period towards promotion, gratuity, and pension.

[Article 370.]

Seconded Officers.

31. A lieutenant on probation who, at the time of passing the examination for admission to our Royal Army Medical Corps, holds, or is about to hold, a resident appointment in a recognized civil hospital, may be seconded for the period not exceeding 1 year, during which he holds the appointment. While seconded he shall not receive pay from Army funds, but his service shall reckon towards promotion, increase of pay, gratuity, and pension. [Article 349.]

32. A medical, veterinary, or departmental officer who may be permitted to accept employment in any of the cases specified in Article 77 (j) or (k) shall only be seconded in cases where the Army Council may consider it desirable in the interests of the public service to adopt such a course. In such cases, the officer shall, as regards his return to ordinary duty, be subject to the rules laid down in Articles 80 to 83 for combatant officers, so far as they apply. (For promotion while seconded, see Article 328 ; pay, Article 454A ; retirement and retired pay, Articles 500, 594, and 603A.) [Article 468.]

PROMOTION.

33. Every promotion of a medical, veterinary, or departmental officer shall be made with the approval of Our Army Council. Promotion by selection shall be given on the ground of ability and merit, due consideration being given, however, to length of efficient service. The grounds for such selection shall be stated to Us in writing. [Article 326.]

34. An officer shall be eligible for promotion to the rank of captain on the completion of $3\frac{1}{2}$ years' service, and to the rank of major on the completion of 12 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by Our Army Council. [Article 350.]

35. Promotion to the rank of lieutenant-colonel shall be made by selection from officers who have completed at least 20 years' service, and have qualified in such manner as may be prescribed by Our Army Council. [Article 351.]

36. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Arts. 350 or 351 to render him eligible for the rank of major or lieutenant-colonel may be reduced as follows :—

	Months.
If he obtained a "special certificate"....	18
" passed in the 1st Class	12
" " " 2nd "	6
" " " 3rd "	3

[Article 352]

37. Promotion to the rank of colonel shall be made by selection from lieutenant-colonels who have been specially selected for increased pay, and from lieutenant-colonels or surgeon-lieutenant-colonels of Our Household Troops, specially recom-

mended to Our Army Council for distinguished service in the field. [Article 357.]

38. Promotion to the rank of surgeon-general shall be made by selection from colonels. A colonel may also be promoted to the rank of surgeon-general for distinguished service in the field. [Article 358.]

39. The promotion of an officer under Arts. 357 or 358 for distinguished service in the field shall be governed by the conditions laid down in Article 327. [Article 359.]

40. An officer of Our Royal Army Medical Corps shall be eligible for promotion to brevet rank under the conditions laid down in Article 36. [Article 356.]

41. A captain after at least 6 years' service, a major or a lieutenant-colonel, may be promoted to the next higher rank by brevet for distinguished service in the field, or for distinguished service of an exceptional nature other than in the field. If the officer dies before the date on which the notification of his promotion for distinguished service in the field appears in the *London Gazette*, the promotion shall bear the date which it would have borne had the officer not died. [Article 36.]

42. Distinction in original investigation or research may, in the case of officers of the Royal Army Medical Corps, be regarded as "distinguished service of an exceptional nature other than in the field" within the meaning of Article 36. [*Army Council's Instructions to Article 356.*]

43. A lieutenant who does not qualify for promotion to the rank of captain within the period prescribed in Article 350, or a captain who fails to pass the examination for promotion to the rank of major, shall be placed on a special list with pay equal to half-pay until the date of the next succeeding examination, provided a period of eight months is not thereby exceeded. [Article 361.]

44. An officer who may in the opinion of Our Army Council have been prevented, under very special circumstances, from qualifying for promotion as laid down in Article 350 or 351, or who, having failed to qualify may have been debarred from further opportunity of qualifying, may be provisionally promoted. If, however, he fails to qualify on the first available opportunity his promotion shall be cancelled, and he shall be retired from Our Service. [Article 354.]

45. A medical, veterinary, or departmental officer, in cases where promotion is granted irrespectively of establishment, and is conditional on the completion of a fixed period of service, shall reckon towards his promotion any time, not exceeding one year, during which he may have been on half-pay on account of ill-health caused by military service; and also any time not exceeding two years during which he may have been on half-pay on reduction. A medical, veterinary, or departmental officer shall, while seconded under Article 468, continue to be eligible for selection for promotion precisely as if he had remained on the establishment, and his service while seconded shall reckon towards such promotion. [Article 328.]

RANK.

46. The Director-General of Our Army Medical Service and the other officers of Our Army Medical Staff shall hold the substantive rank of surgeon-general. [Article 315.]

47. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the *King's Regulations*:—

As lieutenant-general Surgeon-general appointed
Director-general, Army
Medical Service, if recom-
mended by Our Army
Council.

As major-general Surgeon-general. [Article 320.]

48. The term "rank" in these Regulations means "substantive rank," unless otherwise stated. [*Army Council's Instructions.*]

RETIREMENT.

(a.) Voluntary Retirement.

49. An officer of Our Army Medical Service, or a medical officer of Our Royal Malta Artillery, may be permitted to retire in cases in which such retirement may be deemed expedient by the Army Council. [Article 555.]

Scale of Retired Pay.

<i>Army Medical Staff.</i>					Daily.		
					£	s.	d.
50. SURGEON-GENERAL	....	....	....	....	2	0	0
<i>Royal Army Medical Corps and Medical Officers of Household Troops.</i>							
COLONEL	...	....	....	....	1	15	0
LIEUTENANT-COLONEL, OR SURGEON-LIEUTENANT- COLONEL OF THE HOUSEHOLD TROOPS—							
After 20 years' service....	....	....	....	....	1	0	0
After 25 " ....	....	....	....	....	1	2	6
After 30 " ....	....	....	....	....	1	5	0
LIEUTENANT-COLONEL, after having been in receipt of the increased pay allowed by Article 365 for 3 years—							
					£	s.	d.
Under 30 years' service	....	....	....	....	1	7	6
After 30 " ....	....	....	....	....	1	10	0

MAJOR, OR SURGEON-MAJOR OF THE HOUSEHOLD
TROOPS—

After 20 years' service....	£	s.	d.
	1	0	0

Gratuity.

MAJOR OR CAPTAIN, OR SURGEON-CAPTAIN OF
HOUSEHOLD CAVALRY—

	£
After 5 years' service in the rank of captain	1,000
After 3 years' service in the rank of major	1,800
After 6 years' service in the rank of major	2,500

SURGEON LIEUTENANT-COLONEL OR SURGEON-MAJOR
OF THE HOUSEHOLD TROOPS—

After 15 years' service....	1,800
After 18 " 	2,500

Except in the case of a lieutenant-colonel, an officer of Our Army Medical Service, who, on voluntary retirement, has served for less than 3 years in the rank from which he retires, shall be entitled only to the gratuity or retired pay assigned to the next lower rank. [Article 556.]

(b) Retirement on account of Age or Limitation of Period
of Service.

51. The Director-General of Our Army Medical Service shall retire on completion of the term of his appointment; and the retirement of other officers of Our Army Medical Service (except quartermasters) shall be compulsory at the following ages:—

Surgeon-general	....	....	....	....	60
Colonel...	....	....	....	....	57
Other officers	....	....	....	....	55

A major shall retire on completion of 25 years' service; or, if he fails to qualify for promotion on completion of 20 years' service.

A lieutenant placed on the special list under Article 361 shall be retired if he fails to qualify at the next succeeding examination.

A captain placed on the special list under Article 361 shall, if he fails to qualify at the next succeeding examination, be retired at once on any gratuity for which he may be eligible under Article 556, and, if not so eligible, shall be retired as soon as he completes five years' service in the rank of captain.

[Article 557.]

52. It shall be competent to our Army Council to place a medical officer on the retired list after 30 years' service.

[Article 558.]

Scale of Retired Pay.

53. DIRECTOR-GENERAL, ARMY MEDICAL SERVICE, after
3 years' service as director-general :—
With 30 years' service.... £1,125 yearly.

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND MEDICAL OFFICERS OF OUR ROYAL MALTA ARTILLERY.—Same rates as under “(a) VOLUNTARY RETIREMENT,” except that the condition of three years' service in the rank shall be omitted, and that, in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay, if retired on account of age, shall be 17s. 6d. a-day, irrespective of service. [Article 559.]

RETIREMENT ON ACCOUNT OF MEDICAL UN- FITNESS.

Conditions of Retirement.

54. An officer placed on the half-pay list on account of medical unfitness, shall, if not previously retired, be retired from Our Army at the expiration of five years from the date on which he was placed on the half-pay list, or, if reported by the regulated medical authority to be permanently unfit for duty, on the officer's application, at such earlier date as may be decided by Our Army Council. [Article 547A.]

55. An officer, whether on full pay or half pay, who, to the satisfaction of the regulated medical authority has been pronounced insane, shall be retired from our Army, with the retired pay to which he would be entitled if reported by the regulated medical authority to be permanently unfit for duty. If his disability was not caused by military service, and he is not entitled to permanent retired pay by length of service, he shall receive temporary retired pay equivalent to the half-pay, and temporary retired pay, if any, which he would have received if his disability had been other than insanity.

[Article 547B.]

Scale of Retired Pay.

56. DIRECTOR-GENERAL, ARMY MEDICAL SERVICE—Yearly.
Under 3 years' service as director-general, and
after not less than 30 years' service £875

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND MEDICAL OFFICERS OF OUR ROYAL MALTA ARTILLERY.—Same rates as under “(a) VOLUNTARY RETIREMENT,” except that the condition of three years' service in the rank shall be omitted;

and that in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay, if retired on account of medical unfitness, shall be 17s. 6d. a-day, irrespective of service.

Rates for Officers not qualified for Retired Pay on Voluntary Retirement.

If the unfitness was caused by military service—retired pay equal to the half pay of his rank.

If not so caused, provided the officer has at least 12 years' service—retired pay equal to the half-pay of his rank, for such period only, not exceeding five years from the date of the officer's retirement from Our Army, after five years on half-pay under Article 306, as Our Army Council shall determine according to the merits of the case. [Article 562.]

KING'S HONORARY PHYSICIANS AND HONORARY SURGEONS.

57. Six of the most meritorious officers of Our Army Medical Service shall be named Our Honorary Physicians, and six Our Honorary Surgeons. On appointment as one of Our Honorary Physicians or Honorary Surgeons, an officer under the rank of colonel in Our Royal Army Medical Corps may be promoted to the brevet rank of colonel. [Article 362.]

58. A lieutenant-colonel appointed one of Our Honorary Physicians or Honorary Surgeons, shall receive pay at the rate laid down for a colonel of Our Royal Army Medical Corps when qualified for promotion to that rank. [Article 366.]

MEDICAL OFFICERS OF THE REGIMENTS OF HOUSEHOLD TROOPS.

Appointment.

Household Cavalry.

59. Commissions as surgeon-lieutenants in Our Household Cavalry shall be given, on the nomination of the titular colonels of the regiments, to persons approved by Our Army Council. [Article 382.]

Promotion.

Household Cavalry.

60. A surgeon-lieutenant shall be eligible for promotion to the rank of surgeon-captain on completing 3½ years' service, and a surgeon-major for promotion to the rank of surgeon-lieutenant-colonel on completing 20 years' service. Promotion

from surgeon-captain to surgeon-major shall be by seniority on the medical establishment of the brigade, but only on a vacancy occurring for such promotion.

A surgeon-lieutenant, surgeon-captain, or surgeon-major of Our Household Cavalry may be promoted for distinguished service in the field, under the conditions laid down in Article 327. [Article 383.]

61.	Pay.		Daily.		
			£	s.	d.
Surgeon-Lieutenant-Colonel	1	10	0
Surgeon-Major	1	3	6
After 3 years' service as such	1	6	0
Surgeon-Captain	0	15	6
After 7 years' service	0	17	0
After 10 years' service	1	1	0
Surgeon-Lieutenant	0	14	0

[Article 386.]

Promotion.

62. A medical officer of Our Household Troops shall be eligible for extra pay under the provisions of Articles 367 and 368. [Article 387.]

General Regulations.

63. In all matters not provided for by Articles 382 to 387 and 555 to 562, the medical officers of Our Household Troops shall be governed by the general regulations for regimental officers of Our Army. [Article 388.]

EXCHANGES AND TRANSFERS.

64. An officer of Our Royal Army Medical Corps shall be permitted to exchange with another officer of such corps, or with a medical officer of Our Household Cavalry, under such regulations as may from time to time be made by Us. [Article 363.]

65. A medical officer of Our Household Cavalry may be permitted to exchange with an officer of Our Royal Army Medical Corps, under such regulations as may from time to time be made by Us. [Article 385.]

66. Exchanges between officers of Our Royal Army Medical Corps under the rank of major and medical officers of Our Indian Military Forces, and transfers of such officers from either of the above services to the other, shall only be permitted subject to the approval of Our Secretary of State for India in Council, and on the following conditions:—

- (1) That the officers have less than 7 years' service.
- (2) That the senior officer exchanging takes the place of the junior on the list, and shall not be promoted until the officer next above him has been so promoted.

- (3) That the junior officer exchanging is placed for seniority next below all medical officers whose commissions have the same date as his own.
- (4) That the officer transferred is placed for seniority below all medical officers holding the same rank at the time of his transfer, and shall not be promoted until the officer next above him has been promoted. [Article 364.]

67. An officer of Our Royal Army Medical Corps, who has exchanged or been transferred from Our Indian Military Forces under Article 364, shall reckon, subject to the conditions of that article, his previous service with the said forces towards promotion, increase of pay, gratuity, and pension. [Article 355.]

LEAVE OF ABSENCE.

68. Full pay during ordinary leave of absence for the period admissible in the case of a staff officer under Article 177 may, except as provided in Article 456, be granted to a medical, veterinary, or departmental officer, provided that no additional expense, except as sanctioned in Articles 425, 430A and 457A of this Our Warrant, and in the Allowance Regulations, is incurred thereby. [Article 457.]

69. When the periods of leave referred to in Article 457 have been exhausted or exceeded in consequence of sickness, no further pay during ordinary leave shall remain due. [Article 458.]

70. Subject to Articles 177A and 179 an officer employed on the staff; an officer of Our Ordnance College, Our School of Gunnery, Our School of Military Engineering, or Our School of Musketry; or an inspector, assistant inspector, or superintendent of gymnasia, may draw his pay for continuous or intermittent periods of absence on ordinary or sick leave, not exceeding in the aggregate 61 days in each year, reckoning from the 1st April, provided the duties of his appointment are performed continuously without extra charge to the public, except as laid down in Article 181. If serving at Gibraltar or Malta, or in Cyprus, Egypt, Bermuda, British North America, or the West Indies, he may, under similar conditions, draw 122 days' pay during absence in any two consecutive years, provided that he does not draw more than 61 days' pay during absence on leave in the first of such two years. If serving in China, Ceylon, the Straits Settlements, Mauritius, South Africa, or St. Helena, or as a military *attaché*, he may, under similar conditions, draw 183 days' pay during absence in any three consecutive years, provided that he does not draw more than 61 days' pay during absence on leave in the first of such three years, nor more than 122 days' pay during absence on leave in the first two of such three years. [Article 177.]

SICK LEAVE.

71. An officer of Our Army Medical Staff or Royal Army Medical Corps may be allowed full pay during sick leave of absence on the conditions laid down by Articles 298 and 299. [Article 371.]

72. A regimental officer may be permitted to draw full pay for a period not exceeding one year during sick leave granted on the recommendation of the regulated medical authority, as defined in Article 1320, provided there is a reasonable probability that he will be fit to return to duty at the expiration of his leave. [Article 298.]

73. In very special cases, such as loss of health from tropical service, active operations, or wounds, full pay may be issued for a period or periods of sick leave in excess of that laid down in Article 298, provided that the officer's sick leave shall not, in all, exceed eighteen months. [Article 299.]

74. When a medical, veterinary or departmental officer is sick at his station, whether in hospital, quarters or lodgings, his absence from duty on account of sickness, if not exceeding 30 days in duration, and if duly certified by a medical officer, shall not be included in the period of absence on leave to which the issue of pay is limited by Article 457, provided the general officer commanding at the station considers that the circumstances of the case warrant such a concession. Any excess of such leave of absence on account of sickness at an officer's station beyond the period of 30 days shall come under the provisions of Article 458. [Article 464.]

SERVICE ON THE WEST COAST OF AFRICA.

75. An Officer volunteering for, or ordered to, the West Coast of Africa shall receive double pay while actually serving on the coast, and for any time spent at Madeira or the Canary Islands on sick leave, or on ordinary leave not exceeding 61 days in a year. [Article 455.]

76. For each year's service on the coast (including the periods of leave referred to in Article 455) a medical or departmental officer shall be entitled to full pay during 183 days' leave at home, and for every additional period beyond a year he shall have a proportionate extension of full pay during leave. [Article 456.]

77. Each year or portion of a year served on the West Coast of Africa by a departmental officer, or by an officer of Our Royal Artillery, Royal Engineers, Army Service Corps, Royal Army Medical Corps, or Army Veterinary Corps, shall reckon double towards voluntary retirement or retired pay, provided that he has served 12 months on the coast.

In ordinary cases, the 12 months may be made up of two separate periods of not less than six months each; and if an

officer leaves the coast on account of sickness, he may reckon any period of service on the coast, however short, in order to make up the 12 months' coast service which is required to entitle him to count his service double.

Except when the officer has been invalided, any broken period, if amounting to less than six months' of service on the coast, and leave on full pay, shall not reckon double under this article. Article 503.]

WIDOWS' PENSIONS.

78. Widows pensions and compassionate allowances for children and other relatives of deceased officers are given under certain conditions specified in the Royal Warrant for Pay and Promotion.*

* There is also an Army Medical Officers' Widows' Annuity Fund on mutual insurance principles.

APPENDIX I.

APPLICATION OF A CANDIDATE FOR A COMMISSION IN THE ROYAL ARMY MEDICAL CORPS.

1. Name in full.
2. Address.
3. Date of birth.

(A certificate of registration of birth or other satisfactory evidence of age, such as a declaration made before a magistrate by one of his parents or guardians giving the date of his birth to be furnished.)

4. Qualifications.
5. Academic and other distinctions.
6. Medical school in which the candidate completed his course as a medical student, and name of the Dean or other responsible authority.
7. Particulars of any commission or appointment held in the public services.
8. Date of examination at which the candidate proposes to present himself.

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief ; and further :—

1. That I am a British subject of unmixed European blood.
2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an officer in any climate.
3. That I will fully reveal to the Medical Board, when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature.....

Date.....

(N.B.—A mis-statement by the candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General Army Medical Service a few days preceding his examination. If selected to compete, he will then be examined by a Board of Medical Officers as to his physical fitness.

All communications to be addressed to the Secretary of the Army Council, 68, Victoria Street, London, S.W.

APPENDIX II.

MEDICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE ROYAL ARMY MEDICAL CORPS.

1. A candidate for a commission in the Royal Army Medical Corps must be in good mental and bodily health, and free from any physical defect likely to interfere with the efficient performance of military duty.

2. The examination will be conducted by a Board of Medical Officers.

3. The attention of the Board will be directed to the following points :—

(a.) That the correlation of age, height, weight, and chest girth is equal or superior to that which is given in the following table :—

PHYSICAL EQUIVALENTS.

Age.	Height without shoes.	Chest.	
		Girth when expanded.	Range of expansion.
	inches.		
	62½ & under 65	35 inches.	2 inches.
21 and upwards.	65 „ 68	35½ „	2 „
	68 „ 70	36 „	2 „
	70 „ 72	36½ „	2½ „
	72 and upwards.	37 „	2½ „

(b.) Measurement of Height.

The candidate will be placed against the standard with his feet together, and the weight thrown on the heels, and not on the toes or outside of the feet. He will stand erect without rigidity, and with the heels, calves, buttocks, and shoulders touching the standard ; the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be noted in parts of an inch to eighths.

(c.) Measurement of Chest.

The candidate will be made to stand erect with his feet together and to raise his hands above his head. The tape will

be carefully adjusted round the chest, with its posterior upper edge touching the inferior angles of the shoulder blades, and its anterior lower edge the upper part of the nipples. The arms will then be lowered to hang loosely by the side, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to empty his chest of air as much as is possible. This is best done by continuous whistling with the lips as long as sound can be produced. The tape is carefully gathered in during the process, and when the minimum measurement is reached, it is recorded.

He will then be directed to inflate his chest to its utmost capacity. This maximum measurement will likewise be noted. The girth with the chest fully expanded and the range of expansion between the minimum and maximum will then be recorded.

(d.) Weight.

The candidate will also be weighed and his weight recorded in the proceedings of the Board.

The regulations regarding the examination of eyesight are as follows :—

1. If a candidate can read $D = 6$ at 6 metres (20 English feet) and $D = 0.6$, at any distance selected by himself, with each eye without glasses, he will be considered **FIT**.

2. If a candidate can only read $D = 24$ at 6 metres (20 English feet) with each eye without glasses, his visual deficiency being due to faulty refraction which can be corrected by glasses which enable him to read $D = 6$ at 6 metres (20 English feet) with one eye, and $D = 12$, at the same distance with the other eye, and can also read $D = 0.8$ with each eye without glasses, at any distance selected by himself, he will be considered **FIT**.

3. If a candidate cannot read $D = 24$ at 6 metres (20 English feet) with each eye without glasses, notwithstanding he can read $D = 0.6$, he will be considered **UNFIT**.

Normal vision of one eye may be sufficient to allow a higher defect in the other, to the extent of one-sixth, if the defect is simple error in refraction remedied by glasses.

The candidate must be able to read the tests without hesitation in ordinary daylight.

(N.B.—Snellen's test types will be used for determining the acuteness of vision.)

Squint, or any morbid conditions, subject to the risk of aggravation or recurrence in either eye, will cause the rejection of a candidate.

The following additional points will then be observed :—

(b.) That his hearing is good.

(c.) That his speech is without impediment.

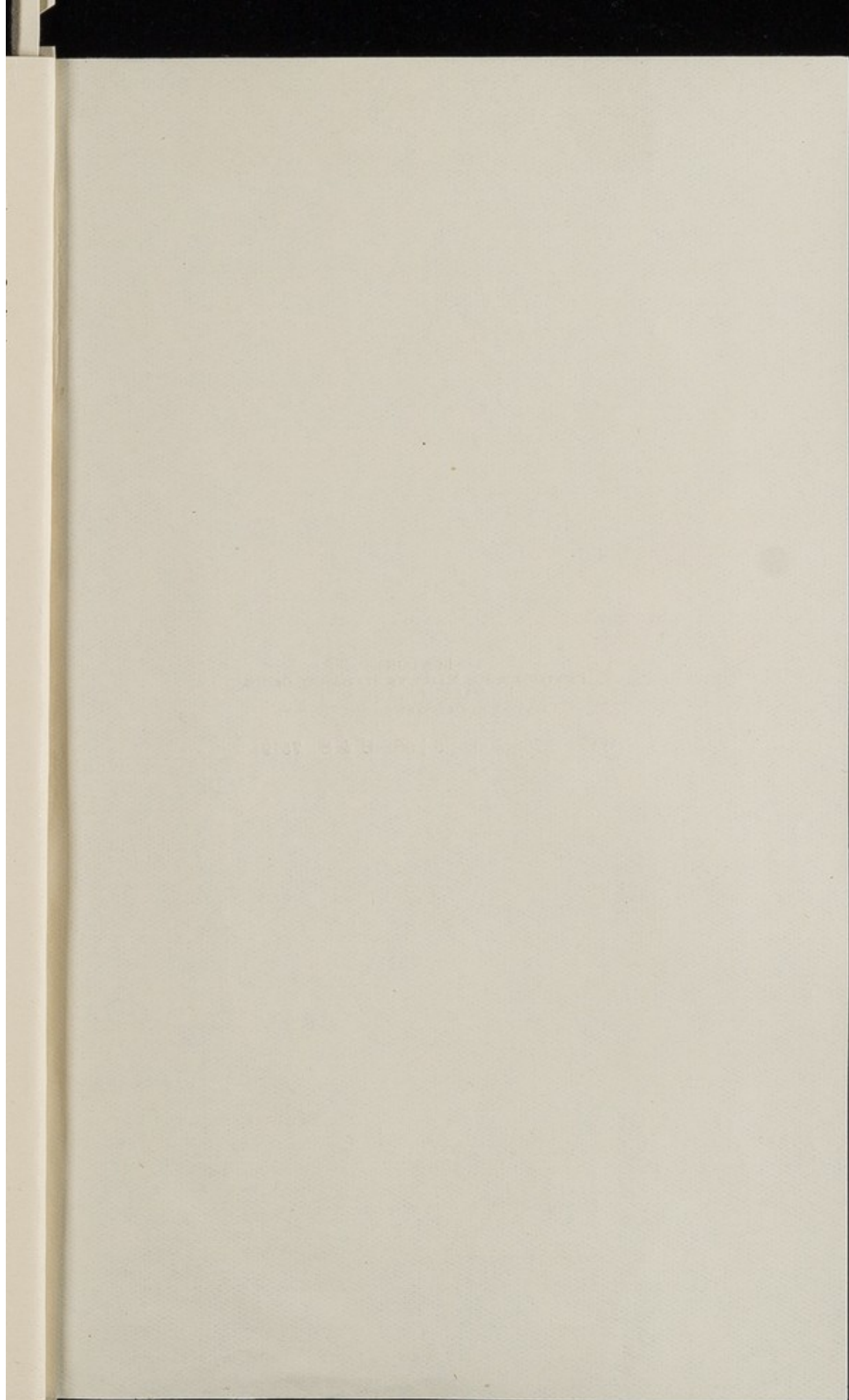
(d.) That his teeth are in good order. Loss or decay of the teeth will be considered a disqualification. Decayed teeth, if well filled, will be considered as sound.

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- (e.) That his chest is well formed, and that his lungs and heart are sound.
- (f.) That he is not ruptured.
- (g.) That he does not suffer from hydrocele, varicocele, varicose veins in a severe degree, or other disease likely to cause inefficiency. A slight defect, if completely cured by operation, is not a disqualification.
- (h.) That his limbs are well formed and developed.
- (i.) That there is free and perfect motion of all the joints.
- (j.) That his feet and toes are well formed.
- (k.) That he does not suffer from any inveterate skin disease.
- (l.) That he has no congenital malformation or defect.
- (m.) That he does not bear traces of previous acute or chronic disease pointing to an impaired constitution.

In any doubtful case the Board should further state :—

- (n.) Whether he is, in their opinion, of pure European descent.



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books of reference) for volunteer medical officers of all ranks, and the latter should pass an examination equivalent to the P.S. at the end of twelve months for the full outfit allowance.

The large brigades will have to be provided with extra sergeant-instructors at first. The most pressing want of the bearer companies is suitable independent head quarters, and this will be accentuated in the increased medical unit. Their acquisition would absolutely insure the permanent success of the volunteer medical service, and with these depôts secured we could look forward with confidence to the beneficent career of these medical units studded about the country as efficient and convenient schools of instruction for all civil surgeon reservists and officers and men of the volunteer medical service—healthy and vigorous centres of ossification to stiffen the cartilaginous section of our corps.—I am, etc.,

JOHN J. DE ZOUHE MARSHALL,
Lieutenant-Colonel R.A.M.C. (Vol.),
Teddington, April 9th. Commanding E. Surrey Bearer Company.

ARMY PROMOTIONS AND APPOINTMENTS WAR OFFICE, MAY 11, 1906

MEMORANDA.

The undermentioned Officers are granted the honorary rank of Major-General in the Army—
Colonel (ranked as Major-General) F. E. Melkay, C.B.,
Army Ordnance Department, Principal Ordnance Officer,
Director of Equipment and Ordnance Stores.
Colonel (ranked as Major-General) H. Thomson, C.B.,
Director-General, Army Veterinary Service.

MAY 12, 1906.

VOLUNTEER MEDICAL ORGANIZATION.

THE Volunteer Medical Service Committee appointed by the Council of the British Medical Association held its first meeting on May 4th, when all the nominated members, with two exceptions, were present. After a full and prolonged discussion it was resolved to appoint a subcommittee of twelve to prepare a scheme for the reorganization of the Volunteer Medical Service. The subcommittee was instructed that the scheme should combine the departmental and regimental systems, with one commission and one uniform, and that it should favourably consider the organization of the Volunteer Medical Service for service in the field on the lines of the R.A.M.C. (Volunteer) Field Ambulance instead of the existing bearer companies and field hospitals. The subcommittee was also instructed to prepare a scheme for a volunteer medical reserve at home, and to provide that "those volunteer medical officers who desire to "join the new reserve should, if they fulfil the "requirements, have preference over medical men "not holding a commission in the volunteer forces, "and that they shall be supernumerary in their corps "while holding the appointment, that is, that any "officer may be commissioned in his place, the "question of capitulation being considered." The Committee further recommended that the present system of providing two men per company as regimental stretcher-bearers should be abolished, and that each unit should be allowed to enrol specially for ambulance work a similar number of men including a sergeant. It was also agreed that the question of the payment of volunteer medical officers for the examination of recruits and the attendance of sick in camp should be discussed. It will be seen (p. 1128) that during his visit to Edinburgh last week the Director-General stated publicly that a complete reorganization of the Volunteer Medical Service was an urgent necessity, and expressed the opinion that if the Volunteer Medical Service was to be of real use in the event of mobilization, it was absolutely essential that it should stand in the same relation to the volunteers as the Royal Army Medical Corps to the regulars.

SCOTTISH VOLUNTEERS AMBULANCE TROPHY.

The competition for the Scottish Volunteers Ambulance Trophy took place in Edinburgh on Saturday, May 5th. The work of preparation for the occasion had largely fallen on the shoulders of Brigade-Surgeon-Lieutenant-Colonel A. D. Webster, M.D., S.M.O. of the 1st Lothian Brigade, President of the Scottish Volunteer Medical Officers' Association; Captain C. B. Ker, 1st Lothian Bearer Company, Secretary of the Association; and Captain A. Macdonald, commanding 1st Lothian Bearer Company; and the success of the meeting was in no small degree due to their untiring efforts.

Surgeon-General A. Keogh, M.D., C.B., Director-General Army Medical Service, and Honorary President of the Scottish Volunteer Medical Officers' Association, was present, and eighteen teams entered for the competition, seven being from Edinburgh, four from Glasgow, two from Dundee, and one each from Inverness, St. Andrews, Helensburgh, Hamilton, and Haddington. At the conclusion of the examinations it was found that the trophy had been won by the 1st Lothian Bearer Company, B Team; and Lady Cranston, on the invitation of the Chairman, presented it to the winners.

In the evening Surgeon-General Keogh was entertained at dinner by the Edinburgh Committee of the Scottish Volunteer Medical Officers' Association, and there were also present Lieutenant-General Leitch, V.C., General Commanding in Scotland, the Lord Provost (Sir Robert

Cranston, C.V.O.), Commanding 1st Lothian Volunteer Brigade, Colonel T. M. Corker, M.D., R.A.M.C., P.M.O. Scottish Command, Professor Annandale, and others. Lieutenant-Colonel Webster, M.D., occupied the chair, and the crumpies were Lieutenant-Colonel Ronaldson, M.D., Haddington, and Captain Halliday, M.D., Glasgow. Surgeon-General Keogh, in the course of a powerful and eloquent speech, spoke very strongly on the urgent necessity of an entire reorganization of the Volunteer Medical Service. He declared that in every direction it would conduce to greater efficiency were the service to stand in the same relation to the Volunteers as the R.A.M.C. to the regular troops, and he contended that this was absolutely essential if the Volunteer Medical Service was to be of real use in the event of mobilization.

As regards Edinburgh more particularly, this district forms a splendid field for ambulance recruiting, and it is hoped that in the immediate future the 1st Lothian Bearer Company will form the nucleus of a field ambulance which could readily be officered by junior practitioners in the various branches of medicine and surgery.

ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL J. M. IRWIN, M.B., R.A.M.C., to be Assistant Director-General, vice Lieutenant-Colonel W. Babbie, V.C., C.M.G., M.B., R.A.M.C., whose tenure of that appointment has expired, June 1st, 1906.

JUNE 2, 1906.

A SIDELIGHT ON MEDICAL EDUCATION.

IN THE SUPPLEMENT to this issue, page 294, will be found an analysis of the Service examination returns presented to the General Medical Council, such as we have been accustomed to publish for the past few years. In the main it does not differ materially from its predecessors, but there are some points worth noting. On the one hand, the number of candidates was rather larger than usual; and, on the other, there were rather more Scottish and considerably more Irish candidates than of late years. In fact, the number of the latter, 61, only fell short of that of the English candidates by 7. As usual, the greater number of the English candidates held only the conjoint diploma of the Royal Colleges of Physicians and Surgeons. All of these passed the qualifying standard, and 78.8 per cent. of the 52 won commissions. Of candidates from Irish and Scottish Universities the numbers were approximately equal, 36 and 34 respectively. Of the former, 5.8 per cent., and of the latter, 8.3 per cent., failed to pass the qualifying standard, the proportion of commissions won by them being Irish 67.6 per cent. and Scottish 66.6 per cent. A much greater difference is apparent in the performance of the representatives of the Irish and Scottish colleges. Of the latter 63.6 per cent. failed to pass the standard, and of the former 22.2 per cent. As by some the examination for the Indian Medical Service is regarded as of special interest, the figures in respect of this competition may be given separately: 6 of the 44 competitors for 23 commissions held the English Conjoint diploma alone; they all passed the qualifying standard, and 4, or 66 per cent. of them, won commissions. The Scottish Universities in their turn sent up 16 candidates, 9 of whom, or 56 per cent., proved winners. Only 7 representatives of Irish Universities appeared, of whom 4, or 57 per cent., gained commissions. The English diplomates, therefore, were considerably more successful than the Irish graduates, and the Irish graduates a little in advance of their Scottish fellows. Among the remaining candidates there were 2 holding both an English degree and the English Conjoint diploma, and 4 holding English degrees alone. Both the former won commissions and 2 of the latter. The Scottish Colleges sent 6 candidates, of whom 1 learned a commission and 4 failed to pass the standard. The Irish Colleges only sent 1 candidate; he won a commission.

Establishment of paid lance-sergeants, lance-corporals, and acting bombardiers.—1. The Army Council have approved, in accordance with the provisions of Art. 942 of the Pay Warrant, the following establishment of paid lance-sergeants, paid lance-corporals, and paid acting bombardiers:—

Royal Army Medical Corps	...	...	...	...	...
Army Ordnance Corps	...	...	...	...	...
Army Veterinary Corps	...	...	...	...	...

2. 108 of 1905 is hereby cancelled.

—A.O. 110, May 1906.

Regulations for admission of Candidates to the Royal Army Medical Corps.

Revised regulations have been approved, and copies will be issued to all concerned. 114 of 1902 and the regulations issued thereon are cancelled.—A.O. 114, May 1906.

*Cancelled
a.o. 111
1907.*

were to make the army really efficient and really cheap they must get rid of the wastage as far as possible and the increasing cost which came to the State in enormous sums through not properly looking after the men. They had increased the vote for nurses in like manner. He felt that this matter was only in its infancy, but they were making a beginning. The strides that had been made in this department of the army were enormous. He did not think anybody who had not had his attention called to it could realize the immense changes that had been made for the better in the care of the sick in our army. They had got the whole matter on to something like scientific principles, and they were reaching a stage at which, he thought, they would find that there really was a scientific system of looking after our soldiers. He was glad to think that, in the British army to-day, the same attention was being bestowed upon these matters as was given to them in the Japanese army during the late war and in Germany for a long time past, and the same anxiety was being displayed to improve the general condition of our men. Mr. Arnold-Forster said that a step had been made in the right direction by requiring something from the civilian surgeon in return for his fee. Had anything been done to utilize the militia as attendants? Mr. Haldane said a start had been made with 500 of these, and he acknowledged this idea to have originated with his predecessor in office. After speeches by Colonel Legge, Mr. Cox, and Colonel Lockwood, the debate closed with a statement by the Secretary of State that it was part of the regular training of the army surgeons to go through professional courses of study at ordinary hospitals. The fees were paid and the pay was not stopped. It was desired to keep the civilian and military courses of training as much in touch as possible.

The Volunteer Medical Service.—In answer to Mr. Remnant, Mr. Secretary Haldane stated, last week, that the whole question of the effective organization of the Volunteer Medical Service, with a view to rendering it efficient and bringing it as a whole in close connexion with the Army Medical Service, was under consideration, as well as the recognition of services of regimental Volunteer medical officers, as recommended by the Departmental Committee in 1886. The opinions of individual medical officers and associations were being collected on the subject.

THE ARMY MEDICAL VOTE IN THE COMMONS.

THE discussion which took place last week in the House of Commons on the Army Medical vote deserves some notice over and above the report given in another part of the JOURNAL. Mr. Burdett-Coutts was amply justified in pointing out the great improvements which have been effected in the service. If no other branch of our army has learned the lessons of the South African war, the Medical Service certainly has done so; consequently, it is now on a better footing than it has been for many years. The service is no longer greatly undermanned, the pay of the officers has been increased, the principle of promotion by merit has been recognized, opportunities for study in civil hospitals have been provided, nursing has been made more efficient, and a civilian medical element has been admitted into the administration of the Department in the form of the Advisory Board, which has done much good work, and may be expected to continue to be useful if its personnel is revived at suitable intervals.

Great credit is due to Mr. Brodrick for these reforms, and now Mr. Haldane has added another improvement in instituting a Civilian Medical Reserve by which some 450 young surgeons will be trained year by year in those duties by which an ordinary civilian medical man can be made efficient for service in time of war. The £4,500 voted in the Estimates for this purpose will, if wisely applied, yield most valuable results and provide for the time of need an adequate Reserve for the Royal Army Medical Corps trained in the special duties of an army medical officer and eager for service. The Secretary of State must not stop here. The Volunteer Medical Service equally, if not more urgently, demands his attention, and we are glad to observe from an answer to a question in the House last week that it has not been forgotten. The medical services of the Militia and Yeomanry must all be regularized and reformed so as to bring all into an efficient condition, if we are to attain anything like the perfection reached by the Japanese in the late war.

Mr. Haldane is seeking to create a scientific system of medical service for the army. We congratulate him on the ideal which he has set up, but we must warn him that if he is to realize high success he must neglect no branch, but direct his energies to the improvement of the Militia, the Yeomanry and the Volunteer Medical Services, so as to co-ordinate and organize all on a scientific system. The system must be framed with due regard to the exigencies of civilian medical practice, and we would venture to add must not be imposed from above. Mr. Haldane has promised to consult with those who are in a position to state the views of the persons concerned, and the appointment

of the special committee approved by the Council of the British Medical Association last month is therefore very opportune. This committee will be thoroughly representative of the Volunteer medical officers, both regimental and corps. It will be formally constituted at the meeting of the Central Council this month, and will, it is to be hoped, lose no time in getting to work. In this matter the Association has no particularist interests to serve; it knows nothing of the controversies which in the past have paralysed the action of certain Volunteer medical societies. Its one object will be to evolve an efficient scheme for the Volunteer Medical Service, so that it may be an honour to the profession and a sure standby for the nation in its hour of need.

APRIL 14, 1906.

VOLUNTEER MEDICAL ORGANIZATION.

SIR,—I look upon the appointment of the proposed Committee on Volunteer Medical Organization by the Central Council of the British Medical Association as a step in the right direction, and one, in fact, without which there seems to be no possible chance of progress, but by

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Each battalion may not be able to contribute so many men at first, but I have no doubt the officer, who would now have real command over his men, his sergeant, and the men themselves would take a new pride in their unit, and soon recruit up to the strength required in their neighbourhoods. The commanding officer of their battalion would be compensated for the men's khaki uniforms and a fair contribution be paid annually towards head-quarter expenses, but they would lose the capitation grant earned by the officer and men, a loss they ought to face cheerfully in view of the improved organization for providing efficient medical attendance for themselves and their men.

One more medical officer could be absorbed as quartermaster, while the remainder, with a little elasticity in regulations, could be borne on the strength as supernumeraries of the reserve, all taking turns at drill, and teaching first aid. The commanding officer of the new unit should have the assistance of the adjutant of the nearest company R.A.M.C. (Vol.) in his command, and these officers should have drawn up for them at the depot a regular course of study and instruction (with list of

books of reference) for volunteer medical officers of all ranks, and the latter should pass an examination equivalent to the P.S. at the end of twelve months for the full outfit allowance.

The large brigades will have to be provided with extra sergeant-instructors at first. The most pressing want of the bearer companies is suitable independent head quarters, and this will be accentuated in the increased medical unit. Their acquisition would absolutely insure the permanent success of the volunteer medical service, and with these depôts secured we could look forward with confidence to the beneficent career of these medical units studied about the country as efficient and convenient schools of instruction for all civil surgeon reservists and officers and men of the volunteer medical service—healthy and vigorous centres of ossification to stiffen the cartilaginous section of our corps.—I am, etc.,

JOHN J. DE ZOUKE MARSHALL,
Lieutenant-Colonel R.A.M.C. (Vol.),
Commanding E. Surrey Bearer Company.
Teddington, April 9th.

ARMY PROMOTIONS AND APPOINTMENTS WAR OFFICE, MAY 11, 1906

MEMORANDA.

The undermentioned Officers are granted the honorary rank of Major-General in the Army—
Colonel (ranked as Major-General) F. E. Melchey, C.B.,
Army Ordnance Department, Principal Ordnance Officer,
Director of Equipment and Ordnance Stores.
Colonel (ranked as Major-General) H. Thomas, C.B.,
Director-General, Army Veterinary Service.

MAY 12, 1906.

VOLUNTEER MEDICAL ORGANIZATION.

THE Volunteer Medical Service Committee appointed by the Council of the British Medical Association held its first meeting on May 4th, when all the nominated members, with two exceptions, were present. After a full and prolonged discussion it was resolved to appoint a subcommittee of twelve to prepare a scheme for the reorganization of the Volunteer Medical Service. The subcommittee was instructed that the scheme should combine the departmental and regimental systems, with one commission and one uniform, and that it should favourably consider the organization of the Volunteer Medical Service for service in the field on the lines of the R.A.M.C. (Volunteer) Field Ambulance instead of the existing bearer companies and field hospitals. The subcommittee was also instructed to prepare a scheme for a volunteer medical reserve at home, and to provide that "those volunteer medical officers who desire to join the new reserve should, if they fulfil the requirements, have preference over medical men not holding a commission in the volunteer forces, and that they shall be supernumerary in their corps while holding the appointment, that is, that any officer may be commissioned in his place, the question of capitulation being considered." The Committee further recommended that the present system of providing two men per company as regimental stretcher bearers should be abolished, and that each unit should be allowed to enrol specially for ambulance work a similar number of men including a sergeant. It was also agreed that the question of the payment of volunteer medical officers for the examination of recruits and the attendance of sick in camp should be discussed. It will be seen (p. 1128) that during his visit to Edinburgh last week the Director-General stated publicly that a complete reorganization of the Volunteer Medical Service was an urgent necessity, and expressed the opinion that if the Volunteer Medical Service was to be of real use in the event of mobilization, it was absolutely essential that it should stand in the same relation to the volunteers as the Royal Army Medical Corps to the regulars.

SCOTTISH VOLUNTEERS AMBULANCE TROPHY.

The competition for the Scottish Volunteers Ambulance Trophy took place in Edinburgh on Saturday, May 5th. The work of preparation for the occasion had largely fallen on the shoulders of Brigade-Surgeon-Lieutenant-Colonel A. D. Webster, M.D., S.M.O. of the 1st Lothian Brigade, President of the Scottish Volunteer Medical Officers' Association; Captain C. B. Ker, 1st Lothian Bearer Company, Secretary of the Association; and Captain A. Macdonald, commanding 1st Lothian Bearer Company; and the success of the meeting was in no small degree due to their untiring efforts.

Surgeon-General A. Keogh, M.D., C.B., Director-General Army Medical Service, and Honorary President of the Scottish Volunteer Medical Officers' Association, was present, and eighteen teams entered for the competition, seven being from Edinburgh, four from Glasgow, two from Dundee, and one each from Inverness, St. Andrews, Helensburgh, Hamilton, and Haddington. At the conclusion of the examinations it was found that the trophy had been won by the 1st Lothian Bearer Company, B Team; and Lady Cranston, on the invitation of the Chairman, presented it to the winners.

In the evening Surgeon-General Keogh was entertained at dinner by the Edinburgh Committee of the Scottish Volunteer Medical Officers' Association, and there were also present Lieutenant-General Leitch, V.C., General Commanding in Scotland, the Lord Provost (Sir Robert

Cranston, C.V.O.), Commanding 1st Lothian Volunteer Brigade, Colonel T. M. Corker, M.D., R.A.M.C., P.M.O. Scottish Command, Professor Annandale, and others. Lieutenant-Colonel Webster, M.D., occupied the chair, and the croupiers were Lieutenant-Colonel Ronaldson, M.D., Haddington, and Captain Halliday, M.D., Glasgow. Surgeon-General Keogh, in the course of a powerful and eloquent speech, spoke very strongly on the urgent necessity of an entire reorganization of the Volunteer Medical Service. He declared that in every direction it would conduce to greater efficiency were the service to stand in the same relation to the Volunteers as the R.A.M.C. to the regular troops, and he contended that this was absolutely essential if the Volunteer Medical Service was to be of real use in the event of mobilization.

As regards Edinburgh more particularly, this district forms a splendid field for ambulance recruiting, and it is hoped that in the immediate future the 1st Lothian Bearer Company will form the nucleus of a field ambulance which could readily be officered by junior practitioners in the various branches of medicine and surgery.

ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL J. M. IRWIN, M.B., R.A.M.C., to be Assistant Director-General, vice Lieutenant-Colonel W. Baktie, V.C., C.M.G., M.B., R.A.M.C., whose tenure of that appointment has expired, June 1st, 1906.

JUNE 2, 1906.

A SIDELIGHT ON MEDICAL EDUCATION.

IN THE SUPPLEMENT to this issue, page 294, will be found an analysis of the Service examination returns presented to the General Medical Council, such as we have been accustomed to publish for the past few years. In the main it does not differ materially from its predecessors, but there are some points worth noting. On the one hand, the number of candidates was rather larger than usual; and, on the other, there were rather more Scottish and considerably more Irish candidates than of late years. In fact, the number of the latter, 61, only fell short of that of the English candidates by 7. As usual, the greater number of the English candidates held only the conjoint diploma of the Royal Colleges of Physicians and Surgeons. All of these passed the qualifying standard, and 78.8 per cent. of the 52 won commissions. Of candidates from Irish and Scottish Universities the numbers were approximately equal, 36 and 34 respectively. Of the former, 5.8 per cent., and of the latter, 8.3 per cent., failed to pass the qualifying standard, the proportion of commissions won by them being Irish 67.6 per cent. and Scottish 66.6 per cent. A much greater difference is apparent in the performance of the representatives of the Irish and Scottish colleges. Of the latter 53.6 per cent. failed to pass the standard, and of the former 22.2 per cent. As by some the examination for the Indian Medical Service is regarded as of special interest, the figures in respect of this competition may be given separately: 6 of the 44 competitors for 23 commissions held the English Conjoint diploma alone; they all passed the qualifying standard, and 4, or 66 per cent. of them, won commissions. The Scottish Universities in their turn sent up 16 candidates, 9 of whom, or 56 per cent., proved winners. Only 7 representatives of Irish Universities appeared, of whom 4, or 57 per cent., gained commissions. The English diploma, therefore, were considerably more successful than the Irish graduates, and the Irish graduates a little in advance of their Scottish fellows. Among the remaining candidates there were 2 holding both an English degree and the English Conjoint diploma, and 4 holding English degrees alone. Both the former won commissions and 2 of the latter. The Scottish Colleges sent 6 candidates, of whom 1 earned a commission and 4 failed to pass the standard. The Irish Colleges only sent 1 candidate; he won a commission.

Establishment of paid lance-sergeants, lance-corporals, and acting bombardiers.—1. The Army Council have approved, in accordance with the provisions of Art. 542 of the Pay Warrant, the following establishment of paid lance-sergeants, paid lance-corporals, and paid acting bombardiers:—

Royal Army Medical Corps	32	149
Army Ordnance Corps	3	96
Army Veterinary Corps	9	18

2. 108 of 1905 is hereby cancelled.

—A.O. 110, May 1906.

Regulations for admission of Candidates to the Royal Army Medical Corps.

Revised regulations have been approved, and copies will be issued to all concerned. 114 of 1902 and the regulations issued therewith are cancelled.—A.O. 116, May 1906.

*Cancelled
A.O. 111 of
1907.*

RESULTS OF EXAMINATIONS.
A number of returns relating to various examinations were then laid on the table.

The following tables represent an analysis of the returns made to the General Medical Council of all examinations for the Services since the date of its last summer session—namely one for the Indian Medical Service, one for the Royal Navy, and two for the Royal Army Medical Corps:

TABLE I.
Showing the Extent of the Competition for each Service.

Services.	No. of Candidates.	No. of Vacancies.	Proportion of Candidates to Vacancies.
Royal Naval Medical Service	23	9	5 to 2
Royal Army Medical Corps	111	30	5 to 4
Indian Medical Service	44	23	5 to 3
Total or average	178	112	5 to 3

TABLE II.
Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities	68	38.1 per cent.
Scottish	47	26.4 "
Irish	61	34.2 "
Colonial	0	0.0 "
Mixed	2	1.1 "
Total or average	178	

TABLE III.
Showing the Proportion of Commissions Gained by the Candidates of each Country.

Country.	Number of Commissions Won.	Proportion of all Commissions Offered.
England	52	46.4 per cent.
Scotland	27	24.1 "
Ireland	33	29.5 "
Colonies	0	0.0 "
Mixed	0	0.0 "
Total or average	112	

TABLE IV.
Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England	68	52	76.4 per cent.
Scotland	47	27	57.4 "
Ireland	61	33	54.1 "
Colonies	0	0	0.0 "
Mixed	2	0	0.0 "
Total or average	178	112	63.0 per cent.

TABLE VIII.
Percentage Comparison of the Work of certain Classes of Candidates.

Qualifications.	Number of Candidates.	Gained Commissions.	Qualified but unsuccessful.	Total Qualified.	Number rejected.	Percentage of Winners.	Percentage qualified.	Percentage rejected.	Order.
English Conjoint diploma and English degree	5	5	0	5	0	100.0	100.0	0.0	1
English Conjoint diploma alone	52	41	11	63	0	78.8	100.0	0.0	2
English degrees alone	7	3	4	7	0	42.8	100.0	0.0	3
Irish degrees alone	34	23	9	43	2	67.6	94.1	5.9	4
Scottish degrees alone	36	24	9	45	3	66.6	92.6	7.4	5
Irish Conjoint diploma alone	27	19	11	38	6	57.0	100.0	0.0	6
Scottish Conjoint diploma alone	11	3	1	4	7	27.2	36.3	63.6	7
Other classes together	15	0	0	0	15	0.0	0.0	100.0	8
Total or average	178	112	46	158	20	63.0	88.7	11.2	

TABLE V.

Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Countries.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates	68	67	98.5 per cent.
Scottish	47	37	78.5 "
Irish	61	53	86.8 "
Colonial	0	0	0.0 "
Mixed	2	1	50.0 "
Total or average	178	158	88.7 "

TABLE VI.

Showing the Proportion of those who Failed Totally among the Candidates of Each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates	68	1	1.4 per cent.
Scottish	47	10	21.2 "
Irish	61	8	13.1 "
Colonial	0	0	0.0 "
Mixed	2	1	50.0 "
Total or average	178	20	11.2 "

TABLE VII.

Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Commissions Gained.	Qualified but unsuccessful.	Rejected.	Percentage Qualified.
English Conjoint Board alone	52	41	11	0	100
" " and Oxford degree	1	0	0	1	0
" " and Cambridge degree	1	0	0	1	0
" " and London degree	4	1	0	3	100
" " and Durham degree	1	1	0	0	100
" " and Aberdeen degree	1	1	0	0	100
English Apothecaries' Society alone	4	5	0	1	75
" " and London degree	1	1	0	0	100
English Apothecaries' Society and Scottish diploma	1	1	0	0	100
London degree alone	1	1	0	0	100
Manchester degree alone	1	1	0	0	100
Cambridge degree alone	2	1	1	0	100
Durham	1	1	0	0	100
Oxford	1	1	0	0	100
Birmingham	11	3	1	7	36
Scottish Conjoint Colleges alone	1	1	0	0	100
" " and London degree	2	0	1	1	0
Aberdeen degree alone	4	4	0	0	100
Glasgow	25	15	8	2	92
Irish Conjoint Colleges alone	27	12	11	4	78
Dublin University alone	28	12	5	1	94
Royal University of Ireland	36	11	4	1	94
Royal universities	1	1	0	0	100
Total or average	178	112	46	20	88

JAPANESE CASUALTIES AND SANITARY MEASURES DURING THE WAR.

(FROM OUR CORRESPONDENT.)

TOKIO, APRIL 19.

No official statement has hitherto been published as to the total Japanese casualties during the war. This is not attributable to any perfunctoriness of the military authorities, or to any reticence to make known heavy losses. The probable reason is that some 3,000 men are still unaccounted for. At the conclusion of the war the number of "missing" on the Japanese side was 5,000. This has now been reduced to 3,000, and we may assume that the War Department will soon reconcile itself to admit the impossibility of accounting for every man engaged in a struggle

THE TIMES, WEDNESDAY, JUNE 6, 1906.

so terrible and so protracted. Meanwhile the most trustworthy source of information has been the register of the great Shinto Shrine "Sho-ken-sha," where the spirits of those that die for their country are worshipped. One ceremony was held at this shrine in May of last year and the second is to be held in May of the present year. It is certain that on such occasions no omissions are wittingly made from the death-roll. The War Department makes every effort to be exact, and the figures may be accepted as the best up-to-date record. In May of last year the spirits worshipped were those of officers and men who fell in battle or died of wounds from the commencement of the war up to the end of January, 1905; in May of this year the ceremony will cover the period from February 1, 1905, to the conclusion of peace. The figures are these:—

Killed in battle or died of wounds from the beginning of the war until the end of January, 1905 (the battle of Heikantai excepted):—

Officers and men of the Navy — 1,587
" " " Army — 28,969
— 30,556

Killed in battle or died of wounds from February 1, 1905, to the conclusion of peace (including the battle of Heikantai):—

Officers and men of the Navy — 123
" " " Army — 20,618
— 20,741

— 51,297

At first sight this table presents a very striking feature: it seems to show that the battles of Heikantai and Mukden, together with the petty skirmishes after January, 1905, and the fighting in northern Korea and Baghailien, cost the Japanese more lives than did the Yalu, Nanshan, Teliashan, Tashichiao, Liao-yang, the Shaho, Port Arthur and the numerous lesser combats through-

out 1905. That is a very remarkable and scarcely credible comparison. Doubtless a partial explanation may be sought in the fact that deaths from wounds are included, and that of those wounded in the fierce fighting towards the close of the siege of Port Arthur or in the heavy skirmishing southward of Mukden, some did not appear on the death roll until after January, 1905. Even when allowance is made on that account, however, the fierce character of the combats at Heikantai, Mukden and to the north of the latter stands out prominently, and suggests what a terrible aggregate of casualties must have resulted had the campaign continued with greatly increased armies in the field and along such difficult lines as the upper reaches of the Liao, the Sangari, Harbin, the Tumen, and Vladivostok.

At a medical congress now sitting in Tokio, Surgeon-General Koike, one of Japan's most distinguished officers, read an address which, supplemented by figures obtained from the War Department, makes it possible to form a tolerably accurate idea of the detailed casualties throughout the campaign, so far as the army is concerned.

Final figures are these:—

Ad in battle	—	—	—	47,327
d of wounds	—	—	—	11,569
Ad and recovered	—	—	—	151,925
Total of killed and wounded	—	—	—	229,812
Ad of sickness	—	—	—	27,158
Ad and recovered	—	—	—	259,065
Total of sick	—	—	—	236,223
Total of killed, wounded, and sick	—	—	—	457,035
Total of fatal casualties	—	—	—	84,915

These figures relate to the field only—they do not include cases of sickness among the troops in Japan, and they may have to be slightly altered when the time comes for making up the final records of the hospitals.

Turning to the question of percentages, the following figures are obtained:—

SICK AND WOUNDED TREATED IN HOSPITAL.		
—	Recovered Completely.	Died.
China-Japan war of 1904-5 50.04 per cent. 14.24 per cent.		
Russo-Japan war of 1904-5 54.81 per cent. 7.25 per cent.		

WOUNDED TREATED IN HOSPITAL.

China-Japan war of 1904-5 65.25 per cent. 7.49 per cent.
Russo-Japan war of 1904-5 71.58 per cent. 6.23 per cent.*

*It should be noted that the difference between 100 and each of these totals represents men who, though they recovered, were incapacitated for active service. The results are emphatically better in the last war, except in the percentage of deaths from wounds, where the improvement is less than 1 per cent. This latter fact is attributed to the signal difference between Russian fighting and Chinese fighting. The Chinese retreated rapidly after brief resistance, so that the wounded could be quickly succoured, whereas the Russians held their ground so long that habitually many hours and often even days separated the time of treatment from the time of being struck down. This was notably the case at Port Arthur, where some Japanese wounded lay as many as nine days before their comrades could carry them in. The policy of the Russians was to deter assault by investing it with a maximum of horror.

It is conceivable that still better results might have been obtained by a larger staff of surgeons and nurses. Including the sick in Japan (97,850) and the sick (77,803) among the Russian prisoners, the sick and wounded amounted, on the whole, to 632,088, while the number of military surgeons was 4,517, that of pharmacists 630 and that of assistants (non-commissioned officers and men) 33,577. These figures are independent of the doctors and nurses furnished by the Red Cross Society and by private effort. There has not been anything published to show the greatest average number of sick and wounded that any one surgeon had to attend at one time, but it is certain that the medical staff worked with zeal and intrepidity. Thus, among the surgeons 18 were killed and 104 wounded, and the casualties among the assistants totalled 310.

Comparison of the sick with the wounded and of the numbers of deaths from these causes gives the following table:—

—	Wounded.	Sick.	Died of Wounds.	Died of Disease.
China-Japan War (1904-5)	1	6.93	1	12.09
North-China Campaign (1900)	1	4.37	1	1.97
Russo-Japanese War (1904-5)	1	1.15	1	0.27

This table is very striking, but, as General Koike remarks, it does not convey an accurate idea of sanitary progress. To obtain a true estimate of the latter we must extend the comparison to percentages of the total numbers of troops in the field. Thus:—

—	Percentage of sick for all troops engaged.	Percentage of deaths from disease for all troops engaged.
China-Japan War (1904-5)	59.70	9.29
North-China Campaign (1900)	24.93	4.33
Russo-Japanese War (1904-5)	35.04	2.99

It is remarkable that the sanitary results during the war were actually better than those obtained in time of peace. Thus, taking the year 1902, which had an exceptionally good medical record, the comparison stands:—

Average monthly percentage of sickness during the 24 months of the Russo-Japanese War	8.69
Average monthly percentage of sickness during 1902	10.21

The history of wars since the middle of the 18th century shows that deaths from sickness among troops on campaign in former times used to be generally twice or three times as numerous as deaths in battle from wounds. Sometimes the ratio rose as high as 10 to one, and loss of the campaign resulted. Frost and sun are an army's greatest enemies. The Japanese medical staff took special precautions against these, but it may also be said that they neglected nothing which could make for the soldier's health. Each man received a copy of a little book compiled by General Koike and entitled, "Guide to Sanitation on Campaign." It contained explicit and succinct cautions against unhealthy practices of every kind as well as instructions concerning food and drink. It was not taken for granted that the men would read this volume. Every opportunity was seized—especially on board ship when military duties did not claim much of the troops' time—to acquaint them with the contents of the book and with the cardinal principles of sanitation in general. Further a small flat tin box of pills called Seiro-gun (Russian purgatives) was served out to each soldier, with instructions to take one before every meal. These Seiro-gun were invented by Professor Kotzuka and had been tested by Surgeon-General Baron Hashimoto and other medical experts, who pronounced them an excellent preventive against dysentery, typhoid, and cholera. Over two millions had to be compounded every day. It is related that the Chinese, persuaded of the wonderful efficacy of these pills, used to offer from 2 to 5 yen for a box, and probably they often succeeded in making a purchase. As a matter of course members of the sanitary corps preceded the troops, testing the wells before the latter used them and disinfecting all unwholesome places. No question, indeed, received more attention than that of water for drinking. As far as possible the precaution of boiling was taken—numbers of portable boilers on wheels accompanied each corps; and when the men, being in the fighting line, could not be thus served, a bacillus-destroying strainer was employed. The practicability of this device for killing bacilli had been discussed for many years without a satisfactory result, but finally a pharmacist called Ishizu invented a filter which served the purpose, and this, having been strongly recommended by the great bacteriologist, Mr. Kitazato, was employed with slight modifications. In short, the Japanese medical staff may be said to have been almost thoroughly equipped against every emergency. In addition to the Koike made mucus, the Kotzuka pills, the portable water-boilers and the Ishizu filter they had the Hirayama system of disinfection which they applied not only to every building, but also to every ship and boat occupied by the troops. It goes without saying that there were special garments for preventing frost-bite and special headgear to avert sunstroke; that the provisions supplied to the men varied according to the nature of the duties imposed on them, and that precautions were taken against fermentation of rice rations in summer or their freezing in winter. One thing only had not been foreseen, the Manchurian fly. Partly because of the climate and partly because of the dirty habits of the people, Manchuria is infested with flies, and the Japanese troops suffered greatly from this nuisance. It was not until the close of the second summer that the absolute necessity as well as the feasibility of destroying the eggs of the flies was discovered. Unfortunately it was then too late to do much. No compounding of medicines was entrusted to persons other than official pharmacists. The drugs all came in tablet form—300,000 cases costing 7,100,000 yen. To private hands was entrusted only the preparation and rolling of bandages, and this too had to be done under expert supervision, mainly at the Red Cross Hospital in Tokio.

It need scarcely be said that the transport of the wounded offered great difficulties. General Koike relates that from the outset the medical staff endeavoured to avoid lengthy treatment at the front, partly on account of the difficulty of supplying provisions and partly because the wounded could not be duly cared for there. Stretchers, land-transport wagons, and Chinese carts were therefore requisitioned, and water-carriage was utilized whenever possible, the Hun, the Pan, the Liao, and the Yalu all serving for that purpose. So soon as ever their condition permitted, the patients were shipped for hospitals in Japan, where they were tended by 5,470 nurses from the Red Cross Society of Tokio, together with 5,131 civilian medical professors and practitioners who had volunteered, and a number of nurses and assistants from abroad. The War Department had caused 18 steamers to be specially fitted up as hospital

ships, and there were two similar ships belonging to the Red Cross Society, but these had to be supplemented by six transports of over 6,000 tons each.

Certainly if results prove the efficiency of a system the Japanese deserve credit. Without going back to Occidental conflicts where contagious diseases wrought such havoc again and again among armies, we find that in the China-Japan war 14 per cent. of the patients were contagious cases, whereas in the Russo-Japanese war the percentage was only 3.7. More remarkable still is the record for frost-bites. Of these there were 4.21 per cent. among the sick in the China-Japan war against 0.35 in the last war. The prevention of *hokke* (berd-berd) alone continues to elude Japanese physicians in war-time. The percentage of sufferers from this fell disease during peace has been reduced to 0.44, but in the China-Japan war it rose to 18 per cent., and in the Russo-Japanese war the figure was 16. The belief is that too much use of pure rice is responsible, but there are independent objections to a mixed diet of barley and rice on campaign. General Koike frankly admits, however, that the Japanese medical faculty do not yet understand *hokke*.

It remains to note a few figures showing the casualties in field fighting compared with those in the attack of fortresses:—

—	KILLED AND WOUNDED.		Combined Attack of field-fort and attack of fortresses.
	Field Fighting.	Attack of Fortresses.	
Japan-China War	Per Cent. 1.35	Per Cent. 1.69	Per Cent. 1.57
North-China Campaign	2.04	—	2.04
Russo-Japanese War	13.65	17.79	14.63
European Wars since 1742	12.97	17.51	15.90

It is thus seen that the record for the Russo-Japanese War in Japan's case is a close approximation to the records for European wars since the middle of the 18th century.

MEDICAL SCIENCE AND MILITARY STRENGTH.

TO THE EDITOR OF THE TIMES.

Sir,—The attention which you have directed on several occasions to the success of the Japanese medical arrangements during the late war inspires me to claim the indulgence of your columns to plead for a neglected branch of military economy.

The medical service, of all departments in the Army, excites the acutest criticism during a campaign, and the most meagre public interest in peace. The temporary expansion authorized for the Egyptian campaigns of 1884-5 was summarily reduced by Lord Randolph Churchill's Parliamentary Committee in 1888, and, consequently, ten years later, the unprecedented strain of the South African war found the Army Medical Corps unprovided with Reserves, while the great strides made by science in the interval had been to some extent lost on a body of officers who, being barely sufficient for peace duties, had no leisure for study.

All this has now been remedied. Distinguished members of the civilian profession, such as Sir Frederick Treves, Sir Alfred Fripp, and Sir Cooper Perry, have co-operated with the heads of the Army Medical Corps to give us a personnel and equipment second to that of no army in the world. The reforms introduced in 1901-2 as to pay, terms of service and study leave, and the establishment of the R. A. M. College have revolutionized the position of the corps. The House of Commons has made liberal provision. The expenditure on the Medical Vote, which in 1893 was £235,000, is now £490,000; the medical officers have risen from 832 to 1,062; the nurses, administered under the personal supervision of Queen Alexandra, have risen from 80 to 411. The Medical College will shortly be in full work for the instruction of officers.

The popularity of the reformed service is attested by the candidates for entry, who in 1898, as in preceding years, numbered only 64 for 79 vacancies; but in 1903, 1904, and 1905 rose to 129, 100, and 129 for 69, 69, and 65 vacancies. "Short service" has proved attractive, and has lost us nothing, for up to the present time only one officer has availed himself of the provision in the Royal Warrant which permits an officer between his third and sixth year of service to leave the colours for the Reserve. The Army Medical Corps, provided the efficient civilian Reserve contemplated by the Secretary of State is duly formed, is thus equipped for any reasonable campaign.

But this is only the groundwork, the superstructure has still to be reared. The humanitarian problem of tending the sick and wounded has been faced; why lock the door after the steed is stolen? Our soldier has a better chance of recovery than the sick or wounded man of the Napoleonic wars, but the regulations of the British service as to disease prevention remain substantially what they were 100 years ago.

The appalling figures which face us can scarcely be made tolerable by comparing a campaign in a healthy climate like South Africa with such notoriously mismanaged expeditions in severe climates as Walcheren or the Crimea. At Walcheren in 1809 out of every 1,000 of strength, 347 died of disease while only 16 per 1,000 were killed by the enemy. In the Crimea 230 per 1,000 died of disease, while about 150 per 1,000 succumbed to wounds. In 8. Africa, where the strength was enormously greater, the deaths per 1,000 were 69 from disease and 42 from wounds, but the admissions to hospital were 746 per 1,000 from disease and 34 from wounds. In other words, about 450,000 were passed through the hospitals for disease during the war, and 14,800 deaths occurred, while the admissions for injuries in action were only 22,000. Surely if this immense waste of strength is avoidable, the maintenance of health among soldiers is as important as raising recruits, yet we neglect the one, while the other difficulty is always present to us.

The two great scourges of armies in the field are dysentery and enteric fever. These two diseases alone caused 74,000 admissions to hospital and 9,200 deaths in South Africa. Yet both are in medical opinion largely preventable by a system which would provide for the isolation of those affected with communicable disease, by a scientific system of excreta disposal, and a satisfactory water supply. The sterilization of water during field service is being practically carried out at Aldershot, but of what value is a scientific system if we leave it outside the purview of the combatant officer?

The Army medical officer is placed in a profoundly unsatisfactory position. In a campaign he is as heavily worked as any Staff officer. He has all the organization of hospitals and of the machinery of healing under his charge. He is a health officer, but he has no sanitary staff. He is responsible, but he can give no orders. He can only act through a commanding officer, often junior to him, who has no technical knowledge. How can it be expected that in war, where every officer has his allotted task and the weight of responsibility is very heavy, executive sanitary functions which require constant and unremitting attention will be effectively performed if they are "thrown in" with a number of other duties? We go to war with an establishment of 16 per battalion allotted as stretcher bearers for the relief of the wounded. Many medical officers would dispense with half this humanitarian establishment, if they could obtain, in lieu of it, eight men to be trained as sanitary inspectors, refuse burners, disinfectors, and the like. If this be held to be an extravagant suggestion, be it remembered that for every man wounded, 20 sick men are brought to hospital largely from preventable causes. The unopposed crossing of the Modder river lost us from typhoid far more men than the battle of Colenso from wounds.

One remedy is simple. Why should not the admirable body of Army Medical officers who have made sanitary conditions a study educate combatant officers in the elements of military hygiene? Every cadet at Sandhurst or Woolwich should be examined on passing out in a problem which he should grasp as easily as tactics or strategy, since upon it the fighting strength by which he is to win his battles depends. A captain before promotion to major might be encouraged to get a special certificate which would excuse him from all such training at the Staff College. Can one officer in 100 test water, and decide whether it is drinkable? Would a village builder erect an outhouse with as little sanitary knowledge as the officer possesses who has to lay out a large camp? It is due to the absence of such training that after one of our worst actions in Natal the hospital for wounded was pitched on the lee side of a hill, getting the full benefit in torrid heat of the flies and smells from a slaughter-house on the weather side.

In the Crimea commanding officers still regarded supply services as being, in the language of our allies, "L'Affaire de M. le Commissaire." To-day everything relating to health is still "doctor's duty." Nothing would surprise the Japanese so much, should we ever conduct a campaign together, as our indifference to the health of our men until they actually get ill.

In the Japanese army recruits on first joining receive instruction as to health, and officers learn sanitation as they learn drill. All doubtful water is boiled on a campaign. Pills preservative against fever are placed on a par with the reserve ration. Japanese soldiers, as Sir Ian Hamilton attests in his recent work, are so afraid of missing a battle that they cross-question the hospital attendants as to the water they drink. Sick men are not "bien vu" in the Japanese army. Why is not the instinct of self-preservation given a chance by explaining to our soldiers the rudiments of health which one distinguished Japanese leader said he had taught his division weekly for nine years?

Japanese farsightedness enables them to reduce their "constantly sick" in war to 5 per cent. Our haphazard system forces us still to provide for 10 per cent. We are, therefore, paying for something like double the hospital accommodation,

equipment, and personnel which is necessary. Even if suffering, death, and military efficiency could be put on one side, how long will the nation acquiesce in this vast waste of money?

I greatly fear that the reforms instituted after the war will not go forward in this and other respects while the medical branch of the Army is denied its proper status at Headquarters. A large proportion of the questions which come before the Army Council necessarily involve medical opinion. For two years the Director-General had direct access to the Secretary of State and was present at the Army Council, with great advantage to the Army. The Escher Committee placed him again under the Adjutant-General, who happened to be his junior in rank. How can a man without technical knowledge properly represent a scientific department? What chance is there that an officer with such responsible and multifarious duties as the Adjutant-General will press forward subjects, however important, which are not in his line?

At the risk of further trespassing on your indulgence, I would cite one result of this faulty change. In 1902-3 the whole of the military hospitals at home were reported upon by members of the Army Medical Board. Some hospitals were found unsanitary; many were altogether out of date. It was made clear that by concentration of hospitals at some cost a greatly improved service could be obtained with a future reduction of annual charge. A sum of money was devoted in 1903 to immediate needs, but this urgent question has since slumbered. What hope is there, since Mr. Haldane has felt compelled to reduce the loan expenditure on new barracks and hospitals and to abandon the system of loans for the future, that medical needs will be pressed by the Adjutant-General's Department in preference to their own curtailed services?

I believe that public opinion, civil and military, when it realizes the economy of suffering and of money desired by the Army Medical Department and the eminent civilians associated with it, will support my appeal. Prevention is better than cure.

Your obedient servant,

ST. JOHN BRODRICK.

34, Portland-place, June 4.

FRIDAY, JUNE 8, 1906.

ARMY MEDICAL REFORM.

TO THE EDITOR OF THE TIMES.

Sir,—It is much to be hoped that Mr. Brodrick's incisive and startling letter on Army medical matters will reach the almost dull ear of the public and arouse some little concern in the fearful loss of life from preventable disease among British soldiers in times of war. As one medical writer truly says, "In the Boer war the English losses from disease were simply frightful." As the matter at present stands these losses will be again "simply frightful" in the next campaign in which British troops are engaged.

Thanks largely to Mr. Brodrick, the Army Medical Corps, as regards its personnel, its equipment, and its internal organization, is second to none in the world, but in the field it is—in the most important part of its duty—almost helpless.

Will the public ever heed that in the South African war there were something like 450,000 admissions to hospital from sickness and some 22,000 admissions on account of wounds or injuries received in action? The total admissions to hospital for disease were 746 per thousand and for wounds 34 per thousand. From this it will appear that the casualties received in battle are, by comparison with the appalling results of disease, almost insignificant. Still more lamentable is the fact that nearly one-half of the total losses by death, from all causes, during the South African war were due to enteric fever and dysentery—to diseases which are, to a large extent, preventable.

The figures published in *The Times* of to-day show that in the Russo-Japanese war the proportion of deaths from wounds to deaths from disease is as 1.0 to 0.37. To these astonishing figures may be added those which show that the percentage of deaths from sickness for all troops engaged was only 2.99.

In South Africa—to quote Mr. Brodrick's figures—dysentery and enteric fever alone were answerable for 9,200 deaths. These deaths from diseases which are to a large extent preventable should weigh heavily upon the consciences of the people of this country. Some thousands of these men ought not to have died.

The cause of this is not far to seek. That "prevention is better than cure" is an adage to which the Army authorities, knowing these facts, do not appear to attach any practical value. If the medical service had a free hand, it could prevent disease. At present there is no co-ordination of sanitary effort, and no organization to cope with the great hygienic problems encountered on field service. There is no evidence as to who is to be held responsible for failure in

sanitation. The Principal Medical Officer has no authority in the matter and no power nor organization at command to carry out what he knows to be needed. The combatant officer receives no systematic training in the hygiene of troops on a campaign. The private soldier is taught how to seek cover but not how to save himself from infection.

The medical energy of a British Army in the field is at the wrong end of the column. It is in the rear, to deal with the sick who fall out of the ranks; it should be in the van to protect the column from the onset of disease. Scouting is limited to the armed enemy and pays no heed to the far more fatal foe.

I am quite aware that there are differences between British and Japanese troops which may render the results obtained by the latter impossible to us. Such results, however, may at least be aimed at. How they were obtained may be gathered from the following quotations taken from Surgeon-Major Seaman's book (*"The Real Triumph of Japan,"* New York, 1906):—

Japan organized her Medical Department on broad, generous lines, and gave its representatives the rank and power their great responsibilities merit, recognizing that they had to deal with a foe that kills 30 per cent. of the total mortality. She even had the tenacity (strange as it may seem to an English or American Army official) to grade her medical men as high as the officers of the line who combat the enemy that kills only 20 per cent.

Military and naval medical officers are obliged to take special courses in hygiene and sanitation at their respective military and naval medical schools, and the study of hygiene was made compulsory in the military and naval academies.

The chief method by which their success in the prevention of disease is achieved consists in the systematic instruction given in elementary hygiene, as well as first aid, by the medical officer to every soldier who is enrolled in the army.

So far as the British Army is concerned, I venture to think that the following reforms are necessary in order to bring about the ends suggested above:—

1. The head of the Army Medical Department should be a medical man. At present, strange to say, the head of that department is the Adjutant-General.

2. The Director-General of the Army Medical Department should be responsible for its efficiency and economical administration in all its branches, and should have control of the money voted for the medical service.

3. The Army medical officer should be vested with such authority and provided with such personnel as will enable him to carry out those sanitary arrangements in the field which experience has proved to be absolutely essential to secure the minimum loss of life from disease.

4. The combatant officer should have as a part of his qualifications some knowledge of hygiene as applied to campaigning and barrack life; and a like knowledge, of a more elementary character, should be possessed by the private soldier.

Except for some increase in personnel these reforms involve no increased expenditure. At present the Medical Department mobilises—in time of war—for 10 per cent. of sick. Under the conditions named above, it would be possible to enter upon a campaign with a provision for only 7 per cent. of sick, or in time for even less. This would involve not only a great saving of money, but a great saving of life.

Your obedient servant,

FREDERICK TREVES.

6, Wimpole-street, W., June 6.

The British Medical Journal, JUNE 9, 1906.

THE SANITARY FUNCTION OF THE ARMY MEDICAL SERVICE.

In the *Times* of June 6th there appeared a letter on medical science and military strength from Mr. St. John Brodrick, the greater part of which is reprinted at page 1359. Such a deliverance from a former Secretary of State for War, will, it is to be hoped, mark the dawn of a better day—one in which the vital importance of what Mr. Brodrick most justly calls "a neglected branch of 'military economy'" will at last be fully appreciated, both by the men in whose hands is placed the control of the army and by the nation which has to pay heavily for its maintenance. To readers of the *BRITISH MEDICAL JOURNAL* there is nothing new in Mr. Brodrick's contentions; the novelty is that views to which he gives such vigorous utterance should have found so authoritative a voice. Mr. Brodrick repeats what we ourselves have said, in season and out of season, for years past, and we cordially welcome so powerful an ally. It is peculiarly gratifying that he should have come forward to plead for further reforms in the Army Medical Service, for of all the *cirri consulares* now released from official restraint, he is the one who has the best right to be heard on the subject. It is to him that we owe most of the reforms which have been made in the medical service of the army since the South African war. Fortunately there was no time for Mr. Arnold-Forster's effacing fingers to wipe out what his predecessor had

done, and even the ill-inspired Esler Committee was prevented by the good sense of the late Government from doing all the mischief it intended. The nation has cause to be grateful to Mr. Brodrick for the enlightened spirit which he brought to the solution of a problem that had been dealt with so ineffectually before him. On this account, it should be all the more ready to listen to his warnings, and insist on the adoption of his recommendations.

After reviewing with justifiable satisfaction the improvement in the conditions of the service and its consequent increased popularity and efficiency, Mr. Brodrick goes on to indicate two further steps in advance which are needed to place it in a position to meet the exigencies of modern warfare. These are an efficient machinery for the prevention of disease, and the securing of a fair hearing on the needs of the service by giving its head a voice in the deliberations of the Army Council. With regard to the former, Mr. Brodrick says the regulations of the British service remain substantially what they were a century ago. He shows by statistics that there was more preventable sickness in South Africa, notwithstanding the advantages of the climate, than in the disastrously mismanaged expeditions of Walcheren and the Crimea, where the rigours of the climate were a terrible addition to other causes of disease. The two great scourges of armies in the field—dysentery and enteric fever—are largely preventable, but they cannot be prevented as long as the medical officer is hampered by the existing military organization. He is powerless to enforce sanitary measures, for, though responsible, he can give no order. His recommendations have to pass through a commanding officer who has no technical knowledge, and who often regards everything relating to health as "doctor's duty" which is no concern of his, and which indeed he too often looks upon with the ignorant contempt of the fighting man. Amid the multiplicity of his other duties, the medical officer in the field can find no time to give the requisite attention to the carrying out of the sanitary precautions which are essential if disease is to be prevented. Though almost encumbered with superfluous help in the care of the wounded, he has no sanitary staff. Until it is understood that the prevention of disease is the first and most important function of the medical officer, and his duties are organized on that basis, so long, it is to be feared, will the disasters of South Africa continue to be repeated in future wars.

But however well equipped the sanitary service of the army may be, it cannot of itself do all that is expected of it. The active co-operation of regimental and staff officers is essential. We are glad to see that Mr. Brodrick suggests that these officers should be educated in the elements of military hygiene. This is absolutely necessary if they are to appreciate the importance of the hygienic measures recommended by the medical staff, and the better they appreciate this the more effectively will they help in carrying them out. It has already been stated in the *BRITISH MEDICAL JOURNAL* that a beginning towards the accomplishment of this most desirable reform was made some years ago. The courses of instruction were so greatly appreciated by the more intelligent officers that it was proposed to enlarge the opportunities thus offered them of learning what is an essential part of their business. The example of Japan with its sick-rate of 5 per cent. shows what can be done when officers and men appreciate the importance of sanitation, and are ready to act on the advice of the medical officers.

Mr. Brodrick clearly sees that there is little chance of further reforms being effected as long as there is no medical centre in the brain of the army. For two years the Director-General had direct access to the Secretary of State and had a seat on the Army Council when questions requiring expert knowledge for their solution were under discussion, and Mr. Brodrick recognizes that this was of great advantage to the army. The retrograde step taken by the Esler Committee, in the face of the strongest representations from the British Medical Association, has had the result of causing a number of matters of importance to the well-being of the army to be shelved on one pretext or another. How could it be otherwise when the requirements of the medical service have to be made known through the Adjutant-General, who may be out of sympathy with demands which he imperfectly understands, and who is so burdened with multifarious duties in other directions that, with the best will in the world, his attention to matters outside his proper sphere must necessarily be perfunctory?

We earnestly trust Mr. Brodrick's appeal will not fail, as ours have so often fallen, on deaf ears, and that his facts and arguments will impress on the public the great truth that medical science is a vital part of military strength. It is scarcely complimentary to our

intelligence that a truth so readily grasped by a people to whom modern science is an acquisition almost of yesterday, should be practically ignored in the country which is the birthplace of hygiene.

JUNE 16, 1906.

ARMY MEDICAL REFORM.

MR. BRODRICK'S letter on army medical reform, to which reference was made in our last issue, has awakened a powerful echo in a letter from Sir Frederick Treves, which appeared in the *Times* of June 8th. He says with truth that, thanks largely to Mr. Brodrick, the Army Medical Corps, as regards its personnel, its equipment, and its internal organization, is second to none in the world, but in the field it is, in the most important part of its duty, almost helpless. After reciting the South African statistics of sickness and wounds respectively, Sir Frederick Treves says that if the medical service had a free hand it could prevent disease. At present, however, there is no co-ordination of sanitary effort, and no organization to cope with the great hygienic problems encountered on field service. Who is responsible for failure in sanitation? Apparently no one. The Principal Medical Officer cannot be held accountable, for he has no means of doing what is needed and no authority to use it if he had. The combatant officer is ignorant of hygiene, and the soldier, though he has been taught how to seek cover, has received no instruction how to guard against infection. The medical energy of the British army, says Sir Frederick Treves, in the field is at the wrong end of the column. It is in the rear to deal with the sick; it should be in the van to ward off the onset of disease. By way of remedy he urged that the head of the Medical Department should be not, as at present, the Adjutant-General, but the Director-General, who should be responsible for its efficiency and economical administration, and should have control of the money voted for the medical service. The army medical officer should have authority to order, and a personnel at his command to carry out the necessary sanitary arrangements, while the combatant officer and the soldier should know enough of hygiene to secure their obedience and intelligent co-operation in the work. It is pointed out by Sir Frederick Treves that these reforms would entail no additional expenditure except for some increase in personnel, while instead of providing for 10 per cent. of sick as is now the case, it would be possible to enter on a campaign with provision for only 7 per cent., or in time for even less. Like Mr. Brodrick, Sir Frederick Treves advocates the same reforms for which we have over and over again pleaded. We have piped, but the War Office has not danced. We hope that, now

the tune has been taken up by such powerful voices, the public, which has to pay for the tremendous loss of efficiency caused by preventable disease in war, will at last be got to listen. The indifference with which the whole question of army medical reform has hitherto—except in occasional spasms of indignation when a scapegoat was wanted—been regarded both by the military authorities and the nation, can only be explained by the ignorance of the principles of hygiene which still prevails among the people. Till that is removed, the importance of preventive measures will not be understood, and nothing will be done. We heartily join in the hope expressed by Sir Lauder Brunton that a clause making the teaching of hygiene in schools compulsory will be introduced into the Education Bill now before Parliament.

JULY 7, 1906.

THE TRUE FUNCTION OF THE ROYAL ARMY MEDICAL CORPS.

IT HAS become obvious recently that some misconception is current as to what should be the true duties of the Royal Army Medical Corps. The public memory is very short, for it is only some five years since the nation, with the assistance of a Royal Commission, discovered the reasons why the medical arrangements of our armies in the field were not satisfactory. The difficulties in the field were found to be due in the main to two causes, first and chiefly, to imperfect

1 Report of the Royal Commission on the Care and Treatment of the Sick and Wounded during the South African Campaign, pp. 7 to 11 and p. 69.

sanitation, and secondly, to a lesser but still large extent to insufficient nursing.

Taking first the question of nursing, it may be recalled that it was found on inquiry that the men employed for nursing were willing but were insufficient in numbers and untrained in nursing duties. Steps have been taken to remedy these defects by increasing the strength of the Corps, and by specially training a section of the men as nurses. As time progresses the number of trained male nurses at the disposal of the medical department of the army will be sufficient to cope with the nursing required in

done, and even the ill-inspired Escher Committee was prevented by the good sense of the late Government from doing all the mischief it intended. The nation has cause to be grateful to Mr. Brodrick for the enlightened spirit which he brought to the solution of a problem that had been dealt with so ineffectually before him. On this account, it should be all the more ready to listen to his warnings, and insist on the adoption of his recommendations.

After reviewing with justifiable satisfaction the improvement in the conditions of the service and its consequent increased popularity and efficiency, Mr. Brodrick goes on to indicate two further steps in advance which are needed to place it in a position to meet the exigencies of modern warfare. These are an efficient machinery for the prevention of disease, and the securing of a fair hearing on the needs of the service by giving its head a voice in the deliberations of the Army Council. With regard to the former, Mr. Brodrick says the regulations of the British service remain substantially what they were a century ago. He shows by statistics that there was more preventable sickness in South Africa, notwithstanding the advantages of the climate, than in the disastrously mismanaged expeditions of Walcheren and the Crimea, where the rigours of the climate were a terrible addition to other causes of disease. The two great scourges of armies in the field—dysentery and enteric fever—are largely preventable, but they cannot be prevented as long as the medical officer is hampered by the existing military organization. He is powerless to enforce sanitary measures, for, though responsible, he can give no order. His recommendations have to pass through a commanding officer who has no technical knowledge, and who often regards everything relating to health as "doctor's duty" which is no concern of his, and which indeed he too often looks upon with the ignorant contempt of the fighting man. Amid the multiplicity of his other duties, the medical officer in the field can find no time to give the requisite attention to the carrying out of the sanitary precautions which are essential if disease is to be prevented. Though almost encumbered with superfluous help in the care of the wounded, he has no sanitary staff. Until it is understood that the prevention of disease is the first and most important function of the medical officer, and his duties are organized on that basis, so long it is to be feared, will the disasters of South Africa continue to be repeated in future wars.

But however well equipped the sanitary service of the army may be, it cannot of itself do all that is expected of it. The active co-operation of regimental and staff officers is essential. We are glad to see that Mr. Brodrick suggests that these officers should be educated in the elements of military hygiene. This is absolutely necessary if they are to appreciate the importance of the hygienic measures recommended by the medical staff, and the better they appreciate this the more effectively will they help in carrying them out. It has already been stated in the *BRITISH MEDICAL JOURNAL* that a beginning towards the accomplishment of this most desirable reform was made some years ago. The courses of instruction were so greatly appreciated by the more intelligent officers that it was proposed to enlarge the opportunities thus offered them of learning what is an essential part of their business. The example of Japan with its sick-rate of 5 per cent. shows what can be done when officers and men appreciate the importance of sanitation, and are ready to act on the advice of the medical officers.

Mr. Brodrick clearly sees that there is little chance of further reforms being effected as long as there is no medical centre in the brain of the army. For two years the Director-General had direct access to the Secretary of State and had a seat on the Army Council when questions requiring expert knowledge for their solution were under discussion, and Mr. Brodrick recognizes that this was of great advantage to the army. The retrograde step taken by the Escher Committee, in the face of the strongest representations from the British Medical Association, has had the result of causing a number of matters of importance to the well-being of the army to be shelved on one pretext or another. How could it be otherwise when the requirements of the medical service have to be made known through the Adjutant-General, who may be out of sympathy with demands which he imperfectly understands, and who is so burdened with multifarious duties in other directions that, with the best will in the world, his attention to matters outside his proper sphere must necessarily be perfunctory?

We earnestly trust Mr. Brodrick's appeal will not fall, as ours have so often fallen, on deaf ears, and that his facts and arguments will impress on the public the great truth that medical science is a vital part of military strength. It is scarcely complimentary to our

intelligence that a truth so readily grasped by a people to whom modern science is an acquisition almost of yesterday, should be practically ignored in the country which is the birthplace of hygiene.

JUNE 16, 1906.

ARMY MEDICAL REFORM.

MR. BRODRICK'S letter on army medical reform, to which reference was made in our last issue, has awakened a powerful echo in a letter from Sir Frederick Treves, which appeared in the *Times* of June 8th. He says with truth that, thanks largely to Mr. Brodrick, the Army Medical Corps, as regards its *personnel*, its equipment, and its internal organization, is second to none in the world, but in the field it is, in the most important part of its duty, almost helpless. After reciting the South African statistics of sickness and wounds respectively, Sir Frederick Treves says that if the medical service had a free hand it could prevent disease. At present, however, there is no co-ordination of sanitary effort, and no organization to cope with the great hygienic problems encountered on field service. Who is responsible for failure in sanitation? Apparently no one. The Principal Medical Officer cannot be held accountable, for he has no means of doing what is needed and no authority to use it if he had. The combatant officer is ignorant of hygiene, and the soldier, though he has been taught how to seek cover, has received no instruction how to guard against infection. The medical energy of the British army, says Sir Frederick Treves, in the field is at the wrong end of the column. It is in the rear to deal with the sick; it should be in the van to ward off the onset of disease. By way of remedy he urges that the head of the Medical Department should be not, as at present, the Adjutant-General, but the Director-General, who should be responsible for its efficiency and economical administration, and should have control of the money voted for the medical service. The army medical officer should have authority to order, and a *personnel* at his command to carry out the necessary sanitary arrangements, while the combatant officer and the soldier should know enough of hygiene to secure their obedience and intelligent co-operation in the work. It is pointed out by Sir Frederick Treves that these reforms would entail no additional expenditure except for some increase in *personnel*, while instead of providing for 10 per cent. of sick as is now the case, it would be possible to enter on a campaign with provision for only 7 per cent., or in time for even less. Like Mr. Brodrick, Sir Frederick Treves advocates the same reforms for which we have over and over again pleaded. We have piped, but the War Office has not danced. We hope that, now the tune has been taken up by such powerful voices, the public, which has to pay for the tremendous loss of efficiency caused by preventable disease in war, will at last be got to listen. The indifference with which the whole question of army medical reform has hitherto—except in occasional spasms of indignation when a scapegoat was wanted—been regarded both by the military authorities and the nation, can only be explained by the ignorance of the principles of hygiene which still prevails among the people. Till that is removed, the importance of preventive measures will not be understood, and nothing will be done. We heartily join in the hope expressed by Sir Lauder Brunton that a clause making the teaching of hygiene in schools compulsory will be introduced into the Education Bill now before Parliament.

JULY 7, 1906.

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In the Manchurian war the Japanese proved the pioneers of preventive medicine in the field. Why cannot the British Army follow the lead? Not for want of knowledge of its value. Not for want of desire to do so on the part of those responsible for the efficiency of the Army Medical Service. The secret of the difficulty lies in the inertia of the mass, the dead weight resistance to innovation, the stolid "as you were" of preconceived ideas and effete custom. The Japanese started with a clean slate. The causes mentioned above prevent us

sanitation, and secondly, to a lesser but still large extent to insufficient nursing.

Taking first the question of nursing, it may be recalled that it was found on inquiry that the men employed for nursing were willing but were insufficient in numbers and untrained in nursing duties. Steps have been taken to remedy these defects by increasing the strength of the Corps, and by specially training a section of the men as nurses. As time progresses the number of trained male nurses at the disposal of the medical department of the army will be sufficient to cope with the nursing required in

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the field ambulances, leaving also a proportion for nursing in the hospitals. It must be borne in mind that it requires prolonged training to create a nurse; the nursing section is therefore a training school, from which the majority of those trained pass early into the Reserve, if they do not obtain advancement.

But in order to train these men, and at the same time to have a fair nucleus of women nurses for the war hospitals, a further step was necessary. That step was the reorganization (including an increase in numbers) of the Army Nursing Service. Fortunately, these improvements are now well in working order, and the tented cities of pestilence of the past will in future be hospitals in every way fitted to cope with their duties.

Before leaving this subject it is necessary to controvert certain fallacious statements which have recently been made. In the first place, it is not the case that the new Nursing Section of the Royal Army Medical Corps is unpopular with the men; the truth is that there are more candidates desirous of qualifying as nurses than can be accepted. In the second place, the system is, in fact, producing excellent male nurses, and is thus becoming efficient for the nursing requirements of the army both in peace and war. Again, it is not true that Queen Alexandra's Imperial Military Nursing Service is an expensive establishment. So far as can be gathered from the Army Estimates for this year (p. 40) the average cost of each member is £110 per annum. For this moderate average charge, actually no greater in the aggregate than would be the cost of maintaining an equivalent staff of warrant and non-commissioned officers, army nursing is being made efficient. Lastly, it is incorrect to say that there is not a sufficiency of cases for nursing in military hospitals. The number of nurses is proportioned to the bad cases. As a matter of fact, the army Sister has nearly twice as many cases under her supervision as the Sister of a civil hospital.

Let us now turn from nursing to that which should be the highest function of the Royal Army Medical Corps—the prevention of disease. In order to deal with this sanitary question a new departure is demanded. In this new departure it is to be sought the practical realization of the dreams of preventive medicine. If the Royal Army Medical Corps can realize these dreams, it

See first 4 page 71 - reverse -

from cleaning ours, and occasional dabs would fairly represent our past efforts at cleaning. Perhaps in time, through the sustained energy of the head, aided by the enthusiasm of a few enlightened followers, the inertia may be overcome, and the wiping-out process effected. When this clean slate has been obtained, "Sanitary Section" will be written across it. Then the highest aim of medicine will be the highest aim of the Royal Army Medical Corps, which will be able to pride itself on fulfilling its most essential function in relation to the army.

It is not necessary here to detail the duties of such a section; the comprehensive term, army sanitation, includes the whole range of hygiene as applicable to armies in peace and war, and more especially the latter. Neither is it necessary to sketch the organization whose object will be the provision of specially-trained water-sterilizers and sanitary inspectors. It is only necessary to emphasize now, in general terms, the supreme importance of the broad fact that sanitation is the highest duty, not only of the officers, but emphatically also of the men of the Royal Army Medical Corps.

An ideal organization of the Royal Army Medical Corps would involve the subdivision of the non-commissioned officers and men into sections, which in order of importance would be as follows: (1) A trained sanitary section, containing sufficient non-commissioned officers and men to supervise the water supplies and conservancy of an army in the field; (2) a nursing section, with sufficient trained men to nurse in situations to which women can have no access; (3) a cooking section; (4) a section composed of men who will carry out the rough work connected with hospitals. This section now exists as the General Duty Section—an excellent name, for its members carry out such work as requires no more special training than is given during the recruits' course at the Aldershot Depot. But its work is essential in order that the sanitarians, nurses, etc., may be free to perform their technical duties. (5) A clerks section.

When this ideal has been attained we shall find the man and the woman each working in his or her own sphere, mutually co-operating for the good of the army, the one in preventing disease, the other in alleviating suffering; the man working where the woman cannot go; the woman working so that she can set free the

man to carry on man's work in the zones of danger.

JULY 14, 1906.

MILITARY NURSING.

THE *Broad Arrow* is again singularly unfortunate in its references to Queen Alexandra's Imperial Military Nursing Service. In a leading article on "The Military Nursing Service" in its issue of July 7th, it brings forward the Toyama Branch Hospital in Tokio as an argument in support of its contention that the nursing section of the R.A.M.C. should be increased, on the assumption that as the Toyama Hospital employed 600 male nurses, such a hospital would absorb three-fourths of our available staff of male nurses. This estimate is incorrect. Six hundred is three-fourths of our peace strength, which does not "form our whole available staff," as the war strength is augmented by the reserves. But this by the way. We should not require more than 250 male nurses, and we might even do without any at all, in hospitals with 3,000 patients, the deficit being made up by female nurses. The fact is that the military hospitals of the Japanese army have no soldier nursing-orderlies. "Such duties are performed by a class of men who are not of sufficient height, age, or physique for military service, but who are trained as sick nurses. They are not enlisted soldiers, but are simply civil employees of the army." In time of war these men go to the front for duty on the lines of communication. Their places in the hospitals in Japan are taken by the nursing sections of the Red Cross Society. In these Red Cross nursing sections the males look after the light cases and the females the more serious cases.¹ The male nurses of the Toyama Hospital were not soldiers, and therefore cannot be compared with the R.A.M.C. The only soldier orderlies of the Japanese army are men in the combatant ranks and reservists who have received a certain amount of hospital training; in war they are employed principally in the "first line." "None of these men do duty as nursing orderlies or hospital attendants in the military hospitals." In this respect our present system provides better-trained nurses in the field than does the Japanese. Therefore, the British and Japanese nursing systems bear no comparison, though the Japanese rely upon women to nurse severe cases in their base hospitals and hospital ships. Their institutions along lines of communication are not hospitals properly so-called. Consequently they make every effort to get their sick back to the hospitals at the base; in other words, the home territory. So far as the results of treatment in the respective hospitals go, this country has nothing to learn from Japan. But where we have much to admire and to emulate is in the success of the Japanese in preventive medicine. If the *Broad Arrow* desires to utilize Japan as an example for the instruction of the army generally in medical matters, it will find a profitable lesson in the success of that country in coping with sanitary problems in the field. The prevention of disease in war is a theme which engages the thoughts of all those interested in the welfare of the army. If the influence of the *Broad Arrow* were directed towards furthering the spread of sanitation among the personnel of the army, it would earn the gratitude of the public, provided the information supplied were more accurate than that furnished on the nursing question. A constructive policy is preferable to iconoclastic effort, but neither the one nor the other is likely to be effective without an accurate knowledge of the requirements of the case.

¹ *Journal of the Royal Army Medical Corps*, vol. vi, p. 244.
² *Ibid.*, vol. vi, p. 246 a; d p. 475.

It is rumoured that an examination for commissions in the Royal Army Medical Corps is to be held at the end of this month, but no official notification on the subject has reached us. The War Office reminds us of the old lady in reduced circumstances who tried to get a living by selling muffins but hoped no one would hear her bell.

JULY 28, 1906.

We are reminded that we might have found confirmation of the rumour that an examination for commissions in the Royal Army Medical Corps was about to be held, in a modest little advertisement which was inserted once some months ago.

THE KING has conferred the honour of membership of the Royal Victoria Order of the Fourth Class upon Lieutenant-Colonel Bruce Skinner, R.A.M.C., Secretary to the Advisory and Nursing Boards of the War Office, and Mr. Charles Alfred Ballance, M.S., F.R.C.S.

Royal Army Medical Corps—Terms of Service.

The following additional term of service has been approved for the Royal Army Medical Corps:—
One year with the Colours and 11 years in the Army Reserve.—A.O. 137, June 1906.

JULY 21, 1906.

THE LONDON HOSPITAL.
Distribution of Prizes.

THE Secretary of State for War, Mr. Haldane, distributed the prizes to the successful students and nursing probationers at the London Hospital on July 13th in the library of the Medical College. Mr. Haldane delivered an address on medical science, in which he observed that in both medicine and surgery it was now necessary to recognize that the work of the nurse was as important as the work of the physician and surgeon. In the art of surgery and the science of medicine much had been learnt in recent years, and, as in other great advances, progress had been due to the realization of fresh conceptions. Two remarkable addresses within the last few months had been delivered by Sir Frederick Treves dealing with the great thought that a living organism—the human body, for instance—was no mere mechanism in which the parts could be treated separately. It was now recognized that the parts of the organism were more like the citizens of a State than like the pieces of a machine. At the present time they knew that things which were once taken to be mere evils in themselves were really beneficent manifestations of the power of the living organism to throw off the poison affecting it. The new conception of medicine and surgery was to let Nature alone as far as possible and assist in her work by every means. The science of medicine at the present day had many branches, and the questions to be solved were now being studied in a way to which our forefathers were strangers. Science influenced and affected profoundly the teaching of the surgeon, the physician, and the nurse, and that was why the standards of a generation ago were useless at the present time. Those who were responsible for dealing with the organization of society ought to recognize that without economic science and legislative science and science of different kinds it was impossible to have clear principles and plain ends in a definite fashion before the mind. In that respect he thought the science of medicine afforded a lesson by teaching that the healing of the body was dependent on the understanding of the principles upon which life was governed. Science was now recognized as the guiding star of work, and afforded a sure promise that the story of our race would be one of progress.

A cordial vote of thanks to Mr. Haldane was proposed by Lord Stanley, seconded by Mr. Hurry Fenwick (Chairman of the London Hospital Medical Council), and carried with acclamation.

Mr. Haldane, in responding, said that his presence there was not quite disinterested, for when he looked at the nurses present the word "mobilization" came to his lips, and the London Hospital seemed likely to be a tower of strength to the army if a moment of national emergency arose.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.
Distribution of Prizes.

Surgeon-General Sir Alfred Keogh, Director-General of the Army Medical Service, presented the prizes to the successful students of St. Mary's Hospital Medical School on July 16th in the Library of that institution. In the course of his address to the students, after giving away the prizes, Sir Alfred Keogh said that St. Mary's Hospital Medical School was well represented in the public services, especially in the army. If he were asked to choose a medical career for a student, he would be inclined to say, Join the Royal Army Medical Corps, and follow the drum and the colours; leave behind all chance of a lucrative practice, and join the army, where there is less money to be made than in civil life, but perhaps more glory and honour. The path of those entering the medical profession was undoubtedly thorny, but he was happy to think there were fewer men going in for the medical profession at the present time than when he qualified. The improvement in the outlook for medical men was due, he considered, to the action taken by the General Medical Council.

Unveiling of a Memorial Bronze.

Sir Alfred Keogh afterwards unveiled the memorial bronze erected in the entrance hall of the Clarence Wing to the memory of members of the Hospital and Medical School who lost their lives during the South African war. The memorial is the work of the artist Mr. Tweed, and the inscription on it runs as follows: "To the memory of the members of St. Mary's Hospital who lost their lives while serving in South Africa. Arthur Baird Douglas, Lieutenant-Colonel 3rd Battalion Sherwood Foresters (Derbyshire Regiment); Robert H. E. G. Holt, Captain R.A.M.C.; George William Guy Jones, Lieutenant R.A.M.C.; George Unacke Jameson, Second Lieutenant 1st Battalion The Border Regiment; Cecil Courtenay Parsons, Civil Surgeon; Reginald Percy Fort, Civil Surgeon; Edith Manley Gardener, Sister Army Nursing Service."

ORGANIZATION OF NURSING FOR WAR.

THE remarks made by Mr. Haldane in responding to a vote of thanks to him for his address at the London Hospital the other day (p. 174), must be of peculiar interest to the nursing profession, indicating as they do that in his schemes for the remodelling of the military forces he has not lost sight of the fact that the army will require a large number of nurses for war. Mr. Haldane did not expand his views on the subject of mobilization of the nurses. But none the less it is desirable that the nurses of the various hospitals should recognize that they will be expected to take their share in the scheme of national defence, and should debate the question as to how they can best make themselves available for prompt transference to military hospitals in the field. On the outbreak of war, nurses are among the first to offer their aid; military enthusiasm which remains dormant until the outbreak of war is better than indifference, but experience has shown us that delay in preparedness leads to untold confusion, and results in suffering and loss of life which may be avoided by a little forethought. It is therefore incumbent on the nurses of to-day to take thought how they can be ready to fulfil their dormant desire to be of use in a moment of national emergency. They must realize in times of peace the functions they should fulfil in war, and should prepare to meet these functions in a manner which will obviate delay to the army and dislocation to the institutions they at present serve. It is not business to wait until an emergency before making provision for meeting it. Every sound commercial undertaking con-

tains a promptly available reserve on which it can readily draw in times of stress. It is therefore to be hoped that Mr. Haldane's remarks indicate that he has grasped this principle, and has included in his schemes some system on which he can rely for the "mobilization" of nurses.

THE ARMY NURSING SERVICE RESERVE.

SURGEON-GENERAL GEORGE EVATT, late A.M.S., writes: I search in vain in the Army List to find any mention of that truly important body of nursing sisters called the Army Nursing Service Reserve, which did such useful service during the late South African war at home and abroad.

1. I first proposed the formation of the corps in 1885, and in 1893 had the opportunity of explaining the scheme to Her Royal Highness Princess Christian in the early days of its development. The corps took shape, as it was bound to do, when the late war broke out. May I ask where it is now hidden away, and not even mentioned in the Army List? and why Her Royal Highness's name does not appear as its President in the same book?

2. I desire to see it so mentioned, and also to have its members formed into territorial county "sections," so that we may know in peace who these sisters are, and keep touch of them by lectures and addresses, etc., and demonstrations of field work. In my opinion they form, in military parlance, "the reserve battalion" of the regular nursing service—that body of permanent sisters who are the "nucleus" of our war nursing corps.

3. I wish to see the reserve sisters placed immediately after the regular sisters in the Army List, exactly as the militia and volunteer battalions follow the regular county battalions. They are "sister corps," are they not?

4. Just as the true basis "unit" for militia and volunteer medical organization is the county, so the reserve of nursing sisters should be organized by counties.

I want to see a county "matron," and so many county "sisters," and to print their names in the Army List so that the county volunteer medical officers may know them, see their work, and both be friends and comrades when the time of national emergency comes. I also want the names of the sisters so that we may arrange that they will teach the non-commissioned officers and men of our local R.A.M.C. volunteers the principles of nursing, and show them the wards of their hospitals.

It will be delightful if a spirit of true comradeship would develop between our volunteer reserve sisters and our volunteer R.A.M.C. rank and file. They must be the best of friends, and the more we make the county the basis the better it will be.

I regard the exclusion of the very mention of the name of this nursing body from the Army List as a grave omission; hence I address my queries through your columns, and say, "Where are our missing sisters?"

THE WAR MINISTER ON ARMY SANITATION.

THE scheme of military organization unfolded by Mr. Haldane in his long speech on the Army Estimates last week, the third scheme presented to the country within the last few years, has already encountered a good deal of criticism, and it would appear that even the most experienced critics have found difficulty in grasping its full significance. This may be due to the fact that any scheme of the kind must necessarily be extremely complicated, but it is safe to say that the keynote is to justify reductions in expenditure and in personnel by increasing the efficiency of the units retained. In his remarks upon the health of the army, Mr. Haldane made it plain that he had grasped the essential points in the problem; he proposes that in war the preservation of the health of the army shall be one of the first considerations, and that it should be carried out by an organization, one part of which would look after the health of the unit, and the other after the health of the base and lines of communication. He recognizes the necessity for the sanitary training of officers and men of the army in the means now available for the prevention of disease. The instruction given to officers in future is to include health matters so far as they bear on the health of their companies, and the company officer is to instruct his men in the object and meaning of the precautions to be taken. A manual has been prepared by the Army Medical Department, and it will henceforth be the duty of the company officer not only to study and understand the manual himself, but also to see that the men under his command read and understand it. He intends that in time of war the unit of the sanitary organization for regiments shall consist of one medical officer, one non-commissioned officer and four men of the Army Medical Corps, to look after the water supply, and for similar services one commissioned officer will be appointed to supervise sanitary police duties. The Royal Army Medical Corps non-commissioned officers and men detailed for these duties will be trained at Aldershot, where special arrangements have been made for this purpose. For the lines of communication sanitary sections of the R.A.M.C. will be allotted, whose sole duty it will be to look after the means for the prevention of disease; while at the base there will be a general sanitary commission having duties which may be compared to those of the medical department of the Local Government Board.

Mr. Haldane briefly referred to a sanitary campaign

to be carried out from Aldershot during the autumn manoeuvres. We understand that the intention is—acting upon the advice of the Army Medical Advisory Board—to issue strict regulations with regard to water, forbidding the use for drinking purposes of any water not furnished by a special water section. The proposal probably has reference to “the new system of filtration.” It is to be hoped that the sanitary campaign will demonstrate the perfection of this new system of filtration, and thus solve the hardest problem of the sanitarian in the field; if this be attained, it will more than justify the eulogy passed by the Secretary of State on the present Director-General, whose efforts in the matter of sanitation receive the acknowledgement they deserve.

In the scheme thus briefly outlined we have the beginning of the evolution of a sanitary section of the Royal Army Medical Corps, whose duties will be to lead the way in the prevention of disease, and we have the beginning of a system of educating regimental officers to understand that one of their most important duties is to safeguard the health of their men. The

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very solid advantages, proposes to make economic application of them without delay by reducing the hospital accommodation to be provided in war from 10 per cent. to 7 per cent. of the strength of the field army. The provision of 10 per cent. was strongly recommended by the Hospitals Commission after the last war, but if and when his sanitary schemes are in full working order, it is probable that Mr. Haldane will be justified in making the reduction he now proposes. The effective execution of sanitary measures should produce a reduction of more than 30 per cent. in the number of cases of preventable disease; and it is through disease rather than through wounds that our armies have hitherto more than filled the hospitals.

So far as Mr. Haldane's sketch goes, it gives every indication of an earnest desire to give effect to the recommendations so frequently urged in these columns for the application of modern sanitary principles to armies in the field. The inculcation of these principles into the rank and file of the army indicates that the military authorities are alive to one of the two great defects of civil education. The other defect—the lack of military training—is without our province; it is gratifying to the medical profession, putting aside for the occasion their military instincts, that hygiene, untaught in the schools, should find acceptance in the army; and Mr. Haldane is to be congratulated on his efforts to deal thoroughly with a problem dear to the minds of all concerned in the preservation of the lives of our soldiers.

Army Order 114 of 1906. April 1906.

AMENDMENTS TO THE ARMY ACT.

1. The attention of all concerned is called to the amendments to the Army Act contained in the Army (Amendment) Act, 1906.

2. These amendments will take effect from the dates on which the Army Act is continued in force in the various commands and stations as laid down in the Army (Amendment) Act, 1906, and the Army Act, Rules of Procedure, and King's Regulations will be construed to have been amended accordingly.

3. Consequent on the introduction of detention as a punishment, the following changes in nomenclature will take place:—

<i>Present nomenclature.</i>	<i>Future nomenclature.</i>
Inspector of Military Prisons.	Inspector of Military Prisons and Detention Barracks.
Governor, Dover or Carragh Prison.	Governor, Military Prison, Dover or Carragh.
Governors of Central and District Prisons.	Commandants, Detention Barracks.
Military Prison Staff Corps.	Military Provost Staff Corps.
Dover Central Prison ...	Dover Military Prison.
Carragh Central Prison ...	Carragh Military Prison.
All other central and district prisons.	Detention barracks.
Branch prisons ...	Branch detention barracks.
Barrack cells.	Barrack detention rooms.
Guard room prisoners' rooms, and guard-room cells.	Guard detention rooms.
Prisoner ...	Soldier in arrest.
Prisoner at large ...	Soldier in open arrest.
A soldier arraigned before a court-martial.	The accused.
A soldier after being sentenced by a court-martial or by a commanding officer.	Soldier under sentence.

4. The punishment of imprisonment will, in future, be reserved for general and district courts-martial, and the powers of a regimental court-martial and of a commanding officer will not extend to the award of imprisonment.

5. A soldier who is convicted by a court-martial of an offence under Sections 17, 18 (4) or (5), or 41 of the Army Act will, as heretofore, be sentenced to imprisonment, and will undergo his sentence in a civil prison. These offences will not be dealt with by a court-martial inferior to a district court-martial.

6. A general or district court-martial will still have the power to sentence a soldier to imprisonment for a purely military offence, but this power should not, except under very special circumstances, be exercised when it is intended that the soldier should rejoin the colours for duty at the expiration of his sentence. At home, if sentenced to imprisonment and discharge with ignominy, the soldier will invariably be sent to the Dover or Carragh Military Prison to undergo his sentence; if sentenced to imprisonment without discharge, he should also be sent to that prison, but, if the term of imprisonment awarded is short, he may, if the confirming authority so directs, undergo his sentence in a detention barracks.

Where a soldier has been sentenced to imprisonment and to be discharged with ignominy, and a confirming officer, or other superior authority, commutes the imprisonment to detention, he will in such a case, remit the discharge with ignominy, as such a discharge cannot accompany a sentence of detention.

Where a soldier has for a purely military offence been sentenced by a court-martial to imprisonment without discharge with ignominy, the confirming officer, or other superior authority, should, except under very special circumstances, commute the sentence to a sentence of detention.

7. The powers of a regimental court-martial, and of a commanding officer, will not extend to the award of imprisonment. A regimental court-martial or a commanding officer may award detention, and a soldier awarded detention will undergo his sentence in a detention barracks, or a branch detention barracks. He cannot be sent to a prison for that purpose, but a soldier sentenced to imprisonment may undergo his sentence in a detention barracks.

8. For the purpose of commutation and revision of punishment, detention is not to be deemed a less punishment than imprisonment if the term of detention is longer than the term of imprisonment. This will prevent a sentence of imprisonment being commuted into a longer term of detention.

9. The general officer to whom a complaint may be made in pursuance of Section 13 of the Army Act will be the general officer commanding-in-chief the command or the general officer commanding the district, or station in or under whose command the soldier may at the time be serving.

10. The alteration in section 44 of the Army Act admits of a non-commissioned officer being sentenced by a court-martial to forfeiture of seniority of rank.

11. Attention is called to the amendment in Section 73 (2) of the Army Act, as regards the competent military authority for dispensing with a soldier's trial for desertion or fraudulent enlistment. This power will be vested in an officer not under the rank of brigadier-general in or under whose command a soldier, serving at home, may be.

12. The amendment to Section 133 of the Act abolishes corporal punishment in military prisons.

Royal Army Medical Corps—Examination of Majors for promotion.—

For the year 1907 the subjects for the examination of majors, Royal Army Medical Corps, for promotion to the rank of lieutenant-colonel, referred to in para. 3 (a) and (b), App. VIII.B of the King's Regulations, will be as follows:—

Subject 3 (a).—The medical history of the more important campaigns and the lessons to be learnt therefrom:—

The medical history of the Afghan campaign, with especial reference to the march from Kabul to Kandahar; and the medical history of the advance of Lord Roberts to Bloemfontein.

Books recommended:—

Diary (Medical) of the march of the field force of Lieutenant-General Sir F. Roberts, V.C., G.C.B., from Kabul to Kandahar (Army Medical Department Report for 1879).

Special report on the hospital organization, sanitation, and medical history of the wars in Afghanistan, 1878-79-80 (Army Medical Department Report for 1880).

Forty-one Years in India, by Lord Roberts, V.C., &c., Chapters 59-62 (35th edition, 1902, Vol. II.).

Report on the Medical Arrangements in the South African War, by Surgeon-General Sir W. D. Wilson, K.C.M.G., first 44 pages.

The Times History of the War in South Africa, 1890-1900, Vol. III., Chapters 12 to 15 and Chapter 17.

Subject 3 (b).—A knowledge of the Army Medical Services of the more important Powers:—

The Medical Organization of the German and Austrian Armies, as described in the “Handbook of the Medical Organizations of Foreign Armies,” 1902.—A.O. 159, July 1906.

Instructions for the Physical Examination of Recruits.

“Instructions for the physical examination of recruits, for the guidance of medical officers of the Auxiliary Forces and civilian practitioners,” have been approved, and copies will be issued to all concerned.—A.O. 177, July 1906.

Instructions for the Physical Examination of Recruits (issued with A.O. 177 of 1906.) The last two sentences of para. 14 are cancelled.—A.O. 150, June 1907.

SEPT. 22, 1906.]

A SIDELIGHT ON MEDICAL EDUCATION.

[SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL 1906]

RESULTS OF EXAMINATIONS.

The following tables represent an analysis of all examinations for the Services since June, 1902—namely, four for the Indian Medical Service, four for the Royal Navy, and eight for the Royal Army Medical Corps:

TABLE I.
Showing the Extent of the Competition for each Service.

Services.	No. of Candidates.	No. of Vacancies.	Proportion of Candidates to Vacancies.
Royal Navy Medical Service.	109	79	5 to 1.6
Royal Army Medical Corps.	410	21	5 to 3.2
Indian Medical Service.	174	84	5 to 2.4
Total or average.	693	434	5 to 3.1

TABLE II.

Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities.	295	42.7 per cent.
Scottish ..	171	24.7 ..
Irish ..	230	33.2 ..
Colonial ..	6	0.8 ..
Mixed ..	5	0.7 ..
Total or average.	693	100 per cent.

TABLE III.

Showing the Proportion of Commissions Gained by the Candidates of each Country.

Country.	Number of Commissions Won.	Proportion of all Commissions Offered.
England ..	228	52.5 per cent.
Scotland ..	27	21.5 ..
Ireland ..	104	23.9 ..
Colonies ..	5	0.6 ..
Mixed ..	2	0.4 ..
Total or average.	434	100 per cent.

TABLE IV.

Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England ..	296	228	77.0 per cent.
Scotland ..	171	27	15.8 ..
Ireland ..	230	104	45.2 ..
Colonies ..	6	5	83.3 ..
Mixed ..	5	2	40.0 ..
Total or average.	693	434	62.6 per cent.

TABLE V.
Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Countries.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates.	296	228	76.9 per cent.
Scottish ..	171	27	15.8 ..
Irish ..	230	104	45.2 ..
Colonial ..	6	5	83.3 ..
Mixed ..	5	2	40.0 ..
Total or average.	693	434	62.6 per cent.

TABLE VI.

Showing the Proportion of those who Failed Totally among the Candidates of Each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates.	296	78	6.0 per cent.
Scottish ..	171	40	23.4 ..
Irish ..	230	45	21.9 ..
Colonial ..	6	1	16.6 ..
Mixed ..	5	1	10.0 ..
Total or average.	693	111	16.0 per cent.

TABLE VII.

Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Number who Gained Commissions.	Qualified but Unsuccessful.	Rejected.	Percentage Accepted.
English Conjoint Board alone	209	163	38	8	77.5
" " " and Oxford degree	3	3	0	0	100
" " " " and Cambridge ..	5	5	0	0	100
" " " " " and London ..	19	16	2	1	84.2
" " " " " " and Durham ..	2	2	0	0	100
" " " " " " " and Manchester ..	1	1	0	0	100
" " " " " " " " and I.S.A. ..	1	1	0	0	100
English Apothecaries' Society alone	14	10	1	3	71.4
" " " " " " " " and London ..	1	1	0	0	100
" " " " " " " " " degree ..	1	1	0	0	100
London degree alone	1	1	0	0	100
" " " " " " " " " " and Manchester ..	1	1	0	0	100
Cambridge degree alone	1	1	0	0	100
Durham ..	17	12	1	4	82.3
Birmingham ..	2	1	1	0	50
Manchester ..	15	7	4	4	36.6
Scottish Conjoint Board alone	15	11	10	24	46.6
" " " " " " " " " " and Edinburgh ..	2	1	0	1	50
Aberdeen degree alone	20	14	0	6	70
Edinburgh ..	1	1	21	21	20
Glasgow ..	16	12	3	1	81.2
Irish Conjoint Board alone	80	37	28	15	46.2
Dublin University ..	13	4	29	11	15.3
Royal University of Ireland ..	43	28	9	6	79.1
Colonial universities ..	6	3	2	1	50
Mixed ..	5	2	2	1	40
Total or average	683	526	122	111	66.6

to be carried out from Aldershot during the autumn manoeuvres. We understand that the intention is—acting upon the advice of the Army Medical Advisory Board—to issue strict regulations with regard to water, forbidding the use for drinking purposes of any water not furnished by a special water section. The proposal probably has reference to “the new system of filtration.” It is to be hoped that the sanitary campaign will demonstrate the perfection of this new system of filtration, and thus solve the hardest problem of the sanitarian in the field; if this be attained, it will more than justify the eulogy passed by the Secretary of State on the present Director-General, whose efforts in the matter of sanitation receive the acknowledgement they deserve.

In the scheme thus briefly outlined we have the beginning of the evolution of a sanitary section of the Royal Army Medical Corps, whose duties will be to lead the way in the prevention of disease, and we have the beginning of a system of educating regimental officers to understand that one of their most important duties is to safeguard the health of their men. The

See page 73. reverse—

very solid advantages, proposes to make economic application of them without delay by reducing the hospital accommodation to be provided in war from 10 per cent. to 7 per cent. of the strength of the field army. The provision of 10 per cent. was strongly recommended by the Hospitals Commission after the last war, but if and when his sanitary schemes are in full working order, it is probable that Mr. Haldane will be justified in making the reduction he now proposes. The effective execution of sanitary measures should produce a reduction of more than 30 per cent. in the number of cases of preventable disease; and it is through disease rather than through wounds that our armies have hitherto more than filled the hospitals.

So far as Mr. Haldane's sketch goes, it gives every indication of an earnest desire to give effect to the recommendations so frequently urged in these columns for the application of modern sanitary principles to armies in the field. The inculcation of these principles into the rank and file of the army indicates that the military authorities are alive to one of the two great defects of civil education. The other defect—the lack of military training—is without our province; it is gratifying to the medical profession, putting aside for the occasion their military instincts, that hygiene, untaught in the schools, should find acceptance in the army; and Mr. Haldane is to be congratulated on his efforts to deal thoroughly with a problem dear to the minds of all concerned in the preservation of the lives of our soldiers.

Army Order 114 of 1906. April 1906.

AMENDMENTS TO THE ARMY ACT.

1. The attention of all concerned is called to the amendments to the Army Act contained in the Army (Amendment) Act, 1906.

2. These amendments will take effect from the dates on which the Army Act is continued in force in the various commands and stations as laid down in the Army (Amendment) Act, 1906, and the Army Act, Rules of Procedure, and King's Regulations will be construed to have been amended accordingly.

3. Consequent on the introduction of detention as a punishment, the following changes in nomenclature will take place:—

<i>Present nomenclature.</i>	<i>Future nomenclature.</i>
Inspector of Military Prisons.	Inspector of Military Prisons and Detention Barracks.
Governor, Dover or Curragh Prison.	Governor, Military Prison, Dover or Curragh.
Governors of Central and District Prisons.	Commandants, Detention Barracks.
Military Prison Staff Corps.	Military Provost Staff Corps.
Dover Central Prison ...	Dover Military Prison.
Curragh Central Prison ...	Curragh Military Prison.
All other central and district prisons.	Detention barracks.
Branch prisons ...	Branch detention barracks.
Barrack cells.	Barrack detention rooms.
Guard room prisoners' rooms, and guard-room cells.	Guard detention rooms.
Prisoner ...	Soldier in arrest.
Prisoner at large ...	Soldier in open arrest.
A soldier arraigned before a court-martial.	The accused.
A soldier after being sentenced by a court-martial or by a commanding officer.	Soldier under sentence.

4. The punishment of imprisonment will, in future, be reserved for general and district courts-martial, and the powers of a regimental court-martial and of a commanding officer will not extend to the award of imprisonment.

5. A soldier who is convicted by a court-martial of an offence under Sections 17, 18 (4) or (5), or 41 of the Army Act will, as heretofore, be sentenced to imprisonment, and will undergo his sentence in a civil prison. These offences will not be dealt with by a court-martial inferior to a district court-martial.

6. A general or district court-martial will still have the power to sentence a soldier to imprisonment for a purely military offence, but this power should not, except under very special circumstances, be exercised when it is intended that the soldier should rejoin the colours for duty at the expiration of his sentence. At home, if sentenced to imprisonment and discharge with ignominy, the soldier will invariably be sent to the Dover or Curragh Military Prison to undergo his sentence; if sentenced to imprisonment without discharge, he should also be sent to that prison, but, if the term of imprisonment awarded is short, he may, if the confirming authority so directs, undergo his sentence in a detention barracks.

Where a soldier has been sentenced to imprisonment and to be discharged with ignominy, and a confirming officer, or other superior authority, commutes the imprisonment to detention, he will in such a case, remit the discharge with ignominy, as such a discharge cannot accompany a sentence of detention.

Where a soldier has for a purely military offence been sentenced by a court-martial to imprisonment without discharge with ignominy, the confirming officer, or other superior authority, should, except under very special circumstances, commute the sentence to a sentence of detention.

7. The powers of a regimental court-martial, and of a commanding officer, will not extend to the award of imprisonment. A regimental court-martial or a commanding officer may award detention, and a soldier awarded detention will undergo his sentence in a detention barracks, or a branch detention barracks. He cannot be sent to a prison for that purpose, but a soldier sentenced to imprisonment may undergo his sentence in a detention barracks.

8. For the purpose of commutation and revision of punishment, detention is not to be deemed a less punishment than imprisonment if the term of detention is longer than the term of imprisonment. This will prevent a sentence of imprisonment being commuted into a longer term of detention.

9. The general officer to whom a complaint may be made in pursuance of Section 43 of the Army Act will be the general officer commanding-in-chief the command or the general officer commanding the district, or station in or under whose command the soldier may at the time be serving.

10. The alteration in section 44 of the Army Act admits of a non-commissioned officer being sentenced by a court-martial to forfeiture of seniority of rank.

11. Attention is called to the amendment in Section 73 (2) of the Army Act, as regards the competent military authority for dispensing with a soldier's trial for desertion or fraudulent enlistment. This power will be vested in an officer not under the rank of brigadier-general in or under whose command a soldier, serving at home, may be.

12. The amendment to Section 133 of the Act abolishes corporal punishment in military prisons.

Royal Army Medical Corps—Examination of Majors for promotion.

For the year 1907 the subjects for the examination of majors, Royal Army Medical Corps, for promotion to the rank of lieutenant-colonel, referred to in para. 3 (a) and (b), App. VIII. of the King's Regulations, will be as follows:—

Subject 3 (a).—The medical history of the more important campaigns and the lessons to be learnt therefrom:—

The medical history of the Afghan campaign, with especial reference to the march from Kabul to Kandahar; and the medical history of the advance of Lord Roberts to Bloemfontein.

Books recommended:—

Diary (Medical) of the march of the field force of Lieutenant-General Sir F. Roberts, V.C., G.C.B., from Kabul to Kandahar (Army Medical Department Report for 1879).

Special report on the hospital organization, sanitation, and medical history of the wars in Afghanistan, 1878-79-80 (Army Medical Department Report for 1880).

Forty-one Years in India, by Lord Roberts, V.C., &c., Chapters 59-62 (35th edition, 1902, Vol. II.).

Report on the Medical Arrangements in the South African War, by Surgeon-General Sir W. D. Wilson, K.C.M.G., first 44 pages.

The Times History of the War in South Africa, 1899-1900, Vol. III., Chapters 12 to 15 and Chapter 17.

Subject 3 (b).—A knowledge of the Army Medical Services of the more important Powers:—

The Medical Organization of the German and Austrian Armies, as described in the "Handbook of the Medical Organizations of Foreign Armies," 1902.—A.O. 159, July 1905.

Instructions for the Physical Examination of Recruits.

"Instructions for the physical examination of recruits, for the guidance of medical officers of the Auxiliary Forces and civilian practitioners," have been approved, and copies will be issued to all concerned.—A.O. 177, July 1906.

Instructions for the Physical Examination of Recruits (issued with A.O. 177 of 1906.) The last two sentences of para. 14 are cancelled.—A.O. 150, June 1907.

RESULTS OF EXAMINATIONS.

The following tables represent an analysis of all examinations for the Services since June, 1902—namely, four for the Indian Medical Service, four for the Royal Navy, and eight for the Royal Army Medical Corps:

TABLE I.

Showing the Extent of the Competition for each Service.

Services.	No. of Candidates.	No. of Vacancies.	Proportion of Candidates to Vacancies.
Royal Navy Medical Service.	109	79	5 to 3.6
Royal Army Medical Corps...	410	21	5 to 3.3
Indian Medical Service ...	174	81	5 to 2.4
Total or average ...	693	431	5 to 3.1

TABLE II.

Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities ..	295	42.7 per cent.
Scottish	181	26.1 ..
Irish	205	29.5 ..
Colonial	6	0.8 ..
Mixed	5	0.7 ..
Total or average ...	693	100 per cent.

TABLE III.

Showing the Proportion of Commissions Gained by the Candidates of each Country.

Country.	Number of Commissions Won.	Proportion of all Commissions Offered.
England	228	52.5 per cent.
Scotland	97	22.5 ..
Ireland	104	23.9 ..
Colonies	3	0.6 ..
Mixed	2	0.4 ..
Total or average ...	434	100 per cent.

TABLE IV.

Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England	296	228	77.0 per cent.
Scotland	181	97	53.5 ..
Ireland	205	104	50.7 ..
Colonies	6	3	50.0 ..
Mixed	5	2	40.0 ..
Total or average ...	693	434	62.6 per cent.

TABLE V.

Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Countries.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates ...	296	278	93.9 per cent.
Scottish	181	185	74.5 ..
Irish	205	190	78.0 ..
Colonial	6	5	83.0 ..
Mixed	5	4	80.0 ..
Total or average ...	693	582	83.9 per cent.

TABLE VI.

Showing the Proportion of those who Failed Totally among the Candidates of Each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates...	296	18	6.0 per cent.
Scottish	181	46	25.4 ..
Irish	205	45	21.9 ..
Colonial	6	1	16.6 ..
Mixed	5	1	10.0 ..
Total or average ...	693	111	16.0 per cent.

TABLE VII.

Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Commissions Gained.	Qualified but Unsuccessful.	Rejected.	Percentage Rejected.
English Conjoint Board alone	209	163	38	8	3.8
.. .. . and Oxford degree	5	3	0	0	—
.. .. . and Cambridge	5	3	0	0	—
.. .. . and London	19	16	0	1	5.2
.. .. . and Durham	2	2	0	0	—
.. .. . and Manchester	1	1	0	0	—
.. .. . and I.S.A.	1	1	0	0	—
English Apothecaries' Society alone	14	10	1	3	21.4
.. .. . and London	1	1	0	0	—
degree	1	1	0	0	—
London degree alone	5	4	1	0	—
.. .. . and Manchester	1	1	0	0	—
Cambridge degree alone	4	3	1	0	—
Durham	17	12	1	4	23.5
Birmingham	2	1	1	0	—
Manchester	14	7	3	2	16.6
Scottish Conjoint Board alone	25	21	10	24	45.6
.. .. . and Edinburgh	2	1	0	1	—
Aberdeen degree alone	20	14	4	2	10.0
Edinburgh	28	49	21	18	29.4
Glasgow	16	12	3	1	6.1
Irish Conjoint Board alone	89	33	28	28	31.4
Dublin University alone	73	43	19	11	15.0
Royal University of Ireland	43	28	9	6	13.9
Colonial universities	6	3	2	1	16.6
Mixed	5	2	2	1	20.0
Total or average ...	693	434	148	111	16.0

TABLE VIII.

Percentage Comparison of the Work of certain Classes of Candidates.

Qualifications.	Number of Candidates.	Gained Commissions.	Qualified but unsuccessful.	Total Qualified.	Number rejected.	Percentage of Winners.	Percentage qualified.	Percentage rejected.	Order.
English Conjoint diploma alone	209	163	38	201	8	77.9	96.1	3.8	1
English diplomas and English degree	45	36	5	41	4	80.0	91.1	8.8	2
English degrees alone	41	29	7	36	6	68.2	80.3	14.6	3
Irish degrees alone	116	71	28	99	17	61.2	85.3	14.6	4
Scottish degrees alone	124	75	28	103	21	60.4	83.0	16.4	5
Irish Conjoint diploma alone	84	33	28	61	23	37.0	68.5	31.4	6
Scottish Conjoint diploma alone	55	21	10	31	24	39.1	16.3	43.6	7
Other classes together	—	—	—	—	—	—	—	—	—
Total or average ...	693	434	148	182	111	12.6	83.9	16.0	—

SUCCESS AND FAILURE.

The next three tables (IV, V, and VI) fall into a different category; they show the performances of the candidates of each country in respect of the following points: (1) The success of man against man as revealed by the number of commissions carried off by what may be called the teams of each country in proportion to their respective numbers; (2) the extent to which the candidates, although unsuccessful in competition, yet acquitted themselves creditably by passing the qualifying standard; (3) the proportion of men of each country who failed totally, by not obtaining the lowest qualifying number of marks and thus being rejected altogether.

It will be observed that of what we have called the three teams, that of England comes out markedly the best, winning proportionately over 20 per cent. more commissions, and including about a quarter as many total failures among its men. As regards Scotland and Ireland, on the other hand, there is practically nothing to choose between the two teams in point of success in competition, but the Irish team figures better as regards the proportion of men who reached the qualifying standard.

DIFFERENT QUALIFYING BODIES.

Perhaps, however, the greatest and most living interest attaches to the two final tables, numbered (VII) and (VIII), and undoubtedly the former of these should afford much food for reflection to some of the bodies which figure in it. Besides being able to gather from it a pretty shrewd notion as to how those who hold their qualifications fare when they compete in a professional examination with representatives of other similar bodies, they can see the proportion in which they fail to reach the qualifying standard. Naturally all competitors cannot win commissions, but it is open to all to pass the qualifying standard, so it is somewhat remarkable that when the results obtained by various bodies, all of whom have sent up a fairly large number of candidates, are examined, the differences revealed should be so great.

The final table calls, perhaps, for some little explanation. In this the various degrees and diplomas which have figured at the examinations are thrown into certain natural classes, and the latter placed in the order of their success. The latter is judged not by the proportional number of commissions won, but by the height of the percentage of men who passed the qualifying standard (including those who gained commissions), and by the consequent lowness of the percentage of total failures. It will be observed, however, that except in two quite minor instances, the result or order of merit would have been the same if the percentage of commissions won had been taken as the test.

The most striking point about the return is the position occupied by candidates who held nothing but the diploma of the English Conjoint Board, for this class is an easy first with the highest percentage of men who passed the qualifying standard, and the lowest percentage of men rejected. The curious point is that they come out better than either those who held English degrees alone or those who held English degrees in addition to English College or Hall diplomas. Explanations of the former circumstance, perhaps, present themselves, but how the latter comes about is more difficult to understand.

As regards the University degree classes, it will be seen that the performance of the English and Irish respectively precisely corresponds as regards the percentages qualified and rejected, but that the English degree team comes to the front in respect of the percentage of winners, and that Scotland is not far behind either. As regards rejections in all three classes of University candidates it will be noted on reference back to the preceding table that Durham and Manchester are responsible for the English rejections, while in respect of the Scottish failures Edinburgh was somewhat less successful than her sister universities, Glasgow and Aberdeen. In regard to Ireland there is some difference in favour of the Royal University both in point of commissions won and of the proportion of candidates qualified.

When we come to the Irish and Scottish Conjoint classes, the differences as compared with those which precede them are marked, the percentages of winners falling heavily and that of rejections rising notably. As between the two the palm must be given to the Irish

class, for though the winning percentage is slightly higher in the case of the Scottish candidates, there is a considerable difference in favour of Ireland in respect of the percentage of men who totally failed and of those who reached the qualifying standard but did not gain appointments.

GENERAL CONCLUSIONS.

The figures supplied by the tables are fairly large; they would not justify any very detailed deductions, but they certainly afford a sound basis for some general conclusions, which each body concerned can best work out for itself. In connexion with previous returns relating to a few examinations only, it has been suggested that the best slight would be obtained by taking the examinations for the Indian Medical Service alone, because these are reputed to be the most difficult and they are certainly those in which competition is keenest and in which the number of total failures, or of men who fail to reach the qualifying standard, is highest. From a certain number of trials which have been made, however, it does not appear that any broad conclusions which may justly be founded on the examinations as a whole would be vitiated by taking the Indian Medical Service examinations separately. The one result would simply be to raise the percentage of total failures all round without greatly altering the general position the classes occupy in relation to one another.

THE GENERAL MEDICAL COUNCIL ELECTION.

DR. JOHN CHARLES SMITH (Northwood, Middlesex) writes: In the SUPPLEMENT of the BRITISH MEDICAL JOURNAL for September 15th I notice a circular signed by the Chairman of the Wandsworth Division. This has been, or is to be, sent to all the Divisions of the British Medical Association. It purports to institute an organized attempt to return three medical practitioners who would prove acceptable to the majority of the profession as their Representatives on the General Medical Council. The utterly unwarrantable assumption underlying this statement is that without the assistance of the Wandsworth Division the profession will choose three practitioners who are not acceptable to it. But, Sir, my main objection to this circular lies in the fact that it is a gross act of insubordination. The Representative Meeting which met in July last, consisting as it did of nominees of all the Divisions, unanimously agreed that no candidates were to be recommended by the Association, and here we have one Division trying to induce the others to rebel against and defy this resolution. The whole proceeding is stultification of our new Constitution and an attempt to establish a "caucus" in its worst form. Three strong candidates are now before us—namely, Messrs. George Brown and George Jackson, the present Representatives, and Joseph Smith of Chiswick, President of the Society of Members of the Royal College of Surgeons, an ardent reformer for twenty years, and who contested the seat on the Council against Sir Victor Horsley, and polled between 3,000 and 4,000 votes on that occasion. I hope the three named will be returned with large majorities.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: EDMUND CORCORAN, Fleet Surgeon, and THOMAS F. O'KEEFE, M.B., Surgeon, to the *President*, additional, for annual survey of medical stores at Deptford Yard, October 1st; PRECY V. JACKSON, Fleet Surgeon, to the *Majestic*, on recommissioning, October 2nd; HENRY M. BRAITHWAITE, M.B., Surgeon, to the *Britannia*, on completing, October 2nd; EDWARD A. G. WILKINSON, Surgeon to the *Victory*, additional, to be lent to the Royal Naval College, Osborne, October 2nd.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned gentlemen to be Lieutenants on probation, dated July 30th, 1906:—G. H. STEVENSON, M.B., J. H. SPENCER, M.B., W. H. FORSYTH, M.B., A. H. HESLOP, M.B., A. C. AMY, M.B., W. MITCHELL, M.B., J. A. B. SIM, M.B., E. J. ELLIOT, M.B., F. B. LATHURRY, E. GIBSON, M.B., C. SCARFE, M.D., R. W. D. LESLIE, E. D. CARROLL, M.B., M. J. LOCHRIN, D. M. CORRETT, M.B., B. JOHNSON, W. E. C. LUNN, M.B., J. R. FOSTER, A. H. JACOB, A. M. BENNETT, F. L. BRADSHAW, G. P. A. BRACKEN, O. C. P. COOKE, W. W. BOYCE, C. KELLY, M.B., C. H. DENVER, W. J. E. BELL, M.B., D. COUTTS, M.B., W. F. M. LOUGHNAN, D. T. MACCARTHY, M.B., H. L. HOWELL, C. W. BOWLE, J. J. O'KEEFE, M.B., J. A. BENNETT, M.B., T. W. BROWNE, W. I. THOMPSON, M.B., R. C. GALGLEY, E. J. KAVANAGH, M.B., and E. C. PHILAN, M.B.

Royal Army Medical Corps—Changes in Designation.

Detachments of the Royal Army Medical Corps serving in the following Commands abroad will, in future, be designated and numbered according to the subjoined table:—

Commands.	New designations.
Cape Colony	No. 22 Company.
Transvaal	No. 23 Company.
Orange River Colony	No. 24 Company, including detachment in Natal.
West Coast of Africa	Detachment.
Bermuda	No. 25 Company.
Ceylon	No. 26 Company.
China, North	Detachment.
China, South	No. 27 Company.
Gibraltar	No. 28 Company.
Jamaica	No. 29 Company.
Malta	No. 30 Company, including detachment at Crete.
Mauritius	No. 31 Company.
Straits Settlements	No. 32 Company.
Egypt	No. 33 Company, including detachment in Cyprus.

—A.O. 190, August 1906.

Military Hospitals.

The following changes in nomenclature will be added to para. 3 of A.O. 114 of 1906:—

Present nomenclature.	Future nomenclature.
Prisoners' Ward	Detention Ward.
Detained Ward	Observation Ward.
Lunatic Ward	Mental Ward.

—A.O. 216, September 1906.

Regulations for Admission to the Royal Army Medical Corps—Amendment.

Insert after para. 19, with effect from 1st March, 1907:—

19A. Illiteracy on the part of a candidate as evinced by inaccurate spelling, poor composition, or grammatical errors in the oral examination, at the entrance examination, or at the examinations undergone while on probation, will be regarded as disqualifying for appointment.—A.O. 228, September 1906.

Army Book and Army Forms approved:

2. Army Book and Army Forms approved:—

Army Book 187, "Infectious Disease Register." Medical officers should indent for copies only when the books now used for the purpose are filled. (A.O. 240, Sep. 1906)

HONORARY PHYSICIANS AND SURGEONS TO THE KING.

A SPECIAL Army Order issued from the War Office on September 15th, notifying various amendments to the Army Regulations, contains the subjoined:

The following shall be substituted for Article 362:

Six of the most meritorious officers of our Army Medical Service, on the active list, shall be named our Honorary Physicians, and six our Honorary Surgeons.

On appointment as one of our Honorary Physicians or Honorary Surgeons, an officer under the rank of colonel in our Royal Army Medical Corps may be promoted to the brevet rank of Colonel.

An officer shall relinquish the appointment of Honorary Physician or Honorary Surgeon on retirement.

THE Aberdeen Free Press

ABERDEEN, FRIDAY, SEPTEMBER 28, 1906.

COURT CIRCULAR.

BALMORAL CASTLE, Thursday.

His Majesty the King opened the new building at Marischal College, University of Aberdeen, to-day.

A travelling escort, under the command of Lieutenant F. A. U. Picketing, was furnished by the 2nd Dragoon (Royal Scots Greys), and guards of honour were furnished as follows:—The Royal Navy, under the command of Lieutenant Peter Bruff Garrett, R.N.; the 2nd Battalion Scottish Rifles, under the command of Major C. M. S. Menning; the University Company, 1st Volunteer Battalion Gordon Highlanders, under the command of Major W. O. Dawson; the University Company, Royal Army Medical Corps (Volunteers), under the command of Major J. Scott Reddell; and the 3rd Battalion Gordon Highlanders, under the command of Major J. O. Forbes.

SEPT. 22, 1906.

A SIDELIGHT ON MEDICAL EDUCATION.

SOME three years ago we began to publish analyses of the results of the examinations for admission to the Public Services, the Navy, the Indian Medical Services, and the Royal Army Medical Corps. These examinations present more than one point of interest, since apart from the fact that they reveal the extent to which these services attract young medical men, as proved by the number of candidates to vacancies, they are the only competitive medical examinations which exist. If, therefore, returns in respect of them covering a sufficient number of examinations are studied, they cannot fail to throw a light, obtainable in no other way, on at least two points. The examinations are both qualifying and competitive; the results, therefore, afford at least a clue to the question of how far the standards set by the authorities of these services correspond to the standards of the various licensing bodies as a whole, and as to how the different licensing bodies compare with one another when tested, through their licenses, by a common standard totally independent of all or any of them. Undoubtedly, therefore, these analyses are useful, so we have continued to have them prepared, and now publish a series of tables identical in arrangement with their predecessors but differing from them in that they cover not a part but the whole of the examinations which have been held since the spring of 1902.

THE EXTENT OF COMPETITION.

Of the eight tables given the first shows the extent of the competition, and it will be noted that altogether 693 men contested for 434 commissions, or an average of 5 competitors to every 3.1 vacancies. This seems to be fairly satisfactory, especially when it is remembered that the competing candidates are to a certain extent selected men, others who have sent in their names being refused permission to compete from considerations into which professional knowledge does not enter. Between the three services the competition, as might be expected, is keenest for the Indian Medical Service, and least keen for the Navy, the Royal Army Medical Service occupying the middle place. The differences, moreover, are not inconsiderable, there being more than two candidates for every vacancy in the Indian Medical Service against ten for seven in the navy.

From Table II it will be seen that the English candidates greatly preponderate, though to a less extent than was the case a year or so ago. Of the total number nearly 43 per cent. have come from English colleges and universities; while Ireland, which has recently much increased its entry, comes next with close on 30 per cent., not overtopping Scotland, however, to any extent. The small balance is made up of Colonial and Indian qualifications, or of those who, as holding qualifications derived from more than one country, are classified as "Mixed."

From Table III will be gathered the manner in which the commissions were finally awarded; it would appear that rather more than half the junior naval and military officers of to-day must be from English schools, the remainder being Irish and Scotch in nearly equal number.

OCT. 6, 1906.

REWARDS FOR DISTINGUISHED SERVICE.

THE grant to medical officers of rewards for distinguished and meritorious service is now restricted to officers on the retired list.

SOLDIERS' CHORUS.

Standard — 15 Oct. 1906.
PRAISE OF SINGING IN THE ARMY.

A movement for the establishment and encouragement of choral singing in the Army has been started at Aldershot, and has met with hearty approval from distinguished generals and others. At a meeting which was held at Aldershot last week, and attended by military bandmasters and others, a letter was read from the Duke of Connaught stating that the movement was an excellent one.

Lord Wolseley wrote that the proposal should have the support of all who took an interest in the soldier. Lord Methuen stated that it was an entire fallacy to suppose that the British soldier appreciated nothing but music-hall songs; whilst Sir Redvers Buller said that he had little doubt that commanding officers would approve of regimental choral societies. Sir George White considered that the scheme would not only wake up the men, but would afford an opportunity of disseminating patriotism and enthusiasm. Sir Evelyn Wood stated that had he been allowed to finish his five years as A.G. the War Office would have edited and published a volume of patriotic songs. Sir Richard Seymour saw in the scheme a promise of further fostering the loyal and national spirit, and regretted that music-hall songs had taken the place of national ballads. Sir William Butler said that regimental choral societies would be most valuable; a man who could sing as he walked was worth a dozen gloomy marchers. General Baden-Powell, Lord Charles Beresford, Sir Walter Parratt, Sir Charles Stanford, Sir John Bridge, and others also wrote approving of the movement.

Surgeon-General Franks, C.B., presided at the meeting, which was addressed by Dr. Arthur Somervell and others. It was unanimously resolved to form a soldiers' musical union "to aid in the encouragement of music among soldiers."

to be carried out from Aldershot during manoeuvres. We understand that the Board—acting upon the advice of the Army Medical Board—to issue strict regulations with regard to the use of drinking purposes not furnished by a special water section. It is to be hoped that the sanitary campaign will be the perfection of this new system and thus solve the hardest problem of the field; if this be attained, it will move the eulogy passed by the Secretary of the present Director-General, whose efforts in sanitation receive the acknowledgement.

In the scheme thus briefly outlined beginning of the evolution of a sanitary Royal Army Medical Corps, whose duty is to lead the way in the prevention of disease, the beginning of a system of education for officers to understand that one of their duties is to safeguard the health of the

See page 73. *revers*

very solid advantages, proposes to make application of them without delay by hospital accommodation to be provided from 10 per cent. to 7 per cent. of the staff army. The provision of 10 per cent. recommended by the Hospitals Commission last war, but if and when his sanitary work is in full working order, it is probable that Mr. he justified in making the reduction he. The effective execution of sanitary measures produce a reduction of more than 30 per cent. of cases of preventable disease; and disease rather than through wounds that have hitherto more than filled the hospital.

So far as Mr. Haldane's sketch goes, it gives an earnest desire to give effect to recommendations so frequently urged in these the application of modern sanitary principles in the field. The inculcation of these principles and the rank and file of the army indicates that authorities are alive to one of the two great defects—the lack of training—is without our province; it is the medical profession, putting aside for the moment military instincts, that hygiene, untaught it should find acceptance in the army; and it is to be congratulated on his efforts to deal with a problem dear to the minds of all—the preservation of the lives of our soldiers.

Army Order 114 of 1906. *Apr*

AMENDMENTS TO THE ARMY ACT.

1. The attention of all concerned is called to the amendments to the Army Act contained in the (Annual) Act, 1906.

2. These amendments will take effect from the date on which the Army Act is continued in force by various commands and stations as laid down in the (Annual) Act, 1906, and the Army Act, Rules of the King's Regulations will be construed to be amended accordingly.

3. Consequently on the introduction of these amendments, the following changes in nomenclature take place:—

<i>Present nomenclature.</i>	<i>Future names.</i>
Inspector of Military Prisons.	Inspector of Prisons and Barracks.
Governor, Dover or Curragh Prison.	Governor, Militia Dover or Curragh Barracks.
Governors of Central and District Prisons.	Governors of Militia Barracks.
Military Prison Staff Corps.	Military Provost Corps.
Dover Central Prison.	Dover Military Provost Barracks.
Curragh Central Prison.	Curragh Military Provost Barracks.
All other central and district prisons.	Branch detention barracks.
Branch prisons.	Branch detention barracks.
Barrack cells.	Barrack detention cells.
Guard room prisoners' rooms, and guard-room cells.	Guard detention cells.
Prisoner.	Soldier in arrest.
Prisoner at large.	Soldier in open arrest.
A soldier arraigned before a court-martial.	The accused.
A soldier after being sentenced by a court-martial or by a commanding officer.	Soldier under sentence.

4. The punishment of imprisonment will, in future, be reserved for general and district courts-martial, and the powers of a regimental court-martial and of a commanding officer will not extend to the award of imprisonment.

SUCCESS AND FAILURE.

The next three tables (IV, V, and VI) fall into a different category; they show the performances of the candidates of each country in respect of the following points: (1) The success of man against man as revealed by the number of commissions carried off by what may be called the teams of each country in proportion to their respective numbers; (2) the extent to which the candidates, although unsuccessful in competition, yet acquitted themselves creditably by passing the qualifying standard; (3) the proportion of men of each country who failed totally, by not obtaining the lowest qualifying number of marks and thus being rejected altogether.

It will be observed that of what we have called the three teams, that of England comes out markedly the best, winning proportionately over 20 per cent. more commissions, and including about a quarter as many total failures among its men. As regards Scotland and Ireland, on the other hand, there is practically nothing to choose between the two teams in point of success in competition, but the Irish team figures better as regards the proportion of men who reached the qualifying standard.

DIFFERENT QUALIFYING BODIES.

Perhaps, however, the greatest and most living interest attaches to the two final tables, numbered (VII) and (VIII), and undoubtedly the former of these should afford much food for reflection to some of the bodies which figure in it. Besides being able to gather from it a pretty shrewd notion as to how those who hold their qualifications fare when they compete in a professional examination with representatives of other similar bodies, they can see the proportion in which they fail to reach the qualifying standard. Naturally all competitors cannot win commissions, but it is open to all to pass the qualifying standard, so it is somewhat remarkable that when the results obtained by various bodies, all of whom have sent up a fairly large number of candidates, are examined, the differences revealed should be so great.

The final table calls, perhaps, for some little explanation. In this the various degrees and diplomas which have figured at the examinations are thrown into certain natural classes, and the latter placed in the order of their success. The latter is judged not by the proportional number of commissions won, but by the height of the percentage of men who passed the qualifying standard (including those who gained commissions), and by the consequent lowness of the percentage of total failures. It will be observed, however, that except in two quite minor instances, the result or order of merit would have been the same if the percentage of commissions won had been taken as the test.

The most striking point about the return is the position occupied by candidates who held nothing but the diploma of the English Conjoint Board, for this class is an easy first with the highest percentage of men who passed the qualifying standard, and the lowest percentage of men rejected. The curious point is that they come out better than either those who held English degrees alone or those who held English degrees in addition to English College or Hall diplomas. Explanations of the former circumstance, perhaps, present themselves, but how the latter comes about is more difficult to understand.

As regards the University degree classes, it will be seen that the performance of the English and Irish respectively precisely correspond as regards the percentages qualified and rejected, but that the English degree team comes to the front in respect of the percentage of winners, and that Scotland is not far behind either. As regards rejections in all three classes of University candidates it will be noted on reference back to the preceding table that Durham and Manchester are responsible for the English rejections, while in respect of the Scottish failures Edinburgh was somewhat less successful than her sister universities, Glasgow and Aberdeen. In regard to Ireland there is some difference in favour of the Royal University both in point of commissions won and of the proportion of candidates qualified.

When we come to the Irish and Scottish Conjoint classes, the differences as compared with those which precede them are marked, the percentages of winners falling heavily and that of rejections rising notably. As between the two the palm must be given to the Irish

class, for though the winning percentage is slightly higher in the case of the Scottish candidates, there is a considerable difference in favour of Ireland in respect of the percentage of men who totally failed and of those who reached the qualifying standard but did not gain appointments.

GENERAL CONCLUSIONS.

The figures supplied by the tables are fairly large; they would not justify any very detailed deductions, but they certainly afford a sound basis for some general conclusions, which each body concerned can best work out for itself. In connexion with previous returns relating to a few examinations only, it has been suggested that the best side-light would be obtained by taking the examinations for the Indian Medical Service alone, because these are reputed to be the most difficult and they are certainly those in which competition is keenest and in which the number of total failures, or of men who fail to reach the qualifying standard, is highest. From a certain number of trials which have been made, however, it does not appear that any broad conclusions which may justly be founded on the examinations as a whole would be vitiated by taking the Indian Medical Service examinations separately. The one result would simply be to raise the percentage of total failures all round without greatly altering the general position the classes occupy in relation to one another.

THE GENERAL MEDICAL COUNCIL ELECTION.

DR. JOHN CHARLES SMITH (Northwood, Middlesex) writes: In the SUPPLEMENT of the BRITISH MEDICAL JOURNAL for September 15th I notice a circular signed by the Chairman of the Wandsworth Division. This has been, or is to be, sent to all the Divisions of the British Medical Association. It purports to institute an organized attempt to return three medical practitioners who would prove acceptable to the majority of the profession as their Representatives on the General Medical Council. The utterly unwarrantable assumption underlying this statement is that without the assistance of the Wandsworth Division the profession will choose three practitioners who are not acceptable to it. But, Sir, my main objection to this circular lies in the fact that it is a gross act of insubordination. The Representative Meeting which met in July last, consisting as it did of nominees of all the Divisions, unanimously agreed that no candidates were to be recommended by the Association, and here we have one Division trying to induce the others to rebel against and defy this resolution. The whole proceeding is a stultification of our new Constitution and an attempt to establish a "caveat" in its worst form. Three strong candidates are now before us—namely, Messrs. George Brown and George Jackson, the present Representatives, and Joseph Smith of Chiswick, President of the Society of Members of the Royal College of Surgeons, an ardent reformer for twenty years, and who contested the seat on the Council against Sir Victor Horsley, and polled between 3,000 and 4,000 votes on that occasion. I hope the three named will be returned with large majorities.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: EDWARD CORCORAN, Fleet Surgeon, and THOMAS F. O'KEEFE, M.B., Surgeon, to the *President*, additional, for annual survey of medical stores at Bedford Yard, October 1st; FRANK V. JACKSON, Fleet Surgeon, to the *Moctezuma*, on recommissioning, October 2nd; HENRY M. SHATTUWATTE, M.B., Surgeon, to the *Brilliant*, on completing October 2nd; EDWARD A. G. WILKINSON, Surgeon to the *Victory*, additional, to be lent to the Royal Naval College, Osborne, October 2nd.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned gentlemen have been made at the Admiralty, dated July 20th, 1906:—G. H. STEVENSON, M.B., J. H. SPENCER, M.B., W. H. FORSYTH, M.B., A. H. HENSLOR, M.B., A. C. AMY, M.B., W. MITCHELL, M.B., J. A. R. SIM, M.B., F. J. ELLIOT, M.B., F. E. LATHBURY, E. GIBSON, M.B., C. SCARF, M.D., R. W. D. LESLIE, E. D. GARDNER, M.B., M. J. LONCHIN, D. M. CORREY, M.B., B. JOHNSON, W. E. C. LUND, M.B., J. E. FOSTER, A. H. JACOB, A. M. BENNETT, F. L. BRADSHAW, F. A. BRACKEN, O. C. COOPER, W. W. BOYCE, C. KELLY, M.B., C. H. DENTON, W. J. E. BELL, M.B., D. COULTS, M.B., W. F. M. LONCHIN, D. T. MACCARTHY, M.B., H. L. HOWELL, C. W. BOWLER, J. J. O'KEEFE, M.B., J. A. BENNETT, M.B., T. W. BROWN, W. I. THOMPSON, M.B., R. C. GARDNER, E. J. NAVANAGH, M.B., and E. C. FRIELAN, M.B.

Instructions for the Physical Examination of Recruits.

"Instructions for the physical examination of recruits, for the guidance of medical officers of the Auxiliary Forces and civilian practitioners," have been approved, and copies will be issued to all concerned.—A.O. 177, July 1906.

Instructions for the Physical Examination of Recruits (issued with A.O. 177 of 1906.) The last two sentences of para. 14 are cancelled.—A.O. 150, June 1907.

Royal Army Medical Corps—Changes in Designation.

Detachments of the Royal Army Medical Corps serving in the following Commands abroad will, in future, be designated and numbered according to the subjoined table:—

Commands.	New designations.
Cape Colony	No. 22 Company.
Transvaal	No. 23 Company.
Orange River Colony	No. 24 Company, including detachment in Natal.
West Coast of Africa	Detachment.
Bermuda	No. 25 Company.
Ceylon	No. 26 Company.
China, North	Detachment.
China, South	No. 27 Company.
Gibraltar	No. 28 Company.
Jamaica	No. 29 Company.
Malta	No. 30 Company, including detachment at Crete.
Mauritius	No. 31 Company.
Straits Settlements	No. 32 Company.
Egypt	No. 33 Company, including detachment in Cyprus.

—A.O. 190, August 1906.

Military Hospitals.

The following changes in nomenclature will be added to para. 3 of A.O. 114 of 1904:—

Present nomenclature.	Future nomenclature.
Prisoners' Ward	Detention Ward.
Detained Ward	Observation Ward.
Lunatic Ward	Mental Ward.

—A.O. 216, September 1906.

Regulations for Admission to the Royal Army Medical Corps—Amendment.

Insert after para. 19, with effect from 1st March, 1907:—

19A. Illiteracy on the part of a candidate as evinced by inaccurate spelling, poor composition, or grammatical errors in the oral examination, at the entrance examination, or at the examinations undergone while on probation, will be regarded as disqualifying for appointment.—A.O. 228, September 1906.

Army Book and Army Forms approved:

2. Army Book and Army Forms approved:—
Army Book 187, "Infectious Disease Register." Medical officers should indent for copies only when the books now used for the purpose are filled. (A.O. 240, Sept. 1906)

HONORARY PHYSICIANS AND SURGEONS TO THE KING.

A SPECIAL Army Order issued from the War Office on September 15th, notifying various amendments to the Army Regulations, contains the subjoined:

The following shall be substituted for Article 362:

Six of the most meritorious officers of our Army Medical Service, on the active list, shall be named our Honorary Physicians, and six our Honorary Surgeons.

On appointment as one of our Honorary Physicians or Honorary Surgeons, an officer under the rank of colonel in our Royal Army Medical Corps may be promoted to the brevet rank of Colonel.

An officer shall relinquish the appointment of Honorary Physician or Honorary Surgeon on retirement.

THE Aberdeen Free Press

ABERDEEN, FRIDAY, SEPTEMBER 28, 1906.
COURT CIRCULAR.

RAIMONAL CASTLE, Thursday.

His Majesty the King opened the new building at Raimonal Castle, University of Aberdeen, to-day.

A travelling escort, under the command of Lieutenant F. A. U. Pickering, was furnished by the 2nd Dragoon (Royal Scots Greys), and guards of honor, were furnished as follows:—The Royal Navy, under the command of Lieutenant Peter Bruff Garrett, R.N.; the 2nd Battalion Scottish Rifles, under the command of Major C. M. S. Henning; the University Company, 1st Volunteer Battalion Gordon Highlanders, under the command of Major W. O. Dunson; the University Company, Royal Army Medical Corps (Volunteers), under the command of Major J. Scott Riddell; and the 3rd Battalion Gordon Highlanders, under the command of Major J. O. Forbes.

SEPT. 22, 1906.

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OCT. 6, 1906.

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SHALL NETLEY NURSES DANCE?

Standard 25 Oct. 1906.
Mr. Randall has given notice to ask the House of Commons whether the War Secretary will explain why nurses at Netley Hospital, and in the Army's service generally, are not permitted, when off duty, except when on furlough, to take part in public or private dances, seeing that the prohibition does not apply to medical men in the same hospitals, and whether he will at once free the nurses from this interference with their liberty.

Oct. 27, 1906.

THE PRESENT STATUS OF MILITARY MEDICAL ARRANGEMENTS IN CANADA.

By Lieutenant-Colonel J. T. FOTHERINGHAM, M.D., A.M.D. Canada.

P.M.O., Military District No. 2.

It may appear strange to you that the Section of Army, Navy and Ambulance is not arranged for at this meeting. My brief paper is an attempt to show that the subjects germane to the Section named are at least not entirely unthought of in this country, and the relative neglect of what is in all other civilized countries so important a special branch of medical science may appear more reasonable to you after hearing the figures which I briefly bring before you.

Canada has a population which, while martial enough in instincts, both in her French-speaking and in her English-speaking districts, is almost totally unmilitary. It has not been always so, as witness the struggles of the latter half of the eighteenth century, and the years 1812-15. But our population has been, and is still, so sparse, and so inadequate to the natural advantages and industrial possibilities of the country, that our time has been perforce taken up, to the practical exclusion of other topics, with the struggle with Nature, in the mines, the forests, the fisheries, and the fields, our four great primary sources of livelihood; and self-preservation, being the primordial instinct of nations as well as of individuals, has shown itself, paradoxical as it may seem, in attention to these primordial matters, to the neglect of those measures of self-protection which older civilizations are compelled to adopt. The main contributing cause has been the ever-present feeling that the Mother Country stands ready to protect us. The rapidly-rising tide of national self-consciousness and responsibility, to say nothing of considerations of self-respect, will in the near future change all this. The tone of the press is changing. The undertaking of the charge of the fortresses at Halifax and Esquimaux is a beginning in the right direction. And with a population of 6,000,000, and an annual income of about \$80,000,000, an annual military expenditure of about \$5,000,000 is not on the whole uncreditable to a community placed by Providence in a portion of the world so far removed from "war's alarms."

Nothing short of the compulsion of circumstances, such as a serious national and imperial crisis, is likely to divert the energies of the people of Canada from the industrial development of the country into military channels. The enforced adoption of separate national existence by the United States a century ago is largely responsible for the enormous development of all sides of a nation's life over there, and until we in Canada do the same thing—but not, not in Heaven's name, by the same methods or with the same result of separation from the mother—we shall not come to our own as a nation, nor play our part in the partnership of nations known as the British Empire. Pardon, if you please, this digression, and let me return to the beaten track, expressing the confidence that there is stirring in the cosmic consciousness of Canada the hope that as history undergoes her evolution it may be granted to us to hand on the torch, and to be the go-between for the Motherland and her once-estranged daughter to the south of us, to bring her back, if not into full family relationship, at least into full sympathy and alliance with the group of nations which within this century will be found full-grown, but still owing heartfelt and unreserved allegiance to a common head, the Sovereign of the Empire.

The military forces of Canada are militia forces only. The militia is divided into three classes: the permanent force, the active militia, and the reserve militia. The latter body is unorganized and untrained, and really means the able-bodied males of the country of military age, and subject to service only if a *levée en masse* were ordered in time of great danger. The permanent force is enlisted for three years' continuous service only within the confines of Canada, and so corresponds to the standing army of other countries. It embraces all arms of the service, with details of all the administrative and corps troops, and exists mainly for three purposes: (1) To act as instructional troops, (2) to aid the civil power in case of need, (3) to care for the fortifications and military stores of the country. This establishment numbers all told about 5,000 officers and men of all arms, but they are constantly much under strength, the industrial activities of civil life being so many and so tempting that recruiting is very difficult in times of peace.

The active militia, including the corps reserves, composed of those who have had three or more annual trainings, the organization of which has been attempted recently, is a force nominally of about 50,000 men; but only about 42,000 are on the establishment, and only about 40,000 have been trained this year. The higher commands, from the head quarters staff down through divisional and district commands to brigades and units, has come of late years to be pretty well organized, the main trouble hitherto having been that the Militia Act in force till 1905 was framed to meet the needs of the country while it was still occupied by the Imperial

forces, from which staffs of all kinds were expected to be provided.

Under the present Act and the establishment of 1905-6 the following branches of the service exist in both permanent corps and active militia: Cavalry, Artillery, Engineers, Infantry, Army Service Corps, and Medical Corps. There are also the Ordnance Stores Corps, and the Pay Department in the permanent staff, and in the active militia the Corps of Guides (Intelligence Officers) and the Signalling Corps.

Coming now more particularly to the Army Medical Corps, the establishment is about 1,500 of all ranks, including both permanent detachments and the units of the active militia.

It will be a matter of interest to some of you at least to know that we retain as one of the two main branches of the service the good old regimental medical officer, wearing the uniform of his regiment, a member of his regiment and its Mess, with substantive rank, attained by length of service according to regulation, and not eligible for staff or other than regimental duty. The system is one which in a militia force, organized upon county lines, is far too useful to be given up. Each year's experience in annual training as Principal Medical Officer of this District confirms me more strongly in this view.

The other branch of the militia service is the Army Medical Corps, with an establishment, as already stated, of about 1,500 of all ranks; 18 field ambulances are authorized, and 16 have been organized in the leading centres from Halifax to Winnipeg. The commissioned establishment is:

Lieutenant-Colonels	12
Majors	25
Captains	25
Lieutenants	25

The Honorary Colonel of the Corps is the Honourable the Minister of Militia, Sir Frederick Borden, M.D.

As supernumeraries we have:

Dental Surgeons (Lieutenants)	18
Nursing Sisters	25

There is also to each unit one quartermaster, not a medical man, with honorary rank of captain.

The old distinction between bearer companies and field hospitals was done away with a year ago, and the unit of the Army Medical Corps is now the field ambulance, with total establishment for annual training of 90, eight of whom, including the quartermaster, are commissioned officers. This unit is organized in three sections: the bearer section (the old bearer company), the tent section (the old field hospital), and the transport section. Officers of the Royal Army Medical Corps will be interested, if not envious as well, to learn that our transport is our own, and not, as is still the rule of the War Office, obtained from and maintained by the Army Service Corps.

Into the details of our equipment I shall not enter, as not being of any special interest to this Section. In general the technical equipment is identical with that of the Royal Army Medical Corps, and obtained from the same makers. Our tents are different. The bell tents are of khaki canvas, much darker and more comfortable in sunny weather, and better ventilated, and our ward tents are smaller and we think more convenient than the regulation marquee, besides being much better ventilated by wide-meshed netting in the inner roof along the ridge-pole. The low wire beds with ample bedding, tarpaulin flooring, and bright acetylene gas light from an excellent portable apparatus, combine to make the wards remarkably comfortable.

The service is a popular one; the rank and file usually easily recruited on account of the interest that the public in general take in all first-aid matters. The training of men in first aid to cases of fracture, haemorrhage, and conditions of suspended consciousness is very good so far as can be expected in the time at our disposal, twelve days in camp, though the zeal of all ranks induces at least as much extra training at head quarters every year as they get in camp.

The officers are, as a rule, well selected, the brightest and ablest of the younger practitioners being in all the centres very willing to accept commissions if they can afford it. It is not undue self-praise, perhaps, to say that the Army Medical Corps on its organization in May, 1890, at once stepped into favour, and has maintained a grade of efficiency which, according to recent annual militia reports, is rivalled by only one other branch of the service in Canada, the Army Service Corps, and we are invariably treated by other arms of the service with consideration and goodwill. For the further credit of our profession, I may add that no other class contributes in proportion to its numbers in civil life so many enthusiastic and capable officers to other branches of the service. Artillery, Cavalry, and Infantry, all have combatant officers doing excellent work who, in civil life, are busy and public-spirited medical men.

The work of the corps, of course, has been so far confined to the care of the troops in camp for annual training. This is, of course, practically active service, but under specially easy and favourable conditions. The real problems of camp sanitation and control of infectious disease can scarcely be said to come before us at all in so short a time as a fortnight in a standing camp. Still there are invariably a few cases, such as measles, diphtheria, or small-pox, brought to camp in incubation; and it speaks well for the promptness and discipline of both the regimental and the corps medical officers that in the two years during which I have had the medical charge of the camp at Niagara, of five thousand men or more, not a case has arisen of any contagious disease contracted in camp. The sick parades of the units are held at 6 a.m. By 7 a.m. the field ambulance wagons have made their rounds, and by 8 a.m. at latest the day's sick are com-

fortably seen to in the tent divisions of the field ambulances: the camp sick reports for the day are dealt with, and orders for stamping out any reported contagion are issued from the Principal Medical Officer's office, and acted upon not later than 9 a.m. And the effectiveness of this supervision is shown in the fact above stated, that not a case has yet arisen in camp in two years from contagion contracted at camp. Each field ambulance is provided with a steam disinfecting tank, though we have found that the boiling of a few ounces of formalin in a tightly closed bell tent in which infected clothing, etc., have been hung up, is simpler, less troublesome, and quite effective.

As regards qualifications, the requirements for regimental medical officers are slightly less than for Army Medical Corps officers. After one year as lieutenant, the officer if qualified becomes a captain. Four years as a captain entitles him to a majority, on further examination, unless the full Army Medical Corps examination has been taken at the outset. Ten years as major secures the rank of lieutenant-colonel.

The initial qualifying examination for Regimental M.D. includes:

- (a) Regimental duties and discipline as per Regulations and Orders, 1904, and King's Regulations.
- (b) Infantry drill, Part I.
- (c) Regulations for Army Medical Services, certain specified portions.
- (d) Manual for Royal Army Medical Corps.

The Army Medical Corps officers may qualify by one of the two following methods:

- (a) Those who have served with an army in the field as medical officers may be considered eligible.
- (b) Those who hold certificates of proficiency from one of the following training schools:

1. Royal Army Medical Corps Depot, Aldershot, England.
2. Volunteer Ambulance School of Instruction, London, England.
3. Canadian Army Medical Corps courses.

Previous to obtaining such a certificate the candidate must qualify in infantry training, Parts (I) and (II), at one of the Schools of Infantry, and subsequently he must obtain a certificate of equitation at one of the Schools of Cavalry.

Candidates must be also qualified practitioners according to law, and may not be over 45 years of age.

Speaking for my own district (No. 2) I can say that out of more than thirty Army Medical Corps officers not more than three or four have still to qualify, and the same proportion obtains among the regimental medical officers. This is not the time nor the place for detailing the syllabus of training and instruction. Suffice it to say that it covers the essentials, and makes it possible for the young officer by subsequent experience and attention to duty to become thoroughly efficient.

In closing, I must not omit to direct attention to the great value of the services rendered by the dental surgeons, one of whom is attached to each field ambulance for the annual training, and who are daily called upon to treat the commoner dental affections elicited by sleeping on the ground, exposure, or change of food.

Introductory Addresses

AT THE

OPENING OF THE MEDICAL SCHOOLS.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

By Sir LAMBERT H. ORMSBY, M.D., Dub., F.R.C.S.I.,

SENIOR SURGEON AND PAST-PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE PROSPECTS OF MEDICAL OFFICERS IN THE ARMY AND NAVY.

AFTER surveying the changes that had occurred in the study of medicine as a profession with its present and future prospects during the past forty years, and giving a brief sketch of the history of the Meath Hospital, and reference to the vast progress due to the antiseptic treatment of wounds, and to the improvement in nursing, Sir Lambert Ormsby proceeded to deal with the prospects of young men entering the profession. In regard to the Royal Army Medical Corps, he said: I wonder do the British public know that the present Director-General of the Army Medical Department is only a subordinate, and yet he is the responsible head of the health and well-being of every officer and soldier in the British Army! Could anything be more ridiculous and grotesque than that the so-called head, at present, of the sanitary and hygienic department of the army, is the Adjutant-General—an officer probably absolutely ignorant of medical science in every respect. This officer is again under the control of a Secretary of State for War, who may not only be ignorant of medical science, but who may be one of a large class common even among leading statesmen who think "doctors" should only be seen and not heard, and who scorn science in general, and distrust medical science in particular. This, however, does not apply to the present distinguished War Minister, Mr. Haldane, who, I am informed, is a most enlightened statesman, and one who is most anxious to improve every department of the army. For two years the Director-General had direct access to the Secretary of State, and was present at the Army Council, with great advantage to the army. The Escher Committee placed him again under the Adjutant-General, who happened to

be his junior in rank. How can a man without special and technical knowledge properly represent a scientific department? If the cry for efficiency has any real meaning at all, the present Government of progress, assisted by Mr. Haldane, ought to speedily place the present Director-General, Sir Alfred Keogh, K.C.B., an Irishman of marked ability and prudence and a sanitarian of the first rank at the head of his department, and also give him a seat on the Army Council, and invest him with such authority and responsibility as shall anticipate any catastrophe in a future war, and in some way endeavour to do away with the defects of military organization which led to such appalling losses from preventable disease in the South African campaign, losses which, as Sir Frederick Treves suggests, should weigh heavily on the consciences of the British people. Such diseases as dysentery and enteric fever should have been to a large extent prevented if the advice of the army medical sanitary officer had been taken. There is another matter I wish to allude to, and which has led to much criticism and well-grounded discontent among the profession, which is—Why should the same civil members of the Medical Advisory Board be re-elected over and over again? Why should they not serve for a specified term and then not be eligible for re-election? Surely there are many other leading physicians and surgeons in the three countries quite as competent to take a seat on this Board, and give the department the benefit of their varied experience and advice.

The status and position of the army surgeon is now so well defined, and it is a military service which any gentleman should be proud to serve in; I therefore have no hesitation in advising all those having a taste for military life to enter the R.A.M.C. It is at present undoubtedly a splendid service, and offers great advantages to the young doctor of culture and social position joining its ranks.

Passing to the Naval Medical Service, Sir Lambert Ormsby said: Only the other day one of my pupils, who is just qualified, met me in the hospital, and I asked him what he was going to do. He answered: "I intend, Sir, to have a try for the navy"; my answer to him was, "Don't enter the service at present."

Three years ago, in one of my presidential addresses at the Royal College of Surgeons, I drew attention very strongly to the grievances of the Naval Medical Service as they then existed. I deeply regret the grievances and defects I enumerated at that time have not, as I sincerely hoped, been remedied, and in justice to our medical brethren in that service I must return to the subject again. They, of course, are precluded by the King's Regulations to mention, or even hint, at their well-grounded grievances while in the service.

This system extends to officers of all arms by A.O. 125 of 1907 amended Art. 608 of Pay Warrant

Distinguished Service Rewards in the case of Medical Officers limited to those on the retired list, by alteration of Art. 608 of the Pay Warrant, as follows. (A.O. 232 of 1906)

Remarks.

14. Substitute for the last line but one of Art. 608, on page 135:—

"Medical officers on the retired list, and all veterinary and departmental officers, except officers of"

October, 1906.

Royal Warrants—"Soldiers' Emoluments."

The provisions regarding the grant of service pay contained in Art. 711N and Arts. 1084 to 1084L of the Warrant for the pay, appointment, promotion, and non-effective pay of our Army, dated 15th March, 1906, shall cease to have effect for soldiers of all arms who, on and after 1st October, 1906, either enlist, extend their colour service, re-engage, voluntarily rejoin the colours, continue in the service beyond 21 years, or are transferred to another arm or branch of the service, and that additional emoluments, which shall be granted in respect of the attainment of certain standards of fighting proficiency and shall correspond to the Engineer pay and corps pay granted to corps and departments, shall be drawn by soldiers of Cavalry, Artillery, and Infantry, who, on and after 1st October, 1906, either enlist, extend their colour service, re-engage, voluntarily rejoin the colours, or continue in the service beyond 21 years.

The conditions under which proficiency pay shall be drawn shall be as follows:—

1. The daily rates of proficiency pay shall be—
Class I.—6d. a day.
Class II.—3d. a day.

A.O. 231 of 1906

TABLE I.
Showing the Extent of the Competition for Each Service.

	Number of Candidates.	Number of Vacancies.	Proportion of Candidates to Vacancies.
Royal Navy Medical Service...	23	9	5 to 1.9
Royal Army Medical Corps...	160	120	5 to 3.6
Indian Medical Service...	91	48	5 to 2.6
Total or average...	279	177	5 to 3.1

TABLE II.
Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities...	100	35.8 per cent.
Scottish " " " " " "	75	26.8 "
Irish " " " " " "	102	36.8 "
Colonial " " " " " "	1	0.3 "
Mixed " " " " " "	3	1.0 "
Total or Average...	279	—

TABLE III.
Showing the Proportion of Commissions gained by the Candidates of each Country.

TABLE V.
Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Country.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates...	100	95	95.0 per cent.
Scottish " " " " " "	75	71	77.3 "
Irish " " " " " "	100	76 (77.8)*	76.0 (77.8) "
Colonial " " " " " "	1	3 (3.0)†	300.0 "
Mixed " " " " " "	3	2	66.6 "
Total or average...	279	234	83.9 "

* 76 is the number arrived at by subtracting Table V of January, 1905, from Table V of September, 1905. It is probably the correct number, as will be seen by comparing with Table VI here published.

† The number arrived at by subtracting the figures of January, 1905, from those of September, 1905, is 3; this is obviously incorrect.

TABLE VI.
Showing the Proportion of those who Failed Totally among the Candidates of Each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates...	100	5	5.0 per cent.
Scottish " " " " " "	75	17	22.6 "
Irish " " " " " "	100	24	24.0 "
Colonial " " " " " "	1	0	0.0 "
Mixed " " " " " "	3	1	33.3 "
Total or average...	279	47	16.1 per cent.

TABLE VII.
Showing Details of the Performance of each Class of Candidate.

"A SIDELIGHT ON MEDICAL EDUCATION."

By A. FRANCIS DIXON, M.B., Sc.D.

PROFESSOR OF ANATOMY, TRINITY COLLEGE, DUBLIN.

IN January, 1905, the BRITISH MEDICAL JOURNAL published, under the title "A Sidelight on Medical Education," a series of tables based upon an analysis of the returns submitted to the General Medical Council by the Admiralty, the War Office, and the India Office.

These tables were stated to represent an analysis of the returns sent in of all the examinations for the services since June, 1902. The analysis indicated that the Irish and Scottish candidates were not so successful in securing commissions, or in qualifying at the examinations, as the candidates from the English schools, and from this it was inferred that certain deductions were justified and a side-light thrown upon the educational methods and curricula in force in the different parts of the United Kingdom.

The matter attracted a considerable amount of attention, but the judgement of the Examination Committee of the General Medical Council on the returns submitted to it was that "such changes have lately been made in the conduct of the service examinations that the Committee think no conclusion of practical utility can at present be drawn from the statistics." In view of this pronouncement it is of interest to inquire if at the more recently held examinations the same relative amount of success has attended the various groups of candidates, or if a wider knowledge of the scope of the examinations and of the tests imposed has led to a more equal relative distribution of success.

On three occasions since the JOURNAL has published tables similar to those issued in January, 1905—namely, in June, 1905, in June, 1906, and in September, 1906. Unfortunately the figures of January and June, 1905, and June, 1906, are not mutually exclusive; but by taking the figures published September 22nd, 1906, which are stated to represent an analysis of all the examinations for the services held since June, 1902, and subtracting from them the figures given in the table of January, 1905, we can, if we assume the figures correct, construct a series of tables which, by comparison with those of January, 1905, will answer our inquiry and show whether the same amount of relative success still attends the candidates of the various countries and various licensing bodies, or whether success and failure are

* Report dated May 23rd, 1905.

TABLE I.
Showing the Extent of the Competition for Each Service.

	Number of Candidates.	Number of Vacancies.	Proportion of Candidates to Vacancies.
Royal Navy Medical Service...	23	9	5 to 1.9
Royal Army Medical Corps...	165	120	5 to 3.6
Indian Medical Service...	91	44	5 to 2.6
Total or average...	279	177	5 to 3.1

TABLE II.
Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities ..	500	35.8 per cent.
Scottish " " " "	150	10.8 " "
Irish " " " "	75	5.4 " "
Colonial " " " "	1	0.3 " "
Mixed " " " " " "	3	1.9 " "
Total or Average .. " "	729	—

TABLE III.
*Showing the Proportion of Commissions gained by the
Candidates of each Country.*

Country.	Number of Commissions Won.	Proportion of all Commissions Offered.
England	74	41.8 per cent.
Scotland	46	25.9 "
Ireland	56	31.3 "
Colonies	1	0.5 "
Mixed	0	0.0 "
	177	—

TABLE IV.
*Showing the Relative Success of the Candidates of Each
Country in Proportion to the Respective
Numbers.*

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England	100	74	74.0 per cent.
Scotland	75	46	61.5 ..
Ireland	10	5	50.0 ..
Colonies	1	0	0.0 ..
Mixed	3	0	0.0 ..
Total or average ..	229	177	63.4 ..

TABLE VIII.
Percentage Comparison of the Work of Certain Classes of Candidates.

Country.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates ..	100	95	95.0 per cent.
Scottish	7	72	72.8 (78) ..
Irish	100	76 (78)*	76.0 (78) ..
Colonial	1	3 (3)†	100.0 ..
Mixed	3	2	66.6 ..
Total on average ..	279	234	83.9 ..

* 76 is the number arrived at by subtracting Table V of January, 1960, from Table V of September, 1958. 78 is probably the correct number, as will be seen by comparing with Table VI here published.

TABLE VI.
*Showing the Proportion of those who Failed Totally among the
Candidates of Each Country.*

Country	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates ..	100	5	5.0 per cent.
Scottish	25	22.5	90.0 ..
Irish	100	2.5	2.5 ..
Colonial	1	0	0.0 ..
Mixed	5	1	20.0 ..
Total or average..	279	45	16.1 per cent.

TABLE VII.
Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Commissioned Officers.	Qualified but Unsuccessful.	Rejected.	Percentage of Success.
English Conjoint Board alone	69	55	13	1	78.1
" " " and Oxford degree	1	1	—	—	100.0
" " " and Cambridge	1	1	2	—	33.3
" " " and London	7	5	1	1	71.4
" " " and Durham	1	1	—	—	100.0
" " " and Manchester	1	1	—	—	100.0
" " " and Edinburgh	1	1	—	—	100.0
" " " and L.S.A.	1	1	—	—	100.0
English Apothecaries' Society alone	4	3	—	1	75.0
" " " and London degree	—	—	—	—	—
" " " and Scottish diploma	—	—	—	—	—
" " " and Manchester degree	3	2	1	0	66.7
London degree alone	—	—	—	—	—
" " and Manchester degree	—	—	—	—	—
Cambridge degree alone	—	—	—	—	—
Durham	7	4	1	2	57.1
Birmingham	1	0	1	0	0.0
Manchester	4	2	0	2	50.0
Scottish Conjoint Colleges alone	17	6.50	2	10	29.4
" " " and Edinburgh degree	—	1	—	—	100.0
Aberdeen degree alone	7	7	—	—	100.0
Edinburgh	40	25	9	6	62.5
Glasgow	10	8	1	1	80.0
Irish Conjoint College alone	48	19	12	17	39.6
Dublin University alone	31	23	3	5	74.2
Royal College of Ireland	23	14	5	2	69.6
Colonial Universities	1	1	—	—	100.0
Mixed	(3)	—	(2)	(1)	0
Total or average	279	177	57	27	63.4

TABLE VIII.
Percentage Comparison of the Work of Certain Classes of Candidates.

Qualifications.	Number of Candidates.	Gained Com-missions.	Qualified but Unsuccessful.	Total Qualified.	Number Rejected.	Percentage of Winners.	Percentage Qualified.	Percentage Rejected.	Order.
English Conjoint diploma alone	69	55	13	68	1	79.7	98.5	1.5	1
English Conjoint diploma and English degree	12	8	4	11	1	91.6	83.3	16.7	2
Irish degrees alone	57	37	10	47	5	71.1	90.3	9.7	3
Scottish degrees alone	57	40	10	50	7	79.2	93.7	12.2	4
English degrees alone	15	8	5	13	2	86.7	93.3	6.7	5
Other classes together	2	2	0	2	0	100.0	100.0	0.0	6
Irish Conjoint diploma alone	48	19	12	31	17	39.6	64.6	35.4	7
Scottish Conjoint diploma alone	17	5	2	7	10	41.2	41.2	58.8	8
Total or average	279	177	67	234	45	63.4	83.9	16.1	—

Nov. 3, 1905.

NETLEY.

THE Royal Victoria Hospital, Netley, was built as a consequence of the wish of Her Majesty Queen Victoria "that a commonly comfortable barrack for "Our convalescent soldiers" should be provided. It was opened for the reception of invalids from foreign

Oct. 27, 1906.]

"A SIDELIGHT ON MEDICAL EDUCATION."

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Becoming more equally distributed as the nature of the examinations becomes better known. Only questions of this nature can be answered by a study of such tables; other inferences are hardly justifiable, as no indication is given to show whether the various schools have been represented by candidates above or below their average standard of proficiency; and, further, since the ages of the candidates are not given, we cannot infer whether or not much time has been spent in special preparation for the service examinations.

The accompanying tables have been made by subtracting the figures given by the BRITISH MEDICAL JOURNAL in January, 1905, from those published by the same JOURNAL in September, 1906. Assuming the figures given in these returns to be correct, the tables should represent an analysis of the returns made to the General Medical Council of all examinations for the services since January, 1905—namely, two for the Indian Medical, one for the Royal Navy, and three for the Royal Army Medical Corps. For convenience of comparison, the tables have been drawn up in a precisely similar form to that adopted by the JOURNAL.

A comparison of the tables here submitted with those published in January, 1905, shows that the average proportion of candidates to the total vacancies is much the same as in the earlier examinations. The most remarkable fact is the relatively large increase of the candidates from Ireland, the number of which is now equal to that from England. The English candidates have diminished in number from 47.3 to 35.8 per cent. of the total number. The Irish have increased from 25.4 to 35.8 per cent., and the Scottish have increased their relative numbers by about 1 per cent. to 26.8.

With regard to the commissions gained (Table III) we find that England has gained 17.3 per cent. less, Scotland 7 per cent. more, and Ireland 12.9 per cent. more of the total commissions offered.

In proportion to the number of candidates, England still leads in capturing most vacancies. The differences between the three countries are, however, by no means so marked as formerly, since England's proportion of success to candidates has diminished from 78.1 to 74, while Scotland's has increased from 48.1 to 61.3, and Ireland's from 45.7 to 55 per cent.

The positions of the three countries as judged by the proportion of their candidates who have passed the qualifying examination (see Table V) is not much changed; the numbers are—England 95, Scotland 77.3, and Ireland 76 (77.8), as against 93.3, 72.6, and 80 per cent. formerly. Ireland has lost 2, England has gained 2, and Scotland 4.5 per cent.

Table VI shows the proportion of candidates who have failed to qualify. Since January, 1905, England has improved its already high position in this respect by diminishing its total failures by 1.5 per cent.; Scotland has diminished its failures by 5 per cent., and Ireland remains practically where it was in January, 1905, and shows a percentage of failures just a fraction below that at present exhibited by Scotland.

Tables VII and VIII are those which have always attracted most interest. Here we have the performances of the candidates from the various licensing bodies exhibited and compared. Unfortunately, in many cases the number of candidates is small, but taking the various licensing bodies, which have sent up 15 or more candidates, we may arrange them according to their percentage of success as follows: English Conjoint Board alone 79.7 per cent., Dublin University 74.2 per cent., Royal University of Ireland 66.6 per cent., Edinburgh University 62.5 per cent., Irish Conjoint Colleges 39.6 per cent., and Scottish Conjoint Colleges 29.4 per cent. Candidates from Aberdeen and Glasgow were very successful, securing 100 and 80 per cent. respectively, but their numbers were not large.

One has only to compare these results with those shown in the tables of January, 1905, to see that great changes have taken place. The success attending the candidates of Dublin University has increased 31, of the Royal University of Ireland 3.3, of Edinburgh University 12.5, of the Irish Conjoint Colleges 5.6 per cent., while that of the Scottish Conjoint Colleges has diminished by 9.5 per cent.

I have taken 5 as the number of successful candidates (see Table VII this note); there is undoubtedly an error in Table VII of January, 1905.

Exams will begin about 1st February, 1st July, and 1st September each year, and a candidate will, as far as possible, be permitted to select the class most convenient to him. At the conclusion of course he will be examined as to his fitness to have his commission confirmed.

7. Commissions will date from time of joining the class of instruction at the Depot.

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The tables certainly appear to indicate that as the requirements of the newer examinations are becoming better known, success is becoming more uniformly distributed. The high position of the English Conjoint Board candidates may well be due to the fact that the examinations are London examinations, and this conclusion agrees well with the fact that those Conjoint Board candidates who also hold University degrees are less successful than those who hold the diploma alone. (See Table VIII of September 22nd.) The former will in greater proportion have been educated outside London.

I have not copies of all the actual returns submitted to the General Medical Council, and have not had time to look them up; I have, however, assumed that the numbers given in the JOURNAL are correct, yet before leaving the matter I desire to draw attention to some errors and misleading figures in the analyses of the returns as published in the JOURNAL. For instance, in Table VII, published January, 1905, the numbers of commissions gained by the Scottish Conjoint Colleges should read 16 instead of 15, and the percentage of success should be 42.1 instead of 39. In Table VIII, published June 2nd, 1906, the total number of candidates is given as 178, but the column of figures added together gives 185. This appears to be due to the fact that "other classes together" are put down as 13, but a comparison with Table VII shows that the correct number is 6. In the analyses published on September 22nd, in Table VIII, 14 has been added to the number of candidates holding English diplomas plus English degree, and in the same table the I.S.A. candidates and some others are left out altogether. Further, a comparison of Table V, September, 1906, with the corresponding Table of January, 1905, reveals an error in the number of Colonial candidates who have passed the standard. This error will seriously affect the percentage which is given in the same table.

A close comparison of Tables V and VI also leads one to believe that there is an error of 2 in the number of Irish candidates who have passed the qualifying examination. This is brought out in Table V accompanying this note (compare with Table VI).

Some of the most remarkable figures are, however, to be found in the analyses of June 3rd, 1905. In Table IV the average proportion of success to candidates is given as 33.9; in Table VII the same proportion is given as 54, and in Table VIII as 47.8. As a matter of fact, the correct figure is approximately 50.3. Again, the percentage of candidates who have qualified is given in Table V as 64.8, in Table VIII as 77.4, while the actual number is 81 per cent. Finally, the proportion of total failures is variously given as 35.1 (see Table VI) and 22.6 (see Table VIII), while the correct number is 18.9 per cent.

If the analyses are to be published in future in similar form, it is to be hoped that care will be taken to give correct numbers and percentages.

* * Professor Dixon, it will be observed, takes some of the tables regarding service examinations which have appeared in the JOURNAL, assumes that they are correct, utilizes them to build up a theory of his own, invites us to accept it, and then cuts off the branch on which he stands by suggesting that the tables are wrong.

It is not a method which commends itself, but fortunately the criticisms, formidable as their list appears, in no wise really affect the essential structure of the tables, so that the author's theory to that extent is safe. This being assured, his mathematical comments become mere *obiter dicta*. Conceivably they are well founded, conceivably they are otherwise; but in any case it is scarcely worth while to devote time and space to their consideration.

There have been seven, and not four, series of tables published in these columns, and possibly the author has misinterpreted some of those which he has seen: certainly this is the case in the instance which he regards as the most remarkable. It is worth noting, however, that the candidates who should really be regarded as entitled to the first place on the result of all the examinations held up to the present are not the holders of the English conjoint diploma alone, but the holders of this diploma plus an English degree, though their number is small and the margin narrow. To this extent, therefore, there really is

Organization of the General Staff.—A.O. 255 of 1906.

1. The General Staff of the Army falls into two principal divisions, viz. :—

(a.) The General Staff at Army Headquarters.

(b.) The General Staff in commands and districts.

2. The functions of the former are to advise on the strategical distribution of the Army to supervise the education of officers, and the training and preparation of the Army for war, to study military schemes, offensive and defensive, to collect and collate military intelligence, the general policy in Army matters, and to timely action in the execution of that policy. Functions of the latter are to assist the officers staffs they are serving, in promoting military especially in regard to the education of officers of the troops, and to add them in carrying out the policy prescribed by Army Headquarters.

These objects in view, the General Staff will be as the officers of the Army who may be consulted likely to prove capable of forming a school of military thought.

Detailed duties which fall to the lot of the staff, in furtherance of these objects, are enumerated in A.

APPENDIX A.

TAILED DUTIES OF THE GENERAL STAFF.

a War Office.—The duties are divided and dealt with in one, viz., Military Operations, Staff Duties, and Military

(a.) MILITARY OPERATIONS.

offensive and defensive operations other than in the United Kingdom. Strategic distribution of the Army. Defence schemes of collection, preparation, and distribution of information as to movements other than the United Kingdom and India. Preparation (including strategical and tactical considerations) of information concerning the military resources and armed forces of all foreign countries. Information regarding India and adjoining territories, relating to the defence of India, other than those concerning sea. Correspondence with military attaches. Examination of journals and literature generally. Ciphers. Library. Telegraphs and wireless telegraphy. Preparation and preparation of military purposes. All matters connected with questions, boundary delimitations, and Demarcation in. Selection of officers for survey and geographical work, up to war.

(b.) STAFF DUTIES.

tion, formation, and instruction of the General Staff. The General Staff. Entrance to Staff and Cadet Instruction at Staff and Cadet Colleges. Higher training of 1 their examinations for promotion. Foreign language as. Preparation for publication of all works bearing on military history. General Staff libraries.

(c.) MILITARY TRAINING.

crisis. War establishments. Home defence. Plans of the War. Reconnaissance of the United Kingdom. Defence schemes in the United Kingdom. (all arms, including Army Reserve). Manoeuvres. Examination of manoeuvre reports. Allotment of funds and manures. Questions connected with the regulation of grounds and ranges. Appointment of higher staffs and 1 of instruction at schools for war training. Writing of annuals. Telegraphs and signalling. Schemes of defence in the command. Instruction for war. The training and instruction of the troops, and examination of officers. Staff rides. Preparation and of schemes for reconstructions, manoeuvres, and field operations. Intelligence Duties.

Revised Regulations
for the
Army Medical Service.

proved. A.O. 245 of 1906

972390 of 1906

ARMY MEDICAL RESERVE OF OFFICERS.

WARRANT included in this month's Army Orders.

1. constitution of the Army Medical Reserve of 1 substitutes new provisions for the pay, appointment of officers.

2. commissions as lieutenants in the Army Medical Reserve to be given to persons, not over 30 years of age, who qualified under regulations approved by the Army. The ranks of officers of the Army Medical Reserve of captain and lieutenant, and the total period in the Reserve shall be limited to seven years. On the expiration of three and a half years' service a lieutenant shall be promoted to the rank of captain, if recommended for promotion.

3. commissions will be made on probation, and so appointed will undergo an initial training of 6 months, the expiration of which, should their work be considered satisfactory, their commissions will be confirmed.

4. officers shall receive the pay and allowances of similar rank in the Royal Army Medical Corps. The first year's service an officer shall, in addition to any allowances for days of actual service, receive pay of £20 a year. This rate shall be increased to £25 a year if the officer is promoted to the rank of captain.

5. Officers of the Army Medical Reserve constituted by this warrant shall be liable to be called to army service at home or abroad at a time of emergency, and shall also be subject to the general regulations applicable to Army Reserve officers. The sum of £5 will be allowed towards the provision of uniform.

War Establishments.

1. War establishments for a Sanitary Section and a Sanitary Squad have been approved, and copies will be issued to all concerned.

2. The above war establishments will be inserted as page 18A in Sec. IX. (Lines of Communication Units), issued with A.O. 142 of 1906, and the list of contents on page 4 amended accordingly.—A.O. 262, November 1906.

was constituted
various amendments
the Army Medical Reserve
of officers was
the Army Medical Reserve
of officers was
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Becoming more equally distributed as the nature of the examinations becomes better known. Only questions of this nature can be answered by a study of such tables; other inferences are hardly justifiable, as no indication is given to show whether the various schools have been represented by candidates above or below their average standard of proficiency; and, further, since the ages of the candidates are not given, we cannot infer whether or not much time has been spent in special preparation for the service examinations.

The accompanying tables have been made by subtracting the figures given by the BRITISH MEDICAL JOURNAL in January, 1905, from those published by the same JOURNAL in September, 1906. Assuming the figures given in these returns to be correct, the tables should represent an analysis of the returns made to the General Medical Council of all examinations for the services since January, 1905—namely, two for the Indian Medical, one for the Royal Navy, and three for the Royal Army Medical Corps. For convenience of comparison, the tables have been drawn up in a precisely similar form to that adopted by the JOURNAL.

A comparison of the tables here submitted with those published in January, 1905, shows that the average proportion of candidates to the total vacancies is much the same as in the earlier examinations. The most remarkable fact is the relatively large increase of the candidates from Ireland, the number of which is now equal to that from England. The English candidates have diminished in number from 47.3 to 35.8 per cent. of the total number. The Irish have increased from 25.4 to 35.8 per cent., and the Scottish have increased their relative numbers by about 1 per cent. to 26.8.

With regard to the commissions gained (Table III) we find that England has gained 17.3 per cent. less, Scotland 7 per cent. more, and Ireland 12.9 per cent. more of the total commissions offered.

In proportion to the number of candidates, England still leads in capturing most vacancies. The differences between the three countries are, however, by no means so marked as formerly, since England's proportion of success to candidates has diminished from 78.1 to 74, while Scotland's has increased from 48.1 to 61.3, and Ireland's from 45.7 to 58 per cent.

The positions of the three countries as judged by the proportion of their candidates who have passed the qualifying examination (see Table V) is not much changed; the numbers are—England 95, Scotland 77.3, and Ireland 76 (78), as against 93.3, 72.6, and 80 per cent. formerly. Ireland has lost 2, England has gained 2, and Scotland 4.5 per cent.

Table VI shows the proportion of candidates who have failed to qualify. Since January, 1905, England has improved its already high position in this respect by diminishing its total failures by 1.5 per cent.; Scotland has diminished its failures by 5 per cent., and Ireland remains practically where it was in January, 1905, and shows a percentage of failures just a fraction below that at present exhibited by Scotland.

Tables VII and VIII are those which have always attracted most interest. Here we have the performances of the candidates from the various licensing bodies exhibited and compared. Unfortunately, in many cases the number of candidates is small, but taking the various licensing bodies, which have sent up 15 or more candidates, we may arrange them according to their percentage of success as follows: English Conjoint Board alone 79.7 per cent., Dublin University 74.2 per cent., Royal University of Ireland 66.6 per cent., Edinburgh University 62.5 per cent., Irish Conjoint Colleges 39.6 per cent., and Scottish Conjoint Colleges 29.4 per cent.¹ Candidates from Aberdeen and Glasgow were very successful, securing 100 and 80 per cent. respectively, but their numbers were not large.

One has only to compare these results with those shown in the tables of January, 1905, to see that great changes have taken place. The success attending the candidates of Dublin University has increased 31, of the Royal University of Ireland 3.3, of Edinburgh University 12.5, of the Irish Conjoint Colleges 5.6 per cent., while that of the Scottish Conjoint Colleges has diminished by 9.5 per cent.¹

¹ I have taken 5 as the number of successful candidates (see Table VII this note); there is undoubtedly an error in Table VII of January, 1905.

The tables certainly appear to indicate that as the requirements of the newer examinations are becoming better known, success is becoming more uniformly distributed. The high position of the English Conjoint Board candidates may well be due to the fact that the examinations are London examinations, and this conclusion agrees well with the fact that those Conjoint Board candidates who also hold University degrees are less successful than those who hold the diploma alone. (See Table VIII of September 22nd.) The former will in greater proportion have been educated outside London.

I have not copies of all the actual returns submitted to the General Medical Council, and have not had time to look them up; I have, however, assumed that the numbers given in the JOURNAL are correct, yet before leaving the matter I desire to draw attention to some errors and misleading figures in the analyses of the returns as published in the JOURNAL. For instance, in Table VII, published January, 1905, the numbers of commissions gained by the Scottish Conjoint Colleges should read 16 instead of 15, and the percentage of success should be 42.1 instead of 39. In Table VIII, published June 2nd, 1906, the total number of candidates is given as 178, but the column of figures added together gives 185. This appears to be due to the fact that "other classes together" are put down as 13, but a comparison with Table VII shows that the correct number is 6. In the analyses published on September 22nd, in Table VIII, 14 has been added to the number of candidates holding English diplomas *plus* English degree, and in the same table the L.S.A. candidates and some others are left out altogether. Further, a comparison of Table V, September, 1906, with the corresponding Table of January, 1905, reveals an error in the number of Colonial candidates who have passed the standard. This error will seriously affect the percentage which is given in the same table.

A close comparison of Tables V and VI also leads one to believe that there is an error of 2 in the number of Irish candidates who have passed the qualifying examination. This is brought out in Table V accompanying this note (compare with Table VI).

Some of the most remarkable figures are, however, to be found in the analyses of June 3rd, 1905. In Table IV the average proportion of success to candidates is given as 33.9; in Table VII the same proportion is given as 54, and in Table VIII as 47.8. As a matter of fact, the correct figure is approximately 50.3. Again, the percentage of candidates who have qualified is given in Table V as 64.8, in Table VIII as 77.4, while the actual number is 81 per cent. Finally, the proportion of total failures is variously given as 35.1 (see Table VI) and 22.6 (see Table VIII), while the correct number is 18.9 per cent.

If the analyses are to be published in future in similar form, it is to be hoped that care will be taken to give correct numbers and percentages.

* * Professor Dixon, it will be observed, takes some of the tables regarding service examinations which have appeared in the JOURNAL, assumes that they are correct, utilizes them to build up a theory of his own, invites us to accept it, and then cuts off the branch on which he stands by suggesting that the tables are wrong.

It is not a method which commends itself, but fortunately the criticisms, formidable as their list appears, in nowise really affect the essential structure of the tables, so that the author's theory to that extent is safe. This being assured, his mathematical comments become mere *obiter dicta*. Conceivably they are well founded, conceivably they are otherwise; but in any case it is scarcely worth while to devote time and space to their consideration.

There have been seven, and not four, series of tables published in these columns, and possibly the author has misinterpreted some of those which he has seen; certainly this is the case in the instance which he regards as the most remarkable. It is worth noting, however, that the candidates who should really be regarded as entitled to the first place on the result of all the examinations held up to the present are not the holders of the English conjoint diploma alone, but the holders of this diploma *plus* an English degree, though their number is small and the margin narrow. To this extent, therefore, there really is

an error in the last series of tables, though the point affected is of no real importance.

Nothing, indeed, in the way of mathematical criticism to which the tables can be subjected can disturb their great outstanding feature, namely, the extreme and quite abnormal difference shown between certain large classes of candidates in the number of men who fail to reach the qualifying standard.

This is the point of real interest in the tables, for though, obviously, all candidates cannot win commissions, at any rate, all might pass the qualifying standard, and in the winning of commissions candidates from the three divisions of the country—England, Scotland, and Ireland—might be expected to show a proportionately equal degree of success. So far, however, from this being the case, there are material differences in the latter respect, while in the former the percentages of total failures or of men who fail to pass the qualifying standard range from about 3 to 43.

As an explanation of the very great difference in the degree of success obtained by different classes of candidates, Professor Dixon suggests that, in the earlier part of the period covered by the returns, the scope of the examinations was not equally widely known in all parts of the kingdom; if this were the case the differences would, of course, tend to disappear, and the author by certain calculations of his own endeavours to show that they are doing so, thus proving the truth of his explanation.

It is, doubtful, however, whether many persons will be convinced by his reasoning on this point, for, though it is true that in the last year or so the number of Irish candidates has augmented and that they have gained proportionately more commissions, Professor Dixon's own tables show that the limits of total failure have widened, not diminished. They stand for the later examinations at 1.5 per cent. only for English Conjoint diplomates at one end of the scale, while at the other end they are as high as 35.4 per cent., and 58.8 per cent. for Irish and Scotch diplomates respectively. Even amongst Irish degree holders the percentage of total failures stands at 9.6 per cent., which, in view of the circumstance that in connexion with Professor Dixon's own college there is a school specially devoted to the preparation of candidates for the services, is scarcely consistent with the supposition that the differences are due to lack of knowledge of the nature of the examinations; for in Dublin, if anywhere, the scope and character of the tests imposed must be exceedingly well known.

Nor does the suggestion seem quite satisfactory as regards the examinations at any date, since the general nature of the examinations must always have been at least as familiar in Ireland and Scotland as in England. This is especially probable, because until just before the commencement of the period which these returns cover, the services, the Army Medical Service in particular, were very far from popular among English students. There is a further hint in the paper which is of a kind similar to one made by a Scottish correspondent a few weeks ago, and is to the effect that the differences shown perhaps may be due to the examinations being held in London and by English examiners. This suggestion, unpleasant in itself, cannot be sustained; for at the competitions for admission to the Indian Medical Service and the Royal Army Medical Corps, at which alone it is common for candidates to be rejected solely on the ground of lack of professional knowledge, the examiners are selected from a very wide area. To make this point clear the names and addresses of the present examiners are here added. For the Indian Medical Service they are: Dr. Hale White (London), Mr. Ernest Lane (London), Professor J. Symington (Belfast), Professor Calder Leith (Birmingham), Dr. Haultain (Edinburgh), and Professor Cash (Aberdeen). Every year two of them retire in rotation and are replaced by others selected in corresponding fashion. For the Army Medical Corps the examiners, who are likewise changed from time to time, are at present, Dr. F. Taylor (London), Professor Clifford Allbutt (Cambridge), Professor W. G. Smith (Dublin), Dr. Byrom Bramwell (Edinburgh), Professor T. Sinclair (Belfast), Professor T. Ogston (Aberdeen), Mr. A. J. Pepper (London), and Professor Rickman Godlee (London).

MEDICAL MAGISTRATE.—Dr. J. Kenrick-Jones, of Llanrhaidr-y-n-Mochnant, Oswestry, has been placed on the Commission of the Peace for the County of Denbigh.

"A SIDELIGHT ON MEDICAL EDUCATION."

In a further letter on this subject, Professor Dixon writes: In your statement printed at the end of my letter of October 29th, and published by you November 10th, you say that the numbers complained of by me are not percentages but are averages, and that "as they are averages they are correct." I maintain that the figures in question, namely, those published by you June 3rd, 1905, are equally incorrect and equally inconsistent, whether they are regarded as "averages" or as percentages. To take two examples, it is impossible to understand how the "average" success of the same group of candidates (153 in number) can at the same time be represented by 33.9, 54, and 47.8; or how the "average" of failures can at the same time be 35.1, 22.6, and 29. These are some of the contradictory "averages" which you assert "are correct."

magazines, must do harm both to the public and journalist in divorcing manner from matter, in re "style" not as in the substance of the thing itself, an applied decoration; the thing itself being, in aspects, the personal experience and this expressed by the author's temperament. This last it was which was properly Style. When the style, but a frippery, clothing somebody else's stuff, affected insincerities, and false notions bred and abounded.

To dwell upon things rather than on words, method of observation, which in its fullness of the experimental method, and although it would fair to say that the Greeks never attained the method, its practice by Aristotle, by his pupil, Phrastus the botanist, by Archimedes, or Hippocrates never attained anything like the maturity to govern conceptions.

Both before and after the Socratic period the philosophy of knowledge was mainly not by this method but by method of public discussion. If we realized how might survive to oppress and mislead us, as others did when the underlying thing had dissolved, we might be more careful in setting up imposing names. Physicians were very prone to do, until we were sure the thing was there; and in no case should we name give an absolute value to temporary or delusive notions.

Words were fraught for the mind with three qualities—least—with Sense, Meaning, and Significance. But we indicated the direct intention of the very words themselves, although the sense was often dependent less upon the context; moreover, we knew that many had more than one direct sense. By Meaning, we indicated that which the author wished to convey; a burden, not only too very often different from the sense. The Significance, we meant something more difficult, impalpable than either sense or meaning. A great sign of his significance the author might not have deluded, foreseen and intended: it was often something arising from his sympathy and imagination as from his systematic purpose.

Before entering upon the use of words in science, Professor Allbutt referred to their use. Locke said of logic that one could not apply the syllogism until the truth was ascertained, and that then one wanted it. The answer might be, nevertheless, that we apprehended a truth we applied the syllogism to, and formulated the dearest, most economical, and effectual mode of expressing it. The danger was should not use logic thus clear-sightedly, but should be tempted to suppose its manipulation of words, manipulation of things, and lest the construal of syllogisms should suppose himself a creator of truth.

Undoubtedly in the last hundred years we have been devoting ourselves, and with marvellous success, to get rid of abstractions, but to divest substance, to appraise their value as devices of thought, and to determine their functions; we were, notwithstanding, still a prey to formulas and accepted words for. And we erred in two curiously opposite directions: we attributed substance to names, and then, because of factitious solidity they imposed upon us, we were standing while we were no less busily, if unengaged in pulling to pieces the concepts to which we were applied. Thus names became flimsier than the things they were no longer corresponding even to concepts: they were rags of thought.

The name of a disease was not, as it was con-

Nov. 3, 1905.

NETLEY.

THE Royal Victoria Hospital, Netley, was built as a consequence of the wish of Her Majesty Queen Victoria "that a commonly comfortable barrack for "Our convalescent soldiers" should be provided. It was opened for the reception of invalids from foreign stations in 1853. While the building was in progress a Royal Commission was, as the result of the Crimean war, inquiring into the sanitary condition of the army, the organization of military hospitals, and the treatment of the sick and wounded. That Commission recommended the formation of an Army Medical School, "for which purpose the necessary professional chairs, in lieu of the two now existing in Edinburgh and Dublin, should be instituted at the principal general hospital in England." This was carried into effect in 1860 at Fort Pitt, Chatham; but on the completion of the Royal Victoria Hospital, the Army Medical School was in 1863 transferred to Netley, where in order to arrange for the reception of the school "a large ward was converted into a lecture room, another into an operating theatre"; and other hospital accommodation was appropriated for use in connexion with the medical staff and the young officers. These things are set forth by Colonel Kenneth Macleod in a pamphlet entitled *Netley*, a reprint from the *Caledonian Medical Journal* for October, 1906. The school was the first in the country wherein hygiene was systematically taught, the teacher being Dr. E. A. Parkes. Tropical medicine, and surgery in relation to war, military organization and training were also taught. Short biographies of the earliest professors, of Surgeon-Generals Sir Thomas Longmore and W. C. Maclean, of Sir William Aitken, and also of Parkes are given, as well as a record of the names of the distinguished later professors, some of whom belong as much to the new order of things as to the old. Before Netley was adopted it had been proposed to locate the Army Medical School in London. Other counsels, however, prevailed, and it required another war and another

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[Issued with Army Order No. 11 November, 1906.

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REGULATIONS FOR ADMISSION
TO THE
ARMY MEDICAL RESERVE.
CANDIDATES FOR COMMISSIONS.

QUALIFICATIONS.

1. A candidate for a commission in the Army Medical Reserve must not be over 30 years of age at the date of his appointment.
2. He must be registered under the Medical Acts in force in the United Kingdom at the time of his appointment.
3. He must complete the form of application and declaration shown hereafter.

APPOINTMENT AND PROMOTION.

4. If his application is approved the candidate will be directed to present himself at a military station convenient to his place of residence, in order that he may be examined by an officer of the Royal Army Medical Corps as to his physical fitness for a commission.
5. The standard of physique required will be that laid down for candidates for the Royal Army Medical Corps.
6. If selected, he will be appointed a lieutenant on probation, and will be required to undergo a course of instruction at the Depot, Royal Army Medical Corps, at Aldershot, for 2 months. Classes will begin about 1st February, 1st July, and 1st September in each year, and a candidate will, as far as possible, be permitted to select the class most convenient to him. At the conclusion of this course he will be examined as to his fitness to have his commission confirmed.
7. Commissions will date from time of joining the class of instruction at the Depot.

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Organization of the General Staff.—A.O. 255 of 1906.

1. The General Staff of the Army falls into two principal divisions, viz.—
 - (a.) The General Staff at Army Headquarters.
 - (b.) The General Staff in commands and districts.
2. The functions of the former are to advise on the strategical distribution of the Army to supervise the education of officers, and the training and preparation of the Army for war, to study military schemes, offensive and defensive, to collect and collate military intelligence, to direct the general policy in Army matters, and to secure continuity of action in the execution of that policy.
3. The functions of the latter are to assist the officers on whose staffs they are serving, in promoting military efficiency, especially in regard to the education of officers and the training of the troops, and to aid them in carrying out the policy prescribed by Army Headquarters.
4. With these objects in view, the General Staff will be drawn from the officers of the Army who may be considered most likely to prove capable of forming a school of progressive military thought.
5. The detailed duties which fall to the lot of the General Staff, in furtherance of these objects, are enumerated in APPENDIX A.

APPENDIX A.

DETAILED DUTIES OF THE GENERAL STAFF.

1. At the War Office.—The duties are divided and dealt with in three sections, viz., Military Operations, Staff Duties, and Military Training.

(a.) MILITARY OPERATIONS.

Plans of offensive and defensive operations other than in the United Kingdom. Strategical distribution of the Army. Defence schemes abroad. Collection, preparation, and distribution of information as to British Possessions other than the United Kingdom and India. Collection, preparation (including strategical and tactical considerations), and distribution of information concerning the military geography, resources, and armed forces of all foreign countries. Supply of information regarding India and adjoining territories. Questions relating to the defence of India, other than those concerning coast defences. Correspondence with military attaches. Examination of foreign journals and literature generally. Submarine cables and wireless telegraphy. Ciphers. Library. Collection of topographical information, compilation and preparation of all maps required for military purposes. All matters connected with frontier questions, boundary demarcations, and Demarcation Commissions. Selection of officers for survey and geographical work. Issue of maps for war.

(b.) STAFF DUTIES.

Organization, formation, and instruction of the General Staff. Appointments to the General Staff. Entrance to Staff and Cadet Colleges. Instruction at Staff and Cadet Colleges. Higher training of officers and their examinations for promotion. Foreign language examinations. Preparation for publication of all works bearing on military operations. Military history. General Staff libraries.

(c.) MILITARY TRAINING.

War organization. War establishments. Home defence. Plans of concentration for war. Reconnaissance of the United Kingdom. Study of local defence schemes in the United Kingdom. Training (all arms, including Army Reserve). Manoeuvres. Examination and criticism of manoeuvre reports. Allocation of funds for training and manoeuvres. Questions connected with the requisition of training grounds and ranges. Appointment of higher staffs and supervision of instruction at schools for war training. Writing of training manuals. Telegraphs and signalling. 2. In commands and districts.—Schemes of defence in the command. The organization for war. The training and instruction of the troops. Education and examination of officers. Staff rides. Preparation and execution of schemes for concentrations, manoeuvres, and field operations. Intelligence duties.

*Revised Regulations
for the
Army Medical Service.*

Approved. A.O. 245 of 1906

07250 of 1906

ARMY MEDICAL RESERVE OF OFFICERS.

A ROYAL WARRANT included in this month's Army Orders amends the constitution of the Army Medical Reserve of Officers, and substitutes new provisions for the pay, appointment, and promotion of officers.

Under these commissions as lieutenants in the Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by the Army Council. The ranks of officers of the Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to seven years. On the completion of three and a half years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank.

Appointments to commissions will be made on probation, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed.

When called to army service, or while undergoing training, officers of the reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £20 a year. This rate shall be increased to £25 a year if the officer is promoted to the rank of captain.

Officers of the Army Medical Reserve constituted by this warrant shall be liable to be called to army service at home or abroad at a time of emergency, and shall also be subject to the general regulations applicable to Army Reserve officers. The sum of £5 will be allowed towards the provision of uniform.

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1. War establishments for a Sanitary Section and a Sanitary Squad have been approved, and copies will be issued to all concerned.

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*Army order
253 of 1906
(Nov.)
Cancelling
Arts. 654-659
of Pay Warrant
of 1904
1906 which
said the provisions of
said Warrant of 1904
658 (Army order 56
of 1904) by which an
Army Reserve of
Officers was constituted
and amending the
Army Medical Reserve
of Officers was
2 of 24 of 1906
U.S. then as amended
by Army order
900 of 1906 that
in commission was
to follow the constitution
of the Army Medical Reserve of Officers*

army medical corps and still wear their regimental

an error in the last series of tables, though the point affected is of no real importance.

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MEDICAL MAGISTRATE.—Dr. J. Kenrick-Jones, of Llanrhaidr-y-n-Mochnant, Oswestry, has been placed on the Commission of the Peace for the County of Denbigh.

WORDS AND THINGS.

At the opening meeting of the Students' Physical of Guy's Hospital, Professor Clifford Allbutt delivered address on "Words and Things." After some introductory remarks he said that by "things" he meant what posed to be an external world, after the manner of we were or ought to be continually remodelling ourselves by "words," on the other hand, he meant signs, arbitrary very variable signs, by which we endeavoured to dress these ideas and converse with them. Speaking of the man, whose profession was not with making things but dressing them, he said it was no bitter cynic who said "persons who cannot afford the time to experiment books on the subject." This smart redressing of the precious words to catch the attention of the reading magazines, must do harm both to the public and the journalist in divorcing manner from matter, in the "style" not as in the substance of the thing itself, an applied decoration; the thing itself being, in its aspects, the personal experience and this experience modified by the author's temperament. This last it was which was properly Style. When the style but a frippery, clothing somebody else's stuff, affected insincerities, and false notions bred and abounded.

To dwell upon things rather than on words, the method of observation, which in its fullness is the experimental method, and although it would be fair to say that the Greeks never attained the use of the method, its practice by Aristotle, by his pupil, the botanist, by Archimedes, or Hippocrates never attained anything like the maturity to govern conceptions.

Both before and after the Socratic period the power of knowledge was mainly not by this method but by the method of public discussion. If we realized how might survive to oppress and mislead us, as others did when the underlying thing had dissolved, we should be more careful in setting up imposing names. Physicians were very prone to do, until we were sure the thing was there; and in no case should we name give an absolute value to temporary or delusive notions.

Words were fraught for the mind with three qualities at least—with Sense, Meaning, and Significance. By Sense we indicated the direct intention of the very words themselves, although the sense was often dependent less upon the context; moreover, we knew that many words had more than one direct sense. By Meaning, we indicated that which the author wished to convey; a burdened and naturally too very often different from the sense. The Significance, we meant something more diffuse, more impalpable than either sense or meaning. A great part of his significance the author might not have foreseen and intended: it was often something arising from his sympathy and imagination as well as from his systematic purpose.

Before entering upon the use of words in science, Professor Allbutt referred to their use. Locke said of logic that one could not apply the science until the truth was ascertained, and that then one wanted it. The answer might be, nevertheless, that we apprehended a truth we applied the syllogism to and formulated the dearest, most economical, and effectual mode of expressing it. The danger was that we should not use logic thus clear-sightedly, but should be tempted to suppose its manipulation of words, manipulation of things, and lest the constraining syllogisms should suppose himself a creator of things.

Undoubtedly in the last hundred years we have been devoting ourselves, and with marvellous success, to get rid of abstractions, but to divest substance, to appraise their value as devices of words, and to determine their functions; we were, notwithstanding, still a prey to formulas and accepted words for. And we erred in two curiously opposite directions: we attributed substance to names, and then, because of factitious solidity they imposed upon us, we stood while we were no less busily, if not engaged in pulling to pieces the concepts to which were applied. Thus names became flimsier than the things they no longer corresponding even to concepts: they were rags of thought.

The name of a disease was not, as it was con-

SIR,—May we acknowledge and thank you for your courtesy in publishing our letter upon antivaccination tactics in the BRITISH MEDICAL JOURNAL, October 13th, 1906, p. 978? In this letter, through a typographical error, we have unwittingly conveyed the impression that the abstracts in the brochure referred to were from two separate articles when, as a matter of fact, there was but one article published in the *Cleveland Medical Journal*. This fact in no way mitigates the violation of the conditions under which permission for publication of these abstracts was granted. In the interest of truth the following statistics may be given, as they serve to undo the fallacy of the claim as to the potency of formaldehyde disinfection, also the mischief done by Dr. Friedrich's paper, and established beyond dispute the efficacy of vaccination in the prevention of small-pox.

Small pox in Cleveland, Ohio from 1898 to 1906

1138 THE BRITISH MEDICAL JOURNAL

TABLE
Showing the Extent of
Ser.

	No.	Case
Royal Navy Medical Service...		
Royal Army Medical Corps...		
Indian Medical Service...		
Total or average...		

TABLE
Showing whence the Candidate

Licensing Body.	
English Colleges and Universities	
Scottish "	
Irish "	
Colonial "	
Mixed...	
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TABLE
Showing the Proportion of
Candidates

1140 THE BRITISH MEDICAL JOURNAL

WORDS AND THINGS.

[Oct. 27,

an error in the last series of tables, though the point affected is of no real importance.

Nothing, indeed, in the way of mathematical criticism to which the tables can be subjected can disturb their great outstanding feature, namely, the extreme and quite abnormal difference shown between certain large classes of candidates in the number of men who fail to reach the qualifying standard.

This is the point of real interest in the tables, for though, obviously, all candidates cannot win commissions, at any rate, all might pass the qualifying standard, and in the winning of commissions candidates from the three divisions of the country—England, Scotland, and Ireland—might be expected to show a proportionately equal degree of success. So far, however, from this being the case, there are material differences in the latter respect, while in the former the percentages of total failures or of men who fail to pass the qualifying standard range from about 3 to 43.

As an explanation of the very great difference in the degree of success obtained by different classes of candidates, Professor Dixon suggests that, in the earlier part of the period covered by the returns, the scope of the examinations was not equally widely known in all parts of the kingdom; if this were the case the differences would, of course, tend to disappear, and the author by certain calculations of his own endeavours to show that they are doing so, thus proving the truth of his explanation.

It is, doubtful, however, whether many persons will be convinced by his reasoning on this point, for, though it is true that in the last year or so the number of Irish candidates has augmented and that they have gained proportionately more commissions, Professor Dixon's own tables show that the limits of total failure have widened, not diminished. They stand for the later examinations at 1.5 per cent. only for English Conjoint diplomates at one end of the scale, while at the other end they are as high as 35.4 per cent., and 58.8 per cent. for Irish and Scotch diplomates respectively. Even amongst Irish degree holders the percentage of total failures stands at 9.6 per cent., which, in view of the circumstance that in connexion with Professor Dixon's own college there is a school specially devoted to the preparation of candidates for the services, is scarcely consistent with the supposition that the differences are due to lack of knowledge of the nature of the examinations; for in Dublin, if anywhere, the scope and character of the tests imposed must be exceedingly well known.

Nor does the suggestion seem quite satisfactory as regards the examinations at any date, since the general nature of the examinations must always have been at least as familiar in Ireland and Scotland as in England. This is especially probable, because until just before the commencement of the period which these returns cover, the services, the Army Medical Service in particular, were very far from popular among English students. There is a further hint in the paper which is of a kind similar to one made by a Scottish correspondent a few weeks ago, and is to the effect that the differences shown perhaps may be due to the examinations being held in London and by English examiners. This suggestion, unpleasant in itself, cannot be sustained: for at the competitions for admission to the Indian Medical Service and the Royal Army Medical Corps, at which alone it is common for candidates to be rejected solely on the ground of lack of professional knowledge, the examiners are selected from a very wide area. To make this point clear the names and addresses of the present examiners are here added. For the Indian Medical Service they are: Dr. Hale White (London), Mr. Ernest Lane (London), Professor J. Symington (Belfast), Professor Calder Leith (Birmingham), Dr. Haultain (Edinburgh), and Professor Cash (Aberdeen). Every year two of them retire in rotation and are replaced by others selected in corresponding fashion. For the Army Medical Corps the examiners, who are likewise changed from time to time, are at present, Dr. F. Taylor (London), Professor Clifford Allbutt (Cambridge), Professor W. G. Smith (Dublin), Dr. Byron Bramwell (Edinburgh), Professor T. Sinclair (Belfast), Professor T. Ogston (Aberdeen), Mr. A. J. Pepper (London), and Professor Rickman Godlee (London).

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"A SIDELIGHT ON MEDICAL EDUCATION." In a further letter on this subject, Professor Dixon writes in your statement printed at the end of my letter of October 29th, and published by you November 10th, you say that the numbers complained of by me are not percentages but are averages, and that "as they are averages they are correct." I maintain that the figures in question, namely, those published by you June 3rd, 1905, are equally incorrect and equally inconsistent, whether they are regarded as "averages" or as percentages. To take two examples, it is impossible to understand how the "average" success of the same group of candidates (15 in number) can at the same time be represented by 33.6, 54, and 47.8; or how the "average" of failures can at the same time be 35.1, 22.6, and 29. These are some of the contradictory "averages" which you assert "are correct."

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Undoubtedly in the last hundred years we have devoted ourselves, and with marvellous success, course to get rid of abstractions, but to divest substance, to appraise their value as devices of and to determine their functions; we were, notwithstanding, still a prey to formulas and accepted words. And we erred in two curiously opposite directions. We attributed substance to names, and then, because factitious solidity they imposed upon us, we standing while we were no less busily, if not engaged in pulling to pieces the concepts to which were applied. Thus names became flimsier the no longer corresponding even to concepts: they were rags of thought.

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Nov. 3, 1905.

NETLEY.

THE Royal Victoria Hospital, Netley, was built as a consequence of the wish of Her Majesty Queen Victoria "that a commonly comfortable barrack for "Our convalescent soldiers" should be provided. It was opened for the reception of invalids from foreign stations in 1853. While the building was in progress a Royal Commission was, as the result of the Crimean war, inquiring into the sanitary condition of the army, the organization of military hospitals, and the treatment of the sick and wounded. That Commission recommended the formation of an Army Medical School, "for which purpose the necessary professional Chairs, in lieu of the two now existing in Edinburgh and Dublin, "should be instituted at the principal general hospital "in England." This was carried into effect in 1860 at Fort Pitt, Chatham; but on the completion of the Royal Victoria Hospital, the Army Medical School was in 1863 transferred to Netley, where in order to arrange for the reception of the school "a large ward was converted "into a lecture room, another into an operating "theatre"; and other hospital accommodation was appropriated for use in connexion with the medical staff and the young officers. These things are set forth by Colonel Kenneth Macleod in a pamphlet entitled *Netley*, a reprint from the *Caledonian Medical Journal* for October, 1905. The school was the first in the country wherein hygiene was systematically taught, the teacher being Dr. E. A. Parkes. Tropical medicine, and surgery in relation to war, military organization and training were also taught. Short biographies of the earliest professors, of Surgeon-Generals Sir Thomas Longmore and W. C. Macleod, of Sir William Aitken, and also of Parkes are given, as well as a record of the names of the distinguished later professors, some of whom belong as much to the new order of things as to the old. Before Netley was adopted it had been proposed to locate the Army Medical School in London. Other counsels, however, prevailed, and it required another war and another

[Issued with Army Order dated 1st November, 1905.]

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REGULATIONS FOR ADMISSION

Gen. No.
590

TO THE

ARMY MEDICAL RESERVE.

CANDIDATES FOR COMMISSIONS.

QUALIFICATIONS.

1. A candidate for a commission in the Army Medical Reserve must not be over 30 years of age at the date of his appointment.
2. He must be registered under the Medical Acts in force in the United Kingdom at the time of his appointment.
3. He must complete the form of application and declaration shown hereafter.

APPOINTMENT AND PROMOTION.

4. If his application is approved the candidate will be directed to present himself at a military station convenient to his place of residence, in order that he may be examined by an officer of the Royal Army Medical Corps as to his physical fitness for a commission.
5. The standard of physique required will be that laid down for candidates for the Royal Army Medical Corps.
6. If selected, he will be appointed a lieutenant on probation, and will be required to undergo a course of instruction at the Depot, Royal Army Medical Corps, at Aldershot, for 2 months. Classes will begin about 1st February, 1st July, and 1st September in each year, and a candidate will, as far as possible, be permitted to select the class most convenient to him. At the conclusion of this course he will be examined as to his fitness to have his commission confirmed.
7. Commissions will date from time of joining the class of instruction at the Depot.

(We. w. 86 3000 11 106-H & S 50) P. 06
462

Organization of the General Staff.—A.O. 255/1906.

1. The General Staff of the Army falls into two principal divisions, viz. :—

- (a.) The General Staff at Army Headquarters.
 - (b.) The General Staff in commands and districts.
2. The functions of the former are to advise on the strategical distribution of the Army to supervise the education of officers, and the training and preparation of the Army for war, to study military schemes, offensive and defensive, to collect and collate military intelligence, to direct the general policy in Army matters, and to secure continuity of action in the execution of that policy.
 3. The functions of the latter are to assist the officers on whose staffs they are serving, in promoting military efficiency, especially in regard to the education of officers and the training of the troops, and to all them in carrying out the policy prescribed by Army Headquarters.
 4. With these objects in view, the General Staff will be drawn from the officers of the Army who may be considered most likely to prove capable of forming a school of progressive military thought.
 5. The detailed duties which fall to the lot of the General Staff, in furtherance of these objects, are enumerated in ANN. A.

APPENDIX A.

DETAILED DUTIES OF THE GENERAL STAFF.

1. At the War Office.—The duties are divided and dealt with in three sections, viz., Military Operations, Staff Duties, and Military Training.

(a.) MILITARY OPERATIONS.

Plans of offensive and defensive operations other than in the United Kingdom. Strategical distribution of the Army. Defence schemes abroad. Collection, preparation, and distribution of information as to British Possessions other than the United Kingdom and India. Collection, preparation (including strategical and tactical considerations), and distribution of information concerning the military geography, resources, and armed forces of all foreign countries. Supply of information regarding India and adjoining territories. Questions relating to the defence of India, other than those concerning coast defence. Correspondence with military attaches. Examination of foreign journals and literature generally. Submarine cables and wireless telegraphy. Cipher. Library. Collection of topographical information, compilation and preparation of all maps required for military purposes. All matters connected with frontier questions, boundary delimitations, and Demarcation Commissions. Selection of officers for survey and geographical work. Issue of maps for war.

(b.) STAFF DUTIES.

Organization, formation, and instruction of the General Staff. Appointments to the General Staff. Entrance to Staff and Cadet Colleges. Instruction at Staff and Cadet Colleges. Higher training of officers and their examinations for promotion. Foreign language examinations. Preparation for publication of all works bearing on military operations. Military history. General Staff libraries.

(c.) MILITARY TRAINING.

War organization. War establishments. Home defence. Plans of concentration for war. Reconnaissance of the United Kingdom. Study of local defence schemes in the United Kingdom. Training (all arms, including Army Reserve). Manoeuvres. Examination and criticism of manoeuvre reports. Allotment of funds for training grounds and ranges. Appointment of higher staffs and supervision of instruction at schools for war training. Writing of training manuals. Telegraphs and signalling. 2. In commands and districts.—Scheme of defence in the command. The organization for war. The training and instruction of the troops. Education and examination of officers. Staff rides. Preparation and execution of schemes for concentrations, manoeuvres, and field operations. Intelligence duties.

Revised Regulations
for the
Army Medical Service.

Approved. A.O. 255/1906

255/1906

ARMY MEDICAL RESERVE OF OFFICERS.

A ROYAL WARRANT, included in this month's Army Orders, amends the constitution of the Army Medical Reserve of Officers, and substitutes new provisions for the pay, appointment, and promotion of officers.

Under these commissions as lieutenants in the Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by the Army Council. The ranks of officers of the Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to seven years. On the completion of three and a half years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank.

Appointments to commissions will be made on probation, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed.

When called to army service, or while undergoing training, officers of the reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £25 a year. This rate shall be increased to £35 a year if the officer is promoted to the rank of captain.

Officers of the Army Medical Reserve constituted by this warrant shall be liable to be called to army service at home or abroad at a time of emergency, and shall also be subject to the general regulations applicable to Army Reserve officers. The sum of £5 will be allowed towards the provision of uniform.

War Establishments.

1. War establishments for a Sanitary Section and a Sanitary Squad have been approved, and copies will be issued to all concerned.

2. The above war establishments will be inserted as page 18A in Sec. IX. (Lines of Communication Units), issued with A.O. 142 of 1905, and the list of contents on page 4 amended accordingly.—A.O. 262, November 1905.

Army order
255/1906
Cancelling
Arts 654-657
of Pay Order
of 1911 March
1906 which
said the provisions of
said Order of 18
588 (Army order 56
8) by which an
Medical Reserve of
was constituted.
was amended the
Army Medical Reserve
of Officers was
2 of 1911. By Army order
11.3. Then revised.
1906 it was ruled that
the Commission was to be
in the following the establishment
of Medical Reserve of Officers

1138 THE BRITISH MEDICAL JOURNAL

TABLE
Showing the Extent of
Ser.

Royal Navy Medical Service...	
Royal Army Medical Corps ..	
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Total or average ..	

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Showing whence the Candidates

Licensing Body.	
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1140 THE BRITISH MEDICAL JOURNAL

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The name of a disease was not, as it was con-

[Issued with Army Order A dated 1st November, 1906.]

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REGULATIONS FOR ADMISSION

1
Gen. No.
596

TO THE

ARMY MEDICAL RESERVE.

CANDIDATES FOR COMMISSIONS.

QUALIFICATIONS.

1. A candidate for a commission in the Army Medical Reserve must not be over 30 years of age at the date of his appointment.
2. He must be registered under the Medical Acts in force in the United Kingdom at the time of his appointment.
3. He must complete the form of application and declaration shown hereafter.

APPOINTMENT AND PROMOTION.

4. If his application is approved the candidate will be directed to present himself at a military station convenient to his place of residence, in order that he may be examined by an officer of the Royal Army Medical Corps as to his physical fitness for a commission.
5. The standard of physique required will be that laid down for candidates for the Royal Army Medical Corps.
6. If selected, he will be appointed a lieutenant on probation, and will be required to undergo a course of instruction at the Dépôt, Royal Army Medical Corps, at Aldershot, for 2 months. Classes will begin about 1st February, 1st July, and 1st September in each year, and a candidate will, as far as possible, be permitted to select the class most convenient to him. At the conclusion of this course he will be examined as to his fitness to have his commission confirmed.
7. Commissions will date from time of joining the class of instruction at the Dépôt.

8. Lieutenants when appointed will be required to provide the following articles of uniform, towards the expense of which an allowance of £5 will be issued :—

Cap, field service, khaki.
Frock, khaki.
Pants, khaki, 1 pair.
Puttees, khaki, 1 pair.
Boots, regulation, brown, 1 pair.
Sam Browne belt and sword.

9. Before becoming eligible for promotion to captain, a lieutenant will be required to undergo a second course of instruction for one month, at the conclusion of which he will be examined as to his fitness for such promotion.

CONDITIONS OF SERVICE.

10. Officers of the Army Medical Reserve will be liable to be called to army service at home or abroad at a time of emergency.

11. Officers of the Army Medical Reserve who are willing to offer their services in times of peace will be considered for employment with troops in the locality in which they reside.

12. EXTRACTS FROM THE ROYAL WARRANT FOR PAY AND PROMOTION.

The following extracts are given for the information of candidates :—

Commissions as lieutenants in Our Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by Our Army Council. (Art. 654.)

The ranks of officers of Our Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to 7 years. On the completion of $3\frac{1}{2}$ years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank. (Art. 655.)

Appointments to commissions will be made on probation, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed. Officers of the Reserve before promotion to the rank of captain shall fulfil such conditions as Our Army Council may determine, and shall undergo one month's further training. (Art. 656.)

When called to army service, or while undergoing training, officers of the Reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £20 a year. This rate shall be increased to £25 a year if the Officer is promoted to the rank of captain. (Art. 657.)

Officers of the Army Medical Reserve will be subject to the general regulations applicable to Army Reserve Officers as laid down in the following extracts from the Pay Warrant, so far as such regulations do not conflict with those laid down in the foregoing Articles.

Officers who volunteer for service in the Reserve of Officers, and whose services are accepted, shall receive commissions from Us as officers in Our Land Forces. (Art. 660.)

An Army Reserve Officer shall report himself at the commencement of each year, in writing, to Our Army Council. Should he fail to do so, he shall (unless he is an Officer retired from Our Regular Forces, with liability for further service in case of emergency) be removed from Our Reserve of Officers at the end of the year in which he fails to report himself. (Art. 662.)

An Army Reserve Officer shall, if his services have been of a special character, and if recommended to Us by Our Army Council, be eligible on retirement for a step of substantive or honorary rank, or of brevet rank for distinguished service. (Art. 664.)

An Army Reserve Officer may, with his own consent and the sanction of Our Army Council, be employed on Army Service at any time. (Art. 667.)

APPLICATION OF A CANDIDATE FOR A COMMISSION IN THE ARMY MEDICAL RESERVE.

1. Name in full
2. Address
3. Date of birth
(A certificate of registration of birth or other satisfactory evidence of age, such as a declaration made before a magistrate by one of his parents or guardians, giving the date of his birth, to be furnished.)
4. Qualifications
5. Academic and other distinctions
6. Medical school in which the Candidate completed his course as a medical student
7. Name of a person of position and responsibility who can be referred to as to Candidate's character, conduct, and fitness to hold His Majesty's Commission
8. Particulars of any commission or any appointment held since qualifying

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief, and further—

1. That I am a British subject of unmixed European blood.
2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an Officer in any climate.
3. That I will fully reveal when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature.....

Date.....

(*N.B.*—A misstatement by the Candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

*All communications to be addressed to the Secretary,
War Office, London, S. W.*

Nov. 3, 1906.

NETLEY.

THE Royal Victoria Hospital, Netley, was built as a consequence of the wish of Her Majesty Queen Victoria "that a commonly comfortable barrack for "Our convalescent soldiers" should be provided. It was opened for the reception of invalids from foreign stations in 1853. While the building was in progress a Royal Commission was, as the result of the Crimean war, inquiring into the sanitary condition of the army, the organization of military hospitals, and the treatment of the sick and wounded. That Commission recommended the formation of an Army Medical School, "for which purpose the necessary professional Chairs, in "lieu of the two now existing in Edinburgh and Dublin, "should be instituted at the principal general hospital "in England." This was carried into effect in 1860 at Fort Pitt, Chatham; but on the completion of the Royal Victoria Hospital, the Army Medical School was in 1863 transferred to Netley, where in order to arrange for the reception of the school "a large ward was converted "into a lecture room, another into an operating "theatre"; and other hospital accommodation was appropriated for use in connexion with the medical staff and the young officers. These things are set forth by Colonel Kenneth Macleod in a pamphlet entitled *Netley*, a reprint from the *Caledonian Medical Journal* for October, 1906. The school was the first in the country wherein hygiene was systematically taught, the teacher being Dr. E. A. Parkes. Tropical medicine, and surgery in relation to war, military organization and training were also taught. Short biographies of the earliest professors, of Surgeon-Generals Sir Thomas Longmore and W. C. Maclean, of Sir William Aitken, and also of Parkes are given, as well as a record of the names of the distinguished later professors, some of whom belong as much to the new order of things as to the old. Before Netley was adopted it had been proposed to locate the Army Medical School in London. Other counsels, however, prevailed, and it required another war and another Royal Commission to bring the Army Medical Service into immediate contact with the metropolis. The transfer was effected in 1902, the Royal Army Medical College in London being opened on September 1st of that year, in temporary quarters. Until the end of May, 1903, however, the lieutenants of the Indian Medical Service continued to attend for two months at the Royal Victoria Hospital for instruction in military medicine and some other subjects. Netley was then finally closed as a school. In this modest pamphlet of fourteen pages Colonel Kenneth Macleod sings the requiem of the school through which passed 3218 medical officers of the navy, army, and Indian services. It is possible to sympathize with Colonel Macleod's Horatian phrase, that "the amenities of the Netley life "can hardly be equalled elsewhere." The advantage of possessing an Army Medical School in London appeals without advocacy, and a lingering regard for a vanished friend justifies a tribute to a place where individual effort has effected much good work in the past.

REORGANIZATION OF THE VOLUNTEER MEDICAL SERVICE.

THE report on the reorganization of the Volunteer Medical Service drawn up by the Volunteer Medical Service Committee of the British Medical Association, and approved by the Council of the Association, has been forwarded to the Secretary of State for War, who has replied promising to give the report careful consideration; it is probable that Mr. Haldane will consent to receive a deputation on the subject later on.

FROM THE "LONDON GAZETTE"

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, Nov. 2, 1906.

ROYAL ARMY MEDICAL CORPS SCHOOL OF INSTRUCTION.

To be Commandant and Officer Commanding Depot Royal Army Medical Corps—Lieut. Colonel T. J. H. Lucas, C.B.
To be Instructor—Lieut. Colonel R. H. Firth and Major J. D. Ferguson, D.S.O. Royal Army Medical Corps.
To be Assistant Instructor—Captain M. C. E. Hime, M.B., Royal Army Medical Corps.

ALDERSHOT MEDICAL SCHOOL.

An addition is to be made to the training establishments of the Royal Army Medical Corps by the formation of a school of instruction at Aldershot, with a staff of four instructors.
Standard 10 Nov. 1906.

Regulations for Admission to the Army Medical Reserve.

Regulations for admission of Candidates for Commissions in the Army Medical Reserve of Officers have been approved and copies will shortly be issued.—A.O. 264, November 1906.

Organization of the General Staff.—A.O. 255 of 1906.

1. The General Staff of the Army falls into two principal divisions, viz.:

- (a.) The General Staff at Army Headquarters.
(b.) The General Staff in commands and districts.

2. The functions of the former are to advise on the strategical distribution of the Army to supervise the education of officers, and the training and preparation of the Army for war, to study military schemes, offensive and defensive, to collect and collate military intelligence, to direct the general policy in Army matters, and to secure continuity of action in the execution of that policy.

3. The functions of the latter are to assist the officers on whose staffs they are serving, in promoting military efficiency, especially in regard to the education of officers and the training of the troops, and to aid them in carrying out the policy prescribed by Army Headquarters.

4. With these objects in view, the General Staff will be drawn from the officers of the Army who may be considered most likely to prove capable of forming a school of progressive military thought.

5. The detailed duties which fall to the lot of the General Staff, in furtherance of these objects, are enumerated in A.O. A.

APPENDIX A.

DETAILED DUTIES OF THE GENERAL STAFF.

1. At the War Office.—The duties are divided and dealt with in three sections, viz., Military Operations, Staff Duties, and Military Training.

(a.) MILITARY OPERATIONS.

Plans of offensive and defensive operations other than in the United Kingdom. Strategical distribution of the Army. Defence schemes abroad. Collection, preparation, and distribution of information as to British Possessions other than the United Kingdom and India. Collection, preparation (including strategical and tactical considerations), and distribution of information concerning the military geography, resources, and armed forces of all foreign countries. Supply of information regarding India and adjoining territories. Questions relating to the defence of India, other than those concerning coast defences. Correspondence with military attaches. Examination of foreign journals and literature generally. Submarine cables and wireless telegraphy. Cyphers. Library. Collection of topographical information, compilation and preparation of all maps required for military purposes. All matters connected with frontier questions, boundary delimitations, and Demarcation Commissions. Selection of officers for survey and geographical work. Issue of maps for war.

(b.) STAFF DUTIES.

Organization, formation, and instruction of the General Staff. Appointments to the General Staff. Entrance to Staff and Cadet Colleges. Instruction at Staff and Cadet Colleges. Higher training of officers and their examinations for promotion. Foreign language examinations. Preparation for publication of all works bearing on military operations. Military history. General Staff libraries.

(c.) MILITARY TRAINING.

War organization. War establishments. Home defence. Plans of concentration for war. Reconnaissance of the United Kingdom. Study of local defence schemes in the United Kingdom. Training (all arms, including Army Reserve). Manoeuvres. Examination and criticism of manoeuvre reports. Allocation of funds for training and manoeuvres. Questions connected with the requisition of training grounds and ranges. Appointment of higher staffs and supervision of instruction at schools for war training. Writing of training manuals. Telegraphs and signalling. 2. In commands and districts.—Schemes of defence in the command. The organization for war. The training and instruction of the troops. Education and examination of officers. Staff rides. Preparation and execution of schemes for concentration, manoeuvres, and field operations. Intelligence Duties.

*Revised Regulations
for the
Army Medical Service.*

approved. 9.0.24.5.9.1906

9.25.9.1906

ARMY MEDICAL RESERVE OF OFFICERS.

A ROYAL WARRANT included in this month's Army Orders amends the constitution of the Army Medical Reserve of Officers, and substitutes new provisions for the pay, appointment, and promotion of officers.

Under these commissions as lieutenants in the Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by the Army Council. The ranks of officers of the Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to seven years. On the completion of three and a half years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank.

Appointments to commissions will be made on probation, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed.

When called to army service, or while undergoing training, officers of the reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £20 a year. This rate shall be increased to £25 a year if the officer is promoted to the rank of captain.

Officers of the Army Medical Reserve constituted by this warrant shall be liable to be called to army service at home or abroad at a time of emergency, and shall also be subject to the general regulations applicable to Army Reserve officers. The sum of £5 will be allowed towards the provision of uniform.

War Establishments.

1. War establishments for a Sanitary Section and a Sanitary Squad have been approved, and copies will be issued to all concerned.

2. The above war establishments will be inserted as page 18A in Sec. IX. (Lines of Communication Units), issued with A.O. 142 of 1906, and the list of contents on page 4 amended accordingly.—A.O. 262, November 1906.

Army order
253 of 1906
(Nov)
Cancelling
Arts 654-659
of Pay Manual
of 1906
1906

embodied the provisions of
the Royal Warrant of 18th
Feb 1888 (Army order 56
of 1888) by which an
Army Medical Reserve of
Officers was constituted.
This warrant amending the
constitution of the original Army
Medical Reserve of Officers was
the work of Lieut. Col. Balfour
C. C. B. then Assistant Quarter
Master General.
By Army order
99 of 1906 it was ruled that
for the convenience of the
Reserve of Officers
the Army Medical Reserve of Officers

1138 THE BRITISH MEDICAL JOURNAL

TABLE
Showing the Extent of
Ser.

	Not Cau
Royal Navy Medical Service...	
Royal Army Medical Corps...	
Indian Medical Service...	
Total or average...	

TABLE
Showing whence the Candidate

Licensing Body.	
English Colleges and Universities	
Scottish	
Irish	
Colonial	
Mixed	
Total or Average...	

TABLE
Showing the Proportion of
Candidates

1140 THE BRITISH MEDICAL JOURNAL

WORDS AND THINGS.

[Oct. 27,

an error in the last series of tables, though the point affected is of no real importance.

Nothing, indeed, in the way of mathematical criticism to which the tables can be subjected can disturb their great outstanding feature, namely, the extreme and quite abnormal difference shown between certain large classes of candidates in the number of men who fail to reach the qualifying standard.

This is the point of real interest in the tables, for though, obviously, all candidates cannot win commissions, at any rate, all might pass the qualifying standard, and in the winning of commissions candidates from the three divisions of the country—England, Scotland, and Ireland—might be expected to show a proportionately equal degree of success. So far, however, from this being the case, there are material differences in the latter respect, while in the former the percentages of total failures or of men who fail to pass the qualifying standard range from about 3 to 43.

As an explanation of the very great difference in the degree of success obtained by different classes of candidates, Professor Dixon suggests that, in the earlier part of the period covered by the returns, the scope of the examinations was not equally widely known in all parts of the kingdom; if this were the case the differences would, of course, tend to disappear, and the author by certain calculations of his own endeavours to show that they are doing so, thus proving the truth of his explanation.

It is, doubtful, however, whether many persons will be convinced by his reasoning on this point, for, though it is true that in the last year or so the number of Irish candidates has augmented and that they have gained proportionately more commissions, Professor Dixon's own tables show that the limits of total failure have widened, not diminished.

They stand for the later examination for English Conjoint diplomates at 4 while at the other end they are as 1 and 53.8 per cent. for Irish and Scottish. Even amongst Irish degrees of total failures stands at 9.6 per cent. the circumstance that in connexion with Dixon's own college there is a school the preparation of candidates for the consistent with the supposition that due to lack of knowledge of the nations; for in Dublin, if anywhere, the of the tests imposed must be exceeded.

Nor does the suggestion seem to regard the examinations at any date nature of the examinations must at least as familiar in Ireland and Scotland. This is especially probable, because commencement of the period which the services, the Army Medical 8 were very far from popular among. There is a further hint in the paper similar to one made by a Scottish weeks ago, and is to the effect that perhaps may be due to the exam in London and by English examine unpleasant in itself, cannot be sustained petitions for admission to the Indian the Royal Army Medical Corps, a common for candidates to be rejected of lack of professional knowledge, selected from a very wide area. To the names and addresses of the persons here added. For the Indian Medical Dr. Hale White (London), Mr. Eric Professor J. Symington (Belfast), Dr. (Birmingham), Dr. Haultain (Edinburgh), Cash (Aberdeen). Every year two of tion and are replaced by others selected fashion. For the Army Medical C who are likewise changed from time to Dr. F. Taylor (London), Professor C bridge), Professor W. G. Smith (Bramwell (Edinburgh), Professor T. Bramwell (Edinburgh), Professor T. Ogston (Aberdeen), Mr. J. and Professor Rickman Godlee (London).

MEDICAL MAGISTRATE.—Dr. J. Ke rhaistr-y-mochant, Oswestry, has Commission of the Peace for the County

"A SIDELIGHT ON MEDICAL EDUCATION."

In a further letter on this subject, Professor Dixon writes in your statement printed at the end of my letter of October 29th, and published by you November 10th, you say that the numbers complained of by me are not percentages but are averages, and that "as they are averages they are correct." I maintain that the figures in question, namely, those published by you June 3rd, 1905, are equally incorrect and equally inconsistent, whether they are regarded as "averages" or as percentages. To take two examples, it is impossible to understand how the "average" success of the same group of candidates (15 in number) can at the same time be represented by 33.5, 54, and 47.8; or how the "average" of failures can at the same time be 35.1, 22.6, and 29. These are some of the contradictory "averages" which you assert "are correct."

magazines, must do harm both to the public and to the journalist in divorcing manner from matter, in the "style" not as in the substance of the thing itself, an applied decoration: the thing itself being, in its aspects, the personal experience and this is modified by the author's temperament. This last it was which was properly style. When the style, but a frippery, clothing somebody else's stuff, after insincerities, and false notions bred and abounded. To dwell upon things rather than on words: method of observation, which in its fullness is the experimental method, and although it would fair to say that the Greeks never attained the method, its practice by Aristotle, by his pupil phrastus, the botanist, by Archimedes, or Hippocrates never attained anything like the maturity to give conceptions.

Both before and after the Socratic period the p

4

APPLICATION OF A CANDIDATE FOR A COMMISSION IN THE ARMY MEDICAL RESERVE.

1. Name in full
2. Address
3. Date of birth
(A certificate of registration of birth or other satisfactory evidence of age, such as a declaration made before a magistrate by one of his parents or guardians, giving the date of his birth, to be furnished.)
4. Qualifications
5. Academic and other distinctions
6. Medical school in which the Candidate completed his course as a medical student
7. Name of a person of position and responsibility who can be referred to as to Candidate's character, conduct, and fitness to hold His Majesty's Commission
8. Particulars of any commission or any appointment held since qualifying

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief, and further—

1. That I am a British subject of unimpaired European blood.
2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an Officer in any climate.
3. That I will fully reveal when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature.....

Date.....

(N.B.—A misstatement by the Candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

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Nov. 3, 1905.

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FROM THE "LONDON GAZETTE."

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, Nov. 2, 1905.

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To be Instructor—Lieut. Colonel R. H. Pith and Major J. D. Ferguson, D.S.O., Royal Army Medical Corps.
To be Assistant Instructors—Captains H. C. R. Hume, M.B., Royal Army Medical Corps.

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Organization of the General Staff.—A.O. 255 of 1905.

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(a.) The General Staff at Army Headquarters.

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2. In commands and districts.—Schemes of defence in the command. The organization for war. The training and instruction of the troops. Education and examination of officers. Staff rules. Preparation and execution of schemes for concentrations, manoeuvres, and field operations. Intelligence Duties.

Revised Regulations
for the
Army Medical Service.

approved. A.O. 245 of 1906

723 of 1906

ARMY MEDICAL RESERVE OF OFFICERS.

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Army order
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(Nov)
Cancelling
Arts 654-659
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of 1904
1906 which

embodied the provisions of
the Royal Warrant of 1886
Feb. 1888 (Army order 56
of 1888) by which an
Army Medical Reserve of
Officers was constituted.
This warrant amending the
constitution of the original Army
Medical Reserve of Officers was
the work of Lieut. Col. B. Butler.
V.C. &c. &c. then assisted Direct
General.
By Army order
99 of 1900 it was ruled that
no further amendments were to be
made in the original Reserve of Officers
or the original Reserve of Officers

Nov. 17, 1906.

"MANMASTERSHIP."

THE *Cavalry Journal* for October last contains an article by General Baden-Powell entitled "Manmastership." This term connotes all that pertains to the care of men, in the same way that horsemastership comprises everything relating to the welfare of the horse. General Baden-Powell writes with practical experience of the value of paying attention to all matters which (1) strengthen the body, and (2) prevent disease. He is to be congratulated upon the philosophic manner in which, without any attempt to dogmatize, he has sketched, sufficiently to emphasize their importance, the steps necessary to secure these ends, while, "as a layman," wisely refraining from detail. The *Cavalry Journal* is a new publication for the arm of the service which bears its name. By thus taking up the subject of hygiene and sanitation in this, its fourth number, it exhibits to the world that as the eyes and ears of the army the cavalry is in advance of the main body in a matter which affects the bodily well-being, and consequently the efficiency, of the soldier. It is to be hoped that every officer of every arm will read this article on manmastership, which should be the beginning of a real reform in the conception of the officer's duty towards his men and of the men's duties towards themselves.

A new spirit of earnest endeavour to make themselves fit in every respect for their high calling is discernible among soldiers, and is now voiced in no uncertain tones as regards health preservation by General Baden-Powell. It comes at an opportune moment, when the nation is beginning to perceive that it has duties towards the soldier which should be met in a more gracious spirit than has hitherto prevailed. The coincidence of the two sentiments is of the happiest augury.

This is national work. As General Baden-Powell truly says: "We really want sanitation to go into the domain of the soldier. . . . It is the duty of officers and men themselves to be preventers of disease." And in this last matter some criticism is called for from the expert. Sir Alfred Keogh, the Director-General, in some remarks appended to the paper, observes "that no scheme of disease prevention in war is in the least likely to succeed which is not assisted and developed by the regimental officer." About that there can be no question; neither can it be doubted that one non-commissioned officer and eight men per infantry battalion would afford the commanding officer of an infantry battalion a sufficient personnel for guarding the avenues through which danger advances.

But more than that is required. The personnel mentioned is sufficient for the purposes named by the Director-General—the disposal of excreta and the protection of food and water—and if this personnel be approved for the army, a great step forward will have been taken. Further, the training of the men in simple rules of cleanliness will bear wholesome fruit.

Before proceeding to indicate wherein the incompleteness of the proposed measures consists, it may be pointed out that a lay contemporary takes exception to Sir Alfred Keogh's statement that "enteric and dysentery are easily preventable." In this matter Sir Alfred is leading the hunt. Our contemporary does not recognize that the latest triumphs of science render it certain that these diseases should and will be easily preventable.

Similar want of acquaintance with the latest advances will prevent manmastership, so far as it has been presented to us in this article, being a complete success, for technical expert knowledge within the regiment is not provided. Are combatant officers to acquire this knowledge? Is it anticipated that such officers can reach an expert standard in sanitary science at the same time that they are learning and practising their own profession? Is a combatant officer in each unit to obtain a certificate in public health in order that he may be rendered fit to supervise the hygiene and sanitation of the men of his corps? Such a thing is unlikely; it may be said with certainty that it will never take place. Combatant officers may learn enough to become alive to the importance of the subject, and to become active helpers in promoting sanitation; but unless (1) the strengthening of the body and (2) the prevention of disease be guided by an expert, the advance in efficiency contemplated by General Baden-Powell will not fully be realized. The perfection of his ideas can be attained only by attaching a medical officer to each unit and making him immediately responsible to the commanding officer for the sanitation and hygiene of his corps.

It has long been clear that the medical officer has been divorced from the service to which the nature of

his duties proclaims he should be wedded. A more intimate association of the army doctor with the combatant ranks would produce all the results desired by the General, if to this association were added executive authority in relation to hygiene and sanitation. The medical officer has too long been an "adviser" only; the fruits of the "adviser" policy were ripened in the South African war. That the abolition of the old regimental system was a necessary step and one that has resulted in largely increased efficiency in the medical service is universally admitted. But it is impossible to deny that the removal of the medical officer from the regiment has been in some ways a loss to the army and a disadvantage to himself. The principal function of the medical officer is the prevention of disease; and there can be no question that as far as regiments are concerned, this function will be more efficiently discharged by an officer who has an intimate personal knowledge of the men whose health is in his keeping, and who on their part know and trust their doctor.

On the other hand, the medical officer, detached as he is from the daily life of the soldier, has lost an invaluable aid in the maintenance of hygiene. The difficulty might, we think, be met by attaching to each unit a medical officer with carefully-adjusted executive authority for a limited period. He should be responsible to the commanding officer for the sanitation of the unit as well as for the health of each individual in it. The commanding officer would not lose any of his powers of command, but his command would be influenced by knowledge of the physical condition of his men and of the sanitary requirements of time and place, climate and surroundings. Combatant officers are not in a position to know these things; by providing them with expert aid they would be in possession of a means of gauging and consequently of making the best use of the physical capacities of their men, who would be trained and preserved amidst sanitary surroundings.

The commanding officer already possesses specialists under his command; he has a signalling officer, a transport officer, a quartermaster, and an adjutant. Sanitation is a more difficult subject than signalling, transport, or clothing and equipment. He has no specialist to guide him in the matter of sanitation, the details of which require intricate technical knowledge. When he is training for war he has no one upon whose knowledge of hygiene he can rely. It is not till war breaks out that he is granted a medical officer, who has to acquire in a hurry a knowledge of the men, and to inculcate in haste sanitary principles which demand from each individual knowledge and habit for their due execution. Without complete knowledge, habit in these matters cannot be imparted by combatant officers, who at the best can never be more than partially trained.

Surely the time has come to deal with this defect in a practical spirit, and to appoint to each unit a medical officer thoroughly trained in sanitation and hygiene.

But the surgeon must not spend the whole of his services in a unit. He must not go to the unit until, after a probationary period, he has proved himself fitted for such a responsible post. He must not remain in the battalion so long as to become fossilized into routine. Rather should his service bear some relation to that of staff officers who, after a period of regimental duty, pass to the administrative duties of the army. The changes involved in the Royal Army Medical Corps by some such scheme would not be radical; they could be adopted without dislocation of the medical service as at present constituted. The army surgeon would thus become more intimately associated with the army, and by such association be placed in a position to supplement the deficiency of hygienic knowledge in commanding officers, to inculcate personal hygiene, to supervise the sanitation of the unit, and to treat the sick as a known and trusted friend. The medical profession particularly, and the nation generally, will then feel that at last the hygiene and sanitation of the soldier have been placed in expert hands, and General Baden-Powell will have the satisfaction of knowing that his written words will remain as evidence that he stood in the forefront of those who recognize that sanitation must be dealt with scientifically in the army.

Nov. 27, 1906.

The Army Nursing Service.—Mr. Rendall asked the Secretary of State for War whether ladies of the nursing service were promoted by seniority coupled with selection; whether he was aware that, as their names were placed on the *Army List* alphabetically, contrary to the custom in other departments, and not according to seniority, they had no means of knowing how they stood for promotion and foreign service; and whether he would look into the matter with a view to inaugurating a fairer and more businesslike system. Mr. Secretary Haldane replied by saying that the arrangement of the names of the members of the Queen Alexandra's Imperial Military Nursing Service in the *Army List* in alphabetical order was made at the request of the Nursing Board (in December, 1902). It was decided at that time that promotion in this service should be by selection and not by seniority. The reason for this was that promotion was made by selection and not by seniority, and the Nursing Board therefore preferred an alphabetical list. Regarding foreign service, the regulations laid down that those who had been longest at home would, as a general rule, be the first to proceed abroad. Arrangements of names could not, therefore, affect this matter in any way. It was a fact that the nursing service was the only department in which names were shown alphabetically in the *Army List*, with the exception of the acting chaplains.

Nov. 24, 1906.

THE ARMY MEDICAL SERVICES AND THE INSPECTOR-GENERAL.

THE *Army and Navy Gazette* recently, in an editorial article, backed up a suggestion made by Surgeon-General Evans to the effect that there should be an Inspector of Army Medical Services on the Staff of the Inspector-General of the Forces; and the *Broad Arrow* last week published a statement "that the Army Council has under consideration the desirability of the appointment of such an Inspector, with functions similar to those exercised in their respective branches of the Service by the Inspector of Cavalry and the Inspector of Artillery." There can be no doubt that the Escher Committee was right in recommending the appointment of an Inspector-General of the Forces, who should review and report upon "the practical results of the policy of the Army Council within the financial limits laid down by the Cabinet," and who should "provide the Secretary of State and the Army Council with eyes and ears . . . thus enabling the governing body of the Army to know the practical results of the measures it adopts." The subordinate inspectors recommended were for cavalry, artillery (2) engineers, and ordnance and equipment. The Inspector-General was to report "generally on all that affects the readiness of the Forces for war." The inspection of the medical service was not included within the Inspector-General's reference, and it certainly seems anomalous that he should be required to report on the readiness of the Army for war without including the readiness of the medical services. If, however, he is expected to report upon the medical services, it must, in spite of the large experience possessed by an officer holding the post of Inspector-General, be a matter beyond his technical capabilities to report adequately upon their efficiency either for peace or war. The surmise may be permitted that a medical inspector was not included because it was not contemplated that the Inspector-General should report upon medical efficiency. This duty appears to have been left to the medical Director-General; if that be so, he alone of the Directors recommended has been left to review and report upon the practical results of his own policy—in other words, the policy of the Army Council. The Director-General's administrative duties must, in the nature of things, be such as to require his presence almost continuously at head quarters; so that inspection of the widely-scattered medical arrangements cannot be carried out by him in addition to his duties at the War Office without entailing a physical strain such as is not required of officers in other departments of the army. Besides the hospitals and their working, the operations of the medical units at manoeuvres require to be specially reported upon in order to gauge their preparedness and efficiency, not only for the service of the troops upon the spots, but also to meet problems in medical tactics and strategy which will demand solution in war. There are, therefore, reasons for placing the medical services on the same footing as regards inspection as the rest of the army. It is not necessary in this JOURNAL to lay stress upon the essentially specialized nature of the duties of the army medical services. No layman is in a position to grasp the technical details of the various branches of medicine, and consequently, if the Inspector-General is to report on the medical services, it is essential that he should have upon his staff an officer with medical knowledge to report adequately to the Inspector-General upon the results of the medical administration of the Army Council, and as to the readiness of the medical forces for war.

A VOLUNTEER MEDICAL SERVICE.

SIR.—The volunteer promotions in this week's *BRITISH MEDICAL JOURNAL* clearly demonstrate how urgently a proper Volunteer Medical Service is required, for we have:

1. A Brigade-Surgeon-Lieutenant-Colonel promoted from a Surgeon-Captain to a Surgeon-Major.

2. A Surgeon-Captain appointed a Brigade-Surgeon-Lieutenant-Colonel.

3. A Captain of a R.A.M.C. Volunteer Company appointed a Brigade-Surgeon-Lieutenant-Colonel.

Now a Volunteer Medical Service as recommended by the Army and Navy Committee of the British Medical Association would prevent these incongruities, for:

1. We should have the medical officers designated by their rank and there would be no compound titles.

2. There would be one common uniform.

3. It would permit in those cases in which there are no Lieutenant-Colonels willing to accept, or eligible for promotion for officers of that rank to be selected outside the units forming the brigade and so throw promotion open to medical officers of all branches.

Again, under regulations Brigade-Surgeon-Lieutenant-Colonel is a substantive rank; how then can a Brigade-Surgeon-Lieutenant-Colonel be a Major or Captain as this *Gazette* states?

The rank of Brigade-Surgeon-Lieutenant-Colonel was fully considered in correspondence which passed between the War Office and representatives of the Volunteer Medical Association, and Senior Medical Officers, and it was decided to retain that somewhat cumbersome title with its substantive rank.—I am, etc.,

Blatchley, Bucks, Nov. 28th.

P. B. GILES.

Dec. 1, 1906.

REGULATIONS FOR ADMISSION TO THE ARMY MEDICAL RESERVE.

THE following rules were issued with Army Orders dated November 1st, 1906:

CANDIDATES FOR COMMISSIONS.

QUALIFICATIONS.

1. A candidate for a commission in the Army Medical Reserve must not be over 30 years of age at the date of his appointment.

2. He must be registered under the Medical Acts in force in the United Kingdom at the time of his appointment.

3. He must complete the form of application and declaration shown hereafter.

APPOINTMENT AND PROMOTION.

4. If his application is approved the candidate will be directed to present himself at a military station convenient to his place of residence, in order that he may be examined by an officer of the Royal Army Medical Corps as to his physical fitness for a commission.

5. The standard of physique required will be that laid down for candidates for the Royal Army Medical Corps.

6. If selected, he will be appointed a lieutenant on probation, and will be required to undergo a course of instruction at the Depot, Royal Army Medical Corps, at Aldershot, for two months. Classes will begin about February 1st, July 1st, and September 1st in each year, and a candidate will, as far as possible, be permitted to select the class most convenient to him. At the conclusion of this course he will be examined as to his fitness to have his commission confirmed.

7. Commissions will date from time of joining the class of instruction at the Depot.

8. Lieutenants when appointed will be required to provide the following articles of uniform, towards the expense of which an allowance of £5 will be issued:

Cap, field service, khaki.
Frock, khaki.
Pants, khaki, 1 pair.
Puttees, khaki, 1 pair.
Boots, regulation, brown, 1 pair.
Sam Browne belt and sword.

9. Before becoming eligible for promotion to captain, a lieutenant will be required to undergo a second course of instruction for one month, at the conclusion of which he will be examined as to his fitness for such promotion.

CONDITIONS OF SERVICE.

10. Officers of the Army Medical Reserve will be liable to be called to army service at home or abroad at a time of emergency.

11. Officers of the Army Medical Reserve who are willing to offer their services in times of peace will be considered for employment with troops in the locality in which they reside.

12. EXTRACTS FROM THE ROYAL WARRANT FOR PAY AND PROMOTION.

The following extracts are given for the information of candidates: Commissions as Lieutenants in Our Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by Our Army Council. (Art. 654.)

The ranks of officers of Our Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to 7 years. On the completion of 3 years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank. (Art. 655.)

Appointments to commissions will be made on promotion, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed. Officers of the Reserve before promotion to the rank of captain shall fulfil such conditions as Our Army Council may determine, and shall undergo one month's further training. (Art. 656.)

When called to army service, or while undergoing training, officers of the Reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £25 a year. This rate shall be increased to £30 a year if the officer is promoted to the rank of captain. (Article 657.)

Officers of the Army Medical Reserve will be subject to the general regulations applicable to Army Reserve Officers as laid down in the following extracts from the Pay Warrant, so far as such regulations do not conflict with those laid down in the foregoing Articles.

Officers who volunteer for service in the Reserve of Officers, and

whose services are accepted, shall receive commissions from us as officers in Our Land Forces. (Art. 661.)

An Army Reserve Officer shall report himself at the commencement of each year, in writing, to Our Army Council. Should he fail to do so, he shall (unless he is an Officer retired from Our Regular Forces, with liability for further service in cases of emergency) be removed from Our Reserve of Officers at the end of the year in which he fails to report himself. (Art. 662.)

An Army Reserve Officer shall, if his services have been of a special character, and if recommended to us by Our Army Council, be eligible on retirement for a step of substantive or honorary rank, or of brevet rank for distinguished service. (Art. 663.)

An Army Reserve Officer may, with his own consent and the sanction of Our Army Council, be employed on Army Service at any time. (Art. 667.)

All inquiries are to be addressed to the Secretary, War Office, London, S.W., from whom a form of application, together with the necessary declaration to be signed by the candidate for a commission in the Army Medical Reserve, can be obtained.

SINGING FOR SOLDIERS.

At a meeting held recently in the Tin Hall, Aldershot, Surgeon-General Evatt pleaded strongly for the encouragement of singing both in the army and the navy. He said that as a doctor he could bear witness to the value of singing in preparing the lungs for the strain put upon the internal organs by physical training. He also spoke of its value as a recreation and the immense advantage to be derived by the cultivation of good music and high-class songs, which would elevate, just as surely as low-class songs would be injurious to, the mind and morals of any man. He could imagine the great effect which would be produced upon the men of a regiment and the bystanders if it were permitted for the men of the regiment to sing "God save the King" at a Royal inspection as well as the National Anthem being played by a band. Surgeon-General Evatt read a number of letters expressing approval of his suggestion that choral societies should be established in regiments, and hopes that it would be supported, from His Royal Highness the Duke of Connaught, Lord Wolseley, Sir Evelyn Wood, Lord Methuen, Sir George White, Lord Grenfell, Sir Redvers Buller, Lord Charles Beresford, Admiral Seymour, Sir William Butler, General Baden-Powell, and Sir Alfred Keogh. Among the musicians who wrote warmly approving of the proposal were Sir Walter Parratt, Sir A. C. Mackenzie, and Sir F. Bridge. Dr. Arthur Summer-ville, His Majesty's Inspector of Music of the Board of Education, Whitehall, then delivered an address in which he said nothing trained men to work together better than the sound created by music and rhythm. In Japan this was thoroughly understood, and all youths of the fighting class were bred to singing and music. It balanced in the mind the physical training of the body, and was a source of strength. In England generally there was an immense revival of the art of music. He advocated that the Scotch regiments should learn their own songs, the Welsh theirs, the Irish theirs, and the English their grand old national airs. A time would come when regiments would compete with one another for prizes in public, when prizes would be offered for the individuals who could sing the best and largest number of songs, and when these military contests might take place in London under the most distinguished patronage. Such music would bring the men into touch with the hearts of the people and fill them with ardour in support of the great throne of the Empire so dear to them all, whilst nothing would do more than the subtle influence of music to promote the *esprit de corps* so desirable in the Army. He suggested that unison singing should be tried first. A few good men being found, choral work would probably soon follow. We already possessed most beautiful music, suitable for bass and tenor voices. Colonel Wavell, honorary secretary of the institute, moved that a soldier's musical society should be formed; this was seconded by the Rev. E. P. Lowry, and carried unanimously. The Rev. J. W. Pickance then moved that General Evatt and Dr. Summer-ville be asked to form an executive committee, with Mr. Fowles as secretary. This was carried. There can be no doubt that singing is a most valuable exercise for developing the chest in young men. Apart from the physical benefit to the individual singers, the moral effect must be very great. The Puritans went into battle singing hymns, and whatever may be thought of their theological tenets or their religious temper, there can be no question that they were first-class fighting men. The Russian soldiers are trained to sing in chorus, and we have heard that the effect of the Imperial Guard singing to the Czar at a review was extraordinarily impressive. We hope that Surgeon-General Evatt's public-spirited efforts will meet with the success they deserve, and that his scheme will be taken up in earnest.

Dec. 8, 1906.

THE ARMY MEDICAL RESERVE.

THE regulations for the Army Medical Reserve published last week (p. 1614) are evidence that the lessons of the past have been taken to heart in the Medical Department of the army. In the South African war a large body of civil surgeons was thrown into the field without military training or status. The report of the Royal Commission on the care and treatment of the sick and wounded in the South African campaign showed that while the professional work carried out by the civil surgeons was most valuable, they were at first handicapped by "a want of acquaintance with the methods of working in the army." It became manifest, therefore, that medical men who might take service in future wars should be prepared beforehand for the duties required of them in a sphere which presents novelties in the machinery for the execution of their work. But besides this lesson there is another, which is of essential importance, as it bears upon efficient organization. This is that the national war organization should be completed in peace, the medical portion equally with the army as a whole being prepared beforehand with the personnel it will require for service at the front as well as in the war hospitals. The requirements at the front must be met from two sources: first, the Royal Army Medical Corps, whose allotment of officers is insufficient for the strain of a big war; and, secondly, an army medical reserve, officered in numbers sufficient to supply the deficiency of regular medical officers, and taking the place formerly occupied by the "civil surgeons." The War Office scheme for an army medical reserve purports to afford to those members of the profession who are in a position to hold themselves in readiness to give their services in the event of national emergency an opportunity of acquiring in peace time the military training necessary for their ready efficiency in war. Under this scheme a medical officer of the reserve at the end of seven years therein could continue his military career in a Volunteer unit should he feel so disposed, with the advantage of possessing some familiarity with military matters, and with the consciousness that even if he has not been actually exposed to the risks of service in the field, he has at least been prepared to take his share in the military operations of his native land. His knowledge of army matters will not be without avail should he subsequently join the second line of national defence, at a period of his life when local interests may interfere with his desire to serve in foreign wars. The new scheme will enable the younger members of the profession to enrol themselves in the first line of national defence, at the same time that the second line of defence continues intact for the purpose for which it was designed. A medical officer of the Volunteers cannot serve as such with the regular army in the event of war without damaging the Volunteer organization, and it is therefore essential that the regular army should possess a system for calling up medical men to its aid without trenching upon the efficiency of the home defence army. The scheme is intended to place the war organization of the Royal Army Medical Corps on a footing similar to that of the combatant service, but it does not coincide with the recommendations of the Volunteer Medical Service Committee of the British Medical Association. In March last (31st, p. 760) we intimated that the intention with regard to the reserve was "to limit the period of service in the reserve to seven years, as it is thought that after that time practitioners would not care to incur the general liability of reserve officers to serve at home or abroad in case of emergency." This cannot apply to Volunteers who are prepared to engage on the terms required for the reserve, consequently in the search for an adequate explanation of the elimination of Volunteer medical officers from the first line of defence, we are driven to the conclusion that the recommendations of the Volunteer Medical Service Committee have not been adopted by the War Office because it was thought that they would add to the cost of the schemes of national defence. It must be acknowledged that the admission of Volunteers into the reserve while retaining them as supernumerary to the establishment of their units would lead to a duplication of the national payments on their behalf. It would, however, remove the objection that they are required for the second line, for by classing those who enter the reserve as supernumerary the cadres of the Volunteer establishments for home defence would remain intact. Such a measure would give Volunteer medical officers admitted to the reserve a preference for employment at home in times of peace as well as in war, and it would hold out to them the probability of service in future wars—a privilege which was denied them in the South African campaign. At the same time it would open to the War Office the sole avenue through which the ranks of the new reserve could be filled, because in peace time medical men are not likely to join a service which bears no connexion with the locality in which their lot in life is cast.

After all, the only real difficulty which stands in the way of the adoption of the recommendations of the Volunteer Medical Service Committee on this matter is the fact that the capitation grant earned by supernumerary Volunteer medical officers will have to be paid to the units to which they belong, at the same time that the retaining fee is paid to the individuals joining the reserve. This difficulty might be adjusted to the satisfaction of all concerned, whereupon the Army Medical Reserve would be rapidly filled with officers who, though Volunteers, would undertake to serve wherever required, while the State would obtain the services of medical officers who in many cases are in possession of certifi-

Reprinted from the "UNITED SERVICE GAZETTE," December 27, 1906.

Our Portrait Gallery.



SURGEON-GENERAL GEORGE J. H. EVATT, C.B., M.D.

Photo by Russell & Sons.

SURGEON-GENERAL GEORGE JOSEPH HAMILTON EVATT, C.B., M.D., late Army Medical Service, is an officer who during the whole of his career, whether on the active or retired list, has worked hard on behalf of the private soldier, and has been strenuous in his endeavours to improve the conditions of service in the British Army.

Born on November 11, 1843, he comes of an old Service family. His father was Captain George Evatt, of the 70th Foot, and his grandfather, Captain John Hamilton Evatt, of the 57th Regiment, a veteran of the Peninsula Wars, who commanded a company and was severely wounded at Albuera, the battle which gave to the old 57th, now the Middlesex Regiment, its

December, 1906.

Royal Warrants—Promotion to the rank of Colonel and of Major-General.

The promotion of officers of our Army to the ranks of major-general and of colonel shall, in future, be made by selection to fill vacancies on establishments of those ranks.

(i.) An establishment of 70 major-generals shall be forthwith created. This establishment shall be inclusive of officers holding non-military appointments, and exclusive of major-generals of our Indian Army. Officers promoted for distinguished service in the field or of an exceptional nature, and officers specially appointed during a war, shall be supernumerary to the establishment until the time when they would otherwise have been promoted into a vacancy.

(ii.) At such time as our Army Council may decide an establishment of colonels shall also be created, which shall be composed of officers of our Cavalry, our Royal Artillery, our Royal Engineers, our Infantry, and our Army Service Corps.

(iii.) No officer, other than those who at the date of this our Warrant, hold the rank of lieutenant-colonel, shall, in future, be promoted to be a brevet colonel in virtue of his having held the rank of lieutenant-colonel for a specified period.

(iv.) An officer who after the date of this our Warrant, is promoted to the rank of major-general or attains the rank of substantive-colonel, shall not be entitled to the retired pay of his rank unless he shall have been employed for at least 3 years in that rank.

Our Royal Warrant for the Pay, Appointment, Promotion, and Non-effective Pay of our Army, dated 19th March, 1906, shall be amended accordingly.—A.O. 275, December 1906.

Ridingmasters of Cavalry Regiments.

1. As riding masters of cavalry regiments complete their period of service, no further appointments will be made. Their present duties will thereafter be carried out by regimental adjutants in addition to the duties which the latter now perform.

2. The adjutant will be responsible for—

(a.) The training of recruits and remounts.

(b.) The care of the riding schools, maneges, jumps, and equitation equipment.

3. He will further assist the commanding officer in the general supervision of the training of the regiment in equitation and horsemanship.

4. After the 31st March, 1906, an officer, except under very special circumstances, will not be appointed adjutant of his regiment unless he has qualified at the Cavalry School.—A.O. 280, December 1906.

Veterinary Service.

1. Revised regulations for admission to the Army Veterinary Corps have been approved and copies will be issued to all concerned.

2. A.O. 210 of 1903 and the regulations promulgated thereby, and the edition of 1905, are cancelled.—A.O. 292, December 1906.

Errata.—The following corrections will be made in the revised "Regulations for the Army Medical Service," promulgated by A.O. 245 of 1906.

In para. 210, omit from "O.C." in line 7, to "cc." in line 9, and substitute "accountant paying the unit concerned."

In para. 475, line 5, for "they" read "he."

In para. 494, last line, insert "483" after "para."

In para. 509, last line, insert "512" after "para."

In Appendix 6, para. 79, para. 8, for "569 to 588" read "144 to 165."

Dec. 1906.

whose services are accepted, shall receive commissions from us as officers in Our Land Forces. (Art. 660)

An Army Reserve Officer shall report himself at the commencement of each year, in writing, to Our Army Council. Should he fail to do so, he shall (unless he is an Officer retired from Our Regular Forces, with liability for further service in cases of emergency) be removed from Our Reserve of Officers at the end of the year in which he fails to report himself. (Art. 662)

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Dec. 8, 1906.

THE ARMY MEDICAL RESERVE.

THE regulations for the Army Medical Reserve published last week (p. 1614) are evidence that the lessons of the past have been taken to heart in the Medical Department of the army. In the South African war a large body of civil surgeons was thrown into the field without military training or status. The report of the Royal Commission on the care and treatment of the sick and wounded in the South African campaign showed that while the professional work carried out by the civil surgeons was most valuable, they were at first handicapped by "a want of acquaintance with the methods of working in the army." It became manifest, therefore, that medical men who might take service in future wars should be prepared beforehand for the duties required of them in a sphere which presents novelties in the machinery for the execution of their work. But besides this lesson there is another, which is of essential importance, as it bears upon efficient organization. This is that the national war organization should be completed in peace, the medical portion equally with the army as a whole being prepared beforehand with the personnel it will require for service at the front as well as in the war hospitals. The requirements at the front must be met from two sources: first, the Royal Army Medical Corps, whose allotment of officers is insufficient for the strain of a big war; and, secondly, an army medical reserve, officered in numbers sufficient to supply the deficiency of regular medical officers, and taking the place formerly occupied by the "civil surgeons." The War Office scheme for an army medical reserve purports to afford to those members of the profession who are in a position to hold themselves in readiness to give their services in the event of national emergency an opportunity of acquiring in peace time the military training necessary for their ready efficiency in war. Under this scheme a medical officer of the reserve at the end of seven years therein could continue his military career in a Volunteer unit should he feel so disposed, with the advantage of possessing some familiarity with military matters, and with the consciousness that even if he has not been actually exposed to the risks of service in the field, he has at least been prepared to take his share in the military operations of his native land. His knowledge of army matters will not be without avail should he subsequently join the second line of national defence, at a period of his life when local interests may interfere with his desire to serve in foreign wars. The new scheme will enable the younger members of the profession to enrol themselves in the first line of national defence, at the same time that the second line of defence continues intact for the purpose for which it was designed. A medical officer of the Volunteers cannot serve as such with the regular army in the event of war without damaging the Volunteer organization, and it is therefore essential that the regular army should possess a system for calling up medical men to its aid without trenching upon the efficiency of the home defence army. The scheme is intended to place the war organization of the Royal Army Medical Corps on a footing similar to that of the combatant service, but it does not coincide with the recommendations of the Volunteer Medical Service Committee of the British Medical Association.² In March last (31st, p. 760) we intimated that the intention with regard to the reserve was "to limit the period of service in the reserve to seven years, as it is thought that after that time practitioners would not care to incur the general liability of reserve officers to serve at home or abroad in case of emergency." This cannot apply to Volunteers who are prepared to engage on the terms required for the reserve, consequently in the search for an adequate explanation of the elimination of Volunteer medical officers from the first line of defence, we are driven to the conclusion that the recommendations of the Volunteer Medical Service Committee have not been adopted by the War Office because it was thought that they would add to the cost of the schemes of national defence. It must be acknowledged that the admission of Volunteers into the reserve while retaining them as supernumerary to the establishment of their units would lead to a duplication of the national payments on their behalf. It would, however, remove the objection that they are required for the second line, for by classing those who enter the reserve as supernumerary the cadres of the Volunteer establishments for home defence would remain intact. Such a measure would give Volunteer medical officers admitted to the reserve a preference for employment at home in times of peace as well as in war, and it would hold out to them the probability of service in future wars—a privilege which was denied them in the South African campaign. At the same time it would open to the War Office the sole avenue through which the ranks of the new reserve could be filled, because in peace time medical men are not likely to join a service which bears no connexion with the locality in which their lot in life is cast.

Our Portrait Gallery.



SURGEON-GENERAL GEORGE J. H. EVATT, C.B., M.D.

Photo by Russell & Sons.

SURGEON-GENERAL GEORGE JOSEPH HAMILTON EVATT, C.B., M.D., late Army Medical Service, is an officer who during the whole of his career, whether on the active or retired list, has worked hard on behalf of the private soldier, and has been strenuous in his endeavours to improve the conditions of service in the British Army.

Born on November 11, 1843, he comes of an old Service family. His father was Captain George Evatt, of the 70th Foot, and his grandfather, Captain John Hamilton Evatt, of the 57th Regiment, a veteran of the Peninsula Wars, who commanded a company and was severely wounded at Albuhera, the battle which gave to the old 57th, now the Middlesex Regiment, its

proud title of the "Die Hards." In the same action a grand-uncle of Surgeon-General Evatt, Captain Baxter, who also commanded a company of the 57th, was severely wounded, and another grand-uncle, Colonel George Evatt, 55th Foot, not only fought at Waterloo, but was commandant at Brussels after the advance of the army on Paris in 1815.

Educated at the Royal College of Surgeons, and at Trinity College, Dublin, the subject of our sketch entered the Army Medical Service as an assistant-surgeon, on March 31, 1865, and in the following year was posted to the 25th King's Own Borderers (now the King's Own Scottish Borderers), and served with that unit up to 1878, prior to the breaking out of the Afghan War. While with the old 25th he brought his exceptional powers of energy into play, and in many directions entered fully into the regimental life of the unit; to mention a few of his accomplishments, he was the first editor of the regimental journal, "The Borderers' Chronicle," the first manager of the regimental printing press, and the first manager of the regimental soda water factory. During these years he travelled largely in the Himalayas, penetrated as far as Thibet, and had the rare distinction, at that period, of resting at the Buddhist monastery of Hemis, north of Ladakh; while in 1873, on March 1 of which year he was promoted surgeon, he carried his peregrinations into the Persian Gulf and Asiatic Turkey, visiting Muscat, Bushire, Bussorah, the Valley of the Tigris, and Baghdad, and, riding across Mesopotamia, called at Kerbela and Nejd, and viewed the ruins of Babylon, by the Euphrates.

In 1876 Surgeon Evatt took part in the Perak (Malacca) Expedition with Sir H. Ross's Bengal column, for which he received the medal with clasp. Having been advanced to surgeon-major on March 31, 1877, he, in the following year, was transferred to the field hospitals of the Khyber column, then proceeding on active service in Afghanistan, and he participated in the whole of the operations in that country lasting up to 1880. He was present at the capture of Ali Musjid, where he won mention in despatches, and subsequently as Senior Medical Officer proceeded with General Tytlor's column in the expedition to the Bazar Valley, where his devotion to duty was specially referred to in Lieutenant-General Maud's despatches. He next took part in the advance to Gandamak, and was present when the Amir Yakoob Khan came down to the peace negotiations at that place. In the historic return march of the troops to India, in June, 1879, known as the "Death March," owing to the soldiers being decimated by cholera while en route through the Khyber Pass, Surgeon-Major Evatt was in charge of a Section Field Hospital, and was most assiduous in his endeavours to alleviate the sufferings of those placed under his care, for which he was thanked in General Orders by the Governor-General of India in Council and the Commander-in-Chief in India. In September, 1879, when the news came to hand of the massacre of Sir Louis Cavagnari and his party at Cabul, Surgeon-Major Evatt was recalled to the Khyber Pass, and was placed in charge of a Field Hospital

with General Sir Charles Gough's Brigade, with which he served in the advance on Cabul, taking part in the entry into that capital on Christmas Eve, 1879. Later, he served under Lord Roberts in the action on the Ghuznee Road, and on his return to India he was awarded the medal for the campaign with two clasps. His next employment was as Medical Officer of the Royal Military Academy at Woolwich, which post he filled from 1880 to 1886. Whilst holding this appointment he took the opportunity of visiting in succession the Russian, Austrian, Saxon, Bavarian, Swedish, Swiss, French, and Turkish hospitals, and on a later occasion the Spanish, American, and Portuguese military hospitals. In 1883, in conjunction with Mr. (now Surgeon-Colonel) James Cantlie, he raised the Royal Army Medical Corps Volunteers, and in 1884 he formed the Medical Officers of Schools' Association in London. During the last-named year he took an active interest in the International Health Exhibition, at South Kensington, being a member of its Committee. While still holding his appointment at the Royal Military Academy he, in 1885, served with the expedition to the Soudan, in command of the 2nd Bearer Company of the Medical Staff Corps, and was present in the engagement at Hasheen and the destruction of Tamai. In the removal of the wounded from MacNeill's Zareba he rendered valuable assistance, and at the conclusion of the work of the expedition he was favourably mentioned in despatches, and awarded the Egyptian medal and the Khedive's bronze star. Being desirous of entering Parliament he, in 1886, put up for Woolwich, but was unsuccessful. In the course of his electoral campaign he received an eulogistic letter from Miss Florence Nightingale, conveying the warmest sympathies of that distinguished lady on his candidature. On leaving the Royal Military Academy he went to India, having been selected as Senior Medical Officer at Quetta, the large European Military Hospital at that garrison being constructed during his five years of office. In the autumn of 1890 he served with the force under General Sir George White which proceeded into the Zhob Valley, being given the command of the British Field Hospital, and on the return of the expedition to Quetta, he received a further favourable mention in despatches for the efficient manner in which he had carried out his duties. On November 30, 1891, he was gazetted brigade surgeon, and in the following year, on coming home to England, was appointed Sanitary Officer of the Woolwich Garrison. Whilst at this station he, in conjunction with Her Royal Highness Princess Christian, drew up the scheme for the Army Nursing Service Reserve—a project which had been put forward by him in 1886. He next became (1894) Staff Officer and Secretary to the Principal Medical Officer at the Royal Victoria Hospital, Netley, and held that office up to his promotion to surgeon-colonel on March 30, 1896, when he was ordered to Hong Kong, as Principal Medical Officer in the China command. In his new sphere of action Surgeon-Colonel Evatt made ample use of the opportunity which his official position gave him, to push forward sanitary

reforms for the benefit of the troops stationed in the Colony. Among other improvements he secured a full water supply for the garrison at Kowloon; he also obtained an extra shirt as well as two pairs of flannel sleeping suits for each soldier, and owing to his endeavours, the men's bed sheets (up to that time changed only once a month) were replaced every fortnight, and in this manner cleanliness, health, and comfort were promoted. While he was at Hong Kong the Mount Austin Hotel was purchased by the War Office, at a cost of £30,000, for use by the troops as a hospital, and, in addition, the sick, who formerly left for home only once a year, were sent off by fortnightly or monthly steamers, to the great improvement and well-being of the garrison. Surgeon-Colonel Evatt further took the opportunity of visiting the French troops in Tonquin, and, in 1897, he crossed the Franco-Chinese frontier into Kwangsi province, a report of this journey being forwarded home to the War Office; subsequently he proceeded to the Yangtze Valley, ascending the river 600 miles to Hankau, while later he visited Peking and the Great Wall of China. In the following year he had a most interesting experience, for when touring in the Philippines, he had the opportunity of seeing the American army then in the field, and their Spanish prisoners, while he also passed through the native insurgents' lines as far as Dagaban, on the coast, a matter of 120 miles. He was promoted to surgeon-general on November 20, 1899, and appointed Principal Medical Officer of the Western District, afterwards transferring to the 2nd Army Corps on the formation of that body in 1902, fulfilling the duties of his office until November 11, 1903, when he retired from the Army owing to the operation of the age clause. In the latter year he was awarded the C.B. (Military), and of the many recipients of that honour few can be said to have merited it more than Surgeon-General Evatt. Although

his career has been such a busy one he found time to publish an account of his travels in the Euphrates Valley and Mesopotamia; an Ambulance Handbook for the Health Exhibition of 1885; and a number of pamphlets and papers on medical organisation for war, and on sanitary and medical-military subjects. As a speaker on military matters he has achieved no small reputation, and in this capacity he is always travelling up and down the country, lecturing audiences and educating the people as to the true position of the British Army to-day. He is an earnest pleader of the temperance cause, has founded a Soldiers' Choral Club at Aldershot, for teaching harmonious singing on the march—a movement that bids fair to become general throughout the Army—and among his latest ideas is the formation of a war reserve of pharmaceutical officers, and the establishment of an association of Volunteer bandmasters for developing a still greater efficiency in Volunteer regimental bands. He is a Member of the Council of the British Medical Association, is Vice-President of the National Temperance League, Vice-President of the British Medical Temperance Association, a Member of the Council of the Royal Army Temperance Association, and President of the Poor Law Medical Officers' Association. Since his retirement he has made a medical inspection of the Poor Law Unions of Ireland, his report being published by the Medical Association of Great Britain. At the last General Election he contested South Hants against Colonel Arthur Lee, but was again unsuccessful. In 1877 Surgeon-General Evatt married Sophie Mary Frances, daughter of Mr. W. W. Raleigh Kerr (Treasurer of Mauritius), and a grand-daughter of Lord Robert Kerr, a descendant of the Marquess of Lothian, and he has one son and one daughter. He belongs to the Junior United Service Club.



1875

After all, the only real difficulty which stands in the way of the adoption of the recommendations of the Volunteer Medical Service Committee on this matter is the fact that the capitation grant earned by supernumerary Volunteer medical officers will have to be paid to the units to which they belong, at the same time that the retaining fee is paid to the individuals joining the reserve. This difficulty might be adjusted to the satisfaction of all concerned, whereupon the Army Medical Reserve would be rapidly filled with officers who, though Volunteers, would undertake to serve wherever required, while the State would obtain the services of medical officers who in many cases are in possession of certificates of proficiency, and who would, consequently, save the State the expense of putting them through the course of instruction required by this scheme of those entering the Army Medical Reserve.

DEC. 15, 1906.

THE INSPECTOR-GENERAL OF THE FORCES AND THE R.A.M.C.

SIR,—With reference to your leading article in the *BRITISH MEDICAL JOURNAL* of November 24th, dealing with the above subject, I desire to say that this proposal of mine is but one of three propositions put forward in the *Army and Navy Gazette* as to the higher medical organization in the army. Here are the three:

1. That a "Surgeon-General of the Forces" should be himself a member of the Army Council, and in no way subordinated to the Adjutant-General of the Forces, as at present, and that he should be the "thinking head" of the War Minister for all medical and sanitary army matters.

2. That at 68, Victoria Street, or elsewhere a "Principal Medical Officer, Home Army," should be established to carry out the medical and sanitary duties of the home army, not as a "thinker ahead," but as the executive carrier out of orders issued by the Surgeon-General of the Forces.

3. That independent inspection is vital and fundamental in a decentralized army. To secure this, I suggested an Inspector-General, R.A.M.C., on the staff of the Inspector-General of the Forces, to my mind a proposal second to none in its far-reaching effects on the well-being of the medical service.

A centralization of direction, control, inspection, promotion, punishment, executive carrying out of orders and presumed "thinkers ahead" are all now focussed in a Director-General A.M.S. It is an ironclad autocracy against which there is no court of appeal, and its sure result will be an injury rather than a benefit to the efficiency of the army. On the day when a centralized commander-in-chief was rightly found to be impossible for the army as a whole, the death knell of medical centralization likewise sounded. But the medical head quarters offices have ever resisted any step that meant independent action; and so to-day, while all the army is gaining decentralization, the medical service suffers from a fundamental defect in its centralized head quarters staff. With perfect confidence I await this change, which, like all other medical reforms, will, I presume, only come after "regrettable incidents" have startled a nation. The official most to be pitied is the "Inspector-General of the Forces," a truly responsible official whose post will daily grow in importance in the national army we all desire to see.

As I said in my *Army and Navy Gazette* essay, Of what value is the Inspector-General's report on Malta—an old world and neglected garrison needing special study and care—if he is unable to deal with its sanitary and medical side?

And who, pray, is to so advise him on the matter? Not a local Colonel R.A.M.C.—himself the subordinate of the local commander and without the experience, independence, and prestige which the rank of Surgeon-General would give to so important a post. The medical head quarters staff have withdrawn this Surgeon-General, and now along the whole Mediterranean basin including Egypt, there is no officer of high status and independence to speak for the soldier.

I greatly sympathize with the Inspector-General of the Forces thus so seriously handicapped by the want of a technical medical and sanitary adviser, but I sympathize still more with the soldiers in these garrisons so old-world and so needing betterment, deprived of the great benefit they would derive from a Surgeon-General as Principal Medical Officer of all three groups, or, at any rate visiting them on the staff of the Inspector-General of the Forces. In unison with the nation we all say with Turenne: "Notre bien le plus précieux c'est le santé du soldat."—I am, etc.,

GEORGE J. H. EVATT,
Surgeon-General late A.M.S.

London, W., Nov. 27th.

December, 1906.

Royal Warrants—Promotion to the rank of Colonel and of Major-General.

The promotion of officers of our Army to the ranks of major-general and of colonel shall, in future, be made by selection to fill vacancies on establishments of those ranks.

(i.) An establishment of 70 major-generals shall be forthwith created. This establishment shall be inclusive of officers holding non-military appointments, and exclusive of major-generals of our Indian Army. Officers promoted for distinguished service in the field or of an exceptional nature, and officers specially appointed during a war, shall be supernumerary to the establishment until the time when they would otherwise have been promoted into a vacancy.

(ii.) At such time as our Army Council may decide an establishment of colonels shall also be created, which shall be composed of officers of our Cavalry, our Royal Artillery, our Royal Engineers, our Infantry, and our Army Service Corps.

(iii.) No officer, other than those whose date of this our Warrant, hold the rank of lieutenant-colonel, shall, in future, be promoted to be a brevet colonel in virtue of his having held the rank of lieutenant-colonel for a specified period.

(iv.) An officer who after the date of this our Warrant, is promoted to the rank of major-general or attains the rank of substantive-colonel, shall not be entitled to the retired pay of his rank unless he shall have been employed for at least 3 years in that rank.

Our Royal Warrant for the Pay, Appointment, Promotion, and Non-effective Pay of our Army, dated 19th March, 1906, shall be amended accordingly.—A.O. 275, December 1906.

Ridingmasters of Cavalry Regiments.

1. As riding masters of cavalry regiments complete their period of service, no further appointments will be made. Their present duties will thereafter be carried out by regimental adjutants in addition to the duties which the latter now perform.

2. The adjutant will be responsible for—

(a.) The training of recruits and remounts.

(b.) The care of the riding schools, maneges, jumps, and equitation equipment.

3. He will further assist the commanding officer in the general supervision of the training of the regiment in equitation and horsemanship.

4. After the 31st March, 1908, an officer, except under very special circumstances, will not be appointed adjutant of his regiment unless he has qualified at the Cavalry School.—A.O. 280, December 1906.

Veterinary Service.—

1. Revised regulations for admission to the Army Veterinary Corps have been approved and copies will be issued to all concerned.

2. A.O. 210 of 1903 and the regulations promulgated thereby, and the edition of 1903, are cancelled.—A.O. 292, December 1906.

Errata.—The following corrections will be made in the revised "Regulations for the Army Medical Service," promulgated by A.O. 245 of 1906:—

In para. 210, omit from "O.C." in line 7, to "ke." in line 9, and substitute "accountant paying; the unit concerned."

In para. 475, line 5, for "they" read "he."

In para. 494, last line, insert "881" after "para."

In para. 509, last line, insert "512" after "para."

In Appendix 6, page 79, para. 8, for "569 to 588" read "144 to 165."

Dec. 1906.

whose services are accepted, shall receive commissions from us as officers in Our Land Forces. (Art. 660.)

An Army Reserve Officer shall report himself at the commencement of each year, in writing, to Our Army Council. Should he fail to do so, he shall (unless he is an Officer retired from Our Regular Forces, with liability for further service in cases of emergency) be removed from Our Reserve of Officers at the end of the year in which he fails to report himself. (Art. 662.)

An Army Reserve Officer shall, if his services have been of a special character, and if recommended to us by Our Army Council, be eligible on retirement for a step of substantive or honorary rank, or of brevet rank for distinguished service. (Art. 664.)

An Army Reserve Officer may, with his own consent and the sanction of Our Army Council, be employed on Army Service at any time. (Art. 667.)

All inquiries are to be addressed to the Secretary, War Office, London, S.W., from whom a form of application, together with the necessary declaration to be signed by the candidate for a commission in the Army Medical Reserve, can be obtained.

SINGING FOR SOLDIERS.

At a meeting held recently in the Tin Hall, Aldershot, Surgeon-General Evatt pleaded strongly for the encouragement of singing both in the army and the navy. He said that as a doctor he could bear witness to the value of singing in preparing the lungs for the strain put upon the internal organs by physical training. He also spoke of its value as a recreation and the immense advantage to be derived by the cultivation of good music and high-class songs, which would elevate, just as surely as low-class songs would be injurious to, the mind and morals of any man. He could imagine the great effect which would be produced upon the men of a regiment and the bystanders if it were permitted for the men of the regiment to sing "God save the King" at a Royal inspection as well as the National Anthem being played by a band. Surgeon-General Evatt read a number of letters expressing approval of his suggestion that choral societies should be established in regiments, and hopes that it would be supported, from His Royal Highness the Duke of Connaught, Lord Wolseley, Sir Evelyn Wood, Lord Methuen, Sir George White, Lord Grenfell, Sir Redvers Buller, Lord Charles Beresford, Admiral Seymour, Sir William Butler, General Baden-Powell, and Sir Alfred Keogh. Among the musicians who wrote warmly approving of the proposal were Sir Walter Parratt, Sir A. C. Mackenzie, and Sir F. Bridge. Dr. Arthur Summer-ville, His Majesty's Inspector of Music of the Board of Education, Whitehall, then delivered an address in which he said nothing trained men to work together better than the sound created by music and rhythm. In Japan this was thoroughly understood, and all youths of the fighting class were bred to singing and music. It balanced in the mind the physical training of the body, and was a source of strength. In England generally there was an immense revival of the art of music. He advocated that the Scotch regiments should learn their own songs, the Welsh theirs, the Irish theirs, and the English their grand old national airs. A time would come when regiments would compete with one another for prizes in public, when prizes would be offered for the individuals who could sing the best and largest number of songs, and when these military contests might take place in London under the most distinguished patronage. Such music would bring the men into touch with the hearts of the people and fill them with ardour in support of the great throne of the Empire so dear to them all, whilst nothing would do more than the subtle influence of music to promote the *esprit de corps* so desirable in the Army. He suggested that unison singing should be tried first. A few good men being found, choral work would probably soon follow. We already possessed most beautiful music, suitable for bass and tenor voices. Colonel Wavell, honorary secretary of the institute, moved that a soldier's musical society should be formed; this was seconded by the Rev. E. P. Lowry, and carried unanimously. The Rev. J. W. Pickance then moved that General Evatt and Dr. Sommerville be asked to form an executive committee, with Mr. Fowles as secretary. This was carried. There can be no doubt that singing is a most valuable exercise for developing the chest in young men. Apart from the physical benefit to the individual singers, the moral effect must be very great. The Puritans went into battle singing hymns, and whatever may be thought of their theological tenets or their religious temper, there can be no question that they were first-class fighting men. The Russian soldiers are trained to sing in chorus, and we have heard that the effect of the Imperial Guard singing to the Czar at a review was extraordinarily impressive. We hope that Surgeon-General Evatt's public-spirited efforts will meet with the success they deserve, and that his scheme will be taken up in earnest.

DEC. 8, 1906.

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(ii.) At such time as our Army Council may decide an establishment of colonels shall also be created, which shall be composed of officers of our Cavalry, our Royal Artillery, our Royal Engineers, our Infantry, and our Army Service Corps.

(iii.) No officer, other than those who at the date of this our Warrant, hold the rank of lieutenant-colonel, shall, in future, be promoted to be a brevet colonel in virtue of his having held the rank of lieutenant-colonel for a specified period.

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1. As riding masters of cavalry regiments complete their period of service, no further appointments will be made. Their present duties will thereafter be carried out by regimental adjutants in addition to the duties which the latter now perform.

2. The adjutant will be responsible for—

(a.) The training of recruits and remounts.

(b.) The care of the riding schools, maneges, jumps, and equitation equipment.

3. He will further assist the commanding officer in the general supervision of the training of the regiment in equitation and horsemanship.

4. After the 31st March, 1908, an officer, except under very special circumstances, will not be appointed adjutant of his regiment unless he has qualified at the Cavalry School.—A.O. 280, December 1906.

Veterinary Service.—

1. Revised regulations for admission to the Army Veterinary Corps have been approved and copies will be issued to all concerned.

2. A.O. 210 of 1903 and the regulations promulgated thereby, and the edition of 1905, are cancelled.—A.O. 292, December 1906.

Errata.—The following corrections will be made in the revised "Regulations for the Army Medical Service," promulgated by A.O. 245 of 1906:—

In para. 216, omit from "O.C." in line 7, to "Ac," in line 9, and substitute "accountant paying; the unit concerned."

In para. 475, line 5, for "they" read "he."

In para. 494, last line, insert "483" after "para."

In para. 509, last line, insert "512" after "para."

In Appendix 6, para. 8, for "569 to 588" read "144 to 163."

Dec. 1906.

RECONSTITUTION OF THE ARMY MEDICAL ADVISORY BOARD.

THE Advisory Board for Army Medical Services having now completed the details of army medical reorganization referred to them by the Reorganization Committee of 1901, the Secretary of State for War has decided to reconstruct the Board, and to make it more distinctly advisory in its functions.

The new Board will consist, in addition to the Director-General who will be Chairman, of a civil sanitary expert, a civilian physician, a civilian surgeon and a civilian physiologist, an officer of the R.A.M.C. specially qualified in sanitation, an officer of the R.A.M.C. with special knowledge of tropical diseases, an officer of the Royal Engineers from the Department of the Director of Fortification and Works, and the President of the Medical Board India Office, as well as the Deputy Director-General who will act as Vice-Chairman.

The Army Hospital and Sanitary Committee will be dissolved, and all scientific questions hitherto submitted to that Committee will be referred to the Army Medical Advisory Board.

The Committee will carry out such scientific investigations as they may deem requisite for the elucidation of points referred to them. For these purposes they will have power to co-opt members of the staff of the Royal Army Medical College.

The Committee will advise upon such matters under the following heads, as may be referred to them by the Director-General:

- (a) Upon medical and surgical questions affecting the military services.
- (b) Upon matters of hygiene and sanitation as they affect the soldier, especially as regards his physical training, rations, and clothing, as well as his housing and sanitary environment in peace and in war.
- (c) Upon the provision of hospitals and their equipment.

The Committee will in each year take into consideration the statistics and reports furnished by the Army Medical Department, and furnish thereon an annual report for presentation to Parliament.

They will advise as to the mode of admission of candidates, the courses of study for officers, the appointment of examiners for all examinations for promotion, as well as the appointments of professors and teachers in connexion with the Royal Army Medical College, and make such recommendations for the government of the College as may seem to them desirable.

The Committee will advise upon the plans of all new barracks and hospitals proposed for construction and upon all fundamental questions connected therewith.

In future recommendations for promotion to the fixed establishments of the Army Medical Service will be made by a Board consisting of the Director-General and the Surgeon-Generals serving at home, before submission to the Selection Board.

Steps will be taken to appoint an officer of the Royal Army Medical Corps to act as Inspector of Hospitals and of Army Sanitation on the staff of the Inspector-General of the Forces.

ARMY MEDICAL REFORM.

AT page 1876 will be found an official announcement of important changes made by the Secretary of State for War in the administrative machinery of the medical services of the army. Briefly these are as follows: The Advisory Board is to be reconstructed, while the range of its functions is to be extended; the Hospital and Sanitary Committee is to be abolished; and a new office, that of Inspector of Hospitals and of Army Sanitation, is to be created.

The Advisory Board was intended to bring the medical service into closer touch with the civil branch of the profession, and to secure for the army the co-operation of men moving in the full tide of scientific progress, and representing modern medicine, curative and preventive, in its highest development. The Board appointed by Mr. Brodrick in 1901 has done the work it was given to do very efficiently; for this it is entitled to the gratitude of the army and of the nation. In the reconstructed Board we hope that, as has been suggested more than once by ourselves, provision will be made for the retirement in rotation of the civilian as of the military members. It is unfair to ask men who are busy in the practice of a profession, proverbially the most jealous of mistresses, to give more than a limited portion of their span of life to the discharge of duties which must lay a heavy tax upon their devotion and self-sacrifice as well as on their time. It may, moreover, reasonably be hoped that fresh blood will bring with it renewed vitality. This object will also be promoted by the addition to the Board of a civil sanitary expert and a civilian physiologist. Further elements of usefulness will be introduced by the inclusion of a representative of the Royal Engineers and the President of the Indian Medical Board. The Advisory Board is materially strengthened in

scientific character as well as in constitution; this was necessary in view of the larger duties and heavier responsibilities imposed upon it. It has now absorbed the Hospital and Sanitary Committee; this change will, we have no doubt, tend to increase of efficiency by removal of an element of needless complexity and possible confusion. It is satisfactory that the importance of the sanitary function of the service is recognized by the appointment of civilian as well as military experts in hygiene.

It will be noted that the Board is to be "more distinctly advisory in its functions." This is one of those official phrases which may mean much or little according to the way it is interpreted by the executive authorities. We hope that it is intended that the Board shall advise with greater authority than in the past, when its recommendations could easily be brushed aside, and, indeed, might even fail to reach the Army Council. The proper business of the Advisory Board is to tell the military authorities what should be done, leaving them the full responsibility of failing to do it. But the Board cannot discharge this important function with entire adequacy under a system which makes it necessary that its recommendations should be filtered through pipeclay before they reach the Army Council. If Mr. Haldane had the courage to undo the reactionary work of Mr. Arnold-Forster by restoring to the Director-General his place on the Army Council, he would repair a flaw in the organization of the medical service that prevents its attaining the maximum of efficiency. While awaiting this crowning reform, we welcome those which Mr. Haldane has now made. The members of the new Board will, we understand, be gazetted very shortly. We have confidence in the judgement of the Secretary of State for War, but we venture to offer a suggestion. It has been said that no man is indispensable, but there are exceptions to this as to other wise saws, and we are inclined to think that the present offers one of these. The members of the old Board are all men, with many professional irons in the fire, and are doubtless glad to be free to look after them. Sir Frederick Treves, however, has retired from practice, and though we can well believe he is anxious also to be released from public employment, we venture to hope that his wish will not be granted. The country cannot spare him. His experience in the South African war has taught him all the details of the service; he understands its needs and is in sympathy with the aspirations of those who desire to see it all it should and might be. The withdrawal of an influence making so strongly for the good of the army would be a loss to the nation.

In regard to the decision to appoint an officer of the Royal Army Medical Corps to act as Inspector of Hospitals and of Army Sanitation on the staff of the Inspector-General of the Forces, we need scarcely say that we warmly approve a step which was strongly urged, in commenting on a suggestion made by Surgeon-General Evans, to which reference was made in a recent issue of the JOURNAL.

British Medical Journal.

SATURDAY, JANUARY 19TH, 1907.

THE ARMY MEDICAL ADVISORY BOARD.

It is officially announced that the Secretary of State for War has approved of the amalgamation of the Army Medical Advisory Board and the Army Hospital and Sanitary Committee. The following are the members of the Advisory Board as now reconstituted:

Chairman.
The Director-General, Army Medical Service.

Vice-Chairman.
The Deputy Director-General, Army Medical Service.

Members.
Lieutenant-Colonel D. Bruce, C.B., F.R.S., M.B., R.A.M.C. (as Expert in Tropical Diseases).
Colonel G. K. Scott Moncrieff, C.I.E., R.E., Assistant Director of Fortifications and Works.
Lieutenant-Colonel C. H. Melville, M.B., R.A.M.C. (as Expert in Sanitation).

Civilian Members.
Sir F. Treves, Bart., G.C.V.O., C.B.
Dr. J. Ross Bradford, F.R.S., Professor of Medicine, University College, London, and Physician to University College Hospital.

Dr. Louis Parkes, Consulting Sanitary Adviser to H.M. Office of Works.
Dr. S. Pembrey, M.A. Oxon., Lecturer in Physiology, Guy's Hospital.

Sir Charles A. Cameron, C.B., M.D., Professor of Chemistry and Hygiene, Royal College of Surgeons, Ireland (for sanitation in Ireland).

Representative of the India Office.
Surgeon-General A. M. Branfoot, C.I.E., M.B. (retired Indian Medical Service).

Secretary.
Lieutenant-Colonel C. H. Melville, M.B., R.A.M.C.

THE NEW ADVISORY BOARD.

THE reconstruction of the Army Medical Advisory Board, which we announced in the BRITISH MEDICAL JOURNAL of December 29th, 1906, as impending, is now an accomplished fact, and the names of the new members will be found at page 155. On the whole, we think it a fairly strong Board, though it might not be difficult to suggest certain improvements. An especially satisfactory feature is the presence of Sir Frederick Treves; it is not too much to say that by his withdrawal from the Board the country would have lost one of the best guarantees of the efficiency of the medical service of the army.

On the general constitution of the Board, and the enlarged functions assigned to it, we have already expressed our opinion; the machinery is good, and it only remains to be seen whether the War Office will allow it to be used in a workmanlike manner.

In other words, as it is to be "more distinctly advisory in its functions," will its advice carry greater weight with the military authorities? The range of its activity covers the whole professional life of the soldier and everything relating to the health and physical efficiency of the army. Its duties are to advise on medical and surgical questions affecting the military services on all matters of military hygiene, and on the provision of hospitals and their equipment. It will also advise as to the admission of candidates, courses of study for officers, the appointment of examiners for examinations for promotion, the appointment of professors and teachers in the Royal Army Medical College, and the government of the College.

We have received certain criticisms of the changes in the constitution of the Board to which we have given careful consideration. It is said that the meetings of the Board are not to be periodic as hitherto, the summoning of them being left to the discretion of the Director-General, and it is suggested that a reactionary Director-General might "squash out" the civilian element entirely. This would seem to be an unwarranted assumption; we understand that it is intended that meetings shall be held periodically, and so far from there being any likelihood of the civilian element being "squashed," the association of the civilian members of the Board with the medical administration of the army will be closer than it has hitherto been. Again, it is alleged that the Board is only to make an annual report, and "otherwise only on questions submitted by the Director-General." As a matter of fact the new Board will report as often as may be necessary. It will take an active part in drawing up the annual report of the medical department of the army; this is a great improvement on the methods of the old Board, and will give Parliament and the country an opportunity of gauging the work done

by the service. Another criticism is that selection for promotion and posts is entirely removed from the Board and placed in the hands of surgeon-generals "who are of the old stamp and will reintroduce 'militarism in excess.'" As to this it may be said, in the first place, that the old Board had nothing to do with selection for posts. As to promotion and the allegation that the surgeon-generals are men of the "old stamp" the critic seems to be misinformed. If he had taken the trouble to look at the Army List he would have seen that of the ten surgeon-generals nine were selected by the old Board. This fact should be sufficient to reassure the critic, who is an ad-

JAN. 26, 1907.

THE NOMENCLATURE OF DISEASES.

THE fourth edition of the *Nomenclature of Diseases*, drawn up by a Committee instituted by the Royal College of Physicians of London, has recently been issued. The work is subject to decennial revision, and the new edition represents the third of such periodical recensions. A brief history of the previous editions is given in the Preface. The preparation of the first edition was begun in 1859, during the Presidency of Dr. Mayo, and was completed in 1869. Sir Thomas Watson was Chairman of the Committee, Dr. Sibson, Secretary and Editor. The second edition was begun in 1880, when Sir Risdon Bennett was President; Dr. Barclay was Chairman of the Subcommittee on Classification; Dr. Ord was Secretary and Editor. The third edition was begun in 1892, during the presidency of Sir Andrew Clark, and was published in 1896; Dr. Bristowe was Chairman of the Subcommittee on Classification; Dr. Payne was Secretary and Editor. The new edition was begun in 1902 during the presidency of Sir William Church. The General Committee appointed to carry out the work comprised all the official heads of the profession in the United Kingdom, and those of the medical departments of the various public services, besides representatives of special branches of medical science. A number of subcommittees were appointed to revise the classification of diseases. Dr. Pye-Smith was Chairman of the Subcommittee on Classification, and the entire work has been edited by Dr. Ormerod. The Latin translation was undertaken by Mr. Shattock, the French by Mr. George Pernet, and the German by Dr. Bertram Abrahams. In regard to classification, some changes in the plan of the present edition have been introduced. The "Enumeration of Morbid States and Processes" has been placed in an Appendix instead of at the beginning of the book, as it is not intended to be used for the purpose of making returns. The heterogeneous section of "General Diseases" has been broken up into groups with the following headings: "Infective Diseases," "Intoxications," "General Diseases" (not included in the two preceding groups), and "Certain Morbid Conditions Incident to various parts." The last group comprises certain conditions, such as new growths, injuries, etc., not necessarily affecting the whole organism, which it is nevertheless desirable, for purposes of registration, to return under a general heading rather than as local affections. In regard to the Latin synonyms, Mr. Shattock explains that a certain number of new terms have been introduced into the new edition in correspondence with the addition of certain newly-described diseases. Some expressions in the previous edition devised apparently in order to avoid the use of terms not found in classical authors, have been simplified; no words, however, we are told, have been newly-formed to effect this simplification. He adds that one object kept in view has been to select, as far as possible, Latin equivalents that will be generally and readily understood, should that language again be used as a medium for international communication. "Lastly," says Mr. Shattock, "in the case of diseases which have received names after the authors who have first, or more particularly, described them, no attempt has been made to Latinize the author's names, although when this has already been done the Latinized name has been sometimes retained as a synonym." The purpose of this new departure is to obviate any obscurity of an author's name that might arise from giving it a Latin termination; the name, in short, has been treated as indeclinable. It is obvious that, except in points of verbal detail, a work of this character published under such auspices is scarcely open to criticism. It is the official embodiment of the best expert opinion of the day in respect of the classification of diseases. From a linguistic point of view, the most interesting part is the Latin translation. Mr. Shattock has discharged a task of special difficulty with remarkable success. We are inclined, however, to think it a pity that, when no classical name for a disease was available, he did not boldly fashion one more or less after the likeness of a Latin word. If we are to have *beriberia* and *dengue*, why are we asked to accept

Kala-Azar naked and unadorned even with the semblance of a Latin termination? Here and there the ingenuity with which a difficulty is overcome by a periphrasis compels admiration. On coming across *Ex tormentorum piliis vulnus* for gunshot wound, however, we were painfully reminded of our distant school days, when we had to celebrate a hero who had found an unclassical death on the battlefield from a cannon ball. On having recourse to Ainsworth, the refuge of the verbally destitute in those primitive days, we were offered *Globus ferreus e tormento pulvere ignito explosendus* as an equivalent! Our faith in vocabularies was rudely shaken, and we felt like the little girl in *Punch* when she discovered that her doll was stuffed with sawdust.

¹London: Printed for His Majesty's Stationery Office, by Darling and Son, Limited, 34 Abchurch Lane, E.C. 4. And to be purchased, either directly or through any bookseller, from Wynman and Sons, Limited, Fetter Lane, E.C. 4. or Oliver and Boyd, Edinburgh; or K. Fowlesby, 125, Grafton Street, Dublin. (1906. Price 1s.)

THE MEDICAL CARE OF THE VOLUNTEER FORCES.

SIR.—It is generally recognized that something more needs to be done by the nation to encourage the national volunteer service. Most betterment schemes cost money, and the suggestion I now put forward will certainly do so, nevertheless I think it would in the end be a paying investment of national funds.

I propose to treat every volunteer unit as if it was a State medical aid club, and to give every member of the corps the right to free medical attendance while borne on the active list of the corps. The State to pay the cost of this professional attendance.

The argument for this proposal is that we want above all things fit and healthy men in the volunteer service, throwing back on the local rifle clubs now being formed throughout the country such men physically handicapped as are only fit for work in their own immediate neighbourhood.

To-day the physique of the volunteer leaves much to be desired, and the volunteer medical officers are but gradually tightening the effectiveness of the physical examination of volunteer recruits. I maintain that for this recruit inspection duty the volunteer medical officer should be paid by the State. This would at once give a real official status to the examination which may now be perfunctory.

But if we ensure that fit men alone are to benefit by new boons to be given to the volunteers, so we should ensure that throughout their service they should be in good physical condition. This can best be ensured by strengthening the official relation of the volunteer to his medical officer, and seems to me to lead up logically to the formation by the State of a "sick club" in every battalion, the State paying the medical officer for this duty.

No one has yet logically studied the present relations of the volunteer medical officer to the volunteer service. It is not the same relation as the combatant volunteer officer has to his men—it is practically a professional and technical relation which has not the charm of a change of work or duties such as the combatant officer enjoys. It is simply a combination of purely professional and routine labours with all the mental and physical drawbacks such absence of change implies. It seems to me that if the volunteer adjutant is paid by the State, so should the medical officer be paid, as both continue to do purely professional work without change all the year round.

I understand that certain volunteer medical men now holding combatant volunteer commissions do at present give medical advice to their men, to keep them together and help to build up their companies. This shows that medical aid would be a consideration to men to induce them to volunteer. The medical officer in touch with all classes of the people would have every inducement to encourage volunteering, and could become a valuable bond within the unit.

The nation would gain in this way. The physical condition of some 250,000 civilian young men would come within the scope of scientific investigation, and no one can doubt that good would result. A mass of facts as to hours of labour, housing, intemperance, feeding conditions, would gradually accumulate, and would contribute much to the study of physical development or deterioration in the State. I do not think the money so expended would be wasted, but would rather be a sound national investment. If we began at the ordinary sick-club payment the cost would not be alarming, and it largely depends on the opinion of the medical profession how long they are to do recruiting work under present conditions and without definite salary. This letter merely opens up the question, and may, I hope, develop opinion on this matter. The whole subject of the relation of the medical profession to the State is daily coming within the region of practical politics; and no one can doubt that if once the medical profession combined to ask payment for recruiting inspection of volunteers, an amount of actuality would be given to the question which would lead to further developments. We have as medical men to annex new territories of professional State duties, and I suggest a study of my proposal of volunteer medical aid paid for by the State.—I am, etc.,

GEORGE J. H. EVATT,
Surgeon-General, late A.M.S.

London, W., Jan. 7th.

Allowances for use of Private Motor Vehicles.

Officers and others using their own motor vehicles on public journeys may draw allowances at the rates and under the conditions detailed below:—

1. The allowances may be drawn in all cases where conveyance is admissible by the existing regulations, provided that the total charge is not more than it would have been if the journey had been made by ordinary means of conveyance.

2. In cases in which these allowances amount to more than the cost by ordinary means of conveyance, they may be drawn if approved by, or on behalf of, the general officer commanding, on either of the following grounds: (a) that the employment of the motor vehicle enabled duties to be carried out which could not have been satisfactorily performed by other means, e.g., staff rides; (b) that the gain in time consequent on the use of the motor vehicle justified the extra expense.

3. In cases under 2, the use of the motor car should, except under the most special circumstance be approved prior to the employment at the public expense being incurred.

It is to be noted that as the rates are based on the size of the car, not on the number of persons carried on duty in it, the use of a larger car throws additional expense upon the public, and it will be the duty of general officers commanding to utilize in the case of journeys of one or two individuals a smaller car when available, in preference to a larger one.

4. When a motor vehicle has to be brought from the officers' station to the point at which its employment on service is to commence, mileage rates will be admissible for this journey. In the case of a motor bicycle or tricycle actually conveyed by passenger train, the cost of such conveyance may be granted in lieu of mileage rates.

5. The rates will be as follows:—

(a.) Mileage.	Per mile.
Motor bicycle or tricycle	1 1/4d.
A motor car with two or three seats	4d.
A motor car with four or more seats	6d.

(b.) Storage.

6. For every night on which an officer with his motor vehicle is necessarily absent on duty from his station, and on which the nightly rate of travelling allowance is admissible, an allowance will be granted for storage as follows:—

	s.	d.
For a motor bicycle or tricycle	1	0
For a motor car, if the nightly travelling allowance for a chauffeur is claimed under paragraph 8.	1	0
For a motor car, if a chauffeur is not taken	2	6

7. Travelling allowance for an officer using his own motor vehicle will be governed by the Allowance Regulations, except that the daily rate will not be admissible unless the period of necessary absence exceeds 7 hours.

8. Travelling allowance for a chauffeur, if taken, will be admissible at the rates laid down in para. 366 (C), Allowance Regulations, for officers' servants, subject to the exception in para. 7.

9. The above regulations will apply to warrant officers and soldiers so far as regards motor bicycles and tricycles, the claim being supported by a certificate signed on behalf of the general officer commanding that the use of the vehicle was required in the interests of the public service.—A.O. 6, January 1907.

Identity Discs—Regular Forces.—

1. An identity disc (aluminium) fitted with a cord (42 inches in length) to be worn round the neck under the clothing has been approved for use on active service, in lieu of the description card (Army Form B 2067) hitherto in use.

2. Identity discs will be regarded as an article of kit and issued as such to serving soldiers and reservists on mobilization. They will be stored by officers commanding units:—

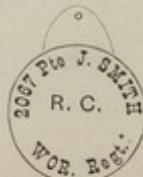
- (a) for serving soldiers at home and abroad.
- (b) for reservists who rejoin units direct.

For reservists who rejoin at depôts the discs will be stored with their necessaries.

In the case of reservists belonging to a Cavalry regiment stationed abroad, these discs will be held by the officer commanding the affiliated regiment at home. When both regiments of a group are abroad, the discs of their serving soldiers at home, and of their reservists, will be held by the officer commanding the provisional depot.

When soldiers are transferred to the Army Reserve, their identity discs will be passed by the officer commanding their unit to the officer in records, who will forward each man's disc to the depot or unit which he will rejoin on mobilization.

3. Identity discs will be kept ready marked, showing the soldier's number, rank, name, regiment, and religious denomination, as follows:—



4. The stamping will be carried out with "stamps steel, for metal 1 inch," issuable under the Equipment Regulations as amended by A.O. 17 of 1907.

Indents should be at once put forward on the Army Ordnance Department for the stamps required to complete to the revised scales.

Cancelled
A.O. 102.
19107.

5. On change of rank, a new disc will be marked. In the case of recruits, the allowance for marking the free kit will cover the cost of stamping the discs; in other cases a charge of 4d. each will be allowed. Indents for discs and cords should be forwarded to the clothing depot supplying the district. The cord will be issued in bulk, cut regimentally into lengths of 42 inches, and stored with the discs.—A.O. 9, January 1907.

FEB. 2, 1907.

ADMINISTRATIVE OFFICERS.

THE Army Council has decided that administrative medical officers shall in future have administrative medical charge and authority as regards their areas as is now vested in principal medical officers. Administrative medical officers and senior medical officers of the larger stations will, before submission to higher authority, bring such questions to the notice of local commanders, in order that the latter may have an opportunity of expressing their opinions thereon.

JAN. 5, 1907.

THE BRITISH MEDICAL JOURNAL 21

REVIEWS.

LORD HERBERT OF LEA AND ARMY SANITATION. "With all his aristocratic and conservative instincts, Sidney Herbert was a born reformer. . . . Had his life been spared a little longer, reforms lately made would have been effected years ago." Thus writes LORD STANMORE



Lord Herbert of Lea.

in a recently-published memoir of Sidney Herbert, Lord Herbert of Lea, and on closing the two volumes of which the memoir is composed we realize but too regretfully the truth of Lord Stanmore's estimate of the work of this great statesman, who more than any politician of modern times mastered the requirements for an efficient War Office and army. More especially does this fact appeal to us in its bearing upon the medical service of the army and the hygiene of the soldier. The universal mismanagement of every department of the army during the Crimean war naturally figures prominently in the record of a career which was devoted, as Secretary at War, and later as Secretary of State for War, to army affairs.

Lord Stanmore is well qualified to deal with this portion of Sidney Herbert's career, for he was private secretary to his father the Earl of Aberdeen, who was Prime Minister when the Crimean war broke out, and has himself had a long experience of public life. Though the greater part of the actual narrative is given in Sidney Herbert's own words in letters and notes, Lord Stanmore has not shrunk from the task of writing summaries and appreciations of the more important incidents and epochs. The work is published in two volumes, and among its illustrations is a portrait after a drawing by Mr. George Richmond, R.A., a reduced copy of which we are enabled by the courtesy of the publisher to print here.

The British forces landed in the Crimea achieved remarkable victories over the Russians, but as the war dragged along without the accomplishment of a crowning success, popular outcry demanded explanations as to why the invasion had not promptly led to a result to rival the Roman's *Veni, vidi, vici!* The populace were not aware that the Roman empire was a military empire. "Why is it?" exclaims Mr. Herbert. "It is because through every Government and every Parliament we have always had the same stereotyped system of economy in military affairs. . . . Whenever I have brought forward, as I have done, what are called peace estimates, I have constantly been met with motions for large reductions. . . . At the commencement of the war we had to make means, and to create an army and to use it at the same time. . . . We have no conscription in England; we have no compulsory service whatever in England, except for internal defence; we have to trust entirely to the voluntary system. You cannot make an army as other nations may. You cannot make an army by a stroke of the pen."

Owing to these economies in peace, and the impossibility of raising warriors by the mere sowing of dragons' teeth, the reinforcements to the Crimea were insufficient to carry forward the tide of the invasion; the departments were inefficient owing to their peace training in parsimony, and the medical service suffered as the result of the absence of autonomic organization, and its consequent dependence upon others for transport, supplies, and hospital accommodation. The sufferings entailed upon the soldier were excessive. One of the generals wrote: "You have sent out plenty of everything, and you have sent it 3,000 miles; but the distance to the camp is 3,000. The supplies could not be transported from Balachava to the camp! Popular indignation led to the formation of a committee of inquiry. The newspapers published harrowing reports from the field, which naturally swelled national

¹ Sidney Herbert, Lord Herbert of Lea. A memoir by Lord Stanmore. London: John Murray, 1906. Two volumes. (Demy 8vo. 24s. net.)

Army or elev.
27.9/1907.

FEB. 9, 1907.

9th January

ARMY MEDICAL SERVICE.

A ROYAL WARRANT (dated 24th January 1907) is issued, containing the following:

Promotion to the rank of lieutenant-colonel to complete an establishment shall be made by selection from majors who have qualified in such manner as may be prescribed by our Army Council. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Article 350 to render him eligible for that rank may be reduced as follows: If he obtained a "special certificate," 18 months; if he passed in the 1st class, 12 months; if he passed in the 2nd class, 6 months; if he passed in the 3rd class, 3 months.

A lieutenant in our Royal Army Medical Corps promoted to the rank of captain before March 24th, 1902, on account of distinguished service in the field, shall be eligible for further promotion to the rank of major when the officer next below him in the rank of captain completes twelve years' service.

Promotion to the rank of colonel to complete an establishment shall be made by selection from lieutenant-colonels. A lieutenant-colonel or a surgeon-lieutenant-colonel of our Household Troops may also be promoted to the rank of colonel if specially recommended to our Army Council for distinguished service in the field.

Officers of the substantive rank of colonel (whether promoted before or after the date of this Warrant) shall be removed from our Royal Army Medical Corps.

An officer so promoted after that date shall, unless retired from our Army, be placed on half-pay on completing a period of four years' service in such rank.

The following shall be the rates of pay, additional pay, and charge pay of the officers of our Army Medical Service:

	Inclusive of all allowances, except field and travelling allowances.
At Head Quarters.	Yearly.
Director-general	£2,000
Deputy director-general	1,500
Assistant director-general	800
Deputy assistant director-general	750
At Other Stations.	Exclusive of allowances.
Surgeon-general	£ s. d. 3 0 0
Colonel	2 5 0
Lieutenant-colonel	1 10 0
Lieutenant-colonel promoted before the date of this Warrant, who has been or may be specially selected for increased pay after at least eight years' service abroad	1 15 0
Lieutenant-colonel promoted to the rank on or after the date of this Warrant, after three years' service as such	1 15 0
Major	1 1 6
After three years' service as such	1 6 0
After twenty years' total service if promoted to that rank before the date of this Warrant, and if considered qualified	1 10 0
Captain	0 15 6
After seven years' total full pay service	0 17 0
After 10 years' service	1 1 0
Lieutenant on probation and lieutenant	0 14 0
Adjutant of our Royal Army Medical Corps (Volunteers)	The pay of his rank at a quartermaster of infantry
Quartermaster	

The following shall be substituted for (c) of Article 368:

(c) The officer, if under the substantive rank of colonel, holding the appointment of senior medical officer in a command abroad, or of an administrative medical officer, if the number of soldiers is 1,500 or upwards

Rates of Half-Pay.
The following shall be substituted for Article 478:—

	Daily.
	£ s. d.
Surgeon-general	2 0 0
Colonel promoted to the rank before the date of this Warrant	1 15 0
Colonel promoted to the rank on, or after, the date of this Warrant, if placed on half-pay on account of ill-health, or on completion of 4 years' service in the rank as laid down in Article 307A	1 9 6
Lieutenant-colonel promoted before the date of this Warrant, or surgeon-lieutenant-colonel of the Household Troops—	
After 20 years' service	1 0 0
After 30 years' service	1 2 6
Lieutenant-colonel promoted before the date of this Warrant, selected for increased pay under Article 350, or brigade-surgeon-lieutenant-colonel of the Household Troops—	
Under 20 years' service	1 7 6
After 20 years' service	1 20 0
Lieutenant-colonel promoted on, or after, the date of this Warrant—	
With 5 years' service as such	1 0 0
Major after 20 years' service, if in receipt of pay at 30s. a day	1 0 0
Lieutenant-colonel promoted before the date of this Warrant, major, captain, or lieutenant, also surgeon-lieutenant-colonel, surgeon-major, or surgeon-captain of the Household Troops—	
Under 5 years' service	0 6 0
After 5 years' service	0 8 0
After 10 years' service	0 10 0
After 15 years' service	0 13 6
Quartermaster, Royal Army Medical Corps	The half-pay laid down for a quartermaster in Article 307.

Scale of Retired Pay.
The following shall be substituted for Article 556:

	Daily.
	£ s. d.
Surgeon-general	2 0 0
Colonel promoted before the date of this Warrant	1 15 0
Colonel promoted on, or after, the date of this Warrant	
Under 4 years' service as such, but with 30 years' total service	1 10 0
After 4 years' service as such	1 15 0
If not qualified as above	the rate for a lieutenant-colonel.

Kala-Azar naked and unadorned even with the semblance of a Latin termination? Here and there the ingenuity with which a difficulty is overcome by a periphrasis compels admiration. On coming across *Ex tormentorum pilis vulnus* for gunshot wound, however, we were painfully reminded of our distant school days, when we had to celebrate a hero who had found an unclassical death on the battlefield from a cannon ball. On having recourse to Ainsworth, the refuge of the verbally destitute in those primitive days, we were offered *Globus ferreus e tormento pulvere ignito explosivus* as an equivalent! Our faith in vocabularies was rudely shaken, and we felt like the little girl in *Punch* when she discovered that her doll was stuffed with sawdust.

¹ London: Printed for His Majesty's Stationery Office, by Darling and Son, Limited, 34-40, Bacon Street, E. And to be purchased, either directly or through any bookseller, from Wymann and Sons, Limited, Peter Lane, E.C. or Oliver and Boyd, Edinburgh; or K. Ponsonby, 115, Grafton Street, Dublin. (1908. Price 1s.)

THE MEDICAL CARE OF THE VOLUNTEER FORCES.

SIR,—It is generally recognized that something more needs to be done by the nation to encourage the national volunteer service. Most betterment schemes cost money, and the suggestion I now put forward will certainly do so, nevertheless I think it would in the end be a paying investment of national funds.

I propose to treat every volunteer unit as if it was a State medical aid club, and to give every member of the corps the right to free medical attendance while borne on the active list of the corps. The State to pay the cost of this professional attendance.

The argument for this proposal is that we want above all things fit and healthy men in the volunteer service, throwing back on the local rifle clubs now being formed throughout the country such men physically handicapped as are only fit for work in their own immediate neighbourhood.

To-day the physique of the volunteer leaves much to be desired, and the volunteer medical officers are but gradually tightening the effectiveness of the physical examination of volunteer recruits. I maintain that for this recruit inspection duty the volunteer medical officer should be paid by the State. This would at once give a real official status to the examination which may now be perfunctory.

But if we ensure that fit men alone are to benefit by new boons to be given to the volunteers, so we should ensure that throughout their service they should be in good physical condition. This can best be ensured by strengthening the official relation of the volunteer to his medical officer, and seems to me to lead up logically to the formation by the State of a "sick club" in every battalion, the State paying the medical officer for this duty.

No one has yet logically studied the present relations of the volunteer medical officer to the volunteer service. It is not the same relation as the combatant volunteer officer has to his men—it is practically a professional and technical relation which has not the charm of a change of work or duties such as the combatant officer enjoys. It is simply a combination of purely professional and routine labours with all the mental and physical drawbacks such absence of change implies. It seems to me that if the volunteer adjutant is paid by the State, so should the medical officer be paid, as both continue to do purely professional work without change all the year round.

I understand that certain volunteer medical men now holding combatant volunteer commissions do at present give medical advice to their men, to keep them together and help to build up their companies. This shows that medical aid would be a consideration to men to induce them to volunteer. The medical officer in touch with all classes of the people would have every inducement to encourage volunteering, and could become a valuable bond within the unit.

The nation would gain in this way. The physical condition of some 250,000 civilian young men would come within the scope of scientific investigation, and no one can doubt that good would result. A mass of facts as to hours of labour, housing, intemperance, feeding conditions, would gradually accumulate, and would contribute much to the study of physical development or deterioration in the State. I do not think the money so expended would be wasted, but would rather be a sound national investment. If we began at the ordinary sick-club payment the cost would not be alarming, and it largely depends on the opinion of the medical profession how long they are to do recruiting work under present conditions and without definite salary. This letter merely opens up the question, and may, I hope, develop opinion on this matter. The whole subject of the relation of the medical profession to the State is daily coming within the region of practical politics; and no one can doubt that if once the medical profession combined to ask payment for recruiting inspection of volunteers, an amount of actuality would be given to the question which would lead to further developments. We have as medical men to annex new territories of professional State duties, and I suggest a study of my proposal of volunteer medical aid paid for by the State.—I am, etc.,

GEORGE J. H. EVATT,
Surgeon-General, late A.M.S.

London, W., Jan. 7th.

Allowances for use of Private Motor Vehicles.

Officers and others using their own motor vehicles on public journeys may draw allowances at the rates and under the conditions detailed below:—

1. The allowances may be drawn in all cases where conveyance is admissible by the existing regulations, provided that the total charge is not more than it would have been if the journey had been made by ordinary means of conveyance.

2. In cases in which these allowances amount to more than the cost by ordinary means of conveyance, they may be drawn if approved by, or on behalf of, the general officer commanding, on either of the following grounds: (a) that the employment of the motor vehicle enabled duties to be carried out which could not have been satisfactorily performed by other means, e.g., staff rides; (b) that the gain in time consequent on the use of the motor vehicle justified the extra expense.

3. In cases under 2, the use of the motor car should, except under the most special circumstance be approved prior to the employment at the public expense being incurred.

It is to be noted that as the rates are based on the size of the car, not on the number of persons carried on duty in it, the use of a larger car throws additional expense upon the public, and it will be the duty of general officers commanding to utilize in the case of journeys of one or two individuals a smaller car when available, in preference to a larger one.

4. When a motor vehicle has to be brought from the officers' station to the point at which its employment on service is to commence, mileage rates will be admissible for this journey. In the case of a motor bicycle or tricycle actually conveyed by passenger train, the cost of such conveyance may be granted in lieu of mileage rates.

5. The rates will be as follows:—

(a.) Mileage.	Per mile.
Motor bicycle or tricycle	1d.
A motor car with two or three seats	4d.
A motor car with four or more seats	6d.

(b.) Storage.

6. For every night on which an officer with his motor vehicle is necessarily absent on duty from his station, and on which the nightly rate of travelling allowance is admissible, an allowance will be granted for storage as follows:—

	s.	d.
For a motor bicycle or tricycle	1	0
For a motor car, if the nightly travelling allowance for a chauffeur is claimed under paragraph 8.	1	0
For a motor car, if a chauffeur is not taken	2	6

7. Travelling allowance for an officer using his own motor vehicle will be governed by the Allowance Regulations, except that the daily rate will not be admissible unless the period of necessary absence exceeds 7 hours.

8. Travelling allowance for a chauffeur, if taken, will be admissible at the rates laid down in para. 366 (f), Allowance Regulations, for officers' servants, subject to the exception in para. 7.

9. The above regulations will apply to warrant officers and soldiers so far as regards motor bicycles and tricycles, the claim being supported by a certificate signed on behalf of the general officer commanding that the use of the vehicle was required in the interests of the public service.—A.O. 6, January 1907.

Identity Discs—Regular Forces.—

1. An identity disc (aluminium) fitted with a cord (42 inches in length) to be worn round the neck under the clothing has been approved for use on active service, in lieu of the description card (Army Form B 2667) hitherto in use.

2. Identity discs will be regarded as an article of kit and issued as such to serving soldiers and reservists on mobilization. They will be stored by officers commanding units—

(a) for serving soldiers at home and abroad.
(b) for reservists who rejoin units direct.

For reservists who rejoin at depôts the discs will be stored with their necessaries. In the case of reservists belonging to a Cavalry regiment stationed abroad, these discs will be held by the officer commanding the affiliated regiment at home. When both regiments of a group are abroad, the discs of their serving soldiers at home, and of their reservists, will be held by the officer commanding the provisional depot.

When soldiers are transferred to the Army Reserve, their identity discs will be passed by the officer commanding their unit to the officer in records, who will forward each man's disc to the depot or unit which he will rejoin on mobilization.

3. Identity discs will be kept ready marked, showing the soldier's number, rank, name, regiment, and religious denomination, as follows:—



4. The stamping will be carried out with "stamps steel, for metal 1 inch," issuable under the Equipment Regulations as amended by A.O. 17 of 1907.

Indents should be at once put forward on the Army Ordnance Department for the stamps required to complete to the revised scale.

Cancelled
A.O. 102.
19107.

5. On change of rank, a new disc will be marked. In the case of recruits, the allowance for marking the free kit will cover the cost of stamping the discs; in other cases a charge of 1d. each will be allowed. Indents for discs and cords should be forwarded to the clothing depot supplying the district. The cord will be issued in bulk, cut regimentally into lengths of 42 inches, and stored with the discs.—A.O. 9, January 1907.

FEB. 2, 1907.

ADMINISTRATIVE OFFICERS.

THE Army Council has decided that administrative medical officers shall in future have administrative medical charge and authority as regards their areas as is now vested in principal medical officers. Administrative medical officers and senior medical officers of the larger stations will, before submission to higher authority, bring such questions to the notice of local commanders, in order that the latter may have an opportunity of expressing their opinions thereon.

anger at the distress endured by the troops, but these reports were not always dictated by an accurate knowledge of the facts. "Mr. Layard's idea about an officer to take care of the cleanliness of the camp is carried out already, divisionally and regimentally. But we want men to do the work, not an officer to direct it. . . . The remedy is not to be found in an officer to direct. . . . we want the men to do the work." The deficiencies in transport and ambulances, the deplorable chaos of mismanagement at the general hospital at Scutari, are sufficiently exposed in Volume I of the memoir, and afford an unpleasant reminder of incidents of a nearer date.

These coincidences of more remote history with the history of recent times do not here demand more than this passing reference. It is matter for profound regret that the lessons which should have been learnt were neglected. It is matter for earnest hope that Lord Herbert's appreciation of those lessons will at last bear fruit. It is deplorable that another war was required to press home the value of his proposals.

After the war Sidney Herbert accepted the Chairmanship of a Commission of Inquiry into the sanitary state of the army. The student of army administration will profit by a study of Chapter iv of the second volume, which contains Mr. Herbert's views upon the question of the physical well-being of the soldier, if he desires to obtain an insight into the condition of the army and a grasp of its sanitary requirements. The matters dealt with by the Commission were the education of the medical officer, the organization of general and regimental hospitals, the sanitary conditions affecting barracks, hospitals, clothing, rations, etc., the pay, rank, and promotion of the medical department, and the constitution of the army medical headquarters.

Although Mr. Herbert had to defend the Government from the charge of having "foiled away" money on the improvement of barracks and hospitals, he persisted in his efforts to improve the sanitary surroundings of the soldier. We may confine our further remarks to this branch of his work, dealing as it did with the main duties of the Army Medical Department. "The duty of an army surgeon is curative, but it is not so much so as it is preventive. Health is the first condition of success to an army, for health means numbers. . . . Death affects an army less than disease. For death only diminishes numbers, whereas disease not only diminishes numbers but detracts from the efficiency of the remainder who are still unaffected by it. The hospital intercepts rations, transports, guards, surgeons, money, all of which are wanted to maintain in efficiency the army at the front." These points lay bare the secret of military efficiency in the field; this chapter (iv, vol. ii) should be read by every officer, combatant and departmental, from general to subaltern. Mr. Herbert's observations should be marked and learnt by all such as affording a cue for future action. "At present a military disaster is like a railway accident—no one is ever to blame; but when once the man whose business it is to advise is made to record his advice, and the man who is to act to record his reasons, we shall know, as the Turkish pasha said, 'whose beard to pull.' . . . They propose to educate the medical officer to give advice, but they do not propose to educate the combatant officer to receive it and appreciate it." Recent measures have, after forty-six years, at last removed the negative from the last sentence. After forty-six years! Delay "is not only a loss but a sin, and one which we trust that the country will not long allow our rulers to commit." But the country did allow the delay, as the army has found to its cost. The intimate cause of delay is to be sought in the War Office administration and to objections raised in the Treasury to schemes involving fresh expenditure (see ch. viii of vol. ii). These obstructive elements are sufficiently exposed in the memoir. The remarks of Mr. Herbert are in their essence as applicable to the present as they were in his day. Let us trust that the exposition of their shortcomings will be read by every official, and that the result of the perusal will be to divert their energies to the prosecution of measures designed for the country's good. Lord Stanmore writes: "Few of the schemes which Herbert had already initiated for the moral and social elevation of the soldier were allowed their proper development, and much of his policy was, through misapprehension of its value, actually reversed."

This chapter (viii) is instructive, for it makes plain the difficulties in the path of the Secretary of State for War. The reader is filled with dismay at the deliberate rejection of Mr. Herbert's sanitary measures; he is buoyed by the hope that the efforts of the army medical authorities of the present day will be materially assisted by the publication of this memoir.

Within this century many real reforms have been initiated; but over our heads is suspended the sword—the sword of reversal. The thing that hath been, it is that which shall be. The traditional policy of the Treasury may yet regain mastery, and the improvements set in motion by Mr. Brodrick may, like Lord Herbert's, be "actually reversed." But the value of books of this description lies in the insculcation of lessons taught by experience. We read here the lessons of the Crimean war; we have still fresh within our memories the lessons of the South African war; these should act as a warning and a stimulus to every official to remove the scandal of past neglect by an honest support to the army medical authorities in their efforts to further sanitary knowledge and practice in the army.

cf. page 96 as to Vets.

MARCH 2, 1907.

The New Army Scheme.—On Monday last Mr. Haldane unfolded to a listening House of Commons his great scheme of army reform. It occupied some three hours in delivering, and was received with great interest on both sides. There were some special paragraphs dealing with the R.A.M.C. which ran as follows, and were noteworthy as an official recognition of the work of the British Medical Association. He said: "In the case of the army medical element there again we have to have our special bridge between the two lines. The special service contingent we want for the field force is some 331 medical officers, 30 quartermasters, and 4,400 men. That will provide for wastage and give us enough to make up the deficiency on mobilization of the first line. We propose to organize, and the negotiations for it are in progress, a large territorial Army Medical Corps, analogous to the Regular Army Medical Corps. The British Medical Association is taking a great interest in it, and has suggested that we should organize our corps, not merely as a local, but a great corps like the engineers and the artillery—one great corps, organized under the Director-General of the Army Medical Service. We accept that suggestion, and we hope to get a much larger number of people connected with the medical profession to take an interest in the medical branch of the service, both Regular and second line. By giving a retaining fee we hope to get both officers and men who will go out on mobilization." The debate which followed was broken by a motion for the adjournment of the House, and when resumed was relatively brief. The proposals will necessarily be debated at length later on.

THE TERRITORIAL ARMY AND ITS MEDICAL CORPS.

THE Secretary of State for War, in his great speech on the reorganization of the army in the House of Commons on Monday, said, with regard to the arrangements for the medical element of the territorial army which is to be formed, that he had accepted the scheme put forward by the British Medical Association for the organization of the medical officers of the existing auxiliary forces as a part of the Royal Army Medical Corps, and that this new branch of the Corps would provide the medical and sanitary service for the territorial army. Never before, Mr. Haldane said, had the War Office had such a stock-taking as during last year. The soldier had been asked to say what he wanted, but to effect economies by getting rid of mere ornament. The result is a scheme of reorganization of the national forces into two lines, a regular army and a territorial army, and an economy, on paper at least, of two millions. The scheme is, of course, based on the assumption that the country intends to retain the command of the seas. The regular army is to be a small, well-equipped, professional army, always ready to take the field in defence of any part of the Empire, and fit to maintain itself for six months of war; Mr. Haldane's conception of the first line is therefore the same as that of his immediate predecessors. The territorial army is to be the second line, resting on the nation itself, undergoing a degree of military training during peace, provided with modern weapons, capable of taking the place in home garrisons of the regular army sent abroad on the outbreak of a big war, and then undergoing further training and expansion so that it may supply the waste produced in the regular army by war.

The territorial army is based on, and takes the place of, the militia and volunteers, and in its organization is to be closely associated with the counties. In every county there is to be a county association, with the Lord Lieutenant at its head, whose duty it will be to organize the county quota of the territorial army, and to do the administrative work of the forces in the county—that is to say, the finding of supplies, the provision of the necessities for a campaign, the payment of money, and the furnishing of weapons, the funds being supplied through the War Office. The command and training of the county quota of troops will be given to the officers of the new units corresponding to the officers of the existing militia and volunteers. The fourteen divisions of which the territorial army will consist will be commanded by a regular major-general with general and administrative staff officers, both regulars; but it is hoped that the brigadiers will be eventually drawn from the officers of the territorial army itself. The establishment of this army will be 250,000 men ready in the event of mobilization to be called out for six months' training for war, and capable then of reaching a strength of 300,000. It will be the last resort of the nation in a great emergency.

In place of the regimental *dépôts* there will be established nucleus training battalions. They will train men for drafts in peace, they will train the militia battalions, they will train special civilian recruits who arrange to take their training very much as the militia do now, and on the outbreak of war they will expand and take in the recruits who flow in under any great national stress to make up the number of drafts to supply the wastage of war.

The question which particularly interests the medical profession is the nature and extent of the provision of medical and sanitary officers for the two lines, and we are glad to observe that Mr. Haldane recognized throughout his speech the essential importance to a modern army of its scientific branches.

The regular army is to consist of six divisions and four cavalry brigades with the proper proportion of artillery, army service corps, and army medical corps, and it is hoped that the scheme will provide an army of 150,000 men properly equipped and thoroughly trained, and will maintain such a force in the field for six months. The regular Royal Army Medical Corps will be the medical and sanitary branch of the regular army which is to be ready at once for the field. Mr. Haldane stated that there was a deficiency for the expeditionary force, not allowing for wastage, of 321 medical officers, 30 quartermasters, and 4,400 other ranks.

With regard to the medical department of the territorial army, the Secretary of State for War, as has been said, accepts the scheme suggested by the British Medical Association. This, which it will be remembered was drawn up by a special committee consisting of medical officers of the auxiliary forces, proposed that in future all commissions to medical men in the volunteers should be to the R.A.M.C. (Vol.). Mr. Haldane proposes to organize a large territorial army medical corps under the Director-General of Army Medical Services, and in that way hopes and expects to get both officers and men who will go out on mobilization. Its establishment will, it may be assumed, be fixed on the same scale as the war establishment of the R.A.M.C. for the regular army, and there is reason to believe that the deficiency in the territorial branch will be much less serious than that which seems to exist in the regular branch. The territorial army is to have fourteen divisions, and we calculate that the R.A.M.C. establishment required for such a force would be approximately 1,200 medical officers, between 70 and 80 quartermasters, and about 12,000 non-commissioned officers and men. We believe that it will be found that existing establishments of the auxiliary forces if organized as part of the R.A.M.C. would suffice for the territorial army, but it would be necessary to develop the sanitary side, and to provide for the services of medical officers experienced in sanitation and of men especially trained in such duties. It would also be necessary to organize among the men a nursing section, a clerical section, and a cookery section, each with its proper proportion of non-commissioned officers, and to make arrangements for the special training of these men and N.C.O.'s in each command.

London Gazette
15 March 1907.

MARCH 21, 1907.

COMMISSIONS AND ARMY STAFF.
LIEUTENANT-COLONEL W. BABBIE, V.C., C.M.G., M.B., Royal Army Medical Corps, to be Inspector of Medical Services, March 12th.

THE INSPECTION OF MILITARY HOSPITALS AND ARMY SANITATION.

AMONG the army reforms recommended by Lord Fisher's Committee was the appointment of an Inspector-General of the Forces, who should review and report upon "the practical results of the policy of the Army Council within the limits laid down by the Cabinet" and who should "provide the Secretary of State and the Army Council with eyes and ears . . . thus enabling the governing body of the army to know the practical results of the measures it adopts." The Inspector-General was to report "generally on all that affects the readiness of the Forces for war." Characteristically no mention was made of inspection of the medical services. Surgeon-General Evatt suggested that this obvious omission should be repaired by the appointment of an Inspector of Army Medical Services on the staff of the Inspector-General of the Forces, and the proposal was strongly supported in the JOURNAL. The advantages of the suggestion were so plain that we were able to state in our issue of December 29th, when announcing the reconstitution of the Advisory Board, that steps were to be taken to appoint an officer of the Royal Army Medical Corps to act as inspector of hospitals and of army sanitation on the staff of the Inspector-General of the Forces. Now we are able to state that the post has been created and filled by the appointment of Lieutenant-Colonel W. Babbie, V.C., a distinguished officer, who we are sure will fully justify the choice. Colonel Babbie won his Victoria Cross at Colenso, and has already had a large experience as an administrative officer at head quarters and elsewhere.

MARCH 30, 1907.

MEDICAL STUDENTS AND ORGANIZED GYMNASTIC TRAINING.

SIR.—I noticed recently at Aldershot the young medical officers of the R.A.M.C. depot going through a gymnastic training at the Central Gymnasium there.

I suppose the average age of young medical officers on joining the army is between 25 and 26 years. It seems to me a pity that young men of this age should need, when officers, to go through such a course. The training should be given them as students and a certificate required as a qualification to entrance to the army medical competition. Gymnastics is a branch of practical physiology, and should be carried out by trained scientific teachers who know the machine they deal with.

In the army we have allowed the gymnastic training to fall into the hands of men of the drill sergeant type, not sufficiently trained in the organization of the machine they work. An amount of gymnastic ceremonial has overlain the simple gymnastic teaching, and now we want a scientific reform of the whole subject. So far back as 1885 I drew attention to the want of care shown in medical schools as to the social surroundings of their pupils—the absence of clubs, restaurants, gymnasiums, etc. Time has done wonders in this direction, and now in most places the student need not go to a public-house round the corner for lunch.

I now suggest that the student be taught gymnastics in a regular, organized, scientific manner; that the instructor be a medical man employed as gymnastic demonstrator, attached as a colleague to the professor of physiology; that regular scientific observations as to fatigue, overstrain, and circulatory effects be carried on, and that the students themselves be asked to help the work, using their own bodies as a laboratory for tests, and that prizes be given for personal reports.

At once, when the medical profession produces scientific gymnastic teachers qualified as medical men, a new field of office will be open to the doctor, and science will drive out the present non-scientific employé. In America I believe this is done at the great universities, and MacLaren, the pioneer of army gymnastics, belonged to our cloth. A gymnastic prize should be given at medical schools. A gymnasium is as needful there as a laboratory. At the school festival a gymnastic display could be part of the routine, and in London the hospitals cricket or football clubs should expand their functions to include gymnastics.

In the army, the officers R.A.M.C. should be permitted to qualify as instructors and to hold the appointment; and I notice that in the Royal Navy the whole gymnastic training, now so important, owing to the disappearance of masts and yards, is handed over to the Lieutenant class, and no medical officer has a look in. If this continues, drill-sergeantism, with all its wretched ceremonialism, will surely creep in and the true doctrine of gymnastic training be lost. The R.N. surgeons should also produce a gymnastic certificate as part of the qualification for R.N. medical competition; and the medical officers at Osborne College and the *Britannia*, as at Sandhurst and Woolwich military schools, still more carefully supervise the gymnastic training of the growing lads in their important charge.

No barrier should exist in the navy to men of the sick-birth staff qualifying as subinstructors of gymnastics; nor, in the army, should the R.A.M.C. non-commissioned officers and men be barred entry to training as gymnastic subinstructors. A definite physiological pass examination should be essential before entry for training.—I am, etc.,

G. J. H. EVATT,
Surgeon-General, late A.M.S.

London, S.W.

APRIL 6, 1907.

MEDICAL STUDENTS AND ORGANIZED GYMNASTIC TRAINING.

SIR.—Surgeon-General Evatt does not seem quite to understand why young army medical officers are now being passed through the gymnasium at Aldershot. It is part of the duty of all medical officers in charge of effective troops in barracks to visit all places set apart for the physical training of the troops frequently, and to give his advice on such subjects (vide Paragraph 61 Medical Regulations). Unless the visiting medical officer has actually been put through the same course as the recruits whom he is watching, he can hardly be expected to appreciate the results of the gymnastic training as fully as he would wish.

I think we are all at one with Surgeon-General Evatt in his desire to see gymnasia put in charge of the R.A.M.C.—I am, etc.,

Colchester, April 1st. F. J. W. PORTER, Major R.A.M.C.

** We understand that Surgeon-General Evatt was misinformed when he stated "that in the Royal Navy the whole gymnastic training . . . is handed over to the Lieutenant class and no medical officer has a look-in." It appears that there are two naval medical officers attached to the Portsmouth School of Physical Training solely for assisting in instruction and medical supervision of classes. Arrangements have also been made for medical officers on entering the Royal Navy to go through a modified gymnastic course so as to make them conversant with the present system of training and to qualify them for similar duties when appointed to ships.

INTERNATIONAL RED CROSS CONFERENCE.

The following official delegates to the International Red Cross Conference, to be held in London in June, have been appointed:

By the Admiralty—Inspector-General Herbert M. Ellis, K.H.P., F.R.C.S., LL.D., Director-General of the Medical Department of the Navy; and Deputy-Inspector-General Arthur W. May, Deputy-Director-General of the Medical Department of the Navy.

By the War Office—Surgeon-General Sir A. Keogh, K.C.B., M.D., Director-General, Army Medical Service; Lieutenant-Colonel M. W. Russell, Royal Army Medical Corps, Deputy-Assistant Director-General, Army Medical Service; Lieutenant-Colonel W. G. Macpherson, C.M.G., M.B., Royal Army Medical Corps, Deputy-Assistant Director-General, Army Medical Service; and Lieutenant-Colonel J. E. Edmonds, Royal Engineers, of the Department of the Chief of the General Staff.

PAID APPOINTMENTS TO STAFF SURGEONCIES, ETC., IN INDIA.

THE Commander-in-Chief in India has directed a rearrangement of the paid appointments to Staff Surgeoncies and Cantonment Hospitals between Royal Army Medical Corps and Indian Medical Service officers throughout India. The new arrangement will come into force on April 1st. The Northern and Eastern Commands are the areas chiefly affected.

INDIAN MEDICAL SERVICE.

The Entrance Examination.

THE regulations for the examination of candidates for admission to His Majesty's Indian Medical Service have recently been revised and copies are now obtainable. The principal change appears to be in the list of subjects for examination; formerly Division No. 6 comprised chemistry, pharmacy, and a choice between botany and zoology, but in the new regulations the place of these subjects is taken by materia medica, pharmacology and toxicology. No syllabus relating to the latter subjects will be issued, but the examination will be conducted so as to test the general knowledge of the candidate in them. Under the old regulations the examination in chemistry was limited to the elements of the science and to its application to medicine, pharmacy and practical hygiene, but corresponding knowledge would appear still to be required. The number of marks allotted for the subjects in question is 600, being equal to those obtainable in the Division of applied anatomy and physiology and in that of midwifery and diseases of women and children.

Army Forms approved.

3. Army Forms approved:— *Archie, March 1907*
Army Form B 51, "Health Memoranda for Soldiers." A distribution has been made to officers commanding units.

FROM THE "LONDON GAZETTE."

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, April 19.

ARMY MEDICAL SERVICE.
Lieut.-Colonel T. F. MacNee, from Royal Army Medical Corps, to be Colonel, vice E. H. Page, C.I.E., retired.
Lieut.-Colonel W. Babbie, V.C., C.M.G., M.B., from Royal Army Medical Corps, to be Colonel, superseding, to Establishment, an appointment as Inspector of Medical Services.

April 1907.

INSTRUCTIONS, REGULATIONS, &c.

General Staff—

With reference to A.O. 234 of 1906, it has been decided that officers of the General Staff shall be designated as follows:—

Major-general, General Staff.
Brigadier-general, General Staff.
General staff officer, 1st grade.

" " 2nd "

" " 3rd "

The three latter titles correspond to the titles of assistant adjutant-(quartermaster) general, deputy assistant adjutant-(quartermaster) general, and staff captain, respectively.

Officers on the General Staff will sign their Army rank in line with their names, and will write the words "General Staff" in the line below, thus:—

—A.O. 63, April 1907, Major,
General Staff,

APPOINTMENTS, PROMOTIONS, &c.
(From the London Gazette.)

WAR OFFICE, 26th April 1907.

MEMORANDA.
Colonel M. D. O'Connell, M.D., is placed on retired pay.
Colonel G. G. C. Mosey, C.B., on completion of his period of service on the Staff, is placed on half-pay.

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, JUNE 4, 1907.

ARMY VETERINARY SERVICE.
Army Veterinary Staff.—The following Lieutenants Colonel from the Army Veterinary Corps to be Colonels:—C. Rutherford, C.M.G., and N. Lee.

APPLICATION of a Candidate for a Commission in the Royal Army Medical Corps.

1. Name in full ...

2. Address ...

///

[Issued with Army Order dated 1st May 1907.]

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REGULATIONS FOR ADMISSION

100
Medical
13

TO THE

ROYAL ARMY MEDICAL CORPS.

1907.

CANDIDATES FOR COMMISSIONS.

Qualifications.

1. A candidate for a commission in the Royal Army Medical Corps must be 21 years and not over 28 years of age at the date of the commencement of the entrance examination.
2. He must, at the time of his appointment, be registered under the Medical Acts in force in the United Kingdom.
3. He must complete the form of application and declaration shown in Appendix I and submit it, together with an extract from the register of his birth and his medical registration certificate, if his name is not shown in the current Medical Register, to the Director-General, Army Medical Service, in sufficient time to permit of reference to the medical school in which the candidate completed his course as a medical student.
4. The dean or other responsible authority, of such school will be requested by the Director-General to render a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the corps, and to this report a special reference will be attached.
5. After the form of application and the confidential report above alluded to have been received, the Director-General will decide if he may be allowed to compete for a commission in the Royal Army Medical Corps.
6. He will be examined as to his physical fitness by a board of medical officers in accordance with Appendix II.
7. If the candidate is accepted, he will be eligible to present himself at the entrance examination, which will be held twice in the year, usually in January and July, for the admission of qualified candidates as lieutenants on probation.

(Wt. w. 28 4000 4197-H & S 1129)

A

Signature

Date

(N.B.—A misstatement by the Candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered).

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General, Army Medical Service, and before a Board of Medical Officers as to his physical fitness a few days preceding his examination.

All communications to be addressed to the Secretary, War Office, Whitehall, London, S.W.

H W V 500 5-07 8815

* When two or more divisions are grouped together, as part of a larger force, an additional headquarters unit will be necessary. In this case an additional squadron of Imperial Yeomanry will be required.

7.

MEDICAL CORPS.

not less than thirty commissions will be held on 1st May. Applications to compete for War Office, London, S.W., not later than the list will be closed. 1 be required in London from

STAFF APPOINTMENTS

DIA. approved of the tenure of the appointments at army and held at three years, extensible to Secretaries, Indian Medical Corps, to the Principal Forces in India; Sanitary and Sanitary Officer, Staff

AL SERVICE.

CANDIDATES. For the competition for 25 qualified candidates for there was practically no competition for the dearth of candidates of the inadequate pay offered with the pay of the other 1. I append the rates of pay 2. For the latter two services scientific course prior to the 34 to spend time and money competition.

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850	875	950

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led as articles of kit and lers and reservists on as follows:—

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es held as record offices to which reservists are

MARCH 30, 1907.

MEDICAL STUDENTS AND ORGANISED GYMNASIUM TRAINING.

Sir,—I noticed recently at Aldershot the young medical officers of the R.A.M.C. depot going through a gymnastic training at the Central Gymnasium there.

I suppose the average age of young medical officers on joining the army is between 25 and 26 years. It seems to me a pity that young men of this age should need, when officers, to go through such a course. The training should be given them as students and a certificate required as a qualification to entrance to the army medical competition. Gymnastics is a branch of practical physiology, and should be carried out by trained scientific teachers who know the machine they deal with.

In the army we have allowed the gymnastic training to fall into the hands of men of the drill sergeant type, not sufficiently trained in the organization of the machine they work. An amount of gymnastic ceremonial has overlain the simple gymnastic teaching, and now we want a scientific reform of the whole subject. So far back as 1885 I drew attention to the want of care shown in medical schools as to the social surroundings of their pupils—the absence of clubs, restaurants, gymnasiums, etc. Time has done wonders in this direction, and now in most places the student need not go to a public-house round the corner for lunch.

I now suggest that the student be taught gymnastics in a regular, organized, scientific manner; that the instructor be a medical man employed as gymnastic demonstrator, attached as a colleague to the professor of physiology; that regular scientific observations as to fatigue, overstrain, and circulatory effects be carried on, and that the students themselves be asked to help the work, using their own bodies as a laboratory for tests, and that prizes be given for personal reports.

At once, when the medical profession produces scientific gymnastic teachers qualified as medical men, a new field of office will be open to the doctor, and science will drive out the present non-scientific employé. In America I believe this is done at the great universities, and MacLaren, the pioneer of army gymnastics, belonged to our cloth. A gymnastic prize should be given at medical schools. A gymnasium is as needful there as a laboratory. At the school festival a gymnastic display could be part of the routine, and in London the hospitals cricket or football clubs should expand their functions to include gymnastics.

In the army, the officers R.A.M.C. should be permitted to qualify as instructors and to hold the appointment; and I notice that in the Royal Navy the whole gymnastic training, now so important owing to the disappearance of masts and yards, is handed over to the lieutenant class, and no medical officer has a look in. If this continues, drill-sergeantism, with all its wretched ceremonialism, will surely creep in and the true doctrine of gymnastic training be lost. The R.N. surgeons should also produce a gymnastic certificate as part of the qualification for R.N. medical competition; and the medical officers at Osborne College and the *Briteaux*, as at Sandhurst and Woolwich military schools, still more carefully supervise the gymnastic training of the growing lads in their important charge.

No barrier should exist in the navy to men of the sick-birth staff qualifying as subinstructors of gymnastics; nor, in the army, should the R.A.M.C. non-commissioned officers and men be barred entry to training as gymnastic subinstructors. A definite physiological pass examination should be essential before entry for training.—I am, etc.,

G. J. H. EVATT,
Surgeon-General, late A.M.S.

London, S.W.

APRIL 6, 1907.

MEDICAL STUDENTS AND ORGANISED GYMNASIUM TRAINING.

Sir,—Surgeon-General Evatt does not seem quite to understand why young army medical officers are now being passed through the gymnasium at Aldershot. It is part of the duty of all medical officers in charge of effective troops in barracks to visit all places set apart for the physical training of the troops frequently, and to give his advice on such subjects (vide Paragraph 61 Medical Regulations). Unless the visiting medical officer has actually been put through the same course as the recruits whom he is watching, he can hardly be expected to appreciate the results of the gymnastic training as fully as he would wish.

I think we are all at one with Surgeon-General Evatt in his desire to see gymnasia put in charge of the R.A.M.C.—I am, etc.,

Colchester, April 1st. F. J. W. PORTER, Major R.A.M.C.

* * We understand that Surgeon-General Evatt was misinformed when he stated "that in the Royal Navy the whole gymnastic training . . . is handed over to the lieutenant class and no medical officer has a look-in." It appears that there are two naval medical officers attached to the Portsmouth School of Physical Training solely for assisting in instruction and medical supervision of classes. Arrangements have also been made for medical officers on entering the Royal Navy to go through a modified gymnastic course so as to make them conversant with the present system of training and to qualify them for similar duties when appointed to ships.

INTERNATIONAL RED CROSS CONFERENCE.

The following official delegates to the International Red Cross Conference, to be held in London in June, have been appointed:

By the Admiralty—Inspector-General Herbert M. Ellis, K.H.P., F.R.C.S., LL.D., Director-General of the Medical Department of the Navy; and Deputy-Inspector-General Arthur W. May, Deputy-Director-General of the Medical Department of the Navy.

By the War Office—Surgeon-General Sir A. Keogh, K.C.B., M.D., Director-General, Army Medical Service; Lieutenant-Colonel M. W. Russell, Royal Army Medical Corps, Deputy-Assistant Director-General, Army Medical Service; Lieutenant-Colonel W. G. Macpherson, C.M.G., M.B., Royal Army Medical Corps, Deputy-Assistant Director-General, Army Medical Service; and Lieutenant-Colonel J. E. Edmonds, Royal Engineers, of the Department of the Chief of the General Staff.

PAID APPOINTMENTS TO STAFF SURGEONCIES, ETC., IN INDIA.

The Commander-in-Chief in India has directed a rearrangement of the paid appointments to Staff Surgeoncies and Cantonment Hospitals between Royal Army Medical Corps and Indian Medical Service officers throughout India. The new arrangement will come into force on April 1st. The Northern and Eastern Commands are the areas chiefly affected.

INDIAN MEDICAL SERVICE.

The Entrance Examination.

The regulations for the examination of candidates for admission to His Majesty's Indian Medical Service have recently been revised and copies are now obtainable. The principal change appears to be in the list of subjects for examination: formerly Division No. 6 comprised chemistry, pharmacy, and a choice between botany and zoology, but in the new regulations the place of these subjects is taken by materia medica, pharmacology and toxicology. No syllabus relating to the latter subjects will be issued, but the examination will be conducted so as to test the general knowledge of the candidate in them. Under the old regulations the examination in chemistry was limited to the elements of the science and to its application to medicine, pharmacy and practical hygiene, but corresponding knowledge would appear still to be required. The number of marks allotted for the subjects in question is 600, being equal to those obtainable in the Division of applied anatomy and physiology and in that of midwifery and diseases of women and children.

Army Forms approved.

3. Army Forms approved:—*Approved, March 1907.*
Army Form B 51, "Health Memoranda for Soldiers." A distribution has been made to officers commanding units.

FROM THE "LONDON GAZETTE."

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, April 19.

ARMY MEDICAL SERVICE.

Lieut.-Colonel W. P. MacNeece, from Royal Army Medical Corps, to be Colonel, vice R. H. Pease, C.B.E. retired.
Lieut.-Colonel W. Babin, V.C., C.M.G., M.B., from Royal Army Medical Corps, to be Colonel, superseding Lt. Colonel, on appointment as Inspector of Medical Services.

April 1907.

INSTRUCTIONS, REGULATIONS, &c.

General Staff.

With reference to A.O. 233 of 1906, it has been decided that officers of the General Staff shall be designated as follows:—

Major-general, General Staff.
Brigadier-general, General Staff.
General staff officer, 1st grade.

" " 2nd "

" " 3rd "

The three latter titles correspond to the titles of assistant adjutant-quartermaster) general, deputy assistant adjutant-quartermaster) general, and staff captain, respectively.

Officers of the General Staff will sign their Army rank in line with their names, and will write the words "General Staff" in the line below, thus:—

—A.O. 63, April 1907. Major, General Staff.

APPOINTMENTS, PROMOTIONS, &c.
(From the London Gazette.)

War Office, 26th April 1907.

MEMORANDA.

Colonel M. D. O'Connell, M.D., is placed on retired pay.
Colonel G. G. C. Moore, C.B., on completion of his period of service on the Staff, is placed on half-pay.

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, JUNE 4, 1907.

ARMY VETERINARY SERVICE.

Army Veterinary Surgeons.—The following Lieutenants, Colonels from the Army Veterinary Corps to be Colonels:—C. Rutherford, C.M.G., and K. Lee.

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[Issued with Army Order dated 1st May 1907.]

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REGULATIONS FOR ADMISSION

100
Medical
13

TO THE

ROYAL ARMY MEDICAL CORPS.

1907.

CANDIDATES FOR COMMISSIONS.

Qualifications.

- Cancelled by A.O. 173 of 1909*
1. A candidate for a commission in the Royal Army Medical Corps must be 21 years and not over 28 years of age at the date of the commencement of the entrance examination.
 2. He must, at the time of his appointment, be registered under the Medical Acts in force in the United Kingdom.
 3. He must complete the form of application and declaration shown in Appendix I, and submit it, together with an extract from the register of his birth and his medical registration certificate, if his name is not shown in the current Medical Register, to the director-general, Army Medical Service, in sufficient time to permit of reference to the medical school in which the candidate completed his course as a medical student.
 4. The dean, or other responsible authority, of such school will be requested by the director-general to render a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the corps, ~~and to this report special importance will be attached.~~
 5. After the form of application and the confidential report above alluded to have been received, the director-general will decide if he may be allowed to compete for a commission in the Royal Army Medical Corps.
 6. He will be examined as to his physical fitness by a board of medical officers in accordance with Appendix II.
 7. If the candidate is accepted, he will be eligible to present himself at the entrance examination, which will be held twice in the year, usually in January and July, for the admission of qualified candidates as lieutenants on probation.

*A.O. 116
of 1908*

8. The Army Council reserves the right of rejecting any candidate who may show a deficiency in his general education.

9. An entrance fee of £1 is required from each candidate admitted to the examination.

10. Candidates who have been specially employed in consequence of a national emergency, either as an officer or in a position usually filled by an officer, will be allowed to reckon such service towards retired pay and gratuity, and if over the regulated limit of age at the date of commencement of the competitive examination shall be permitted to deduct from their actual age any period of that service, if such reduction will bring them within the age limit. The duration of service is to be reckoned from the date on which the candidate commenced such service, except in the case of candidates who have served for two or more periods at short intervals. In such cases the total period of service to be considered in granting marks at the entrance examination shall be specially determined.

APPOINTMENTS, &c.

11. A candidate successful at the entrance examination will be appointed a lieutenant on probation, and will be required to pass through such courses of instruction as the Army Council shall decide. After he has passed the examinations in the subjects taught, and he has satisfied the director-general that he possesses the necessary skill, knowledge, and character for permanent appointment to the Royal Army Medical Corps, his commission as lieutenant will be confirmed. The commission shall bear the date of the day of passing the entrance examination.

12. The precedence of lieutenants among each other shall be in order of merit as determined by the combined results of the entrance examination and the examinations undergone while on probation, except that the position on the list of a lieutenant on probation seconded under Article 349 of the *Pay Warrant* shall be determined by the place he has gained at the entrance examination. A lieutenant so seconded will be required at the conclusion of his hospital appointment, to attend the courses referred to in paragraphs 17 and 18, but the examinations on completion of these courses will be of a qualifying character, and will not influence his position on the seniority list of the corps.

13. Lieutenants when appointed on probation will receive instructions as to the provision of uniform.

EXAMINATIONS.

Subjects for the Entrance Examination.

14. Candidates will be examined by the examining board in medicine and surgery. The examination will be of a clinical

and practical character, partly written and partly oral, marks being allotted under the following scheme :—

Medicine (written).

	Maximum marks.
A. Examination and report upon a medical case	125
B. Commentary upon a case in medicine	100
(Two periods of 45 minutes—total, 1½ hours— —for A, and 1½ hours for B.)	

Medicine (oral).

A. Clinical cases	100
B. Medical pathology	75
(Ten minutes to examine case, and 10 minutes <i>viva voce</i> —total, 20 minutes—for A ; 30 minutes to examine specimens, and 10 minutes <i>viva voce</i> —total, 40 minutes—for B.)	

Surgery (written).

A. Examination and report upon a surgical case	100
B. Commentary upon a case in surgery....	125
(Two periods of 45 minutes—total, 1½ hours —for A, and 1½ hours for B.)	

Surgery (oral).

A. Clinical surgery and pathology (including diseases of the eye)	75
B. Operative surgery and bandaging (including surgical instruments and appliances)	100
(Ten minutes to examine case, and 10 minutes <i>viva voce</i> —total, 20 minutes—for A, and about 30 minutes for B.)	

Total marks	800
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The following headings are published as a guide to candidates in drawing up their reports on cases :—

- (a) A brief history of the case as given by the patient, including such points only (if any) in the family or personal history as have a distinct bearing upon the present illness or incapacity.
- (b) A detailed account of the subjective symptoms and physical signs elicited by the candidate's personal examination of the patient, noting the absence of any which might be expected to be present in a similar case.
- (c) Where there is any reasonable doubt in the mind of the candidate as to an exact diagnosis, he is to give the alternatives, with his reasons for making the selection.

- (d) A commentary upon the case as a whole, pointing out the symptoms which may be considered typical, and those which appear to be unusual or only accidental complications.
- (e) Suggestions as to treatment, both immediate and possibly necessary at a later date.
- (f) A forecast of the progress and probable termination of the case.

Similarly the commentary on the report of a case submitted to the candidate should discuss :—

- (a) The family and personal history and other conditions preceding the development of the condition described.
- (b) The relative significance of the physical signs, symptoms, other indications of disease noted, and the general clinical aspects of the case.
- (c) The diagnosis, with reasons for selection of the most probable, when a positive diagnosis cannot be attained.
- (d) The treatment, dietetic, medicinal, operative, &c., including a criticism of the plan adopted, and alternative schemes of treatment in case of disagreement.
- (e) The morbid appearances, and an account of the *post mortem* examination (if any).

15. The examination will be held in London, and will occupy about four days.

16. The appointments announced for competition will be filled up from the list of qualified candidates arranged in the order of merit, as determined by the total number of marks each has obtained.

17. Having gained a place in this entrance examination, the successful candidates will be ordered to proceed to the Royal Army Medical College for instruction in recruiting duties, at the termination of which they will join the Royal Army Medical Corps School of Instruction at Aldershot for a 2 months' course in the technical duties of the corps, and at the end of the course will be examined in the subjects taught. The maximum number of marks obtainable at this examination will be 100.

18. On completion of the above course, lieutenants on probation will undergo 2 months' instruction in hygiene and bacteriology, after which they will be examined in these subjects. The maximum number of marks obtainable at this examination will be 100.

19. A lieutenant on probation who fails to qualify in either of these examinations will be allowed a second trial, and should he qualify, will be placed at the bottom of the list. Should he again fail in either examination his commission will not be confirmed.

20. Illiteracy on the part of a candidate as evinced by inaccurate spelling, poor composition, or grammatical errors in the oral examination, at the entrance examination, or at the examinations undergone while on probation, will be regarded as disqualifying for appointment.

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Candidates
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Regulations for the Examination for Promotion in the Royal Army Medical Corps.

21. These examinations are intended to test the progress and proficiency of officers in those branches of knowledge which are essential to their continued efficiency.

Lieutenant before Promotion to Captain.

22. This examination may be taken at any time after completing 18 months' service, and will be held in the military district in which the officer is serving.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows :—

- (1.) Squad, company, and corps drills and exercises.
- (2.) The duties of wardmasters and stewards in military hospitals, and the preparation of returns, accounts, and requisitions, connected therewith.
- (3.) Duties of executive medical officers.
- (4.) Military law.

Captains before Promotion to Major.

23. Captains will be examined under the rules laid down in paragraph 25, and will be eligible for acceleration in their promotion to the rank of major under Article 352 of the *Pay Warrant*.

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- The following list :—
- (a) Bacteriology, including the preparation of anti-toxins.
 - (b) Dental surgery.
 - (c) Dermatology, including venereal diseases.
 - (d) Midwifery and gynæcology.
 - (e) Operative surgery, advanced.
 - (f) Ophthalmology.
 - (g) Otology, including laryngology and rhinology.
 - (h) Psychological medicine.
 - (i) State medicine.

- (d) A commentary upon the case as a whole, pointing out the symptoms which may be considered typical, and those which appear to be unusual or only accidental complications.
- (e) Suggestions as to treatment, both immediate and possibly necessary at a later date.
- (f) A forecast of the progress and probable termination of the case.

Similarly the commentary on the report of a case submitted to the candidate should discuss :—

- (a) The family and personal history and other conditions preceding the development of the condition described.
- (b) The relative significance of the physical signs, symptoms, other indications of disease noted, and the general clinical aspects of the case.
- (c) The diagnosis, with reasons for selection of the most probable, when a positive diagnosis cannot be attained.
- (d) The treatment, dietetic, medicinal, operative, &c., including a criticism of the plan adopted, and alternative schemes of treatment in case of disagreement.
- (e) The morbid appearances, and an account of the *post mortem* examination (if any).

15. The examination will be held in London, and will occupy about four days.

16. The appointments announced for competition will be filled up from the list of qualified candidates arranged in the order of merit as determined by the total number of marks each has

A.O. 180. Regulations for Admission to the Royal Army Medical Corps—Amendment.—The following will be substituted for paragraph 18 :—

- A.O. 180. 18. On completion of the above course lieutenants on probation will rejoin the Royal Army Medical College to undergo two months' instruction in hygiene, pathology, tropical medicine, military surgery, and military medical administration, after which they will be examined in these subjects. The maximum number of marks obtainable at this examination will be 700.

43
Medical
45

(Wt. w 1183 1000 7 | 07—H & S 1928)

again fail in either examination his commission will not be confirmed.

- A.O. 228 20. Illiteracy on the part of a candidate as evinced by inaccurate spelling, poor composition, or grammatical errors in the oral examination, at the entrance examination, or at the examinations undergone while on probation, will be regarded as disqualifying for appointment.

revised
A.O. 173.
91909

Regulations for the Examination for Promotion in the Royal Army Medical Corps.

21. These examinations are intended to test the progress and proficiency of officers in those branches of knowledge which are essential to their continued efficiency.

Lieutenant before Promotion to Captain.

22. This examination may be taken at any time after completing 18 months' service, and will be held in the military district in which the officer is serving.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows :—

- (1.) Squad, company, and corps drills and exercises.
- (2.) The duties of wardmasters and stewards in military hospitals, and the preparation of returns, accounts, and requisitions, connected therewith.
- (3.) Duties of executive medical officers.
- (4.) Military law.

Captains before Promotion to Major.

23. Captains will be examined under the rules laid down in paragraph 25, and will be eligible for acceleration in their promotion to the rank of major under Article 352 of the *Pay Warrant*.

24. An officer who gains accelerated promotion will be placed for precedence after the last officer (whether subject to acceleration or not) promoted approximately, 3, 6, 12, or 18 months before him.

25. This examination, which may be taken at any time after completing 5 years' service, will be held on the termination of a period of special study at such times and under such arrangements as the director-general Army Medical Service may determine. The examination will consist of written papers, essays, oral, and practical examinations in the following subjects, which are detailed in the *King's Regulations* :—

- (1.) Medicine.
- (2.) Surgery.
- (3.) Hygiene.
- (4.) Bacteriology and tropical diseases.
- (5.) One special subject from the subjoined list :—
 - (a) Bacteriology, including the preparation of anti-toxins.
 - (b) Dental surgery.
 - (c) Dermatology, including venereal diseases.
 - (d) Midwifery and gynæcology.
 - (e) Operative surgery, advanced.
 - (f) Ophthalmology.
 - (g) Otology, including laryngology and rhinology.
 - (h) Psychological medicine.
 - (i) State medicine.

Majors before Promotion to Lieut.-colonel.

26. This examination, which may be taken at any time after 3 years in the rank of major, will be held in the military district in which the officer is serving at times which will be duly notified.

The subjects of this examination, which are detailed in the *King's Regulations*, are as follows :—

1. Military law.
2. Army medical organisation in peace and war.
3. Sanitation of towns, camps, transports, and all places likely to be occupied by troops in peace and war ; epidemiology, and the management of epidemics.
4. (a) Medical history of the more important campaigns, and the lessons to be learnt therefrom.
 (b) A knowledge of the Army Medical Services of the more important Powers.
 (c) The laws and customs of war so far as they relate to the sick and wounded.

EXTRACTS FROM THE "ROYAL WARRANT FOR PAY AND PROMOTION."

(The following Extracts are given for the information of candidates; but, as the Pay Warrant is amended from time to time, it must be understood that these extracts are merely quoted for guidance, and cannot be cited as an authority.)

Pay.

27. The following shall be the rates of pay, additional pay, and charge pay of the officers of Our Army Medical Service:—

	Inclusive of all allowances, except field and travelling allowances.
<hr/>	
ARMY MEDICAL SERVICE.	
<i>At Head Quarters—</i>	
Director-General	Yearly. £ 2,000
Deputy Director-General	1,500
Assistant Director-General	850
Deputy Assistant Director-General	750
 <i>At other Stations—</i>	
Surgeon-General	Exclusive of Allowances Daily. £ s. d. 3 0 0
Colonel	2 5 0
Lieutenant-colonel	1 10 0
Lieutenant-colonel promoted to the rank, on or after the 9th January, 1907, after 3 years' as such	1 15 0
Major	1 3 6
After 3 years' service as such	1 6 0
Captain	0 15 6
After 7 years' total full pay service	0 17 0
After 10 years' total full pay service	1 1 0
Lieutenant on probation and Lieutenant	0 14 0
Adjutant of Our Royal Army Medical Corps (Volun- teers)	The pay of his rank.

[Article 365.]

28. A captain of Our Royal Army Medical Corps, holding the brevet rank of major, shall receive pay at 2s. a day, in addition to the rates laid down in Article 365. [Article 366.]

Additional Pay.

29. Officer not serving on the Headquarters staff appointed a member of the Advisory Board, £150 a year.

	Daily.
Officer under the rank of Lieutenant-colonel	s. d.
holding an appointment as specialist	2 6

[Article 367.]

Charge Pay.

30. (a) Officer in charge of a general or other hospital, or of a division of a general hospital—

	Daily.
	s. d.
If in charge of at least 50 beds	2 6
" " 100 "	5 0
" " 200 "	7 6
" " 300 "	10 0
(b) Senior medical officer, Royal Arsenal, not exceeding	10 0
(c) Officer in command of the Dépôt, Royal Army Medical Corps	5 0
(d) The senior officer of Our Army Medical Service with an army in the field— A rate to be fixed according to the magnitude of the charge.	
(e) The officer, if under the substantive rank of colonel, holding the appointment of senior medical officer in a command abroad, or of an administrative medical officer, if the number of soldiers is 1,500 or upwards	5 0

[Article 368.]

Extra-Duty Pay.

31. An officer of our Royal Army Medical Corps, appointed to act as adjutant or quartermaster of Our Royal Army Medical Corps (Militia) during preliminary drill or training shall receive extra-duty pay at the following rates :—

	Daily.
	s. d.
Acting Adjutant	2 6
Acting Quartermaster	2 0

[Article 369.]

Reserve of Officers.

32. An officer of Our Royal Army Medical Corps with at least 3 but not more than 6 years' service may be permitted by Our Army Council to become an Army Reserve officer for a period of 7 years, and while so serving he shall receive pay at the rate of £25 a year.

With the sanction of Our Army Council, such officer may be allowed to return to the active list, and if the period he has been in Our Reserve of Officers amounts to at least 1 year, and not more than 3 years, he shall be allowed to reckon one-third of such period towards promotion, gratuity, and pension.

[Article 370.]

Seconded Officers.

33. A lieutenant on probation who, at the time of passing the examination for admission to Our Royal Army Medical Corps, holds, or is about to hold, a resident appointment in a recognized civil hospital, may be seconded for the period not exceeding 1 year, during which he holds the appointment. While seconded he shall not receive pay from Army funds, but his service shall reckon towards promotion, increase of pay, gratuity, and pension. [Article 349.]

34. A medical, veterinary, or departmental officer who may be permitted to accept employment in any of the cases specified in Article 77 (j) or (k) shall only be seconded in cases where the Army Council may consider it desirable in the interests of the public service to adopt such a course. In such cases, the officer shall, as regards his return to ordinary duty, be subject to the rules laid down in Articles 80 to 83 for combatant officers, so far as they apply. (For promotion while seconded, see Article 328; pay, Article 454A; retirement and retired pay, Articles 500, 594, and 603A.) [Article 468.]

PROMOTION.

35. Every promotion of a medical, veterinary, or departmental officer shall be made with the approval of Our Secretary of State. Promotion by selection shall be given on the ground of ability and merit, due consideration being given, however, to length of efficient service. The grounds for such selection shall be stated to Us in writing. [Article 326.]

36. An officer shall be eligible for promotion to the rank of captain on the completion of $3\frac{1}{2}$ years' service, and to the rank of major on the completion of 12 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by Our Army Council. [Article 350.]

37. Promotion to the rank of lieutenant-colonel to complete an establishment shall be made by selection from majors who have qualified in such manner as may be prescribed by Our Army Council. [Article 351.]

38. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required by Art. 350 to render him eligible for that rank may be reduced as follows:—

	Months.
If he obtained a "special certificate"	18
„ passed in the 1st Class	12
„ „ „ 2nd „	6
„ „ „ 3rd „	3

[Article 352.]

39. Promotion to the rank of colonel to complete an establishment shall be made by selection from lieutenant-colonels. A lieutenant-colonel or a surgeon-lieutenant-colonel of Our Household Troops may also be promoted to the rank of colonel if specially recommended to Our Army Council for distinguished service in the field. [Article 357.]

40. Promotion to the rank of surgeon-general shall be made by selection from colonels. A colonel may also be promoted to the rank of surgeon-general for distinguished service in the field. [Article 358.]

41. The promotion of an officer under Arts. 357 or 358 for distinguished service in the field shall be governed by the conditions laid down in Article 327. [Article 359.]

42. An officer of Our Royal Army Medical Corps shall be eligible for promotion to brevet rank under the conditions laid down in Article 36. [Article 356.]

43. A captain after at least 6 years' service, a major or a lieutenant-colonel, may be promoted to the next higher rank by brevet for distinguished service in the field, or for meritorious or distinguished service of an exceptional nature other than in the field. If the officer dies before the date on which the notification of his promotion for distinguished service in the field appears in the *London Gazette*, the promotion shall bear the date which it would have borne had the officer not died.

[Article 36.]

44. Distinction in original investigation or research may, in the case of officers of the Royal Army Medical Corps, be regarded as "distinguished service of an exceptional nature other than in the field" within the meaning of Article 36. [*Army Council's Instructions to Article 356.*]

45. A lieutenant who does not qualify for promotion to the rank of captain within the period prescribed in Article 350, or a captain who fails to pass the examination for promotion to the rank of major, shall be placed on a special list with pay equal to half-pay until the date of the next succeeding examination, provided a period of eight months is not thereby exceeded. [Article 361.]

46. An officer who may in the opinion of Our Army Council have been prevented, under very special circumstances, from qualifying for promotion as laid down in Article 350 or 351, or who, having failed to qualify may have been debarred from further opportunity of qualifying, may be provisionally promoted. If, however, he fails to qualify on the first available opportunity his promotion shall be cancelled, and he shall be retired from Our service. [Article 354.]

47. A medical, veterinary, or departmental officer, in cases where promotion is granted irrespectively of establishment, and is conditional on the completion of a fixed period of service, shall reckon towards his promotion any time, not exceeding one year, during which he may have been on half-pay on account of ill-health caused by military service; and also any time not exceeding two years during which he may have been on half-pay on reduction. A medical, veterinary, or departmental

officer shall, while seconded under Article 468, continue to be eligible for selection for promotion precisely as if he had remained on the establishment, and his service while seconded shall reckon towards such promotion. [Article 328.]

RANK.

48. Officers of Our Army Medical Service above the rank of colonel shall hold the substantive rank of surgeon-general. [Article 315.]

49. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the *King's Regulations*.

AS LIEUTENANT-GENERAL.... Surgeon - general appointed
Director - general, Army
Medical Service, if recom-
mended by Our Army
Council.

AS MAJOR-GENERAL Surgeon-general. [Article 320.]

50. The term "rank" in these Regulations means "substantive rank," unless otherwise stated. [*Army Council's Instructions*.]

RETIREMENT.

(a.) Voluntary Retirement.

51. An officer of Our Army Medical Service, or a medical officer of Our Royal Malta Artillery, may be permitted to retire, in cases in which such retirement may be deemed expedient by the Army Council. [Article 555.]

Scale of Retired Pay.

				Daily.		
				£	s.	d.
52. SURGEON-GENERAL	....	....	....	2	0	0
Colonel promoted on, or after, the 9th January, 1907—						
Under 4 years' service as such, but with						
30 years' total service	....	....	....	1	10	0
After 4 years' service as such	....	....	....	1	15	0
If not qualified as above	....	....	....	the rate for a lieutenant- colonel.		
Surgeon-lieutenant-colonel of the Household Troops—						
				£	s.	d.
After 20 years' service....	....	....	....	1	0	0
After 25 "	....	....	....	1	2	6
After 30 "	....	....	....	1	5	0

Daily.
£ s. d.

LIEUTENANT-COLONEL promoted on, or after, the
9th January, 1907—

After 20 years' service....	....	....	....	1	0	0
After 25 ,, ....	....	....	....	1	2	6
After 28 ,, ....	....	....	....	1	7	6

MAJOR, OR SURGEON-MAJOR OF THE HOUSEHOLD
TROOPS—

After 20 years' service....	1	0	0
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Gratuity.
£

MAJOR, OR CAPTAIN, OR SURGEON-CAPTAIN OF
HOUSEHOLD CAVALRY—

After 5 years' service in the rank of captain	1,000
After 3 years' service in the rank of major	1,800
After 6 years' service in the rank of major	2,500

SURGEON-LIEUTENANT-COLONEL OR SURGEON-MAJOR
OF THE HOUSEHOLD TROOPS—

After 15 years' service....	....	....	....	1,800
After 18 ,, ....	....	....	....	2,500

Except in the case of a colonel promoted after the 9th January, 1907, or a lieutenant-colonel, an officer of Our Army Medical Service, who, on voluntary retirement, has served for less than 3 years in the rank from which he retires, shall be entitled only to the gratuity or retired pay assigned to the next lower rank.
[Article 556.]

(b) Retirement on account of Age or Limitation of Period
of Service.

53. The director-general of Our Army Medical Service shall retire on completion of the term of his appointment; and the retirement of other officers of Our Army Medical Service (except quartermasters) shall be compulsory at the following ages :—

Surgeon-general	....	....	....	....	60
Colonel	....	....	....	....	57
Other officers	....	....	....	....	55

A major shall retire on completion of 25 years' service if he has been superseded for promotion; or, if he fails to qualify for promotion, on the completion of 20 years' service.

A lieutenant placed on the special list under Article 361 shall be retired if he fails to qualify at the next succeeding examination.

A captain placed on the special list under Article 361 shall, if he fails to qualify at the next succeeding examination, be retired at once on any gratuity for which he may be eligible under Article 556, and, if not so eligible, shall be retired as soon as he completes five years' service in the rank of captain.

[Article 557.]

54. It shall be competent to Our Army Council to place a medical officer on the retired list after 30 years' service.

[Article 558.]

Scale of Retired Pay.

55. DIRECTOR-GENERAL, ARMY MEDICAL SERVICE, after 3 years' service as director-general :—

With 30 years' service.... £1,125 yearly.

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND MEDICAL OFFICERS OF OUR ROYAL MALTA ARTILLERY.—Same rates as under "(a) VOLUNTARY RETIREMENT," except that the condition of three (or, in the case of colonels, four) years' service in the rank shall be omitted, and that, in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay, if retired on account of age, shall be 17s. 6d. a-day, irrespective of service.

[Article 559.]

Retirement on Account of Medical Unfitness.

56. An officer placed on the half-pay list on account of medical unfitness shall, if not previously retired, be retired from Our Army at the expiration of five years from the date on which he was placed on the half-pay list, or, if reported by the regulated medical authority to be permanently unfit for duty, on the officer's application, at such earlier date as may be decided by Our Army Council. [Article 547A.]

57. An officer, whether on full pay or half-pay, who, to the satisfaction of the regulated medical authority has been pronounced insane, shall be retired from our Army, with the retired pay to which he would be entitled if reported by the regulated medical authority to be permanently unfit for duty. If his disability was not caused by military service, and he is not entitled to permanent retired pay by length of service, he shall receive temporary retired pay equivalent to the half-pay, and temporary retired pay, if any, which he would have received if his disability had been other than insanity.

[Article 547B.]

Scale of Retired Pay.

58. DIRECTOR-GENERAL, ARMY MEDICAL SERVICE—Yearly.

Under 3 years' service as director-general, and
after not less than 30 years' service £875

OTHER OFFICERS OF OUR ARMY MEDICAL SERVICE AND MEDICAL OFFICERS OF OUR ROYAL MALTA ARTILLERY.—Same rates as under "(a) VOLUNTARY RETIREMENT," except that the condition of 3 years' service in the rank shall be omitted; and that in the case of a surgeon-major of Our Royal Malta Artillery, his retired pay, if retired on account of medical unfitness, shall be 17s. 6d. a-day, irrespective of service.

OFFICERS NOT QUALIFIED FOR RETIRED PAY ON VOLUNTARY RETIREMENT.—If the unfitness was caused by military service—retired pay equal to the half-pay of his rank.

If not so caused, provided the officer has at least 12 years' service—retired pay equal to the half-pay of his rank, for such period only, not exceeding 5 years from the date of the officer's retirement from Our Army, after 5 years on half-pay under Article 306, as Our Army Council shall determine according to the merits of the case. [Article 562.]

KING'S HONORARY PHYSICIANS AND HONORARY SURGEONS.

59. Six of the most meritorious officers of Our Army Medical Service on the active list shall be named Our Honorary Physicians, and six Our Honorary Surgeons. On appointment as one of Our Honorary Physicians or Honorary Surgeons, an officer under the rank of colonel in Our Army Medical Service may be promoted to the brevet rank of colonel. An officer shall relinquish the appointment of Honorary Physician or Honorary Surgeon on retirement. [Article 362.]

60. A lieutenant-colonel appointed one of Our Honorary Physicians or Honorary Surgeons, shall receive pay at the rate laid down for a colonel of Our Army Medical Service when qualified for promotion to that rank. [Article 366.]

MEDICAL OFFICERS OF THE REGIMENTS OF HOUSEHOLD TROOPS.

Appointment.

Household Cavalry.

61. Commissions as surgeon-lieutenants in Our Household Cavalry shall be given, on the nomination of the titular colonels of the regiments, to persons approved by Our Army Council.
[Article 382.]

Promotion.

Household Cavalry.

62. A surgeon-lieutenant shall be eligible for promotion to the rank of surgeon-captain on completing $3\frac{1}{2}$ years' service, and a surgeon-major for promotion to the rank of surgeon-lieutenant-colonel on completing 20 years' service. Promotion from surgeon-captain to surgeon-major shall be by seniority on the medical establishment of the brigade, but only on a vacancy occurring for such promotion.

A surgeon-lieutenant, surgeon-captain, or surgeon-major of Our Household Cavalry may be promoted for distinguished service in the field, under the conditions laid down in Article 327. [Article 383.]

63.	Pay.		Daily.		
			£	s.	d.
Surgeon-lieutenant-colonel	1	10	0
Surgeon-major	1	3	6
After 3 years' service as such	1	6	0
Surgeon-captain	0	15	6
After 7 years' service	0	17	0
After 10 years' service	1	1	0
Surgeon-lieutenant	0	14	0

[Article 386.]

Promotion.

64. A medical officer of Our Household Troops shall be eligible for extra pay under the provisions of Articles 367 and 368. [Article 387.]

General Regulations.

65. In all matters not provided for by Articles 382 to 387 and 555 to 562, the medical officers of Our Household Troops shall be governed by the general regulations for regimental officers of Our Army. [Article 388.]

EXCHANGES AND TRANSFERS.

66. An officer of Our Royal Army Medical Corps shall be permitted to exchange with another officer of such corps, or with a medical officer of Our Household Cavalry, under such regulations as may from time to time be made by Us. [Article 363.]

67. A medical officer of Our Household Cavalry may be permitted to exchange with an officer of Our Royal Army Medical Corps, under such regulations as may from time to time be made by Us. [Article 385.]

68. Exchanges between officers of Our Royal Army Medical Corps under the rank of major and medical officers of Our Indian Army, and transfers of such officers from either of the above services to the other, shall only be permitted subject to the approval of Our Secretary of State for India in Council, and on the following conditions :—

- (1) That the officers have less than 7 years' service.
- (2) That the senior officer exchanging takes the place of the junior on the list, and shall not be promoted until the officer next above him has been so promoted.
- (3) That the junior officer exchanging is placed for seniority next below all medical officers whose commissions have the same date as his own.
- (4) That the officer transferred is placed for seniority below all medical officers holding the same rank at the time of his transfer, and shall not be promoted until the officer next above him has been promoted. [Article 364.]

69. An officer of Our Royal Army Medical Corps, who has exchanged or been transferred from Our Indian Army under Article 364, shall reckon, subject to the conditions of that article, his previous service with the said forces towards promotion, increase of pay, gratuity, and pension. [Article 355.]

LEAVE OF ABSENCE.

70. Full pay during ordinary leave of absence for the period admissible in the case of a staff officer under Article 177 may, except as provided in Article 456, be granted to a medical, veterinary, or departmental officer, provided that no additional expense, except as sanctioned in Articles 425, 430A and 457A of this Our Warrant, and in the Allowance Regulations, is incurred thereby. [Article 457.]

71. When the periods of leave referred to in Article 457 have been exhausted or exceeded in consequence of sickness, no further pay during ordinary leave shall remain due. [Article 458.]

72. Subject to Articles 177A and 179 an officer employed on the staff; an officer of Our Ordnance College, Our School of Gunnery, Our School of Military Engineering, or Our School of Musketry; or an inspector, assistant inspector, or superintendent of gymnasia, may draw his pay for continuous or intermittent periods of absence on ordinary or sick leave, not exceeding in the aggregate 61 days in each year, reckoning from the 1st April, provided the duties of his appointment are performed continuously without extra charge to the public, except as laid down in Article 181. If serving at Gibraltar or Malta, or in Cyprus, Egypt, Bermuda, or the West Indies, he may, under similar conditions, draw 122 days' pay during absence in any two consecutive years, provided that he does not draw more than 61 days' pay during absence on leave in the first of such two years. If serving in China, Ceylon, the Straits Settlements, Mauritius, or South Africa, or as a military *attaché*, he may, under similar conditions, draw 183 days' pay during absence in any three consecutive years, provided that he does not draw more than 61 days' pay during absence on leave in the first of such three years, nor more than 122 days' pay during absence on leave in the first two of such three years. [Article 177.]

SICK LEAVE.

73. An officer of Our Army Medical Service may be allowed full pay during sick leave of absence on the conditions laid down by Article 298. [Article 371.]

74. A regimental officer may draw full pay for the under-mentioned periods during sick leave granted on the recommendation of the regulated medical authority, provided there is reasonable probability that he will ultimately be fit to return to duty:—

1. In ordinary cases, for a period not exceeding 12 months.
2. In very special cases, such as loss of health due to tropical service, or to active operations, the period may be extended, but it shall not exceed 18 months in all. [Article 298.]

75. When a medical, veterinary or departmental officer is sick at his station, whether in hospital, quarters or lodgings, his absence from duty on account of sickness, if not exceeding 30 days in duration, and if duly certified by a medical officer, shall not be included in the period of absence on leave to which the issue of pay is limited by Article 457, provided the general officer commanding at the station considers that the circumstances of the case warrant such a concession. Any excess of such leave of absence on account of sickness at an officer's station beyond the period of 30 days shall come under the provisions of Article 458. [Article 464.]

SERVICE ON THE WEST COAST OF AFRICA.

76. An Officer volunteering for, or ordered to, the West Coast of Africa shall receive double pay while actually serving on the coast, and for any time spent at Madeira or the Canary Islands on sick leave, or on ordinary leave not exceeding 61 days in a year. [Article 455.]

77. For each year's service on the coast (including the periods of leave referred to in Article 455) a medical or departmental officer shall be entitled to full pay during 183 days' leave at home, and for every additional period beyond a year he shall have a proportionate extension of full pay during leave. [Article 456.]

78. Each year or portion of a year served on the West Coast of Africa by a departmental officer, or by an officer of Our Royal Artillery, Royal Engineers, Army Service Corps, Royal Army Medical Corps, or Army Veterinary Corps, shall reckon double towards voluntary retirement or retired pay, provided that he has served 12 months on the coast.

In ordinary cases, the 12 months may be made up of two separate periods of not less than six months each; and if an officer leaves the coast on account of sickness, he may reckon any period of service on the coast, however short, in order to make up the 12 months' coast service which is required to entitle him to count his service double.

Except when the officer has been invalided, any broken period, if amounting to less than six months of service on the coast, and leave on full pay, shall not reckon double under this article. [Article 503.]

WIDOWS' PENSIONS.

79. Widows' pensions and compassionate allowances for children and other relatives of deceased officers are given under certain conditions specified in the *Pay Warrant*.*

* There is also an Army Medical Officers' Widows' Annuity Fund on mutual insurance principles.

APPENDIX I.

Regulations for Admission to the Royal Army Medical Corps—Amendments.

1. ~~Para. 4.~~ In lines 4 and 5, delete "and to this report special importance will be attached."

2. App. I. (i.) After No. 3 of application insert—

4. Nature and date of examination qualifying for registration.

5. Date of registration as a medical student.

6. Dates of passing medical examinations,—first, second, and final professional examinations.

(ii.) The present Nos. 4, 5, 7, and 8 will be re-numbered 7, 8, 10, and 11, respectively.

(iii.) Delete No. 6 and insert :—

9. Medical school, or schools, in which the candidate pursued his course as a medical student, and name, or names, of the Deans or other responsible authorities.

—A.O. 116, May 1908,

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Amended 9.0.173
7/1909

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief ; and further :—

1. That I am a British subject of unmixed European blood.

2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an officer in any climate.

3. That I will fully reveal to the Medical Board, when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature.....

Date.....

(N.B.—A mis-statement by the candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General Army Medical Service and before a Board of Medical Officers as to his physical fitness a few days preceding his examination.

All communications to be addressed to the Secretary, War Office, Whitehall, S.W.

SERVICE ON THE WEST COAST OF AFRICA.

76. An Officer volunteering for, or ordered to, the West Coast of Africa shall receive double pay while actually serving on the coast and for any time spent at Madeira or the Canary Islands

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any period of service on the coast, however make up the 12 months' coast service which is required to entitle him to count his service double.

Except when the officer has been invalided, any broken period, if amounting to less than six months of service on the coast, and leave on full pay, shall not reckon double under this article. [Article 503.]

WIDOWS' PENSIONS.

79. Widows' pensions and compassionate allowances for children and other relatives of deceased officers are given under certain conditions specified in the *Pay Warrant*.*

1. In ordinary cases, for a period not exceeding 12 months.

2. In very special cases, such as loss of health due to tropical service or to active operations, the period may be extended, but it shall not exceed 18 months in all.

[Article 508]

79. When a medical, veterinary or departmental officer is sick at his station, whether in hospital quarters or lodging, he receives from duty on account of sickness, if not exceeding 30 days in duration, and if duly certified by a medical officer, shall not be included in the period of absence on leave to which the rate of pay is limited by Article 157, provided the general officer commanding at the station considers that the circumstances of the case warrant such a concession. Any excess of such leave of absence on account of sickness at an officer's station beyond the period of 30 days shall come under the

* There is also an Army Medical Officers' Widows' Annuity Fund on mutual insurance principles.

APPENDIX I.

APPLICATION OF A CANDIDATE FOR A COMMISSION IN THE ROYAL ARMY MEDICAL CORPS.

1. Name in full.
2. Address.
3. Date of birth.
(A certificate of registration of birth to be furnished.)
- ⑦ 4. Qualifications.
- ⑧ 5. Academic and other distinctions.
- ⑨ 6. ~~Medical school in which the candidate completed his course as a medical student, and name of the Dean or other responsible authority.~~
- ⑩ 7. Particulars of any commission or appointment held in the public services.
- ⑪ 8. Date of examination at which the candidate proposes to present himself.

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief; and further:—

1. That I am a British subject of unmixed European blood.
2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an officer in any climate.
3. That I will fully reveal to the Medical Board, when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature.....

Date.....

(N.B.—A mis-statement by the candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General Army Medical Service and before a Board of Medical Officers as to his physical fitness a few days preceding his examination.

All communications to be addressed to the Secretary, War Office, Whitehall, S.W.

APPENDIX II.

MEDICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE ROYAL ARMY MEDICAL CORPS.

1. A candidate for a commission in the Royal Army Medical Corps must be in good mental and bodily health, and free from any physical defect likely to interfere with the efficient performance of military duty.

2. The attention of the board will be directed to the following points :—

(a.) That the correlation of age, height, and chest girth is not less than that which is given in the following table :—

PHYSICAL EQUIVALENTS.

Age.	Height without shoes.	Chest.	
		Girth when expanded.	Range of expansion.
	inches.		
	62½ & under 65	35 inches.	2 inches.
21 and upwards.	65 „ 68	35½ „	2 „
	68 „ 70	36 „	2 „
	70 „ 72	36½ „	2½ „
	72 and upwards.	37 „	2½ „

(b.) Measurement of height.

The candidate will be placed against the standard with his feet together, and the weight thrown on the heels, and not on the toes or outside of the feet. He will stand erect without rigidity, and with the heels, calves, buttocks, and shoulders touching the standard ; the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be noted in parts of an inch to eighths.

(c.) Measurement of chest.

The candidate will be made to stand erect with his feet together, and to raise his hands over his head. The tape will be carefully adjusted round the chest, with its posterior upper edge touching the inferior angles of the shoulder-blades, and its anterior lower edge the upper part of the

nipples. The arms will then be lowered to hang loosely by the side, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times, and the maximum expansion of the chest will be carefully noted. It is often attempted to conceal the true minimum measurement, but it can be obtained by a little manipulation and by drawing off attention from the examination by a few questions.

The maximum expansion rarely exceeds the average minimum by more than 2 to $2\frac{1}{2}$ inches.

The minimum and maximum will then be recorded thus, $\frac{33}{35}$, $\frac{34}{36\frac{1}{2}}$, &c.

In recording the measurements, fractions of less than half-an-inch should not be noted.

(d.) Weight.

The candidate will also be weighed, and his weight recorded in the proceedings of the board.

(e.) Eyesight.

The regulations regarding the examination of eyesight are as follows:—

The Army Test Types and Snellen's Optotypi (1902 edition) will be used for the determination of the visual acuteness.

If a candidate can read D=6 at 6 metres (20 English feet) and D=0.6, at any distance selected by himself, with each eye without glasses, he will be considered **FIT**.

If a candidate can only read D=24 at 6 metres (20 English feet) with each eye without glasses, his visual deficiency being due to faulty refraction which can be corrected by glasses which enable him to read D=6 at 6 metres (20 English feet) with one eye, and D=12, at the same distance with the other eye, and can also read D=0.8 with each eye without glasses, at any distance selected by himself, he will be considered **FIT**.

If a candidate can read D=6 at 6 metres (20 English feet) with one eye, a higher defect than D=24 will be accepted in the other; and if he can read D=36 with the defective eye at the required distance, the defect being due to error in refraction which can be remedied by glasses so that he can read, at least, D=12, he will be considered **FIT**.

If a candidate cannot read D=24 at 6 metres (20 English feet) with each eye without glasses, notwithstanding he can read D=0.6, he will be considered **UNFIT**.

The candidate must be able to read the tests without hesitation in ordinary daylight.

Squint, or any other morbid conditions, subject to the risk of aggravation or recurrence, in either eye, will cause the rejection of the candidate.

Inability to distinguish the principal colours will not be regarded as a cause for rejection, but the fact will be noted in the report, and the candidate will be informed.

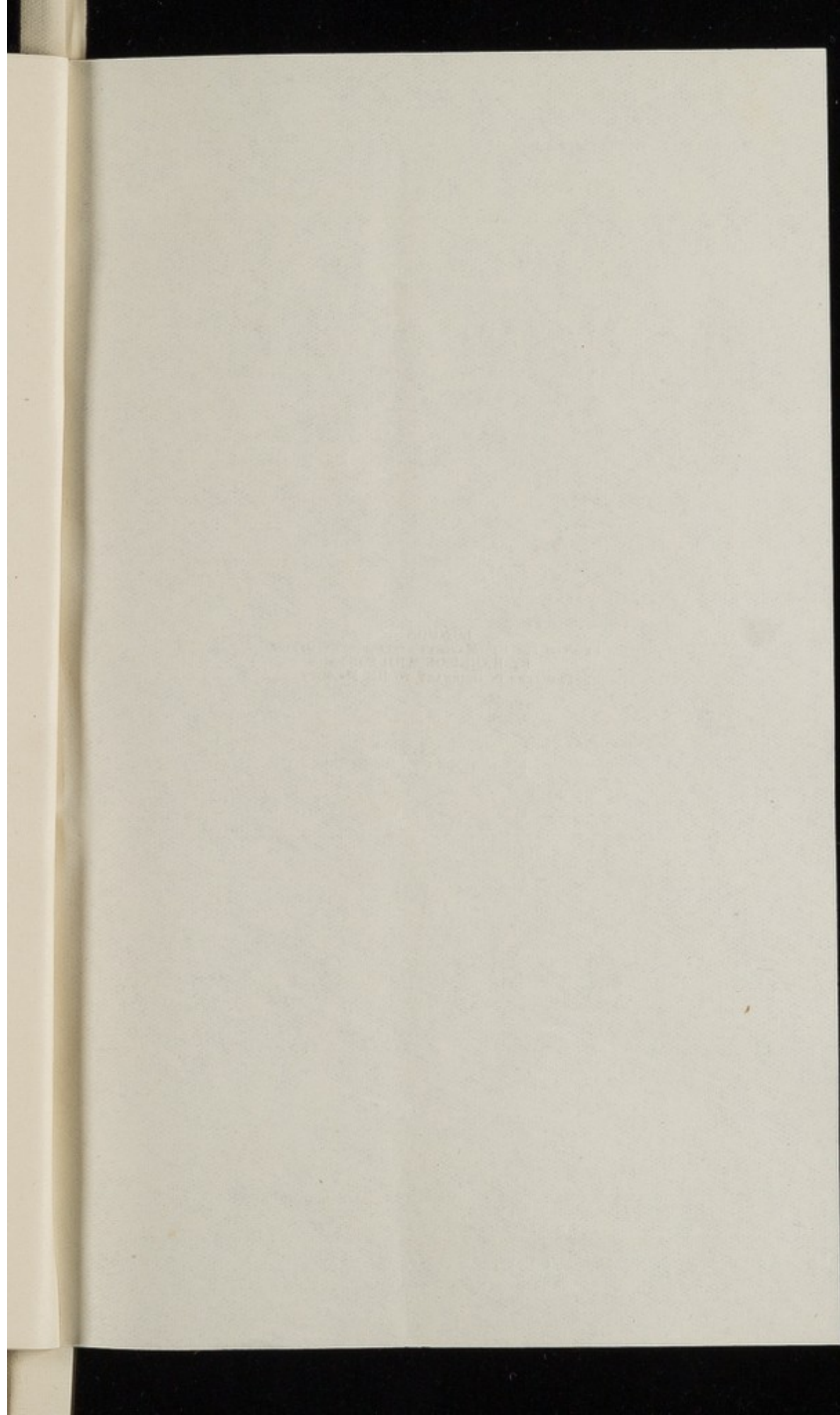
The degree of acuteness of vision of all candidates for commissions (including preliminary examinations) will be entered in their reports in the following manner :—

Sufficient	....	{ Right eye V =
		{ Left eye V =
Defective	..	{ Right eye V =
		{ Left eye V =

No relaxation of the standard of vision will ever be allowed. The following additional points will then be observed :—

- (f.) That his hearing is good.
- (g.) That his speech is without impediment.
- (h.) That his teeth are in good order. Loss or decay of ten teeth will be considered a disqualification. Decayed teeth, if well filled, will be considered as sound.
- (j.) That his chest is well formed, and that his lungs and heart are sound.
- (k.) That he is not ruptured.
- (l.) That he does not suffer from a severe degree of varicocele or varicose veins.* A candidate who has been successfully operated on will be accepted.
- (m.) That his limbs are well formed and developed.
- (n.) That there is free and perfect motion of all the joints.
- (o.) That his feet and toes are well formed.
- (p.) That he does not suffer from any inveterate skin disease.
- (q.) That he has no congenital malformation or defect.
- (r.) That he does not bear traces of previous acute or chronic disease pointing to an impaired constitution.
- (s.) If the candidate is not of pure European descent the fact should be recorded by the board.

* A definition of severe varicocele may be obtained from the Director-General Army Medical Service, War Office, Whitehall, S.W.



The degree of nearness of vision of all candidates for commissions (including preliminary examinations) will be tested at their points in the following manner:

Sufficient	Right eye	V =
	Left eye	V =
Defective	Right eye	V =
	Left eye	V =

No relaxation of the standard of vision will ever be allowed. The following additional points will then be observed:

- (1) That his hearing is good.
- (2) That his speech is without impediment.
- (3) That his teeth are in good order. Loss or decay of his teeth will be considered a disqualification. Decayed teeth if well filled will be considered as sound.
- (4) That his chest is well formed, and that his lungs and heart are sound.
- (5) That he is not crippled.
- (6) That he does not suffer from a severe degree of varicose or hemorrhoidal veins. A candidate who has been successfully operated on will be accepted.
- (7) That his limbs are well formed and developed.
- (8) That he has no marks of disfigurement or defect.
- (9) That he does not bear traces of previous acute or chronic disease, or of an impaired constitution.
- (10) If the candidate is one of pure European descent the fact should be recorded by the board.

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BY HARRISON AND SONS,
PRINTERS IN ORDINARY TO HIS MAJESTY.

* A certificate of service certificate may be obtained from the Director-General Army Medical Service, War Office, Whitehall, S.W.

APPLICATION of a Candidate for a Commission in the Royal Army Medical Corps.

1. Name in full
2. Address
3. Date of birth
(A certificate of registration of birth to be furnished.)
4. Qualifications
5. Academic and other distinctions
6. Medical school in which the Candidate completed his course as a medical student, and name of the Dean or other responsible authority
7. Particulars of any commission or appointment held in the public services
8. Date of examination at which the candidate proposes to present himself

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief, and further:—

1. That I am a British subject of unmixed European blood.
2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an Officer in any climate.
3. That I will fully reveal to the Medical Board when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature

Date

(N.B.—A misstatement by the Candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered.)

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General, Army Medical Service, and before a Board of Medical Officers as to his physical fitness a few days preceding his examination.

All communications to be addressed to the Secretary, War Office, Whitehall, London, S.W.

H W V 500 5—07 8815

77.

EDICAL CORPS.

not less than thirty commission-
edical Corps will be held on
vys. Applications to compete
War Office, London, S.W., not
late date the list will be closed.
be required in London from

STAFF APPOINTMENTS

DIA.

approved of the tenure of the
appointments at army and
ed at three years, extensible
: Secretaries, Indian Medical
cal Corps, to the Principal
Forces in India; Sanitary
social Assistant to Command
mand Sanitary Officer; Staff

AL SERVICE.

CANDIDATES.

es: For the competition for
a 25 qualified candidates for
there was practically no com-
for the dearth of candidates
ledge of the inadequate pay
ed with the pay of the other
ia. I append the rates of pay
s. For the latter two services
scientific course prior to the
it to spend time and money
competition.

I.M.S.

Civil.	Military.	
	Officiating	Permanent Charge of Regiment.
500	475	—
500	475	—
550	525	600
550	525	600
600	575	650
600	575	650
600	575	650
650	625	70
650	625	700
700	725	800
700	725	800
700	725	800
800	825	900
800	825	900
800	825	900
800	825	900
800	825	900

of Candidates to the

en approved, and copies

ions issued therewith,
y 1907,

forces—

ound necessary in the
ity discs, A.O. 2 of 1907
ng substituted:—

ium) fitted with a cord
round the neck under the
use on active service, in
ay Form B 2067) hitherto

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diers and reservists on
(as follows:—

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at depôts on mobilisation,
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units direct on mobilisa-
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to the army reserve, their
a by officers commanding

will be passed to officers

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will, in the case of reser-
ôts, be forwarded by him

ng the depôt concerned.

as held at record offices

a to which reservists are

* When two or more divisions are grouped together, as part of a larger force, an additional head-quarters unit will be necessary. In this case an additional squadron of Imperial Yeomanry will be required.

MARCH 30, 1907.

MEDICAL STUDENTS AND ORGANIZED GYMNASIUM TRAINING.

SIR,—I noticed recently at Aldershot the young medical officers of the R.A.M.C. depot going through a gymnastic training at the Central Gymnasium there.

I suppose the average age of young medical officers on joining the army is between 25 and 26 years. It seems to me a pity that young men of this age should need, when officers, to go through such a course. The training should be given them as students and a certificate required as a qualification to entrance to the army medical competition. Gymnastics is a branch of practical physiology, and should be carried out by trained scientific teachers who know the machine they deal with.

In the army we have allowed the gymnastic training to fall into the hands of men of the drill sergeant type, not sufficiently trained in the organization of the machine they work. An amount of gymnastic ceremonial has overlain the simple gymnastic teaching, and now we want a scientific reform of the whole subject. So far back as 1885 I drew attention to the want of care shown in medical schools as to the social surroundings of their pupils—the absence of clubs, restaurants, gymnasiums, etc. Time has done wonders in this direction, and now in most places the student need not go to a public-house round the corner for lunch.

I now suggest that the student be taught gymnastics in a regular, organized, scientific manner; that the instructor be a medical man employed as gymnastic demonstrator, attached as a colleague to the professor of physiology; that regular scientific observations as to fatigue, overstrain, and circulatory effects be carried on, and that the students themselves be asked to help the work, using their own bodies as a laboratory for tests, and that prizes be given for personal reports.

At once, when the medical profession produces scientific gymnastic teachers qualified as medical men, a new field of office will be open to the doctor, and science will drive out the present non-scientific employé. In America I believe this is done at the great universities, and MacLaren, the pioneer of army gymnastics, belonged to our cloth. A gymnastic prize should be given at medical schools. A gymnasium is as needful there as a laboratory. At the school festival a gymnastic display could be part of the routine, and in London the hospitals cricket or football clubs should expand their functions to include gymnastics.

In the army, the officers R.A.M.C. should be permitted to qualify as instructors and to hold the appointment; and I notice that in the Royal Navy the whole gymnastic training, now so important owing to the disappearance of masts and yards, is handed over to the lieutenant class, and no medical officer has a look in. If this continues, drill-sergeantism, with all its wretched ceremonialism, will surely creep in and the true doctrine of gymnastic training be lost. The R.N. surgeons should also produce a gymnastic certificate as part of the qualification for R.N. medical competition; and the medical officers at Osborne College and the *Britannia*, as at Sandhurst and Woolwich military schools, still more carefully supervise the gymnastic training of the growing lads in their important charge.

No barrier should exist in the navy to men of the sick-berth staff qualifying as subinstructors of gymnastics; nor, in the army, should the R.A.M.C. non-commissioned officers and men be barred entry to training as gymnastic subinstructors. A definite physiological pass examination should be essential before entry for training.—I am, etc.,

G. J. H. EVATT,

Surgeon-General, late A.M.S.

London, S.W.

APRIL 6, 1907.

MEDICAL STUDENTS AND ORGANISED GYMNASIUM TRAINING.

SIR,—Surgeon-General Evatt does not seem quite to understand why young army medical officers are now being passed through the gymnasium at Aldershot. It is part of the duty of all medical officers in charge of effective troops in barracks to visit all places set apart for the physical training of the troops frequently, and to give his advice on such subjects (vide Paragraph 61 Medical Regulations). Unless the visiting medical officer has actually been put through the same course as the recruits whom he is watching, he can hardly be expected to appreciate the results of the gymnastic training as fully as he would wish.

I think we are all at one with Surgeon-General Evatt in his desire to see gymnasia put in charge of the R.A.M.C.—I am, etc.,

Colchester, April 1st. F. J. W. PORTER, Major R.A.M.C.

** We understand that Surgeon-General Evatt was misinformed when he stated "that in the Royal Navy the whole gymnastic training . . . is handed over to the lieutenant class and no medical officer has a look-in." It appears that there are two naval medical officers attached to the Portsmouth School of Physical Training solely for assisting in instruction and medical supervision of classes. Arrangements have also been made for medical officers on entering the Royal Navy to go through a modified gymnastic course so as to make them conversant with the present system of training and to qualify them for similar duties when appointed to ships.

INTERNATIONAL RED CROSS CONFERENCE.

The following official delegates to the International Red Cross Conference, to be held in London in June, have been appointed:

By the Admiralty—Inspector-General Herbert M. Ellis, K.H.P., F.R.C.S., LL.D., Director-General of the Medical Department of the Navy; and Deputy-Inspector-General Arthur W. May, Deputy-Director-General of the Medical Department of the Navy.

By the War Office—Surgeon-General Sir A. Keogh, K.C.B., M.D., Director-General, Army Medical Service; Lieutenant-Colonel M. W. Russell, Royal Army Medical Corps, Deputy-Assistant Director-General, Army Medical Service; Lieutenant-Colonel W. G. Macpherson, C.M.G., M.B., Royal Army Medical Corps, Deputy-Assistant Director-General, Army Medical Service; and Lieutenant-Colonel J. E. Edmonds, Royal Engineers, of the Department of the Chief of the General Staff.

PAID APPOINTMENTS TO STAFF SURGEONCIES, ETC., IN INDIA.

The Commander-in-Chief in India has directed a rearrangement of appointments to Staff Surgeoncies and Can-

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—A.O. 63, April 1907.

APPOINTMENTS, PROMOTIONS, &c.
(From the London Gazette.)

WAR OFFICE, 24th April 1907.

MEMORANDA.
Colonel M. D. O'Donnell, M.D., is placed on retired pay.
Colonel G. G. C. Mosey, C.B., on completion of his period of service on the Staff, is placed on half-pay.

ARMY PROMOTIONS AND APPOINTMENTS.
WAR OFFICE, JUNE 4, 1907.

ARMY VETERINARY SERVICE.
Army Veterinary Staff.—The following Lieutenants, Colonels from the Army Veterinary Corps to be Colonels—
C. Rutherford, C.M.G., and K. Lee.

**APPLICATION of a Candidate for a Commission in the Royal Army
Medical Corps.**

1. Name in full
.....
.....
2. Address
.....
.....
3. Date of birth... ..
(A certificate of registration of birth
to be furnished.)
4. Qualifications... ..
.....
.....
5. Academic and other distinctions
.....
.....
6. Medical school in which the
Candidate completed his
course as a medical student,
and name of the Dean or
other responsible authority
.....
.....
7. Particulars of any commission
or appointment held in the
public services
.....
.....
8. Date of examination at which
the candidate proposes to
present himself

DECLARATION.

I hereby declare upon my honour that the above statements are true to the best of my knowledge and belief, and further:—

1. That I am a British subject of unmixed European blood.
2. That I am not, as far as I know, at present suffering from any mental or bodily infirmity, or physical imperfection or disability that is likely to preclude me from efficiently discharging the duties of an Officer in any climate.
3. That I will fully reveal to the Medical Board when physically examined, all circumstances within my knowledge that concern my health.

I also declare that my vision is good with either eye (with or without the aid of glasses as the case may be).

Signature

Date

(N.B.—A misstatement by the Candidate will invalidate any subsequent appointment and cause forfeiture of all privileges for services rendered).

A candidate whose application is regarded as satisfactory will be directed to appear before the Director-General, Army Medical Service, and before a Board of Medical Officers as to his physical fitness a few days preceding his examination.

All communications to be addressed to the Secretary, War Office, Whitehall, London, S.W.

MARCH 30.

MEDICAL STUDENT
GYMNAST

SIR,—I noticed recently officers of the R.A.M.C. do training at the Central Gym.

I suppose the average age joining the army is between me a pity that young men officers, to go through such be given them as students a qualification to entrance petition. Gymnastics is a and should be carried out who know the machine the.

In the army we have all fall into the hands of men sufficiently trained in the they work. An amount of gain the simple gymnastic scientific reform of the which I drew attention to the schools as to the social surroundings of clubs, restaurants, done wonders in this direction the student need not go to for lunch.

I now suggest that the in a regular, organized, instructor be a medical demonstrator, attached as of physiology; that regular fatigue, overstrain, and that the students the work, using their own body that prizes be given for perfect.

At once, when the medical gymnastic teachers qualified of office will be open to the out the present non-scientific believe this is done at MacLaren, the pioneer of our cloth. A gymnastic schools. A gymnasium is At the school festival a of the routine, and in football clubs should expect gymnastics.

In the army, the officer to qualify as instructors; and I notice that in the R training, now so important masts and yards, is handed and no medical officer his drill-sergeantism, with all will surely creep in and training be lost. The R.N. a gymnastic certificate as a medical competition; and College and the *Britannia*, military schools, still no gymnastic training of the charge.

No barrier should exist to berth staff qualifying as nor, in the army, should the officers and men be barred subinstructors. A definite should be essential before

London, S.W.

MEDICAL STUDENTS AND
TRAINING

SIR,—Surgeon-General I understand why young as being passed through the part of the duty of all medical troops in barracks to physical training of the troops advice on such subjects (violations). Unless the violin been put through the same is watching, he can hardly results of the gymnastic wish.

I think we are all at one his desire to see gymnasia I am, etc.,

Colchester, April 1st. F. J.

* * We understand that misinformed when he states whole gymnastic training lieutenant class and no met appears that there are two to the Portsmouth School of assisting in instruction and Arrangements have also been entering the Royal Navy gymnastic course so as to in present system of training a duties when appointed to st

Army Order 92 of 1907.

Army Forms approved.

Mobilization Store Tables.

Army Form G 1098-66, "A Clearing Hospital."

Army Forms revised.

Army Form G 1098-62, "A Cavalry Field Ambulance."
Army Form G 1098-63, "A Field Ambulance."

Army Books and Army Forms cancelled.

Army Form B 61, "Monthly Return, Royal Army Medical Corps."

Mobilization Store Tables.

Army Form G 1098-66, "A Hospital Train."

Special A.O. 28, 1st January, 1907

ORGANIZATION OF THE REGULAR FIELD ARMY IN THE UNITED KINGDOM.

1. The organization for war of the field army for service abroad will be one cavalry division (of four brigades), six divisions, army troops, and troops for a line of communication. Field Army Tables and War Establishments have been approved, and copies will be issued in due course. An outline of the organization for war is issued herewith, Appendix A (1). The date on which this order will come into force will be notified later.
2. The corresponding organization of the regular field army in peace will be four cavalry brigades, six divisions, and army troops.
3. Army troops consist of those units which form part of an expeditionary force but which are not included in the organization of a cavalry division, division, or line of communication.
4. As it is impracticable to locate the whole of the divisional artillery in the command in which that division is situated, and as it is considered inadvisable to break up brigades of howitzer and heavy artillery in peace time, divisional artillery will be completed on mobilization as shown in Field Army Tables.
5. No alteration will be made in mobilization equipment until the receipt of revised Mobilization Store Tables.

APPENDIX A (1).

COMPOSITION OF BRIGADES, DIVISIONS AND ARMY TROOPS.

A.—COMPOSITION OF A CAVALRY BRIGADE.

Head-quarters.
3 cavalry regiments.

B.—COMPOSITION OF A CAVALRY DIVISION.

Head-quarters.
4 cavalry brigades.
Cavalry divisional troops.
Cavalry divisional artillery—
Head-quarters.
2 horse artillery brigades.
Cavalry divisional engineers—
Head-quarters.
4 field troops.
Cavalry divisional transport and supply column.
4 cavalry field ambulances.

C.—COMPOSITION OF AN INFANTRY BRIGADE.

Head-quarters.
4 infantry battalions.

D.—COMPOSITION OF A DIVISION.

Head-quarters.
3 infantry brigades.
Divisional troops—
Divisional cavalry—
2 Imperial Yeomanry squadrons.
Divisional artillery—
Head-quarters.
3 field artillery brigades.
1 field artillery (howitzer) brigade.*
1 heavy battery and ammunition column.
1 divisional ammunition column.

* Head-quarters, 2 batteries, and an ammunition column.

Divisional engineers—
Head-quarters.
2 field companies.
1 divisional telegraph company.
1 divisional transport and supply column.
1 divisional transport and supply park.
3 field ambulances.

E.—COMPOSITION OF A MOUNTED BRIGADE.

Head-quarters.
1 cavalry regiment.
1 horse artillery battery and a mounted brigade ammunition column.
2 mounted infantry battalions.
1 mounted brigade transport and supply column.
1 cavalry field ambulance.

F.—COMPOSITION OF THE ARMY TROOPS FOR A FORCE OF A CAVALRY DIVISION AND 6 DIVISIONS.

Army head-quarters.*
2 mounted brigades.
2 Imperial Yeomanry squadrons.*
1 infantry battalion.
2 wireless telegraph companies.
2 cable telegraph companies.
2 air-line telegraph companies.
3 balloon companies.
2 bridging trains.
1 army troops transport and supply column.
2 field ambulances.

* When two or more divisions are grouped together, as part of a larger force, an additional head-quarters unit will be necessary. In this case an additional squadron of Imperial Yeomanry will be required.

MAY 4, 1907.

ROYAL ARMY MEDICAL CORPS.

An examination of candidates for not less than thirty commissions in the Royal Army Medical Corps will be held on July 25th next and following days. Applications to compete should be made to the Secretary, War Office, London, S.W., not later than July 15th, 1907, on which date the list will be closed. The presence of candidates will be required in London from July 23rd, 1907.

TENURE OF MEDICAL STAFF APPOINTMENTS IN INDIA.

The Government of India has approved of the tenure of the undermentioned medical staff appointments at army and command head quarters being fixed at three years, extendable to five years if deemed expedient: Secretaries, Indian Medical Service and Royal Army Medical Corps, to the Principal Medical Officer, His Majesty's Forces in India; Sanitary Officer, army head quarters; Personal Assistant to Command Principal Medical Officer; Command Sanitary Officer; Staff Officer, Army Bearer Corps.

INDIAN MEDICAL SERVICE.

THE NUMBER OF CANDIDATES.

A JUNIOR I.M.S. OFFICER writes: For the competition for entry into the I.M.S. there are 25 qualified candidates for 23 vacancies; this means that there was practically no competition at all. The reason for the dearth of candidates must probably be due to a knowledge of the inadequate pay of the I.M.S. officers as compared with the pay of the other branches of the service in India. I append the rates of pay of the I.M.S., Forest, and Police. For the latter two services a lad has not to go through a scientific course prior to the competition, and hence has not to spend time and money qualifying before entering for competition.

Years of Service.	Forest.	Police.	Civil.	I.M.S.	
				Officiating	Permanent Charge of Regiment.
4th	500	500	500	425	—
5th	540	540	540	425	—
6th	58	500	500	525	600
7th	620	550	550	525	600
8th	660	500	600	575	650
9th	700	700	600	575	650
10th	750	700	600	575	650
11th	800	700	650	625	700
12th	850	750	650	625	700
13th	900	800	750	725	800
14th	950	800	750	725	800
15th	1,000	800	750	725	800
16th	1,050	800	800	825	900
17th	1,100	900	850	825	900
18th	1,150	900	850	825	900
19th	1,200	900	850	825	900
20th	1,250	1,000	850	825	900

Regulations for Admission of Candidates to the Royal Army Medical Corps.

1. Revised regulations have been approved, and copies issued to all concerned.
2. A.O.'s cancelled:—
No. 116 of 1906, and the regulations issued therewith.
No. 228 of 1906.—A.O. 111, May 1907.

Identity Discs.—Regular Forces.

Amendments having been found necessary in the regulations with regard to identity discs, A.O. 2 of 1907 will be cancelled and the following substituted:—

1. An identity disc (aluminium) fitted with a cord (42 inches in length) to be worn round the neck under the clothing has been approved for use on active service, in lieu of the description card (Army Form B 2067) hitherto in use.

2. Identity discs will be regarded as articles of kit and issued as such to serving soldiers and reservists on mobilisation. They will be held as follows:—

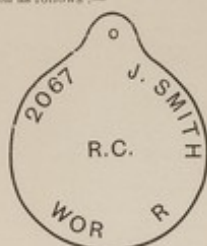
- (i) For serving soldiers at home and abroad, by officers commanding units.
- (ii) For reservists who rejoin at depôts on mobilisation, by officers commanding depôts.
- (iii) For reservists who rejoin units direct on mobilisation by officers in records.

When soldiers are transferred to the army reserve, their identity discs will be dealt with by officers commanding units as follows:—

- (i) Those of the infantry will be passed to officers commanding depôts.
- (ii) Those of other reservists will be passed to the officer in records, and will, in the case of reservists who rejoin at depôts, be forwarded by him to the officer commanding the depôt concerned.

On mobilisation, identity discs held at record offices will be transmitted to the units to which reservists are allotted.

3. Identity discs will be kept ready marked, showing the soldier's number, name, regiment, and religious denomination as follows:—



4. The stamping will be carried out with "stamps steel, for metal 1-inch," issuable under the Equipment Regulations, as amended by A.O. 17 of 1907.

Indents should be at once put forward on the Army Ordnance Department for the stamps required to complete to the revised scales.

5. In the case of recruits, the allowance for marking the free kit will cover the cost of stamping the discs; in other cases a charge of 1d. each will be allowed. Indents for discs and cords should be forwarded to the clothing depot supplying the district. The cord will be issued in bulk, cut regimentally into lengths of 42 inches, and stored with the discs.—A.O. 102, May 1907.

Dress Regulations, 1904—Amendments.—

1. Insert after para. 705.—

ARMY MOTOR RESERVE. FULL DRESS.

705A. Forage cap.—Olive green, band of dark green cloth, welt of gold cord round crown, peak embroidered as for infantry field officers.

705B. Tunic.—Olive-green cloth. Collar and cuffs of dark green cloth, ornamented with 1-inch gold lace and Russia braid, as for Infantry of the Line. Eight buttons in front. The skirt closed behind and edged with dark green cloth on closing seam, a three-pointed slash at each side with a button at each point, the front and slashes edged with dark green cloth, 1/2 inch wide. Twisted-gold shoulder cords, universal pattern, lined with olive green; a small button of regimental pattern at the top, and the letter "R" in silver embroidery below the badges of rank.

705C. Trousers.—Olive-green cloth with dark green welts.

705D. Sword belt.—Gold laced 1 1/2 inches wide, with 1/2 inch dark green light, on dark green Morocco leather.

705E. Sword slings.—Gold laced 1/2 inch wide with 1/2 inch dark green light, on dark green Morocco leather.

705F. Shoulder Belt.—Gold laced 2 inches wide with 1/2 inch dark green light, on dark green Morocco leather lining. Gilt buckle, tip, and slide, of special pattern.

705G. Pouch.—Dark green Morocco leather, collapsing. The flap 5 1/2 inches long and 3 1/2 inches deep, edged with lace of the same width and pattern as on sword slings. Gilt leaves for loops. Ornament, see App. I.

705H. Lace.—Special pattern.

705I. Badges and buttons.—See App. I.

SERVICE DRESS. See para. 724, et seq.)

2. Insert in App. I. on pages 94 and 95:—

In column 1, "Army Motor Reserve."

In column 2, "The letters 'A.M.R.' in monogram, with the word 'Subito' on scroll below."

In column 3, "In gilt, an arrow with scroll inscribed 'Subito.'"

In column 4, "None worn."

In column 5, "Waistbelt clasp. Oakleaf ends. On a frosted gilt centre the badge as for tunic collar. On the circle 'Army Motor Reserve,' the whole in gilt."

In column 6, "In gilt, a circle surmounted by a crown, on the circle 'Army Motor Reserve.' In the centre a scroll inscribed 'Subito.'"

In column 7, "Pouch ornament as for tunic collar."

In column 8, "As for tunic."

In column 9, "As for forage cap."—A.O. 116, May 1907.

Memorandum

BRIGADE-SURGEON-LIEUTENANT-COLONEL C. E. HARRISON, M.B., Grenadier Guards, is appointed an Honorary Surgeon to the King, and to be a brevet Colonel, vice Sir H. J. K. Innes, K.C.B., deceased. Colonel Harrison joined the Army Medical Department as Surgeon, September 25th, 1874; became Surgeon-Major, August 18th, 1889; and first appointed to the Grenadier Guards, September 4th, 1891. He was continued with one or other of its several battalions ever since. In the Egyptian war in 1882 he was with the 2nd Battalion, and was at the actions of Tel-el-Mahuta and Tel-el-Kebir, receiving a medal with clasp, and the Khedive's star.

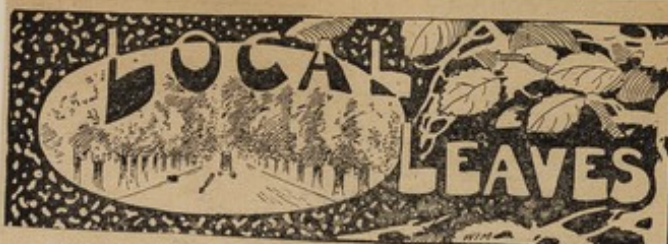
London Gazette

7th May 1907

GENERAL ROBERT MATTHEW O'REILLY

SURGEON GENERAL U.S. ARMY

SATURDAY, MAY 4, 1907 (Southampton) NEWS AND VIEWS



LT.-COL. TWISS.

Lieut.-Colonel G. E. Twiss, R.A.M.C., is about to retire from the service and devote himself to the work of the local centre of the St. John Ambulance Association, which he revived in 1905. He has been some four years Registrar at the Royal Victoria Hospital, Netley, and, having seen a good deal of active service, is in possession of the necessary of a large number of thoroughly trained nurses of both sexes being always available to replace casualties and meet any stress of work which may arise, either at home or abroad.

[PHOTO, OAKLEY, SHOOTING.]

MAY 25, 1907.

NAVY AND ARMY MALE NURSING ASSOCIATION.

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Regulations for the Army Medical Service.

Amendments approved, and copies issued to all concerned.—A.O. 174, July 1907.

THE SCOTSMAN

EDINBURGH, FRIDAY, August 2, 1907.

THE ROYAL ARMY MEDICAL COLLEGE.—The stately building erected by the Government with frontages in Grosvenor Road to the Thames and to the Tate Art Gallery, is (writes a correspondent) rapidly approaching completion, and the authorities have this week taken possession of it. The College will, it is expected, be ready for the formal opening in the early autumn, and the King may probably be asked to perform the ceremony. The style of architecture is free classic. The roof of the majestic Grosvenor Road facade is supported by ionic columns, over the granite portico above which is the Royal monogram. The upper part of the College, erected in two blocks, one for residential quarters, and the other for laboratory work and museum, is built of "stockbricks" and Portland stone. All the handsome rooms, with mosaic pavement, are well furnished and equipped to meet the requirements of the latest scientific progress, and it is expected in time that the College will become a most important centre for the study of tropical medicine and bacteriological research. The students, who are admitted to the College after an examination, will be young officers who are already qualified doctors. There will be a senior and junior course—one lasting six months, and the other two. Captains who have returned from their first foreign service will take the senior course, and will undergo a special course of Army training by the College professors and the physicians and surgeons of the London hospitals at the expense of the Government. Lieutenant-Colonel H. E. R. James is the commandant and director of studies. There are seven professors and assistant professors of the Royal Army Medical Corps, of military surgery, tropical medicine, hygiene, and pathology, and a dozen clinical teachers of medicine, surgery, and various specialist branches of the medical profession. The building has cost about £80,000.

MAY 25, 1907.]

SIR JOSEPH FAYRER

[THE BRITISH MEDICAL JOURNAL 1277]

OBITUARY.

SIR JOSEPH FAYRER, BART., K.C.S.I., M.D., LL.D., F.R.C.P., F.R.C.S., F.R.S.

HONORARY PHYSICIAN (MILITARY) AND PHYSICIAN EXTRAORDINARY TO THE KING.

In Sir Joseph Fayrer, whose death at Falmouth on May 21st we record with the deepest regret, there passed away from among us a man whose name was a household word among his countrymen. To the public for many years he was the most conspicuous representative of the Indian Medical Service, and he will always live in the history of India owing to the prominent part which he played in the siege of Lucknow, and in other eventful occurrences during his long period of service in the East. Few have had a more crowded life than his, and of few could it be said with greater truth that he has gone from us full of years and of honours.

Joseph Fayrer was the second son of a family of eight, and was born at Plymouth on December 6th, 1824; he was, therefore, in his 83rd year. His father was an officer in the navy who had served under Lord Cochrane, having married among his messmates. His mother was the daughter of a Lancashire gentleman named Wilkinson; she was descended on the female side from John Copeland, who took David, King of Scots, prisoner at the battle of Neville's Cross. Fayrer says in his autobiography that his earliest recollections were of Kendal and Ambleside; he knew Wordsworth, Hartley, Coleridge, and John Wilson, better known to fame, perhaps, as "Christopher North." His father being appointed to command a steam packet, sailing between Portpatrick and Donaghadee in Ireland, young Fayrer had opportunities of becoming acquainted with Galloway. His first school was at Dalrymple in Ayrshire. When he was 14 the family moved to Liverpool, where he was sent to a day school. He took special delight in natural science, and began to devise experiments on his own account. He was also fond of drawing, and relates that the American statesman, Daniel Webster, said on seeing his drawing of an Arab horse, "Sir, you draw horses so well, you ought to have horses to draw you." An old shipmate of his father offered to take him as a midshipman, but this proposal was vetoed by his father. In 1840 he began to study engineering, and went daily to a factory. When he was 16 he longed to go to sea, and being then too old for the navy his father got him appointed to the West Indian Mail Steamship Service. He made three voyages, visiting among other places the West Indies, South America, and Havana. On the completion of his third voyage, having been just a year at sea, he gave up the career, seeing in it no reasonable prospect of success. In 1843 he accompanied his father to Bermuda. He was then 19 and was becoming anxious about his future. His line of life was determined for him by

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Joseph Fayrer

national services rendered without special sanction of the Director-General would, of course, be obnoxious, for which sanction, laid down equate. The rule also distance from the medical fees charged by doctors than the English rate of the usual rate for a consultation for a journey back, taking up twenty-five for half a day or less, y take less. Mileage is quently be considerably

ting surgeon or physician d no Civil Surgeons upmission of the Director or prolonged attendance or for distant visits in ad, if such fees exceeded

also taken the decision offered or claimed for hands of non-medical d it in those of the ad the Director-General it be granted that such which we reserve our nly be in the hands of d has rightly been so

result in the ordinary civil employ by the ex- men resident in British n fixed for the amount of thout special permission much trouble and wide- Who, for instance, is to o calls in a Government n" or not? There is in a as the term is under- the Director-General so ne for the new duty of of fees of over 10 guineas arts of India under the n or the administrative their frequent and pro- s will be inevitable, and the medical officers of not paid at once, it is II.

gratuitous or rewards in ally reserved to medical g Act of 1772 (13 George d this Act has ever been i the competence of the edical officers accepting shall not practise their as the rank and file of the s an uncalculated for restric- throughout the whole of where such restrictions ork are imposed or may d by those in power for sell deserved popularity, men from the English,

ler on the subject issued and each one has con- blow at the self-respect shed service. Is such ot the Government of more fully the harm ers more fully, while ere officers have acted

ssion to the Queen y Nursing Service. I concerned.

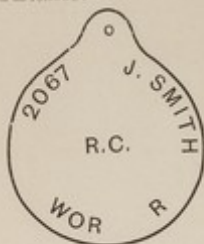
A.O. 148 of 1904, and to members of Queen Nursing Service), are 7.

where the issue by a Government of such a regulation is inconceivable.

In the new Order, however, the Government of India, while receding in this respect from an untenable position with regard to the medical reports, has extended the restrictions as to fees, which formerly applied only to native chiefs and nobles and native gentlemen of high position in native states to include Indian gentlemen of high position in British India. By this addition the rule is made to apply practically to every well-to-do native gentleman in India in a good social position. The ordinary fee in India is, we believe, Rs. 16 (£1 1s. 4d.). The new rule limits to Rs. 160, equal to £10 13s. 4d., or say 10 guineas, the total

army medical corps and still wear their regimental

3. Identity discs will be kept ready marked, showing the soldier's number, name, regiment, and religious denomination as follows:—



4. The stamping will be carried out with "stamps steel, for metal 1/4-inch," issuable under the Equipment Regulations, as amended by A.O. 17 of 1907.

Indents should be at once put forward on the Army Ordnance Department for the stamps required to complete to the revised scales.

5. In the case of recruits, the allowance for marking the free kit will cover the cost of stamping the discs; in other cases a charge of 1/4d. each will be allowed. Indents for discs and cords should be forwarded to the clothing depot supplying the district. The cord will be issued in bulk, cut regimentally into lengths of 42 inches, and stored with the discs.—A.O. 102, May 1907.

Dress Regulations, 1904—Amendments.—

1. Insert after para. 705:—

ARMY MOTOR RESERVE. FULL DRESS.

705A. Forage cap.—Olive green, band of dark green cloth, welt of gold cord round crown, peak embroidered as for infantry field officers.

705B. Tunic.—Olive-green cloth. Collar and cuffs of dark green cloth, ornamented with 1/4-inch gold lace and Russia braid, as for Infantry of the Line. Eight buttons in front. The skirt closed behind and edged with dark green cloth on closing seams, a three-pointed slash at each side with a button at each point, the front and slashes edged with dark green cloth, 1/4 inch wide. Twisted-round gold shoulder cords, universal pattern, lined with olive green; a small button of regimental pattern at the top, and the letter "R." in silver embroidery below the badges of rank.

705C. Trousers.—Olive-green cloth with dark green welts.

705D. Sword belt.—Gold laced 1 1/2 inches wide, with 1/4 inch dark green light, on dark green Morocco leather.

705E. Sword slings.—Gold laced 1/2 inch wide with 1/4 inch dark green light, on dark green Morocco leather.

705F. Shoulder Belt.—Gold laced 2 inches wide with 1/4 inch dark green light, on dark green Morocco leather lining. Gilt buckle, tip, and slide, of special pattern.

705G. Pouch.—Dark green Morocco leather, collapsing. The flap 5 1/2 inches long and 3 1/2 inches deep, edged with lace of the same width and pattern as on sword slings. Gilt leaves for loops. Ornament, see App. I.

705H. Lace.—Special pattern.

705I. Badges and buttons.—See App. I.

SERVICE DRESS. See para. 724, et seq.)

2. Insert in App. I, on pages 24 and 25:—

In column 1, "Army Motor Reserve."

In column 2, "The letters 'A.M.R.' in monogram, with the word 'Subito' on scroll below."

In column 3, "In gilt, an arrow with scroll inscribed 'Subito.'"

In column 4, "None worn."

In column 5, "Waistbelt clasp. Oakleaf ends. On a frosted gilt centre the badge as for tunic collar. On the circle 'Army Motor Reserve,' the whole in gilt."

In column 6, "In gilt, a circle surmounted by a crown, on the circle 'Army Motor Reserve.' In the centre a scroll inscribed 'Subito.'"

In column 7, "Pouch ornament as for tunic collar."

In column 8, "As for tunic."

In column 9, "As for forage cap."—A.O. 116, May 1907.

Memorandum

REGIMENT-SURGEON-LIEUTENANT-COLONEL C. E. HARRISON, M.B., Grenadier Guards, is appointed an Honorary Surgeon to the King, and to be a Brevet Colonel, vice Sir H. J. R. Jones, K.C.B., deceased. Colonel Harrison joined the Army Medical Department as Surgeon, September 30th, 1874; became Surgeon-Major, August 18th, 1889; and Brigade-Surgeon-Lieutenant Colonel, November 4th, 1895. He was first appointed to the Grenadier Guards, September 30th, 1874, and has continued with one or other of its several battalions ever since. In the Egyptian war in 1882 he was with the 2nd Battalion, and was at the actions of Tel-el-Mahuta and Tel-el-Kebir, receiving a medal with clasp, and the Khedive's star.

London Gazette—7th May, 1907

June, 1907—

GENERAL ROBERT MANTLAND O'REILLY

SURGEON GENERAL U.S. ARMY

SATURDAY, MAY 4, 1907 (Southampton) NEWS AND VIEWS



LT.-COL. TWISS.

Lieut.-Colonel G. E. Twiss, R.A.M.S., is about to retire from the service and devote himself to the work of the Local Centre of the St. John Ambulance Association, which he revived in 1905. He has been some four years Registrar at the Royal Victoria Hospital, Netley, and, having seen a good deal of active service, is in pressed with the necessity of a large number of thoroughly trained nurses of both sexes being always available to replace casualties and meet any stress of work which may arise, either at home or abroad.

[PHOTO, OAKLEY, SHOOTING.]

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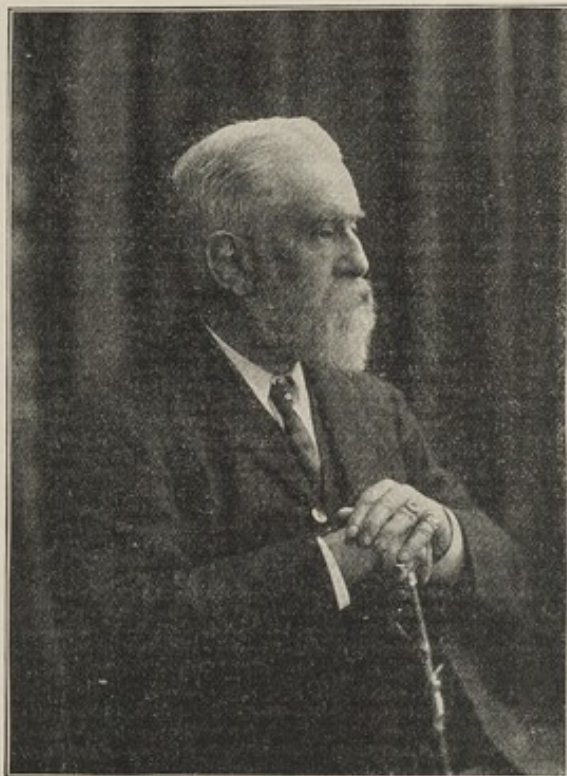
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Joseph Fayrer

was to visit the hospitals. He entered as a student at the University, and acquired a good knowledge of Italian, in which language, "helped out with Latin and French," he was able to pass an examination for the doctor's degree. In February, 1849, he was formally admitted M.D., being, he says, the first Protestant so privileged. While in Rome Fayrer gave a good deal of attention to art and antiquities, and made the acquaintance of Gibson the sculptor. He also saw a good deal of Roman society, which is the most exclusive in Europe, and made English friends who were of the greatest use to him afterwards. Among the persons whose acquaintance he made was Cardinal Mezzofanti, the famous linguist. He was present on November 15th, 1848, in the crowd near the National Assembly when the Senator Rossi was stabbed as he ascended the staircase of the Chamber of Deputies; and he was in Rome in the following February when the Republic was declared. When the French appeared upon the scene he went out to see the fighting, and was introduced to Garibaldi. Soon afterwards Lady Malcolm told him she had asked for an Indian appointment for him, but this offer he declined, being unwilling to leave Lord Mountedecumbe till he had seen him safe back in England.

The party left Rome on May 8th, 1849, and travelled back through Italy. On reaching England they found that an epidemic of cholera was raging; it was very severe at Plymouth, which was looked upon as a city of the plague. At that time Fayrer had practically made up his mind not to rejoin the navy. Through the influence of Lord Mountedecumbe he obtained a commission in the Artillery. When he had been about four months in the Artillery he was informed that, owing to a reduction in the numbers, he would have to be temporarily retired. Here again his friends came to the rescue. He was sitting thinking somewhat dismally about the future when he received a letter from Lady Malcolm's sister saying she had got the promise of an Indian appointment from a Director.

Fayrer was appointed to Bengal as an Assistant Surgeon, and on June 29th, 1850, sailed for India on a troopship. On the voyage out the young soldiers were very insubordinate, and his help was invoked to put down the mutiny. On October 9th, 1850, he arrived at Fort William, and his Indian service began. He was appointed to the civil station of Cherra Poonjee, and to the medical charge of a wing of the Sylhet Light Infantry Battalion in the Khasia Hills on the North-East Frontier bordering on Manipore. He studied Hindustani with one of his native doctors, and passed the colloquial examination. After a time he was ordered to assume the charge of the 74th Bengal Native Infantry stationed at Dacca.

In 1852 he was ordered to accompany the Bengal Division of the Burmah Field Force, and proceeded to Calcutta to report himself for duty. On his arrival he went to the Medical College to practise operative surgery. In April, 1852, he went in the *Tubal Cain*, which was fitted up as a hospital ship, and towed down to Rangoon by a ship of war. At Rangoon he saw some fighting, and established a field hospital on the shore. The executive charge was left entirely in his hands, and he was literally field surgeon to the Burmese army, his being the only field hospital. For his services he received an addition to his pay and

official commendation. In 1853 Lord Dalhousie appointed Fayrer Residency Surgeon at Lucknow. In an autograph letter announcing the appointment the great Governor-General said:

I have purposely reserved it, that I might bestow it, as the best medical appointment in the gift of the Governor-General, upon the assistant surgeon who should be found to have rendered the most approved services during the war with Burmah. The testimony that has been borne to your professional skill, exertions, and character by the superintending surgeon under whom you have served has determined me to select you for this office, and I have much pleasure in thus bestowing on you the reward which your merit has won.

This was the coveted appointment of the Indian Medical Service, and Fayrer had received it after being only two years and nine months in India.

At Lucknow his designation was Residency Surgeon, Superintendent of the King's Hospital, and Postmaster; and he was also Superintendent of the Khairat Khana, a charitable establishment founded by King Nusseer ud

deen Hyder for the support of a certain number of poor pensioners; and of the Char Bagh, a large public garden. These various duties gave him plenty to do, but he found time to study the language, which he soon began to talk fluently. He also learned to read and understand Persian, which was the language of official correspondence with the native court. He took a good deal of interest in the King's Hospital, greatly developed the surgical side of it, and performed many operations, especially lithotomy. Lithotomy, so much advanced since by Keegan and Freyer, was then little practised. Among other major operations, he did Caesarean section twice.

On September 8th, 1854, he was appointed an honorary Assistant Resident, and thus had political combined with his other duties. This, although it did not increase his pay, added prestige to his office as Residency Surgeon. A large share of the work fell to him, and the correspondence between the British Government and the king passed through his hands. No transference of stock or

Government paper could be made without his sanction, and many other matters arising out of the political relations between the two Governments were referred to him. Another of his duties was to receive and make out a *précis* of the reports of the *akbar nawaz*, or news-writers, of what took place at court and throughout the Province of Oudh, and strange reports thus reached him of the king and his doings. At this time began his acquaintance with Outram, which gradually grew into a firm and lasting friendship. Outram was not by any means in good health. Long residence in India, hard and anxious work and responsibility, had told upon the strength and vigour of his frame, and Fayrer had frequently to prescribe for him. He was a great smoker—was hardly ever without a cigar in his mouth; and this Fayrer tried to alter, but with little success. He wrote him a very strong letter on the subject, hoping it might have some effect. Outram replied very kindly, saying how implicitly he believed in all Fayrer said, but that he could not do without his cigars.

In 1856, when Oudh was annexed and the king was deposed, Fayrer was appointed Civil Surgeon at Lucknow and Superintendent of Charitable Institutions. After the king's deposition it became necessary to provide for all his establishments, and his stud of horses, elephants,

camels, and wild animals, and the artillery department were placed under Fayrer's supervision. The annexation entailed upon him much more work in other directions. Jails were formed, and with them jail hospitals. These soon became crowded, and there was much sickness and mortality. All this gave him great anxiety, for sanitary science was in its infancy, and there were many difficulties about sanitation and diet. He reorganized the arrangements of the Post Office, which was now made to extend over the whole province. Fayrer relates some stories illustrating his professional life at this time. One of these may be quoted:

It was reported to me that one of the queens, the third in position, was dangerously ill, and that the hakims despaired of her. I was requested by the king, through the Resident, to see the sick lady, and accordingly went to the Chattr Munzil Palace, where I was received in great state and was taken to the sick room. The chief eunuch, Bashir ud Dowlah, and others, with a number of female attendants, were present. A cashmere shawl was stretched across the room, behind which the Begum was seated. I immediately said that unless the purdah were removed nothing could be done. They made no difficulty, as it was "hakim ka hukm," and there was the lady seated upon a silver charpoy, enveloped in shawls. This was no better than a purdah. However, I knew patience was necessary, so I took a seat by the figure, Bashir ud Dowlah talking to her, telling her that without seeing her nothing could be done, she giving faint and muffled replies from the depths of the shawls. At last she put out her hand for me to feel her pulse; but immediately I attempted to touch her wrist, she wriggled off the charpoy and waddled out of the room, wrapped up in her shawls. The interview was over for that day. Profuse apologies were made, and I was asked to make allowances for feminine weakness. The next morning I went again; the same scene was repeated, and the confusion of the attendants was extreme. Meanwhile, I had arrived at the conclusion that the lady who was so very active could not be so very ill! On my third visit I made progress, and was allowed to see her face and her tongue and to ascertain something of the nature of her case. The next time she laid aside her shawls and her veil, and we sat and talked face to face, she having got over her shyness. She was very loquacious, talked like a child, and seemed very pleased with her freedom. She was a nice-looking girl of 24 or 25. After this she was constantly asking me to go and see her. In a few days she consented to submit to an operation (paracentesis), which I performed. She got much better, and the hakims declared shortly afterwards that she had quite recovered. The result of this was that the king in durbar ordered an honorarium of 20,000 rupees to be sent to me. I received 3,000! He sent me a beautiful sword with a Damascus blade and silver and ivory handle, some magnificent shawls, two long and one square, what is called a "doshala rumal," a splendid piece of Cashmere work very heavily embroidered in gold, which I subsequently gave to the Museum in Edinburgh, and a young Arab horse. I was also presented with a silver seal with the following title engraved on it: "Mualji ud Dowlah, Hazik ul Mulk, Dr. Joseph Fayrer, Bahadur, Hikmat Jung." These were sent officially through the Resident. The Arab turned out a great beauty. I kept him all through the siege, and left him at Allahabad with an officer on my way home. He was skin and bone from starvation, and I was glad to find him a good master.

In the spring of 1857 came the first grumbings of the storm that was about to break over India. The siege of Lucknow belongs to history, and the story need not be told here. A full account of it may be read in his *Recollections of My Life*. "Dr. Fayrer's House" was one of the central points in the defence; it was at once a fortress and a hospital. The anxiety of the time was intense. For a time Fayrer continued performing his routine professional work, which became more onerous, as many civilians, staff officers, and others were added to their numbers. In addition to the enemy without, there were threatenings of small-pox and cholera within, but on the whole they were remarkably free from epidemics. They were uncertain of all natives, even of those of their own household. They lived for a time in constant expectation of an outbreak, and on May 30th it came. By June 1st civil government had almost been replaced by martial law. The Residency was besieged, and on July 2nd Lawrence, the Resident, was mortally wounded. The following is Fayrer's account of the tragedy:

I went and found Sir Henry Lawrence lying as above described, with several officers about him. I saw he was seriously injured, for he was pale, his voice was low, he was semi-collapsed, and was talking in a hurried and excited manner. He begged me to tell him how long he had to live. On examining the wound I found that the muscles and integuments of the hip were lacerated, and upper part of the thigh bone being comminuted. In his enfeebled and exhausted condition I knew that so serious a wound must soon prove fatal,

and said I thought he might live forty-eight hours. I did what was possible to arrest haemorrhage—there was not much—to alleviate pain, and relieve the condition of shock. It was a very trying time. The Residency was already much injured by heavy shot and shell, the room we were in was knocked almost to pieces, while round shot were striking the house frequently; the whole force of the enemy's fire seemed to be concentrated on it. Fearing that more might be killed, we carried him as carefully and tenderly as we could to my house, and laid him on a bed in the deep front veranda. The fire was not so heavy at my house at that moment, and we placed him where there was shelter. His bed was soon surrounded by his sorrowing friends. The enemy must have found out what had happened, for he was scarcely there when a most fiendish fire was rained upon my house, and both round shot and musketry came fast and furiously. The principal officers were soon about him, and knowing he was dying, he directed Colonel Inglis to assume command of the troops, and Major Banks, the Commissioner of Lucknow, to succeed him in the duties of Chief Commissioner. He was perfectly clear and collected, though much exhausted, and gave full directions as to what he wished to be done. He most earnestly adjured us never to surrender or treat with the enemy, and to do everything possible to protect the women and children, to economize provisions, and defend the Residency to the last or until relief should arrive. He took leave of us all in the most affecting manner, spoke most humbly of himself and all that he had done, and expressed a desire that the only epitaph on his tomb should be, "Here lies Henry Lawrence, who tried to do his duty." He reproached himself for what he called his shortcomings, but said he had endeavoured to do his best. Partridge and I examined the wound thoroughly under chloroform, and found it so grave, extending into the pelvis, that nothing could be done but try to relieve pain and sustain the failing strength. He remained sensible for a long time, and was closely watched by his nephew, George Lawrence, with the chaplain (Mr. Harris) and some of the ladies. We removed him to the inner room after a time, as the veranda became more and more exposed to fire. I was with him constantly and at the last, doing what I could with chloroform and otherwise to relieve him. He ultimately became unconscious from exhaustion, and died on the morning of the 4th, and was buried the same evening in the Residency churchyard, in the grave with the other dead of that day. The death of our excellent chief threw a gloom over all.

In the middle of July Fayrer records that his house, which sheltered twenty-six persons, was becoming frightfully dilapidated with shot and shell, and some parts of the walls were crumbling away under the increasing musketry fire. It was in a most exposed position just overlooking the Bailey-guard Gate, which was a marked point of attack. The musketry and two guns in his house firing grape and round shot were constantly at work. Fayrer himself took an active part in the defence, besides ministering to the sick and wounded and doing all he could to keep up the spirits of his little garrison of eight men. He had a heavy cavalry sabre sharpened and pointed, with a leather thong to wind round his wrist, which hung up ready if the enemy got in. He was quite determined that they should not take him alive, and that he would kill as many of them as he could before they killed him; but the garrison always hoped that relief would come, and that they would live through the siege. Some men asked him to give them poison for their wives, if the enemy should get in; this he absolutely refused to do. In returning to his garrison one day he was struck by a spent bullet in the shin, which caused great pain and severe contusion. His wife had a narrow escape from the bursting of a shell, and his eldest son, then a baby, was struck by a bullet, which remained in his leg throughout his life. Great privations had to be endured, and tea and sugar became medical comforts. Tobacco was almost exhausted; a cigar was worth its weight in silver. Dysentery, cholera, and pyaemia raged among the little garrison. Death was all around them in the most painful forms. At last, on September 25th, Outram and Napier, both wounded, entered the beleaguered town. Fayrer dressed their wounds and made them as comfortable as possible under his roof. Outram assumed the supreme command, and quartered himself with his staff in Fayrer's house. The siege continued, but, notwithstanding the lowness of the rations, the health of the garrison was fairly good. In November the relief was finally effected, and the survivors went into camp. He had still plenty to do in looking after the sick and wounded. Among the sick was Havelock, who died of dysentery on November 24th. For his services Fayrer received the thanks of the

Government, and on September 7th, 1858, he was promoted to the brevet rank of Surgeon, received war batta and twelve months' prize money. He was also allowed to count a year's service towards retirement, and received a medal and clasp for the defence of the Residency. All the prize money and batta which he received for Burmah and Lucknow he handed over to the Medical Benevolent College, Epsom.

In March, 1858, Fayrer returned to England in broken health. With characteristic energy he went to Edinburgh to work for the degree of M.D. He matriculated, furnished up his classics for the preliminary examination, entered the botany and medical jurisprudence classes, worked at analytical chemistry and anatomy, and was a most regular attendant at the clinics of Syme and Hughes Bennett. He worked hard attending lectures and hospital from 8 a.m. till evening, and read till past midnight. He was elected a Fellow of the Edinburgh College of Surgeons, and on the strength of certain meteorological work, a Fellow of the Royal Society of Edinburgh, and in March, 1859, he received his doctor's degree after a special examination, to which he was admitted in order to allow him to return to India. He had been offered the Chair of Surgery in the Medical College Hospital of Calcutta. On April 29th, after an absence of fourteen months, he took up the appointment, being then 34 years of age. In Calcutta, besides clinical lectures, he had to give courses of operative surgery, and he undertook in addition a complete revision of his anatomical knowledge by dissection. His operations at the hospital were very numerous, and he began to engage in private practice. He was much occupied with investigations with regard to septic poisoning, pyaemia, and osteomyelitis—conditions which had not previously been described in India, though very rare in that country. He began also to write officially on the defects of structure and sanitary arrangements that made the hospitals unhealthy. By degrees his private practice in Calcutta increased considerably. As he says:

The work of a doctor in Calcutta is exceedingly heavy; he is physician, surgeon, general practitioner, and everything else, and of course has many other duties to perform, and a great deal of this work is absolutely unremunerative. The expenses of living—horses, carriages, house rent—are very great. My usual routine was as follows: Up at gun-fire, a long ride (I had several horses), chota bazir, important cases at their own homes, visit to the hospital wards, operations, clinical lecture; in the early mornings in the cold season I often worked at anatomy; breakfast at about ten, patients at home, then out to visit patients, lunch at about one o'clock, back to the college to lecture at 2 p.m.—three times a week, then a drive with my wife, or a ride, dinner at eight, then more patients to visit, then to bed, from which I was not unfrequently summoned; besides this, casual urgent cases that came at all hours.

In 1861 he was elected a member of the Council of the Asiatic Society of Bengal, and shortly afterwards a Fellow of the University of Calcutta. Later he was gazetted surgeon to the Calcutta Volunteers. At a meeting of the Council of the Asiatic Society he proposed that an ethnological investigation of the Indian races should be set on foot, and measures for its prosecution were instituted. Although the project was never fully realized, it produced some valuable reports on the different tribes in Bengal by Colonel Dalton.

In 1867 Fayrer was elected President of the Asiatic Society of Bengal, having previously been made a Trustee of the Indian Museum. He proposed a scheme for a zoological society and gardens in Calcutta, but the project fell into abeyance for a time for lack of funds. When in India with the Prince of Wales, now Edward VII, in 1875, he had the satisfaction of seeing the gardens opened by His Royal Highness.

Fayrer was for a time Surgeon to Lord Mayo, and the Viceroy frequently consulted him on all medical matters connected with the service or the hospitals in Calcutta. In 1869 he became a Companion of the Order of the Star of India. He was President of the Faculty of Medicine of the University, and to his other duties had been added those of a Justice of the Peace. Much of his time was occupied with researches into snake poisoning. He offered the results of his researches on venomous snakes to the Indian Government, which, early in the following year, defrayed the cost of the publication of the book.

At the beginning of 1870, Fayrer accompanied the Duke of Edinburgh on his travels through the North-West of India, and His Royal Highness, on parting, presented him

with a beautiful ring, and subsequently appointed him his Physician in Ordinary.

In 1871 he was appointed Honorary Physician to Queen Victoria. In April of the same year Lord Mayo invited him to accompany him in an expedition into the Terai. After the murder of the Viceroy, Fayrer superintended the arrangements for the transport of the body to Ireland, and for his services in this matter the Government of India presented him with a beautiful case filled with goblets, and two cups inlaid with gold bearing a suitable inscription.

In 1872 Fayrer, broken in health, left India, in which, though he did not know it, his official career was at an end. He was elected a Fellow of the Royal College of Physicians in London, and in 1873 was appointed a member of the Medical Board at the India Office. In the following year he succeeded Sir Ranald Martin as President of the Board, retiring from the effective Indian Service on a pension. He had retired as Deputy Surgeon-General, but was now gazetted as a Surgeon-General.

In 1875 Fayrer accompanied the then Prince of Wales on his visit to India. He was received with great cordiality by his old students and friends at Calcutta and other parts of India. In the Terai he met with an accident in an elephant hunt, his horse stepping into a pit in the grass and throwing him violently. The accident had no serious consequences. On his return to England he was appointed Honorary Physician to the Prince of Wales.

In 1876 Fayrer was elected a Fellow of the Royal Society, signing his name on the roll immediately after that of the Emperor of Brazil; he became a member of the Council of the Society in 1895. In 1878 he was elected a Fellow of the Royal College of Surgeons of England, and in the same year the University of Edinburgh conferred upon him the honorary degree of LL.D. In 1890 he received a similar honour from the University of St. Andrews. In 1879 he was elected President of the Epidemiological Society. In 1882 he delivered the Croonian Lectures at the College of Physicians, taking as his subject the climate and fevers of India. The lectures were subsequently published in a volume. Fayrer was frequently consulted by Government as to medical matters, and represented India at the International Cholera Conference held in Rome in 1884.

He was President of the Section of Preventive Medicine in the Congress of Hygiene and Demography held in London in 1891. He represented the College of Physicians at the tercentenary of Galileo held at Padua in 1892, and made a speech in Italian. At the end of 1894 he resigned his seat on the Medical Board of India. On that occasion a very favourable dispatch concerning him was received from the Indian Government. In January, 1896, a baronetcy was conferred upon him.

The last years of Fayrer's life were spent in retirement at Falmouth. He was fond of yachting, and found there, in addition to an agreeable climate, opportunities of indulging his favourite amusement. He was a man of wide reading and varied culture, and was particularly familiar with Italian literature. He had, therefore, abundant resources in himself, and he had the honour, love, and troops of friends which should accompany old age.

In later days he suffered much from the infirmities of age, and to the burden of years was added a load of complicated disease, which he bore with unflinching fortitude. A well-known physician who saw him a week before his death writes:

He was one of the noblest natures I ever knew, and always cultivating the loftiest ideals in life. I felt a better man after the inspiration of his presence and converse. He kept us all to our duties, whether royalty, the public, or the medical profession, and did his own duty manfully to the last. It will ever be my pride that I enjoyed the friendship of such a man.

Honours and distinctions were showered on Fayrer. Beside those which have been mentioned in the course of the present record, he was a Knight Commander of the Civil Star of India, a Knight of Grace of the Order of St. John of Jerusalem, a Doctor of Philosophy of the University of Padua, a Foreign Associate of the Paris Academy of Medicine, a Foreign Corresponding Member of the Royal Academy of Science of Lisbon, an Honorary Member of the Royal Academy of Medicine of Rome, a Fellow of the Academy of Science

of the College of Physicians of Philadelphia. He was the author of a number of valuable contributions to medical literature. Among them may be mentioned *Clinical Surgery in India* (1866); *Clinical and Pathological Observations in India* (1873); *Dysentery, Diarrhoea, etc.* (1881); *Climate and Fevers of India* (1882); *Epidemiology of Cholera* (1885); *The Preservation of Health in India* (1894); *A Biography of Sir Ranald Martin* (1897). His best known works are the beautifully illustrated monograph, *Thanaophidia of India*; and his *Recollections of My Life* (1900), on which this account of his career is founded. He was also the author of the articles on Tropical Abscess of Liver, in Murchison's *Lectures on Diseases of Liver* (third edition); of the articles on Liver Abscess, Tropical Diarrhoea, and Sunstroke, in Davidson's *Hygiene of Warm Climates*; of the articles on Sunstroke, and on the Climate and Fevers of India, in *Allbutt's System of Medicine*; to our own columns he contributed a paper on Hill Stations of India as Health Resorts, in 1900.

Sir Joseph Fayrer married the daughter of Brigadier-General A. Spens in 1855. His eldest son, who was Secretary of the Indian Midland Railway Company, died unmarried in 1904, and he is succeeded in the baronetcy by Lieutenant-Colonel Joseph Fayrer, R.A.M.C., Medical Officer of the Duke of York's Royal Military School, who was born in 1859. Sir Joseph Fayrer leaves three younger sons—Lieutenant-Colonel J. O. S. Fayrer, late of the 5th Gurkha Rifle Regiment; Mr. H. W. S. Fayrer; and Captain F. D. S. Fayrer, of the Indian Medical Service—and one daughter, the wife of the Rev. K. A. Edgell, a second daughter, Mrs. Herries, of Spottes, having died fifteen years ago.

Aug. 31, 1907.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

On April 26th, 1904, the Government of India issued an order superseding previous orders regulating the remuneration which might be accepted by officers of the Indian Medical Service "for attendance on native chiefs and nobles and native gentlemen of high position in a native State." The operative part of the order was as follows:

The native chief or gentleman may offer any medical officer of the Government attending him such fee as he thinks fit to make, and it will be reported by the medical officer to the political agent or other officer of the Government exercising political functions in the State of which the said chief, noble, or gentleman is a resident, for the consideration of the local government within whose jurisdiction the native State is situated. This report will state the period during which he was in attendance, and the number of visits paid. The medical officer will at the same time submit to the administrative medical officer or inspector-general of hospitals, to whom he is subordinate, a full medical statement of the case, showing the nature and extent of the relief afforded, the importance of the case from a professional point of view, and the circumstances in which he attended the patient. The local government is required to satisfy itself that the fee proposed is not out of proportion to the relief afforded and to the circumstances of the case, and has authority to sanction the acceptance of a fee not exceeding Rs. 2,000. In considering these questions, it will, if necessary, refer to the administrative medical officer or inspector-general of civil hospitals, as the case may be. If the proposed fee exceeds this sum, the matter will be submitted with a full report by the local government for consideration and orders of the Government of India. The reports prescribed in the preceding paragraphs will not be required from a medical officer when the fee does not exceed Rs. 50 a visit, or Rs. 1,000 in the aggregate, for repeated visits in the course of a year.

The *Gazette of India* on July 6th, 1907, contained the following new Order:

HOME DEPARTMENT. NOTIFICATION.

Simsa, the 1st July, 1907.

No. 507.—In supersession of the notifications of this Department, No. 437, dated the 24th July, 1893, No. 1930, dated the 8th October 1900, No. 852, dated the 12th June 1901, and No. 386, dated the 26th April 1904, and of all existing orders on the subject, the Governor-General in Council is pleased to make the following rule regarding the receipt by medical officers of Government of fees for professional services rendered to ruling chiefs and their families or dependents, Indian gentlemen of high position in a native state, or Indian gentlemen of high position in British India.

2. A medical officer of Government, before demanding or accepting from any Indian gentleman of the status defined above any fee for professional services rendered, shall obtain, by a confidential application made through the local administrative medical officer, the permission of the Director-General, Indian Medical Service. Such permission will not be required in the case of fees calculated on the scale of Rs. 15 a visit or in certain cases Rs. 32 according to recognized custom, unless the total amount thus paid for attendance on a patient or his family during any one month exceeds Rs. 160.

H. A. STUART,

Offg. Secretary to the Government of India.

It will be seen that the new Order rescinds the provision which required the medical officer to submit a full medical statement of the case at the time when he applied for permission to accept a fee. This provision produced a very unfavourable impression in the mind of the medical profession not only in this country but on the Continent, where the issue by a Government of such a regulation is inconceivable.

In the new Order, however, the Government of India, while receding in this respect from an untenable position with regard to the medical reports, has extended the restrictions as to fees, which formerly applied only to native chiefs and nobles and native gentlemen of high position in native states to include Indian gentlemen of high position in British India. By this addition the rule is made to apply practically to every well-to-do native gentleman in India in a good social position. The ordinary fee in India is, we believe, Rs. 16 (£1 1s. 4d.). The new rule limits to Rs. 160, equal to £10 13s. 4d., or say 10 guineas, the total

amount to be taken for professional services rendered during any one month without special sanction of Government in the person of the Director-General. "Services rendered" would of course include operations, surgical or obstetric, for which the maximum fee without special sanction, laid down as above, might be totally inadequate. The rule also takes no cognizance of visits at a distance from the medical officer's place of residence. The rates charged by doctors in India for journeys are lower than the English rate of 10 guineas for every 15 miles. The usual rate for a consultant is Rs. 500 (equal to £33 6s. 8d.) for a journey possibly of some 100 miles out and back, taking up twenty-four hours, and proportionately less for half a day or less. Civil Surgeons up-country usually take less. Mileage is not charged, or the fees would frequently be considerably in excess of European rates.

Under these new rules no consulting surgeon or physician at any of the Presidency towns and no Civil Surgeons up-country could accept, without permission of the Director-General, even their ordinary fees for prolonged attendance in serious cases, for operations, or for distant visits involving a journey by rail or by road, if such fees exceeded Rs. 160.

The Government of India has also taken the decision as to the amount of any fee offered or claimed for services rendered out of the hands of non-medical civilian officers, and has placed it in those of the administrative medical officers and the Director-General of the Indian Medical Service. If it be granted that such control is necessary—a point on which we reserve our opinion—this control should mainly be in the hands of medical administrative officers, and has rightly been so placed by the new order.

But the interference which will result in the ordinary work of many medical officers in civil employ by the extension of the rule to native gentlemen resident in British India, and by the very low maximum fixed for the amount of a fee or fees which can be accepted without special permission of the Director-General, will cause much trouble and widespread irritation to all concerned. Who, for instance, is to decide whether a native patient who calls in a Government medical officer is of "high position" or not? There is in India no native upper middle class as the term is understood in Europe. Further, has the Director-General so much leisure that he can spare time for the new duty of considering and deciding all cases of fees of over 10 guineas (Rs. 160) sent up to him from all parts of India under the new rule, and who will replace him or the administrative medical officer as arbiters during their frequent and prolonged tours of inspection? Delays will be inevitable, and will result in the frequent loss by the medical officers of the fees earned. When a fee is not paid at once, it is frequently in practice not paid at all.

The right to take or accept fees, gratuities or rewards in the way of their profession was specially reserved to medical officers by Art. 25 of the Regulating Act of 1772 (13 George III, c. 63) and we are not aware that this Act has ever been repealed. It is, no doubt, within the competence of the Government of India to rule that medical officers accepting and holding certain definite posts shall not practise their profession, but the new order affects the rank and file of the Indian Medical Service and imposes an unequal restriction on their ordinary practice throughout the whole of India.

It is to be feared that a service, where such restrictions on ordinary medical and surgical work are imposed or may at any time be arbitrarily imposed by those in power for the time being, will lose its old and well-deserved popularity, and will cease to attract the best men from the English, Scottish and Irish schools.

This appears to be the fourth order on the subject issued during the last six or seven years, and each one has contained some provision dealing a blow at the self-respect of an honourable and distinguished service. Is such tinkering politic, and would not the Government of India be wiser to try to undo more fully the harm done, trusting its medical officers more fully, while dealing severely with cases where officers have acted improperly?

Revised Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service.

Approved, and copies issued to all concerned.

The regulations promulgated by A.O. 148 of 1904, and A.O. 49 of 1905 (so far as it relates to members of Queen Alexandra's Imperial Military Nursing Service), are cancelled.—A.M. 217, September 1907.

Cancelled.
a.o. 55 of
1910.

3. Identity discs: the soldier's name denominated as follows:

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Dress Regulations

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705A. Forage cap cloth, welt of gold, as for infantry field of 705B. Tunic.—Ole dark green cloth, orn Russia braid, as for in front. The skirt of green cloth on closing side with a button at edged with dark green round gold shoulder, olive green; a small top, and the letter "E" badges of rank.

705C. Trousers.—(welts)

705D. Sword belt. 1 inch dark green light

705E. Sword sling. 1 inch dark green light

705F. Shoulder Be 1 inch dark green light

705G. Gilt buckle, 1 705H. Pouch.—Dar The flap 5 1/2 inches 1 1/2

705I. Lace.—Spec 705J. Badges and SERVICE DM

2. Insert in App. L.

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In column 4, "None

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on the circle, "Army

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Memorandum

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London Gazette

June

GENERAL ROBERT MATTHEW O'REILLY

SURGEON GENERAL U.S. ARMY

1280

SIR JOSEPH FAYRER.

[May 25, 1894.]

Government, and on September 7th, 1858, he was promoted to the brevet rank of Surgeon, received war batta and twelve months' prize money. He was also allowed to count a year's service towards retirement, and received a medal and clasp for the defence of the Residency. All the prize money and batta which he received for Burmah and Lucknow he handed over to the Medical Benevolent College, Epsom.

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In 1861 he was elected a member of the Council of the Asiatic Society of Bengal, and shortly afterwards a Fellow of the University of Calcutta. Later he was gazetted surgeon to the Calcutta Volunteers. At a meeting of the Council of the Asiatic Society he proposed that an ethnological investigation of the Indian races should be set on foot, and measures for its prosecution were instituted. Although the project was never fully realized, it produced some valuable reports on the different tribes in Bengal by Colonel Dalton.

In 1867 Fayrer was elected President of the Asiatic Society of Bengal, having previously been made a Trustee of the Indian Museum. He proposed a scheme for a zoological society and gardens in Calcutta, but the project fell into abeyance for a time for lack of funds. When in India with the Prince of Wales, now Edward VII, in 1875, he had the satisfaction of seeing the gardens opened by His Royal Highness.

Fayrer was for a time Surgeon to Lord Mayo, and the Viceroy frequently consulted him on all medical matters connected with the service or the hospitals in Calcutta. In 1869 he became a Companion of the Order of the Star of India. He was President of the Faculty of Medicine of the University, and to his other duties had been added those of a Justice of the Peace. Much of his time was occupied with researches into snake poisoning. He offered the results of his researches on venomous snakes to the Indian Government, which, early in the following year, defrayed the cost of the publication of the book.

At the beginning of 1870, Fayrer accompanied the Duke of Edinburgh on his travels through the North-West of India, and His Royal Highness, on parting, presented him

with a beautiful ring, and subsequently appointed him his Physician in Ordinary.

In 1871 he was appointed Honorary Physician to Queen Victoria. In April of the same year Lord Mayo invited him to accompany him in an expedition into the Terai. After the murder of the Viceroy, Fayrer superintended the arrangements for the transport of the body to Ireland, and for his services in this matter the Government of India presented him with a beautiful case filled with goblets, and two cups inlaid with gold bearing a suitable inscription.

In 1872 Fayrer, broken in health, left India, in which, though he did not know it, his official career was at an end. He was elected a Fellow of the Royal College of Physicians in London, and in 1875 was appointed a member of the Medical Board at the India Office. In the following year he succeeded Sir Ranald Martin as President of the Board, retiring from the effective Indian Service on a pension. He had retired as Deputy Surgeon-General, but was now gazetted as a Surgeon-General.

In 1875 Fayrer accompanied the then Prince of Wales on his visit to India. He was received with great cordiality by his old students and friends at Calcutta and other parts of India. In the Terai he met with an accident in an elephant hunt, his horse stepping into a pit in the grass and throwing him violently. The accident had no serious consequences. On his return to England he was appointed Honorary Physician to the Prince of Wales.

In 1876 Fayrer was elected a Fellow of the Royal Society, signing his name on the roll immediately after that of the Emperor of Brazil; he became a member of the Council of the Society in 1895. In 1878 he was elected a Fellow of the Royal College of Surgeons of England, and in the same year the University of Edinburgh conferred upon him the honorary degree of LL.D. In 1890 he received a similar honour from the University of St. Andrews. In 1879 he was elected President of the Epidemiological Society. In 1882 he delivered the Croonian Lectures at the College of Physicians, taking as his subject the climate and fevers of India. His lectures were subsequently published in a volume. Fayrer was frequently consulted by Government as to medical matters, and represented India at the International Cholera Conference held in Rome in 1884.

He was President of the Section of Preventive Medicine in the Congress of Hygiene and Demography held in London in 1891. He represented the College of Physicians at the tercentenary of Galileo held at Padua in 1892, and made a speech in Italian. At the end of 1891 he resigned his seat on the Medical Board of India. On that occasion a very favourable dispatch concerning him was received from the Indian Government. In January, 1896, a baronetcy was conferred upon him.

The last years of Fayrer's life were spent in retirement at Falmouth. He was fond of yachting, and found there, in addition to an agreeable climate, opportunities of indulging his favourite amusement. He was a man of wide reading and varied culture, and was particularly familiar with Italian literature. He had, therefore, abundant resources in himself, and he had the honour, love, and troops of friends which should accompany old age.

In later days he suffered much from the infirmities of age, and to the burden of years was added a load of complicated disease, which he bore with unflinching fortitude. A well-known physician who saw him a week before his death writes:

He was one of the noblest natures I ever knew, and always cultivating the loftiest ideals in life. I felt a better man after the inspiration of his presence and converse. He kept us all to our duties, whether royalty, the public, or the medical profession, and did his own duty manfully to the last. It will ever be my pride that I enjoyed the friendship of such a man.

Honours and distinctions were showered on Fayrer. Beside those which have been mentioned in the course of the present record, he was a Knight Commander of the Order of the Star of India, a Knight of Grace of the Order of St. John of Jerusalem, a Doctor of Philosophy of the University of Padua, a Foreign Associate of the Paris Academy of Medicine, a Foreign Corresponding Member of the Royal Academy of Science of Lisbon, an Honorary Member of the Royal Academy of Medicine of Rome, a Fellow of the Academy of Science

of the College of Physicians of Philadelphia. He was the author of a number of valuable contributions to medical literature. Among them may be mentioned *Clinical Surgery in India* (1866); *Clinical and Pathological Observations in India* (1873); *Dysentery, Diarrhoea, etc.* (1881); *Climate and Fevers of India* (1882); *Epidemiology of Cholera* (1888); *The Preservation of Health in India* (1894); *A Biography of Sir Ranald Martin* (1897). His best known works are the beautifully illustrated monograph, *Thamtophobia of India*; and his *Recollections of My Life* (1900), on which this account of his career is founded. He was also the author of the articles on Tropical Abscess of Liver, in Murchison's *Lectures on Diseases of Liver* (third edition); of the articles on Liver Abscess, Tropical Diarrhoea, and Sunstroke, in Davidson's *Hygiene of Warm Climates*; of the articles on Sunstroke, and on the Climate and Fevers of India, in *Allbutt's System of Medicine*; to our own columns he contributed a paper on Hill Stations of India as Health Resorts, in 1900.

Sir Joseph Fayrer married the daughter of Brigadier-General A. Spens in 1855. His eldest son, who was Secretary of the Indian Midland Railway Company, died unmarried in 1904, and he is succeeded in the baronetcy by Lieutenant-Colonel Joseph Fayrer, R.A.M.C., Medical Officer of the Duke of York's Royal Military School, who was born in 1859. Sir Joseph Fayrer leaves three younger sons—Lieutenant-Colonel J. O. S. Fayrer, late of the 5th Gurkha Rifle Regiment; Mr. H. W. S. Fayrer; and Captain F. D. S. Fayrer, of the Indian Medical Service—and one daughter, the wife of the Rev. K. A. Edgell, a second daughter, Mrs. Herries, of Spottes, having died fifteen years ago.

Aug. 31, 1907.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

ON April 26th, 1904, the Government of India issued an order superseding previous orders regulating the remuneration which might be accepted by officers of the Indian Medical Service "for attendance on native chiefs and nobles and native gentlemen of high position in a native State." The operative part of the order was as follows:

The native chief or gentleman may offer any medical officer of the Government attending him such fee as he thinks fit to make, and it will be reported by the medical officer to the political agent or other officer of the Government exercising political functions in the State of which the said chief, noble, or gentleman is a resident, for the consideration of the local government within whose jurisdiction the native State is situated. This report will state the period during which he was in attendance, and the number of visits paid. The medical officer will at the same time submit to the administrative medical officer or inspector-general of hospitals, to whom he is subordinate, a full medical statement of the case, showing the nature and extent of the relief afforded, the importance of the case from a professional point of view, and the circumstances in which he attended the patient. The local government is required to satisfy itself that the fee proposed is not out of proportion to the relief afforded and to the circumstances of the case, and has authority to sanction the acceptance of a fee not exceeding Rs. 2,000. In considering these questions it will, if necessary, refer to the administrative medical officer or inspector-general of civil hospitals, as the case may be. If the proposed fee exceeds this sum, the matter will be submitted with a full report by the local government for consideration and orders of the Government of India. The reports prescribed in the preceding paragraphs will not be required from a medical officer when the fee does not exceed Rs. 50 a visit, or Rs. 1,000 in the aggregate, for repeated visits in the course of a year.

The *Gazette of India* on July 6th, 1907, contained the following new Order:

HOME DEPARTMENT. NOTIFICATION. MEDICAL.

Simla, the 1st July, 1907.

No. 667.—In supersession of the notifications of this Department, No. 437, dated the 25th July, 1893, No. 1930, dated the 8th October 1900, No. 552, dated the 12th June 1901, and No. 395, dated the 25th April, 1904, and of all existing orders on the subject, the Governor-General in Council is pleased to make the following rule regarding the receipt by medical officers of Government of fees for professional services rendered to ruling chiefs and their families or dependents, Indian gentlemen of high position in a native state, or Indian gentlemen of high position in British India.

2. A medical officer of Government, before demanding or accepting from any Indian gentleman of the status defined above any fee for professional services rendered, shall obtain, by a confidential application made through the local administrative medical officer, the permission of the Director-General, Indian Medical Service. Such permission will not be required in the case of fees calculated on the scale of Rs. 16 a visit or in certain cases Rs. 32 according to recognized custom, unless the total amount thus paid for attendance on a patient or his family during any one month exceeds Rs. 160.

H. A. STUART.

Offg. Secretary to the Government of India.

It will be seen that the new Order rescinds the provision which required the medical officer to submit a full medical statement of the case at the time when he applied for permission to accept a fee. This provision produced a very unfavourable impression in the mind of the medical profession not only in this country but on the Continent, where the issue by a Government of such a regulation is inconceivable.

In the new Order, however, the Government of India, while receding in this respect from an untenable position with regard to the medical reports, has extended the restrictions as to fees, which formerly applied only to native chiefs and nobles and native gentlemen of high position in native states to include Indian gentlemen of high position in British India. By this addition the rule is made to apply practically to every well-to-do native gentleman in India in a good social position. The ordinary fee in India is, we believe, Rs. 16 (£1 1s. 4d.). The new rule limits to Rs. 160, equal to £10 13s. 4d., or say 10 guineas, the total

amount to be taken for professional services rendered during any one month without special sanction of Government in the person of the Director-General. "Services rendered" would of course include operations, surgical or obstetric, for which the maximum fee without special sanction, laid down as above, might be totally inadequate. The rule also takes no cognizance of visits at a distance from the medical officer's place of residence. The rates charged by doctors in India for journeys are lower than the English rate of 10 guineas for every 15 miles. The usual rate for a consultant is Rs. 500 (equal to £33 6s. 8d.) for a journey possibly of some 100 miles out and back, taking up twenty-four hours, and proportionately less for half a day or less. Civil Surgeons up-country usually take less. Mileage is not charged, or the fees would frequently be considerably in excess of European rates.

Under these new rules no consulting surgeon or physician at any of the Presidency towns and no Civil Surgeons up-country could accept, without permission of the Director-General, even their ordinary fees for prolonged attendance in serious cases, for operations, or for distant visits involving a journey by rail or by road, if such fees exceeded Rs. 160.

The Government of India has also taken the decision as to the amount of any fee offered or claimed for services rendered out of the hands of non-medical civilian officers, and has placed it in those of the administrative medical officers and the Director-General of the Indian Medical Service. If it be granted that such control is necessary—a point on which we reserve our opinion—this control should mainly be in the hands of medical administrative officers, and has rightly been so placed by the new order.

But the interference which will result in the ordinary work of many medical officers in civil employ by the extension of the rule to native gentlemen resident in British India, and by the very low maximum fixed for the amount of a fee or fees which can be accepted without special permission of the Director-General, will cause much trouble and widespread irritation to all concerned. Who, for instance, is to decide whether a native patient who calls in a Government medical officer is of "high position" or not? There is in India no native upper middle class as the term is understood in Europe. Further, has the Director-General so much leisure that he can spare time for the new duty of considering and deciding all cases of fees of over 10 guineas (Rs. 160) sent up to him from all parts of India under the new rule, and who will replace him or the administrative medical officer as arbiters during their frequent and prolonged tours of inspection? Delays will be inevitable, and will result in the frequent loss by the medical officers of the fees earned. When a fee is not paid at once, it is frequently in practice not paid at all.

The right to take or accept fees, gratuities or rewards in the way of their profession was specially reserved to medical officers by Art. 25 of the Regulating Act of 1772 (13 George III, c. 83) and we are not aware that this Act has ever been repealed. It is, no doubt, within the competence of the Government of India to rule that medical officers accepting and holding certain definite posts shall not practise their profession, but the new order affects the rank and file of the Indian Medical Service and imposes an unequal restriction on their ordinary practice throughout the whole of India.

It is to be feared that a service, where such restrictions on ordinary medical and surgical work are imposed or may at any time be arbitrarily imposed by those in power for the time being, will lose its old and well-deserved popularity, and will cease to attract the best men from the English, Scottish and Irish schools.

This appears to be the fourth order on the subject issued during the last six or seven years, and each one has contained some provision dealing a blow at the self-respect of an honourable and distinguished service. Is such tinkering politic, and would not the Government of India be wiser to try to undo more fully the harm done, trusting its medical officers more fully, while dealing severely with cases where officers have acted improperly?

Revised Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service.

Approved, and copies issued to all concerned.

The regulations promulgated by A.O. 148 of 1904, and A.O. 62 of 1905 (so far as it relates to members of Queen Alexandra's Imperial Military Nursing Service), are cancelled.—A.O. 217, September 1907.

Cancelled.
a.o. 55 of
1910.

MR HALDANE AT NORTH BERWICK.

ARMY REORGANISATION.

The Right Hon. R. B. Haldane, Secretary of State for War, addressed a meeting of his constituents last night in the Foresters' Hall, North Berwick. There was a numerous attendance. Provost Macintyre presided, and among those present were Dr Roland Rainy, M.P.; Mr A. Wood, Mr A. J. Lawrie, and others.

BROAD PLAN OF NEW POLICY.

Mr Haldane, who was cordially received, said that this was a party meeting, and yet he proposed to devote his remarks to a subject which ought not to be one of party controversy. He meant the reorganisation of the Army. Speaking of the broad plan of policy which underlay the Government's conception, he said they had found in the case of the Navy, that the best organisation was an organisation which depended on home concentration. And if it was true of the Navy, it ought to be true of the Army. When the Colonial Premiers were here he ventured to submit to them, on behalf of the Government, that they would organise their local forces as far as possible on the same pattern as we were trying to organise the territorial forces at home. They accepted that readily. It might be said that they were devoting to Army matters too much attention. He wished to say to those in his own party who might say that, that if you neglected organisation for defence, the inevitable would overtake them sooner or later. There would be alarm of the public mind and reaction, and their mind would be distracted from the work of attending to social problems at home, because of the necessity of devoting themselves in a hurry to matters which never should have weighed on them.

THE ROYAL ARMY.

Mr Haldane said he wanted, in reference to the New Territorial Army, to go a step further than he went at Blair Atholl. He was now in a position to speak with more freedom as to the organisation of the commands because this week at Balmoral the King had given his assent to the proposal for the working out of the commands, and he hoped very shortly to announce the names of the new commanders. They were going to ask the Yeomanry and Volunteer Artillerymen, as well as Volunteer Infantrymen, to join them in an endeavour to create fourteen great divisions of civilians, who would take a certain amount of military training for home defence. But the men concerned were men who had civilian occupations, who could not give a great deal of time. The Volunteers had done wonders in the past, and he believed they would do wonders in the future. (Cheers.) He had always said it was a speculation, whether, under a voluntary system, they should get the men and the officers to come forward for the new force. He believed they would. They were not putting any heavier burden on them in reality than there had been on the Volunteers in the past. That burden had been cheerfully undertaken, and now they were to get a better reorganisation and status.

A NEW CLASS OF RECRUITS.

Explaining further his territorial scheme, Mr Haldane said they had hoped to reach a class of recruits they never had got at before. The Volunteers had been far too much separated from the country gentlemen. The Yeomanry had been too much separated from the Volunteers. The commanders of the infantry divisions had now been settled. For obvious reasons he did not want to name them that night, but they would be announced to the public before long. They had got far on with the second stage of their plans, and they were now ready to get a little further. Still, it was not merely the combatants that were vital in a force. The combatants could not work unless they got a certain amount of help from yet another section. He would take the single case of the Medical Service of the Army. Soldiers were wounded, and worse than that, soldiers got sick when large numbers of them came together in camp. It had always been of the essence of their plan in asking the nation to bring the Army nearer to itself, to get the special talent that they needed for the performing of scientific services. Some of the ablest and cleverest men in technical things were to be found outside the ranks of the Army and among the civilians. It was right they should invite the patriotic spirit of those who possessed that talent to come to their assistance as far as possible. They had been for some time past considering how they could best invite the medical profession to assist them.

NEW STEP.

While this was rather a technical matter, he wished to announce to them the step they were about to take. This week the Director-General of the Army Medical Service was coming down to Scotland to inaugurate the creation of a reorganised medical service for the Territorial Forces on similar lines to that which he had successfully organised for the Regular Army. They had consulted with distinguished members of the medical profession and with the Volunteer medical officers who already existed. They would consolidate the Army medical officers and artillery, who were not broken up into regiments as the infantry were, but existed as one regiment or corps.

The function of these officers and men would be to see the Army through the difficulties in time of invasion, not only to deal with wounds, but with the sanitary and health organisation of the military units. They found to do that efficiently they could not proceed wholly on a regimental basis. Therefore they proposed to keep the regimental basis where they could, but they were working on the footing of there being one great corps just as was the case with the engineers, and they would

adapt that to the circumstances. The various medical units which were necessary for the divisions of the Territorial Army would be raised, as far as possible, from the areas in which those divisions were to be formed, as well as the personnel of the officers, non-commissioned officers, and men required for the special duties outside these units. He alluded to specially trained members of the Medical Corps attached to battalions for sanitary duties.

NO REVOLUTIONARY ORGANISATION.

The new organisation was not revolutionary in this sense, that it made decided advance towards existing but it expanded it into something novel. For example, the existing bearer companies and field hospitals of the Royal Army Medical Corps (Volunteers) became consolidated into field ambulances for cavalry and infantry, and were raised to the number of three for each division of the Territorial Army. There were some features altogether new. It was proposed to delegate one selected officer to each division for administrative duties, on lines as far as possible similar to those of the regular medical service. Again, it was proposed to supply the Territorial Army with hospitals, stationary and general, which had not hitherto existed. These hospitals, which would only come into existence in time of war, but not be arranged for in time of peace, would consist of hospital, physicians, and surgeons, and although possessing no organic connection with the divisions would be raised in the same territorial area, should the local staffs of the civil hospitals co-operate for work in time of war in the vicinity of their own civil hospitals. Again for preserving the health of the Territorial Army troops during operations for home defence, the cordial co-operation of those members of the medical profession who were engaged in preventive medicine would be sought. They would be asked to assist with their advice in time of war should troops be massed in the vicinity of their own spheres of work. Those, like the hospital physicians and surgeons, would be asked to become officers *à la suite* of the Medical Service. The whole would be placed under the Director-General of the Army Medical Service.

AN ADVANCE TOWARDS EFFICIENCY.

The introduction of these two new features marked, it was believed, a decided advance towards the efficiency of the Medical Corps. It was not proposed to make demands upon the time of those distinguished men who would be *à la suite* members. The duties which they would voluntarily assume in time of invasion were identical with those which they performed in civil life. The officer personnel, both for hospitals and for sanitation, would, it was hoped, be sufficiently large, larger than the actual requirements, to enable the utmost elasticity as regards the assumption of duties in time of war. They were going to ask the guidance of the medical profession within the various territorial areas. It was no use trying to do things from London. They must consult locally if they were to make any progress. (Cheers.) Therefore a detailed statement would be supplied, and upon that observations would be invited. The new corps would consist of officers, non-commissioned officers, and men. They knew of the enormous assistance the nursing profession gave during the South African War. God forbid that there should be a great war in this country, but they must be prepared for it, and they would not be prepared unless the nursing came to their assistance as well as the physicians. They were going to ask the nursing profession to volunteer for duty in time of war in the Territorial hospitals according to a scheme which would shortly be put forward.

THE PERSONNEL.

The personnel would, therefore, be divided into (a) combatant units for general medical and sanitary work, (b) field ambulances, (c) hospitals, (d) the auxiliary branch, (e) the administrative divisional staff. In order to abolish certain difficulties which had hitherto existed, to enable Volunteer medical officers to obtain certain certificates of proficiency, and to admit of the training of officers and men in the various branches of military medical work, selected headquarters of field ambulances would be raised to the status of schools of instruction, an Adjutant of the Royal Army Medical Corps being appointed, and the resources of every military hospital throughout the country would be placed at this disposal of the medical officers of the Territorial Army. Approximate courses of instruction in civil hospitals would receive recognition, and in a word, the fullest latitude would be given to the medical authorities to avail themselves of the resources at their own disposal or at the disposal of civil institutions. Where certain specific annual duties would be required of the officers and men of the corps, other than hospital officers and sanitary officers and members of the nursing service, every attempt had been made to avoid imposing rigid conditions, devoid of a definite elasticity. Thus, for instance, while the war enlistment of battalion medical officers was one, two would be detailed in the case of the Territorial Army. It was essential that normally one of these should attend the camp training of his battalion, and that the other should perform certain specific obligations in lieu of camp attendance. Put shortly, the position which the Army Council sought to attain in regard to medical organisation and training was one in which the general arrangements year by year should be made by the members of the medical profession in each territorial area after conferring with one another, the results of the conference being submitted to the Director-General of the Army Medical Service, by whom it was proposed the training should be administered. This seemed a very business-like method—but it was a vitally important business, because it was to be talking of being prepared for war unless they had worked out every detail. (Cheers.)

A SPECIAL CONTINGENT.

In addition to the Territorial scheme, they had worked out a special contingent. There would be for the future behind the Army and annexed to it a number of infantry battalions, representing the old Militia regiments, which would provide for the wastage of war, to take the place of regular battalions in garrison duty. That special contingent would also supply skilled people to assist in organising railways, transport, engineering, and medical work, and the various expert services which could be magnificently supplied in a nation like ours, with so much technical skill, and form an immense source of strength to the Army. He now came to the question of what hope they had of raising the necessary personnel. The special contingent would consist of a very large number of people, perhaps 72,000 or 80,000 when it was complete. But then they had and were paying for at the present time 30,000 or 35,000 Militia, and by concentration of function and adaptation they hoped to get a great deal more at once from a somewhat smaller number than they had from the existing number. It was perfection of organisation they were relying on in the special contingent. They were going to ask those who were enlisted for the Militia, which was a well-paid branch of the service, to take on for the special contingent. He was in hopes they would get the whole of the special contingent.

MR HALDANE SINGING.

He did not think he was excessively sanguine when they were offering people good conditions and a better position than they occupied in the past. With regard to the Territorial Force, some 20,000 or 30,000 was all the additional element they had to raise. There they relied on the patriotism of the people. He had come from a very remarkable meeting a month ago. The Lord-Lieutenant of the Highland counties met at Blair Castle. They went into details of the duties they had to perform, and in most admirable fashion set to work, showing an example to the public. That day they had an admirable meeting of the Lord-Lieutenants of the South, under the presidency of Lord Rosebery at Dalmeny, who, after going into minute details and working out questions of the best mode in which they could get together their Association and perform their duties, entered into the spirit of the endeavour in the most generous and admirable fashion. (Cheers.) He was to have the privilege of attending gatherings of Lord-Lieutenants in various parts of England during this month, and all he could say was that if there was the response there had been in Scotland, he had not much fear of being without the machinery for raising the force they wished to raise. (Cheers.) He was against any resort to compulsion, not merely on the grounds of sentiment, but on strategical grounds. (Cheers.)

A vote of thanks and confidence was accorded, on the motion of Mr Wood, seconded by Mr George Waddell, and supported by Dr Rainy, and Mr Haldane, after replying, moved a vote of thanks to the chairman.

THE SCOTSMAN, MONDAY, OCTOBER 14, 1907.

THE PROPOSED MEDICAL ORGANISATION OF THE TERRITORIAL ARMY.

Now that the Territorial and Reserve Forces Act has become a reality, steps are being taken to carry out its provisions. Already meetings of Lord-Lieutenants have been held in connection with the formation of county associations, with whom rests the responsibility of raising the men. The Territorial Army will require, amongst other adjuncts, a medical service, and with a view to making these as efficient, workable, and acceptable to the medical profession as possible, Sir Alfred Keogh, M.D., K.C.B., Director-General of the Army Medical Service, is holding a series of preliminary meetings with the leading medical men in the large Volunteer centres, such as Edinburgh, Glasgow, Aberdeen, and elsewhere. At these meetings the Director-General is putting forward the main outlines of a scheme for a medical service which he thinks would meet the requirements of the Territorial Army; but, before actually promulgating it as the official organisation, he is anxious that the medical profession should have time to consider it, and offer him any suggestions or modifications that they consider should be introduced. Consequently the ultimate scheme to be decided on will embody such of these proposals as are likely to further its success and make it acceptable to the medical profession. Speaking generally, it may be said that the new scheme is founded on the lines of the Regular Army, so that the basis of it is the consolidation of its members into a single corps. Consolidated though it be, this corps will retain the regimental medical system, so that the regimental units of the Territorial Army will still have their medical officers serving with them. These, however, will all be long to the medical corps, and in future all appointments of medical officers will be made to that corps.

Accordingly, the Lord Provost of Glasgow, as Lord-Lieutenant, convened a meeting of the leading medical men of the city in the City Chambers on Saturday evening to meet Sir Alfred Keogh. There was a very representative gathering of the profession, including Principal Macalister, Sir Hector Cameron, Dr W. L. Reid, President of the Faculty of Physicians and Surgeons; Mr H. E. Clark, Dr Renton, Dr Napier, Dr Beason, Dr Neil Carmichael, Dr Robert Pollock, Mr Pringle, Dr Sewell, Helensburgh; Dr Livingston London, Dr F. Adams, Dr Somerville, Dr R. T. Halliday, Dr W. J. Dunn, Colonel Barnes, Secretary of the St. Andrew Ambulance Association; Mr J. D. Heddewick, chairman of the Royal Infirmary; and Colonel R. C. Mackenzie, Brigadier of the

Highland Light Infantry Brigade. Sir Alfred Keogh addressed the meeting, and dwelt first on the defective character of the present Medical Volunteer organisation. He pointed out especially the absence of any hospital organisation therein, and how under the existing Volunteer Regulations, the leading civilian physicians and surgeons were deterred from taking any active part in the medical service of the Volunteers. He also called attention to the fact that the Volunteer force had no existing sanitary organisation, and that it possessed no administrative staff. He made it clear that if the territorial army had to be mobilised for the defence of the country in the absence of the Regular Army, that the existing Volunteer medical organisation would be quite unfitted to perform the important duties that would devolve upon it, with the result that grave disaster might fall on these mobilised troops in the shape of sickness and epidemics.

An interesting and full description of the existing medical and sanitary arrangements of the Regular Army was given by Sir Alfred Keogh by means of diagrams, and he claimed that the medical organisation for the Territorial Army should be an exact counterpart of that provided for the regular troops.

Without going into detail, the scheme unfolded for attaining this similar organisation makes good the defects noted above in the matter of hospital accommodation, of administrative staff, and of sanitary supervision, and it does so by making it more easy for the services of the whole profession being utilised, and under conditions that will in peace time make very little, if any, demands upon their time, or interfere with their daily avocation. Naturally, where hospitals have to be provided, nurses will be required, and the scheme includes the proposal of enlisting the support of the matrons of the several hospitals in our large towns.

The meeting, without committing itself to any definite resolutions upon the scheme, clearly took a very favourable and friendly view of the proposals, as shown in the speeches of Principal Macalister, Sir Hector Cameron, Dr Reid, and others.

Colonel Mackenzie also spoke in support of the scheme, and said he felt that the establishment would be of great service to the Territorial Army, while Mr Hedderwick assured the meeting that the scheme would have every support from the managers of the Royal Infirmary.

A Committee, consisting of Principal Macalister, Sir Hector Cameron, Dr Reid, Dr Napier, Dr A. K. Chalmers, Dr F. Adams, and Dr Beaton, was appointed to receive any suggestions from the profession, and to lay them before the Director-General.

The meeting closed with a vote of thanks to the Lord Provost.

ABERDEEN FREE PRESS,

WEDNESDAY, OCTOBER 16, 1907.

THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

CONFERENCE IN ABERDEEN.

Surgeon-General Sir Alfred Keogh, K.C.B., M.D., K.H.P., Director-General of the Army Medical Service, held a conference yesterday afternoon with medical men and volunteer medical officers of the North of Scotland in the Albert Hall, Aberdeen, the headquarters of the Aberdeen Companies of the Royal Army Medical Corps Volunteers. Lord Provost Sir Alexander Lyon, Lord-Lieutenant of the County of the City of Aberdeen, on the motion of Major Scott Riddell, was called to the chair, and in introducing the Director-General, spoke in warm support of his scheme, which he had had the opportunity of previously discussing with him. The meeting was very largely attended, and among those present were—Colonel Russell, War Office; Colonel Johnston of Newton Dee; Professor Ogston, Professor Finlay, Professor Matthew Hay, Professor Reid, Professor Stephenson, Lieut.-Colonel Scott, R.A.M.C.; Surgeon-Colonel Lennox, 1st V.B. Royal Highlanders, Dundee; Surgeon-Major Stirling, 1st V.B.R.H. Perth; Surgeon-Major Kinneir, Dundee; Major Macdonald, R.A.M.C. (V.), Inverness; Surgeon-Major Muir, H.G.R.A. (V.), Inverness; Surgeon-Major Williamson, 1st V.B.G.H. Major J. Scott Riddell, R.A.M.C. (V.), Aberdeen; Capt. Macintosh and Capt. Lister, R.A.M.C. (V.); Captain Rev. James Smith, Captains Fortescue, Kelly, Ogston, Fraser, Mitchell, Stuart, Milne, Noble, Burns, Lieutenants Innes, Horrie, and Crickbank, and Lieutenants and Quarters Crickbank, Duthie, R.A.M.C. (V.), Aberdeen; Brigade Surgeon Lieutenant-Colonel Macquibban, Brigade Surgeon Lieut. Col. Adam, Dingwall; Surgeon-Captain Taylor, Keith; Surgeon-Captain Haigh, Orfey; Surgeon-Major Wilson, Huntly; Brigade Surgeon Lieutenant-Colonel Mitchell, New Deer; Surgeon-Captain Macraughton, Stonehaven; Surgeon-Captain Christie, Aberdeen; Surgeon-Lieutenant Leach, Bonny; Surgeon-Lieutenant Smith, Aberdeen; Surgeon-Captain Robertson, Lerwick; Surgeon-Lieutenant Turner, Kinross; Surgeon-Lieutenant Crickbank, Stonehaven; Surgeon-Lieutenant Murray, Baff; Surgeon-Lieutenant Philip, Torry; Lieutenant Murray, R.A.M.C. (V.), Inverness; and Drs Westland, Wilcock, Arthur Mitchell, Galloway, Lang, Gray, Edward, Lewis, McKernon, Watt, Price, Ross, Clark, Coates, Bennett, Watt, Aberdeen; and Dr

Mitchell, Old Rayne; Dr Innes, Laurence Kirk; Dr Simpson, Alford; Dr Gray, Warrle; Dr Macintosh, Perth; Dr Fairweather, Forfar; Dr Grant Hay, Forfar; Dr Skinner, Skene; Dr Cameron, Kinross. Apologies were received from Dr Bruce, Dingwall; Dr Angus Fraser, Aberdeen; Surgeon-Colonel Anderson, Arbroath, and Surgeon-Major Hailey, Dundee.

The Director-General, after expressing his sense of gratitude to so many men from such a wide area had come to meet him, explained his position. Three years ago, when he was nominated as Director-General, he had gone carefully into the question of the medical volunteer branch of his department, and found it for practical purposes in the event of war entirely inefficient. After giving the matter anxious thought, he had formulated a scheme which he had presented to Mr Haldane for his approval, and Mr Haldane had thereupon given him a free hand in the matter, and, this being the case, he resolved to approach the medical profession and to ask for their help and their criticism. In a way this medical scheme was independent of the Territorial Act, and had to be so in order to allow, as the Director-General insisted, that the scheme would be elastic and modifiable to meet the demands of a busy body of men who had often undesirable claims on their time. His scheme was one which might allow every member of the medical profession to do something for his country. At present there was no organisation, no administrative system by which in an emergency a volunteer medical force could be put to work to assist the territorial troops. Armies cannot fight without the aid of the medical profession. Every Continental Power but ourselves has a clearly-worked out scheme for the purpose—we have none.

Sir Alfred laid stress on the importance of reinforcing in time of war the work of the sanitary department by civilians specially trained. The Director-General explained his desire that the volunteer force should be organised on much the same lines in a general way. He drew a graphic picture of the condition in which the territorial army would find itself in the event of sudden mobilisation. Conceivably an army of 70,000 men encamped about Aberdeen. Without a shot being fired, 2000 men would require medical attention in the first three days. Where are they to go? Nowhere; there is no arrangement made for them whatever. Infectious diseases—which would be prevalent in such a large body of men collected from a large area—could not be dealt with on any principle, for there was no single sanitary officer, no administrative body to deal with such questions. The result could be nothing but chaos. What, then, was his scheme? Up till now men in the higher ranks of the profession, with but few exceptions, were compelled to hold aloof from the volunteer army corps because the conditions of training and service were too stringent to allow of their giving their time for the necessary training. Let such men enrol themselves as volunteers, to be called upon to act on the personnel of general hospitals. Let others, as heretofore, take their part in the training and organisation of the field ambulances. Then as regards sanitation, he proposed to invite men trained for public health appointments, and medical officers of health to take their part. They were not only useful but necessary units in the scheme. Let them enrol themselves to be called upon to act in time of invasion. Then there must be a nursing establishment, the details of which he would not enter into. He thus built up the medical profession of the country into one great corps to act along with the territorial army if need be. Going into further detail he explained how in each, e.g., for the Highland Division, consisting of all troops north of the Forth, in Aberdeen territorial area, there must be founded a territorial army medical school. Such a school would be the centre of education in all classes of work connected with the army medical service. Again, as regards the regimental system, he wished to conserve the interests of all medical officers at present serving with their regiments, but hoped, though it was not obligatory, that they would all join the territorial army medical corps, and thus form a united body. There would be no break whatever in the present arrangements or conditions under which doctors who, in the past, had joined the service. In future all new appointments would be made to the corps, though officers would be appointed to act with special battalions at their own expressed desire. All money allotted by the Government for the training of the medical corps was in future to be at the entire disposal of the Director-General. Sir Alfred finally showed how the whole matter lay in the hands of the profession. He required their support, he required their enthusiasm, and he required their loyalty to himself. The scheme was a difficult one, but with such support he was certain of its success.

Colonel Russell, R.A.M.C., Deputy-Assistant-Director-General, War Office, then read the details of the organisation of the medical service of the territorial force as approved by the Secretary for War. The statement gave details of the duties of medical officers, the method of appointment, the period and form of training at the Territorial Army Medical School, and the pay and allowances of officers when in camp or under training. All medical men would in due course receive a copy of this memorandum of the scheme. The Director-General ended with an eloquent appeal to the profession to assist him in furthering the scheme, and promised that he would do everything in his power to support the medical service of the territorial force and to make the work as light as possible for the medical men who were to form the chiefs and staffs of the general and sanitary hospitals. As the Lord Provost had to leave to attend another meeting Professor Ogston took the chair. In answer to questions the Director-General stated that regimental surgeons could join the territorial army medical corps and still wear their regimental

uniform; that though two battalion surgeons only were to be allowed to a battalion by the new scheme, he did not propose to interfere with the present medical officers attached to battalions in cases of this number if they elected to stay on, but that no fresh appointments would be made to these battalions until, by resignation or otherwise, the statutory number had been reached. Regimental medical officers in the country would be required to train the sanitary squads detailed from their regiments. Special arrangements would be made in country districts for the examination of recruits.

Professor Matthew Hay, after congratulating the Director-General on his lucid and interesting address, referred to the importance of the question of military sanitation, and of the special training required in this important subject. He expressed the willingness of the medical officers of health present to assist in every way in their power in furthering the scheme.

Professor Ogston proposed a vote of thanks to Sir Alfred Keogh for the very interesting address he had given, and assured him of the sympathy of all the medical men present with the scheme which he had so thoroughly worked out, and which they would all do their utmost to further.

THE SCOTSMAN

EDINBURGH, WEDNESDAY, NOV. 13, 1907.

TERRITORIAL ARMY MEDICAL SERVICE.

SPEECH BY MR HALDANE IN LONDON.

THE SECRETARY FOR WAR was present and spoke last evening at a meeting of physicians and surgeons held in London, at which the Director-General of the Army Medical Department submitted the new scheme of medical and sanitation services designed for the Territorial Army. The meeting was held in the Royal College of Physicians, with its president, Sir Douglas Powell, in the chair. There was a very large attendance of the best known men in the profession.

Sir Alfred Keogh explained that the success of the sick and wounded in war did not nearly exhaust the relations which the medical profession bore to the Army. Its functions included the prevention of disease, the good management of hospitals in not merely a humanitarian but in an administrative sense, and all that was necessary to maintain the fighting strength of an Army. A commander in the field was perpetually calling out like the old Roman Emperor, "Give me back my legions." It had been found in the past that the wastage of war amounted to something between 70 and 80 per cent. during the first twelve months. Whatever portion of this was due to a badly organised medical service was a discredit to the profession. The fighting strength of the Army in South Africa had not been maintained as it ought to have been. The lessons learnt in that war and in the Russo-Japanese War had been laid to heart, and he proceeded by the aid of diagrams to describe the new ambulance and hospital service and the new separate sanitation service designed for an army in the field. He then pointed out the singular incompleteness of the old Volunteer medical organisation, and the utter absence of any sanitary organisation. He showed that it was essential if they were going to mobilise large bodies of troops that they should have a Sanitary Organisation. The danger of disease in mobilising was greater with Volunteers than with Regulars, and it would be impossible to put the sick troops into civilian hospitals, as these would probably be full of civilian patients, owing to the hardships always prevalent among the populace during a state of war.

ARRANGEMENTS FOR THE NEW TERRITORIAL AREA.

He reminded the meeting of the military areas into which the country was being divided under the Territorial Army scheme and of the obligations being laid upon counties under it. It was proposed now in each of these areas to appoint a principal medical officer from the Volunteers, to give him the necessary experience and training, and to provide him with a Staff officer of the Regular Army to assist and guide him in the early days of his work. They proposed to raise, in accordance with the number of combatant troops, field ambulances. In London, for instance, they wanted one cavalry field ambulance capable of rapid movement, and they wanted six infantry field ambulances, each consisting of 9 officers and 240 non-commissioned officers and men. They wanted also an hospital organisation, four general hospitals being needed for London. In addition, a sanitary organisation, with a sanitary officer, for each division was needed. Every hospital would want one administrator, one registrar, and one quartermaster, who must be trained annually. They did not desire the medical profession to take any part in the organisation of these hospitals. The War Office would undertake to arrange for the

provision of equipment and the establishment of the hospitals, whether in tents, huts, or buildings, as might be arranged hereafter. They wanted to arrange for 23 general hospitals, each with 500 beds, and each capable of extension; then they wanted sanitary officers in each of these areas. They proposed to substitute a Territorial Army Medical School, going from one place to another for the purposes of instructing medical men in great towns and cities to a certain extent, but mainly to instruct the non-commissioned officers and men and the officers who desired to learn and administer the duties of field ambulance, and also the sanitary officers. They also designed them to train men as cooks, nurses, and hospital clerks.

ORGANISATION OF AN ARMY.

Mr Haldane, who was warmly cheered, said he saw around him a good many old friends, with some of whom it had been his privilege to work nearly ten years ago when they were trying to organise the higher education of London. The struggle of those days culminated in the passing of the University Act of 1888, which laid the foundations on which they were still building. They had talked in those past days over the value of science and the value of organisation, and they were met this day to speak of these things in yet another aspect. Sir Alfred Keogh had been speaking to them of what was a far more serious matter—the organisation on the medical side of a combatant force. This might not seem a very serious matter to those who had not reflected upon it, but nothing less than bitter experience had brought the representatives of the War Office there to make an earnest appeal to them. He could not rival Sir Alfred in the admirable description he had given of the great advance which science had made in the development of the medical side of Army organisation, but he could appeal to them on more general grounds. The War Department was endeavouring to work out a conception which seemed perfectly definite. The Army was like a large machine, many of the wheels of which had got worn out, some out of gear, and some missing altogether, and they found it was not doing half of the work it ought to be capable of doing, not because expensive machinery was not there, not because the machine was too small, but simply because its parts were not fitted into one another. Now, in war one of the great truths was that they could do nothing effective unless they had prepared for it in time of peace—(cheers)—and more than that, all their preparations in time of peace must be based upon this, that they were wanted for war, and nothing else than war; consequently, when they came to the great operations which had to be planned out, they found themselves, if they were in earnest about their work, face to face with difficulties which they had not realised. What, after all, was the meaning of an Army? It was a collection of formed bodies, again sub-divided in smaller formed bodies, which operated and were effective according to their training and preparation. A battalion of a thousand men was a far more potent thing than a thousand men acting individually, however brave and gallant. To get one of these great divisions into which they had organised the Army meant, consequently, an enormous amount of previous organisation. Its component elements had to be formed, the men had to be trained to work together, permeated by a common purpose—it was the common purpose and training which held the division together. Every part of the mechanism and every one of its operations had to be studied; every portion required thinking out, which meant a great amount of preparation which could only be done in time of peace.

ARMY WASTAGE FROM DISEASE.

Now they were waking up to this, that the wastage of the division in war was a thing they were just as much concerned to prevent as any other possible hurt or hindrance to the division, and that was why the Director-General had this evening dwelt upon this new phase of the scientific element in the army medical organisation, which meant the prevention of wastage by reducing sickness. That was a function which was just as real as the carrying off of the wounded from the field, and like everything else, it could only be accomplished if they had got each function carefully ascertained and distributed amongst those assigned to its performance. These things showed what an enormous business was the preparation for an Army and how long it must take. He came now to the basis of his appeal to the medical profession. They were trying at the War Office to carry out their work in the spirit of scientific organisation. They were trying to work upon this basis that there was to be an expeditionary force ready at home better organised and much stronger than we had ever had. That was to be trained and prepared on the analogy of our Navy to act at a distance. After all, we are responsible for the maintenance of order amongst some four hundred millions of people scattered over the most of the globe. That required a very special force. People talked of the small Army that we needed to keep up in this country. They forgot that it was not the defence of these shores only with which we were concerned, but the holding together of our Empire—(cheers)—the preservation of peace and good government, as far as we could, in every part of that Empire and the guarding of its frontiers. (Renewed cheers.) That required a force that could operate at a distance, and our expeditionary force must be, and was in fact, a much larger force than even Germany or France found it necessary to maintain. On that force leaving our island shores, which were guarded to a great extent by the Navy, we required something to protect us, and the conception which they were bringing before

the medical profession was the conception of a citizen second line army for the defence of these shores, organised not only far more completely than the old auxiliary forces had been organised, but as far as possible organised on exactly the pattern of that regular expeditionary force of which he had been speaking, so that when that force went abroad the manhood of the nation should betake itself to the post of duty, and repel any force of invaders.

A REAL CITIZEN ARMY NEEDED.

But if that citizen force of defenders was to be relied upon, it must be a real force, not a dislocated and scattered force. The wheels of the machine must be made to work perfectly. The mechanism must be such that they got a full output of work from it. That was the reason why nothing must be left incomplete. Great strides had been made during the last few years, and even during the last few months, in the medical department of the regular Army through the work of Sir Alfred Keogh, and now they were going to ask the medical profession to help them to do that same work for the citizen army. It could not be done on a regular professional basis. It must be done by an appeal to the patriotism of citizens themselves. All the state could do was to provide the organisation, to provide the material, and to take care that the people were not out of pocket. (Cheers.) They appealed now to men of science to help them. Nothing short of high science was sufficient for the purpose they had in common. The work of medicine and the work of surgery was antiquated unless it was of the highest type. It was only by coming to the heads of the profession and asking them to join with the War Department in this national effort that they could hope to accomplish the task. He had known a good deal of the medical profession, and he knew there was no body of men more keen to take up this question of national defence. There were striking examples of this even when the men had retired and might be expected to look for a time of leisure. Sir Frederick Treves, who was sitting amongst them, was an example of this devotion to public work. (Cheers.)

WOULDN'T APPEAL TO DOCTORS IN VAIN.

He (Mr Haldane) had a feeling that in coming there to ask for their help he was not appealing in vain to them. (Cheers.) It was a great work, which would not be accomplished in a day nor yet in several years. They were trying to build up an Army for home defence such as Switzerland possessed. They were seeking to perfect the organisation of that Army. They were trying to base its foundation on scientific principles. They were aiming at invoking everything which the knowledge of the day could give them, and they were come, therefore, to those who possessed these special qualifications and special knowledge, without which it was impossible for the War Department to act. The War Office had held itself far too much aloof in days gone by from the rest of the public, and what had been true of the War Office had been true of the Army. It had been cut off from the nation. They were trying to bring it close to the nation, and to root it in the nation, and as part of the process, Sir Alfred Keogh and he had come to the medical profession with their plans, and sought their co-operation. (Cheers.)

A RESOLUTION OF SUPPORT.

On the motion of Mr Morris, president of the Royal College of Surgeons, seconded by Dr Pym Smith, it was unanimously agreed "That this meeting, having heard with great interest the proposal for the formation of a Territorial Army Medical Service, sympathise with the object in view, approve of the proposal, and pledges itself to support the scheme." On the motion of Sir Frederick Treves, seconded by Colonel Giles, the Presidents of the Royal College of Physicians and Surgeons were jointly requested to form a small Committee to consider and inform the Director-General how the proposals for a Territorial Medical Service could best be carried into effect. Mr Haldane, on behalf of the Government, expressed gratitude for the manner the proposals had been received, and the fine spirit which prevailed regarding them.

8. Insert new para. in Allowance Regulations NURSING SISTERS' QUARTERS.

492. Issues of consumable articles to nursing sisters' quarters for cleaning purposes will be governed by the following scale, unless a special scale is sanctioned by the G.O.C. In cases where smaller amounts will suffice the maximum quantities should not be demanded.

Articles.	Quantities per calendar month, according to the number of sisters for which the quarters are equipped							
	4	5	6	7	8	9	10	11
Bathbricks	1	1	2	3	3	4		
Broom	1	1	1	1	1	1	1	1
Blacklead	8	10	10	24	24	32		
Chloride of lime	2	3	3	4	4	4		
Emery paper	4	5	6	7	8	10		
Flour (white)	1	2	2	3	3	4	4	
Furniture polish	1	1	1	1	1	1	1	1
Heardstones	2	2	2	2	2	2	2	2
Knife polish	1	1	1	1	1	1	1	1
Matches safety	1	1	1	1	1	1	1	1
One box per individual, including servants.								
Plate powder	2	2	4	4	8	8		
Polishing paste for brass	2	2	4	4	8	8		
Soap, hard or coarse	6	9	12	15	18	21		
Soap, scouring	1	2	3	3	4	5		
Soap, soft	2	3	4	4	6	8	10	
Soda	14	21	28	35	42	56		
Turpentine, when floors are polished	1	1	2	2	3	4		
Whiting	1	1	2	2	3	4		

Where the number of sisters is above or below those provided for, the issues will be proportionately increased or reduced.

A.O. 290 of 1907.

Add to the list of cleaning materials for use in nursing sisters' quarters, authorized by para. 492, promulgated by A.O. 290 of 1907—

"Rags, old cotton... 1 2 2 3 3 4
Rags, old woollen... 1 1 2 2 3 3"

—A.O. 30 February 1908.

Compare wording of this with similar instructions regarding General removed from the R.A.M.C.

London Gazette 1. Feb. 1907.
(page 88 of this book)

London Gazette of Tuesd. 5th Nov/1907
Memoranda
Consequent on the amendment of the Royal Warrant in regard to the promotion of Officers of the Army Veterinary Corps, the Officers on the Active List must be shown as removed from the Army Veterinary Corps retaining the rank of Colonel in the Army Veterinary Service.

Nov. 2 1907.]

MEDICAL SERVICE OF TERRITORIAL FORCE.

[THE BRITISH MEDICAL JOURNAL 1243]

THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

ADDRESS BY

SIR ALFRED KEOGH, K.C.B., M.D.,
DIRECTOR-GENERAL, ARMY MEDICAL SERVICES.

SIR ALFRED KEOGH, K.C.B., Director-General of the Army Medical Services, on October 26th addressed a conference of medical men of Yorkshire, Northumberland, and Durham at the Philosophical Hall, Leeds, on the subject of the medical arrangements under the new territorial army scheme.

Dr. J. E. Edmondson, of Leeds, presided.

SIR ALFRED KEOGH said that Mr. Haldane had, in relation to territorial army medical affairs, given him what he might almost call a free hand, and he could not use that free hand better than by giving the same freedom to his own profession. He was anxious to consult them and not to teach; he came to learn whether the proposals he intended to put forward were reconcilable with the conditions of the profession generally and with the duties of civil life. He was aware that a considerable number present had probably devoted no attention whatever to the great question of the relation of the science and art of medicine to the science and art of war. That subject had been very thoroughly studied and thoroughly worked out in the armies of the Continent. In England, probably on account of our greater security, the profession had not devoted very much consideration to the question. There were, however, amongst them a large number of volunteer medical officers who had given much time to the subject, and many of the things which he would have to say were thoroughly well known to them.

The whole organization of the national army for home defence had had to be considered, and before putting forward a scheme for the medical service it had been necessary to wait until matters which must very largely influence that scheme had been settled. In the meantime he had been in communication with large numbers of medical officers of volunteers all over the country. He had consulted many members of the profession, and he had endeavoured to meet their wishes in every possible way. While he asked them to accept the scheme he put forward, it might be modified in any way that was thought proper. He was not going to dictate to his profession.

Sir Alfred Keogh then showed and described the accompanying diagram of the medical service provided for the Expeditionary Force drawn up by Lieutenant-Colonel Bedford, R.A.M.C. Sir Alfred Keogh said that the importance of maintaining the field hospitals empty was great, and many disasters had been due to the fact that medical units, in consequence of their not being empty, had not been able to go forward with the troops. The medical profession regarded that work as humanitarian, and would agree that the proper medical units must be up to the fighting line to succour men as soon as possible. But he held that the main duty of the medical officer and the main duty of the medical service throughout the army was, first of all, to remember that upon them depended in large measure the maintenance of the fighting strength of the army in the field both by preserving its health and by exercising the greatest possible supervision over the wastage. He was accustomed to tell the medical officers of the army that they should not forget that in the field there was

always a very great avoidable wastage. It might surprise some of his hearers to learn that in the first year of a campaign the wastage was as high as 70 to 80 per cent. of the fighting force. He did not think it was thoroughly understood how large a part of that was due to preventable disease, and it was by the work of the medical profession and the medical profession only that the strength could be maintained.

In war there were really always two armies in the field. There was the effective army, the fighting arm, and the army of the non-effectives, the men who from disease or injury had fallen out of the ranks and had been handed over to the medical officers who were the men responsible for the whole of the non-effective army. It was said sometimes, "O don't bother about invasion; when they come we will all come in, you will get plenty of doctors when war breaks out," but did not all that he had displayed in the diagram mean some training, did not it require that they should from time to time keep up to date in those matters, that every medical man in the country should know what the Royal Army Medical Corps did when it went to war? What was the relation of the medical profession to the science and art of war? Briefly put this was the relation—the maintenance of the fighting strength of the army.

The department of sanitation in the field was absolutely independent of the hospital department, and a trial of the system in Ireland and elsewhere had been so far satisfactory as to encourage continuance on those lines.

Sir Alfred Keogh then described the constitution of the sanitary organization of the regular army, which may be gathered from the following statement and the accompanying diagram.

THE SANITARY ORGANIZATION OF THE REGULAR ARMY.

SANITARY EDUCATION.

A School of Army Sanitation has been founded at Aldershot.

At this school the following classes are formed:

- (a) Officers' classes of not more than 25 officers. The course should last four weeks and an examination be held at its termination. The lectures will embrace the whole of the subjects mentioned in the manual of sanitation.
- (b) Classes for regimental non-commissioned officers and men to form regimental sanitary sections for instruction in the disposal of excreta and refuse, in camp cleanliness, and in sanitary police duties, to fit them to perform these duties on active service. One non-commissioned officer and eight men per regiment, battalion, or brigade of artillery, will be trained. A class will not exceed 45 non-commissioned officers and men.
- (c) Classes consisting of not more than 25 non-commissioned officers and men, general duty section, Royal Army Medical Corps, to be instructed in practical sanitation in the field and in the duties of water sterilization.

Officers are examined, and those who gain 50 per cent. of the marks will be recorded as "passed." Those who gain 75 per cent. will get a special certificate in sanitation.

In addition throughout the garrisons general officers commanding-in-chief arrange for at least one annual course of lectures in sanitation for officers. The lectures are given by the command sanitary officer, or by a selected officer of the Royal Army Medical Corps. All officers who can be spared attend these lectures.

A manual of sanitation has been prepared and has been

(Signed) O. M. CREAGH,
Lieut.-General,
Military Secretary.

7-

SERVICE.

ON MEDICAL FEES. India issued a notification on with regard to the Government of fees for ruling chiefs and their attendants of high position in the Government of India. It is a demand for a medical status defined any fee obtain by a confidential administrative medical Director-General, Indian to apply in the case of a visit or in certain to be recognized custom, for attendance on a month exceeded Rs. 100. The Government of India as sufficiently irritating, owing elucidation, which objectionable principle it before the case is sent Indian Medical Service. Director-General the duty of it should be differ from nt:

ON the intentions of the Government rules, I am to explain

cal Administrative Medical (without disclosing regarding the case to the al Service, and to commitment thereof; general, who will consult the fers from the opinion of the

The definition of the word Home Department letter tober, 1904; and of the Government of India sh July, 1904, shall continue

be called into play if a er earns in the ordinary ee of over 2 guineas, or as, by attendance on or high position residing British territory. If the ned to put a stop to ld hardly have taken a ly stated, action in this y the British Medical e orders as they stand f not withdrawn alto-

appeared in the Pioneer of sion of the Government idia:

is plain-spoken, and in our one medical papers of the of attitude adopted by the of the fees to be accepted by sent for professional attend- men. The strong condemn- matter expressed in those the medical profession. But not and dissatisfaction are as Indian prince or gentle- his private concerns, more his last is at stake, and for al Officer to step in and di- ray to the doctor who has service, or it may be saved himself. We are not at all lost whether there are to be of the point on which to lay these petty interferences to deal of irritation, and occa- important persons are sent d Department as doubtless discrimination. It may be ed overcharging, but it is not y regulations casting a slur and putting feelings of irri- on the other hand. It is -suspicion which has led to and bound by a system of g and returns in triplicate nt extravagance and luxury, dgor work of the depart- political evil. Especially be manifested towards the o do more purely gratuitous he Government services put

d readers not acquainted that signifies dignity, ans office. In a further nd, the Pioneer has the

hiefs and Indian gentlemen heir own interests in this at, the new regulations are to-e for whose benefit they ers of the medical services, ed in the regulations may be as a whole feel much more ble profession by the impli- to demand reasonable fees. e occurred in the past they dealt with departmentally.

The record of the medical services in India is one of which any body of men may well feel proud; no class of men do more gratuitous work for the people, and none are more ready to sacrifice themselves at the call of duty. Quite recently two distinguished members of the Indian Medical Service lost their lives from blood-poisoning contracted while operating on the poor in hospital, and there are many whose lives have been endangered and whose constitutions have been shattered by sickness incurred in the execution of their hospital duties. It is men of this stamp who are to be treated "as if they were potential extortioners." Is it surprising that the whole service keenly resents the new regulations?

ceed either in an earlier or a later transport. The same concession will be allowed when the officers proceed on long leave on medical certificate.

An officer who is seriously ill and is sent home "for preservation of life" by a private steamer is already allowed free passages for his wife as an attendant, and, in future, the children and a nurse, if any, will in these circumstances receive free passages by the same steamer.

I am, Sir,
Your obedient Servant.

provision of equipment and the establishment of the hospitals, whether in tents, huts, or buildings, as might be arranged hereafter. They wanted to arrange for 23 general hospitals, each with 500 beds, and each capable of extension; then they wanted sanitary officers in each of these areas. They proposed to substitute a Territorial Army Medical School, going from one place to another for the purposes of instructing medical men in great towns and cities to a certain extent, but mainly to instruct the non-commissioned officers and men and the officers who desired to learn and administer the duties of field ambulance, and also the sanitary officers. They also designed them to train men as cooks, nurses, and hospital clerks.

ORGANIZATION OF AN ARMY.

Mr. Haldane, who was warmly cheered, said he saw around him a good many old friends, with some of whom it had been his privilege to work nearly ten years ago when they were trying to organise the higher education of London. The struggle of those days culminated in the passing of the University Act of 1898, which laid the foundations on which they were still building. They had talked in those past days over the value of science and the value of organisation, and they were met this day to speak of these things in yet another aspect. Sir Alfred Keogh had been speaking to them of what was a far more serious matter—the organisation on the medical side of a combatant force. This might not seem a very serious matter to those who had not reflected upon it, but nothing less than bitter experience had brought the representatives of the War Office there to make an earnest appeal to them. He could not rival Sir Alfred in the admirable description he had given of the great advance which science had made in the development of the medical side of Army organisation, but he could appeal to them on more general grounds. The War Department was endeavouring to work out a conception which seemed perfectly definite. The Army was like a large machine, many of the wheels of which had got worn out, some out of gear, and some missing altogether, and they found it was not doing half of the work it ought to be capable of doing, not because expensive machinery was not there, not because the machine was too small, but simply because its parts were not fitted into one another. Now, in war one of the great truths was that they could do nothing effective unless they had prepared for it in time of peace—(cheers)—and more than that, all their preparations in time of peace must be based upon this, that they were wanted for war, and nothing else than war; consequently, when they came to the great operations which had to be planned out, they found themselves, if they were in earnest about their work, face to face with difficulties which they had not realised. What, after all, was the meaning of an Army? It was a collection of armed bodies, again subdivided in smaller formed bodies, which operated and were effective according to their training and preparation. A battalion of a thousand men was a far more potent thing than a thousand men acting individually, however brave and gallant. To get one of these great divisions into which they had organised the Army meant, consequently, an enormous amount of previous organisation. Its component elements had to be formed, the men had to be trained to work together, permeated by a common purpose—it was the common purpose and training which held the division together. Every part of the mechanism and every one of its operations had to be studied; every portion required thinking out, which meant a great amount of preparation which could only be done in time of peace.

ARMY WASTAGE FROM DISEASE.

Now they were waking up to this, that the wastage of the division in war was a thing they were just as much concerned to prevent as any other possible hurt or hindrance to the division, and that was why the Director-General had this evening dwelt upon this new phase of the scientific element in the army medical organisation, which meant the prevention of wastage by reducing sickness. That was a function which was just as real as the carrying off of the wounded from the field, and, like everything else, it could only be accomplished if they had got each function carefully ascertained and distributed amongst those assigned to its performance. These things showed what an enormous business was the preparation for an Army and how long it must take. He came now to the basis of his appeal to the medical profession. They were trying at the War Office to carry out their work in the spirit of scientific organisation. They were trying to work upon this basis that there was to be an expeditionary force ready at home better organised and much stronger than we had ever had. That was to be trained and prepared on the analogy of our Navy to act at a distance. After all, we are responsible for the maintenance of order amongst some four hundred millions of people scattered over the most of the globe. That required a very special force. People talked of the small Army that we needed to keep up in this country. They forget that it was not the defence of these shores only with which we were concerned, but the holding together of our Empire—(cheers)—the preservation of peace and good government, as far as we could, in every part of that Empire and the guarding of its frontiers. (Renewed cheers.) That required a force that could operate at a distance, and our expeditionary force must be, and was in fact, a much larger force than even Germany or France found it necessary to maintain. On that force leaving our island shores, which were guarded to great extent by the Navy, we required something to protect us, and the conception which they were bringing before

the medical profession was the conception of a citizen second line army for the defence of these shores, organised not only far more completely than the old auxiliary forces had been organised, but as far as possible organised on exactly the pattern of that regular expeditionary force of which he had been speaking, so that when that force went abroad the manhood of the nation should betake itself to the post of duty, and repel any force of invaders.

A REAL CITIZEN-ARMY NEEDED.

But if that citizen force of defenders was to be relied upon, it must be a real force, not a dislocated and scattered force. The wheels of the machine must be made to work perfectly. The mechanism must be such that they got a full output of work from it. That was the reason why nothing must be left incomplete. Great strides had been made during the last few years, and, even during the last few months, in the medical department of the regular Army through the work of Sir Alfred Keogh, and now they were going to ask the medical profession to help them to do the same work for the citizen army. It could not be done on a regular professional basis. It must be done by an appeal to the patriotism of citizens themselves. All the State could do was to provide the organisation, to provide the material, and to take care that the people were not out of pocket. (Cheers.) They appealed now to men of science to help them. Nothing short of high science was sufficient for the purpose they had in common. The work of medicine and the work of surgery was antiquated unless it was of the highest type. It was only by coming to the heads of the profession and asking them to join with the War Department in this national effort that they could hope to accomplish the task. He had known a good deal of the medical profession, and he knew there was no body of men more keen to take up this question of national defence. There were striking examples of this even when the men had retired and might be expected to look for a time of leisure. Sir Frederick Treves, who was sitting amongst them, was an example of this devotion to public work. (Cheers.)

WOULD'N'T APPEAL TO DOCTORS IN VAIN.

He (Mr. Haldane) had a feeling that in coming there to ask for their help he was not appealing in vain to them. (Cheers.) It was a great work, which would not be accomplished in a day nor yet in several years. They were trying to build up an Army for home defence such as Switzerland possessed. They were seeking to perfect the organisation of that Army. They were trying to base its foundations on scientific principles. They were aiming at invoking everything which the knowledge of the day could give them, and they were come, therefore, to those who possessed these special qualifications and special knowledge, without which it was impossible for the War Department to act. The War Office had held itself far too much aloof in days gone by from the rest of the public, and what had been true of the War Office had been true of the Army. It had been cut off from the nation. They were trying to bring it close to the nation, and to root it in the nation, and as part of the process, Sir Alfred Keogh and he had come to the medical profession with their plans, and sought their co-operation. (Cheers.)

A RESOLUTION OF SUPPORT.

On the motion of Mr. Morris, president of the Royal College of Surgeons, seconded by Dr. E. Smith, it was unanimously agreed "That this meeting, having heard with great interest the proposal for the formation of a Territorial Army Medical Service, sympathises with the object in view, approves of the proposal, and pledges itself to support the scheme." On the motion of Sir Frederick Treves, seconded by Colonel Giles, the Presidents of the Royal Colleges of Physicians and Surgeons were jointly requested to form a small Committee to consider and inform the Director-General how the proposals for a Territorial Medical Service could best be carried into effect. Mr. Haldane, on behalf of the Government, expressed gratitude for the manner the proposals had been received, and the fine spirit which prevailed regarding them.

8. Insert new para. — in Allowance Regulations NURSING SISTERS' QUARTERS.

492. Issues of consumable articles to nursing sisters' quarters for cleansing purposes will be governed by the following scale, unless a special scale is sanctioned by the G.O.C. In cases where smaller amounts will suffice the maximum quantities should not be demanded.

Articles.	Quantities per calendar month, according to the number of sisters for which the quarters are equipped						
	4 to 6.	7 to 10.	11 to 14.	15 to 18.	19 to 22.	23 to 26.	27 to 30.
Bathbricks	Na.	1	1	2	3	3	4
Bonewax	lbs.	2	3	4	5	6	7
Blacklead	cos.	8	16	16	24	24	32
Chloride of lime	lbs.	2	3	3	4	4	4
Emery paper	sheets	1	2	2	3	3	4
Floor Polish	quarts	1	2	2	3	3	4
Furniture polish	pints	3	1	1	2	2	3
Heartstones	No.	2	2	4	4	4	10
Kid polish	cos.	1	1	1	2	2	3
Matches safety	boxes	One box per individual, including					
Plate powder	cos.	2	2	4	4	8	8
Polishing paste for brass	cos.	2	3	4	6	7	8
Soap, hard or coarse	lbs.	6	9	12	15	18	21
Soap, scouring	cakes	1	2	3	3	4	5
Soap, soft	lbs.	2	3	4	6	8	10
Soda	cos.	14	21	24	35	42	56
Turpentine, when floors are polished	quarts	1	1	2	2	3	4
Whiting	lbs.	3	3	1	1	2	2

Where the number of sisters is above or below those provided for, the issues will be proportionately increased or reduced.

A.O. 290 of 1907.

Add to the list of cleaning materials for use in nursing sister's quarters, authorized by para. 492, promulgated by A.O. 290 of 1907:—

"Rags, old cotton... lbs. 1 2 2 3 3 4
Rags, old woollen... " 1 1 2 2 3 3"

—A.O. 30 February 1908.

*Compare wording
of this with
similar instructions
regarding Orders
removed from the
R.A.M.C.
London Gazette
1 Feb. 1907.
(page 88 of this book)*

London Gazette of Tuesd. 5th Nov/07
Memoranda
*Consequent on the amend ment of the
Royal Warrant in regard to the
promotion of Officers of the Army
Veterinary Corps, the Orders on
the Active List will be shown as
removed from the Army Veterinary
Corps retaining the rank of Colonel
in the Army Veterinary Service.*

THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

ADDRESS BY

SIR ALFRED KEOGH, K.C.B., M.D.,

DIRECTOR-GENERAL, ARMY MEDICAL SERVICES.

SIR ALFRED KEOGH, K.C.B., Director-General of the Army Medical Services, on October 26th addressed a conference of medical men of Yorkshire, Northumberland, and Durham at the Philosophical Hall, Leeds, on the subject of the medical arrangements under the new territorial army scheme.

Dr. J. E. EDDISON, of Leeds, presided.

SIR ALFRED KEOGH said that Mr. Haldane had, in relation to territorial army medical affairs, given him what he might almost call a free hand, and he could not use that free hand better than by giving the same freedom to his own profession. He was anxious to consult them and not to teach; he came to learn whether the proposals he intended to put forward were reconcilable with the conditions of the profession generally and with the duties of civil life. He was aware that a considerable number present had probably devoted no attention whatever to the great question of the relation of the science and art of medicine to the science and art of war. That subject had been very thoroughly studied and thoroughly worked out in the armies of the Continent. In England, probably on account of our greater security, the profession had not devoted very much consideration to the question. There were, however, amongst them a large number of volunteer medical officers who had given much time to the subject, and many of the things which he would have to say were thoroughly well known to them.

The whole organization of the national army for home defence had had to be considered, and before putting forward a scheme for the medical service it had been necessary to wait until matters which must very largely influence that scheme had been settled. In the meantime he had been in communication with large numbers of medical officers of volunteers all over the country. He had consulted many members of the profession, and he had endeavoured to meet their wishes in every possible way. While he asked them to accept the scheme he put forward, it might be modified in any way that was thought proper. He was not going to dictate to his profession.

Sir Alfred Keogh then showed and described the accompanying diagram of the medical service provided for the Expeditionary Force drawn up by Lieutenant-Colonel Bedford, R.A.M.C. Sir Alfred Keogh said that the importance of maintaining the field hospitals empty was great, and many disasters had been due to the fact that medical units, in consequence of their not being empty, had not been able to go forward with the troops. The medical profession regarded that work as humanitarian, and would agree that the proper medical units must be up to the fighting line to succour men as soon as possible. But he held that the main duty of the medical officer and the main duty of the medical service throughout the army was, first of all, to remember that upon them depended in large measure the maintenance of the fighting strength of the army in the field both by preserving its health and by exercising the greatest possible supervision over the wastage. He was accustomed to tell the medical officers of the army that they should not forget that in the field there was

always a very great avoidable wastage. It might surprise some of his hearers to learn that in the first year of a campaign the wastage was as high as 70 to 80 per cent. of the fighting force. He did not think it was thoroughly understood how large a part of that was due to preventable disease, and it was by the work of the medical profession and the medical profession only that the strength could be maintained.

In war there were really always two armies in the field. There was the effective army, the fighting arm, and the army of the non-effectives, the men who from disease or injury had fallen out of the ranks and had been handed over to the medical officers who were the men responsible for the whole of the non-effective army. It was said sometimes, "O don't bother about invasion; when they come we will all come in, you will get plenty of doctors when war breaks out," but did not all that he had displayed in the diagram mean some training, did not it require that they should from time to time keep up to date in those matters, that every medical man in the country should know what the Royal Army Medical Corps did when it went to war? What was the relation of the medical profession to the science and art of war? Briefly put this was the relation—the maintenance of the fighting strength of the army.

The department of sanitation in the field was absolutely independent of the hospital department, and a trial of the system in Ireland and elsewhere had been so far satisfactory as to encourage continuance on those lines.

Sir Alfred Keogh then described the constitution of the sanitary organization of the regular army, which may be gathered from the following statement and the accompanying diagram.

THE SANITARY ORGANIZATION OF THE REGULAR ARMY.

SANITARY EDUCATION.

A School of Army Sanitation has been founded at Aldershot.

At this school the following classes are formed:

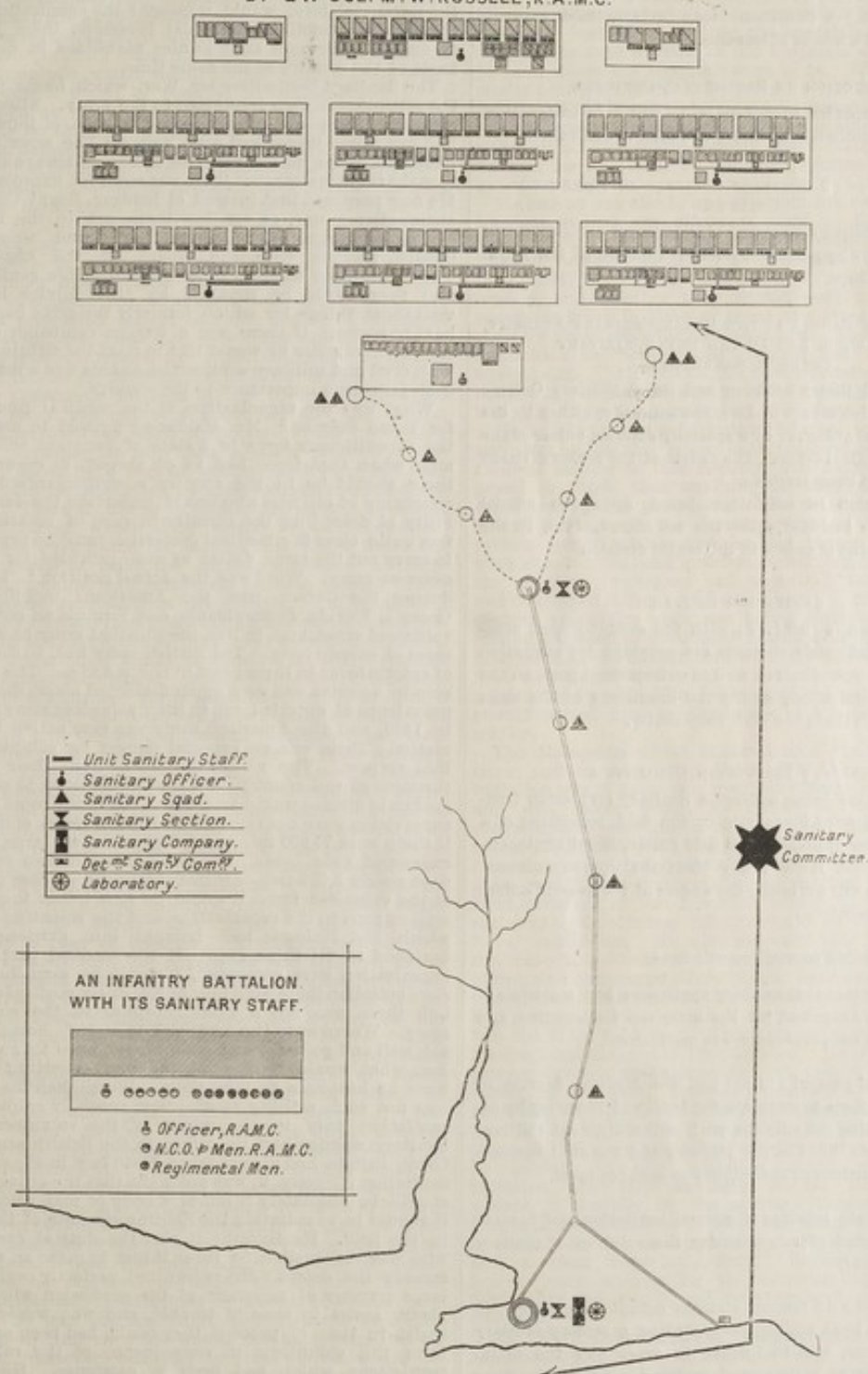
- Officers' classes of not more than 25 officers. The course should last four weeks and an examination be held at its termination. The lectures will embrace the whole of the subjects mentioned in the manual of sanitation.
- Classes for regimental non-commissioned officers and men to form regimental sanitary sections for instruction in the disposal of excreta and refuse, in camp cleanliness, and in sanitary police duties, to fit them to perform these duties on active service. One non-commissioned officer and eight men per regiment, battalion, or brigade of artillery, will be trained. A class will not exceed 45 non-commissioned officers and men.
- Classes consisting of not more than 25 non-commissioned officers and men, general duty section, Royal Army Medical Corps, to be instructed in practical sanitation in the field and in the duties of water sterilization.

Officers are examined, and those who gain 50 per cent. of the marks will be recorded as "passed." Those who gain 75 per cent. will get a special certificate in sanitation.

In addition throughout the garrisons general officers commanding-in-chief arrange for at least one annual course of lectures in sanitation for officers. The lectures are given by the command sanitary officer, or by a selected officer of the Royal Army Medical Corps. All officers who can be spared attend these lectures.

A manual of sanitation has been prepared and has been

DIAGRAM OF
SANITARY SERVICE WITH AN ARMY IN THE FIELD.
BY LT. COL. M. W. RUSSELL, R.A.M.C.



issued to all concerned. Instructions and examinations will be primarily based upon this manual.

EXAMINATIONS OF COMBATANT OFFICERS IN SANITATION.

After the 1st March, 1908, all lieutenants will be required to pass an examination in sanitation before promotion to the rank of captain. A lieutenant may be examined without having attended a course of lectures.

INSTRUCTION BY REGIMENTAL OFFICERS.

Officers of companies, squadrons, etc., will give instruction to their non-commissioned officers and men in sanitation.

INSTRUCTION OF MILITARY OFFICERS AT THE STAFF COLLEGE.

At the Staff College a course of 12 lectures on sanitation will be given annually by a specially-selected officer of the Royal Army Medical Corps.

INSTRUCTION OF CADETS AT THE ROYAL MILITARY ACADEMY, WOOLWICH, AND AT THE ROYAL MILITARY COLLEGE, SANDHURST.

At the Royal Military Academy and Royal Military College a course of ten lectures will be given annually, either by the resident medical officer, or by a specially deputed officer of the Royal Army Medical Corps. The cadets of the senior division only will attend these lectures.

An examination in sanitation, based upon the official manual, will be included, after the 1st March, 1908, in the final examinations of cadets in the senior division.

SANITATION IN WAR.

Every battalion is furnished with the establishment mentioned above, and establishments are provided for sanitation at the base of operations as well as at important posts on the lines of communication, where the conditions of life more closely approach those of a civil community.

SANITARY INSPECTION COMMITTEE.

On mobilization being ordered a Sanitary Inspection Committee will be formed for service in the field, consisting of a combatant officer as president, a field officer, Royal Engineers, and a field officer, Royal Army Medical Corps, as members. The committee will act under the orders of the general officer commanding-in-chief.

The duties of this committee will be—

- (a) To ascertain that sanitary appliances and materials of all kinds required for the army are forthcoming, and that an adequate reserve is maintained.
- (b) To assist general officers and the Medical Service in their efforts to maintain the health of the army by co-ordinating not only the work of the different military branches, but also the military and the civil sanitary organizations of the country or area occupied.
- (c) To initiate schemes of general sanitation, and to serve as a board of reference for the solution of sanitary questions.
- (d) To visit and inspect stations occupied by troops, to advise local authorities regarding necessary sanitary measures, and to further in every way the maintenance of satisfactory sanitary conditions. They will report to head quarters any measures they consider necessary, but which they cannot arrange for locally.

The diagram prepared by Colonel M. W. Russell, Deputy Assistant Director-General, showed the actual disposition of the various units of the sanitary service with an army in the field—that is to say, an expeditionary force. The intention was to model the sanitary department of the medical service of the territorial force upon the same lines as that of the regular army. The diagram as applied to the territorial force would represent the organization of a single army mobilized to resist invasion; there might, of course, be several such armies mobilized in different parts of the country at the same time.

The Sanitary Committee for War, which forms part of the scheme, was very important to the army. After every campaign there was always a commission of inquiry to find out where things had gone wrong. The reports published about the medical service and so on always seemed to make it quite clear that there was room for improvement. He now proposed that instead of holding Royal Commissions after a war, or sending them out in the middle of a campaign after things had gone wrong, it should go out with the troops at the beginning. The Committee would consist of responsible gentlemen, and they would be required by their advice to prevent those things for which formerly the army had been held to blame. If there was a foreign campaign during his period of office he would like to flood the fighting force with civil and military sanitarians, as this was a matter of such enormous importance to the country.

What was the organization of the medical profession for home defence? Mr. Haldane proposed to maintain the expeditionary force in a state of constant efficiency, and, when that force had to go abroad, to ensure that there should be in the country a well-organized army consisting of citizens who would undertake the responsibility of defending the country in case of invasion. It was quite clear the medical profession must be organized to carry out the same duties as were provided for in the overseas army. What was the actual position? In 1898, during the Cuban war, the Americans mobilized in Georgia, Florida, Pennsylvania, and Virginia an enormous volunteer army, and in five months that army had 20,000 cases of enteric fever. The British army had 40,000 cases of enteric fever in three years in South Africa. The profession in America was very much disturbed about the great prevalence of enteric fever in their volunteer army formed in 1898, and the American army was very active in that matter. There was an especial danger for volunteers in this respect. The volunteers came from their homes throughout the country, and it was quite easy to see that epidemic disease would soon break out if the most careful supervision were not exercised. Even without epidemics, if there were 70,000 men—and that was not a large force—encamped near Leeds, they would have in two or three days nearly 2,000 sick—ordinary sickness. If they glanced at the volunteer force it would be found that there were serious gaps in the organization, and the scientific system which Mr. Haldane had brought into existence was designed to fill these gaps. If the medical part of the organization were examined, it would be seen that with each battalion there were four or five or six medical officers, but there was not a single hospital in the volunteer army. Where were the 2,000 sick to go to? Some would get well and go back, and some would have to go home. But what would become of the vast majority? There were no hospitals to take them. Worse than that, there was not such a thing as an officer specially employed in sanitation only in the whole of the volunteer force. Sanitary science had its origin in the British army, and Great Britain had always taken first place in the world in sanitation. Surely it was not right that the citizen army should be absolutely bereft of a body of men whose duty it should be to maintain the fighting strength of the army in the field. He thought it was the duty of everybody who was responsible for those things to make an effort to remedy the defect. He recognized perfectly well that a large number of members of the profession who would gladly assist in time of trouble, and who would gladly assist in time of peace if they could, had been excluded from the volunteers in consequence of the rules and regulations which had been in existence. He recognized that if a man joined the volunteers with the object of learning tactics and strategy he must go up every year, and must do certain specific duties to learn his new profession. But this principle did not

apply to the medical profession. What was wanted was to utilize the knowledge which medical men had in civil life. It was the height of folly to ask a member of the profession to go into camp for a certain number of days to learn surgery and medicine. There were few of the leading physicians and surgeons in the volunteer army, because as a matter of fact they were precluded by the existing rules regarding what was termed "efficiency," and yet they were perfectly efficient. But by the establishment of the hospitals which would be necessary for the territorial force, it would be possible to employ a number of gentlemen as pure physicians and surgeons, and the necessity for their going into camp does not arise.

Again, nothing had been done with regard to sanitation. The medical officers of health were very busy men, and it was certain in time of invasion they would be glad to place their great knowledge and experience at the service of the army, but there was no arrangement for doing so, and it was time the army woke up in respect to this. Under Mr. Haldane's scheme the country was divided into certain areas, and he wanted to suggest that, as in every army in the world, the medical profession should combine and form one great organization, one great corps—a corps reflecting, as he thought it should reflect, the organization of the regular medical service on the lines he had laid down. It would then be possible to devise a system by which, when the regular army was out of the country and the regular medical service away, each individual would be able, in case of invasion, to slip into a place similar to one formerly filled by a regular officer. Every one of those areas would be supervised by administrators and sanitary officers. There should be in each of the areas a principal medical officer whose duty would be administration, that is, to co-ordinate the various branches in that area, and in peace to make the necessary medical arrangements for camps, manœuvres, etc.; also a sanitary officer to supervise sanitation in the district. He recognized that many medical men could not go into camp, being prevented by the exigencies of practice or even family affairs. But an opportunity would be afforded for other medical officers to take their places. Arrangements should be made, whenever a volunteer corps assembled, for it to have a medical officer. He intended to ask medical officers of health to join the new corps and in time of war they could arrange to relieve one another in their military duties. They would give technical advice to general officers commanding and to the principal medical officers. They would supervise generally the sanitation of camps in their own area, in the vicinity of their own homes, and in their own county. In an army of 70,000 there must be sick people. If the authorities knew that Leeds, Newcastle, and Sheffield had the personnel of great hospitals ready—not civil but military hospitals—these would be places to which they could send sick and wounded in case of invasion. In connexion with this he was anxious that the physicians and surgeons in the great centres in that area should become what he called, for want of a better term, "*a la suite*" members of the territorial army. The term was well known on the Continent, but an English name ought to be found. He did not propose that these eminent physicians and surgeons should come out in time of peace, but they should be ready to act in time of invasion in and near their own towns. If the country were invaded there would be great distress amongst the civil population. The profession would be heavily burdened with work, the whole country would be suffering, and the contribution he asked the medical profession to make to a suffering country would be to burden themselves still further. He knew that in time of invasion all members of the profession would come out, but he asked them to join the organization in time of peace. Therefore he proposed to invite the members of the great schools and institutions in Leeds, Newcastle, and Sheffield to join the territorial medical corps as members who in time of peace would not be required to do anything whatever, but who in time of war would be required to assist the sick and wounded of the territorial force. He wanted to form the hospital staffs, and he wanted to know that the surgeons and physicians of Leeds would join the organization. In order to make the conditions easier, he asked for more names than were actually necessary, so that reliefs could be arranged. He wanted

the names of the experts. He wanted the hospitals to be dignified institutions, consisting of the leaders of the profession in the different branches. He did not want to interfere with private practice or civil institutions, because civil institutions would have a great deal of work to do. It would be mere folly for him to come forward and ask men to join to proceed to any part of the country. Instead of sending the hospitals to the sick he proposed to send the sick to the hospitals, and he wanted to know where the hospitals were to be. Was there to be one at Leeds, Sheffield, and Newcastle respectively? The number of the troops to be raised in that area was known, and the number of medical units that should be raised was known. The whole country could easily be mapped out and the sick sent to the great centres from certain defined areas.

He had no one else to appeal to but his own profession, for there was no one else who could do the work. He asked them whether the system commended itself to them, or whether it did not. He asked them whether they could form these hospital staffs and the sanitary branch, and whether they should not form one great corps, studying in time of peace the great medical and sanitary questions which arose in war. There were many difficulties and many details which had not yet been worked out. He did not think Great Britain was one whit behind any country in Europe in its capacity for organization, but there was a great deal to be done.

He had to apologize for putting himself forward in that way; but he had the honour to be the head of the military medical service in this country, and he would be very proud to think that anything he suggested would be taken up by his profession. He could not go everywhere throughout the country, but he had gone to certain central places, and he had chosen places where were situated the head quarters of his own corps. When the medical profession had organized the corps and had developed it he hoped every year to go round to the centres where the work was being actively undertaken, and he proposed to hold conferences with those who were interested in the matter, and with all who had joined, so that they might endeavour to remedy any faults which might be found. His desire was that the profession should regard him as absolutely at its disposal in the matter.

The discussion which followed took the form of questions, and in answering them Sir Alfred said every battalion would have two medical officers and no more, and one officer would be bound to go into camp every second year unless he had good reasons for not going. If he had good reason, his place could be filled from the general body of the medical corps. In each area there would be a territorial army medical school. The head quarters of the R.A.M.C. would be raised to the status of a school where officers would be able to get the "p.s." certificate. He also proposed that the principal medical officer should have a regular medical officer as a staff officer, and each corps school should have an adjutant from the regulars. If a medical officer wished to remain with his regiment he could do so, or, if he preferred, he could join the R.A.M.C. field unit. The huts or buildings or tents for the hospitals would be provided. He wished to find one cavalry field ambulance and six infantry field ambulances in this area. These ambulances would have all their own transport. In future all commissions would be to what he hoped would be called the Royal Territorial Medical Corps. An officer of the corps desiring to be posted to any battalion could go to that battalion and stay as long as he liked. If he wished to transfer to the sanitary department, or to join a hospital unit, or to go to the many staff openings, he could do so as opportunity occurred. Sanitation was a most important duty. Regimental stretcher bearers were matters for the commanding officers of battalions, and would not be interfered with by this scheme.

On the proposition of Surgeon-Colonel DRAPER, seconded by Colonel WILSON, a vote of thanks was accorded to Sir Alfred, and a vote of thanks was also passed to the Chairman.

The appended tables give full particulars of the proposed training, pay, and allowances of officers, non-commissioned officers, and men of the Royal Territorial Medical Corps.

TRAINING OF THE ROYAL TERRITORIAL MEDICAL CORPS.

Rank.	Obligatory.		Voluntary.	
	Recruit Training.	Subsequent.	Training.	Course of Instruction.
Officers of Units, including Quarter-Masters	<p>I.—A minimum of 20 attendances at drill, of which half must be performed before the annual camp.</p> <p>II.—The annual camp of his unit, unless excused by the General Officer Commanding Territorial Division, or the Officer Commanding the course of instruction in a Territorial Army Medical School, or (b) selected military institution, (8 days* in each case).</p> <p>NOTE.—An officer who has not served as such in the Royal Navy or Regular Forces, or who has not attended the 14 days' course mentioned in column 5, must within the first 2 years of his service attend an 8 days' course at a Territorial Army Medical School or selected military institution, and obtain a satisfactory report after examination, or pass the examination and obtain the certificate without attending the course. In addition to annual requirements he must, if appointed to a Field unit, obtain a certificate that he is sufficiently well to perform his duties.</p> <p>The annual camp.</p> <p>NOTE.—An officer who has not served as such in the Royal Navy or Regular Forces, or who has not attended the 14 days' course mentioned in column 5, must within the first 2 years of his service attend an 8 days' course at a Territorial Army Medical School or selected military institution, and obtain a satisfactory report after examination.</p>	<p>15 attendances to be performed before the annual camp (optional for the first year). Officers of Field units must do at least one annual camp in three.</p> <p>The Officer in Charge and Quarter-Master of General or Stationary Hospitals train in military hospitals or Territorial Force Medical Schools (8 days*).</p> <p>Sanitarians and other specialists, such as those holding the Diploma in Public Health, or a recognized medical qualification, and who are not attached to a hospital or belong to medical units, may (not compelled to) come up every third year for either the annual camp or for a school course. (8 days*).</p> <p>Annual camp.</p> <p>Before promotion to Major he must repeat the course mentioned in column 2.</p>	<p>Attending for 14 days or 40 attendances the "Course" at the training school, Royal Army Medical Corps, the Depot, Aldershot, at a selected military hospital, or at a Territorial Force Medical School (for p.a.).</p>	<p>Course of Territorial Force Medical School. (8 days*).</p>
Regimental Officers.	<p>The annual camp.</p> <p>NOTE.—An officer who has not served as such in the Royal Navy or Regular Forces, or who has not attended the 14 days' course mentioned in column 5, must within the first 2 years of his service attend an 8 days' course at a Territorial Army Medical School or selected military institution, and obtain a satisfactory report after examination.</p>	<p>Annual camp.</p> <p>Before promotion to Major he must repeat the course mentioned in column 2.</p>	<p>As above.</p>	<p>As above.</p>
Sergeants	<p>42 attendances at drill and instruction, of which one-half must be performed before the annual camp, should the recruit not attend camp. The whole 42 attendances should be completed before the hospital course (which can be taken instead of the annual camp) is commenced.</p>	<p>As above.</p> <p>(a) 10 attendances at Headquarters and annual camp, or (b) course at a hospital, other selected institution or Territorial Army Medical School in lieu of camp, or (c) for selected men, the course at a hospital, other selected institution, or Territorial Force Medical School and the annual camp, and no attendances at Headquarters.</p>	<p>As above.</p>	<p>As above. See Paragraph 301 (iv), Volunteer Regulations.</p>
Rank and file	<p>The annual camp or military hospital course. (8 days*).</p>	<p>Members of the Nursing, Cooking, and Clerical Sections appointed to field units must do at least one annual camp in three. Members of the General Duty Section should not train in hospital more than once during each period of engagement (4 years).</p>	<p>As above.</p>	<p>As above. See Paragraph 301 (xv), Volunteer Regulations.</p>
Officers	<p>8 attendances at mounted drill and 8 attendances at foot drill at a medical training centre (school), which must be performed before the annual camp.</p> <p>If not a medical man he must be certified as being trained in first aid.</p> <p>The annual camp of his unit.</p>	<p>One 15 days' course of instruction before promotion to the rank of Captain.</p>	<p>As above.</p>	<p>As above.</p>
Staff-Sergeants and Sergeants (transport) Rank and file (transport)	<p>20 attendances at mounted drill (riding and drill) 6, 8 attendances at foot drill, which must be performed before the annual camp.</p> <p>Recruits must also be certified as being trained in first aid.</p> <p>The annual camp of his unit.</p>	<p>Before promotion to Sergeant should undergo a 15 days' course of instruction.</p>	<p>As above.</p>	<p>As above.</p>

* By the 8 days' course is meant a course of 8 days, not necessarily consecutive, or 24 attendances, of which not more than three in 1 day may count and of not less than 1 hour's duration each, at a suitable military or civil hospital, Territorial Army Medical School, or other approved institution.

SCOPE OF SUBJECTS.—Officers.

Rank.	Subject.	Scope, and under what Regulation.	By Whom Instructed.	Examination.	Note.
Officers, including Quarter-Masters on first appointment.	Drill	Squad and company, and Section II. Royal Army Medical Corps Manual.* Each officer should also make himself acquainted with Section I. of the Manual.	Under the direction of the Commanding Officer, who will employ the Adjutant and other officers and staff as he may think fit.	When the Officer Commanding is satisfied as to the officer's efficiency he will perform the duties of a company officer.	—
	The annual camp (8 days)	The period in camp should be solely devoted to Field work, and not to set drills. The work should comprise instruction in Field unit work, such as that required in a Field ambulance, convey duty, marking out camps, preparing camp grounds, selecting watering places, instruction in the use of water, purification of water, camp conservancy, pitching tents and marquees, and work of a like nature.	Under the direction of the Officer Commanding the unit.	—	—
	Courses of instruction in a Territorial Force Medical School (8 days)	JUNIOR COURSE. TO INCLUDE 1. Drill. 2. War establishments of Field units (War Establishments). 3. Organization of Field units (Manual, Royal Army Medical Corps). 4. Army Regulations—Discipline and duties of a company officer (King's Regulations). 5. Sanitation and other "Combined Training": "Manual of duties in camp, barracks, and on the line" (Lieut. Colonel R. Caldwell), F.R.C.S. 6. Military Law, as applicable to other officers of the Territorial Army.	Under the direction of the Commanding Officer, Territorial Force Medical School.	Under the direction of the General Officer Commanding.	These are the subjects in which an officer will be examined before promotion to the rank of Captain. The examination may be passed at any time after the officer has completed 18 months' service, or before that time if in the interests of the Service.
		SENIOR COURSE (TECHNICAL SUBJECTS). 1. Army medical organization in peace and war ... 2. Sanitation of towns, camps, transports, and all places likely to be occupied by troops in peace and war, epidemiology and management of epidemics ... 3. (a) The medical history of the more important campaigns, and the lessons to be learnt therefrom ... (b) A knowledge of the Army Medical Services of the more important Powers ... (c) The laws and customs of war, so far as they relate to the sick and wounded ... 4. Military Law, as applicable to other officers of the Territorial Army ...	Under the direction of the Commanding Officer, Territorial Force Medical School.	Under the direction of the General Officer Commanding.	These are the subjects in which an officer will be examined before promotion to the rank of Lieutenant-Colonel. The examination may be passed at any time after the officer has completed 5 years in the rank of Major, or before that time if in the interests of the Service. Examination in Military Law may be passed at any time after the officer attains the rank of Captain.
		FOR QUARTER-MASTERS. 1. First aid as laid down for the recruit if not a medical man (see Manual). 2. Sanitation and other "Combined Training": "Manual of duties in camp, barracks, and on the line" (Lieut. Colonel R. Caldwell), F.R.C.S. 3. Army Forms, preparation of requisitions and vouchers for issue, receipt and repair of stores, etc. 4. Mode of packing and loading Field equipment and baggage. 5. Laying-out camps. 6. Care of equipment, etc.	Under the direction of the Commanding Officer, Territorial Force Medical School.	Under the direction of the General Officer Commanding.	A Quarter-Master who has not served as such for 1 year in the Regular Forces, or has not passed the examination at the termination of a course held at the Training School, the Depot, Aldershot or at a selected military hospital, will be required to qualify in these subjects within 2 years of his appointment.

* The next edition of this book will be known as "K.A.M.C. Training."

SCOPE OF SUBJECTS.—*Officers (continued).*

Fault.	Subject.	Scope, and under what Regulation.	By Whom Instructed.	Examination.	Note.
	Course of instruction at a selected military hospital (3 days).	If an officer elects for the 3 consecutive days' course, he will be attached to a company, Royal Army Medical Corps, and receive instruction in hospital administration, as well as the subjects included for a Territorial Force Medical School course, according to his seniority. If the attendances are intermittent, he will not be attached to a company.	Under the direction of the Officer in charge of the hospital.	By a Board of Officers, under arrangements of the General Officer Commanding.	
	Course of instruction at the Training School, Royal Army Medical Corps, the Depot, Aldershot (8 days).	The 14 days' course compressed	Under the direction of the Commandant, Training School, Royal Army Medical Corps, Aldershot.	By a Board of Officers, under arrangements of the General Officer Commanding.	
	14 days' training, or 40 attendances at a Territorial Force Medical School (for <i>p.s.</i>).	The training will include a more extended course of instruction in the subjects enumerated for the 8 days' course, according to the seniority of the officer.	By the Officer Commanding.		
	14 days' training or 40 attendances at a selected military hospital (for <i>p.s.</i>).	If an officer elects for 14 consecutive days' training, he will be attached to a company, Royal Army Medical Corps, and receive instruction in hospital administration, as well as the subjects included for a Territorial Force Medical School course, according to his seniority. If the attendances are intermittent, he will not be attached to a company.	Under the direction of the Officer in charge of the hospital.	By a Board of Officers, under arrangements of the General Officer Commanding.	
	14 days' training or 40 attendances at the Training School, Royal Army Medical Corps, the Depot, Aldershot (for <i>p.s.</i>).	As at present	Under the direction of the Commandant, Training School.	By a Board of Officers, under arrangements of the General Officer Commanding.	

Non-commissioned Officers and Men.

Rank.	Subject.	Scope, and under what regulation.	By Whom Instructed.	Note.
Recruits	Drill (squad drills should not exceed 10 attendances, and no two consecutive squad drills can be held in one evening).	Progressive in squad, company, stretcher, hand seat drill, drill with country carts and G. S. wagons, railway wagon drill, pack saddle drill ...	Under the direction of the Officer Commanding, who will employ the Adjutant and other officers and staff as he may think fit.	When a man not classified as a recruit joins the Royal Army Medical Corps, he is sent to the Territorial Force, and in these subjects, should be regularly pointed to a company, and during the remainder of his attendance he will be perfected in these subjects under the direction of his company commander.
	The annual camp or host (1 course 8 days).	<p>Preliminary remarks, anatomical and physiological outlines, bandages and bandaging, fractures and apparatus, dislocations, sprains, wounds, dressing of wounds, antiseptic treatment, cases of emergency and their treatment, surgical instruments and appliances, contents of haversacks, and packers, etc.</p> <p>Manual.</p> <p>Section I.</p> <p>Annual Camp—The period in camp should be solely devoted to Field work and not to set drills. The course should comprise instruction in field unit work, such as that required in field ambulance, convey duty, marking out camps, preparing camping grounds, selecting watering places, instruction in the new water-cart, purification of water, camp, conveyance, pitching tents and marquees, and work of a like nature.</p>	Under the direction of the Officer Commanding.	Arrangements will be made to instruct, if necessary, "men not classified as recruits" in the subjects of the 1st year's training.
		<p>HOSPITAL COURSE A.</p> <p>1. Nursing Section—</p> <p>(a) Practical work.</p> <p>(b) Instruction in infectious diseases, medicine for external and internal diseases, treatment of common diseases, duties of privates employed as ward orderlies, elementary sick cooking, and duties of non-commissioned officers only, duties of senior non-commissioned officer (wardmaster) and of non-commissioned officer employed as steward.</p>	<p>Manual, Section I, 13, 14, 18.</p> <p>Standing Orders, Section 13 (exclusive of III), Appendix 2.</p> <p>Section 11 (exclusive of V, VI) and Section 12.</p>	Not more than 3 attendances of 1 hour's duration each can be made in one day.

Subsequent year.	10 attendances at Head-quarters.	2. Cooking Section.— (a) Practical work. (b) Duties of cooking section, prevention of common diseases, and for non-commissioned officers only, duties as compounders and non-commissioned officer employed as steward.	3. Clerk Section.— (a) Practical work. (b) Duties as clerks (statistical, orderly-room), instruction in compilation of returns, registration, mode of conducting correspondence, indents, prevention of common diseases, and for non-commissioned officers only, duties as compounders and non-commissioned officer employed as steward.	4. General Duty Section.— (a) Practical work. (b) Duties of General Duty Section, prevention of common diseases and syllabus as for recruits, and for non-commissioned officers only, duties of compounders and stewards.	Standing Orders, Sections 11, 12, 14, Manual, Section 1, 18.	Standing Orders, Section 15.	Under the direction of the Officer Commanding, who will employ the Adjutant and other officers and staff as he may think fit.	Non-commissioned officers above the rank of corporal will be trained in a military hospital, be instructed in the duties of stewards and, if qualified, in the practical duties of dispensers.
Hospital course (military) (8 days).	Hospital course (military) (8 days).	1. Nursing Section.—Operations, nursing of helpless patients, observation of the sick, management of wards Manual, Section 1, 10, 15, 16, 17. 2. Cooking Section.—Practical cooking. 3. Clerk Section.—Practical clerical duties. 4. General Duty Section.—Management of wards, duties of privates Standing Orders, Section 13. Especially applicable to nurses and cooks. They should devote their time to practical work under the instruction of the staff of the institution.	Those must be made at Head-quarters for theoretical instruction by lecture or demonstration, according to the section to which each member belongs. All non-commissioned officers and men will also be exercised in drill in order to maintain their knowledge of the same.	Under the direction of the officer in charge of the hospital.	Under the direction of the staff of the institution.	Under the direction of the Officer Commanding.	Under the direction of the Officer Commandant, Training School, Royal Army Medical Corps, Aldershot.	The detail of the 14 days' course at the Training School depot is under consideration.
Course at a selected institution (8 days).	Course at a selected institution (8 days).	A suitable course of instruction will be given upon the lines arranged under A and B, according to the section to which the non-commissioned officer or man belongs.	The 14 days' course compressed.	The training will include a more extended course of instruction in the subjects enumerated for the 8 days' course.	(a) General Duty Section, 3 annual camps out of 4 annual trainings compulsory. (b) Nursing, Cooking, and Clerk Sections, 1 annual camp out of 3 annual trainings compulsory. (c) The Clerk Section can only train in military hospitals. (d) When trained in camp special attention will be given to field training generally. Sections II, X, XI, XII.	1. The Nursing Section, in continuing their special work as learnt in hospital, will apply the same under conditions in the field. 2. The Cooking Section will pay particular attention to 38, Section II, Manual. 3. The Clerk Section will perform general clerical duties as occur in the field. 4. The General Duty Section will pay special attention to tent pitching, sanitation of camp, water supply.		

PAY AND ALLOWANCES,
Officers.

Rank.	Daily Rates of Pay during Training.	The following Additions to Daily Rates of Pay will be given in Peace only. When Mobilized, the Territorial Force will conform to the Regular Army in all respects.			Forge for Horses at Field Training.	Outfit Allowance when Conditions. £50 on first appointment.	Furniture Allowance at the Rate of Half Lodging Allowance will be issued when Furnished Quarters are not provided. This includes Camp.
		* Field Allowance when Under Canvas.	† The Rates of Lodging Allowance are as follows.	‡ Mess Allowance.			
	£ s. d.	s. d.	s. d.	s. d.			s. d.
Colonel ...	2 5 0	7 6	5 6	4 0	Yes.		2 0
Lieutenant Colonel ...	1 10 0	6 0	4 6	4 0	"		2 3
Major ...	1 3 6	4 6	4 0	4 0	"		2 0
Captain ...	0 15 6	3 6	3 0	4 0	"		1 6
Lieutenant ...	0 11 0	3 0	2 3	4 0	"		1 1½
Lieutenant ...	0 9 0	3 0	2 3		"		1 1½
Quartermaster ...	0 10 6	3 6	3 0	4 0	"		1 6
Major ...	0 13 6	4 6	4 0		"		2 0

* When not under canvas, quarters or lodging allowance will be provided.

† At schools of instruction, if quarters are assigned, fuel in kind and the money allowance at army rates in lieu of light will be issued; also half lodging allowance to cover the expense of providing furniture, if unfurnished quarters are occupied. If not assigned quarters, money allowance in lieu of lodgings, fuel, and light will be allowed. When in camp, the necessary fuel and light will be supplied.

‡ The daily fuel and light allowance varies, according to ranks, from 1s. 10d. the highest winter rate, to 6d. the lowest summer rate.

§ Mess allowance will also be drawn at schools of instruction.

¶ Under conditions very similar to those now in force for volunteers.

Non commissioned Officers and Men.

Rank.	Daily Rates of Pay during Training.	* Camp Messing Allowance paid to the Commanding Officer, and to be Expended in Improved Messing.		Government Rations.	Corps Pay.	Separation Allowance.
		s. d.	s. d.			
Warrant officers ...	5 6	1 0		Yes	s. d.	
Quartermaster sergeant ...	4 6	1 0		Yes	—	
Staff sergeant ...	4 3	1 0		Yes	—	
Sergeant ...	2 8	1 0		Yes	1 0	
Corporal ...	2 1	1 0		Yes	0 8	
Private ...	1 2	1 0		Yes	4d. to 8d. according to classification	
Bugler ...	1 2	1 0		Yes		

* This is in lieu of the 3d. messing allowance of the Regulars.

† The question of rate of this allowance is still under consideration. When attending schools of instruction, warrant officers, non commissioned officers, and men will draw daily rates of pay, corps pay, with 1s. messing allowance, and Government ration or allowance in lieu—6d.

THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

CONFERENCE IN LONDON.

A CONFERENCE was held in the Hall of the Royal College of Physicians of London on November 12th to discuss the medical arrangements for the territorial army. The chair was taken by Sir R. DOUGLAS POWELL, the President of the Royal College of Physicians.

The Staffing of Military General Hospitals.

Sir ALFRED KEOGH, K.C.B., Director-General of the Army Medical Service, in addressing the meeting, described the constitution of the medical and sanitary services of the regular army, illustrating his remarks by the diagrams and tables reproduced in our report of his address at Leeds,¹ but dealt especially with the provision and staffing of general hospitals. The staffs of these hospitals would, he said, consist of physicians and surgeons of civil hospitals, who would be responsible for medical and surgical treatment of patients admitted, but not for administration, which would be conducted by special officers having administrative experience. The terms "general" and "stationary" hospitals were established by long military usage, but both were, in fact, general hospitals in the civilian acceptance of the term, the only difference being that the military hospitals called "general" were larger than those called "stationary." For the present it was only contemplated to establish "general" hospitals for the territorial force. In the past nearly all the great physicians and surgeons of the country had been excluded from the Volunteer Medical Service because the War Office had long ago decreed that no one could belong to the medical volunteers unless he did a certain amount of annual training in camp. It was not necessary for hospital physicians and surgeons to go into camp to learn medicine and surgery. The adoption of the principle of asking individuals to perform in time of war in the United Kingdom work identical with that which they performed in civil life rendered it unnecessary to impose conditions as to military training in times of peace. Of course, if a medical man desired to perform duties of an administrative character in the volunteer army he must be trained in administration. Further, a sanitary officer of the territorial force would have something to learn, for the conditions in war were not the same as those he was accustomed to in civil life. Sir Alfred Keogh said it was proposed to ask the physicians and surgeons of London hospitals to assist in the work. The scheme for the territorial force provided for four general hospitals in London. Every hospital should contain one administrator, one registrar, and one quartermaster, who must be trained annually. In addition to those three officers, who would deal with the administration, there would be physicians and surgeons. It was desired to have more physicians and surgeons on the list than would be required, so as to secure the utmost elasticity as regards the assumption of duties in time of war. Therefore the number of physicians and surgeons attached to a hospital would be larger than that required in time of invasion. The Army Medical Service would undertake to provide huts or tents or buildings for these hospitals, complete with all necessary equipment. All that was asked of hospital physicians and surgeons was to join the territorial medical service, and to hold themselves in readiness to come out in time of invasion.

The Need for Scientific Organization.

Mr. HALDANE said he saw round him many old friends, with some of whom it had been his privilege to work side by side ten years ago, when they were trying to organize the higher education of London. The struggles of those days culminated in the passing of the University Act of 1898, which laid the foundations on which they were still building. They talked in those days of the value of science and of scientific organization, and they were there at the present time to speak of those methods in connexion with another work. Sir Alfred Keogh had told them of the organization for the medical side of combatant operations; it was a far more serious matter than it seemed to those who had not reflected upon it. It was not mere reflection, however, that had brought them together in that Conference, but

it was the result of bitter experience that prompted them to make an earnest appeal to the medical profession. He could not rival Sir Alfred Keogh in the admirable description he had given of the great advances which science was making in the development of the medical side of army organization, but he could appeal to them on more general grounds. They were endeavouring to work out a conception which seemed perfectly definite. The army was like a large machine in which some of the wheels were worn out and some were missing. They had found that not half of the work which that machine ought to be able to do could be got out of it—not because the machine was too small, but simply because its parts were not properly fitted into one another.

In war one of the great truths was that nothing effective could be done unless preparations were made in time of peace, and, further, that all preparations in time of peace must be based on the assumption that they were required for war and for nothing else than war; otherwise, when warlike operations had to be carried out they would find themselves face to face with difficulties that they had not realized. The army was a collection of formed bodies of men subdivided again into smaller formed bodies, which operated and were effective according to the training and preparation which had been put into their organization. Thus a battalion of 1,000 trained men was far more potent than the same number of men acting individually. The secret of success was to train and form men into one corporate whole, so that they could act with far more power than they could individually. That showed itself in every detail in army organization. To form one of the divisions of the territorial force meant an enormous amount of previous preparation, for the men had to be trained to work together so that they were prompted by a common purpose that united them. Every part of the mechanism of such a division and every one of its operations must be studied. When they moved such a division in the field or by rail there was an immense amount of skilled scientific work to be done. Every part of such an operation must be studied in peace time. They had now awakened to the fact that wastage of a division in war was as much to be studied and prevented as anything else; therefore the Director-General had dwelt on that new phase of the scientific element in army medical organization which aimed at preventing wastage by reducing sickness. That function was as real as the carrying in of wounded in the field, and it could only be accomplished by careful supervision of details. Those facts showed what an enormous business the preparation of an army for war was, and how long it must take.

The basis of their plan was to have an expeditionary force ready, better organized than they had ever had and much stronger. That force was to be trained and prepared for acting at a distance. The country was responsible for the maintenance of order among four hundred million people scattered over most of the globe, and that required a very special force. People talked of the small army that was needed, but they forgot that it was not merely the defence of the shores of this island that they were concerned with, but it was the holding together of the Empire as a whole. The preservation of peace and good government in every part of the Empire and the guarding of its frontiers required a force that could operate at a distance. A force that was to operate in that manner must be and was far larger than even Germany or France found it necessary to maintain. When that force left our island shores, which were guarded to a great extent by the navy, it followed that we required something to protect the country and the conception was that there should be a citizen army to defend these shores not only organized far more completely than the old auxiliary forces but framed exactly on the pattern of the expeditionary force, so that when that went abroad the citizen force would be ready to take its place. But if it was to be relied on it must be a real force, and it was therefore necessary that no detail in its organization should be left incomplete. In the case of the regular army they required a regular organization not less perfect than that which Sir Alfred Keogh had described.

The medical profession was now asked to help in that work in the citizen army. It could not be done on the regular military professional basis; it must be carried out by the patriotism of the citizens themselves. The State provided the organization, found the material, and

¹ BRITISH MEDICAL JOURNAL, November 2nd, 1907, p. 1243.

took care that people should not be out of pocket for doing their duty to the country. They now appealed to men of science to help them with scientific organization. The work of medicine and surgery was inadequate unless it was of the highest type, so they had to come to the heads of the profession and ask them to join in order that the task might be accomplished. He had been closely connected with the medical profession; he had had relations who had held important positions in it, and he knew that there was no body of men in the country more keen to take up this question of national defence than the medical profession. Medical men, even when they retired and could look for a time of leisure, gave examples of patriotism, and such an example was seen in Sir Frederick Treves, whose devotion to public work bearing on army organization was so well known that it seemed to be his special preference. Continuing, Mr. Haldane said that he believed that in coming to them for help in that new departure he would be making an appeal which would not be made in vain. It was a great task, and one which would not be accomplished for several years, for they were trying to build up an army for home defence such as Switzerland possessed. They were seeking to perfect the organization of that work, and they were trying to put at its foundations scientific principles. They came therefore to those who possessed those special qualifications that were needed and who had that special knowledge without which it was impossible to act. In the past the War Office had held itself far too much aloof from the public, and what was true of the War Office was true of the army. They were trying now to bridge over the chasm between the nation and the army by means of the citizen force, and as part of that process they had come to the medical profession with their plans, and sought its co-operation.

Resolutions.

Mr. HENRY MORRIS, President of the Royal College of Surgeons of England, moved the following:

That this meeting having heard with great interest the proposal for the formation of a territorial medical service sympathises with the objects in view, approves of the proposal, and pledges itself to support the scheme.

He said that he had pleasure, as President of the Royal College of Surgeons of England, in moving the resolution, although he freely admitted that he was one of those referred to by Sir Alfred Keogh in his address at Leeds, who had not devoted any great amount of attention, if any, to the important question of the relation of the science and art of medicine and surgery to the science and art of war; nevertheless, he had followed and read Sir Alfred Keogh's views in manuscript and in print, and, after having had the advantage of hearing the very lucid, interesting, and important speech that afternoon, it seemed to him that there was nothing that had been suggested, or was likely to be suggested, by the Director-General of the Army Medical Service to which the medical profession could not, and ought not, to accede. The territorial force must have a properly organized medical service, compact, consolidated, and co-ordinated, so as to be ready for active service. It must be prepared in good time, and must be kept in good training. Nothing was asked from the medical profession which was not being asked of other classes of citizens in this country. Those at the helm at the War Office were leaving the scheme for medical service to be devised very largely by the medical profession itself. The policy adopted was a nation's policy, and not the policy of any one party, and that was the policy to adopt if the proposed force was to be based on permanent foundations.

Dr. PYE SMITH having seconded the resolution, it was put to the meeting and carried unanimously.

Sir FREDERICK TREVES then moved the following:

That the President of the Royal College of Physicians and the President of the Royal College of Surgeons be jointly requested to form a small Committee to consider and inform the Director-General of the Army Medical Service how the proposals for the territorial medical service shall be best carried into effect.

He said that the plan brought the civil side of the medical profession into much closer touch with the Army Medical Service. He thought that the civil profession would find the study of the machinery of the Army Medical Service remarkably interesting, and he was certain they would be impressed with the methods of dealing with

large sanitary questions and with disease *en bloc*. The present appeal was for the offer of service, and an appeal of that kind had never yet been put in vain before the members of their noble profession.

Surgeon-Colonel P. B. GILES, V.D., in seconding, said that the scheme came from the medical profession. Some years ago the British Medical Association had appointed a Committee of its members possessing practical experience of the needs of the volunteer medical service, and the report of that Committee having been adopted by the Association, had been transmitted to the War Office, and had been taken over by it with little alteration. The profession conceived it, the Director-General of the Army Medical Service had nursed it, and Mr. Haldane had promised to supply it with the money needful to bring it to perfection.

On being put to the meeting the resolution was carried unanimously, and the Conference then terminated.

OXFORD.

At a meeting on November 6th, in the University Museum, Oxford, presided over by the VICE-CHANCELLOR, Sir ALFRED KEOGH, who was introduced by Professor OSLER, described the scheme for the medical and sanitary service of the territorial force. In concluding his address, Sir Alfred Keogh said that it was intended to arrange for the organization of a general hospital should necessarily arise at Oxford, and hoped that it would be called the Hospital of the University of Oxford.

The VICE-CHANCELLOR, in proposing a vote of thanks to Sir Alfred Keogh, said that the University would give the scheme every support it could. The proposal was seconded by Dr. BROOKS, and carried unanimously.

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

On November 8th Sir ALFRED KEOGH read a paper to the Incorporated Society of Medical Officers of Health on Disease Prevention in the Territorial Army, and described the scheme for placing medical officers of health in relation to it. The scope of the scheme was explained in our report of Sir Alfred Keogh's address at Leeds. Sir Alfred Keogh appealed to medical officers of health to enrol themselves in the medical corps of the territorial force, to take into consideration the problems to be solved during active operations in their own home areas, and to be ready, should the emergency arise, to place their knowledge and experience at the disposal of the authorities commanding their divisions of the territorial force. He asked for no conditions of service except the obligation to assist in the event of war at home, and in that case the service rendered would be paid service. If in time of peace, in connexion with manœuvres in any area, a medical officer of health desired to spend a day or a week with the division of the area to which he belonged, the regulations would, he hoped, be so framed as to admit of this. The sanitary department would have non-commissioned officers and men detailed to join the battalions for the technical duties of water sterilization, disinfection, and the disposal of excreta and refuse; it would also have non-commissioned officers and men detailed to camps, and these men would be educated at the head quarters of the Royal Army Medical Corps, which would be constituted schools of instruction, one or more in each county.

Colonel LANE NOTTER, Chairman of the Council of the Royal Sanitary Institute, said that it was absolutely necessary that there should be a body of men well acquainted with sanitary work to carry out the duties of the sanitary service of the territorial force, and there were no men so capable of rendering such assistance as medical officers of health.

After a short discussion a resolution cordially approving of the scheme and promising to give it the fullest consideration was adopted, and it was understood that a small committee would be appointed to confer with the Director-General in arranging the details of the scheme.

Dr. GEORGE RIND, who was in the chair, in proposing a vote of thanks to the Director-General, remarked that this was the first occasion on which there had been anything of the nature of a conference between the representative of a Government department and public health officers. He believed that nothing but good could result from the new departure.

The motion was carried by acclamation.

Nov. 23, 1907.

NAVAL AND MILITARY COMMITTEE.

A MEETING of this Committee was held at the Central Offices on October 18th, when there were present: Mr. Edmund Owen (Chairman of Council), Fleet Surgeon E. J. Biden, R.N., Surgeon-General Sir Charles Cuffe, C.B., Surgeon Lieutenant-Colonel D. Carmo, Surgeon Colonel G. S. Elliston, Surgeon-General G. J. H. Evans, C.B., and Colonel C. H. Joubert de la Ferté, I.M.S.

Election of Chairman.

Colonel Joubert de la Ferté was reappointed Chairman of the Committee for the year 1907-8.

Position of Director-General A.M.S.

As was stated in the annual report of the Central Council, representations were made some years ago to Mr. Arnold Forster pointing out that it was desirable that the Director-General of the Army Medical Service should be a member of the Army Council; similar representations were again made to the present Secretary of State for War, and calling attention to the fact that the question was not one of representation of a certain department of the army on the Army Council but of securing that medical and hygienic considerations received due weight in all administrative decisions. The receipt of the following letter, written by Mr. Haldane's direction, was reported to the Committee:

War Office, May 31st, 1907.

Dear Sir, I am desired by the Secretary of State to refer to your letter of the 23rd March last, further regarding the position of the Director-General of the Army Medical Service, in which you urge on behalf of the British Medical Association that he should become a member of the Army Council.

Your letter has received Mr. Haldane's most careful consideration, and in order to avoid any possibility of misconception, I am to say, in the first place, that the Secretary of State fully identifies himself with the observation made in your previous communication of the 23rd September regarding the acknowledged "recognition by students of military science of the fundamental importance of the health of troops, and the consequent importance of that service which is specially devoted to the protection of health." Mr. Haldane entirely concurs with your Council in their estimate of the importance of the efficiency of the Medical Service.

Looking at the matter, however, from the point of view of the departmental arrangements necessary in practice to attain this object, the Secretary of State cannot but think, from his knowledge of this part of the question, that the situation may have been somewhat misconceived. The business of army administration covers a field so extensive as to embrace many important departments of expert professional knowledge which are not, and could not, consistently with efficient administration, be represented on the Army Council, though, like the Medical Service, they must influence the larger questions of army policy.

In regard to all such great branches of army business the Council must rely on the assistance of their expert advisers. This assistance is freely sought at every stage of discussion and action, so that it would be incorrect to suppose, as is perhaps assumed in the third paragraph of your letter under reply, that the Council reach or execute decisions without prior reference to the representatives of the numerous interests concerned.

The Director-General, supported as he is by the extremely valuable assistance and authority of the Advisory Board, has already wide administrative powers, with access on his own initiative, to the Secretary of State and the Army Council, and having regard to all the circumstances of the case, Mr. Haldane, whilst appreciating in the highest degree the motives which have prompted your Council to address him on the subject, does not see his way to carry out the change which you suggest.

I am, Sir,

Yours faithfully,

(Signed) A. E. WIDDOWS,
Private Secretary.

J. SMITH WHITAKER, Esq.,
Offices of the British Medical Association,
429, Strand, W.C.

After careful consideration the Committee made a recommendation to the Council on the subject (for resolutions of Council see "Proceedings," SUPPLEMENT to the BRITISH MEDICAL JOURNAL, November 9th, p. 265).

Payment of Passages of Officers' Families.

It was reported that the following reply concerning the payment of the passage money of the families of medical officers had been received, and satisfaction was expressed at the success which had attended the efforts of the Association in this matter.

India Office,
Whitehall, London, S.W.,
July 30th, 1907.

Sir, With reference to this office letter of the 12th June, 1907, No. M 7772, I am directed to inform you that officers of the Royal Army Medical Corps who, upon proceeding to or from India, are placed on duty with troops on board ship, have hitherto been granted free passages for their wives and families, and this concession has covered the cases of the large majority of officers.

From the beginning of September next officers who are proceeding "on duty" will receive passages for their wives and families, whether they do duty with troops on board ship or not, when embarked in transports. Officers who cannot embark in transports will not be entitled to passages by private steamers for their wives and families, but the family can proceed either in an earlier or a later transport. The same concession will be allowed when the officers proceed on long leave on medical certificate.

An officer who is seriously ill and is sent home "for preservation of life" by a private steamer is already allowed free passages for his wife as an attendant, and, in future, the children and a nurse, if any, will in these circumstances receive free passages by the same steamer.

I am, Sir,

Your obedient Servant.

(Signed) O. M. CHREACH,
Lieut.-General,
Military Secretary.The Medical Secretary,
British Medical Association,
6, Catherine Street,
Strand, W.C.

Nov. 30, 1907.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

On July 1st the Government of India issued a notification superseding previous notifications with regard to the receipt by medical officers of the Government of fees for professional services rendered to ruling chiefs and their families or dependents, Indian gentlemen of high position in a Native State, or Indian gentlemen of high position in British India. The notification laid it down that a medical officer of the Government, before demanding or accepting from any Indian gentleman of the status defined any fee for professional services, must obtain by a confidential application, made through the local administrative medical officer, the permission of the Director-General, Indian Medical Service. The rule was not to apply in the case of fees calculated on the scale of Rs.16 a visit or in certain cases not defined Rs.32, according to recognized custom, unless the total amount thus paid for attendance on a patient or his family in any one month exceeded Rs.160.

It would appear, however, that the Government of India was not satisfied that this rule was sufficiently irritating, and in September issued the following elucidation, which it will be seen again introduces the objectionable principle of consulting the local Government before the case is sent forward to the Director-General, Indian Medical Service, and also imposes upon the Director-General the duty of consulting the Government of India should he differ from the opinion of the local Government:

THE ELUCIDATION.

With the object of further elucidating the intentions of the Government of India in connection with the revised rules, I am to explain that they have determined:

- (i) That it shall be the duty of the local Administrative Medical Officer to consult the local Government (without disclosing professional details) before forwarding the case to the Director-General, Indian Medical Service, and to communicate the views of the local Government thereon.
- (ii) That the decision of the Director-General, who will consult the Government of India when he differs from the opinion of the local Government, shall be final.
- (iii) That no change shall be made in the definition of the word "fees" laid down in the Home Department letter No. 9, Medical, dated the 19th October, 1904; and
- (iv) That the provisions of Paragraph 2 of the Government of India Notification No. 43, dated the 24th July, 1904, shall continue to be enforced.

All this mighty machinery is to be called into play if a civil surgeon or other medical officer earns in the ordinary course of his profession a single fee of over 2 guineas, or in a month a total of over 10 guineas, by attendance on or a visit to any native gentleman of high position residing anywhere in a Native State or in British territory. If the Government had wished or intended to put a stop to private practice altogether it could hardly have taken a surer step. As we have previously stated, action in this matter has already been taken by the British Medical Association, and we trust that the orders as they stand will be considerably modified, if not withdrawn altogether.

The following leading article appeared in the *Pioneer* of October 26th last shows how the action of the Government is regarded by public opinion in India:

We referred some short time back to the plain-spoken, and in our opinion justifiable, criticisms by the Home medical papers of the attitude, or rather the latest variation of attitude adopted by the Government of India on the old question of the fees to be accepted by medical officers in the service of Government for professional attendance on Ruling Chiefs and Indian gentlemen. The strong condemnation of the Government's policy in this matter expressed in those criticisms were from the standpoint of the medical profession. But on the Indian and the practical side the dissent and dissatisfaction are not less emphatic. There are few things as Indian princes or gentleman resent so much as interference with his private concerns, more especially in the case of matters wherein his purse is at stake, and for the Financial Department or the Political Officer to step in and dictate to him and say what fee he is to pay to the doctor who has attended him or his family and done him service, or it may be saved a life, he regards as a rankling affront to himself. We are not at all disposed to quarrel with his sentiments, but whether these are to be taken as reasonable or representative is not the point on which to lay stress. The main consideration is that these petty interferences to secure a small end at the price of a great deal of irritation, and occasionally at the cost of mortifying an important personage are not worth while. The aim of the Financial Department is doubtless laudable, but it neglects to observe a just discrimination. It may be an excellent thing to prevent extortion and overcharging, but it is not a wise thing to attain that desirable end by regulations casting a slur on an honorable profession on one side, and putting feelings of irritation into the hearts of Indian gentlemen on the other hand. It is the old blunder of over-caution and over-suspicion which has led to officers in the public service being roped and bound by a system of check and counter-check, of registering and returns in triplicate which may no doubt be effective to prevent extravagance and luxury, but at the same time have made the proper work of the departments a hindrance to efficiency and a political evil. Especially invidious it is that this spirit should be manifested towards the officers of the Indian Medical Service, who do more purely gratuitous work for the people than all the rest of the Government services put together.

We may add for the information of readers not acquainted with the Indian vernacular that *faat* signifies dignity, honour, or prestige, and *faat* means office. In a further article published on November 2nd, the *Pioneer* has the following additional comments:

It is absurd to suggest that Ruling Chiefs and Indian gentlemen generally are incapable of protecting their own interests in this matter; as we have already pointed out, the new regulations are likely to be quite as much resented by the one for whose benefit they are supposed to be made as by the members of the medical service. The loss of legitimate emoluments involved in the regulations may be serious in some cases, but the services as a whole feel much more acutely the stigma cast upon an honorable profession by the implication that its members cannot be trusted to demand reasonable fees. Even if cases of exorbitant charges have occurred in the past they must be very rare, and they can always be dealt with departmentally. The record of the medical services in India is one of which any body of men may well feel proud; no class of men do more gratuitous work for the people, and none are more ready to sacrifice themselves at the call of duty. Quite recently two distinguished members of the Indian Medical Service lost their lives from blood-poisoning contracted while operating on the poor in hospital, and there are many whose lives have been endangered and whose constitutions have been shattered by sickness incurred in the execution of their hospital duties. It is men of this stamp who are to be treated "as if they were potential extortioners." Is it surprising that the whole service keenly resents the new regulations?

provision of equipment and the establishment of

the hospitals, whether as might be arranged to arrange for 23 beds, and each captain wanted sanitary officer proposed to substitute a School, going for the purpose of instruction to towns and cities to instruct the non-commissioned officers and the officers who were to be in the field. They also as cooks, nurses, and

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MEDICAL SERVICE OF THE TERRITORIAL FORCE.

[Nov. 16, 1907.]

took care that people should not be out of pocket for doing their duty to the country. They now appealed to men of science to help them with scientific organization. The work of medicine and surgery was inadequate unless it was of the highest type, so they had to come to the heads of the profession and ask them to join in order that the task might be accomplished. He had been closely connected with the medical profession; he had had relations who had held important positions in it, and he knew that there was no body of men in the country more keen to take up this question of national defence than the medical profession. Medical men, even when they retired and could look for a time of leisure, gave examples of patriotism, and such an example was seen in Sir Frederick Treves, whose devotion to public work bearing on army organization was so well known that it seemed to be his special preference. Continuing, Mr. Haldane said that he believed that in coming to them for help in that new departure he would be making an appeal which would not be made in vain. It was a great task, and one which would not be accomplished for several years, for they were trying to build up an army for home defence such as Switzerland possessed. They were seeking to perfect the organization of that work, and they were trying to put at its foundations scientific principles. They came therefore to those who possessed those special qualifications that were needed and who had that special knowledge without which it was impossible to act. In the past the War Office had held itself far too much aloof from the public, and what was true of the War Office was true of the army. They were trying now to bridge over the chasm between the nation and the army by means of the citizen force, and as part of that process they had come to the medical profession with their plans, and sought its co-operation.

Resolutions.

Mr. HENRY MORRIS, President of the Royal College of Surgeons of England, moved the following:

That this meeting having heard with great interest the proposal for the formation of a territorial medical service sympathisers with the objects in view, approves of the proposal, and pledges itself to support the scheme.

He said that he had pleasure, as President of the Royal College of Surgeons of England, in moving the resolution, although he freely admitted that he was one of those referred to by Sir Alfred Keogh in his address at Leeds, who had not devoted any great amount of attention, if any, to the important question of the relation of the science and art of medicine and surgery to the science and art of war; nevertheless, he had followed and read Sir Alfred Keogh's views in manuscript and in print, and, after having had the advantage of hearing the very lucid, interesting, and important speech that afternoon, it seemed to him that there was nothing that had been suggested, or was likely to be suggested, by the Director-General of the Army Medical Service to which the medical profession could not, and ought not, to accede. The territorial force must have a properly organized medical service, compact, consolidated, and co-ordinated, so as to be ready for active service. It must be prepared in good time, and must be kept in good training. Nothing was asked from the medical profession which was not being asked of other classes of citizens in this country. Those at the helm at the War Office were leaving the scheme for medical service to be devised very largely by the medical profession itself. The policy adopted was a nation's policy, and not the policy of any one party, and that was the policy to adopt if the proposed force was to be based on permanent foundations.

Dr. FRED SMITH having seconded the resolution, it was put to the meeting and carried unanimously.

Sir FREDERICK TREVES then moved the following:

That the President of the Royal College of Physicians and the President of the Royal College of Surgeons be jointly requested to form a small Committee to consider and inform the Director-General of the Army Medical Service how the proposals for the territorial medical service shall be best carried into effect.

He said that the plan brought the civil side of the medical profession into much closer touch with the Army Medical Service. He thought that the civil profession would find the study of the machinery of the Army Medical Service remarkably interesting, and he was certain they would be impressed with the methods of dealing with

large sanitary questions and with disease *en bloc*. The present appeal was for the offer of service, and an appeal of that kind had never yet been put in vain before the members of their noble profession.

Surgeon-Colonel P. B. GILES, V.D., in seconding, said that the scheme came from the medical profession. Some years ago the British Medical Association had appointed a Committee of its members possessing practical experience of the needs of the volunteer medical service, and the report of that Committee having been adopted by the Association, had been transmitted to the War Office, and had been taken over by it with little alteration. The profession conceived it, the Director-General of the Army Medical Service had nursed it, and Mr. Haldane had promised to supply it with the money needful to bring it to perfection.

On being put to the meeting the resolution was carried unanimously, and the Conference then terminated.

OXFORD.

At a meeting on November 6th, in the University Museum, Oxford, presided over by the VICE-CHANCELLOR, Sir ALFRED KEOGH, who was introduced by Professor OSLER, described the scheme for the medical and sanitary service of the territorial force. In concluding his address, Sir Alfred Keogh said that it was intended to arrange for the organization of a general hospital should necessarily arise at Oxford, and hoped that it would be called the Hospital of the University of Oxford.

The VICE-CHANCELLOR, in proposing a vote of thanks to Sir Alfred Keogh, said that the University would give the scheme every support it could. The proposal was seconded by Dr. BROOKS, and carried unanimously.

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

On November 8th Sir ALFRED KEOGH read a paper to the Incorporated Society of Medical Officers of Health on Disease Prevention in the Territorial Army, and described the scheme for placing medical officers of health in relation to it. The scope of the scheme was explained in our report of Sir Alfred Keogh's address at Leeds. Sir Alfred Keogh appealed to medical officers of health to enrol themselves in the medical corps of the territorial force, to take into consideration the problems to be solved during active operations in their own home areas, and to be ready, should the emergency arise, to place their knowledge and experience at the disposal of the authorities commanding their divisions of the territorial force. He asked for no conditions of service except the obligation to assist in the event of war at home, and in that case the service rendered would be paid service. If in time of peace, in connexion with majorities in any area, a medical officer of health desired to spend a day or a week with the division of the area to which he belonged, the regulations would, he hoped, be so framed as to admit of this. The sanitary department would have non-commissioned officers and men detailed to join the battalions for the technical duties of water sterilization, disinfection, and the disposal of excreta and refuse; it would also have non-commissioned officers and men detailed to camps, and these men would be educated at the head quarters of the Royal Army Medical Corps, which would be constituted schools of instruction, one or more in each county.

Colonel LANE NOTES, Chairman of the Council of the Royal Sanitary Institute, said that it was absolutely necessary that there should be a body of men well acquainted with sanitary work to carry out the duties of the sanitary service of the territorial force, and there were no men so capable of rendering such assistance as medical officers of health.

After a short discussion a resolution cordially approving of the scheme and promising to give it the fullest consideration was adopted, and it was understood that a small committee would be appointed to confer with the Director-General in arranging the details of the scheme.

Dr. GEORGE KIDD, who was in the chair, in proposing a vote of thanks to the Director-General, remarked that this was the first occasion on which there had been anything of the nature of a conference between the representative of a Government department and public health officers. He believed that nothing but good could result from the new departure.

The motion was carried by acclamation.

Nov. 23, 1907.

NAVAL AND MILITARY COMMITTEE.

A MEETING of this Committee was held at the Central Offices on October 13th, when there were present: Mr. Edmund Owen (Chairman of Council), Fleet Surgeon E. J. Biden, R.N., Surgeon-General Sir Charles Caffie, C.B., Surgeon Lieutenant-Colonel D. Carme, Surgeon Colonel G. S. Elliston, Surgeon-General G. J. H. Evatt, C.B., and Colonel C. H. Joubert de la Ferté, I.M.S.

Election of Chairman.

Colonel Joubert de la Ferté was reappointed Chairman of the Committee for the year 1907-8.

Position of Director-General A.M.S.

As was stated in the annual report of the Central Council, representations were made some years ago to Mr. Arnold Forster pointing out that it was desirable that the Director-General of the Army Medical Service should be a member of the Army Council; similar representations were again made to the present Secretary of State for War, and calling attention to the fact that the question was not one of representation of a certain department of the army on the Army Council but of securing that medical and hygienic considerations received due weight in all administrative decisions. The receipt of the following letter, written by Mr. Haldane's direction, was reported to the Committee:

War Office,

May 31st, 1907.

Dear Sir,—I am desired by the Secretary of State to refer to your letter of the 20th March last, further regarding the position of the Director-General of the Army Medical Service, in which you urge on behalf of the British Medical Association that he should become a member of the Army Council.

Your letter has received Mr. Haldane's most careful consideration, and in order to avoid any possibility of misconception, I am to say, in the first place, that the Secretary of State fully identifies himself with the observation made in your previous communication of the 28th September regarding the acknowledged "recognition by students of military science of the fundamental importance of the health of troops, and the consequent importance of that service which is specially devoted to the protection of health." Mr. Haldane entirely concurs with your Council in their estimate of the importance of the efficiency of the Medical Service.

Looking at the matter, however, from the point of view of the departmental arrangements necessary in practice to attain this object, the Secretary of State cannot but think, from his knowledge of this part of the question, that the situation may have been somewhat misconceived. The business of army administration covers a field so extensive as to embrace many important departments of expert professional knowledge which are not, and could not, consistently with efficient administration, be represented on the Army Council, though, like the Medical Service, they must influence the larger questions of army policy.

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The Director-General, supported as he is by the extremely valuable assistance and authority of the Advisory Board, has already wide administrative powers, with access, on his own initiative, to the Secretary of State and the Army Council, and having regard to all the circumstances of the case, Mr. Haldane, whilst appreciating in the highest degree the motives which have prompted your Council to address him on the subject, does not see his way to carry out the change which you suggest.

I am, Sir,

Yours faithfully,

(Signed) A. E. WIDMANN,
Private Secretary.

J. SMITH WHITAKER, Esq.,
Offices of the British Medical Association,
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After careful consideration the Committee made a recommendation to the Council on the subject (for resolutions of Council see "Proceedings," SUPPLEMENT to the BRITISH MEDICAL JOURNAL, November 9th, p. 265).

Payment of Passages of Officers' Families.

It was reported that the following reply concerning the payment of the passage money of the families of medical officers had been received, and satisfaction was expressed at the success which had attended the efforts of the Association in this matter.

India Office,
Whitehall, London, S.W.,
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Sir,—With reference to this office letter of the 15th June, 1907, No. M 7772, I am directed to inform you that officers of the Royal Army Medical Corps who, upon proceeding to or from India, are placed on duty with troops on board ship, have hitherto been granted free passages for their wives and families, and this concession has covered the cases of the large majority of officers.

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An officer who is seriously ill and is sent home "for preservation of life" by a private steamer is already allowed free passages for his wife as an attendant, and, in future, the children and a nurse, if any, will in these circumstances receive free passages by the same steamer.

I am, Sir,

Your obedient Servant.

(Signed) O. M. CHURCH,
Lieut.-General,
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Nov. 30, 1907.

INDIAN MEDICAL SERVICE.

GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

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It would appear, however, that the Government of India was not satisfied that this rule was sufficiently irritating, and in September issued the following elucidation, which it will be seen again introduces the objectionable principle of consulting the local Government before the case is sent forward to the Director-General, Indian Medical Service, and also imposes upon the Director-General the duty of consulting the Government of India should he differ from the opinion of the local Government:

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With the object of further elucidating the intentions of the Government of India in connexion with the revised rules, I am to explain that they have determined:

- (i) That it shall be the duty of the local Administrative Medical Officer to consult the local Government (without disclosing professional details) before forwarding the case to the Director-General, Indian Medical Service, and to communicate the views of the local Government thereon;
- (ii) That the decision of the Director-General, who will consult the Government of India when he differs from the opinion of the local Government, shall be final;
- (iii) That no charge shall be made in the definition of the word "fees" laid down in the Home Department letter No. 6, Medical, dated the 19th October, 1904; and
- (iv) That the provisions of Paragraph 2 of the Government of India Notification No. 43, dated the 25th July, 1904, shall continue to be enforced.

All this mighty machinery is to be called into play if a civil surgeon or other medical officer earns in the ordinary course of his profession a single fee of over 2 guineas, or in a month a total of over 10 guineas, by attendance on or a visit to any native gentleman of high position residing anywhere in a Native State or in British territory. If the Government had wished or intended to put a stop to private practice altogether it could hardly have taken a surer step. As we have previously stated, action in this matter has already been taken by the British Medical Association, and we trust that the orders as they stand will be considerably modified, if not withdrawn altogether.

The following leading article appeared in the *Pioneer* of October 26th last showing how the action of the Government is regarded by public opinion in India:

We referred some short time back to the plain-spoken, and in our opinion justifiable, criticisms by the Home medical papers of the attitude, or rather the latest variation of attitude adopted by the Government of India on the old question of the fees to be accepted by medical officers in the service of Government for professional attendance on Ruling Chiefs and Indian gentlemen. The strong condemnation of the Government's policy in this matter expressed in those criticisms were from the standpoint of the medical profession. But on the Indian and political side the dissent and disapproval are not less emphatic. There are few things an Indian prince or gentleman regards so much as interference with his private concerns, more especially in the case of matters wherein his name is at stake, and for the Financial Department or the Political Officer to step in and dictate to him and say what fee he is to pay to the doctor who has attended him or his family and done him service, or it may be saved a life, he regards as a meddling affront to himself. We are not at all disposed to quarrel with his sentiments, but whether these are to be taken as reasonable or superstitious is not the point on which to lay stress. The main consideration is that these petty interferences to secure a small end at the price of a great deal of irritation, and occasionally at the cost of mortifying an important personage are not worth while. The aim of the Financial Department is doubtless laudable, but it is to be desired to observe a just discrimination. It may be an excellent thing to prevent extortion and overcharging, but it is not a wise thing to afford that desirable end by regulations casting a slur on an honorable profession on one side, and putting feelings of irritation into the hearts of Indian gentlemen on the other hand. It is the old blunder of over-caution and over-suspicion which has led to officers in the public service being roped and bound by a system of check and counter-check, of registering and returns in triplicate which may be doubtless effective to prevent extravagance and laxity, but at the same time have made the *dehors* work of the departments a hindrance to efficiency and a political evil. Especially irksome it is that this spirit should be manifested towards the officers of the Indian Medical Service, who do more purely gratuitous work for the people than all the rest of the Government services put together.

We may add for the information of readers not acquainted with the Indian vernacular that *faat* signifies dignity, honour, or prestige, and *dehars* means office. In a further article published on November 2nd, the *Pioneer* has the following additional comments:

It is absurd to suggest that Ruling Chiefs and Indian gentlemen generally are incapable of protecting their own interests in this matter; as we have already pointed out, the new regulations are likely to be quite as much resented by those for whose benefit they are supposed to be made as by the members of the medical service. The loss of legitimate emoluments involved in the regulations may be serious in some cases, but the services as a whole feel much more acutely the stigma cast upon an honorable profession by the implication that its members cannot be trusted to demand reasonable fees. Even if cases of exorbitant charges have occurred in the past they must be very rare, and they can always be dealt with departmentally. The record of the medical services in India is one of which any body of men may well feel proud; no class of men do more gratuitous work for the people, and none are more ready to sacrifice themselves at the call of duty. Quite recently two distinguished members of the Indian Medical Service lost their lives from blood-poisoning contracted while operating on the poor in hospital, and there are many whose lives have been endangered and whose constitutions have been shattered by sickness incurred in the execution of their hospital duties. It is men of this stamp who are to be treated "as if they were potential extortioners." Is it surprising that the whole service keenly resents the new regulations?

Nov. 30, 1907.]

GENERAL MEDICAL COUNCIL.

RESULTS OF EXAMINATIONS.

The following tables represent an analysis of all examinations for the Services since last session—namely, one for the Indian Medical Service, one for the Royal Navy, and one for the Royal Army Medical Corps:

TABLE I.

Showing the Extent of the Competition for each Service.

Services.	No. of Candidates.	No. of Vacancies.	Proportion of Candidates to Vacancies.
Royal Navy Medical Service.	11	11	5 to 1.2
Royal Army Medical Corps.	44	30	5 to 1.4
Indian Medical Service.	33	14	5 to 2.1
Total or average.	90	55	—

TABLE II.

Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities.	33	35.6 per cent.
Scottish.	23	25.5 "
Irish.	31	34.4 "
Colonial.	0	—
Mixed.	3	—
Total or average.	90	—

TABLE III.

Showing the Proportion of Commissions Gained by the Candidates of each Country.

Country.	Number of Commissions Won.	Proportion of all Commissions Offered.
England.	25	45.4 per cent.
Scotland.	13	23.6 "
Ireland.	17	30.9 "
Colonies.	0	—
Mixed.	0	—
Total or average.	55	—

TABLE IV.

Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England.	33	25	75.7 per cent.
Scotland.	23	13	56.5 "
Ireland.	31	17	54.8 "
Colonies.	0	0	—
Mixed.	3	3	100 "
Total or average.	90	55	61.1 per cent.

TABLE V.

Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Countries.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates.	33	31	93.9 per cent.
Scottish.	23	17	73.9 "
Irish.	31	23	74.1 "
Colonial.	0	0	—
Mixed.	3	3	100 "
Total or average.	90	73	81.1 per cent.

TABLE VI.

Showing the Proportion of those who Failed Totally among the Candidates of each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates.	33	2	6.1 per cent.
Scottish.	23	6	26.1 "
Irish.	31	8	25.8 "
Colonial.	0	0	—
Mixed.	3	1	33.3 "
Total or average.	90	17	18.8 per cent.

TABLE VII.

Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Commissions Gained.	Qualified but Unsuccessful.	Rejected.	Percentage Rejected.
English Conjoint Board alone.	24	19	4	1	4.1
" " and Oxford degree.	0	0	0	0	0.0
" " and Cambridge.	0	0	0	0	0.0
" " and London.	1	1	0	0	—
" " and Durham.	0	0	0	0	—
" " and Manchester.	0	0	0	0	—
" " and L.S.A.	0	0	0	0	—
English Apothecaries' Society alone.	0	0	0	0	—
Liverpool degree alone.	1	1	0	0	—
Cambridge degree alone.	1	1	0	0	—
Durham.	0	0	0	0	—
Manchester.	0	0	0	0	—
Scottish Conjoint Board alone.	1	1	0	0	—
Scottish Conjoint Board and Edinburgh.	1	1	0	0	—
St. Andrews degree alone.	1	1	0	0	—
Aberdeen degree alone.	1	1	0	0	—
Edinburgh.	10	10	0	0	—
Glasgow.	0	0	0	0	—
Irish Conjoint Board alone.	12	7	1	4	33.3
Dublin University alone.	15	7	4	4	26.6
Royal University of Ireland.	4	3	1	0	0.0
Mixed.	3	0	1	2	66.7
Total or average.	90	55	18	17	—

TABLE VIII.

Percentage Comparison of the Work of certain Classes of Candidates.

Qualifications.	Number of Candidates.	Gained Commissions.	Qualified but unsuccessful.	Total Rejected.	Number Rejected.	Percentage Winners.	Percentage qualified.	Percentage rejected.	Order
English Conjoint diploma alone.	24	19	4	23	1	79.1	95.9	4.1	1
English diplomas and English degree.	4	4	0	0	0	100.0	100.0	0.0	2
English degrees alone.	1	1	0	0	0	100.0	100.0	0.0	3
Irish degrees alone.	12	20	5	15	4	58.6	79.9	21.8	4
Scottish degrees alone.	12	11	2	3	4	61.1	77.7	22.0	5
Irish Conjoint diploma alone.	12	7	1	3	1	58.3	66.6	33.3	6
Scottish Conjoint diploma alone.	1	1	0	0	0	100.0	100.0	0.0	7
Other classes together.	4	2	2	2	2	50.0	75.0	25.0	8
Total or average.	90	55	18	23	17	—	—	—	—

QUEEN ALEXANDRA'S MILITARY HOSPITAL.

The Army Council have approved the following additional appointments to Queen Alexandra's Military Hospital:

To be a consulting physician—Surgeon-Major-General A. F. Bradshaw.

To be a consulting surgeon—Lieutenant-Colonel P. J. Freyer, late Indian Medical Service, Surgeon to King Edward the Seventh's Hospital.

DEC. 7, 1907.

THE CLINICAL HOSPITAL OF THE ROYAL ARMY MEDICAL COLLEGE.

In pursuance of the policy of making the Royal Army Medical College a complete college for what in the civil profession would be called post-graduate teaching, the Army Council has decided to associate Queen Alexandra's Military Hospital with the college as an integral part of the medical school. It has obtained the assistance and co-operation of certain civil consultants in medicine and surgery of acknowledged eminence, whose experience and skill will, it is anticipated, be of great benefit to the Army Medical Service, and will conduce to the efficiency of the hospital as regards both the treatment of the sick and the investigation of the various diseases incidental to military life. It is hoped also that this plan will have the further effect of fostering among the civil members of the profession a greater interest in the work of the Army Medical Service, and in those special problems with which its officers have to deal. The following appointments have been made: To be Consulting Physicians, Dr. J. Mitchell Bruce, F.R.C.P., Consulting Physician, Charing Cross Hospital; Dr. J. Kingston Fowler, F.R.C.P., Physician to Middlesex Hospital; and Dr. W. Osler, F.R.S., F.R.C.P., Regius Professor of Medicine, University of Oxford. To be Consulting Surgeons, A. E. Barker, F.R.C.S., Professor of Surgery, University College of London; A. A. Bowley, C.M.G., F.R.C.S., Surgeon to St. Bartholomew's Hospital; and G. H. Makins, C.B., F.R.C.S., Surgeon to St. Thomas's Hospital. Queen Alexandra's Military Hospital, a new building only recently taken into use, is situated at Millbank close to the New Royal Army Medical College, the two buildings being in fact separated only by the Tate Gallery.

THE SCOTSMAN

EDINBURGH, WEDNESDAY, December 4, 1907.

THE ARMY MEDICAL SERVICE.

APPOINTMENT OF CIVIL CONSULTING SURGEONS AND PHYSICIANS.

It is officially announced that in order to utilise the valuable clinical field provided by the Queen Alexandra's Military Hospital, the Army Council have decided to associate that hospital with the Royal Army Medical College as an integral part of its medical school for the purpose of furthering the earlier and advanced education of officers of the Royal Army Medical Corps.

They have further decided to obtain the assistance and co-operation of certain acknowledged leaders of the civil medical profession as consultants in medicine and surgery, whose ripe experience and professional skill in another field will be of great benefit to the Army Medical Service, and will conduce to the efficiency of the hospital as regards both the treatment of sick and the investigation of diseases incidental to military life. These appointments will have the further effect of fostering among the civil members of the profession a greater interest in the work of the Army Medical Service, and in those special problems with which its officers have to deal.

The following appointments have been approved:

To be consulting surgeons:—
A. E. Barker, Esq., Professor of Surgery, University College of London.

A. A. Bowley, Esq., surgeon to St. Bartholomew's Hospital.

G. H. Makins, Esq., surgeon to St. Thomas's Hospital.

To be consulting physicians:—
Dr. J. Mitchell Bruce, consulting physician, Charing Cross Hospital.

Dr. J. Kingston Fowler, physician to Middlesex Hospital.

Dr. W. Osler, Regius Professor of Medicine, University of Oxford.

DEC. 14, 1907.

DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

Two following has been submitted for Article 312 of the Pay Warrant: The appointment of Director-General of the Army Medical Service shall be for three years, unless the term is specially extended by the Army Council for a further period not exceeding two years, or for such time as may be necessary to enable the holder to complete thirty years' service.

An innovation appears in the December "Army List." Officers serving with Imperial Yeomanry, Militia, and Volunteer corps who have "war service" are indicated by crossed swords in front of their names. Another addition in the same issue is the inclusion of details of the British troops included in each division in India.

THE SCOTSMAN, SATURDAY, DECEMBER 14, 1907.

THE MEDICAL CORPS OF THE TERRITORIAL FORCES.

A MEETING of Volunteer medical officers was held yesterday in the Senate Room, Edinburgh University, to hear an address by Sir Alfred Keogh, M.D., Director-General of the Army Medical Service, with regard to the organisation of the Medical Service of the Territorial Forces. There was an attendance of about sixty Volunteer medical officers. Lord Provost Gibson presided, and the company included Colonel Corker, P.M.O., Scottish Command; Lieutenant-Colonel Russell, R.A.M.C.; Colonel Warburton, C.S.S., Royal Infantry; Lieutenant-Colonel Dick, R.A.M.C.; Brigade-Surgeon; Lieutenant-Colonel J. E. Bruce Ronaldson, V.D.; Brigade-Surgeon; Lieutenant-Colonel A. D. Webster, V.D.; Surgeon-Lieutenant-Colonel N. Kirk, 8th V.B.R.S.; Surgeon-Lieutenant-Colonel James Mill, Surgeon-Major Fraser, Brevet R.G.A.; Major A. Macdonald, Leitham Company, B.A.M.C.V.; Professor Cunningham, Professor Hudson Bears, and others. The Lord Provost with a few remarks opened the proceedings.

MEDICAL SERVICE AND MORALE.

Sir Alfred Keogh said the responsibility for the medicament which had undoubtedly existed in regard to the Volunteer medical service lay with the authorities of the past. He held that the medical service of the Territorial Army should be an exact reflection of the medical service of the Regular Army. The medical profession as a whole had never given the same study to medical organisation as elsewhere, and they had had to work out their system largely from watching what had taken place on the Continent, but more still from the experience of the numerous wars in which they had been engaged. Sir Alfred, with the assistance of diagrams, proceeded to explain the medical organisation of the Regular Army. The proper provision of field hospitals, he said, had an im-

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LEAFLET No. 1.

THE TERRITORIAL FORCE.

9
Gen. No.
124

Its Organization and the Principles on which it is based.

The Territorial Force is authorized by the Territorial and Reserve Forces Act, 1907. This Act provides the necessary constitutional authority, by which this Force takes its place as an organized Force of the Crown, commanded and trained by the military authorities, raised and administered by the County Associations. The Act also prescribes the conditions of enlistment, service and discharge, regulates the periods of training, and authorizes, subject to the sanction of Parliament, the embodiment of the Force when the Army Reserves are called out on permanent service.

The Territorial Force, as regards the conditions of service, is not dissimilar in its principles to the Volunteer Force. Enlistment into it is purely voluntary, and no Territorial soldier can ever be called upon to serve out of the United Kingdom, in peace or in war, against his will. He will be enlisted in the same manner as the Regular soldier, for a period not exceeding four years; but this will not, in peace, prevent his obtaining his discharge, by giving the notice required by the Act, by paying, where it is just that he should recompense the Association for the expenditure upon him, a sum the extreme limit of which is fixed at 5*l.*, and delivering up his arms, &c., in good order to the County Associations. The Associations, however, have full power to dispense wholly or in part with these obligations.

Certain provisions have been made in the Act which will enable a higher measure of efficiency to be attained in peace and an organized force to be produced in war. The Territorial officer will be freed from financial responsibility. He will, therefore, in future be chosen with sole regard to his qualifications for command.

(W. n. 3690 300,000 12 | 07—II & S 2378)

LEAFLET No. 2.

SERVICE IN THE TERRITORIAL FORCE.

9
Gen. No.
81

Its Terms and Conditions.

The object of this leaflet is to explain clearly to those who wish to join the Territorial Force, and especially to the existing Volunteer, the precise conditions under which they will serve. Changes have been introduced by the Territorial and Reserve Forces Act to increase efficiency, but the main principle upon which the Force is based remains unaltered. Service in the Territorial Force is, as in the existing Volunteer Force, purely voluntary, and the man who joins the Territorial Force has the right of terminating his engagement in time of peace on the conditions explained later. The arrangements which are being made for the Yeomanry are not set out in this leaflet.

A.—CONDITIONS AFFECTING THE MAN WHO JOINS AFTER THE 31st MARCH, 1908.

ATTESTATION AND ENLISTMENT.

A man joining the Territorial Force will be attested and enlisted instead of being enrolled.

Enlistment is more formal and more military than enrolment, and preserves a better record, but the rights of the man remain the same. The notice paper which is given to him, and the attestation paper which he signs, contain full information of the liability which he undertakes. Every man serving in the Forces of the Crown will thus serve as an enlisted soldier, but in the Territorial Force the enlistment can be cancelled by giving the required notice, and paying the required sum.

TERM OF ENLISTMENT.

The term of enlistment will be 4 years.

AGE ON ENLISTMENT.

The age on enlistment for all branches at present will be from 17 to 35 years, instead of to 49 years.

RE-ENGAGEMENT.

Men will, as now, be allowed to re-engage when their term of original enlistment is completed, with the consent of their

(W. n. 3690 300,000 12 | 07—II & S 2377)

could reasonably leave the ambulance; (d) to the sanitary

general medical and sanitary work; (e) to field hospitals; (f) to the sanitary

Administrative Divisional normal numbers required for ailed, it should be understood the sanitary and hospital and in excess of these will be to local resources, to ease in order to abolish certain which hitherto existed in enabling force to obtain certain certificates in order to admit of the non-commissioned officers, and branches of military medical quarters of field ambulances status of schools of instruction of the Royal Army Medical School, and the resources of every throughout the country will be of the medical officers of the. Appropriate courses of hospitals will receive recognition, the fullest latitude will be authorities to avail themselves at their own disposal or civil institutions. A tabular scale of training is given. While all duties will be required of non-commissioned officers, and men of hospital officers and sanitary of the Nursing Service, can made to avoid imposing out of a definite elasticity, while the war establishment of force is one, two will be the Territorial Force. It ally one of these should at of his battalion, and that form certain specific obligations (Table II.), in lieu of camp

TO CAMP ATTENDANCE. obligatory on any individual circumstances render attendance alternative courses are es with equal force to the. In the event of neither nor being able to attend the shall be within the power of apical medical officer to ar- over of the Medical Corps to ble to do so. The lightening re pressing liabilities of the more easily attained through consolidated course in which effected through the principal a word, the position which asks to attain in regard to and training is one in which sent year by year shall be n of the medical profession wa after conferring with one of the conference being still- the General of the Army then it is proposed the train- ing. These are the main items. The relation of the County Associations will be her units, but the Director- al Service, will administer training. All future ap- dical Service of the Terri- gested as to the Medical regional medical officers. The order of seniority of all be that of their seniority organization, but eventually establishment of colonels and Officers will attain the rank ar service as captain, and v service as lieutenant. d of the Army Medical Ser- following appointments of Medical Officers: 2. Staff in the Regular Medical Ser- appointed from the Regular to the command of medical of the personnel of the branches.

1907.

ARRANTS.

on the date of attestation pletion of 6 months' service sk above that of private; 1st November, 1907, shall the date of attestation, and date, who have not before missing allowance under draw it from such date, is specially enlisted not in s as to age shall not draw the age of 18. stituting after the above-men- allowance from the day they complete 6 months' station, and that soldiers in eligible for the allowance

a.o. 1819/1907.

Nov. 30, 1907.]

GENERAL MEDICAL COUNCIL.

RESULTS OF EXAMINATIONS.

The following tables represent an analysis of all examinations for the Services since last session—namely, one for the Indian Medical Service, one for the Royal Navy, and one for the Royal Army Medical Corps:

TABLE I.

Showing the Extent of the Competition for each Service.

Services.	No. of Candidates.	No. of Vacancies.	Proportion of Candidates to Vacancies.
Royal Navy Medical Service.	11	11	5 to 4.2
Royal Army Medical Corps.	44	30	5 to 3.4
Indian Medical Service.	33	14	5 to 2.1
Total or average.	90	55	—

TABLE II.

Showing whence the Candidates received their Qualifications.

Licensing Body.	Number of Candidates.	Proportion of Entire Number.
English Colleges and Universities.	33	35.6 per cent.
Scottish.	23	25.5 "
Irish.	21	23.4 "
Colonial.	0	—
Mixed.	3	3.3 "
Total or average.	90	—

TABLE III.

Showing the Proportion of Commissions Gained by the Candidates of each Country.

Country.	Number of Commissions Won.	Proportion of Commissions Offered.
England.	25	45.4 per cent.
Scotland.	17	30.9 "
Ireland.	11	20.0 "
Colonial.	0	—
Mixed.	3	5.6 "
Total or average.	56	—

TABLE IV.

Showing the Relative Success of the Candidates of each Country in Proportion to their Respective Numbers.

Country.	Number of Candidates.	Number who Gained Commissions.	Proportion of Success to Candidates.
England.	33	25	75.7 per cent.
Scotland.	23	17	74.0 "
Ireland.	21	11	52.4 "
Colonial.	0	0	—
Mixed.	3	3	100.0 "
Total or average.	90	56	62.2 per cent.

TABLE V.

Showing the Percentage of Candidates who Passed the Qualifying Standard, including those who Gained Commissions.

Countries.	Number who Entered.	Number who Passed the Standard.	Proportion to the Total.
English candidates.	33	31	93.9 per cent.
Scottish.	23	17	73.9 "
Irish.	21	11	52.4 "
Colonial.	0	0	—
Mixed.	3	3	100.0 "
Total or average.	90	73	81.1 per cent.

TABLE VI.

Showing the Proportion of those who Failed Totally among the Candidates of each Country.

Country.	Number of Candidates.	Number Rejected.	Proportion of Total Failures.
English candidates.	33	2	6.1 per cent.
Scottish.	23	6	26.1 "
Irish.	21	8	38.1 "
Colonial.	0	0	—
Mixed.	3	1	33.3 "
Total or average.	90	17	18.8 per cent.

TABLE VII.

Showing Details of the Performance of each Class of Candidate.

Qualifications.	Number of Candidates.	Commissions Gained.	Qualified but Unsuccessful.	Rejected.	Percentage Rejected.
English Conjoint Board alone.	24	19	4	1	4.1
" " and Oxford degree.	8	0	0	0	0.0
" " and Cambridge.	1	0	0	0	0.0
" " and London.	1	0	0	0	0.0
" " and Durham.	1	0	0	0	0.0
" " and Manchester.	1	0	0	0	0.0
" " and L.S.A.	1	0	0	0	0.0
English Apothecaries' Society alone.	0	0	0	0	0.0
London degree alone.	0	0	0	0	0.0
Liverpool.	0	0	0	0	0.0
Cambridge degree alone.	0	0	0	0	0.0
Durham.	0	0	0	0	0.0
Birmingham.	0	0	0	0	0.0
Manchester.	0	0	0	0	0.0
Scottish Conjoint Board alone.	1	0	0	0	0.0
Scottish Conjoint Board and Edinburgh.	1	0	0	0	0.0
St. Andrews degree alone.	1	0	0	0	0.0
Aberdeen degree alone.	1	0	0	0	0.0
Edinburgh.	1	0	0	0	0.0
Glasgow.	1	0	0	0	0.0
Irish Conjoint Board alone.	12	7	1	4	33.3
" " and Irish degree.	0	0	0	0	0.0
Dublin University alone.	15	7	4	4	26.6
Royal University of Ireland.	4	3	0	1	25.0
Mixed.	3	0	0	3	100.0
Total or average.	90	55	18	17	—

TABLE VIII.

Percentage Comparison of the Work of certain Classes of Candidates.

Qualifications.	Number of Candidates.	Gained Commissions.	Qualified but Unsuccessful.	Total Rejected.	Number Rejected.	Percentage Winners.	Percentage qualified.	Percentage rejected.	Order
English Conjoint diploma alone.	24	19	4	23	1	79.1	95.8	4.1	
English diplomas and English degree.	8	0	0	4	4	100.0	100.0	0.0	
English degrees alone.	3	2	1	2	1	66.7	66.7	33.3	
Scottish degrees alone.	19	13	3	5	15	68.4	78.9	21.1	
Irish degrees alone.	18	11	3	4	14	61.1	77.7	22.3	
Irish Conjoint diploma alone.	12	7	1	4	5	58.3	66.6	33.4	
Scottish Conjoint diploma alone.	4	2	1	1	3	50.0	75.0	25.0	
Other classes together.	4	0	0	2	2	—	—	—	
Total or average.	90	55	18	73	17	—	—	—	

QUEEN ALEXANDRA'S MILITARY HOSPITAL.

The Army Council have approved the following additional appointments to Queen Alexandra's Military Hospital:—
To be a consulting physician—Surgeon-Major-General A. F. Bradshaw.
To be a consulting surgeon—Lieutenant-Colonel P. J. Freyer, late Indian Medical Service, Surgeon to King Edward the Seventh's Hospital.

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THE CLINICAL HOSPITAL OF THE ROYAL ARMY MEDICAL COLLEGE.

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THE SCOTSMAN

EDINBURGH, WEDNESDAY, December 4, 1907.

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It is officially announced that in order to utilise the valuable clinical field provided by the Queen Alexandra's Military Hospital, the Army Council have decided to associate that hospital with the Royal Army Medical College as an integral part of its medical school for the purpose of furthering the earlier and advanced education of officers of the Royal Army Medical Corps.

They have further decided to obtain the assistance and co-operation of certain acknowledged leaders of the civil medical profession as consultants in medicine and surgery, whose ripe experience and professional skill in another field will be of great benefit to the Army Medical Service, and will conduce to the efficiency of the hospital as regards both the treatment of sick and the investigation of diseases incidental to military life. These appointments will have the further effect of fostering among the civil members of the profession a greater interest in the work of the Army Medical Service, and in those special problems with which its officers have to deal.

The following appointments have been approved:—

To be consulting surgeons:—
A. E. Barker, Esq., Professor of Surgery, University College of London.
A. A. Bowlby, Esq., surgeon to St. Bartholomew's Hospital.
G. H. Makins, Esq., surgeon to St. Thomas's Hospital.

To be consulting physicians:—
Dr. J. Mitchell Bruce, consulting physician, Charing Cross Hospital.
Dr. J. Kingston Fowler, physician to Middlesex Hospital.
Dr. W. Osler, Regius Professor of Medicine, University of Oxford.

DEC. 14, 1907.

DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

THE following has been substituted for Article 312 of the Pay Warrant: The appointment of Director-General of the Army Medical Service shall be for three years, unless the term is specially extended by the Army Council for a further period not exceeding two years, or for such time as may be necessary to enable the holder to complete thirty years' service.

An innovation appears in the December "Army List." Officers serving with Imperial Yeomanry, Militia, and Volunteer corps who have "war service" are indicated by crossed swords in front of their names. Another addition in the same issue is the inclusion of details of the British troops included in each division in India.

THE SCOTSMAN, SATURDAY, DECEMBER 14, 1907.

THE MEDICAL CORPS OF THE TERRITORIAL FORCES.

A MEETING of Volunteer medical officers was held yesterday in the Senate Room, Edinburgh University, to hear an address by Sir Alfred Keogh, M.D., Director-General of the Army Medical Service, with regard to the organisation of the Medical Service of the Territorial Force. There was an attendance of about sixty Volunteer medical officers. Lord Provost Gibson presided, and the company included Colonel Corker, P.M.O., Scottish Command; Lieutenant-Colonel Russell, R.A.M.C.; Colonel Warburton, C.B.S., Royal Infirmary; Lieutenant-Colonel Dick, R.A.M.C.; Brigade-Surgeon Lieutenant-Colonel J. B. Bruce, Ronaldson, V.D.; Brigade-Surgeon Lieutenant-Colonel A. D. Webster, V.D.; Surgeon Lieutenant-Colonel N. Kirk, 5th V.B.R.S.; Surgeon Lieutenant-Colonel James Mill, Surgeon-Major Fraser, Berwick R.G.A.; Major A. McDonald, Letham Company, R.A.M.C.V.; Professor Cunningham, Professor Hudson Beare, and others. The Lord Provost with a few remarks opened the proceedings.

MEDICAL SERVICE AND MORALE.

Sir Alfred Keogh said the responsibility for the inefficiency which had undoubtedly existed in regard to the Volunteer medical service lay with the authorities of the past. He held that the medical service of the Territorial Force should be an exact reflection of the medical service of the Regular Army. The medical profession as a whole had never given the same study to medical organisation as elsewhere, and they had had to work out their system largely from watching what had taken place on the Continent, but more still from the experience of the numerous wars in which they had been engaged. Sir Alfred, with the assistance of diagrams, proceeded to explain the medical organisation of the Regular Army. The proper provision of field-hospitals he said, had an im-

Army
Order
281 of
1907.

THE TERRITORIAL FORCE.

9
Gen. No.
124

Its Organization and the Principles on which it is based.

The Territorial Force is authorized by the Territorial and Reserve Forces Act, 1907. This Act provides the necessary constitutional authority, by which this Force takes its place as an organized Force of the Crown, commanded and trained by the military authorities, raised and administered by the County Associations. The Act also prescribes the conditions of enlistment, service and discharge, regulates the periods of training, and authorizes, subject to the sanction of Parliament, the embodiment of the Force when the Army Reserves are called out on permanent service.

The Territorial Force, as regards the conditions of service, is not dissimilar in its principles to the Volunteer Force. Enlistment into it is purely voluntary, and no Territorial soldier can ever be called upon to serve out of the United Kingdom, in peace or in war, against his will. He will be enlisted in the same manner as the Regular soldier, for a period not exceeding four years; but this will not, in peace, prevent his obtaining his discharge, by giving the notice required by the Act, by paying, where it is just that he should recoup the Association for the expenditure upon him, a sum the extreme limit of which is fixed at 5*l.*, and delivering up his arms, &c., in good order to the County Associations. The Associations, however, have full power to dispense wholly or in part with these obligations.

Certain provisions have been made in the Act which will enable a higher measure of efficiency to be attained in peace and an organized force to be produced in war. The Territorial officer will be freed from financial responsibility. He will, therefore, in future be chosen with sole regard to his qualifications for command.

The Territorial soldier will have an opportunity of serving in a unit of any arm or department, and he can select, if he wishes, some technical branch akin to his calling in civil life (Royal Engineers, Army Service Corps, Royal Army Medical Corps, &c.). The effect of this, in opening a wider field of selection, should be to greatly increase the efficiency of the Force.

The organization of the Territorial Force is an important feature of the change. In war, numbers without organization are of little value. Instead of being, as the Volunteer Force is now, a fortuitous collection of units, representing but few of the arms and departments of an army, it will be organized upon the same basis as the Regular Force.

The organization will be in divisions. Experience may suggest changes which are desirable in the interests of the Force, but the object kept in view is to provide a similar organization for both the Regular and Territorial Forces. At the same time it is recognised that its attainment may be the work of years.

The Army will thus be formed into two parts—

- (i.) The Regular Force, which, supplemented by the Special Reservists authorized by the Act, forms the divisions for service overseas.
- (ii.) The Territorial Force, similarly organized in divisions, primarily to secure the Kingdom from invasion, and also providing a means by which the men who form it may be not only trained, but organized for war, and which, with the consent of each member, may in time of need be available for the expansion of the Regular or Expeditionary Force.

In this manner the Territorial Force will be brought into closer relations with the Regular Force. The two Forces, Regular and Territorial, will each consist of corresponding arms and departments, and a community of interest will be thereby established, which cannot exist to the same extent when one of the Forces (the Volunteers) is composed mainly of one arm, viz., Infantry, without the requisite proportion of other arms and departments.

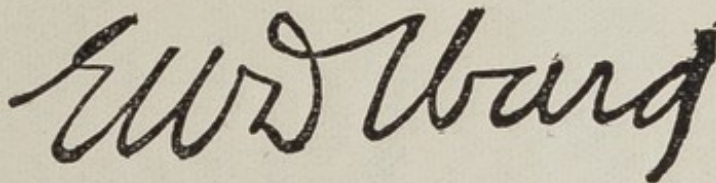
Important advantages will, it is hoped, result from the institution of the County Associations. These Associations

are charged with the raising, maintenance and equipment of the Force. They are also charged with the care of reservists and discharged soldiers, the value of which will be realized by all who understand the recruiting problem. Thus, the civil authorities in the counties will be brought into close connection with all administrative questions arising out of a military organization. Side by side with the military authorities of the command, who are responsible for command and training, the County Associations will meet and discuss all matters affecting the welfare of the Force. The devolution of responsibility upon County Associations must increase local interest in the units which the counties maintain and administer, and local sentiments and susceptibilities can be better provided for, in this manner, than is possible in a system of centralized control.

The work of the County Associations, in administering the Territorial Force, does not differ materially from the work of administering the Regular Force. It is of the same kind although different in degree. It is interesting in its nature, and will arouse interest in the county. The effect should be to familiarize the civil community with military matters and to afford them practical experience in dealing with questions of military administration. The importance of this is great. Military organization has never perhaps been sufficiently studied by the nation in the past, and it is doubtful whether its prominence in modern war is even now adequately appreciated. Clearly, too, a knowledge of military matters is less in a nation free from universal service than in one in which such service is exacted, and consequently public opinion is less instructed.

The best results should accrue from a system which induces a wider knowledge of the Army and of the principles governing its administration, and which employs to a common purpose the broad general knowledge of the civilian and the technical skill of the soldier.

By Command of the Army Council,



THE WAR OFFICE,
November, 1907.

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W. D. D. D.

The War Office,
November, 1907.

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professor, then he could reasonably leave the ambulance and join the general hospitals of the or-

general medical and sanitary work; (b) to field ambulances; (c) to hospitals; (d) to the sanitary

Administrative Divisional normal numbers required for ailed, it should be understood he sanitary and hospital and in excess of these will go to local resources, to ease In order to abolish certain e hitherto existed in enabling ficers to obtain certain certifi and in order to admit of the on-commissioned officers, and branches of military medical quarters of field ambulances status of schools of instruc of the Royal Army Medical d, and the resources of every throughout the country will be al of the medical officers of e. Approximate courses of hospitals will receive recog- ed, the fullest latitude will be d authorities to avail them- es at their own disposal or vil institutions. A tabular we of training is given. While al duties will be required of nished officers, and men of hospital officers and sanitary es of the Nursing Service), en made to avoid imposing od of a definite elasticity. hile the war establishment of eers is one, two will be de- the Territorial Force. It ally one of these should ad- ng of his battalion, and that form certain specific obliga- Table II), in lieu of camp

TO CAMP ATTENDANCE

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In the event of neither or being able to attend the shall be within the power of spial medical officer to ar- or of the Medical Corps to ble to do so. The lightning re pressing liabilities of the more easily attained through consolidated course in which elected through the principal a word, the position which s to attain in regard to and training is one in which senta year by year shall be ns of the medical profession sa after conferring with one of the conference being shi- tor-General of the Army hem it is proposed the train- ured. These are the main chemo. The relation of the County Associations will be ber units, but the Director- cal Service, will administer e training. All future ap- edical Service of the Terri- gantized as to the Medical regimental medical officers

The order of seniority of all be that of their seniority organization, but eventually establishment of colonels and Officers will attain the rank sars' service as captain, and e service as lieutenant. d of the Army Medical Ser- following appointments of Medical Officers: 2. Staff on the Regular Medical Ser- appointed from the Regular to the command of medical e of the personnel of the branches.

r 1907.

ARRANTS.

on the date of attestation plation of 6 months' service nk above that of private; 1st November, 1907, shall e the date of attestation, and e date, who have not before eassing allowance under draw it from such date, e specially enlisted not in e as to age shall not draw the age of 18. sting after the above-men- allowance from the day they complete 6 months' station, and that soldiers in eligible for the allowance

a.c. 1819/1907.

ARMY MEDICAL SERVICE

Complaint of Slow Promotion

DOCTORS DEMAND CONTROL

"The War Office have tried to run their doctors for a century, and made a mess of it. There is too much 'military' business about the 'high-ups,' and not enough doctoring."

"Why have you not done more?"

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LEAFLET No. 2.

SERVICE IN THE TERRITORIAL FORCE.

9
Gen. No.
81

Its Terms and Conditions.

THE object of this leaflet is to explain clearly to those who wish to join the Territorial Force, and especially to the existing Volunteer, the precise conditions under which they will serve. Changes have been introduced by the Territorial and Reserve Forces Act to increase efficiency, but the main principle upon which the Force is based remains unaltered. Service in the Territorial Force is, as in the existing Volunteer Force, purely voluntary, and the man who joins the Territorial Force has the right of terminating his engagement in time of peace on the conditions explained later. The arrangements which are being made for the Yeomanry are not set out in this leaflet.

A.—CONDITIONS AFFECTING THE MAN WHO JOINS AFTER THE 31st MARCH, 1908.

ATTESTATION AND ENLISTMENT.

A man joining the Territorial Force will be attested and enlisted instead of being enrolled.

Enlistment is more formal and more military than enrolment, and preserves a better record, but the rights of the man remain the same. The notice paper which is given to him, and the attestation paper which he signs, contain full information of the liability which he undertakes. Every man serving in the Forces of the Crown will thus serve as an enlisted soldier, but in the Territorial Force the enlistment can be cancelled by giving the required notice, and paying the required sum.

TERM OF ENLISTMENT.

The term of enlistment will be 4 years.

AGE ON ENLISTMENT.

The age on enlistment for all branches at present will be from 17 to 35 years, instead of to 45 years.

RE-ENGAGEMENT.

Men will, as now, be allowed to re-engage when their term of original enlistment is completed, with the consent of their

(W. w. 3699 300,000 12 | 07—II & S 2577)

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(W. w. 3699 300,000 12 | 07—II & S 2577)

Commanding Officer, for a term of not less than 1 year and not more than 4 years, as may be fixed by the County Associations.

AGE FOR RETIREMENT.

The limit of age up to which the rank and file may remain in the Force is 40 years, or 45 with special permission, and for serjeants not belonging to the permanent staff, 50 years of age, or, with special permission, 55 years.

MEDICAL TESTS, STANDARDS OF HEIGHT, &c.

Arrangements will be made by the County Associations to examine men on enlistment, as is now done on enrolment.

The convenience of the intending recruit will be consulted, and he will be examined by the Medical Officer of his Territorial Corps or by an officer of the Royal Army Medical Corps, or by a civil practitioner, as may be most suitable. This examination is in the man's interest, as well as in the interests of the Force. The standard will be for home service as at present laid down for Volunteers. The main requirements are a general capacity for marching and shooting, and for this he must have a sound heart and lungs, good eyesight, and be free from rupture.

The Territorial Force will thus consist of men in the prime of life, and even at the cost of numbers it is intended to restrict recruiting to men who can give good and efficient service.

B.—CONDITIONS AFFECTING THE VOLUNTEERS UNTIL THE PROVISIONS OF THE TERRITORIAL FORCES ACT BECOME OPERATIVE.

TRANSFER OF SERVICE.

Every Volunteer now serving will, subject to the maximum age limit for retirement laid down for the Territorial Force, and to the conditions stated hereafter, have the option—

- (a.) Of accepting the terms of the Act; or
- (b.) Of resigning, if he wishes to do so, subject to delivering up his arms, clothing, &c., in accordance with the Volunteer Act, 1863.

A date will be named, probably the 31st March, 1908, before which existing Volunteers will elect whether they accept the new terms.

TERMS OF SERVICE.

A Volunteer who is permitted to accept the terms of the new Act will sign an attestation—

- (a.) He may enlist at his option for a period of 1, 2, 3, or 4 years from the date of signing his new attestation.
- (b.) If he is a Volunteer who has re-engaged, he may enlist in the same branch in the Territorial Force for a period of 1, 2, 3, or 4 years.

No medical examination will be required in either case.

The Territorial Force will consist of all arms and departments. If a Volunteer wishes to leave the arm to which he belongs and join another he must enlist for the full period in that arm, and he must be medically examined as to his fitness for it. This is necessary in his own interests and to insure his adequate training.

If a Volunteer belongs to a unit the strength of which is in excess of the authorized establishment, or belongs to a unit which is to be amalgamated with another, or which is not required in its present form, he may join any other unit on the terms of service stated at (a) or (b) above, provided there is a vacancy for him in the establishment of the unit he wishes to join. The same rule will apply to Volunteers who belong to the Garrison Artillery and who wish to transfer to Infantry or to mounted branches of Artillery.

From the above it will be seen that the Volunteers will remain as they are now until the 31st March, 1908. Volunteers will elect whether they will join the Territorial Force. If they do so, they can remain in their own arm, and in their own unit, provided the establishment thereof is not exceeded and it is one of the units selected to form part of the Territorial Force. They may, if they prefer it, and are physically fit, join any other corps in which there are vacancies, subject to Regulation.

In transferring the Volunteer Force to the new Territorial Force, it is desired that existing interests shall be disturbed as little as possible. It is not intended to make any changes that can be avoided, but it is intended to lay firmly the foundations upon which the organization is to be built. It is recognized that the success of the new Force, its initial development and its efficiency, depend upon the Volunteer, and the whole object of the scheme is to increase the military value of the service which he gives to the nation rather than to increase the stringency of the conditions of service.

CONDITIONS OF SERVICE IN THE TERRITORIAL FORCE COMPARED WITH THOSE OF THE VOLUNTEER FORCE.

TERRITORIAL FORCE.

VOLUNTEER FORCE.

ENLISTMENT AND DISCHARGE.

A Recruit enlists for 4 years.

A Volunteer enrolls for an unlimited period, but agrees by his corps rules to serve usually for 4 years.

For discharge before completion of engagement, a territorial soldier must—

For discharge (Model Rules, Appendix VII., Volunteer Regulations) a Volunteer must—

- (i.) Give three months notice or less if prescribed.
- (ii.) Pay a sum not exceeding 5*l*.

- (i.) Give 14 days' notice.

- (iii.) Deliver up, in good order, fair wear and tear excepted, arms, clothing, and appointments.

- (ii.) Pay a sum varying from 10*s*. to 3*l*., and in some cases more.

- (iii.) Deliver up, in good order, &c., his arms, clothing, and appointments (as opposite).

The County Association, or an officer authorized by the Association, when it appears that the reasons for the discharge are of sufficient urgency or weight, may dispense either wholly or in part with all or any of the above conditions.

PRELIMINARY AND ANNUAL TRAINING.

A soldier of the Territorial Force who, without leave or sickness or other reasonable excuse, fails to appear at the time and place mentioned for preliminary or for annual training, or fails to attend the number of drills and fulfil the other conditions relating to preliminary or annual training, is liable to forfeit a sum of money not exceeding 5*l*. The term "reasonable excuse" will be defined with every consideration to the man's position, his civil calling, his family, &c.

A Volunteer who fails to make himself efficient must pay his corps the Capitation Grant which he has failed to earn (*Model Rules*).

TERRITORIAL FORCE.

He is under Military Law when being trained or exercised either alone or with any portion of the Regular Forces, or otherwise.

VOLUNTEER FORCE.

He is under Military Law only when attached to or acting as part of the Regular Forces.

EMBODIMENT.

When the Army Reserves are called out on permanent service, it shall be lawful for His Majesty to cause to be embodied all or part of the Territorial Force, and where, under proclamation, directions have been issued for calling out all the men of the First Class of the Army Reserve, the Army Council shall, within one month, issue directions for embodying all men of the Territorial Force unless an address has been presented by both Houses praying that such directions be not issued. A Territorial soldier who fails without proper excuse to comply with the directions issued under such proclamation is liable to be proceeded against as a deserter or for absence without leave.

No part of the Territorial Force shall be carried or ordered to go out of the United Kingdom.

In case of imminent national danger or great emergency (duly communicated to Parliament) His Majesty may call out the Volunteer Corps of the respective counties or any of them for actual military service.

Every officer and Volunteer, &c., belonging to the corps so called out is bound to assemble as His Majesty directs, and march according to orders, within Great Britain, and shall be deemed to be on actual military service, and if a Volunteer not incapacitated by infirmity refuses or neglects so to assemble or march he shall be deemed a deserter.

PAY AND MESSING.

The Territorial soldier is entitled to pay at Army rates, including the extra emoluments paid in certain corps, while in camp; and married non-commissioned officers are entitled to separation allowance for their wives and families. He is further entitled to receive the Government ration of bread and meat, or, when it cannot be issued, its equivalent in money.

He does not draw the 3d. messing allowance given to the Regular Army, but a daily allowance of 1s. will be paid to his Commanding Officer to improve his messing.

A daily camp allowance of 2s. 6d. per man is paid to the Commanding Officer to defray all the expenses connected with camp, including messing. Out of this amount, a daily rate of pay is given to men in the majority of corps.

CLOTHING.

As regards clothing the position of the Territorial soldier is practically the same as that of the Volunteer at present. Clothing will in future be supplied by the Associations out of the funds it receives, instead of being supplied by the Commanding Officer of the unit.

SUMMARY.

From the foregoing it may be seen that in signing the attestation the soldier of the Territorial Force undertakes little more responsibility than the Volunteer.

He enlists for 4 years; he can cancel his engagement, with a maximum 3 months' notice, which can be reduced for good reason; he pays little or no more than at present as a fine. As stated, the existing Volunteer transferring to the Territorial Force can engage for a shorter period if he wishes.

He is liable to a fine if he neglects his training, except on account of sickness or with reasonable excuse. The existing Volunteer is now liable to pay certain sums if he fails to earn his Capitation Grant.

He is liable to Military Law during training and exercise; Volunteers who now go to Aldershot and to other Regular training camps, that is, who train with Regulars, are liable to Military Law during such period of training.

He is liable to be embodied in imminent national danger and great emergency, that is, when the Reserves are called out; so is the Volunteer, and so would every man wish to be who has the interests of his country at heart.

He can enlist in any arm or department in which a vacancy exists, and thus has a wider choice of corps than the Volunteer now has. If used to horses, he can enlist in a mounted corps; if an electrician or man with a trade, in the Royal Engineers; or, if concerned in civil life with supply or transport, he can enlist in the Army Service Corps.

An officer or soldier of the Territorial Force is not compelled to serve as a peace or parish officer, and is exempt from serving upon a jury.

A Field Officer is not required to serve in the office of Sheriff.

PAY AND ALLOWANCES PER DAY FOR SOLDIERS OF THE TERRITORIAL FORCE DURING ANNUAL TRAINING AND WHILST CALLED UP FOR INSTRUCTION.

I.—Pay. ..

1.—ROYAL ARTILLERY.

	Horse Artillery.	Field Artillery.	Garrison Artillery.
	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>
Battery serjeant-major or Battery quarter-master-serjeant }	4 4	4 2	...
Company serjeant-major ... ..	...	...	4 0
Company quarter-master-serjeant ... ..	...	...	3 9
Serjeant	3 4	3 2	3 2
Serjeant-farrier	3 9	3 7	...
Shoeing-smith corporal	2 8	2 6	...
Shoeing-smith or saddler	2 2	2 0	...
Smith ... ..	...	...	2 0
Fitter or wheeler	2 2	2 0	2 0
Trumpeter	2 0	1 2½	1 2½
Corporal	2 8	2 6	2 6
Bombardier	2 5	2 3	2 3
Gunner... ..	1 4	1 2½	1 2½
Driver	1 3	1 2½	1 2½

2.—ROYAL ENGINEERS.

	<i>s. d.</i>
Company serjeant-major.. ..	3 9
Company quarter-master-serjeant	3 9
Serjeant	3 3
Farrier-serjeant	3 3
Shoeing and carriage smith, corporal	2 6
Trumpeter and bugler	1 1½
Shoeing and carriage smith	2 0
Corporal	2 6
2nd corporal	2 2
Sapper or driver	1 1½

Engineer pay at rates varying from 4*d.* to 2*s.* a-day will be given according to rank and rating.

3.—INFANTRY.

Quarter-master-serjeant	4 0
Colour-serjeant	3 6
Serjeant	2 4
Serjeant-drummer	2 4
Bugler, fifer, piper or drummer.. ..	1 1
Corporal	1 8
Private	1 0

4.—ARMY SERVICE CORPS.

					s.	d.
Company serjeant-major ..	..	..	..	..	4	3
Staff quarter-master-serjeant ..	..	..	..	..	4	3
Company quarter-master-serjeant ..	..	..	..	..	4	0
Staff-serjeant ..	..	..	..	..	4	0
Serjeant ..	..	..	..	..	2	7
Corporal ..	..	..	..	..	2	0
2nd corporal ..	..	..	..	..	1	9
Wheeler staff-serjeant ..	..	..	..	..	4	0
„ corporal ..	..	..	..	..	2	0
Saddler staff-serjeant ..	..	..	..	..	4	0
„ corporal ..	..	..	..	..	2	0
Farrier staff-serjeant ..	..	..	..	..	4	0
„ corporal ..	..	..	..	..	2	0
Shoeing and carriage smith ..	..	..	..	..	1	2
Trumpeter ..	..	..	..	..	1	2
Driver or private ..	..	..	..	..	1	2

Corps pay from 3d. to 1s. 2d. will be given according to rating.

5.—ROYAL ARMY MEDICAL CORPS.

Staff-serjeant ..	..	..	..	..	..	4	3
Serjeant ..	..	..	..	..	..	2	8
Corporal ..	..	..	..	..	..	2	1
Bugler ..	..	..	..	..	..	1	2
Private ..	..	..	..	..	..	1	2

Corps pay varying from 4d. to 1s. will be given according to rank and duty.

II.—Allowances.

Separation allowance at the following rates will be given for the families of all married non-commissioned officers:—

	s.	d.
Wife of colour-serjeant, or squadron, battery, troop or company serjeant-major, or similar rank ..	1	4
Wife of soldier other rank than those above referred to ..	1	1
Each girl under 16 years or boy under 14 years ..	0	2
Ditto if motherless ..	0	4

Army rations will be issued free for all N.C.O.'s and men, and these will be supplemented by regimental arrangement, each Officer Commanding being given 1s. a-day for each N.C.O. and man for this purpose.

By Command of the Army Council.

EWD Ward

THE WAR OFFICE,
November, 1907.

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or 1907.

TARRANTS.

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a.c. 1819/1907.

ARMY MEDICAL SERVICE

Complaint of Slow Promotion

DOCTORS DEMAND CONTROL

"The War Office have tried to run their doctors for a century, and made a mess of it. There is too much 'military' business about the 'high-ups,' and not enough doctoring. . . .

"Why have an A.D.M.S. of an area? And why have a D.A.D. of Hygiene to assist him? Neither is wanted. The man who runs the hospital can do all this area 'stunt' on his own. What is the solution? Obviously an Imperial Medical Service, divorced from the War Office, and run by doctors for doctors."

This is the editorial comment which appears in the April number of "Fighting Forces" (Gale and Polden, 5s.) on the present position of the Royal Army Medical Corps.

It supports the criticism which appeared recently in the "Morning Post" concerning the unpopularity of this branch of H.M. Forces with medical students, since in its present state they see no prospect which would make it worth their while to join the Service.

"Promotions to the rank of Lieutenant-Colonel since the Armistice probably do not number 100, and Majors awaiting promotion are getting on for 50 years of age. Majors who have 20 years' service cannot hope for promotion until all the present Lieutenant-Colonels, Colonels, and Generals have retired. . . . Unless something is done the R.A.M.C. will become a corps with its tail down."

IMPORTANCE IN WAR

It is pointed out that since the recent war conditions have steadily deteriorated. The superstitious look on it as a Corps that has no luck about it, and the consequence is that no officer of the R.A.M.C. will encourage his son to join the corps.

"Yet the R.A.M.C. officer knows his importance in war, and has a vivid recollection of the splendidly efficient work his Corps did in the great crisis. He was a 'big noise' in war time, and should be a 'big noise' in peace as well. The normal practitioner only sees disease; the Service doctor sees health, and health is what the profession needs to study."

A R Hunchley. J.

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THE
DEPARTMENT OF
AGRICULTURE

OFFICE OF
FOREST SERVICE

WASHINGTON, D. C.

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QUESTIONS.

Mr. John D. Conrie, acting secretary to the Volunteer Medical Officers of the Leithians District, put a number of questions on their behalf, which Sir Alfred Keogh answered as follows:—What medical organisation would the Army Council expect Edinburgh to provide?—One general hospital and one field ambulance.

If a field ambulance is formed, would it supply its own transport section, and by whom would this be trained?—Yes. It would be trained by the officer commanding and the officers under him.

If a field ambulance is formed in Edinburgh, will its headquarters be raised to the status of a school of instruction, with an officer of the Royal Army Medical Corps attached as Adjutant?—The ambulance will be raised to the status of a school of instruction, but there would not be an officer of the R.A.M.C. attached. But he would be available to come here periodically to train and instruct.

What equipment will be allowed to the field ambulance for instructional purposes?—That is a question which is at present under consideration.

If equipment is allowed on the same scale as laid down in Equipment Regulations, part II, section 18, app. 15, would sufficient grants be allowed to enable the commanding officer to provide suitable headquarters with sufficient storage?—Sir Alfred said the County Associations maintained and administered the units. What they were engaged in doing now was to raise the units for the County Association, because they recognised that as the County Association consisted of the most part of laymen, the raising of such technical units as medical units could not be very well delegated to them. But when raised they were handed over in the same way as other units. The provision of drill halls was one of the duties of the County Association, and it was to them the medical officers must look for work of that kind. The territorial associations had nothing to do with training in the case of medical officers: the grant was given to him, and he distributed it. (Applause.) Would he be required to organise and train a sanitary section in addition to a field ambulance?—Yes, you would be required to raise and train the men who are to be attached to hospitals and for other units in time of mobilisation and war, for water duties, &c., and to train if required the eight men per battalion in the other sanitary departments.

EXISTING OFFICERS AND ADVANCEMENT

Will the present regimental medical officers be allowed to remain with their regiments, even if their number should be in excess of the establishment?—I should be in favour of that most certainly. (Applause.)

Will officers of the Territorial Army Medical Corps who are otherwise specially qualified be eligible for appointment to the staff of general hospitals, and if so, will they have a preference over other physicians and surgeons of corresponding professional status?—I should say so, certainly. I think the ideal thing for an officer of a general hospital is that as a young man, as a house surgeon, he should have joined the territorial medical service, and as he worked up his way in the profession he should work his way up in the territorial service. When he becomes a teacher on

professor, then he could reasonably leave the ambulance and join the general hospitals of the organisation. I think his value to the organisation would be greatly increased by the fact that he had military training. (Applause.)

Will the Company of University R.A.M.C. Volunteers be included in the establishment of the local field ambulance?—That is a question which it is almost impossible for me at present to answer, but I should say no. I should say it will belong to the officers' training corps, which is about to be established; but on that point I have not very certain information.

Brigade-Surgeon Lieutenant-Colonel J. Bruce Ronaldson, Haddington, proposed a vote of thanks to Sir Alfred Keogh. He had little doubt, he said, that in the near future the thanks of a grateful nation would be due to Mr. Haldane for this scheme.

Professor Cunningham seconded, and the vote of thanks was heartily accorded.

THE SCOTSMAN, DECEMBER 18, 1907. THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

THE PRINCIPLES OF THE SCHEME.

SIR ALFRED KEOGH, Surgeon-General, Director-General, Army Medical Service, has issued a memorandum explaining the principles upon which it is proposed to reorganise the Medical Service of the Territorial Force. The memorandum is in the following terms:—

An organisation of the Medical Service of the Territorial Force has been approved. In devising the scheme effect has been given to the special representations which have been made to the Secretary of State by a Committee of Volunteer medical officers, and regard has been had to certain special difficulties which surround the subject. It is proposed to consolidate the personnel into a homogeneous corps under which system alone is co-ordination of function in time of war in the United Kingdom possible. But the formation of a body similar to the other consolidated corps (artillery, engineers, &c.), not being incompatible with a regimental medical system, it is proposed to perpetuate that system throughout the Territorial Force as at present existing in the Volunteers. The various medical units necessary for the divisions of the Territorial Force will be raised, as far as possible, within the areas in which these divisions are to be formed, as will also the personnel of officers, non-commissioned officers, and men required for several special duties outside these units. I allude to specially trained men of the Medical Corps attached to battalions for sanitary duties. The corps generally will be modelled upon the lines of the Royal Army Medical Corps of the Regular Army. Opportunity is thus afforded to the members of the medical profession of selecting those branches of work which, whether from inclination or from the special circumstances of their public or private duties, are alone possible for them to undertake. It is true that in some respects the new organisation is but an expansion of the existing organisation of the Medical Service of the Volunteers. Thus, for instance, the existing bearer companies and field hospitals of the Royal Army Medical Corps Volunteers become consolidated into field ambulances for cavalry and infantry, and are raised to the number of three for each division of the Territorial Force.

NEW FEATURES.

There are, however, features altogether new. It is proposed to delegate one selected officer to each division for administrative duties on lines, as far as possible, similar to those of the Regular Medical Service. Again, it is proposed to supply the Territorial Force with hospitals, stationary and general, which have not hitherto existed. The staffs of these hospitals will consist of civil hospital physicians and surgeons, and although possessing no organic connection with the divisions, will be raised in the same territorial area should the local staffs of the civil hospitals co-operate for work in time of war in the vicinity of their own civil hospitals. Again, for preserving the health of the Territorial Force troops during operations for home defence the cordial co-operation of these members of the medical profession who are engaged in preventive medicine will be sought. They will be asked to assist with their advice in time of war should troops be massed in the vicinity of their own spheres of work. These, like the hospital physicians and surgeons, will be asked to become officers in a suite of the Medical Service. The whole will be placed under the Director-General of the Army Medical Service. The introduction of these three new features mark, it is believed, a decided advance towards the efficiency of the Medical Corps. It is not proposed to make decisions upon the time of a suitably members. The choice which they will voluntarily assume in time of war in the United Kingdom are identical with those which they perform in civil life. The officer personnel, both for hospitals and for sanitation, will, it is hoped, be sufficiently large—larger than the actual requirements—to enable the utmost elasticity as regards the assumption of duties in time of war.

THE PERSONNEL.

The new corps will consist of officers, warrant officers, non-commissioned officers, and men. An appeal will further be made to the nursing profession to volunteer for duty in time of war in the Territorial hospitals. The personnel will, therefore, be distributed:—(a) To combatant units for

general medical and sanitary work; (b) to field ambulances; (c) to hospitals; (d) to the sanitary branch; (e) to the Administrative Divisional Staff. While the normal numbers required for each division are detailed, it should be understood that in the case of the sanitary and hospital and nursing branches numbers in excess of those will be enrolled, according to local resources, to ease personal liability. In order to abolish certain difficulties which have hitherto existed in enabling Volunteer medical officers to obtain certain certificates of proficiency, and in order to admit of the training of officers, non-commissioned officers, and men in the various branches of military medical work, selected headquarters of field ambulances will be raised to the status of schools of instruction, an adjunct of the Royal Army Medical Corps being appointed, and the resources of every military hospital throughout the country will be placed at the disposal of the medical officers of the Territorial Force. Approximate courses of instruction in civil hospitals will receive recognition, and, in a word, the fullest latitude will be given to the medical authorities to avail themselves of the resources at their own disposal at the disposal of civil institutions. A tabular statement of the course of training is given. While certain specific annual duties will be required of the officers, non-commissioned officers, and men of the corps (other than hospital officers and sanitary officers and members of the Nursing Service), every attempt has been made to avoid imposing rigid conditions devoid of a definite elasticity. Thus, for instance, while the war establishment of battalion medical officers is one, two will be detailed in the case of the Territorial Force. It is essential that normally one of these should attend the camp training of his battalion, and that the other should perform certain specific obligations (displayed in Table II), in lieu of camp attendance.

ALTERNATIVES TO CAMP ATTENDANCE.

Camp is in no case obligatory on any individual should his personal circumstances render attendance impossible, but alternative courses are offered. This applies with equal force to the subordinate personnel. In the event of neither battalion medical officer being able to attend the camp of his corps, it shall be within the power of the Territorial principal medical officer to arrange for another officer of the Medical Corps to attend should he be able to do so. The lightening of the medical officer is thus more easily attained through the medium of the consolidated corps in which co-ordination can be effected through the principal medical officer. In a word, the position which the Army Council seeks to attain in regard to medical organisation and training is one in which the general arrangements year by year shall be made by the members of the medical profession in each Territorial area after conferring with one another, the results of the conference being submitted to the Director-General of the Army Medical Service, by whom it is proposed the training shall be administered. These are the main features of the new scheme. The relation of the medical units to the County Associations will be similar to that of other units, but the Director-General, Army Medical Service, will administer the same allotted for training. All future appointments to the Medical Service of the Territorial Force will be gazetted as to the Medical Corps, and existing regimental medical officers may elect to join it. The order of seniority of officers in the corps will be that of their seniority in the now existing organisation, but eventually there will be a fixed establishment of colonels and lieutenant-colonels. Officers will attain the rank of major after 15 years' service as captain, and captain after 3½ years' service as lieutenant.

The Director-General of the Army Medical Service will make the following appointments of officers:—1, Principal Medical Officers; 2, Staff Officers (appointed from the Regular Medical Service); 3, Adjutants (appointed from the Regular Medical Service); 4, to the command of medical units; 5, the whole of the personnel of the sanitary and hospital branches.

December 1907.

ROYAL WARRANTS.

*Messing Allowance.

Grant messing allowance from the date of attestation instead of as heretofore on completion of 6 months' service or attainment of permanent rank above that of private; soldiers enlisting on or after 1st November, 1907, shall receive messing allowance from the date of attestation, and that all soldiers serving on that date, who have not before that date become eligible for messing allowance under existing rules, shall begin to draw it from such date provided, however, that recruits specially enlisted not in conformity with the regulations as to age shall not draw the allowance until they attain the age of 18.

Soldiers enlisting or re-enlisting after the above-mentioned date shall draw kit allowance from the day succeeding that upon which they complete 6 months' service on their current attestation, and that soldiers serving on that date shall remain eligible for the allowance under existing rules.

a.c. 1819/1907.

Nov. 30, 1907.]

RESULTS OF EXAMINATIONS

The following tables represent examinations for the Services since one for the Indian Medical Service, and one for the Royal Army Medical Service.

TABLE I.

Showing the Extent of the Competitions.

Services.	No. of Candidates.
Royal Navy Medical Service.	11
Royal Army Medical Corps...	44
Indian Medical Service ...	33
Total or average ...	90

TABLE II.

Showing whence the Candidates received their Licences.

Licensing Body.	Number of Candidates.
English Colleges and Universities
Scottish
Irish
Colonial
Mixed
Total or average

TABLE III.

Showing the Proportion of Candidates of each Country.

Country.	Number of Candidates.
England ...	25
Scotland ...	13
Ireland ...	17
Colonies ...	0
Mixed ...	0
Total or average ...	55

TABLE IV.

Showing the Relative Success of the Candidates in Proportion to their Numbers.

Country.	Number of Candidates.	Number who passed.
England ...	33	...
Scotland ...	23	...
Ireland ...	31	...
Colonies ...	0	...
Mixed ...	3	...
Total or average ...	90	...

TABLE V.

Showing the Percentage of Candidates who passed the Standard, including those who failed on the first attempt.

Countries.	Number who Entered.	Number who Passed.
English candidates ...	33	31
Scottish ...	23	17
Irish ...	31	23
Colonial ...	0	0
Mixed ...	3	2
Total or average ...	90	73

TABLE VI.

Showing the Proportion of those who Failed on the first attempt.

Country.	Number of Candidates.	Number who Failed.
English candidates ...	33	2
Scottish ...	23	6
Irish ...	31	8
Colonial ...	0	0
Mixed ...	3	1
Total or average ...	90	17

portant effect on the morale of troops, as men did not mind being hit very much, but they did mind the suffering that must arise from the absence of proper medical arrangements. The medical service not only took care of the sick and wounded, but was responsible for retaining the fighting strength of the army in the field. If you had an inefficient, careless medical service in the field, the army would waste to an enormous extent. If men were able to trickle away through the hospitals and get home to England, the fighting force was diminished in strength. That was an indication of the necessity for a medical service being thoroughly well trained for all the work that devolved upon them in war. The medical service was thus not merely a glorified Red Cross society. This was thoroughly understood on the Continent, but it was not understood here. They had never properly understood what a powerful influence for good a regimental medical officer was, in the direction of sanitation rather than of clinical work. Commenting on the defects of the old Volunteer medical service, he pointed out that there were no medical administrators, as in the case of the Regular Army. There were a few heavier companies utterly inadequate for the work of the local force. There were no hospitals. It would be impossible for the civil hospitals to do anything, owing to the stress there would be upon them, in the case of invasion, which meant distress, while distress again meant disease. They must provide hospitals for the sick and wounded in time of mobilisation. He commended adversely on the old rule requiring Volunteer medical officers to render themselves "efficient" by going to camp every year. If the work a man was required to do in war was the same work that he was doing every day, he should not be required to do so. This condition had led them to the services of eminent physicians and surgeons. They now knew the strength of the force they wanted for Scotland; they required 42 ambulances, 23 general hospitals, with administrators and sanitary officers. They should have a principal medical officer and administrator for each division of the citizen Army. To provide for all the training they had decided to establish in each territorial area a school. There were great misconceptions as to what this school was. The conception they had of a school was this—if they raised an ambulance in Edinburgh, the officer commanding would be responsible for the instruction of the subordinate personnel. He should put himself in touch with any experts in certain branches who would be willing to assist him. The Sanitary Officer of the city, for instance, might come down and give lectures on the sterilising of water by heat or chemical methods. He would be welcome as a member of the school, even if he were not a member of the territorial force.

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professor, then he could reasonably leave the ambulance and join the general hospitals of the organisation. I think his value to the organisation would be increased by the fact that he had military training. (Applause.)

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Professor Cunningham seconded, and the vote of thanks was heartily accorded.

THE SCOTSMAN.

DECEMBER 18, 1907.

THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

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An organisation of the Medical Service of the Territorial Force has been approved. In devising the scheme effect has been given to the special representations which have been made to the Secretary of State by a Committee of Volunteer medical officers, and regard has been had to certain special difficulties which surround the subject. It is proposed to consolidate the profession into a homogeneous corps under which system alone is co-ordination of function in time of war in the United Kingdom possible. But the formation of a body similar to the other consolidated corps (artillery, engineers, &c.), not being incompatible with a regimental medical system, it is proposed to perpetuate that system throughout the Territorial Force as at present existing in the Volunteers. The various medical units necessary for the divisions of the Territorial Force will be raised, as far as possible, within the areas in which those divisions are to be formed, as will also the personnel of officers, non-commissioned officers, and men required for the several special duties outside these units. I allude to specially trained men of the Medical Corps attached to battalions for sanitary duties. The corps generally will be modelled upon the lines of the Royal Army Medical Corps of the Regular Army. Opportunity is thus afforded to the members of the medical profession of selecting those branches of work which, whether from inclination or from the special circumstances of their public or private duties, are alone possible for them to undertake. It is true that in some respects the new organisation is but an expansion of the existing organisation of the Medical Service of the Volunteers. Thus, for instance, the existing bearer companies and field hospitals of the Royal Army Medical Corps Volunteers become consolidated into field ambulances for cavalry and infantry, and are raised to the number of three for each division of the Territorial Force.

NEW FEATURES.

There are, however, features altogether new. It is proposed to delegate on selected officer to each division for administrative duties on lines, as far as possible, similar to those of the Regular Medical Service. Again, it is proposed to supply the Territorial Force with hospitals, dispensaries and general, which have not hitherto existed. The staffs of these hospitals will consist of civil hospital physicians and surgeons, and although possessing no organic connection with the divisions, will be raised in the same territorial area should the local staffs of the civil hospitals co-operate for work in time of war in the vicinity of their own civil hospitals. Again, for preserving the health of the Territorial Force troops during operations for home defence the co-operation of those members of the medical profession who are engaged in preventive medicine will be sought. They will be asked to assist with their agencies in time of war should troops be massed in the vicinity of their own sphere of work. These, like the hospital physicians and surgeons, will be asked to become officers of the suite of the Medical Service. The whole will be placed under the Director-General of the Army Medical Service. The introduction of these three new features mark, it is believed, a decided advance towards the efficiency of the Medical Corps. It is not proposed to make demands upon the time of a large number of members. The duties which they will voluntarily assume in time of war in the United Kingdom are identical with those which they perform in civil life. The officer personnel, both for hospitals and for sanitation, will, it is hoped, be sufficiently large—larger than the actual requirements—to enable the utmost elasticity as regards the assumption of duties in time of war.

THE PERSONNEL.

The new corps will consist of officers, warrant officers, non-commissioned officers, and men. An appeal will further be made to the nursing profession to volunteer for duty in time of war in the Territorial hospitals. The personnel will, therefore, be distributed:—(a) To combatant units for

general medical and sanitary work; (b) to field ambulances; (c) to hospitals; (d) to the sanitary branch; (e) to the Administrative Divisional Staff. While the normal numbers required for each division are detailed, it should be understood that in the case of the sanitary and hospital and nursing branches numbers in excess of those will be enrolled, according to local resources, to ease personal liability. In order to abolish certain difficulties which have hitherto existed in enabling Volunteer medical officers to obtain certain certificates of proficiency, and in order to admit of the training of officers, non-commissioned officers, and men in the various branches of military medical work, selected headquarters of field ambulances will be raised to the status of schools of instruction, an adjutant of the Royal Army Medical Corps being appointed, and the resources of every military hospital throughout the country will be placed at the disposal of the medical officers of the Territorial Force. Approximate courses of instruction in civil hospitals will receive recognition, and, in a word, the fullest latitude will be given to the medical authorities to avail themselves of the resources at their own disposal or at the disposal of civil institutions. A tabular statement of the course of training is given. While certain specific annual duties will be required of the officers, non-commissioned officers, and men of the corps (other than hospital officers and sanitary officers and members of the Nursing Service), every attempt has been made to avoid imposing rigid conditions devoid of a definite elasticity. Thus, for instance, while the war establishment of battalion medical officers is one, two will be detailed in the case of the Territorial Force. It is essential that normally one of these should attend the camp training of his battalion, and that the other should perform certain specific obligations (displayed in Table II.), in lieu of camp attendance.

ALTERNATIVES TO CAMP ATTENDANCE.

Camp is in no case obligatory on any individual should his personal circumstances render attendance impossible, but alternative courses are offered. This applies with equal force to the subordinate personnel. In the event of either battalion medical officer being able to attend the camp of his corps, it shall be within the power of the Territorial principal medical officer to arrange for another officer of the Medical Corps to attend should he be able to do so. The lightening of the apparently more pressing liabilities of the medical officer is thus more easily attained through the medium of the consolidated corps in which co-ordination can be effected through the principal medical officer. In a word, the position which the Army Council seeks to attain in regard to medical organisation and training is one in which the general arrangements for this medical provision made by the members of this medical profession in each Territorial area after conferring with one another, the results of the conference being submitted to the Director-General of the Army Medical Service, by whom it is proposed the training shall be administered. These are the main features of the new scheme. The relation of the medical units to the County Associations will be similar to that of other units, but the Director-General, Army Medical Service, will administer the sums allotted for training. All future appointments to the Medical Service of the Territorial Force will be gazetted as to the Medical Corps, and existing regimental medical officers may elect to join it. The order of seniority of officers in the corps will be that of their seniority in the now existing organisation, but eventually there will be a fixed establishment of colonels and lieutenant-colonels. Officers will attain the rank of major after 16 years' service as captain, and captain after 3½ years' service as lieutenant.

The Director-General of the Army Medical Service will make the following appointments of officers:—1, Principal Medical Officers; 2, Staff Officers (appointed from the Regular Medical Service); 3, Adjutants (appointed from the Regular Medical Service); 4, to the command of medical units; 5, the whole of the personnel of the sanitary and hospital branches.

December 1907.

ROYAL WARRANTS.

*Messing Allowance.

Grant messing allowance from the date of attestation instead of as heretofore on completion of 6 months' service or attainment of permanent rank above that of private; soldiers enlisting on or after 1st November, 1907, shall receive messing allowance from the date of attestation, and that all soldiers serving on that date, who have not before that date become eligible for messing allowance under existing rules, shall begin to draw it from such date, provided, however, that recruits specially enlisted not in conformity with the regulations as to age shall not draw the allowance until they attain the age of 18.

Soldiers enlisting or re-enlisting after the above-mentioned date shall draw kit allowance from the day succeeding that upon which they complete 6 months' service on their current attestation, and that soldiers serving on that date shall remain eligible for the allowance under existing rules.

a.o. 2619/1907.

