

Newspaper cuttings scrapbook re the Army Medical Services/Royal Army Medical Corps, 1895-1907 compiled by Lieutenant Colonel William Johnston. Volume 2

Publication/Creation

Sep 1900-Mar 1902

Persistent URL

<https://wellcomecollection.org/works/jyn2j6fk>

License and attribution

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

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

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



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

174

News Cuttings

174

174
H. W. H.



W. Johnston.



Army Medical Service

Vol IV.

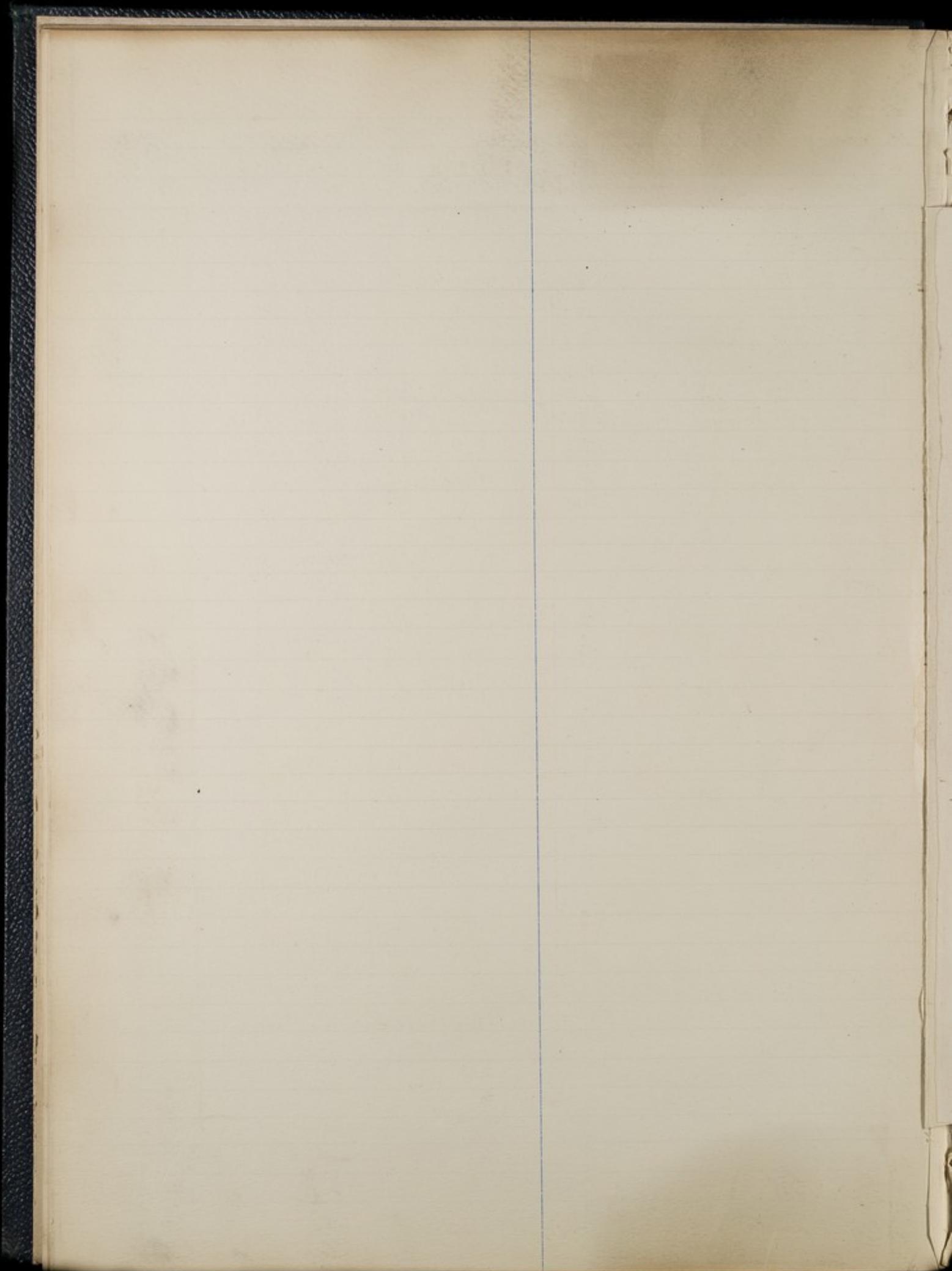
Sept. 1900 — March 1902.

10/17
3/6

A
B
C
D
E
F
G
H
I
K
L
M
N
O
P
Q
R
S
T
V
W
X
Y
Z

**A Number of Blank Pages Follow, which have
not been Photographed.**

E
F
G
H
I
K
L
M
N
O
P
Q
R
S
T
V
W
X
Y
Z



tary hospitals are not so mobile as the regular military institutions will be amply confirmed by all who have had anything to do with them. They are admirable establishments, and the *élite* of the cases get better attendance in them than elsewhere, but they do not fulfil the paramount military consideration of dealing with the maximum of patients in the shortest possible time. In military medical work it is better to give 150 men comfort than to give 100 luxury and leave the other 50 alone. The voluntary hospitals lose in breadth as they gain in depth; moreover, their expenses are enormous. The British taxpayer would strike hopelessly if he was asked to run the permanent service on the lines of the voluntary institutions called forth by the enthusiasm born of a great national emergency. His remarks about the necessity of the R.A.M.C. having its own transport arrangements bear the stamp of common sense. The dual control of transport is responsible for much red-tapeism and more delay and friction.

VOLUNTEER ORDERLIES.

Upon Major MacMahon's dictum that the R.A.M.C. orderlies are superior to the St. John men and volunteers there is some difference of opinion, but most of the medical officers with whom I have discussed the question agree with the witness that the volunteer, willing and intelligent as he usually is, lacks grievously the *savoir faire* which comes only by practical training. He is all very well if he has a sister constantly at his elbow, but left alone, for ever so short a time, he either does not act at all or shows the meddlesomeness begotten of inexperience. To illustrate what I mean, I heard of one case in which a typhoid patient was found to have got up to defecate. The sister was out of the ward for a time, and when she returned found this out. The volunteer orderly's reply was characteristic, "He had had no orders to keep that particular man in bed." Now, the R.A.M.C. man in a similar position would have taken the simple fact of the patient being marked enteric as quite sufficient warrant for sturdily refusing him permission to stir from between the sheets. As I have said before, a week or two's drill will make your average citizen a very good bearer and first-aid man; nothing but actual experience will make him a passable orderly.

THE ALLEGED PAUCITY OF NURSES.

With the witness's opinion as to there being too few nurses at the general hospitals at the base I can hardly agree, unless he refers to the condition of things obtaining in the early days when nurses were very scarce. In my humble opinion the number of sisters now stationed at the base is more than sufficient. With properly trained orderlies the nurse has only to supervise; in other words, not to perform the duties of a nurse in a civil hospital, but rather those of a ward sister. And it is well that it should be so. If you attempt to run all the nursing by nurses, how are you going to give your orderlies that practical training which they will sorely need during operations where nurses are not obtainable? Moreover, in any base hospital there must be a far larger proportion of convalescent or slightly ill patients than in a civil hospital, and this class certainly does not need the highest type of nursing.

THE BURDEN OF ADMINISTRATIVE WORK.

Major MacMahon alluded to the burden of administrative and clerical work as materially hampering the principal medical officer's staff, and this was repeated by several of the witnesses. No one can doubt that this is the case. Any system which practically withdraws from professional work the officers above the rank of major, and which puts even the major into the position of fifth wheel to a coach, as is the case in the general hospitals, is regrettable. The remedy, however, is not so obvious. It is certain that no critic, whether civilian or medical officer, is in a position to point out the *modus operandi* of improvement, unless he has himself been through the office mill. A departmental commission should go into this matter at an early date. The outside critic must not dogmatise about red tape and the like. No big organisation can go on without system, and system involves forms, correspondence, and supervision of officials of one grade by those of another. The critics would be the first to complain if relatives in England could not get prompt particulars about sick soldiers. The remedy is certainly not

to be found in a return to the old bad system of putting the sick and the hospital alike under non-professional authority, and relegating the R.A.M.C. officers to the position of professional camp followers. This system has been tried and found wanting, and if once reintroduced will render the service far more unpopular than it is now. But it is surely possible to steer a middle course, and, whilst keeping the whole of the disciplinary control intact under the principal medical officer, to somewhat simplify returns and correspondence, to put more of the clerical work in the hands of clerks, and, to adopt a suggestion made by Colonel Ivor Herbert, to delegate much of the supervision of ward and "domestic" routine to an official of the same stamp as the steward or lay superintendent of some civil hospitals. But, with reference to this last item, it is essential that the official in question should have commissioned rank, and that the said commissioned rank should be junior to that of the professional officers. In my humble opinion, the quartermaster in a station hospital or an additional quartermaster in a general hospital would be what it wanted.

With a principal medical officer relieved of much of his clerical work, and with the duty of seeing that wards are clean, diets properly served, and orderlies at their posts, performed by a quartermaster, the head of a general hospital would have time to personally give the subordinate medical officers all the professional supervision needed, and, part of the divisional officers' work being taken over by the principal medical officer, and part by the quartermaster, these "fifth wheels" might well be dispensed with as such; and a major could take wards the same as a captain or lieutenant, with perhaps the difference that he could be allowed to take over the pick of the cases, the wards of the majors being a sort of "clinical wards." That the divisional officers might be improved off the face of the earth is shown by the fact that, even with a staff almost or entirely civil, the registrars have, in several hospitals, taken over divisional duties in addition to their own without anybody suffering thereby; and if this can be done with a staff of civil surgeons, the plan could be extended with the normal R.A.M.C. staff, who naturally require less supervision. Colonel O'Connor, whose office experience is considerable, freely admitted the burden of clerical work, and, I have no doubt, would, if questioned on the subject, be able to indicate directions in which it might be reduced.

THE UNDERMANNING OF THE R.A.M.C.

Professor Dunlop's evidence derives special value from his being the only civil surgeon witness with a practical knowledge of general hospitals, and it is with such hospitals that the Commission is at present mainly concerned. He emphasises the exact situation by saying that the patients at No. 1 were as well treated as they would have been at Glasgow, and his testimony, backed up by that of Professor Chiene, emphatically acquitted the medical staff of any neglect. He dwelt, very properly, upon the grievous professional detriment to the R.A.M.C. officers through want of study leave, but we must never forget that this hinges upon a whole train of circumstances. Officers cannot get study leave as long as there are so few of them. You can hardly increase the establishment until you can fill the present effective list, and you cannot do this until the service competes in popularity with civil careers. The whole thing works round in a vicious circle, and the man who cuts that circle will be the man who can suggest a remedy for the unpopularity of the Service as compared with, say, the I.M.S. That point will be more fittingly dealt with under Mr. Bowlby's evidence. Professor Chiene's testimony was what one would have expected from "honest John," as his old students lovingly called him. He plainly pointed out where some faults appeared, but certainly disposed of all the grosser allegations of general neglect and incompetency. Upon one point I think he made himself liable to be misunderstood; that of the tube for ordering which he was censured. The error on his part, I take it, was not that he did not consult headquarters about the tube, but that he did not order it through the principal medical officer of the hospital. I have before placed it on record that Colonel Supple never insists on requisitions for emergency instruments passing through his office, but he rightly expects that they should go through some authority. If this were not done any junior civil surgeon might be ordering things on his own account, and the result would be chaos.

THE PATIENCE OF TOMMY ATKINS.

Nurse Richardson showed a little professional bias against the orderlies, and I must certainly differ from her as regards the patience of Tommy. Everybody I have met with who knows him assures me that he is remarkably prompt in insisting on his rights and in full measure.

WOODSTOCK AND GREENPOINT HOSPITAL.

The Woodstock and Greenpoint inspections brought forth no facts needing comment, but they conclusively proved that no complaints of any importance needed ventilation. The few elicited were of the most flimsy character. Father O'Reilly's testimony was especially valuable. He is a most devoted priest, heart and soul with his people, and a man who never minces matters either favourably or otherwise. Those who know him are confident that, had he heard any complaints to speak of he would have "hit out hard." Dr. Scholtz, a local practitioner who has been up at the front with the Langman Hospital and otherwise, unintentionally promulgated a delusion with reference to the nomenclature. Army ideas in the way of diagnosis are not quite up to the standard of a London hospital registrar, but Dr. Scholtz was unfortunate in alleging that a medical officer is tied down to the return form in diagnosis. By regulation he may return anything in the Royal College of Physicians' *Nomenclature*. The ordinary weekly return has, for convenience sake, an excerpt from that *Nomenclature*, and it is obviously desired, by the clerks especially, that this return should be adhered to as far as possible, but anything else in the *Nomenclature* can, by regulation, be inserted in manuscript under the proper class of disease. It may be that Dr. Scholtz had to do with a registrar who wanted to save himself or his clerks trouble, but he was in a sufficiently independent position to have insisted on the regulation liberty. Why he gave pneumonia as an instance in point I cannot understand, as that disease is constantly returned and has a printed line on the very form he condemns.

MR. BURDETT-COUTTS AND THE TRAFFIC MANAGER.

Mr. Price's evidence showed Mr. Burdett-Coutts in a somewhat ungenerous light. The Chief Traffic Manager is one of the most courteous of men, sometimes to his own detriment, and it is a little hard that his rather injudicious politeness to Mr. Burdett-Coutts should have been made the handle for an attack.

CIVIL SURGEON AND MEDICAL OFFICER.

Colonel Sipple's evidence was clear and to the point, and every one who has watched developments knows that he has worked night and day to make things run along as smoothly as possible. He remarked that civilian medical officers were less able to maintain discipline than the R.A.M.C. men. This is quite probable, but does it not teach the lesson that, in the first place they should always be granted temporary commissions, and in the second, that divisional officers should be scrupulously careful not to belittle them in the presence of the orderlies? The necessity for the employment of civilians at all is deplorable, but no system could obviate it in times of stress, and consequently it should be remembered that every care should be taken to give them, in Tommy's presence at least, all possible status. I am afraid that, too often, a dangerous impression is given that the civil surgeon has nothing whatever to do with discipline, and consequently the said civil surgeon gives up any attempt to enforce it. In some hospitals the civil surgeon keeps things in order very well, although probably not up to the lines of the R.A.M.C. man, in others he is a hopeless failure. And the same difference may be noticed even between two divisions in one hospital. The deduction is obvious. I can, speaking as an ordinary civilian practitioner, quite endorse Colonel Sipple's opinion that special sanitarians are not needed. Whatever may be the other professional shortcomings of the R.A.M.C. man, I am readily prepared to admit that one thing he invariably knows well, and that is sanitation.

Colonel MacNamara's remark that many civil surgeons do not readily accustom themselves to discipline is, unfortunately, too true in many cases, and the younger the man the worse sinner he is in this respect. They should be compelled to get a copy of the regulations before assuming duty, and told to read, mark, and inwardly digest them, and any offender

should be made an example of. And above all things the major should not say one thing and the colonel another. If the rule were strictly adhered to of never communicating with any body, officer, non-commissioned officer, or man, except through his immediate superior, most of the difficulties of maintaining discipline would disappear.

Reverting to Colonel Herbert's evidence, one is sorry to see him somewhat inclined to give further currency to the outrageous allegations made by a volunteer in the *Cape Times*. I have dealt with them on a former occasion, and endeavoured to point out that they stood self-condemned. Although the identity of the writer has been admitted, I still adhere to my opinion that they were too absurd to receive any credence whatever. It is remarkable that, although a good number of orderlies of the gross crimes which Mr. Saunders thought fit to lay to their charge. Whilst endorsing Colonel Herbert's suggestion for a sort of lay administrator, I cannot go with him in recommending that the whole management of the hospitals should be in the hands of such a layman. It is one thing to delegate certain duties to a layman, quite another to give over the entire control to him. The analogy with civil life may be strained too far. Tommy is educated in the idea of reverencing the Queen's commission, and you will never get him to pay much respect to the orders of anyone who does not bear it.

Colonel O'Connor's evidence was common sense throughout, but I imagine he must have been misrepresented when he said the fact of the Department being understaffed did not affect the patients. If men are overworked patients must suffer more or less.

PACITY OF CANDIDATES FOR THE R.A.M.C.

Finally, one might say a word or two about Mr. Bowby's explanation of the cause of the paucity of candidates for the service. Of the causes he enumerated, my own opinion is that the pecuniary one is the least operative. The pay is not much, but when taken into consideration with the pension, I feel certain that taking average men, who start in life without means to buy a practice, the R.A.M.C. Lieutenant-Colonel after twenty years' service is in a better position than his fellow who has struggled through a similar period in civil life. The real fault lies in the anomalous position of the junior ranks. Qualified men have the heart taken out of them by the lack of appreciation given to good professional work, and by the fact that whilst nominally responsible for their cases, they are subject to the professional control of superiors. The position of a house surgeon they understand, that of a man in responsible charge they equally understand; but that of a man who is responsible and yet fettered they kick at, and they diffuse their discontent far and wide through schools and universities. Of course, all these drawbacks are not universal. Numbers of the senior officers possess sufficient tact to make the wheels run smoothly, but to do so requires a combination of qualities which it is unreasonable to expect to find widely distributed. But the question of the depletion of the department must be fairly faced. What I should like to impress upon all concerned is that something more than mere increase of pay is needed.

The service must be made one in which professional interest can be cultivated, and in which self-respect will not be lost. In this connection it must not be forgotten that, human nature being what it is, one senior officer who domineers or ostentatiously sits on scientific work makes a more lasting impression upon the mind of the neophyte than half a dozen who act as gentlemen and members of a progressive profession. The former is brooded over, the latter are taken as a mere matter of course. The delinquencies of the former are dwelt upon to fellow-students, the good points of the latter are said nothing about, and so the service gets a bad name. At least, such is my impression from a perusal of evidence, got at first hand. But the Commission has so far failed to elicit any facts going to substantiate the allegations of carelessness and incompetency which have been so lightly, recklessly, and cruelly made. As with every other phase of human strife, *cherchez la femme* if you want to find out how it originated. I cannot conclude this letter better than by laying down the proposition that, in criticising a base hospital, one ought to ask oneself whether it is or is not as well conducted as the civil hospitals in the same place at the same time. Now, after carefully following the evidence, I am convinced that were the Commission to investigate the working of the New Somerset Hospital on the same lines as they have done that of the base hospitals—and the New Somerset is a presumably well-managed institution, for no one has denounced its management—it would be found that the military hospitals would in every single item, except the actual buildings, come out best in the comparison.

British Medical Journal.

SATURDAY, SEPTEMBER 22ND, 1900.

THE WAR IN SOUTH AFRICA.

THE HOSPITALS COMMISSION.

[FROM OUR CAPE TOWN CORRESPONDENT.]

Cape Town, August 28th.

THE Hospitals Commission has now been sitting continuously since the 21st, and has heard a considerable amount of evidence. So far, it is permissible to state that practically all the more serious charges against the hospitals at the base have broken down; indeed, it is remarkable that the local gentlemen who led the original chorus of complaint have persistently kept in the background. This bears out the impression I have previously put on record, that the charges made in the Cape Town papers and at the Cape of Good Hope Society were lamentably deficient in exactness. Indeed, in the one specific instance brought forward in connection with Rosebank, the prosecution caved in at once. It is a little disappointing to find that people who rushed into print with the gravest accusations against the department, collectively and individually, appear to have done so without being in possession of actual facts which they could have laid in evidence before a tribunal. It is, of course, premature to say what may be brought out against the hospitals up-country, but thus far, the evidence has been almost entirely in defence of the administration. This fact is a distinct gain, for it must be remembered that, although the lash was mostly applied to the backs of these hospitals, some very grave allegations were made against even the base hospitals, allegations which, were they proved to be justifiable, would carry, in a sense, more weight than those against the field institutions, inasmuch as military exigencies cannot be so strongly pleaded in defence of the former as of the latter. I am forwarding you a fairly detailed report of the actual evidence, so that all I need do here is to give you such a commentary upon certain items thereof as are suggested by my constant observation of the working during the whole of the war, and by my knowledge of the opinions of the local profession and of the medical officers, R.A.M.C., and civil surgeons.

THE PERSONNEL OF THE COMMISSION.

In the first place, I feel bound to record the almost universal feeling of surprise in local circles that the Commission did not include one combatant or Army Service Corps officer. It is felt, and by none more strongly than the profession, that so many of the alleged deficiencies in the medical administration are closely interwoven with ordinary military exigencies that the Commission should have had one member who could have put questions from the point of view of a practical soldier. In the absence of such a member, the important point of the way in which the R.A.M.C. is hampered by its being held in leading strings by lay officials is apt to be lost sight of. I can well understand that an army medical officer would feel considerable reluctance to argue out this aspect of the question unless actually questioned upon it, whilst even if faced by a more or less hostile examiner, he would probably bring forward plenty of facts to establish his position. Now, an officer of high rank with staff experience, preferably a general officer, would be exactly the man to elicit evidence as to the extent to which the army administration generally is involved in any proved defect, and even if he started his examination from a somewhat *ex parte* standpoint, the end of ventilating the subject would be gained all the same. Another point wherein the *personnel* of the Commission creates some surprise is that it does not include one experienced lay hospital administrator. Such men are to be found by the score in the United Kingdom, shrewd business men who have made hospital work a hobby, and by long service as chairmen or members of hospital Boards, have added to their business "common sense" an exact knowledge of hospital requirements and the difficulty of always supplying them, whilst to the idealism of this civil administrator the experience of the soldier who knows what war is would have been an admirable corrective.

CIVIL SURGEONS AND THE HOSPITALS.

Another point which I think is unfortunate is that, so far as I can gather, evidence has been entirely voluntary, by which I mean that no one unless it be officers of high rank have been actually invited to give evidence. Consequently there appears to be some opening for the inevitable remark of the scoffer that the evidence has been picked, and that the voice of the highly placed R.A.M.C. officer has been too much in evidence. Now, in making this criticism I wish to be distinctly understood not to insinuate that any intentional partiality to the department has been shown. On the contrary, I feel certain that, had a certain number of subordinate officers or even non-commissioned officers and men been summoned, the justification of the administration would have been more complete than it is even now. Take, for instance, the large body of civil surgeons now employed. These gentlemen occupy an absolutely unique position of advantage as possible witnesses. They have been for months interwoven with the actual every-day working of the hospitals just as closely as their brethren of the R.A.M.C., and they are in a position to give facts where others can only furnish impressions. They have by this time learnt what military exigencies are, and they know how great have been the difficulties confronting the administration. No one can accuse them of being biased by any undue military *esprit de corps*, and any testimony they might give exonerating the department would carry tenfold more weight than the same evidence from the R.A.M.C. man, because unconsciously they take the ordinary big civil hospital as their standard of comparison. If one of them says that the arrangements at a certain base hospital were as good as, or superior to, those of an ordinary civil hospital under similar circumstances, such an assertion would carry enormous weight, more especially as some of them have had large civil experience in the colony itself, and I feel certain that had some of the civil surgeons been examined their testimony would have gone almost unanimously in the direction of proving that Tommy Atkins has been getting better attendance in a military hospital than his fellows in civil life get at their own homes or in civil hospitals. And yet Professor Dunlop is practically the only purely civil surgeon who has given evidence. Dr. Scholtz hardly counts, for his experience was not that of

an officer day by day face to face with hospital difficulties. But it is evident that no civil surgeon with a proper idea of discipline could volunteer to give evidence. He would be set down as a busybody, if nothing else. If two or three of the senior civil surgeons had been invited to come forward, I feel certain that much valuable and impartial testimony in favour of the administration would have been elicited. It is absurd to say that they would have been terrorised from speaking their minds. They are only temporarily connected with the Service, and probably not one in a hundred of them has the remotest intention of accepting a commission if offered to him, so that no official frown would frighten them. It is, I repeat, regrettable that they have had no opportunity of speaking, more especially in the case of the Woodstock staff, for, as it happens, the only men at present at the hospital who were there during its most severe stage of stress (and criticism) are civilians. In support of the fact that I am not speaking without book, I only yesterday had a conversation with a gentleman who has been very active on Mrs. Chamberlain's side, and who, when I asked him whether he did not admit that his charges had broken down, at once rejoined, "Oh, yes, but why did the Commission carefully avoid calling anyone who was acquainted with the hospitals in December and January?" I, in reply, told him that in that case I should be surprised if the bottom would not have been further knocked out of his case, but he was not convinced, and probably will vigorously take up the same line of argument when it is too late to prove him wrong.

VOLUNTARY V. MILITARY HOSPITALS.

Passing on to some of the evidence, that of Major MacMahon has some valuable points. For instance, every one who knows this country will regard the fact of the supply people being able to furnish one hospital with 200 gallons of fresh milk daily as a triumph of administrative ability in a place like Bloemfontein during war time, and not a favourable period of the year. People in England regard milk as something always obtainable. Your South African knows what it is to go for months, even in an agricultural district, without a drop of that necessary fluid otherwise than made from the condensed article. Then, again, his contention that the volun-

THE TIMES, MONDAY, SEPTEMBER 24, 1900. THE HOSPITALS COMMISSION.

[FROM OUR CORRESPONDENT.]

DURBAN, Sept. 21.

The Hospitals Commission sat to-day, chiefly to hear evidence with regard to the hospital ships.

Sister McNeill, Mr. S. LeStrange, and Major Gerrard denied the allegations of Sheridan, who gave evidence yesterday, as to bad management on board the *Orcana*. The first two witnesses agreed that there was no lack of necessaries or comforts and that there were plenty of orderlies, and Major Gerrard put in official returns relating to the ship showing that there was an ample supply of everything all through.

Corporal Fraser also spoke of being well treated on board the hospital ships, but complained of lack of attention at Colenso owing to a scarcity of orderlies, and alleged that one dying man was not visited by an attendant for eight hours.

Nurse Roberts brought charges against certain doctors and nurses of the hospital ships engaged on board the transports *Sumatra*, *Assayo*, and *Lismore Castle*, and alleged that there was lack of necessaries and comforts and an insufficient number of orderlies. She stated that on the way to Cape Town from Natal the men on board the *Sumatra* were fed on nothing but bread and tea, and that the doctor said he could order nothing else as he was bound by red tape. She also complained that while on board the *Assayo* she had to tear up her apron and dress for bandages, although there was plenty of dressing on board.

The Commission will sit to-morrow to further investigate these charges.

SEPTEMBER 22.

Mr. Burdett-Coutts's complaints that the reports which have been telegraphed are considered are absolutely unfounded. The evidence has been generally favourable to the hospital management. The complaints of hardship and suffering which have been made in individual cases are being carefully investigated, and in some instances refuted. The charges against the hospitals involve such minute detail, and the evidence is so contradictory and voluminous, that telegraphed reports necessarily cannot cover everything, but the evidence will be fully dealt with in letters. The Commission is sparing no pains to arrive at the truth. To telegraph the allegations of some of the witnesses without further evidence would give a false impression.

Dr. Albert Morrison, who was summoned to give evidence to-day with reference to statements made by him in letters to the papers, wrote stating that ill-health prevented him from attending, but, as the President pointed out this morning, no medical certificate accompanied the letter.

Dr. Van Niekerk, civil surgeon on board the *Lismore Castle*, denied the allegations of Nurse Roberts yesterday, and stated that she was dismissed as being incompetent. Witness added that he had never seen patients better fed or attended to than on board that ship.

An orderly from the *Assayo* partially corroborated Nurse Roberts's charges against the ship's

doctor on board the *Assaye*, and admitted that there was friction between the nurses and the doctor. He did not notice that there was any lack of dressings. There were not more than five or six wounded on board. There was no trouble after leaving Cape Town. There was plenty of food and there was not the slightest undue suffering to the patients on that voyage. The statement that the men had nothing but bread and tea was absolutely untrue. During the two days' voyage from Durban to Cape Town things were not properly organized, but the patients were well fed. He admitted that a testimonial was given to Nurse Roberts, signed by about 75 per cent. of the patients on board, thanking her for her kindness to them.

Captain Van Koughnet, the Senior Naval Transport Officer here, considered that the statements of Nurse Roberts as to a lack of food were absolutely unfounded. The *Lismore Castle*, the *Sumatra*, and the *Assaye* were not hospital ships, but invalid ships carrying cases almost recovered. The ships were victualled by the companies owning them, and no complaints had been received.

Captain Holland, Assistant Naval Transport Officer, who fitted up the *Sumatra* before her voyage and saw all the invalids taken on board, stated that the men on board the *Sumatra* were nearly all wounded, but were fit to travel. He denied that the men were only fed on bread and tea. He had never heard a complaint about any ship until Nurse Roberts gave her evidence.

Lieutenant Brook produced departmental books showing that an ample supply of drugs and dressing was placed on board the ships.

Dr. Gilchrist, civil surgeon, spoke well of the management of the *Oreana*, on which he has been engaged since July last.

Dr. Hagger, the secretary of the Young Men's Christian Association here, spoke of the wards of the *Sumatra*, in October last, as being most comfortable. The men had no pillows, some even had no mattresses or blankets, and they were fed on bread and tea. The accommodation on board the *Lismore Castle* was much better, but there was friction between the orderlies and the doctors and the nurses, the former threatening to resign. On board the *Spartan* everything seemed in order, and the *Nubia* was as near perfection as anything on earth.

The Commission leaves to-morrow for Naauwpoort and Kimberley.

THE BRITISH MEDICAL JOURNAL.

SEPT. 29, 1900.

MR. BURDETT-COUTTS AND THE HOSPITALS COMMISSION.

MR. BURDETT-COUTTS has assured all whom it may concern that he will stick to his guns, adding—doubtless by way of striking terror into his enemies—that he has not yet burnt half his ammunition. So far his ammunition has been mainly of the nature of lyddite, which, according to the Boers, causes more smell than slaughter. The further bombardment which he promises will therefore be awaited by the public without any painful degree of excitement. In the meantime Mr. Burdett-Coutts is maintaining "an attitude of studied, if watchful, reserve." He does not appear to think it inconsistent with this attitude to bring against the press of this country what amounts to a general charge of publishing garbled reports of the evidence taken by the Hospitals Commission in South Africa. He says that the cabled reports have been filled with the evidence of officials, and that one would gather from these reports that there was never any ground for complaint and nowhere any room for improvement.

Whoever gathers anything of the kind from the reports must be as determined to look only on the bright side of the shield as Mr. Burdett-Coutts himself seems to be to see only the black side. The suggestion that at a time when political capital is being made of the "hospital horrors" by some newspapers, these very papers have joined with their contemporaries in a conspiracy of silence, which from a party point of view would be to their own disadvantage, would hardly commend itself to unprejudiced minds. Mr. Burdett-Coutts gives us a specific instance of the suppression of evidence which he alleges in the fact that in the report of a certain day's proceedings reference was made in only one London newspaper to the testimony of seven civilian doctors whom he describes as "the most important and reliable, because the most independent witnesses." The most obvious explanation of the strange unanimity with which able editors omitted the evidence of these gentlemen is that they did not think it worth publishing. We ourselves have throughout been careful within the limits of space at our command to give impartially a summary of all the evidence that we could cull from various sources, and we gave the gist of the evidence of the witnesses to whom Mr. Burdett-Coutts refers. But in point of fact it is, we think, impossible for any unbiassed person to resist the conclusion that what he calls the official evidence is in essential matters the most trustworthy. Much of the testimony that has been given

against the hospitals bears upon its face the signs of personal spite, and of what may be called, in a professional sense, the *spretus injuria formæ*. Already, in more than one instance, when charges made in the newspapers have been tested by the Commission, they have utterly broken down. Mr. W. T. Edmonds, who wrote a sensational letter to the *Spectator*, was forced to admit that he could give no proof of his statements except hearsay evidence, and he was ruled out. The statements of Nurse Roberts, who described an appalling state of things on the hospital ship *Sumatra*, were declared by Lord Justice Romer to be impossible.

Then there is Dr. Albert Morison, who is reported to have written not long ago that if he got a chance of giving evidence before the Commission, he meant to tell all he had seen, and asked people in England meanwhile to believe everything they heard as to mismanagement and even incapacity and wilful neglect. When summoned to give evidence before the Commission, however, Dr. Morison pleaded ill-health. We have no reason to doubt the genuineness of his indisposition, but it is certainly a pity that his letter of excuse was unaccompanied by a medical certificate, a fact to which the President significantly called attention. We may add that Mr. Burdett-Coutts himself does not seem to have much reason to complain of the suppression of some at least of the reports. On August 24th (according to the *Cape Times* of August 25th) Mr. T. R. Price, Traffic Manager, gave some remarkable evidence, from which it would be gathered that at the very time when, as Mr. Burdett-Coutts alleges, the sick and wounded at Bloemfontein were in want of supplies, he used the railway to convey the horses for his private use consigned to the officer at the head of "army remounts." We hesitate to believe this story, but we venture to invite Mr. Burdett-Coutts to depart from his attitude of watchful reserve so far as to explain what looks like an abuse of the privileges allowed him, to use the Traffic Manager's words, as "a distinguished passenger."

THE MEDICAL ADMINISTRATION OF THE ARMY. PAST AND PRESENT.

THE following passage from Guthrie's *Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the Battle of Rocca, in 1808, to that of Waterloo, in 1815*, etc. (5th edition, 1853, p. 2), has an application at the present day as appropriate as when the words were written: "I have always intended at some distant day to notice the errors committed in the arrangements of the medical department during that war, by which so many lives were lost. Seven-and-thirty years have passed away, and the fitting time has not arrived. My old friends, whether military, civil, or medical, will not depart in peace; and lest I should give offence to even the humblest in pretensions, I shall continue to defer my remarks until perhaps we may all go together, when it will be too late. Whenever another Continental war shall take place, similar errors will in all probability be again committed, with the same disastrous results, as far as regards the health, the happiness, and the lives of many who might be spared their miseries if the great authorities of this country would only be pleased to allow themselves to be taught by those who have been obliged to learn. To be taught or to learn on these points is scarcely possible in England; for there is hardly a great functionary, a member of Parliament, nor even a clerk in any of the several public offices which may have directly or indirectly to do with doctoring, who does not consider himself, by virtue of his station or his office, better qualified to judge in all matters of physic and surgery than any doctor in the empire—a notion too generally entertained by those gentlemen of their functional capabilities; and the more to be regretted, because it is in every way injurious to the public service and to the cause of humanity. This erroneous and too-prevailing notion will never, I fear, be corrected until the head of the medical department of the army shall be placed in relation to the Secretary of War or War Minister in the same confidential situation as the deputy in his immediate department, and alike answerable to him for the correct performance of the duties of the office. The War Minister, who in reality holds the purse and regulates everything, should be the head of the doctors, as the Lords of the Treasury are the head of the Commissioners; the actual chief of the doctors should be his satellite, revolving round his centre of motion as if he were another Jupiter or Saturn. Then, and then only, will the calls of humanity be effectually complied with. A gentleman in civil life is no sooner appointed to an office, of whatsoever importance it may be, and of the duties of which he knows perhaps but little, than he is presumed to be deserving of the confidence of the Government and of the public, and it is granted him. A clergyman or a lawyer is treated in a similar manner. No one disputes the integrity of an archbishop or of a chancellor, but no one in a high official position thinks of trusting a doctor. It is certainly not so acknowledged, but it is certainly the fact; and the medical department of the army will never afford to the public that quantum of good, of inestimable service, it ought to give, until this is altered; but when will a man be found at the head of the Government strong enough in mind and warm enough with the feelings of humanity to do it?" This was written half a century ago. Guthrie's words might with advantage be carefully studied by the military advisers of Her Majesty's Government.

EXPERIENCES OF MR. PAUL BUSH IN SOUTH AFRICA.

THE MILITARY HOSPITALS.

MR. PAUL BUSH, Lecturer on Operative Surgery in University College, Bristol, and late Senior Civil Surgeon in charge of the Princess Christian Hospital, Natal, and Principal Medical Officer H.M. Hospital Ship *Lioness Castle*, returned on September 11th from South Africa. During the seven months of his stay in Africa Mr. Bush saw the hospitals in all the colonies and in the three main lines of communication. He visited every hospital from Durban to Northern Natal, and also those as far as Kimberley in the Western District, and in the central column—Bloemfontein, Kromstadt, Johannesburg, and Pretoria. He had no opportunity of inspecting the hospitals in the immediate vicinity of Capetown, as he had not been in that neighbourhood. Of "hospital scandals" he saw absolutely nothing. Of course it was impossible on active service to have all the advantages that might be obtained in well-appointed hospitals at home, but in Mr.

hands when they were in the hands of Lord Salisbury and their other leaders. (Cheers.) No loyal Imperialist, whether he belonged to this country or to those great colonies which had taken such a significant part in the struggle, could have visited South Africa during the past war without becoming convinced that the war was both just and unavoidable. (Cheers.) The more important issue before them was the future of South Africa, and he asked with confidence whether Lord Salisbury and Mr. Chamberlain were not the only statesmen to whom this policy of the future could safely be entrusted? To Sir Alfred Milner, under the direction of our great Imperial Ministers, they might safely leave the great problem of peace and reconciliation and the maintenance of the Queen's rule in our new or rather our regained territories there. (Hear, hear.)

PATRIOTISM.

With reference to his personal attitude, he thought he could best deal with the subject by standing on his defence as it were, and by answering in detail—and he hoped once for all—certain accusations that had been brought against him on this matter. He was accused of want of patriotism in the action he had taken in disclo-

sure where very easily, and at the smallest possible cost. Hundreds, he might say thousands, of such beds could have been made by the carpenters of the Engineer Corps or carpenters in town. All that was required for a mattress was a bag of bed-ticks, thousands of which packed together could have been brought up in one truck. These could have been stuffed with hay from the veldt and a very comfortable if temporary mattress made. So if they had had the tortoise tent and these temporary beds, all those patients could have been raised from the ground. (Cheers.) The immediate result of his disclosures in *The Times* and the House of Commons was a remarkable transformation scene, to the great benefit of the sick and wounded out there at the time. Three months had passed since his statement was published, and during those three months there was not a soldier who had been in hospital who had not felt the benefit of his action. (Cheers.)

REASONS FOR PUBLICATION.

Why did he make those things public? Why did he not go to the War Office quietly and inform them? Or why did he not wait until the war was over? He had many answers to those questions, not all of which he would make there. But perhaps the strongest answer of all was contained in what he had just told them about the immediate and widespread improvement that took place in the conditions of the hospitals and in attention to the sick soldiers on his disclosures being cabled over there. That was something definite gained, and he felt sure it would be gained. But that immediate gain, practical and gratifying as it was, was far from being the limit of his object in making these painful matters known. He aimed at reform—a reform which would make evils that he had witnessed himself possible in a future war, and in his opinion that object would have been frustrated if he had remained silent. Before the war began the deficiencies in the Army Medical Department and its inability to meet the strain of a great war were known to the departmental authorities. The subsequent claims of that department that they were able to deal satisfactorily and were dealing satisfactorily with a problem four times as great as that which they had stated at the beginning of the war they were able to deal with, was a propaganda one, which never ought to have been made and was forced upon the public mind by every conceivable method of advertised perfection. Not till he read the statements about perfection did he realize the fool's paradise in which they were living at home, or how complete and universal was the belief of the public in what they had been told. For a little time he felt helpless. But he realized that his one friend was the public, and that the only way to reach the heart of that friend and to rouse his hand to action was to tell the truth. (Loud cheers.) Mr. S. JONES moved, and the REV. T. W. TWEED seconded, a resolution pledging the meeting to do its utmost to return Mr. Burdett-Coutts at the head of the poll on Wednesday next by an overwhelming majority. The motion was unanimously agreed to.

OCTOBER 1, 1900

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—The point raised by Surgeon-General Hamilton is almost too trifling to occupy your space with, and his charge as groundless as another I recently had to answer.

Of course I had to have a horse in order to go on with the troops, if I was to complete my mission by seeing the treatment of the wounded in the field. I could not walk, particularly as I went with the scouts most days. I had three horses up from Cape Town, sold two of them to the Army Remount—if they bought any others as cheap, they did well—and kept one for myself. They trokked, by road, the last 90 miles from Springfontein. That is the history of this terrible transaction.

There were thousands of horses coming up to Bloemfontein, and thousands of men, and thousands of trucks; but I do not think there were enough hospital stores or personnel in them, which is all I ever said about the transport.

Regretting these personalities, the motive of which hardly requires explanation,

I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, W., Sept. 29.

OCTOBER 3, 1900.

THE HOSPITALS COMMISSION.

(THROUGH RECTER'S AGENCY.)

KIMBERLEY, Oct. 1.

The Hospitals Commission held its opening sitting here to-day. The doctors and the members of the hospital staffs in giving their evidence agreed that the hospitals in the town were well arranged and equipped and that no complaints had been made. The evidence given by the men who took part in the fighting was exactly contrary to that given by the doctors. They complained of bad treatment at Paardeberg owing to the lack of administrative ability. The field hospitals there had been so badly placed that many men had to lie in pools of water. The camp at Maitland was placed in a similar position, the men lying in tents full of water, many of them without blankets, overcoats, or oilskins. Two deaths occurred in consequence. The men also complained of the food arrangements, and stated that the supplies were unsuitable for convalescents.

OCTOBER 5, 1900.

Mr. Frederick Treves has written an account of his experiences in South Africa during the three months that the field hospital followed the relief column from Frere to Ladysmith. The record is based on notes written from day to day on the spot. The work, which is illustrated by a number of photographs, will be issued shortly by Messrs. Cassell and Co. under the title of "The Tale of a Field Hospital."

WESTMINSTER ELECTION, 1900.

Day of Poll, Wednesday, October 3rd.

ELECTORS OF WESTMINSTER READ THIS—

FROM "THE TIMES," SEPTEMBER 29th.

Mr. Burdett-Coutts and the Hospitals Commission.

TO THE EDITOR OF "THE TIMES."

Sir,—The following extract from the evidence of Mr. Price, chief traffic manager of the Cape Government Railway, given before the Commission on August 24th and reported in the *Cape Argus*, is worthy of consideration.

After giving evidence on the management of the traffic for military purposes, Mr. Price proceeded:—

"Asked as to the forwarding of Mr. Burdett-Coutts's horses at a time when there was a great difficulty in getting up supplies to Bloemfontein, witness stated that that gentleman expressed a desire to have his two horses sent up by the train he travelled with. Witness told him this was impossible, and that in any case the horses could not be forwarded without an order from the military authorities. A fortnight later Mr. Burdett-Coutts wrote asking him to forward the horses and his two men as quickly as possible, the former to be consigned to Prince Francis of Teck, the head of Army Remounts, Bloemfontein. The men, Mr. Burdett-Coutts wrote, would have two boxes of saddles, &c., and their own kit, which he supposed would go in the truck, and he wished them to take up two boxes for him. Witness felt sure the horses went up in military trucks."

Thus, apparently, when, according to Mr. Burdett-Coutts, our sick in the front were suffering from want of supplies, he made use of the railway to forward his horses in military trucks to the care of the head of the Army Remount Department.

The paper from which this extract is taken was forwarded to me by a Staff officer of high position in South Africa, with the hope that it may be published in *The Times*, so as to give Mr. Burdett-Coutts an opportunity of explaining his action in the matter.

Quis custodiet ipsos custodes?

Your obedient servant,

J. B. HAMILTON, Surgeon-General, R.P.

J. U. S. Club, Sept. 25.

Your Duty is clear,

VOTE FOR

MONTAGUE SMITH,
Conservative Candidate.

Printed and Published by PHIPPS & CONNOR, LTD., Tophill Street, Westminster, S.W.

J. U. S. Club, Sept. 25.

MR. BURDETT-COUTTS ON THE SOUTH AFRICAN HOSPITALS.

A public meeting of the electors of Westminster was held last night at the Westminster Town-hall at which Mr. W. Burdett-Coutts delivered an address on the question of the treatment of the sick and wounded in South Africa. Mr. F. C. Morgan presided, and there was a large attendance.

Mr. Burdett-Coutts, who was accorded an enthusiastic reception, said he found he was to be opposed in Westminster by a Conservative candidate, and that the ground of the opposition was his attitude on the important question of the treatment of our sick and wounded in war time. He accepted the issue; although he did not think it was one that ever ought to have been brought into this contest. This opposition forced him from the attitude of reserve he had hitherto maintained into dealing with this question on an electoral platform. The main issue which was before the country in the present election was an issue that concerned the most vital interests of the British Empire, which, in his opinion, were in safe

hands when they were in the hands of Lord Salisbury and their other leaders. (Cheers.) No loyal Imperialist, whether he belonged to this country or to those great colonies which had taken such a significant part in the struggle, could have visited South Africa during the past war without becoming convinced that the war was both just and unavoidable. (Cheers.) The more important issue before them was the future of South Africa, and he asked with confidence whether Lord Salisbury and Mr. Chamberlain were not the only statesmen to whom this policy of the future could safely be entrusted? To Sir Alfred Milner, under the direction of our great Imperial Ministers, they might safely leave the great problem of peace and reconciliation and the maintenance of the Queen's rule in our new or rather our regained territories there. (Hear, hear.)

With reference to his personal attitude, he thought he could best deal with the subject by standing on his defence as it were, and by answering in detail—and he hoped once for all—certain accusations that had been brought against him on this matter. He was accused of want of patriotism in the action he had taken in disclosure where very easily, and at the smallest possible cost. Hundreds, he might say thousands, of such beds could have been made by the carpenters of the Engineer Corps or carpenters in town. All that was required for a mattress was a bag of bed-ticks, thousands of which packed together could have been brought up in one truck. These could have been stuffed with hay from the veldt and a very comfortable if temporary mattress made. So if they had had the tortoise tent and these temporary beds, all those patients could have been raised from the ground. (Cheers.) The immediate result of his disclosures in *The Times* and the House of Commons was a remarkable transformation scene, to the great benefit of the sick and wounded out there at the time. Three months had passed since his statement was published, and during those three months there was not a soldier who had been in hospital who had not felt the benefit of his action. (Cheers.)

Why did he make those things public? Why did he not go to the War Office quietly and inform them? Or why did he not wait until the war was over? He had many answers to those questions, not all of which he would make there. But perhaps the strongest answer of all was contained in what he had just told them about the immediate and widespread improvement that took place in the conditions of the hospitals and in attention to the sick soldiers on his disclosures being cabled over there. That was something definite gained, and he felt sure it would be gained. But that immediate gain, practical and gratifying as it was, was far from being the limit of his object in making these painful matters known. He aimed at reform—a reform which would make evils that he had witnessed himself possible in a future war, and in his opinion that object would have been frustrated if he had remained silent. Before the war began the deficiencies in the Army Medical Department and its inability to meet the strain of a great war were known to the departmental authorities. The subsequent claims of that department that they were able to deal satisfactorily and were dealing satisfactorily with a problem four times as great as that which they had stated at the beginning of the war they were able to deal with, was a propaganda one, which never ought to have been made and was forced upon the public mind by every conceivable method of advertised perfection. Not till he read the statements about perfection did he realize the fool's paradise in which they were living at home, or how complete and universal was the belief of the public in what they had been told. For a little time he felt helpless. But he realized that his one friend was the public, and that the only way to reach the heart of that friend and to rouse his hand to action was to tell the truth. (Loud cheers.) Mr. S. JONES moved, and the REV. T. W. TWEED seconded, a resolution pledging the meeting to do its utmost to return Mr. Burdett-Coutts at the head of the poll on Wednesday next by an overwhelming majority. The motion was unanimously agreed to.

Of course I had to have a horse in order to go on with the troops, if I was to complete my mission by seeing the treatment of the wounded in the field. I could not walk, particularly as I went with the scouts most days. I had three horses up from Cape Town, sold two of them to the Army Remount—if they bought any others as cheap, they did well—and kept one for myself. They trokked, by road, the last 90 miles from Springfontein. That is the history of this terrible transaction.

There were thousands of horses coming up to Bloemfontein, and thousands of men, and thousands of trucks; but I do not think there were enough hospital stores or personnel in them, which is all I ever said about the transport.

Regretting these personalities, the motive of which hardly requires explanation,

I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, W., Sept. 29.

OCTOBER 3, 1900.

THE HOSPITALS COMMISSION.

(THROUGH RECTER'S AGENCY.)

KIMBERLEY, Oct. 1.

The Hospitals Commission held its opening sitting here to-day. The doctors and the members of the hospital staffs in giving their evidence agreed that the hospitals in the town were well arranged and equipped and that no complaints had been made. The evidence given by the men who took part in the fighting was exactly contrary to that given by the doctors. They complained of bad treatment at Paardeberg owing to the lack of administrative ability. The field hospitals there had been so badly placed that many men had to lie in pools of water. The camp at Maitland was placed in a similar position, the men lying in tents full of water, many of them without blankets, overcoats, or oilskins. Two deaths occurred in consequence. The men also complained of the food arrangements, and stated that the supplies were unsuitable for convalescents.

OCTOBER 5, 1900.

Mr. Frederick Treves has written an account of his experiences in South Africa during the three months that the field hospital followed the relief column from Frere to Ladysmith. The record is based on notes written from day to day on the spot. The work, which is illustrated by a number of photographs, will be issued shortly by Messrs. Cassell and Co. under the title of "The Tale of a Field Hospital."

EXPERIENCES OF MR. PAUL BUSH IN SOUTH AFRICA.

THE MILITARY HOSPITALS.

MR. PAUL BUSH, Lecturer on Operative Surgery in University College, Bristol, and late Senior Civil Surgeon in charge of the Princess Christian Hospital, Natal, and Principal Medical Officer H.M. Hospital Ship *Limone Castle*, returned on September 11th from South Africa. During the seven months of his stay in Africa Mr. Bush saw the hospitals in all the colonies and in the three main lines of communication. He visited every hospital from Durban to Northern Natal, and also those as far as Kimberley in the Western District, and in the central column—Bloemfontein, Kroonstadt, Johannesburg, and Pretoria. He had no opportunity of inspecting the hospitals in the immediate vicinity of Capetown, as he had not been in that neighbourhood. Of "hospital scandals" he saw absolutely nothing. Of course it was impossible on active service to have all the advantages that might be obtained in well-appointed hospitals at home, but in Mr. Bush's judgment the medical arrangements in South Africa generally were excellent. In Natal, in particular, the management of the hospitals was admirable.

CIVIL AND MILITARY SURGEONS.

As regards the so-called "friction" between the civil and military surgeons, Mr. Bush expresses disbelief in its existence. There may have been one or two scattered cases, but these were of a purely personal character, if there were any; and between the two bodies, as bodies, everything appeared to be quite normal. There was no attempt to smooth over anything when he was visiting any of the hospitals, and the medical authorities received him with the greatest possible courtesy. This was the case not only with the doctors in charge, but also with the combatant officers. His relations, particularly with Major Mathias, R.A.M.C., D.S.O., with whom he was associated in connection with the Princess Christian Hospital, were of the most cordial nature. In the early days numbers of serious surgical cases were brought long journeys in the magnificent Princess Christian ambulance train, commanded by Colonel Forrester, of the Guards. Later the distances precluded the admission of such acute surgical cases, and the admissions were more of a medical class. The Princess Christian Hospital had the finest x-ray apparatus in South Africa, and on that account many special cases were sent in. The apparatus was of the greatest possible assistance. The ambulance train used to land 60 to 70 cases at daybreak, and these constant arrivals taxed the energies of the staff, but not unduly, thanks to the admirable way in which all worked together. The nursing sisters were almost worshipped. Mr. Bush is full of praise for his staff, and the Bristol contingent made him quite proud.

THE TIMES, SATURDAY, SEPTEMBER 29, 1900.

MR. BURDETT-COUTTS AND THE HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—The following extract from the evidence of Mr. Price, chief traffic manager of the Cape Government Railway, given before the Commission on August 24 and reported in the *Cape Argus*, is worthy of consideration.

After giving evidence on the management of the traffic for military purposes, Mr. Price proceeded:—
" Asked as to the forwarding of Mr. Burdett-Coutts's horses at a time when there was a great difficulty in getting up supplies to Bloemfontein, witness stated that that gentleman expressed a desire to have his two horses sent up by the train he travelled with. Witness told him this was impossible, and that in any case the horses could not be forwarded without an order from the military authorities. A fortnight later Mr. Burdett-Coutts wrote asking him to forward the horses and his two men as quickly as possible, the former to be consigned to Prince Francis of Teck, the head of Army Remounts, Bloemfontein. The men, Mr. Burdett-Coutts wrote, would have two boxes of saddles, &c., and their own kit, which he supposed would go in the truck, and he wished them to take up two boxes for him. Witness felt sure the horses went up in military trucks."

Thus, apparently, when, according to Mr. Burdett-Coutts, our sick in the front were suffering from want of supplies, he made use of the railway to forward his horses in military trucks to the care of the head of the Army Remount Department.

The paper from which this extract is taken was forwarded to me by a Staff officer of high position in South Africa, with the hope that it may be published in *The Times*, so as to give Mr. Burdett-Coutts an opportunity of explaining his action in the matter.

Your obedient servant,
J. B. HAMILTON, Surgeon-General, R.F.
J. C. S. Club, Sept. 25.

MR. BURDETT-COUTTS ON THE SOUTH AFRICAN HOSPITALS.

A public meeting of the electors of Westminster was held last night at the Westminster Town-hall at which Mr. W. Burdett-Coutts delivered an address on the question of the treatment of the sick and wounded in South Africa. Mr. F. C. Morgan presided, and there was a large attendance.

Mr. BURDETT-COUTTS, who was accorded an enthusiastic reception, said he found he was to be opposed in Westminster by a Conservative candidate, and that the ground of the opposition was his attitude on the important question of the treatment of our sick and wounded in war time. He accepted the issue; although he did not think it was one that ever ought to have been brought into this contest. This opposition forced him from the attitude of reserve he had hitherto maintained into dealing with this question on an electoral platform. The main issue which was before the country in the present election was that of the horse that concerned the most vital interests of the British Empire, which, in his opinion, were in safer

hands when they were in the hands of Lord Salisbury and their other leaders. (Cheers.) No loyal Imperialist, whether he belonged to this country or to those great colonies which had taken such a magnificent part in the struggle, could have visited South Africa during the past war without becoming convinced that the war was both just and unavoidable. (Cheers.) The more important issue before them was the future of South Africa, and he asked with confidence whether Lord Salisbury and Mr. Chamberlain were not the only statesmen to whom this policy of the future could safely be entrusted? To Sir Alfred Milner, under the direction of our great Imperial Ministers, they might safely leave the great problem of peace and reconciliation and the maintenance of the Queen's rule in our new or rather our regained territories there. (Hear, hear.)

PATRIOTISM.

With reference to his personal attitude, he thought he could best deal with the subject by standing on his defence as it were, and by answering in detail—and he hoped once for all—certain accusations that had been brought against him on this matter. He was accused of want of patriotism; the action he had taken in disclosing these matters to the public. He repudiated the charge, realizing that it was not only an empty and silly charge, but that it was one which, if accepted as having any foundation, would do grave injury to the interests of the truth coming out—which were the interests of reform. It was not patriotism to cloak and conceal and whitewash defects of machinery which one knew that those defects had caused suffering which one believed to be unnecessary, and deaths which one believed could have been averted; when one knew that if those evils were allowed to continue unreformed they would impair our national strength in the future. It was not patriotism to hide these defects when one knew that by doing so he placed an insuperable barrier in the way of their reform. Silence in this particular case would have postponed reform indefinitely, even if it did not make it altogether impossible. The treatment of our sick and wounded was not a department the defects of which it could be of the slightest advantage to the enemy to know in war time. Yet when he exposed defects which could not be of any advantage to an enemy to know, and if they had been our brave soldiers in suffering and death, he was called unpatriotic. It was mere juggling with a phrase. (Loud cheers.) Again, he was accused of want of loyalty to his party (a voice, "Quite true") in having made these disclosures. He repudiated that charge with as much earnestness as he had done the other. (Cheers.) He declined to look upon this as a party question. The man who looked upon it in that light, if he was a Conservative, was doing an injury to his party by identifying them with the medical mismanagement in South Africa; if he was a Radical he was making use of a weapon which would break and piece his own hand when he used it. (Hear, hear.) The Government had done all they were asked to do, and if they had been asked to do more they would have done it freely, generously, and without stint. It was not their fault when he believed the truth was hidden from them, as it was certainly hidden from the public. On this part of the question most of the evils had flowed from the system, and both parties in the State were in a sense responsible for that system. Under both Governments it had been allowed to continue, obsolete, bound up and strangled with red tape, permeated with antiquated traditions, insufficient even for the needs of peace time, and utterly unprepared in its policy and its framework for the strain of a great war.

NECESSITY FOR REFORM.

If, as he believed, the evils were due in the main to a system, it was the bounden duty of both parties to at no time pass and to leave no stone unturned until a thorough reform was effected. (Hear, hear.) That came belonged to the country and the nation and not to any party. It was the cause of humanity. (Cheers.) It was the cause of national strength, because if those defects went unreformed they would injure the popularity of the military service, and that would be a fatal thing in a country which depended, and must depend, on the voluntary spirit for even its Regular Army. Let the staff from which our Army was drawn know that no incompetent department, with its obsolete traditions, its red tape and inelastic system, would be allowed to stand between the love and gratitude of the nation and the welfare of the soldiers who fought for it, and there would be no trouble in raising an army. (Hear, hear.) The spirit of the people was splendid, loyal, and patriotic; but it was not to be trifled with and strangled by self-satisfied bureaucracy and a bolstered-up department. His cause was the cause of reform. That had been the sole meaning and object of his action in the past, and to that object his best endeavours would be directed in the future. (Cheers.)

MISREPRESENTATIONS.

He wished to clear their minds of two or three other misrepresentations which had been widely published. He had been accused of attacking a great soldier—Lord Roberts—and the personnel of the Royal Army Medical Corps, the doctors, and nurses and staff. On both those points he referred them to what he said in the House of Commons on June 29, and left the justice of the accusations to their judgment. After he delivered that speech the accusations were still circulated, and on July 3 he wrote a public letter, which appeared in all the papers, showing how groundless they were. Another common accusation was that he started out with a prejudiced mind determined to find fault with the medical arrangements. No suggestion could be more groundless. It was absolutely refuted in black and white by his first seven articles in *The Times*. In those articles, which were written during his enforced stay at Cape Town, where he had to confine himself to the base hospitals, he paid to the work of the Royal Army Medical Corps, as he then saw it, the handsome tribute they had ever received at independent hands. (Cheers.) Another charge made against him was that he was unpractical, sentimental, and did not make allowance for the natural hardships of war time, and that he put the care of the sick and wounded first and military success second. This was both unreasonable and untrue. What he did feel was that humanity should be steadily kept in view in war time by a Christian and civilized country, wherever it could be done without prejudice to military success. If it was a question of an iota of military success to be gained at a yard of march necessary to it to be made, then he was the first to admit that no consideration for the sick and wounded should interfere with either. In his opinion the things he saw and described were in a large measure preventable. One of the great evils was the overcrowding of tents. If tortoise tents had been used instead of the old-fashioned marquee they would have been able to make up twice the amount of shelter, and the ever-crowding would have been avoided. Another terrible evil was that the patients had to be on the ground. There were no beds, and as the Army hospital bed was a very heavy affair, they could not be brought up. But Colonel Slaggett, a distinguished Army medical officer, had invented a bed which could be made

anywhere very easily, and at the smallest possible cost. Hundreds, he might say thousands, of such beds could have been made by the carpenters of the Engineer Corps or carpenters in town. All that was required for a mattress was a bag or bed-tick, thousands of which packed together could have been brought up in one truck. These could have been stuffed with hay from the veldt and a very comfortable if temporary mattress made. So if they had had the tortoise tent and these temporary beds, all those patients could have been raised from the ground. (Cheers.) The immediate result of his disclosures in *The Times* and the House of Commons was a remarkable transformation scene, to the great benefit of the sick and wounded out there at the time. Three months had passed since his statement was published, and during those three months there was not a soldier who had been in hospital who had not felt the benefit of his action. (Cheers.)

REASONS FOR PUBLICATION.

Why did he make those things public? Why did he not go to the War Office quietly and inform them? Or why did he not wait until the war was over? He had many answers to those questions, not all of which he would make there. But perhaps the strongest answer of all was contained in what he had just told them about the immediate and widespread improvement that took place in the condition of the hospitals and in attention to the sick soldiers on his disclosures being made out there. That was something definite gained, and he felt sure it would be gained. But that immediate gain, practical and gratifying as it was, was far from being the limit of his object in making these painful matters known. He aimed at reform—a reform which would make evils that he had witnessed himself impossible in a future war, and in his opinion that object would have been frustrated if he had remained silent. Before the war began the deficiencies in the Army Medical Department and its inability to meet the strain of a great war were known to the departmental authorities. The subsequent claim of that department that they were able to deal satisfactorily and were dealing satisfactorily with a problem four times as great as that which they had stated at the beginning of the war they were able to deal with, was a preposterous one, which never ought to have been made and was forced upon the public mind by every conceivable method of advertised perfection. Not till he read the statements about perfection did he realize the fool's paradise in which they were living at home, or how complete and universal was the belief of the public in what they had been told. For a little time he felt hopeless. But he realized that his only friend was the public, and that the only way to reach the heart of that friend and to cause his hand to action was to tell the truth. (Loud cheers.)

Mr. S. JONES moved, and the REV. T. W. TWISSING seconded, a resolution pledging the meeting to do its utmost to return Mr. Burdett-Coutts at the head of the poll on Wednesday next by an overwhelming majority. The motion was unanimously agreed to.

OCTOBER 1, 1900

MR. BURDETT-COUTTS'S CHARGES.

TO THE EDITOR OF THE TIMES.

Sir,—The point raised by Surgeon-General Hamilton is almost too trifling to occupy your space with, and his charge as groundless as another I recently had to answer.

Of course I had to have a horse in order to go on with the troops, if I was to complete my mission by seeing the treatment of the wounded in the field. I could not walk, particularly as I went with the scouts most days. I had three horses up from Cape Town, sold two of them to the Army Remount—if they bought any others as cheap, they did well—and kept one for myself. They travelled, by road, the last 90 miles from Springfontein. That is the history of this terrible transaction.

There were thousands of horses coming up to Bloemfontein, and thousands of men, and thousands of trucks; but I do not think there were enough hospital stores or personnel in them, which is all I ever said about the transport.

Regretting these personalities, the motive of which hardly requires explanation,

I am, Sir, your obedient servant,
W. BURDETT-COUTTS.
1, Stratton-street, W., Sept. 29.

OCTOBER 3, 1900.

THE HOSPITALS COMMISSION. (THROUGH REUTER'S AGENCY.)

KIMBERLEY, Oct. 1.

The Hospitals Commission held its opening sitting here to-day. The doctors and the members of the hospital staffs in giving their evidence agreed that the hospitals in the town were well arranged and equipped and that no complaints had been made. The evidence given by the men who took part in the fighting was exactly contrary to that given by the doctors. They complained of bad treatment at Paardeberg owing to the lack of administrative ability. The field hospitals there had been so badly placed that many men had to lie in pools of water. The camp at Matlaid was placed in a similar position, the men lying in tents full of water, many of them without blankets, overcoats, or oilskins. Two deaths occurred in consequence. The men also complained of the food arrangements, and stated that the supplies were unsuitable for convalescents.

OCTOBER 5, 1900.

Mr. Frederick Trevelyan has written an account of his experiences in South Africa during the three months that the field hospital followed the relief column from Fere to Ladysmith. The record is based on notes written from day to day on the spot. The work, which is illustrated by a number of photographs, will be issued shortly by Messrs. Cassell and Co. under the title of "The Tale of a Field Hospital."

THE HOSPITALS COMMISSION. (THROUGH REUTER'S AGENCY.)

CAPE TOWN, Oct. 4.
The Hospitals Commission received evidence to-day of the good management of the Rondebosch hospital at Sterkstroom. It was stated, however, that at the Maitland Hospital the patients suffered considerable neglect and three deaths resulted. In many instances, witnesses stated, the food was unsuitable. One of the hospital ships was described as filthy, and the milk and food supplied were, according to the evidence, bad. The civil surgeon of the Tull Hospital complained that the authorities would do nothing. Horses, he said, were allowed to die and rot near the tents, and it was impossible to procure the necessary medicine. Three patients died in consequence, including one Boer prisoner. The food supplied was unsuitable.

SATURDAY, OCTOBER 6, 1900. THE HOSPITALS COMMISSION.

(THROUGH REUTER'S AGENCY.)
CAPE TOWN, Oct. 5.
The Hospitals Commission has concluded the taking of evidence at Simons Town. The treatment of the Boer sick was found to be most satisfactory.

The members of the Commission leave on the 10th inst. on their return to England, where further evidence will be taken.
(The above appeared in our Second Edition of yesterday.)

British Medical Journal.

SIR WILLIAM MACCORMAC ON THE ARMY HOSPITALS.

SIR WILLIAM MACCORMAC, speaking at Deptford on September 28th in support of the Unionist candidate, said he was a Liberal, but he endorsed the position of the Unionist candidate in regard to the war. He went to South Africa in sympathy with the Boers, but experience in the country altered his opinions. The Army Medical Service was much undermanned, but as to the charges against hospitals the man who made them ought to have made them on the spot. The work done by the medical staff was beyond praise.

THE DAILY GRAPHIC, TUESDAY, OCTOBER 23, 1900. A NURSING SCANDAL AT HOME.

ALLEGATIONS AGAINST THE GUARDS' HOSPITALS.

TO THE EDITOR OF THE DAILY GRAPHIC.

SIR.—When the Hospital Commission has finished its work in South Africa it might well appoint a sub-committee to sit in judgment on the group known as the Guards' Hospitals, in Rochester Row. The Guards are wealthy and influential. Why do they not insist on at least as high a standard for their disabled comrades as obtains in a workhouse infirmary? Military invalids are coming home by the shipload. The hospital quarters of the Guards—under the present haphazard system—offer a sorry welcome for the sick soldier.

At the Station Hospital the orderlies mount guard in the wards at six o'clock in the morning, and remain on duty till 5 p.m. the next morning. By "regulation," four hours are allowed off for sleep in this twenty-three hours' duty, but full "off-time" is not always obtainable. What kind of nursing can such tired-out men give to a sick Guardsman? Saints would be sleepy under such hard service conditions.

No canteen is provided for the refreshment of the orderlies, who are thus retained on almost continuous nursing shifts of great length, with only such refreshment over and above their regular meals as they can find for themselves.

Attention was called some time since in the DAILY GRAPHIC to a similar neglect in South Africa to provide rations for night nursing orderlies. A statement was made that the orderlies at the front are apt to make up the deficiency from the patients' dietary. It cannot be denied that the temptation to do so under such hungry stress is great anywhere.

The Guards' orderlies, rightly enough, are not allowed to go to the neighbouring public-houses at the dinner hour. But "Regulations" prescribe them a pint of ale with their dinner. The only means of getting this beer is to persuade a non-commissioned officer to march them in a squad to the nearest public-house. "We strongly object," says one of the orderlies, "to be marched forty yards through the streets, like a gang of convicts, to get the beer which ought to come from a hospital canteen." "Public-house parade" is certainly an undesirable addition to the evolutions

of the British army, and the spectacle of forty orderlies on bear drill is not likely to add to the dignity of the Queen's uniform.

If these Guards' Hospitals were situated in a city which had just emerged from a long, harassing siege their condition might be partly explicable. Situated, as they are, in London, with power to procure—and money to pay for—the best in every department, there is no excuse. I note that the British Patriotic Association proposes to "teach and train women in nursing by means of classes throughout the country." Their zeal in this direction is superfluous, for one cannot train nurses "by classes"; but it would be a most patriotic proceeding were this society to employ a posse of charwomen to "spring clean" the Guards' Hospitals and to engage a batch of parochial dustmen to remove the dead plants and flowers and other debris from wards and approaches.

The truth is the Army Medical Department has "gone stale." Perhaps the new Parliament may live it up a bit. At present enterprising army surgeons are suffled out. Red-tape stifles the voice of reform and strangles the efforts made by the best men to put the military hospitals on a better basis. Army sisters are even more powerless than army surgeons. A sister with an improving mind is quietly relegated to the least desirable post in the least desirable of the military stations. To improve anything is the surest bar to promotion.

Owing to the apathy of the department we possess no army nursing reserve worthy of the name. The reserves are enrolled by a lay committee as part of a semi-philanthropic programme. There are splendid women in the reserves, but the system under which they enrol is absurd. No test—official or medical—as to qualifications for army nursing is applied to the reserves. The Army Medical Department has no authority over their formation, has no voice in their appointment, lays down no standard of training. During a war, if the normal supply of regular army sisters is used up on active service, the War Office requisitions the reserves "on faith," and without inquiry from an independent lay authority. It is like sending on active service a body of Volunteers who have never learnt military drill. Nurses who have never done any but private nursing are put suddenly into authentic posts in a military hospital.

It is generally understood by those behind the scenes that Lord Roberts intends, as an early item in his programme, to overhaul and entirely reorganise the Medical Nursing and Ambulance Departments of the Army. In the meantime, with possible large drafts of sick and invalided Guardsmen coming home, the Guards should look to their laurels and put their hospitals in comfortable and fit order for the reception and care of comrades who have done their best for their country and for the honour of their regiments.—Yours faithfully,
AN UNWINDER OF RED TAPE.

WEDNESDAY, OCTOBER 24, 1900.

THE ALLEGATIONS AGAINST THE GUARDS' HOSPITALS.

TO THE EDITOR OF THE DAILY GRAPHIC.

SIR.—In justice to the Guards' Hospitals, I feel bound to say that only one of the statements made by your correspondent "An Unwinder of Red Tape," is true. That statement is that there is no canteen in the hospital. This, however, is no hardship upon the orderlies, as they can, and do, get refreshment close to the hospital gates. It is all to the advantage of the patients that the orderlies should not have facilities for obtaining beer within the hospital itself. Beer is, of course, supplied to them with their meals, which are excellent in quality and amply sufficient in quantity. The statement that the only means of getting beer is "to persuade a non-commissioned officer to march them in a squad to the nearest public-house" is absolutely untrue. I may add that the orderlies do not have twenty-three hours' duty at a stretch. They go on duty at six o'clock in the evening and come off at six in the morning, this period including intervals for meals.

With regard to the general condition of the hospital, I may say that everything that is needed or prescribed, in the way of scientific appliances or delicacies for the patients, is found at once. Your correspondent's reference to "dead plants, flowers, and other debris," makes me doubt whether he has seen the hospital.

So far as the Guards' Hospital is concerned, it is certainly untrue that the voice of reform is stifled by red tape.

The principal medical officer is one of the most conscientious, painstaking and kind-hearted men in his profession. The Army Nursing Reserve is composed of sisters trained in and selected from the great public hospitals, and their duties are performed with the highest skill and patience, very often under the most difficult and trying conditions.

The large number of Guardsmen returning invalided from South Africa have received the utmost care and attention from highly-experienced and

trustworthy medical officers, who, realising the arduous trials through which the men have passed in their country's service, have spared no effort to hasten their recovery.

The reward which these heroes deserve should come from the recognition of their fellow-countrymen at large. It must not be looked for from a hospital, the duties of which are to provide rest and careful medical attention.—Yours faithfully,
ONE WHO KNOWS.

TO THE EDITOR OF THE DAILY GRAPHIC.

SIR.—You have been so good as to insert a letter from me lately in your columns. I venture therefore to send you the following remarks, in case you may think they will do good to a cause which I have very much at heart.

Referring to the letter in your issue of to-day, signed "An Unwinder of Red Tape," I wish to corroborate from my own observation the neglected condition of one at least of the Guards' Hospitals, situated in Rochester Row. I called there this summer on business connected with my "Flannel Shirt Club," and was accompanied by a lady who had been a Sister at the London Hospital and who has great experience in nursing. What struck us particularly was the dirty, unscrupulous aspect of the wards, and the whole place would have been a disgrace to the worst-kept infirmary in a workhouse. The total absence of linewash in itself must have been unsanitary; as for fresh paint, that was conspicuous by its absence. The answer to any remarks on the subject was that for the last five years it had been settled to build a new hospital out of London. But this hospital in the air need not have prevented a few shillings or even pounds being spent in whitewash. I could say a good deal more on this subject, but refrain, as to begin on the unwinding of red tape would be the letting out of waters it would be impossible ever to stop. What are the officers of the Guards about?—Yours faithfully,
A. H. F. STRAFFORD.

Wrotham Park, Barnet, Herts,
October 23rd.

THE TIMES, MONDAY, OCTOBER 29, 1900.

RETURN OF THE HOSPITAL COMMISSION.

The Kinfauns Castle, which arrived at Southampton on Saturday evening, had on board four members of the Hospitals Commission—Lord Justice Romer, Sir David Richmond, Dr. Church, and Professor Cunningham. Lady Romer and Lady Richmond accompanied their husbands, and among the other passengers were Lieutenant-Colonel Burn, the Earl of Dudley, and Major Baird, of the Imperial Yeomanry; Major Fraser, Reserve of Officers; Major Robertson, Staff; Major Sherwood, Army Ordnance Department; and the Hon. A. Wilmot and Mr. J. D. Duncan, delegates appointed by the vigilance committees at the Cape to the Imperial South African Association. Mr. Duncan during the siege of Ladysmith acted as Military Crown Prosecutor, and was mentioned in despatches. Nine City Imperial Volunteers were also passengers in the Kinfauns Castle. They had feared that they would not be in time for the reception in London, and were much pleased when they heard that they would be able to join their comrades.

NOVEMBER 1, 1900.

THE HOSPITALS COMMISSION.

The further inquiry into the South African hospitals will be resumed on Monday next at Burlington House, when Mrs. Richard Chamberlain will be the first witness examined. The Commission have held 41 sittings, of which full telegraphic accounts have appeared from time to time in *The Times*, and travelled over the whole theatre of the war in South Africa. They had a special train, consisting of five carriages, and owing to the frequent raiding of the Boers they could only travel by day. They were twice delayed to allow of the railway being repaired where the bridges had been blown up, and on one occasion they were threatened with an attack on the station where they had put up for the night.

NOVEMBER 3, 1900

FROM THE LONDON GAZETTE, FRIDAY, NOVEMBER 2.

WAR OFFICE, PALL-MALL, Nov. 2.

MEMORANDA.

The undermentioned officers of the Royal Army Medical Corps are granted the local rank of Colonel whilst Principal Medical Officers of Divisions in South Africa:—Lieut.-Col. J. D. Edge, M.D., W. Donovan, B. W. Mastleton, M.B., J. A. Gernley, M.D., W. A. May. The undermentioned officer of the Royal Army Medical Corps is granted the local rank of Colonel whilst Principal Medical Officer of a Division, and Principal Medical Officer of the Field Army, Natal:—Lieut.-Col. W. R. Allan, M.B. The undermentioned officer of the Royal Army Medical Corps is granted the local rank of Colonel whilst Principal Medical Officer of a Division and Principal Medical Officer at Pretoria:—Lieut.-Col. W. L. Gubbins, M.B. The undermentioned officers of the Royal Army Medical Corps are granted the local rank of Colonel whilst in charge of general hospitals in South Africa:—Lieut.-Col. O. G. Wood, M.D., J. C. Dorman, M.B., J. F. Williamson, M.B., B. W. Somerville-Large, R. T. Beamish, J. G. MacNees, Maj. W. T. Swan, M.B.

THE BOER WAR.

THE GREAT BOER WAR. By A. CONAN DOYLE. London: Smith, Elder and Co. 1900. (Demy 8vo, pp. 560, with five maps. 7s. 6d.)

WHEN Mr. Langman resolved to send to South Africa and maintain there at his own expense a hospital for 100 beds Dr. CONAN DOYLE was appointed one of the medical officers. He sailed with the hospital at the beginning of March and went with it to Bloemfontein, where it was inspected by Lord Roberts early in April, who expressed his pleasure at the efficient state in which he found it. Dr. Conan Doyle worked in the hospital all through the terrible time when every hospital at Bloemfontein had to extemporise beds for the cases of typhoid fever which came pouring in daily, and later on he was able to visit other parts of the theatre of war, and witnessed some of the fighting. Before leaving England he had begun to write this history of the war, but "the greater part," he tells us in his preface, "was written in a hospital tent in the intervals of duty during the epidemic at Bloemfontein. Often the only documents which I had to consult were the convalescent officers and men who were under my care. Under these circumstances some errors may have crept in; but, on the other hand, I have had the inestimable advantage of visiting the scene of this great drama, of meeting many of the chief actors in it, and of seeing with my own eyes something of the actual operations."

The book opens with a brief sketch of the history of the Boer Nations, and this is followed by chapters on the cause of quarrel, and on the negotiations. Next comes a chapter entitled *The Eve of War*, and then the story begins with the battle of Talama Hill. The narrative occupies about four-fifths of the book, and of this space about one-fourth is given to that first part of the war which brought us to the black week of December 10th to 17th, during which, to quote Dr. Doyle, "we had in the short space of seven days lost, beyond all extenuation or excuse, three separate actions." These actions were Magersfontein, Stormberg, and Colenso. In a few lines he gives a description of the way in which the British people met the reverse. "Misfortune had solidified us where success might have caused a sentimental opposition." But all these details had been suffered some seven thousand miles away, and the historian has to tell how in the intervals of waiting Ladysmith was assaulted, and for one weary day we hardened our hearts to the belief that it would fall.

Of the way in which Lord Roberts's operations for the relief of Kimberley were planned and carried out, Dr. Conan Doyle speaks with enthusiasm, but when he comes to the long halt at Bloemfontein the tone necessarily changes. The epidemic which then broke out is the greatest blot on Lord Roberts's campaign, for it is impossible not to feel that all was not done which might have been done to prevent the outbreak, and that the Commander-in-Chief, and the commanders of divisions, brigades, and battalions cannot stand altogether excused. "It is heartrending," writes Dr. Doyle, "for the medical man who has emerged from a hospital full of waterborne pestilence, to see a regimental water-cart being filled, without protest, at some polluted wayside pool." Dr. Doyle thinks that the only thing to do is to arrange for all water to be boiled.

All through the campaign, while the machinery for curing disease was excellent, that for preventing it was elementary or absent. If bad water can cost us more than all the bullets of the enemy, then surely it is worth our while to make the drinking of unboiled water a stringent military offence and to attach to every company and squadron the most rapid and efficient means for boiling it—for filtering alone is useless. An incessant trouble would be, but it would have saved a division for the army.

The last chapter, entitled *Some Military Lessons of the War*, is that to which many readers will turn first. It is not very pleasant reading. To the bravery and endurance shown by the men, Dr. Doyle pays a high tribute, but they had been trained in antiquated methods, and had not learnt to shoot straight. He confirms the impression gathered from many other sources that the average regimental officer is careful of the comfort but reckless of the lives of his men, that he loves luxury but endures hardship without a murmur, and that in spite of some surrenders which appeared to require explanation, he habitually shows fine personal gallantry, not always governed by cool judgment, but that in the higher intellectual qualities of a leader he is deficient. No doubt this is due to the cause suggested by the Warden of Menton in the *Nineteenth Century* last month—imperfect education and training. With regard to the medical service, Dr. Doyle has some observations to make, which, as they are certain to attract a great deal of attention and deserve to be very carefully considered by the medical profession we shall take the liberty of quoting in full:

There remains that medical department upon which so fierce a light has been cast. It has had less than justice done to it, because the desperate nature of the crisis which it had to meet was not realised by the public. For reasons of policy the grave state of the army in Bloemfontein was never made known, and at the moment when the public was reading optimistic reports the town was a centre of pestilence and the hospitals were crammed to their utmost capacity. The true statistics of the outbreak will probably never come out, as the army returns permit the use of such terms as "simple continued fever"—a diagnosis frequently made, but vague and slovenly in its nature. If these cases were added to those which were returned as enteric (and they were undoubtedly all of the same nature), it would probably double the numbers and give a true idea of the terrible nature of the epidemic. Speaking roughly, there could not have been fewer than from six to seven thousand in Bloemfontein alone, of which thirteen hundred died.

At the time of this terrible outbreak the army depended for its supplies upon a single precarious line of rails, which was choked with the food and the remedies absolutely necessary for the continuance of the campaign. The doctors had the utmost difficulty in getting the tents, medicines and other essentials for their work. They were overwhelmed with cases at the very moment when their means for treating them were at the lowest, and unappreciated in it of all diseases the one which needs careful nursing, special nourishment, and constant attention. The result was in many cases deplorable. There were hospitals where the most necessary utensils were wanting. In supplying these wants locally there was, as it seemed to me, a wasteful initiative and of energy, but it sprang largely from an exaggerated desire on the part of the authorities to conciliate the Free States and recognise them to our rule. It was thought too high handed to occupy empty houses without permission, or to tear down corrugated iron fences in order to make huts to keep the rain from the sick soldiers. This policy, which sacrificed the British soldier to an excessive respect for the feelings of his enemies, became modified after a time, but it appeared to me to increase the difficulties of the doctors.

Where the department seemed to be open to criticism was in not having more men upon the spot. Cape Town was swarming with civil surgeons, and there was no difficulty in conveying them to Bloemfontein, or to wherever else they were needed. But the situation was a most difficult one, and the men upon the spot, from General Wilson to the humblest orderly, were worked to their extreme capacity. It is easy now to criticise what they did not do, but it is just also to remember what they did.

The fact is that the true blame in the matter rests not with the Medical Department but with the composition of the South African army. The Medical Department is arranged to meet the wants of such a military force as Great Britain could put in the field, but not to provide

for a great army of irregulars and colonials very much larger than could ever have been foreseen. It is unjust to blame the Medical Department for not being prepared for that which was a new thing, totally unforeseen by anyone even after the outbreak of hostilities.

We are rather disappointed that Dr. Conan Doyle does not discuss the question of ambulance and hospital transport. Our information is that the want of such transport under the direct control and constantly at the disposal of the medical service was at the root of many of the difficulties which pressed so hard upon the corps. We do not find any reference to the Australian Ambulance Corps which had its own transport, and for this reason was able in many emergencies to render assistance which was simply invaluable.

As to the future, Dr. Doyle is not ready with any cut-and-dried scheme, but he has some observations which we shall again venture to quote in full.

One consoling fact we find amid much that is sad, and that is that we can at any moment draw upon the very best both of the senior and of the junior surgeons in our civil hospitals, and so supplement our army organisation. A medical reserve could be formed at very small cost which would ensure to the soldier the very best skill which the country can produce. At the same time, it cannot be denied that there is room for improvement in the personnel of the department, and in the spirit in which they approach their work. There are many conspicuous exceptions, but it appears to the civilian that there is too much that is military and too little that is medical in the relations between the department and those whom they serve. Better pay and a higher standard of examination (periodical if possible) are the only methods by which any lasting improvement can be effected.

With this quotation we shall take leave of a book which we would counsel everyone to read. Though published before the war is really over, it relates all its chief features; though it deals with a mass of details, it is never dull or confused; and though it has been written quickly, it shows no signs of haste, but possesses all the well-known charm of Dr. Doyle's graphic style.

We have not noticed any reference in reading the book, and there is no entry in the index. But the index is imperfect, and as the book is likely to be used for reference, we venture to suggest that it should be improved.

MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

THE new number of the *Edinburgh Review* contains an able article on the sick and wounded in South Africa which is worthy of more than passing attention. The writer, who draws his facts largely from those which have been published in these pages, divides the medical history of the war into three stages, and the relation of the facts of these stages is of particular value because it is made to serve as a groundwork for a scheme for reorganisation. In the first stage one fact, which had again and again been demonstrated in our columns, was made plain to the man-in-the-street—that the medical service was deficient in officers, in nurses, and in orderlies.

The Royal Army Medical Corps had been allowed to sink so low in strength, apart from another question of quality, that "a corps organised to meet the needs of 50,000 men had to meet the needs of 150,000." This deficiency had to be met by sudden and wholesale recruiting from civil sources, of men and women capable individually, but untrained and unused to army life. There were brought together upwards of 400 civilian medical men (the so-called reserve not included). Some 500 female nurses were engaged, and nearly 3,000 orderlies, more or less trained, were supplied, chiefly by the Red Cross Society. In addition, the army in South Africa had presently the services of a number of admirably-equipped civil private hospitals, organised by private effort and supported by public subscription or individual munificence.

In the second stages of the medical history of the war it appeared that notwithstanding the heterogeneous elements of which this scratch service was composed, the administrative and executive efficiency of the regular medical service was sufficient to make everything work smoothly, so that the medical arrangements were praised as the one bright spot in an otherwise dark picture. The writer very properly and forcibly points out that this favourable condition of affairs was due to the fact that the great strain on the medical service did not come during the earlier phases of the war; the ratios of general sickness continued low, epidemic diseases had not yet developed to any serious extent, and the military operations had been practically limited to the lines of railway by which sick and wounded could be promptly transported from front to rear. Abundant supplies also were at hand, and "stores piled up to an almost embarrassing degree." Down to this point in history, then, the reviewer finds himself landed in the "somewhat startling administrative paradox" that an undermanned and deteriorated medical service moved efficiently like clockwork.

But the third stage brought a startling transformation—from praise and congratulation to pictures of medical breakdown and bewildering hospital horrors. The change came about in March; before that time the medical arrangements at the front had not been really tested by pressure, for "the hour of stress had not come." The moment the lines of rail were left, and the army struck into the open veld, the hour of trial came; hospital transport, supplies, and personnel were found to be insufficient, if not to some extent inefficient, through causes for which we believe impartial investigation will show that the medical service was not in fact responsible. The onus was at once shifted by the Under-Secretary of State for War when he said in the debate in the House of Commons on June 29th, in view of what had been allowed to happen at Paardeberg, the medical service had foretold the outbreak of typhoid fever, which entailed so much suffering and so

great a loss of valuable lives in the hospitals at Bloemfontein. We must leave aside the larger question why the medical service was unable to prevent what it foresaw, and must go on to admit that much of this suffering would have been saved, and many of these deaths would not have occurred, had the medical equipment in men and material taken into Bloemfontein been on a more adequate scale. Then newspaper correspondents and others, who have come home burning with indignation have said many foolish and unjust things. The army had been allowed to contract typhoid fever wholesale. When struck down by the disease they had been allowed to lie on the ground crowded together without adequate nursing or medical attendance. Somebody ought to be hanged. The doctors ought to look after the sick—therefore hang the doctors. But the medical service was overwhelmed by the magnitude of the disaster. The age of miracles is past; the Royal Army Medical Corps cannot call down stores or equipment from heaven; it cannot create transport when deprived of it by supreme military authority; it cannot make one officer or orderly do the work of half a dozen.

These three phases of the war must be fully and frankly considered, as affording data for army medical reorganisation. First as to personnel; the reviewer assumes that it may be recognised that we cannot maintain in the field for any length of time more than 200,000 men; and therefore concludes that "our medical arrangements must be framed to meet such an emergency." This implies a large addition to the numbers of the officers and men of the regular medical service, and real and efficient reserves. In this connection we would again point out that any addition to the Royal Army Medical Corps must be considered in relation to the wants of India; the requirements of our world-wide empire are now such that the Royal and Indian Medical Services are becoming more and more interdependent, as has been exemplified in the present China expedition, which has its base in India.

Secondly, as to reserves of hospital equipment; these must be maintained so as to meet the maximum army of men which can be put into the field. We know, on the authority of Sir Henry Brackenbury, that on the outbreak of this war these reserves were "totally inadequate."

Thirdly, hospital transport must be a fixed and independent quantity, not liable to be withdrawn on every passing military contingency.

Lastly, medical administration in the field must be established on a rational basis, and not left to the caprice of some narrow-minded General in command, who has not yet shown his incompetency as a leader. The chief medical officer must always be at the right hand, and have the ear of the chief military officer. As a corollary, all acting principal medical officers must have steps in rank sufficient for their position, a principle applied in all other branches of the service.

These are among the chief lessons as to the medical service which the war has brought home.

**DAILY MAIL, TUESDAY,
NOVEMBER 6, 1900.
HOSPITAL SCANDALS.**

**TWENTY THOUSAND WORDS
BURIED AT SIR E. ROMER.**

**MRS. RICHARD CHAMBERLAIN'S
CHARGES.**

Never perhaps in the history of women have so many words been uttered in so short a space of time as fell yesterday at Burlington House from the lips of Mrs. Richard Chamberlain, the last witness to be examined before the South Africa Hospitals Commission.

At eleven o'clock Lord Justice Romer sat him down at the head of the long blue-covered table. On his one hand was Sir David Richmond, and on the other Dr. Church.

In sweet Mrs. Chamberlain with a faint tinge of pink and a fainter breath of delicate perfume, and if she proved a sedately trying witness, she made a charming picture.

A very big white hat, a wonderful, filmy, gauzy thing, lay lightly on her soft grey hair. Under it, a pair of big blue eyes peered and sparkled from her fresh and pretty face. She was gowned quite perfectly in a dress of soft dove colour, and round her neck floated a big white boa.

With the slightest inclination of her head she sank with lioness grace into her chair. She took her small, white-gloved hands from out of her crumpled stuff and folded them demurely on the table. Beneath it she crossed, still more demurely, a pair of tiny dove-coloured shoes with high red heels.

TALKED FOR NEARLY TWO HOURS.

Then, with a little laugh, she began to speak, and for an hour and three-quarters she dominated the whole proceeding. From out of her sea and smiling mouth came pouring, ever faster and faster, a torrent of words. After then the official shorthand reporter, hot and hurried, tolled in vain. Men who should know said afterwards that she launched a clear 20,000 words at the distracted judge.

Time and time again, Sir Robert Romer bowed his curly head, and with uplifted, imploring hands, implored in supplicating accents, "Not so fast, please, my dear madam; not so fast." But the little lady paid small heed.

The grey-haired commissioners steered their chairs and put her many searching questions—questions that would have brow-beaten many another witness. Her nimble wit stood her in good stead. Lord Justice Romer would deliver an attack, forceful and direct. With the swiftness and cunning of a De Wet she would dodge the blow, and with a flash of her brilliant eyes would make a flashing movement that utterly routed the judge.

Towards the close she became indignant at some of the questions asked. "You are doing," she cried, "what every one did in South Africa, trying to make things awkward as you can. You are behaving not as if you were judges, but as if you were the counsel for the defence of the army doctors."

The room was filled with dismay. Slowly Sir Robert Romer recovered himself.

THE END OF THE ENQUIRY.

"You are quite mistaken," he said, in tones of gentle expostulation; "but what we want you to understand is that this is the end of the inquiry and not the beginning. We have taken an enormous quantity of evidence, and what we want is not opinions but facts, madam, facts, facts."

At the outset Mrs. Chamberlain was a woman with a grievance. She had gone out to the Cape with the most philanthropic intentions and unlimited funds. Her idea was to start a civil hospital for soldiers, but the cruel and heartless Director-General would have none of it.

This, Lord Justice Romer explained, the court did not care to hear about. So she launched forth into a description of all the things she had bought for the sick men, from eau de Cologne down to nice, quiet games for the invalids.

All the hospitals, she said, were "filthy dirty" and had nothing for use. She had very strong opinions, too, in the matter of orderlies. Unlimited fresh milk might have been procured, but the orderlies were too lazy to get it. At Mafeking, for instance, there was plenty of fresh milk on the civilian side of the hospital but none on the military.

She made the sweeping assertion that drunken doctors from the hospitals, and they were often drunk, were drafted on to home-going transports to take care of the invalids.

Asked for names, she hesitated. She did not care, she said, to make them public. "Write them down," said the judge. "We will treat them in confidence."

The lady pointed and wrote a name on a slip of paper.

"Why, there's only one," said the judge.

SUCH A BAD MEMORY.

With the gesture of one throwing herself on the judge's mercy, she said: "Yes, I know. Unfortunately, I have forgotten the name of one of them. However, she continued, brightening up, "you can ask Lord Lansdowne, he'll tell you, you know. As for the third, well, he really was such a very, very nice little man I don't like to tell his name, not even to you. You must take my word for it," she added, pathetically, trying with her handkerchief. Sir Robert sighed wearily and took it.

Next she was very angry about the treatment of lunatic patients. She cited the instance of an artillery officer who was allowed to wander about the hospital wreathed with garlands of flowers and playing a banjo. She was, however, far more concerned about another "poor young fellow who was not raving but only melancholy. He had tried to poison himself once, but nobody looked after him. Then he was removed to Claremont. The officials there, she went on, "were not warned, and—here her beautiful eyes filled with tears and her voice sank to deep contralto—"in the morning—he shot himself."

The shorthand clerk was so startled he broke his pen. Sir Robert Romer dropped his eyes down, and the other commissioners moved uneasily on their seats.

After this came more opinions, and Sir Robert, who had perceptibly aged during the ordeal, was so disheartened that he had to get up from his chair and walk restlessly about.

"And do you really mean," he said when the lady had at last done, "to tell us that you consider your opinion better than that of the trained Army medical man?"

She threw her head back with a pretty air of innocent surprise. "Why, of course," she said; "if it were not, what would be the use of my being here?"

Sir Robert Romer was struck dumb. Then the lady gathered up her skirts and tripped lightly down the stairs.

And the inquiry ended.

**THE TIMES, TUESDAY,
NOVEMBER 6, 1900.
SOUTH AFRICAN HOSPITALS
COMMISSION.**

The South African Hospitals Commission met yesterday for the first time since their return from South Africa. The meeting took place at University-buildings, Burlington-gardens, and was presided over by Lord Justice Romer, the other Commissioners present being Dr. Church and Sir D. Richmond. Major Tennant, the secretary, was in attendance. The only witness examined was Mrs. Richard Chamberlain.

Mrs. Richard Chamberlain, in answer to Lord Justice Romer, said that she landed in South Africa about the beginning of November and left on August 8. Nearly the whole of that time she was in the vicinity of Cape Town, but for a short time she was at Mafeking. Her experience related chiefly to the hospital at Wynberg. She was taken to No. 1 General Hospital at Wynberg by General Walker, the general commanding the lines of communications, and received permission to go into the hospitals three times a week. As a matter of fact she went every day. The principal medical officer did not make any complaint to her at that time about her going every day. He complained about seven months afterwards. As he did not complain at the time, and as she saw him every day and generally had lunch with the second principal medical officer, she gathered that there was not much objection to her action. General Walker also knew that she went every day, and made no representations to her about her doing so. It was not done secretly. No difficulties arose until some time after Christmas, and then the difficulties were due to her having reported several times to persons in authority that things were going wrong. She heard indirectly that she had been accused of giving hints to enteric patients. As a matter of fact she was absolutely certain that she never gave things to the patients without the permission of the medical officer. There was no foundation for the statement that she gave the patients any food, nor did the medical officer ever communicate with her on the subject, either verbally or in writing.

At this point the witness was questioned as to a letter she had written about supplying tobacco to the patients. She said that the principal medical officer sent up to her one day and said that they had no Government stores of tobacco, and asked if they could borrow from her. She replied that it was unnecessary for them to borrow from her as she would give them tobacco on Sunday, and she thought it undesirable that the patients should have a double allowance—one from her and one from the medical officers. The principal medical officer wrote back that he would like to distribute her tobacco. She received the letter through a private friend of her own, to whom she wrote back in rather colloquial language. A copy of her letter was handed to the witness, who said it was a correct copy. It ran:—"Surgeon-General be blowed! I am going to give the men cigarettes to-morrow, and if Colonel Anthonisz does not like it he can complain to the witness." Proceeding the witness said that when the hospital authorities said she must not go to the hospital she did go. She said she would not go inside the hospital unless she was sent for specially by some sick patients. She went three times in answer to special appeals. A sergeant informed her that she must not enter, and she said, "Go back, sergeant, and report that you have communicated your orders to me." She disobeyed the orders, and ultimately had to be excluded by a special order from Lord Roberts.

Lord Justice Romer asked the witness to explain what it was that she condemned in the hospital. She replied that it seemed to her that the whole place was in a most horrible muddle. There was no organization, and although they had unlimited money and stores at their command the place did not look like it. First of all there was an absence of proper method in regard to convalescing into the hospital, which necessitated patients being moved more often than was necessary; and cases were left mixed up in a most undesirable way. The patients might have been classified at the station, which was some little way from the hospital, before being placed into ambulances. They would then at once have been put into proper wards when they arrived at the hospital. This was done in the case of No. 2 Hospital; it was not done, or rarely done, in the case of No. 1. The consequence was that the patients arrived all mixed up in ambulances, and were put, so mixed up, into wards. Then, if they attempted classification the patient had to be moved again into a special ward, and this in typhoid cases was dangerous and sometimes fatal. But constantly no classification was attempted, and typhoid, dysentery, and surgical cases were together in one ward. The Commissioners saw the hospital and ambulance trains after the whole thing had been swept and parished, and not as she saw it. There was never any forethought or any foresight, and the authorities never seemed to realize that a fight up country would mean more men in hospital. They were always short of splints, they were short of every necessary utensil, from cups and saucers and plates down to bed-pans and things of that sort. They had no proper air cushions, air beds, water beds, hot water bottles to put into beds when the men were in a state of collapse. The chief deficiency was in respect to nursing sisters. When she arrived at Cape Town the nursing staff was so inadequate that if they took the day and night nursing sisters it came to one sister having charge of 175 patients at a time. She thought that particularly bad, because at that time Cape Town was full of certified nurses, so that it was only a question of red tape which prevented them from getting more. The nursing sisters were overworked, and the superintendent sister had to be given a nursing ward of her own, and was therefore not able to do her own work as superintendent. After the first rush was over there were enough orderlies had they been properly organized and taught a little of what they had to do. With regard to champagne and port wine for the use of the patients witness said she never knew that the hospital was short of these things. In addition to the other things mentioned which the men lacked, they were short of sponges, and very often short of soap. There was nothing in the way of chairs and couches for the patients, there were no warm things to

charged of 500 or 1,000 sick and wounded, including many serious cases, to say nothing of his being placed over female nurses.

I will not prolong this letter save to point out that I was at least a witness who must know something. I had been in a large military hospital for six months, observing everything, working from eight to ten hours a day in the wards or in my store, from which I supplied great quantities of comforts and necessities in which the hospital (close to Cape Town) was lamentably deficient. Moreover, I was a woman before those Commissioners, without counsel or assistance of any kind, subjected to a hostile cross-examination which would have required an able lawyer to deal with. In my opinion it was not the treatment I, or any woman, who was trying to do what she felt to be her duty, deserved.

I am not concerned about the treatment meted out to me personally, except so far as it prevented my getting out the whole of my evidence. I do, however, feel very strongly for those women who, while able to give important evidence, were either deterred from doing so, or were less able than I to protect themselves before this Commission, which was appointed by the Government to inquire into, and not to suppress charges against the administration of the South African Hospitals.—I am, Sir, yours obediently.

HARRIET THEODORA CHAMBERLAIN,
24, Wilton-street, Nov. 2.

Nov. 17, 1900.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following is the distribution of the active list of the Army Medical Service, as shown in the Army List for November:

Distribution in the November Army List, 1900.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Sea Post.	Total.	Remarks: Seconded.
Surgeon-Generals	5	1	4	—	10	—
Colonels	—	—	—	—	—	—
Lieutenant-Colonels	39	41	69	—	149	2
Major	—	—	—	—	—	—
Captains	13	77	106	2	198	3
Lieutenants	43	125	27	—	195	3
Total	115	443	206	2	766	18

The total is one less, through the retirement of a colonel. There are 3 more at home and 3 fewer abroad, so that the distribution is practically unchanged. Only 1 colonel is graded in the superior rank of surgeon-general; none of the lieutenant-colonels are shown with a step in rank; 116 retired pay officers, including 2 of the Indian Medical Service, are employed. Some of these are retained while over 65 years of age, a wise arrangement in view of the prolongation of the war and the uncertainty of events. Sixteen retired quartermasters are employed.

THE TIMES, THURSDAY, NOVEMBER 22, 1900.

THE ROYAL ARMY MEDICAL CORPS.

TO THE EDITOR OF THE TIMES.

Sir,—I have just seen in the *British Medical Journal* of September 29 the announcement that the Secretary of State for War has offered commissions (apparently unlimited) in the Royal Army Medical Corps to qualified men nominated by the heads of 16 medical schools in the United Kingdom. The result of this indiscriminate testing for doctors in the Royal Army Medical Corps it will be interesting to learn, but the object of this letter is to enter a protest against such a thing being done at the present time.

The medical department and the Royal Army Medical Corps have been for some months the subjects of much criticism, and whilst the Hospitals Commission is still in existence the whole question is still *sub judice*. We know the R.A.M.C. is hopelessly undermanned, but against that we have hundreds of civil surgeons who have given their services during the present crisis, and I have no doubt the supply could be kept up for some months to come, till the Commission has presented its report; and, at any rate, opportunity is given to reorganize the service. By such nominations from medical schools as is now proposed (and not for the first time) good men will not only not enter the service but will even avoid going in for the competitive examinations. They know, and, having taught students myself in a medical school, I can corroborate them, that many of the men entering the R.A.M.C. by the back door of "nominations" are not men to do one credit as professional colleagues. I know more than one "chronic" who, having in the course of years succeeded in qualifying, has then entered the R.A.M.C. by nomination. Such new schemes of tutoring for candidates increases the proportion of undesirable and increases also the likelihood of competent men who might have been prepared to face an examination being "tared with the same brush" and therefore not coming forward. Amongst civil surgeons in South Africa a regular system of tutoring has gone on to try and get them to join the R.A.M.C., but, as I am informed, not very successfully.

Let no more attempts be made at patching up the service, but let those in authority try and get at the cause of the disease, and if their endeavours are genuine I have no doubt they will succeed. No one, of course, will expect that the best men of any school will always join the Army Medical Service, even under very much improved conditions, but Tommy Atkins sometimes has a rough time, and it is, even from the purely economical point of view, worth his country's while to provide him with good average medical advice. I can only hope now, with regard to the last batch of nominations, that the heads

of the various medical schools have realized—

(a) That they are merely lending their support to prop up an effete system;

(b) And that they owe as a duty to the State not to send in men whom they know to be unfit as regards their knowledge or qualifications. Others, I firmly believe, under the present system they will never get.

I am, &c.,
JOHN T. LEON, M.D. (Lond.)
South Africa, Oct. 20.

MONDAY, DECEMBER 10, 1900.

MR. BURDETT-COUTTS AND THE HOSPITAL COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—I received a fortnight ago a cutting from your paper, the date of which I have not been able to trace, containing a letter written by Mr. Burdett-Coutts and dated September 19. I have waited till now to answer it as I could see that the account of my evidence had been somewhat altered by the condensation necessary for a cabled message. I now write, however, to you in the hope that the detailed account of all evidence given at Pretoria may be before your readers.

In his letter Mr. Burdett-Coutts states that my evidence went to show that I said he would speak ill of the hospitals if he was sent down from the front, and he goes further on to say, "Lord Stanley's statement amounts in plain English to a charge of blackmail, and it is devoid of a vestige of truth." Mr. Burdett-Coutts may now say that he did not attempt to threaten me, or blackmail me as he prefers to call it; but in corroboration of my statement before the Hospital Commission I enclose you a letter from Mr. Maxwell, the well-known correspondent of the *Standard*, who was in the room at the time of the conversation, and whose veracity even Mr. Burdett-Coutts will hardly dare impugn. This letter will, I think, conclusively prove that, whatever now in cooler moments may be Mr. Burdett-Coutts's version of the conversation, I had solid grounds for the evidence I gave before the Hospital Commission, and will show that the impression of threatening, now repudiated, was conveyed at the time, not only to me, but to Mr. Maxwell—an absolutely independent and impartial witness.

I am, Sir, your obedient servant,
STANLEY.
Headquarters of the Army in South Africa,
Johannesburg, Nov. 9.

Pretoria, Oct. 17, 1900.

Dear Lord Stanley,—I have seen Mr. Burdett-Coutts's denial of your statement with regard to the threat he made at Kroonstad. As I was present in your room during the conversation and afterwards asked you if that was not "a covert threat" you might like to have my confirmation on this point.

I have taken no part in the hospital controversy, knowing that no correspondent at the front can have personal acquaintance with the subject and must write from reports that have been widely divergent. I can, however, say that at no time have I seen any attempt to censor letters, except in Ladysmith during the siege, when such a precaution was obviously necessary, or to dispute the right of a correspondent to say what he pleases in letters mailed to his paper.

Yours sincerely,
W. MAXWELL, *Standard* Correspondent.

DECEMBER 11, 1900.

MR. BURDETT-COUTTS AND LORD STANLEY.

TO THE EDITOR OF THE TIMES.

Sir,—I am in this position with regard to the last step in the campaign of personal hostility and aspersion which Lord Stanley has carried on against me from the first moment I landed in Cape Town, but which I had no intention of dragging into a great public controversy until his evidence given before the Commission appeared in the Press.

Immediately on the return of the Commission to England I wrote to the president stating that I desired an opportunity of answering Lord Stanley's evidence, either by being recalled before the Commission or by putting in a statement in reply, to be printed with the evidence. The Commissioners decided that I should adopt the latter course. I was furnished with an official transcript of Lord Stanley's evidence. I sent in my reply a fortnight ago. I am not, I believe, at liberty to publish these documents before the report and evidence are issued by the Commission.

I may say, however, that my reply contains a full and precise recital of all my dealings with the Press Censor, and exhibits from his evidence five misstatements of fact and nine errors of omission, all of vital importance to the case.

I will now deal, as far as I can under the above limitations, with the particular charge contained in Lord Stanley's letter of to-day. On April 7, the day of my arrival at Bloemfontein, where I had gone in order to join the expected advance and describe the treatment of the wounded in the field, I saw Lord Stanley. He told me I must go back to Cape Town, and that I should not be permitted to go on with the troops. I protested against this, and urged that I should see Lord

Roberts, Lord Stanley, as Press Censor, being the medium through whom correspondents approached the Field-Marshal. He said I could not see Lord Roberts. (A second time when I made the same request at Bloemfontein he gave the same answer; I have reason to doubt whether these requests were ever conveyed to Lord Roberts.) At length, after a heated discussion, Lord Stanley said he would consult Lord Roberts. Two days later, on the 9th, I saw Lord Stanley again, and he then by Lord Roberts's orders handed me my pass to stay and to accompany the troops.

Between the two interviews I had seen some of the field hospitals and found them in a very bad condition, as related in my Article IX. in *The Times*. On all sides there were promises of improvement with a better railway service. I knew that the railway had only been opened a short time, that the difficulties of transport were great, and I did not think it fair to mention the hospitals then in an article I was writing to *The Times* (Article VIII.).

Now, in the interview of the 9th, after I had received my pass, I told Lord Stanley that I had seen the field hospitals, that they were very bad, and that I did not intend to describe them then for the reasons given. Upon this perfectly fair and straightforward statement I heard that he constructed a report that I had said I would give a bad description of the hospitals unless I was allowed to go on with the troops. There was not a shadow of foundation for this construction being put on my statement then or at any other time.

As a matter of fact, although subsequently I saw things going from bad to worse, I waited until April 23, when the railway had been running for nearly six weeks, and the period devoted to the "accumulation of 30 days' reserve stores" had nearly expired, before I began to describe the field hospitals. The descriptions of these contained in Article IX. (in which the dates of the 9th and 23rd are precisely mentioned in the same I have stated) were written before we left Bloemfontein for Kroonstad. The portions of the article dealing with the false impression created in England with regard to the condition of the sick and wounded, which I considered a public danger, and which was my reason for publishing the article in the form I did, were written at Cape Town.

At Kroonstad Lord Stanley told me that I could go on with the troops to the Vaal and possibly further. How, then, could I, at Kroonstad, have "threatened to speak ill of the hospitals" if I "was sent down from the front"? There is another important point. Lord Stanley had no idea whether I had already written about the hospitals or not. Since the interview already alluded to at Bloemfontein five weeks had elapsed, during which our relations were, to say the least, strained. If he really believed that anything he could do or say would influence by a hair's-breadth my public description of the hospitals, why did he assume that I had held my hand during all that time? The fact is he had invented this theory of a threat from the first and had thereby created a precedent impression in other people's minds.

With regard to Mr. Maxwell, although I know him by name, I do not know him by sight, and I cannot remember at which of the interviews I had with Lord Stanley at Kroonstad he was present.

Lord Stanley told me at Kroonstad that there would probably be no more fighting, and being compelled to be in England by the 23rd of June (about a month later), I decided to leave. He told me I could not stop at Bloemfontein. I replied that I must stop there a few days to close up a house I had been living in, and that I wanted to have another look at the hospitals. He gave me three days there, and added that if I wanted more time I had only to apply to Lord Wolverton, then Press Censor at Bloemfontein. I did not avail myself of this extension.

I regret the length at which I have had to recount these facts. I need not add how much more I regret the compulsion I am under to write on such a subject at all. From the first I have endeavoured to keep this great controversy on the plane to which its public importance entitles it. These miserable personalities and attributions of motive were not initiated by me, and I have left most of them unanswered. This last is the most gratuitous and obviously absurd of them all. For what is the proposition? That I, who in this matter would be compelled to occupy a prominent position before the public, first conceived a project of threatening the Press Censor, a public official, for some personal ends of my own, that I not only made that threat to him but made it in the presence of another person, and that I then proceeded to carry it out by means which I knew would entail the widest publicity and draw the most searching light on all the circumstances surrounding it. I make no further comment at present.

I am, Sir, your obedient servant,
W. BURDETT-COUTTS.
1, Stratton-street, W., Dec. 10.

Nov. 24, 1900.

THE NEEDS OF THE MEDICAL SERVICE OF THE ARMY.

As reorganisation and reform in the Army Medical Service will probably soon engage the attention of the War Office, it appears well to offer the following observations and suggestions, based on intimate knowledge of the inner life and duties of the service, as well as on its external relations to the medical schools and the profession at large.

The statement represents broadly the wants, disabilities, and drawbacks which still make military service unpopular, or at least undesirable, among young medical men, who otherwise might contemplate an army career.

The following reforms, the necessity for which has often been stated before, may for ready comprehension be again recapitulated under a few heads:

I.—RANK AND TITLE.

After prolonged controversy and opposition the late War Minister, Lord Lansdowne, granted to medical officers, with the happiest results, army rank and titles in a Royal corps. That necessary and legitimate status was at once ungrudgingly accepted by the army at large, and has undoubtedly much enhanced the efficiency of both officers and men in the campaign in South Africa. All that now seems to be required under this head is that the corps be placed precisely on the same footing as other corps in the service, subject to limitation in command. This can be effected by expunging from the Regulations such obsolete orders as may seem to imply inferiority in the army status of the medical service; by carrying out official procedure as in other branches; as, for instance, by gazetting to staff appointments; conferring local or temporary rank on those acting in superior appointments; giving due recognition in ceremonial functions, and a fair share of honours and rewards, etc.

II.—UNDERMANNING.

There need be no hesitation in stating that this notorious defect lies at the very root of the continued unpopularity of the service in the medical schools, through far-reaching consequences operating as follows:

(a) By necessitating sudden and frequent moves from station to station, causing a feeling of constant apprehension and unrest, and entailing much personal expenditure and loss.

(b) By making ordinary leave most difficult to obtain, and much-desired "study" leave impossible.

(c) By causing a serious disproportion between home and foreign tours of service, whereby the average officer spends two-thirds, or even three-fourths, of his service abroad, mostly in tropical climates.

(d) By rendering ordinary and especially "orderly" duties unduly severe, and at times excessively harassing.

The evils of an undermanned establishment in peace become much aggravated in time of war. Before the Boer war, with about one-third only of the officers at home, all the military districts at home were chronically short of their regulation complements to the extent of 20 to 50 per cent. During the war these districts have been practically denuded of officers on the active list, and duty has only been carried on under difficulties by the employment of retired officers and a large number of civilian surgeons, which latter, having necessarily no army status, placed the discipline of the hospitals in grave jeopardy.

The total number of medical officers on the active list is at present about 900. This may be contrasted with an establishment forty years ago of about 1,150; remembering further the facts that during these years the strength of the regular army has been increased at least 25 per cent.; while the militia, which then had a medical service of its own, has now practically none, and is entirely dependent on the attenuated regular medical service.

The present medical establishments, both in officers and men, are notoriously inadequate for the efficient carrying out of peace duties, and cannot provide for the mobilisation of one army corps without dislocating the duties at home, suspending foreign reliefs, and absorbing all margin for waste or casualties. The chief part of the foreign service of medical officers is naturally passed in India, where over 300 are constantly employed with British troops; but service in India would really be popular if the Government of that country

acted with fairness and liberality, which unfortunately it does not, as will be mentioned under the head of pay. But the wants of India are, indeed, intimately bound up with undermanning of the Royal Army Medical Corps, for the interdependence between the latter and the Indian Medical Service steadily grows greater in proportion as India becomes a base in Eastern wars, as exemplified in the present China expedition. It may be mentioned that through that expedition the Indian Medical Service, in both its civil and military branches, is at present seriously embarrassed. Such facts must not be lost sight of in any augmentation of the medical services.

III.—PAY.

It cannot be doubted that the pay of the junior ranks of the Royal Army Medical Corps is inadequate, both at home and in India, whether it be viewed in relation to inevitable expenses or to the scale of remuneration which young medical men can command in civil life.

The element of supply and demand must be kept in view, and it must be remembered that the army as a career for young medical men has to compete at once with a more liberally endowed Indian Service, a relatively better paid

Naval Service, and recently increased remuneration in civil life. Since the abolition and prohibition of unqualified assistantships in civil life, qualified juniors receive salaries as assistants or locum tenens from 25 to 100 per cent. greater than they did a few years ago.

The feeling among young medical men on the question of army pay may be stated as follows. They reason that bringing as they do to the service of the State a lengthened, complete, and expensive professional education (the most expensive and exacting, as recently shown, of all the learned professions), they have a right in such employment to pay which shall from the first enable them to live in reasonable comfort; but this is impossible without private means, whether at home or in India.

Inadequate pay presses on juniors quite as much or more in India than elsewhere, a fact the more damaging to the popu-

larity of the Army Medical Service, inasmuch as the great majority of junior medical officers spend a large portion of their first years of service in that country; they are handed over to the Government of India about their second year, and cannot help themselves.

The attitude of the Government of India for many years towards the financial aspects of successive medical Royal Warrants has been most short-sighted and regrettable. It seems hardly creditable that the automatic increase of medical pay, under the rank of major in India, is still based on a warrant long obsolete, and on a scale fixed nearly forty years ago! A result is that a lieutenant of the Royal Army Medical Corps, who becomes a captain after three years, does not get the pay of his rank until he has completed five or six years' service. Again, when the important semi-administrative rank of brigade-surgeon was created, with increased pay, by the Royal Warrant of 1879, its financial consequences were long absolutely ignored in India, with the result that not a few of the rank retired early rather than serve in a false and unrequited position.

Certain limited concessions in the pay of medical officers in India have, indeed, of late years been made, but chiefly in connection with the depreciated rupee; and certainly not sufficient to invalidate the broad statement that the financial provisions of several Royal Warrants have not been given effect in India. The failure to do so has no doubt deterred medical candidates from the army, who justly reason that, as such service would entail many years in India, they had better spend it in the higher paid Indian Medical Service.

IV.—ORGANIC AND ADMINISTRATIVE REFORM.

Such reforms must be initiated on the responsibility of the War Office; but the salient points requiring attention are as follows:

1. The active list of the officers and men of the Royal Army Medical Corps should be increased sufficiently to meet (a) the ordinary peace duties connected with the regular army and militia at home and abroad; (b) to be of a strength always available at home to meet the sudden mobilisation of two army corps for service abroad, without at the same time

THE SOUTH AFRICAN HOSPITALS COMMISSION.

The report of the South African Hospitals Commission is in active preparation, and the Chairman, Lord Justice Romer, has not sat in court this week in order that the report may be got ready as rapidly as possible in view of the meeting of Parliament on December 3rd. There is a general expectation that the report, while stating that some regrettable incidents occurred, will as a whole vindicate the administration of the military hospitals from the sweeping charges made by various more or less irresponsible persons, many of whom broke down when examined by the Commission. The report will inevitably raise the question of the undermanning of the Royal Army Medical Corps, although this was not one of the questions directly referred to the Commissioners. In another column we print an article pointing out as briefly as possible the disadvantages under which the corps at present has to work, and the remedies which, after a prolonged study of the subject and of the opinions of numerous military correspondents, suggest themselves as necessary.

DAILY MAIL, WEDNESDAY,

THE SURGEON IN WAR.

SOME DISTINGUISHED DOCTORS AT THE FRONT.

By CHARLES E. HANDS.

It would hardly become me, I feel, to let off authoritative criticisms on the medical service with the army at the front.

It so happened that one day in May while on the way to Mafeking I succeeded in capturing from some unknown burgher a very fine specimen Mauser bullet, which I kept snugly packed away in the interior of my left thigh along with some interesting fragments of thigh bone and other valuables.

After that I saw a good deal of surgeons. Within an hour of my adventure I made the acquaintance of as good a surgeon and as fine a sample of a cheerful, vigorous, earnest, enthusiastic Englishman as a compatriot in need of a doctor and a friend could desire to encounter.

A student of distinction at Guy's, Mr. Davies had before the war made for himself the position of leading surgeon in Johannesburg, and when the war came and the pick of the Johannesburgers enrolled themselves in the Imperial Light Horse, Dr. Davies, who had been one of the leading spirits in the organisation, went along with it as its surgeon-major, took part in all its dare-devil exploits in Ladysmith, and marched with it to the relief of Mafeking.

ONE OF THE "IMPERIAL LIGHT HEARTS."

Valiant in action, cheerfully patient through the dreary longours of siege, exultant on the march or in the assault, hopeful always of a fight, and, above all, prompt and confident and skilful when there was surgeon's work to do, Dr. Davies was a type and example of that most splendid of regiments the Imperial Light Hearts. Well, before I had been an hour proprietor of that bullet I was in Dr. Davies's skilful hands at the field ambulance a mile away. Walking to a man of my newly-acquired possessions, would have been *infra dig.* and out of the question. He had seen

Nov. 24, 1900.

THE NEEDS OF THE MEDICAL SERVICE OF THE ARMY.

As reorganisation and reform in the Army Medical Service will probably soon engage the attention of the War Office, it appears well to offer the following observations and suggestions, based on intimate knowledge of the inner life and duties of the service, as well as on its external relations to the medical schools and the profession at large.

The statement represents broadly the wants, disabilities, and drawbacks which still make military service unpopular, or at least undesirable, among young medical men, who otherwise might contemplate an army career.

The following reforms, the necessity for which has often been stated before, may for ready comprehension be again recapitulated under a few heads:

I.—RANK AND TITLE.

After prolonged controversy and opposition the late War Minister, Lord Lansdowne, granted to medical officers, with the happiest results, army rank and titles in a Royal corps. That necessary and legitimate status was at once ungrudgingly accepted by the army at large, and has undoubtedly much enhanced the efficiency of both officers and men in the campaign in South Africa. All that now seems to be required under this head is that the corps be placed precisely on the same footing as other corps in the service, subject to limitation in command. This can be effected by expunging from the Regulations such obsolete orders as may seem to imply inferiority in the army status of the medical service; by carrying out official procedure as in other branches; as, for instance, by gazetting to staff appointments; conferring local or temporary rank on those acting in superior appointments; giving due recognition in ceremonial functions, and a fair share of honours and rewards, etc.

II.—UNDERMANNING.

There need be no hesitation in stating that this notorious defect lies at the very root of the continued unpopularity of the service in the medical schools, through far-reaching consequences operating as follows:

(a) By necessitating sudden and frequent moves from station to station, causing a feeling of constant apprehension and unrest, and entailing much personal expenditure and loss.

(b) By making ordinary leave most difficult to obtain, and much-desired "study" leave impossible.

(c) By causing a serious disproportion between home and foreign tours of service, whereby the average officer spends two-thirds, or even three-fourths, of his service abroad, mostly in tropical climates.

(d) By rendering ordinary and especially "orderly" duties unduly severe, and at times excessively harassing.

The evils of an undermanned establishment in peace become much aggravated in time of war. Before the Boer war, with about one-third only of the officers at home, all the military districts at home were chronically short of their regulation complements to the extent of 20 to 50 per cent. During the war these districts have been practically denuded of officers on the active list, and duty has only been carried on under difficulties by the employment of retired officers and a large number of civilian surgeons, which latter, having necessarily no army status, placed the discipline of the hospitals in grave jeopardy.

The total number of medical officers on the active list is at present about 900. This may be contrasted with an establishment forty years ago of about 1,150; remembering further the facts that during these years the strength of the regular army has been increased at least 25 per cent.; while the militia, which then had a medical service of its own, has now practically none, and is entirely dependent on the attenuated regular medical service.

The present medical establishments, both in officers and men, are notoriously inadequate for the efficient carrying out of peace duties, and cannot provide for the mobilisation of one army corps without dislocating the duties at home, suspending foreign reliefs, and absorbing all margin for waste or casualties. The chief part of the foreign service of medical officers is naturally passed in India, where over 300 are constantly employed with British troops; but service in India would really be popular if the Government of that country

Naval Service, and recently increased remuneration in civil life. Since the abolition and prohibition of unqualified assistantships in civil life, qualified juniors receive salaries as assistants or locum tenens from 25 to 100 per cent. greater than they did a few years ago.

The feeling among young medical men on the question of army pay may be stated as follows. They reason that bringing as they do to the service of the State a lengthened, complete, and expensive professional education (the most expensive and exacting, as a recently shown, of all the learned professions), they have a right in such employment to pay which shall from the first enable them to live in reasonable comfort; but this is impossible without private means, whether at home or in India.

Inadequate pay presses on juniors quite as much or more in India than elsewhere, a fact the more damaging to the popu-

larity of the Army Medical Service, inasmuch as the great majority of junior medical officers spend a large portion of their first years of service in that country; they are handed over to the Government of India about their second year, and cannot help themselves.

The attitude of the Government of India for many years towards the financial aspects of successive medical Royal Warrants has been most short-sighted and regrettable. It seems hardly creditable that the automatic increase of medical pay, under the rank of major in India, is still based on a warrant long obsolete, and on a scale fixed nearly forty years ago! A result is that a lieutenant of the Royal Army Medical Corps, who becomes a captain after three years, does not get the pay of his rank until he has completed five or six years' service. Again, when the important semi-administrative rank of brigade-surgeon was created, with increased pay, by the Royal Warrant of 1879, its financial consequences were long absolutely ignored in India, with the result that not a few of the rank retired early rather than serve in a false and unrequited position.

Certain limited concessions in the pay of medical officers in India have, indeed, of late years been made, but chiefly in connection with the depreciated rupee; and certainly not sufficient to invalidate the broad statement that the financial provisions of several Royal Warrants have not been given effect in India. The failure to do so has no doubt deterred medical candidates from the army, who justly reason that, as such service would entail many years in India, they had better spend it in the higher paid Indian Medical Service.

IV.—ORGANIC AND ADMINISTRATIVE REFORM.

Such reforms must be initiated on the responsibility of the War Office; but the salient points requiring attention are as follows:

1. The active list of the officers and men of the Royal Army Medical Corps should be increased sufficiently to meet (a) the ordinary peace duties connected with the regular army and militia at home and abroad; (b) to be of a strength always available at home to meet the sudden mobilisation of two army corps for service abroad, without at the same time

THE SOUTH AFRICAN HOSPITALS COMMISSION.

THE report of the South African Hospitals Commission is in active preparation, and the Chairman, Lord Justice Romer, has not sat in court this week in order that the report may be got ready as rapidly as possible in view of the meeting of Parliament on December 3rd. There is a general expectation that the report, while stating that some regrettable incidents occurred, will as a whole vindicate the administration of the military hospitals from the sweeping charges made by various more or less irresponsible persons, many of whom broke down when examined by the Commission. The report will inevitably raise the question of the undermanning of the Royal Army Medical Corps, although this was not one of the questions directly referred to the Commissioners. In another column we print an article pointing out as briefly as possible the disadvantages under which the corps at present has to work, and the remedies which, after a prolonged study of the subject and of the opinions of numerous military correspondents, suggest themselves as necessary.

DAILY MAIL, WEDNESDAY,

THE SURGEON IN WAR.

SOME DISTINGUISHED DOCTORS AT THE FRONT.

By CHARLES E. HANDS.

It would hardly become me, I feel, to let off authoritative criticisms on the medical service with the army at the front.

It is happened that one day in May while on the I succeeded in capturing from a very fine specimen I kept snugly packed away I left thigh along with some bits of thigh bone and other

good deal of surgeons. Within a few days I made the acquaintance of a man and as fine a sample of a earnest, enthusiastic Englishman in need of a doctor and a good encounter.

action at Guy's, Mr. Davies made for himself the position of Johannesburg, and when the 6th of the Johannesburgers entered the Imperial Light Horse, Dr. Davies was one of the leading spirits in it along with it as its surgeon-in-chief all its dare-devil exploits in which with it to the relief of

Mafeking.

ONE OF THE "IMPERIAL LIGHT HEARTS."

Valiant in action, cheerfully patient through the dreary longours of siege, exultant on the march or in the assault, hopeful always of a fight, and, above all, prompt and confident and skilful when there was surgeon's work to do, Dr. Davies was a type and example of that most splendid of regiments the Imperial Light Hearts. Well, before I had been an hour proprietor of that bullet I was in Dr. Davies's skilful hands at the field ambulance a mile away. Walking, to a man of my newly-acquired possessions, would have been *infra dig.* and out of the question. He had me

wholly denuding the home establishment, and altogether paralysing foreign reliefs.

2. A trained and really available reserve of officers, men and female nurses should be formed, which will no doubt prove a difficult matter.

3. Due reserves of hospital equipment and stores must be kept up; these were officially declared to be very deficient at the beginning of the war.

4. Pay must be increased and readjusted, especially in the junior ranks, both at home, in the Colonies, and in India.

5. Larger autonomy should be conceded to hospital transport in the field; and fuller powers given to medical officers to acquire hospital equipments and supplies in emergency.

6. The Surgeon-General of an army in the field should be on the staff of the General Officer Commanding in Chief, always in close and direct communication with him, instead of on the line of communications.

7. Medical officers acting in superior appointments should be gazetted to a step in local or temporary rank, as in other branches of the service.

borne upon a triumphal stretcher. He sorted and arranged in order my little museum of fragments of thigh-bone, fortified it with wooden splints, stopped with antiseptic bandages the little hole by which the bullet had entered, made me snug for the night, and when the column moved on in the morning on the last stage of the march to Mafeking, left me comfortable in body and easy in mind in the charge of the two capable and kindly civil surgeons who were serving as his juniors.

After Mafeking had been relieved, and the wounded in the fight outside the town had been attended and bestowed in hospital, Dr. Davies rode out to Maritzburg to arrange for the removal of the earlier batch of wounded. Then he made a careful examination of my leg, measured it, and, coming to the conclusion that it might do better than it then promised, reset it and applied a new extension splint.

When we got into Mafeking and were lying in hospital, Dr. Davies came again and again, and, being dissatisfied with anything short of the very best treatment, once more reapplied my splints and fixed a heavy sandbag weight to keep a pull on the foot. Later, when once more the column had moved on, Dr. Davies rode back a dozen miles to see if anything more might still be done for his former patients. For me he caused to be made a special slung cradle-splint of iron and canvas, which was as effective as the rigid wooden splint and much more comfortable.

AN INTERRUPTED REVERIE.

Of course Dr. Davies is a civil surgeon with only a temporary connection with the R.A.M.C. But it would hardly become me to criticise the treatment of the wounded when I myself and those saw wounded about me were attended on the battlefield by one of the best surgeons in South Africa doing his very best.

After Dr. Davies had gone away with his regiment on General Buller's march across the Transvaal, I made another surgical acquaintance. I was lying in bed one day minding my bullet, and thinking about the time when I would get up and go for a walk, pondering the terrible abyss of time that stretches between breakfast and lunch, and wondering about all the kinds of things that people wonder about when they are minding bullets, when I heard a strong, hearty man's voice in the house, and there came into my room the most cheerful-looking old gentleman I have even seen in my life.

A hearty, healthy, vigorous old gentleman, who came bustling in full of life and energy, with a whimsical smile on his shrewdly good-natured, kind beaming, big, broad, clean-shaven face. The sight of him coming into the room was like I had been thinking it would feel like to go out into the sunshine and the fresh winter air.

"Weel," he said cheerily, with a Scotch accent, as he took my hand between his two big firm palms and gently shook it, smiling meanwhile like a benevolent uncle, "weel, I've just come to see how ye're getting on. Eh, but I know all about ye! Eh, my laddie, but they're all verra consarned about ye down country there. And I'm glad to see ye."

And he continued to shake my hand and smile, and I smiled back and shook his hand, and said that I was—as was perfectly true—that I was downright glad to see him, although I hadn't the faintest idea who he was except that I seemed to know at once that he was a great surgeon.

PROFESSOR JOHN CHIENE.

"Then," said he, "I'll just give ye my caird"; and if he had said he would just give me a thousand pounds he could not have said it in a kinder tone of impulsive benevolence. It brought into my mind somehow the small-boy memory of the good-natured sporting squire who bowed considerate bows to me and laughed with delight when I swiped into his standing corn. I remember saying, "Thank you, sir," as I took the pasteboard he handed me. It said in plain, formal type, "Professor John Chiene, Consulting Surgeon to the Forces, South Africa."

Professor Chiene! I had never seen him before, but I had known of him all my life. One of the famous surgeons of the world. Dozens of times I had heard doctors who had been Edinburgh students exchanging pleasant reminiscences of John Chiene. This was a slice of luck indeed.

I said what I had to say, and he went on to tell me that "Aircie Hunter"—that was General Hunter—had given him leave to come up to Mafeking to see if he could be of any service to the wounded lying there. He seemed to think that it was a personal kindness on the part of Aircie Hunter to let him come, and I am sure that he felt positively grateful to the wounded for giving him the opportunity of coming.

But at that time I knew that General Hunter's division was a hundred odd miles away, somewhere on the other side of Vryburg, that there was no railway through, that there were only rough boulder-strewn tracks for roads, and that the only people on the way were low-class Dutch, who were nearly all rebels and all thieves.

How, then, had he managed to get through to Mafeking, I asked him. Did he have an escort? Oh, no, no escort—capital adventure to come with-

out an escort!

THE ENJOYMENTS OF THE VELOD.

He had made the journey in a sort of rough cart—most enjoyable kind of travelling in a rough jolting cart! One of the horses had broken down—splendid fun! Had slept out on the veldt—glorious sleeping out on the veldt! Never was such a blanket! They got no water one day—extraordinary fun being thirsty! Had given a lift to a belated correspondent on the way—capital chap, that correspondent! Most entertaining companion! Had just got to Mafeking, and found a lodging in the remains of what had been an hotel before the big shells knocked the end wall out and the roof off—charming place Mafeking! Beautiful sight, all that bare sand! Capital taste sand had, too, in your food! And how lucky to find a room in the hotel with the end wall out and the roof off! Most convenient for looking out of! And the ration bread made out of bran! Really most wholesome food and wonderfully agreeable eating!

Buoyant!—why, Professor Chiene would have floated in hydrogen gas. He told me a story about a Scotchman enjoying himself at a funeral, and laughed as he told it, and made me laugh till I could feel my bullet wobbling about in its hiding-place. He made me feel so much better that I wanted to get out of bed and practise walking, but he wouldn't let me.

Then, when my doctor came in he got to business. He ceased laughing, and put on a grave, thoughtful, shrewd look, though he still kept a keen, humorous twinkle in his eye, and went into the consultation. He listened alertly to the doctor's description of symptoms, and to my own, and then he put in some unexpected and seemingly inappreciable questions, which reminded me of something which I had forgotten or failed previously to observe. Then he felt over the surface of my leg with finger-tips so sensitive that they almost seemed to see what was underneath, and in a few minutes he knew all about my bullet and my thigh-bone, and just said what was to be done and when and why. And everything he said turned out to be true, and everything he recommended to be right.

FROM MAFEKING TO DEELFONTEIN.

So on the field in the midst of the remote veldt I had been put in the way of good recovery by the best surgeon in South Africa; and while convalescing in Mafeking, which was still cut off from communication, I had enjoyed the inestimable advantage of the advice of one of the most famous surgeons of the world. I know, of course, that Professor Chiene does not belong to the Army Medical Department. But, at all events, there he was—a very important factor in the question of the treatment of the wounded in Mafeking.

In course of weeks there came the time when the splints protecting my bullet were to be replaced by a plaster of Paris casing. That brought me another surgical acquaintance. The application of the plaster bandages was directed by Mr. Raymond Johnson, a distinguished London surgeon, consultant and teacher, one of the brilliant staff of University College Hospital, of the beauty of whose operations surgeons talk in admiring whispers.

A few weeks later the time came for me to be moved down country from Mafeking to the wonderful perfect Imperial Yeomanry Hospital at Deelfontein.

I was carried from the house to the railway train, and taken the two days' railway journey down country under the personal care of Mr. Alfred D. Fripp, chief surgeon of the Imperial Yeomanry Hospital, and one of the surgical and teaching staff of Guy's Hospital.

Of Mr. Fripp it is not necessary to say anything. He holds the proud position of surgeon-in-ordinary to H.R.H. the Prince of Wales. And I have often had occasion to observe that what is good enough for the Prince of Wales is quite good enough for me.

AN APPOINTMENT WITH MR. FRIPP.

At Deelfontein the question of the future of that bullet arose. First of all its exact position had to be ascertained. That was done with the aid of the Röntgen rays by Mr. J. Hall-Edwards, surgeon radiographer to the Imperial Yeomanry Hospital and to the General Hospital at Birmingham, the first English surgeon to employ the X-rays and the English surgeon most expert and practised in their use. He is not only a qualified surgeon, but a skilled and scientific electrician and an expert and practical photographer, an almost unique combination of scientific and practical knowledge which goes to the making of a perfect X-rays expert.

Then one day I met Mr. Fripp in his operating theatre, and when I woke up he handed me my bullet, and I forthwith proceeded to get well and to begin to learn to walk about.

I might go on to say how the healing of the incision was looked after by Dr. Bruce and Mr. Ramsford, of Guy's. I might tell how a knee stiffened by strong and obstinate adhesions was rendered flexible and mobile by constant care and frequent operations on the part of Mr. Fripp him-

self, Dr. Bruce, and Mr. Ballance, the brilliant surgeon of Norwich who, on Mr. Fripp's return home, succeeded to the distinguished position of chief surgeon of the Deelfontein Hospital. I might brag of the constant daily attention to that stiff knee of Mr. Hale Smith, the most experienced of English massage experts. But this catalogue of magnificences may begin to be wearisome.

I merely say that from beginning to end I had the best surgery that the world could supply, and that if I had been a millionaire at home in Piccadilly, or even the Prince himself, I could have had no better.

And the proof of it is this—that having received a bullet in the thigh, with a compound fracture of the thigh-bone which was sufficiently promising to be officially described as "dangerous," I am now walking about with the bullet attached to the end of my watch-chain, and my leg none the worse for the adventure.

WHAT ALL THIS PROVES.

Now I am not concerned here to boast of my luck, nor is this the place to show my gratitude for the services personally rendered. Nor is it my concern to approve or disapprove of the system or personnel of the medical and surgical department of the British Army.

But I am concerned for one thing. I was out there privileged to share in the adventures of the Army. As part of that privilege I got one of the plugs in the leg that were distributed chiefly among the Imperial Light Hearts in the course of Mifflon's march to the relief of Mafeking. As part of that privilege I was permitted to share in the surgical attention that was provided for the wounded. I have told what I got for my share, and my share was, I believe, a fair sample. First assistance from the first surgeon in South Africa, expert advice from a consultant who is one of the figure-heads of contemporary surgical science, X-ray photography by the best English expert, a beautiful operation by the Prince of Wales's own surgeon, and, finally, a perfect recovery.

And leaving out of consideration the merits of the R.A.M.C. controversy and the objects and probable findings of the commission, I do desire to say to those who may be anxious as to the welfare and treatment of wounded friends at the front that what I have described as happening to myself was the sort of assistance and treatment that the wounded got at the front at the time and in the places when and where I had exceptional opportunities of observation.

CHARLES E. HANDS.

THE TIMES, WEDNESDAY,

DECEMBER 12, 1900.

HOUSE OF COMMONS.

TUESDAY, DEC. 11.

MR. BRODRICK assured hon. members that a careful watch would be kept that no "sweating" went on in the making of clothing for the troops, and to see that the clothing was made on thoroughly sanitary premises. The hon. member for Northampton had suggested that he should call in the hon. member for Ilkerton for consultation on the Medical Department. He would not promise to adopt the prescription of the hon. gentleman, but would be very glad to hear his suggestions. He hoped he would not be supposed to be temporizing or endeavouring to put aside decision on an important matter, but it was absolutely impossible to enter into the question of what was required to be done for the medical service in South Africa. It was a subject on which, in common with every member of the House, he took the deepest interest. If he could do anything to induce the Commission to submit its report at an early date he would do so. When the report of the Commission reached the War Office the action of the Department would be prompt, and no pro-conceived ideas would prevent the taking of measures necessary, however drastic, to put the service on a proper footing. There was no desire to prejudge the matter. In a campaign over an area of such magnitude there must be occasions when medical service left much to be desired, and it would be an ideal state of things by which every body of troops arriving at night should have medical inspection of the camping ground. A variety of questions had been asked, and he asked the Committee to allow him to defer his replies. As to the statement that wives and children of soldiers had been supported in Irish workhouses, he would be glad to make inquiry into any special case. If such cases had occurred they probably arose from the number of soldiers who married off the strength of the regiment, and the families of these were never recognized as having to be supported by the State. It would be impossible in a young Army like ours to recognize all these. As to the supplies provided on a troopship, the voyage occurred before he entered office, but he understood that after careful investigation steps were taken to effectually prevent a recurrence of such an incident. The supply of horses and mules to South Africa was being continued at the rate of 6,000 per month, and in the past year nearly 200,000 had been sent out, so that the necessity for mounted troops was fully recognized. As to the provision for the wives and families of Reservists, he did not think the Government allowance was liberal, and it was true this had been supplemented from private funds. He was quite ready to approach the question with an open mind, but, looking at the provision made for the men's families and that about to be made for widows, it would be seen the Government were undertaking a very heavy charge indeed.

British Medical Journal.

SATURDAY, DECEMBER 15TH, 1900.

UNDERMANNING OF THE ARMY MEDICAL SERVICE.

Following is the distribution of the active list of the Medical Service, as shown in the Army List for number:

Distribution in the December Army List, 1900.

and the thorn extracted if there, which he seemed to think doubtful. So when O.O. No. 2 came round he had a look at my foot and sent off for the finest forceps procurable, and some cocaine. Well, he messed about for some time, and at last the cocaine turned up. This was in little tablets, which he tried to dissolve in water, but failed to do so to his entire satisfaction. So he crushed up a tablet, put it in the syringe, and then put some water, and injected probably the water only, as I felt the pain just as acutely as before. He then made two incisions, split a lot of blood, got out some pus, and, after a good half-hour's feeling about, said, 'Here sergeant, you have a go,' but the sergeant declined with thanks, and after a little more poking about O.O. No. 2 declared that either the thorn was not there or else it had gone in too far to be extracted, and he assured me that it would work out in time. This

Private.

3, Barnfield Crescent,
Exeter.

Dear Sir, Dec 11/1900.

Kindly read the enclosed, and please let me know if we may count on your support of our proposal.

Some well-known Officers of the British and Indian Medical Services, together with leading members of our Profession, cordially approve of it; but, in order to enable us to proceed in the matter, we feel it is necessary for us to learn if this movement has the wide support of Medical Officers of the British and Indian Services, who are those most directly interested in the reform effected by Lord Lansdowne's Warrant in 1898;—it being clearly understood that it is with this Warrant only that the present movement is concerned.

It has been suggested that the subscription should be half a guinea for Officers under the rank of Major and a guinea for Field Officers.

Yours truly
W. Gordon Stables

medical officer R.A.M.C. in charge here. I was detained, and the orderly officer (i.e., the doctor going round the wards each day) was instructed to try and extract the thorn. The O.O. came round in due course and sent his orderly for some forceps. He returned with a pair sufficiently large and strong enough to pull a tooth. Nothing daunted, the O.O. set to work, but soon found that the instruments were too large, so he borrowed a long brass pin from the orderly and poked about with that. He at last gave up the job, through sleepiness I believe (it is rumoured that he once went to sleep on a bed beside his patient while waiting for instruments), ordered a poultice, and said he would see me again in the evening. At 5 p.m. he came round again, but made some excuse that the electric light was bad, and that 'it was a pity to muck it (the foot) about now.' On the 29th I again went before the P.M.O., who seemed angry that such a simple job had not been done, and ordered me to be detained again, giving instructions that an incision was to be made

partly due to these attacks by anonymous writers, many of whom, I regret to see, are members of the same profession.

"Any stick is good enough to beat a dog with," but is beating the best means to improve an unpopular and discredited service? Your obedient servant,

J. B. HAMILTON, Surgeon-General, R.P.
J.U.S. Club, Dec. 23.

British Medical Journal.

SATURDAY, DECEMBER 15TH, 1900.

UNDERMANNING OF THE ARMY MEDICAL SERVICE.

Following is the distribution of the active list of the Medical Service, as shown in the Army List for December:

Distribution in the December Army List, 1900.

and the thorn extracted if there, which he seemed to think doubtful. So when O.O. No. 2 came round he had a look at my foot and sent off for the finest forceps procurable, and some cocaine. Well, he seemed about for some time, and at last the cocaine turned up. This was in little tablets, which he tried to dissolve in water, but failed to do so to his satisfaction. So he crushed up a tablet, put it in the syringe, and then put some water, and injected probably the water only, as I felt the pain just as acutely as before. He then made two incisions, spilt a lot of blood, got out some pus, and, after a good half-hour's feeling about, said, 'Here sergeant, you have a go,' but the sergeant declined with thanks, and after a little more poking about O.O. No. 2 declared that either the thorn was not there or else it had gone in too far to be extracted, and he assured me that it would work out in time. This

PRIVATE.

It is suggested that as Lord Lansdowne has recently left the War Office this would be the proper time for the Profession to express its thanks to him for the great and beneficial reform which he has effected in the Army Medical Service, in response to the representations made to him on behalf of the Service by the Deputation which waited on his Lordship in January, 1898.

The formation of an Army Medical Corps had for many years been recommended by competent military and medical authorities as necessary for the efficient working of the Army Medical Service, but these recommendations had been set aside by one War Minister after another. The Army Medical Service was prevented by the rules of the service from directly approaching the Head of the War Office, and the Profession therefore came forward on its behalf. Lord Lansdowne's action in the matter was as courageous as it was generous and just, and resulted in the Queen's Warrant of 1898, under which the Royal Army Medical Corps was created.

Sufficient time has now elapsed to enable us to know that the above-mentioned reform has, without question, increased the status and the efficiency of the Army Medical Service and added to the comfort of Army Medical Officers, and we therefore feel that the time has come when the Profession might wish to express the obligation it is under to the late Secretary of State for War, by some fitting acknowledgment of the work he has accomplished.

It is proposed to approach Lord Lansdowne and to ask him if he would be willing to sit for his portrait, which, when finished, would be handed over to the authorities to be placed in the Netley Hospital Army Medical School as a permanent memorial of the part which he took in creating the Royal Army Medical Corps.

Before taking any further action in this matter, it is desirable to know if it would be likely to meet with the approval of leading members of the Profession and of the Army Medical Service, and we therefore beg you kindly to let us know if you will be willing to support this proposal.

N. C. MACNAMARA.

J. B. HAMILTON, *Surgn.-Gen., R.P.*

W. GORDON, *Honorary Secretary.*

3, Barnfield Crescent,

Exeter.

Dec. 1900.

medical officer R.A.M.C. in charge here. I was detained, and the orderly officer (i.e., the doctor going round the wards each day) was instructed to try and extract the thorn. The O.O. came round in due course and sent his orderly for some forceps. He returned with a pair sufficiently large and strong enough to pull a tooth. Nothing daunted, the O.O. set to work, but soon found that the instruments were too large, so he borrowed a long brass pin from the orderly and poked about with that. He at last gave up the job, through sleepiness I believe (it is rumoured that he once went to sleep on a bed beside his patient while waiting for instruments), ordered a postilion, and said he would see me again in the evening. At 5 p.m. he came round again, but made some excuse that the electric light was bad, and that 'it was a pity to muck it (the foot) about now.' On the 29th I again went before the P.M.O., who seemed angry that such a simple job had not been done, and ordered me to be detained again, giving instructions that an incision was to be made

partly due to these attacks by anonymous writers, many of whom, I regret to see, are members of the same profession.

"Any stick is good enough to beat a dog with," but is beating the best means to improve an unpopular and discredited service? Your obedient servant,

J. B. HAMILTON, *Surgeon-General, R.P.*

J.U.S. Club, Dec. 26.

British Medical Journal.

SATURDAY, DECEMBER 15TH, 1900.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following is the distribution of the active list of the Army Medical Service, as shown in the Army List for December:

Distribution in the December Army List, 1900.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	TOTAL.	Remarks: Seconded.
Surgeon-Generals ..	5	1	4	—	10	—
Colonels	7	0	3	—	10	—
Lieutenant-Colonels..	83	37	67	—	147	4
Majors	37	174	159	3	368	3
Captains	83	69	227	7	586	6
Lieutenants	35	115	81	2	193	—
Total	174	403	366	6	949	13

The total is 5 less through retirements on the non-effective list. There are 6 more at home, 14 fewer in South Africa, 1 more at other foreign stations, and an addition of 2 to the unposted list. The colonels in South Africa in the position of surgeon-generals, and the lieutenant-colonels and majors in the position of colonels, are all now granted steps in local rank; this seems to be the result of our persistent advocacy of such measures.

There are 2 retired officers and 7 of the Militia Medical Staff Corps serving in South Africa, and 114 retired officers are employed.

It is now a year since we began to give these monthly abstracts relative to the distribution of army medical officers. There is a total increase of about 70 medical officers on the active list compared with December, 1899. South Africa, which then accounted for 245, now absorbs over 400, with a corresponding fall in the numbers at home and at other foreign stations. The number seconded has declined and the unposted fallen to a minimum, notwithstanding the stress of wounds and sickness which meanwhile has fallen on the service.

The service is probably in a better position as regards numbers than it was a year ago, but still far under the strength required to bring it to efficiency.

REFORMS IN THE ARMY MEDICAL SERVICE.

A SUBCOMMITTEE of the Parliamentary Bills Committee of the British Medical Association is about to invite the medical schools and colleges to state the reasons why well-qualified candidates do not join the R.A.M.C. We suspect the main reasons will be found to be insufficient pay, long foreign service, and want of study leave. Meanwhile we note with satisfaction that in the latest edition of the Regulations for the Army Medical Service the surgeon-general of an army in the field is restored to his proper place on the staff of the general officer commanding-in-chief. He was removed from that position against the protests of those who take an enlightened interest in the health and well-being of the army. The experiences of the war in South Africa have hastened his restoration to a position from which he should never have been removed. What is still wanted is that his staff of a secretary and orderly officers, should also be restored. We also notice that steps in local rank in South Africa have at length been conceded to officers acting in administrative positions superior to their army rank. Two most important administrative reforms on which we have insisted have thus been accomplished. They are probably the prelude to others of a far-reaching kind, for Mr. Brodric, in his speech last Tuesday, is reported to have said that the War Office was only waiting for the report of the Hospitals Commission in order to take prompt action on army medical matters; and "no preconceived ideas would prevent the taking of measures, however drastic, necessary to put the service on a proper footing."

THE TIMES, WEDNESDAY, DECEMBER 26, 1900.

HOSPITAL TREATMENT IN SOUTH AFRICA.

Under the signature "F.R.C.S.," a correspondent sends the following extract from a letter written on November 30 by his son, serving as a volunteer in South Africa, with reference to hospital arrangements:—"As you will see by the above address, I am in the hands (such hands, too!) of the doctors. On the 27th, while bathing, I got a thorn in my foot, and after endeavouring to get it out with a poultice I made up my mind to go sick. On the 28th I came up and saw the medical officer R.A.M.C. in charge here. I was detained, and the orderly officer (i.e., the doctor going round the wards each day) was instructed to try and extract the thorn. The O.O. came round in due course and sent his orderly for some forceps. He returned with a pair sufficiently large and strong enough to pull a tooth. Nothing daunted, the O.O. set to work, but soon found that the instruments were too large, so he borrowed a long brass pin from the orderly and poked about with that. He at last gave up the job, through sleepiness: I believe (it is rumoured that he once went to sleep on a bed beside his patient while waiting for instruments), ordered a poultice, and said he would see me again in the evening. At 5 p.m. he came round again, but made some excuse that the electric light was bad, and that 'it was a pity to muck it (the foot) about now.' On the 29th I again went before the P.M.O., who seemed angry that such a simple job had not been done, and ordered me to be detained again, giving instructions that an incision was to be made

and the thorn extracted if there, which he seemed to think doubtful. So when O.O. No. 2 came round he had a look at my foot and sent off for the finest forceps procurable, and some cocaine. Well, he mused about for some time, and at last the cocaine turned up. This was in little tabloids, which he tried to dissolve in water, but failed to do so to his entire satisfaction. So he crushed up a tabloid, put it in the syringe, and then put some water, and injected probably the water only, as I felt the pain just as acutely as before. He then made two incisions, split a lot of blood, got out some pus, and, after a good half-hour's feeling about, said, 'Here sergeant, you have a go,' but the sergeant declined with thanks, and after a little more poking about O.O. No. 2 declared that either the thorn was not there or else it had gone in too far to be extracted, and he assured me that it would work out in time. This morning I again went before the P.M.O. and he ordered another day's detention and poultices, declaring he thought the thorn could not be there. . . . There is a funny arrangement here, and that is that a man who is not 'admitted' but only 'detained' cannot draw rations from the hospital, but is supposed to receive them from his unit. So in my case the orderly men would have had to tramp two miles here with my meals. But as Will (his brother) as been each day he has brought me something. I hope the P.M.O. will pass me out to-morrow." Our correspondent adds:—"From a postscript written a few days later I find that he left hospital with the thorn still in his foot, whence he managed in the end to extract it himself. The picture of a whole hospital staff under the R.A.M.C. unable to find or extract a thorn, a day or two after it had entered the foot, and the charming glimpse of red tape displayed in the inability of the hospital authorities to feed the patient because he was only 'detained' and not 'admitted' from November 28 to December 1 will help to show the public something of the crying need there is for reform."

DECEMBER 29, 1900.

HOSPITAL TREATMENT IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—In your issue of to-day you devote one-third of a column to a story sent by "F.R.C.S." regarding the non-extraction of a thorn from the foot of his son who is serving in South Africa. The animus of both the writer and sender of the letter is evident, and the story is a pretty one as it stands.

Apparently "F.R.C.S.," in his concluding remarks, when he talks of "the picture of a whole hospital staff under the R.A.M.C. unable to find or extract a thorn a day or two after it had entered the foot," seems to think the R.A.M.C. to blame, but surely, supposing the story to be true (which I beg leave to doubt), the persons to blame are the teachers at the schools where these officers studied and the colleges which granted them their diplomas.

"F.R.C.S." talks of "the charming glimpse of red tape displayed in the inability of the hospital authorities (sic) to feed the patient because he was only 'detained' and not 'admitted.' Permit me to point out that the regulations of the Army drawn up under the authority of the Quartermaster-General (and not by the medical authorities) lay down that when a man is detained for the day his barrack rations, in an uncooked state, are to be sent to the hospital, there to be dealt with under the orders of the medical officer who attends the case—e.g., a man suffering from, say, colic, would probably have his meat made into broth, and his vegetables would not be given to him, but the medical officer can also issue extras, such as hovril, milk, rice, arrowroot, &c., and thus provide a diet suitable to the case.

If a little common-sense were brought to bear on the matter it would be seen that the regulations in question are the only ones which could be worked in the case of men "going sick," as the ration lists for both barracks and hospitals have to be compiled and sent in to the A.S.C. officer the day before to enable him to supply them in good time for the men's breakfasts, and I think common-sense people will also admit that if a man's barrack rations are sent over to the hospital uncooked and there dealt with as most suitable, and supplemented by extras, no one can possibly be injured.

These constant and unfair attacks on the R.A.M.C. are doing an immense amount of harm, and the difficulty of getting good class candidates for the corps is increasing steadily.

I have the honour to be the chairman of a sub-committee of the Parliamentary Bills Committee of the British Medical Association now sitting to inquire into the deficiency of good candidates for the R.A.M.C., and we are asking for information from every school and college in the United Kingdom as to the cause.

I shall be much surprised if we do not find the present discredited condition of what might be a grand service is partly due to these attacks by anonymous writers, many of whom, I regret to see, are members of the same profession.

"Any stick is good enough to beat a dog with," but is beating the best means to improve an unpopular and discredited service? Your obedient servant.

J. B. HAMILTON, Surgeon-General, R.P.

J.U.S. Club, Dec. 26.

PLAYING AT ARMY NURSING.

(With apologies to Thomas Ingoldby.)

My Lady Fitz-Vere woke up one day—
It was half after two,
She had nothing to do,
So she sat up in bed and rang for Gray.
Gray was her maid,
A trusty aide,
Her expression demure, her manner staid;
With a neat little bow and a collar white,
And a well-fitting gown just exactly right;
Ready to hear, but slow to speak;
Almost suspiciously mild and meek;
Clever in quite an exceptional way;
"Safe," yet versatile—that was Gray.
And she asked, as she held the door on the swing,
"Pray, did your ladyship please to ring?"
My Lady Fitz-Vere she raised her head,
And thus to her trusty Gray she said:
"The Season is over, and Bernhard's fled;
'Slumming' has long as a craze been dead;
'Bridg' is a game I have learned to dread;
There is no novel I haven't read;
Restaurant dinners are heavy as lead;
All the men to the war have sped—
Gray, as you love me, tell me true
What is a lady to find to do?"

Gray looked up and Gray looked down.
She paused, as she put on a thoughtful frown,
She fiddled a bit with the braid on her gown;
She bit her lip and she tapped her head,
And at last in a coaxing voice she said,
"It doesn't require the least rehearsing—
What d'you say, my lady, to ARMY NURSING?"

My Lady Fitz-Vere started up to muse,
And she thought of Sir Carnaby Jinks of the Blues,
Of Captain de Boots, and of Major McTape,
And all the others who'd gone to the Cape.
She thought of the chance as a nurse she'd get
For seeing life in a brand new set;
At the Front, thought she,
I, of course, shall be;
I shall flirt with ease
With the A.D.C.'s
As I bravely do my duty;
So she said to Gray "Quite so, quite so;
Existence here is extremely slow;
You can pack my trunks—for I mean to go,
For Old England, Home, and Beauty!"

My Lady Fitz-Vere stepped into her brough'm
And her face no longer was wrapped in gloom,
Through street and square
The high-stepping mare
Danced her off to Bandbox Terrace, May Fair,
And at Number 4
(With a white and gold door)
She called on her chum Anastasia Gore.
When asked to go
She didn't say "No"
(I mean the latter impulsive dame),
And Mrs. Maccaw,
And Lady Daw
When also invited said just the same.

So a week to a day
From the time that Gray
Had dropped her hint upon fruitful ground,
From Southampton Docks,
With amazing stocks

Of "Paquin" hats and of Paris frocks,
Four "Amateur Nurses," outward bound,
Bade a gay farewell to their friends all-round.
There was Lady Fitz-Vere and Lady Daw,
Anastasia Gore and Mrs. Maccaw
And need we say
That the faithful Gray
In charge of the largest trunks we saw.

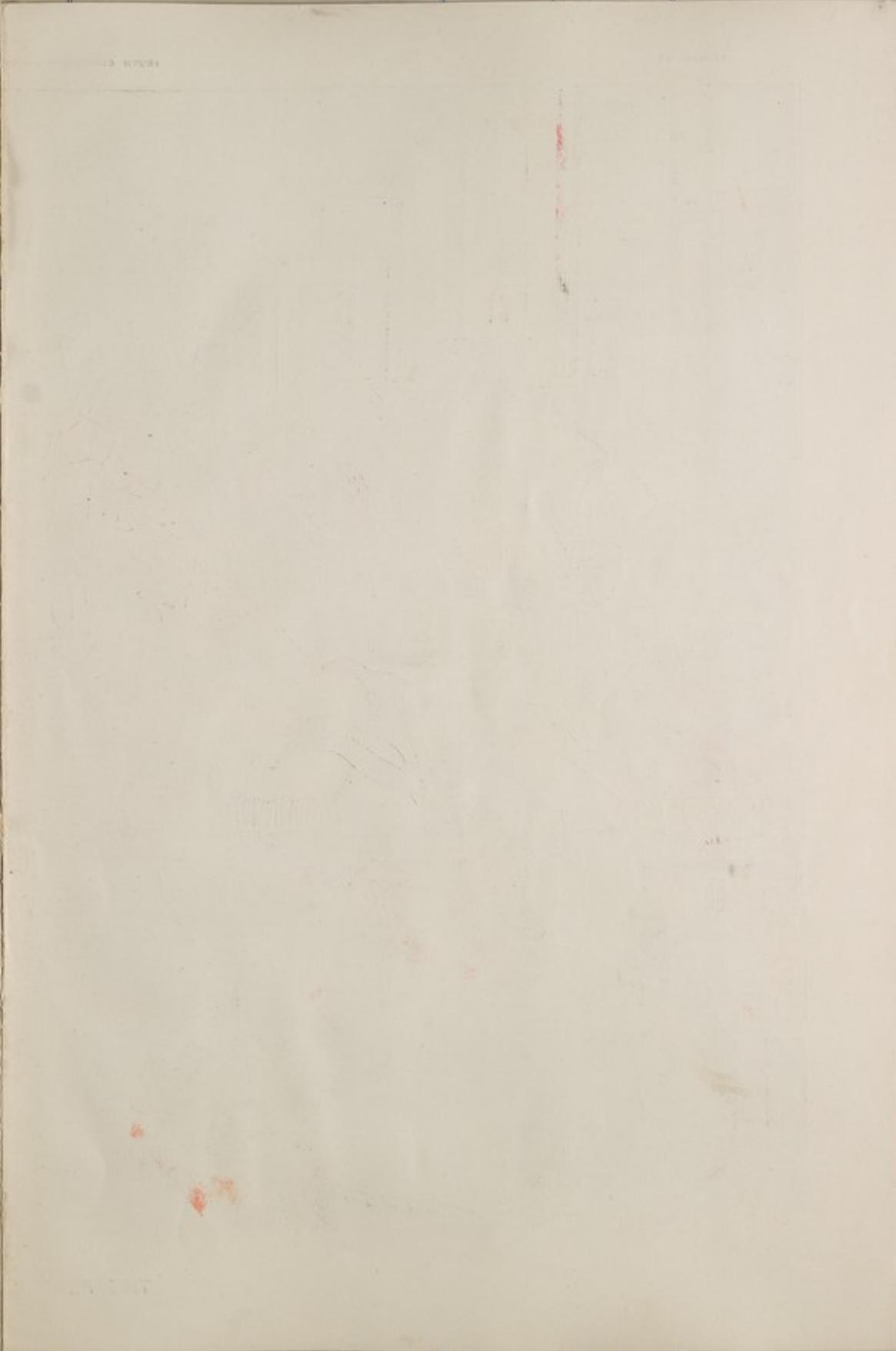
The hour is twelve—twelve at noon, not night,
And the Hospital Tent is steeped in light.
Lift up the flap, 'tis a terrible sight,
For yesterday morning there was a fight
At *Kaflislawfontein*.
And they've brought the wounded warriors here—
Regular "Tommy" and Volunteer;
And there they lie,
If you cast your eye
You will see the suffering line—
Some half dead
With a riddled head;
Some much smashed
And cruelly slashed;
Hit and split
(But most thorough "grit");
Hopelessly maimed
For life or lamed
With a bullet through the spine.



But who are these
Who are taking their ease
At this end of the crowded tent?
Who chatter and laugh,
And merrily chaff,
In an atmosphere charged with scent?
My Lady Fitz-Vere
Is certainly here;
And Mrs. Maccaw,
And my Lady Daw,
For we've seen these dames before;
And adjusting a curl
With a kittenish twirl,
It is! it is Anastasia Gore!

The clock strikes one,
The blazing sun
Beats down—there's comfort and shade for none.
The wounded lying
Are vainly trying
To scatter the flies around them flying:
They buzz—these flies—
In their ears and eyes,
And with tiny antennae tickle;
And down Tommy's cheek,
In the blazing reek,
Drops of perspiration trickle.
Could those men be fann'd,
Could a soothing hand
Their pillow smooth and the flies withstand;
Could a cloth be spread
On the throbbing head,
Could an ice-cold spray
On the temples play,
How this would help to the pain allay.
But my Lady Fitz-Vere,
It is very clear
(And the other three
With her agree),
In no such matters will interfere.
To keep away flies
From soldiers' eyes,

To dabble in scent
And in liniment,
To soil their gloves
(Small sixes, such loves?)
Or to fan a man—Did you ever?
They a visit will pay
To the tent each day,
And will smile at the men in the usual way.
They will chatter and chaff
With the medical staff,
But actually worse—No, never!
The real nurses, they do their best,
Work night and day with untiring zest;



ures,



THE PLAGUE OF WOMEN.

PLAYING AT ARMY

(With apologies to Thomas)

My Lady Fitz-Vere woke up
 It was half after two,
 She had nothing to do,
 So she sat up in bed and rang
 Gray was her maid,
 A trusty *aidé*,
 Her expression demure, her mien
 With a neat little bow and a
 And a well-fitting gown just
 Ready to hear, but slow to
 Almost suspiciously mild
 Clever in quite an excepti
 "Safe," yet versatile—the
 And she asked, as she held the do
 "Pray, did your ladyship please to
 My Lady Fitz-Vere she raised
 And thus to her trusty Gray s
 "The Season is over, and Bert
 'Slumming' has long as a cram
 'Bridge' is a game I have learn
 There is no novel I haven't read
 Restaurant dinners are heavy a
 All the men to the war have sp
 Gray, as you love me, tell me t
 What is a lady to find to do!"

Gray looked up and Gray b
 She paused, as she put on a
 She fiddled a bit with the b
 She bit her lip and she tapp
 And at last in a coaxing voi
 "It doesn't require the least rebe
 What if you say, my lady, to Al

My Lady Fitz-Vere started up t
 And she thought of Sir Carnaby
 Of Captain de Boots, and of Maj
 And all the others who'd gone to
 She thought of the chance as a nu
 For seeing life in a brand new se
 At the Front, thought she
 I, of course, shall be ;
 I shall flirt with ease
 With the A.D.C.'s
 As I bravely do my duty ;
 So she said to Gray " Quite so, q
 Existence here is extremely slow
 You can pack my trunks—for I n
 For Old England, Home, and l

My Lady Fitz-Vere stepped into her
 And her face no longer was wrapp
 Through street and square
 The high-stepping mare
 Danced her off to Bandbox Terrac
 And at Number 4
 (With a white and gold door)
 She called on her chum Anastasia
 When asked to go
 She didn't say "No"
 (I mean the latter impulsive dame,
 And Mrs. Maccaw,
 And Lady Daw
 When also invited said just the sa

So a week to a day
 From the time that Gray
 Had dropped her hint upon fruitfu
 From Southampton Docks,
 With amazing stocks

DEC. 25, 1900.]

TRUTH CHRISTMAS NUMBER.

The doctors labour with might and main
To grapple with death, to fight with pain,
To the best of their endeavour.
But can you wonder their words are tart
When they tumble over these ladies "smart,"
Who have dressed themselves for their useless part
In the latest *coups* of the *mediates'* art,
Can you wonder they blame their lack of heart,
And a Hospital post declare them?
Or, smarting to see them so neglect
The nursing duties that they affect,
Prefer to give them the cut direct,
And to plagues of flies to compare them!

Lady Fitz-Vere has, thanks to Gray,
Worn a new *confettios* every day,
And having been able to all display,
Has now determined to end her stay;
So back from the front,
Having borne the brunt
(As she likes to think) in a noble way,
She makes for Cape Town without delay.
Mrs. Maccaw
And my Lady Daw,
From the Hospital work they, too, withdraw;
And the wounded sore
Will be ogled no more
By the kittenish Anastasia Gore.

Received at the Cape
By Major McTape,
These "Amateur Nurses" nightly posed,
As they to Society there disclosed
The task which had so enthralled them;
By the Cape Town Press they were interviewed,
And one of the local poets' brood,
In an Ode entitled "GRATITUDE,"
"Our Hospital Angels" called them.

My Lady Fitz-Vere got up one day—
'Twas half after two,
She had nothing to do,
So she sat up in bed and rang for Gray.
My Lady Fitz-Vere she raised her head,
And thus to her trusty maid she said:
"I am sick of the war—De Boots is dead;
I have no new stocks
Of hats and frocks;
And as to that Treves,
His language giveth;
This hotel seems full of snobs and thieves;
So Gray, as you love me, tell me true,
What is a lady to find to do?"

Gray looked up, and Gray looked down,
She paused, and she put on a thoughtful frown;
But it wasn't for long she was in doubt
(She had flirted enough with the Queensland Scout),
The war, for certain, was quite played out.
So she said, said she,
"If you put it to me,
It's at *seur* that your ladyship ought to be.
The Season 's begun in any case,
And this, my lady, 's an awful place!"

Her ladyship reckoned that Gray was right,
And her boxes were packed that very night.

Where all is "smartest" and ultra gray
You will find my Lady Fitz-Vere to-day;
In fact you will find the devoted four—
She, Mrs. Maccaw,
And my Lady Daw,
And the kittenish Anastasia Gore!
At "Carlton" dinners; at "smart" book teas;
At "Prince's" luncheons they take their ease;

The first-night supper their presence sees;
And at Sunday "Noah's Arks" they squeeze;
But wherever they go
They let folks know
What very devoted parts they've played,
What risks they've run in their wish to aid;
Till at last onlookers, with bated breath,
Regard them as women who've fought with death
And they a triumphant progress make,
And heroic reputations take—
Florence Nightingale's *kudos* sharing,
And "smart" Society walking through
As though in their innocent hearts they knew
They were first-class halos wearing.

But Sir William McCormack shakes his head,
He knows too much to be thus misled,
And Mr. Treves,
Too, disbelieves
The false reports that these ladies spread;
For they both know well there is nothing worse
Than the "smart," incapable, amateur nurse.
And so do we—
We quite agree—
Army Hospitals know no greater curse.

So though these lines come a little late,
P'rhaps *some* reaction they may create,
And in *some* measure may make it clear
What rank impostors are Lady Fitz-Vere
And her three "smart" friends,
Who to gain their ends
Played a part so wickedly insincere,
Who, instead of "slumming" at Bethnal Green,
In a tent at Jimmysondorp were seen;
Where their "angel mission so sublime"
Resolved itself, to be quite exact,
Into what was a grossly selfish act—
A heartless method of killing time!

So let "smart" ladies forthwith beware,
Whatever they choose to do or dare,
However they crave with zest undue
For emotions fresh and sensations new,
Whatever the cleverness they display
In making themselves a holiday
Or themselves in "life" immersing;
To whatever fads they may incline,
Whatever "movements" they design,
However they elect to shine—
They will earn a punishment most condign
Unless they sharply draw the line
At playing at Army Nursing!

• • • • •
Lady Fitz-Vere
(So the newspapers hear),
With Mrs. Maccaw,
And my Lady Daw,
And the well-known Miss Anastasia Gore
Are heading a movement
To work the improvement
Of a social abuse that we all deplore.
Full of womanlike pity,
They are on the Committee
Of an organisation
For the swift reformation
Of the East End's debased and unruly gangs;
And on London will burst
Very soon with the first
Of their
MUSICAL EVENINGS FOR HOOLIGANS!

"Oh, let us hope Society
Will crush these 'smart' and heartless creatures,"
Irene and Casandra cried;
"Their dodge has no redeeming features."

Thanks! many thanks! dear, for the pains
You've taken in this full disclosure;
The Empire ought by rights to ring
With their well-merited exposure."

THE TIMES, TUESDAY,
JANUARY 1, 1901.

ENTERIC FEVER IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—The long and sorrowful lists of deaths from enteric fever in our forces in South Africa, which are again appearing, cannot but cause grave anxiety to those of us who have seen serving there.

It is evident that there is a recrudescence of the disease, and as its period of maximum intensity in South Africa is in February and March, its increased prevalence at this season is ominous.

I think we are entitled to ask what precautions have been taken to guard against a repetition of the terrible experiences of last year. The terms of the reference to the Hospital Commission precluded it from inquiring into the causes of the epidemic of enteric fever, and the measures taken in dealing with it, and, indeed, the constitution of that body disqualified it for any such investigation; but it is understood that another commission, composed of experts, was subsequently quietly despatched to the seat of war charged to search into the origin and modes of propagation of the malady that has wrought such havoc amongst the very flower of our troops. It would be interesting to know what conclusions this commission of experts has arrived at and what recommendations it has submitted to the Government.

The general incidents of the campaign are scarcely calculated to inspire complete confidence in the foresight and preparedness of those who are conducting it. The "heroes and gentlemen," as Lord Roberts has justly described them, who compose our South African Army will not grumble audibly while the war lasts, and the voice of the newspaper correspondent is heard no longer in the field, but on the rostrum at home and in America. Private advices, however, leave no doubt that our troops in the Transvaal and Orange River Colonies are still subjected to grievous—perhaps at this stage unnecessary—hardships and privations, likely to induce an impaired state of health favourable to the invasion of enteric fever. It would be a great relief to many anxious parents and to the country at large to know that the Government is thoroughly alive to the threatening danger of another widespread outbreak of zymotic disease in South Africa, that it has availed itself of the best advice, and has adopted all possible measures of prevention. Your obedient servant,

December 31. M.D.

JANUARY 3, 1901.

PUBLICATIONS TO-DAY.

THE SICK AND WOUNDED IN SOUTH AFRICA, what I saw and said of them and of the Army medical system. By Mr. Bardett-Coutts, M.P. 1s. 6d. Cassell.

THE SICK AND WOUNDED IN SOUTH AFRICA.

Under this title Mr. Bardett-Coutts is publishing a small book (Cassell's, price 1s. 6d.) on the hospital controversy with which his name has been so prominently identified. The greater part of the work is occupied by his famous "Article IX." about the state of the Bloemfontein field hospitals, which appeared in *The Times* of June 27, 1900, and by quotations from debates in the House of Commons on this subject and on the appointment of the Commission of Inquiry, by Mr. Bardett-Coutts's evidence before the Commission, and by his Westminster election speech. To the ordinary reader the most interesting part of the work will naturally be the concluding chapter, in which Mr. Bardett-Coutts sketches certain outlines of reform for the state of our medical services in time of a serious war. The author does not go deeply into the question of the normal efficiency of the R.A.M.C. in peace time, though he points out that the chief defects of the existing service are under-pay, over-work, too little leave, and want of medical instruction after joining the corps and absence of facilities for obtaining it. He is inclined, on the whole, it would seem, to regret the suppression of the regimental doctor for the present R.A.M.C. "officer." He is an unhesitating advocate of an increase in the female nursing element, of a raising in the status, training, and discipline of orderlies by offering greater attractions to recruits, and of a complete suppression of the use of ordinary soldiers or convalescents as orderlies. A carefully-organized medical staff, should in his view, also form an integral part of the Militia and Yeomanry and possibly also of the Volunteers. As an example of the splendid work such an organization can do, he quotes the New South Wales medical contingent. In war time Mr. Bardett-Coutts would discourage the system adopted in the war of simply deating in civilian doctors and giving them temporary military rank, and would put the whole of a base hospital under civilian doctors as far as medical matters are concerned, leaving the R.A.M.C. officer simply to connect the hospital with the military authorities, to be a link and a buffer between the hospital, the Army Service Corps, and the Ordnance Department, and to transact all matters of military routine—in fact, to perform for the hospital functions analogous to those performed for the railways by the railway staff officers. A model for such a system is found in the Yeomanry and Irish hospitals. Mr. Bardett-Coutts would also give greater power to the R.A.M.C. to have stores of its own instead of requisitioning everything from the Army Service Corps, and would insist on the presence of a competent sanitary officer with every hospital staff.

JAN. 5, 1901.

REORGANISATION OF THE ARMY MEDICAL SERVICES.

THE East of Scotland Tactical Society having allotted two of its meetings to consideration of the reorganisation of the Army Medical Services, more especially of the auxiliary and reserve branches, held its first conference on the subject at Edinburgh recently, under the presidency of Professor Annandale.

The proceedings were interesting and suggestive; and more so, that a Committee of the Navy, Army, and Ambulance Section of the British Medical Association are at present engaged on a precisely similar task; and all light brought to bear on the difficult problem is very welcome.

It seemed to be felt that discussion was difficult, if not indeed premature, before the publication of the report of the South African Hospitals Commission, though it is probable that that report will deal chiefly with the specific and general charges brought against the conduct and administration of the military hospitals during the war, rather than with the general question of army medical reorganisation. Mr. Brodrick's statement in reply to Sir Walter Foster would, however, seem to make it certain that the War Office will proceed to deal with the whole question immediately after the publication of the report; meanwhile the accumulation of facts, especially as to the auxiliary medical forces, concerning which it is very difficult at present to form any confident opinion, cannot fail to be of use when the time comes for recommending measures of reform.

The Society's discussion bore partly on the reorganisation of the Royal Army Medical Corps, but chiefly on the position of the auxiliary medical services, which could hardly be in a more unsatisfactory condition.

We have recently set out at some length what appear to be the most pressing needs of the regular medical service; they may be summed up under three comprehensive heads: (1) Increase in personnel and material of the permanent establishments; (2) increase of pay, especially in the junior ranks; (3) a fuller administrative autonomy in the field. There are other reforms affecting the exterior relations of the corps to the other branches of the service, as well as its interior economy, which could easily be effected in army orders or regulations, but its popularity in the schools must be restored almost as a preliminary.

Towards this end Professor Annandale suggested that the entrance or competitive examination on professional subjects should be discontinued—on the two grounds, first, that it was unnecessary to re-examine those recently and duly qualified in universities and by licensing bodies; and, secondly, that candidates were now admitted on nomination without examination.

A proposal to abolish competition would have been shouted down a few years ago, but public opinion has of late much altered on that subject, and the suggestion, coming as it does from so experienced a medical teacher as Professor Annandale, appears to be well worthy of consideration. There is at all events, no use concealing the manifest incompatibility of concurrent competition and nomination, and no good in sticking for competition if competitors will not come forward.

As an alternative, Professor Annandale suggested that candidates—nominees we presume—might be sent as probationers to some recognised school or institution for special instruction in such subjects as tropical medicine, bacteriology, eye diseases, and dentistry; and if, after such a course, found competent in these matters by examination, be sent to Netley for military training. But we would ask who is to pay the expenses of such probationers, and what hold would the Government have on them on the completion of such a course? The subjects named are now, or could be taught at Netley, with the probationers under military discipline.

Professor Chiene spoke chiefly on the employment of civil surgeons, nurses, and orderlies, other than those of the regular service, and clearly recognised that the employment of such aid was, in, and always will be necessary in every considerable war.

The main question was, he said, whether such civil aid be supplied in connection with or independently of the auxiliary forces? If in connection with these forces, which seemed desirable as a guarantee of fitness, and of some military training, then the volunteer medical officers themselves must be consulted. The volunteers exist primarily for home defence, and cannot be expected to be available for duties abroad. He recognised that the body called the Medical Reserve is, as has often been pointed out in the columns of the *BRITISH MEDICAL JOURNAL*, in a false position; it has not been employed during the war, because it was apparently unavailable for general duties; unattached civilians, therefore, were preferred. The present reserve is, in fact, no reserve at all. Professor Chiene expressed a strong opinion that a true reserve of civil surgeons available for war services must be constituted on an Imperial basis, at home and in the Colonies, and have some training in military medicine and duties.

The general question of medical officers for the volunteers and probably for the militia was discussed by several speakers. It is beset with many difficulties. Volunteer medical officers—who are also counted in the reserve—are mostly tied to private practices and public appointments, and are probably in a more immobile position than any other class of volunteers; they are also regimental officers, and are willing to serve as such through local ties and associations, but many would hesitate to join a departmental organisation. Yet a regimental medical system is unsuited for field duties in war.

Several volunteer medical officers spoke of the hardships or even indignities undergone by the medical student privates in the Volunteer Medical Staff Corps during the war; we fear that under the circumstances such hardships were unavoidable. This matter of mixed bearer companies has aroused attention in London also. The system has proved to be unsatisfactory; it has consequently been proposed to form cadet companies of medical students.

It is to be feared that a satisfactory reorganisation of the medical services of the auxiliary forces will prove even more difficult than that of the Royal Army Medical Corps itself; yet both problems must be faced and solved.

THE TIMES, THURSDAY,
JANUARY 10, 1901.

OUR "STUPID" OFFICERS.

TO THE EDITOR OF THE TIMES.

Sir,—I saw yesterday an Imperial Yeoman, who returned from South Africa with Lord Roberts on the Canada, having been invalided and sent home on account of dysentery, and who is suffering from a recurrence of that malady. Little wonder that he so suffers, if his statement is correct that he and 700 other men who were landed at Southampton on Thursday last were supplied at the barracks there with a dinner of "bully-beef" and pickles. Many of these 700 men were convalescent after enteric fever and dysentery, and common-sense, enlarged by medical science, should teach that in such cases a very careful regulation of diet is, for a long time, necessary. Whoever prepared the menu of that dinner at Southampton, whether a Staff College man or not, is stupid.

I wonder whether the Army Medical Department has acquainted itself with recent observations as to the prolonged ineffectivity of persons who have had enteric fever, and whether it thinks it prudent to distribute throughout this country numbers of men who have only recently recovered from that disease?

Your obedient servant,

January 8.

M. D.

The Royal Army Medical Corps has lost 16 officers by death in South Africa since the commencement of the war. The vacancies thus created have been filled up by the appointment to commissions as lieutenants in the corps of the same number of civil surgeons who have been employed in the military hospitals at the front. It is hoped that by the time the war is over many other candidates will be forthcoming from the same source. The gentlemen thus appointed have all had practical experience in the field, and have been specially recommended by the principal medical officers under whose orders they have served.

British Medical Journal.

SATURDAY, JANUARY 12TH, 1901.

THE INDIAN MEDICAL SERVICE.

COMPLAINTS have been reaching us of late in large and increasing numbers regarding the present and prospective condition of the Indian Medical Service. Our attention has also been drawn to a strong leader in the *Times of India*, entitled *The Decline of the Indian Medical Service*, setting forth in pointed terms the grievances under which its members labour, contending that it offers greatly curtailed advantages and attractions as compared with the past, and is becoming unpopular, and urging that something ought to be done to anticipate and prevent a deadlock such as that into which the sister service, the R.A.M.C., has lapsed through starvation and undermanning.

We have been at some pains to ascertain the grounds and validity of these representations, and have arrived at a strong conviction that they are well founded and deserving of prompt and practical attention. The service has for years been declining as regards the fundamental matter of emoluments. The official pay remains the same, while its purchasing power both in India and at home has seriously dwindled. The scale was originally arranged on the understanding that it might be largely supplemented by private practice, in which medical officers, with few exceptions, were permitted to engage. This source of income has, however, for the great majority of officers, become greatly reduced. Official work has so increased that less time is left for private practice. In large towns European and native medical men have settled in practice, and, being permanent, they have a decided advantage over the official doctor, who is liable to be moved about according to the exigencies of the service. In smaller towns and stations, native practitioners and subordinates, who also are stationary, get most of the practice which the civil surgeon has not the time or opportunity of developing. These circumstances are due to the great progress of medical education, in which the Indian Medical Service has itself taken a leading part, and to the general evolution and development of Indian administration. Again, war, pestilence, and famine demand the increasing attention of Government, and its medical officers are in correspondingly increased requisition. This necessitates movement which creates expense and ruins practice. In former times a civil surgeon was left for years in the same station, and became known and sought after. Now in most cases he is a mere bird of passage. Increased labour, hardship, and expense, with reduced emoluments, in fact, constitute the main grounds of present discontent; but there are others. The difficulties of obtaining leave are greater, and men cannot get occasional rest as they used to do, or arrange to visit their families at home, or recuperate their health, or refresh their professional knowledge. The establishment is apparently not large enough to meet the claims, habitual and emergent, to which it is liable, and the load has to be borne by an inadequate and jaded team. It is true that

the conjunction of plague, famine, and the Chinese war in 1900 threw upon the Indian Government a special and severe pressure which compelled it to employ every medical officer at its disposal who was fit for duty. The service has responded to the emergency loyally; but this was the climax of a series of similar though slighter exigencies imposing similar hardships, the endurance of which threatens, with the present establishment, to be the rule rather than the exception.

It is satisfactory to observe that 29 vacancies are advertised for competition in February. This is a step in the right direction; but if the Indian Medical Service is to be frequently drawn upon for Imperial purposes of the kind and on the scale represented by the Chinese expedition, a considerable augmentation of its strength would appear to be necessary in order to minimise disturbance and curtailment of leave.

The truth is that from one cause or other the Indian service is becoming less attractive, and this is best shown by the decreasing numbers who compete for commissions. The time has come when official inquiry ought to be made regarding the condition and prospects of the service with a view to substantiating, and if necessary relieving, the grievances under which its members consider that they are labouring. If this is not done, and matters are allowed to drift, the time will inevitably arrive when the supply will diminish and prove inadequate to requirements.

That this time may be very close at hand is more than probable. Medical education and training now require the expenditure of more time and money; the abolition of the unqualified assistant has caused a notable rise in the salaries which young medical men can command at home; while there has undoubtedly been an increase in opportunities for employment elsewhere.

We are far from alleging that the Indian Medical Service, though not so lucrative a career as it used to be, does not offer honourable, useful, and comfortable employment. It guarantees a life competency for all; it presents an extensive and varied field of interesting work; it has prizes and rewards for the competent, ambitious, and diligent, and gives scope for research in many directions. Still, the grievances which have been detailed are undoubtedly real, the causes obvious, and the remedies practicable.

The process of resuscitating a decaying service is difficult and costly, and even if popularity and working efficiency are restored by measures of reconstruction and reform, the period of starvation and overwork and consequent inefficiency through which the service must pass while this process is in progress is one of danger and damage to vital public interests. The Indian Medical Service appears to be tending towards such a period, and the position is one which imperatively demands early action.

ENTERIC FEVER IN THE ARMY IN SOUTH AFRICA.

Sir,—Having noticed in the columns of the *Times* of January 1st a letter alluding to the possibility of another outbreak of enteric fever amongst our troops in South Africa, and as in a leading article of the same day's date the *Times* refers to this possibility as "one of the most formidable dangers ahead in this guerrilla war," at the same time expressing a hope "that every precaution would be taken to minimise this risk," I thought it might possibly be of interest to your readers to hear the experiences of one who, having the good fortune to take part in some of the more recent phases of the campaign, made a few observations regarding the ravages and possible breeding of those terrible scourges enteric, and dysentery.

Knowing well that enteric and dysentery are frequently contracted from drinking impure water, it appeared to me that troops continually marching suffer less from these scourges than troops in camp or in garrison. Apparently the reason for this is that troops on a continuous march fill their water carts and water bottles, more often than not, at freshly running streams; whilst troops in camp draw their water from stationary "pans" or "tanks," or ponds located close by.

After a long day's march it was a common sight to see the horses and frek oxen go down to these "pans," and after wading into the mud drink their fill; and then, being too weak to get out, fall down and die. Subsequently their corpses were pulled out by fatigue parties, and either left on the bank or buried close by; the water, therefore, in these tanks in all probability becoming infused with decayed animal matter.

At the end of a day's work, or on the arrival of fresh troops at the same ground, it appeared the common practice for soldiers to fill their bottles at these same "pans"—being the nearest water to the camp; for it seems only natural that when they are tired they should go to that which is nearest.

And now in the rainy season when these tanks "highly charged" are overflowing their banks, and are washing through the country in the form of small rivulets, it does not seem surprising that an increase in enteric should be expected. But how to stay the ravage must be a question exercising to the full the minds of all in the medical profession.

Having heard of a charcoal filter, invented by Major Crease, and supposed to have been adopted by the Army, but which I have never seen, I made a few experiments of which the following description gives a few details.

On the camping ground of Fredericksstad in the Transvaal water having been brought to the troops from a neighbouring tank, I filled a tea-cup and was not surprised on looking into it, to find the bottom of it completely hidden from view through sand and other floating matter. I then took up a tin jam pot and punched holes in the bottom and filled it with charcoal collected from the cook's fire, and on pouring water into this it filtered through quite transparent to look at, but

by boiling it I presume it became as pure as it could be. Therefore, having proved the value of Major Crease's idea as regards the purifying of water, I wondered whether it was not possible to fit up on its principle some filter and boiling carts for troops on the march or garrisoning small towns.

This I find can be done roughly, by placing in a Scotch cart an iron cylinder half filled with charcoal, with a tap at the bottom, for filtering water through into pails; and in another cart placing an ordinary cylindrical boiler, the cart being fitted with a grid-iron bottom, and a grate below for a fire, for distilling purposes. The filtering and distilling operations could then be carried on as opportunity offers, so that the men could always fill their bottles with pure water before starting the day's work.

Of course, I know that boiling water was resorted to at Modder River and Bloemfontein after enteric had arrived, but I have never seen any such precaution taken in the provincial towns or temporary camping grounds, where enteric was decidedly prevalent.

I am also fully aware that a sufficient number of these carts, with a wagon of coal to make them thoroughly efficient, would add considerably to regimental baggage; but when I assisted private Cape carts over drifts, conveying officers' "household belongings," I wondered whether the number of these "wagons de luxe" might not be limited, and some such life-saving apparatus as I have sketched above allowed to take their place.—I am, etc.,

GRAHAM,

Late Lieutenant Attached A.S.C., for Supply and Transport Duties, Fifth Brigade, South African Field Force.

January 5th.

FEMALE ARMY MEDICAL OFFICERS.

DR. ANITA NEWCOMB MCGEE, daughter of Professor Simon Newcomb, the astronomer, was appointed Assistant Surgeon in the United States army in August, 1898, to aid in the selection and equipment of a corps of army nurses for field and hospital work. The appointment carried with it the rank of first lieutenant and the right to wear the shoulder-straps and uniform of an officer of that grade. Dr. McGee did not, however, use this right. The work for which she was appointed having now been fairly organised, Dr. McGee has resigned and no successor is to be appointed. In accepting her resignation, Surgeon-General Sternberg complimented her highly upon the services which she had rendered. Dr. McGee was the only woman serving as medical officer and holding the rank of lieutenant in the United States army. This lady's career as a military surgeon may perhaps suggest to our own War Office a means of extricating themselves from the difficulty in which their foolish policy in regard to the medical service of the army has landed them. As they cannot get a sufficient supply of men, how would it be if they were to try women? Officials are largely governed by precedent, and one can be furnished for the plan here proposed. There is on record at least one well-known instance of a woman serving as a medical officer in the British army and rising to a high rank in the service. She had enough of the military spirit to satisfy even the German Emperor, for she fought a duel.

REORGANISATION OF THE ARMY MEDICAL SERVICE.

WE continue to receive a number of communications on the above subject, among which we note the following: In connection with transport

MANSHURTON writes: There is a great deal to be said both for and against separate transport for field medical services; for instance, it is not straining the Geneva Convention when transport animals which bring the ambulances up to the front under the protection of the Red Cross are taken from the medical service and transferred to wagons loaded with munitions of war? Animals are apparently not mentioned in the Convention, but protection is implied.

“* We do not know whether, in propounding this question, our correspondent had any concrete instances in his mind. We do not think the Geneva Convention ever contemplated the possibility of sudden interchange of transport—men, animals, or wagons—from the Red Cross to the fighting line; but in this, as in other matters, we suspect it did not fully foresee how easily the theoretically most binding humane agreements could be upset under the strain of dire military necessity, from which, we fear, in the end philanthropists would appeal in vain. We hold the Red Cross should be as sacred as the white flag; but we know that in the hands of unscrupulous and treacherous enemies it is not so.

A SOLICITOR GENERAL, in a long letter from South Africa, writes: Amid such destructive criticism I venture to suggest some points in which the Army Medical Service could be improved. When the Hospital Com. reached South Africa, everyone seemed ready to comply with medical requests; now it is gone, there is a clear tendency in the military branches to relapse into obstructive ways. To improve the quality and attract suitable candidates for the Royal Army Medical Corps, I would make the following suggestions: (1) All candidates should have held resident appointments, at recognised hospitals, for at least a year; and should improve the standard, equalling age on entrance, and give better chances of final promotion. (2) Commissions should be dated from the day of entrance at Netley, and the words in them which give power of military command over all patients should either hold good, or be expunged, at present medical officers do not exercise any real military authority over their patients. The word "courage" might also be included, as well as "aidity." (3) The medical officer is overburdened with clerical work. The officer who is a good clerk is of much greater value than a clinician. The whole system of returns is antiquated; even the non-commissioned officers and men know that promotion comes better through office work than faithful ward service. (4) The system of diet sheets and case books is quite obsolete; and the civil surgeons engaged in South Africa objected to those more than any other part of their work. Cases should only be taken when of special interest, not on account of dietary. (5) Study leave should not be looked upon as a favour, but be compulsory; post-graduate courses of practical surgery, hygiene, bacteriology, should be attended, etc. Officers who take high medical degrees or qualifications should be regarded as specialists, and so noted in the Army List. Everything should be done to raise professional confidence in the medical officers within the army. (6) Although a Royal Corps, there has been no attempt made so far to organise it as such. General and field hospitals should be organised during peace at such places as Aldershot, Netley, Woolwich, and the Curragh, with an organised staff, capable of proceeding on active service as complete units. This would involve the men of the corps being sent to India. Each unit should have its own transport. Such organisation would enable the Director-General to know the capabilities of all his officers. (7) Recruiting should be done by officers who have from eight to fifteen years' service. Doubtless the retired officers who now do this work are superior to the military authorities, and the efficiency of the army suffers. Civilians should never be employed in recruiting. (8) There is much useless labour in filling in invaliding documents; the information of purely military officers at Chelsea. (9) It is absurd to have sanitation under the Quarter-master-General; it should be in the hands of the Director-General. The Army Sanitary Commission wants reconstituting and the Professor of Hygiene at Netley should be an *ex officio* member of it. (10) The uniform should be changed from the vile "dull cherry" to the true Royal colour. (11) The crest should be added in the Army List. (12) Surgeon-generals and colonels should be on the staff of the Army. (13) The word "combatant" should be expunged from paragraph 244, Queen's Regulations, which refers to discipline of men. How can a surgeon-general be junior to a second lieutenant? I have omitted all reference to pay, which should be increased.

“* We lately summed up the wants of the Army Medical Service under the head—Rank and Title, Undermanning, Pay, and Administrative Reforms, and are pleased to find that the foregoing comprehensive statement practically covers the same ground. Every reasonable suggestion should, at the present juncture, be welcomed. There are points, however, in our correspondent's recommendations which we must question. On (1) we do not see how the army is ever to be in a position to select candidates only from among those who have held resident hospital appointments; such are usually made stepping stones to civil practice. (2) We should like to know in what way medical officers cannot assert command over all patients in hospital. (3) No doubt there is unnecessary clerical labour in military hospitals, and need for revision of forms and returns, but it seems to be forgotten that successful administration is largely bound up with care and exactness in returns; they are just as necessary as correct book-keeping to a trading firm. (4) There is certainly need for reform in the present prolix, posteros casebook system, the keeping of which was not invented for any true clinical object, but merely to penalise the giving of extras, by giving needless clerical trouble to the medical officer. (5) The organisation of general and field hospitals as complete units in peace will, we fear, prove a very difficult matter. It might very well be done in such a military country as Germany, with little or no overseas service; but it is quite another matter with an immense foreign service, and necessary rosters for both officers and men. (6) We dissent from our correspondent's conclusion that retired officers are likely to prove "more pliable" in recruiting duties; the opposite is the case; their complete independence is their chief recommendation. (7) We quite agree that sanitation should be directly under the medical officer, and that the constitution of the Sanitary Committee requires readjustment. As regards the other matters we would endorse our correspondent's suggestions.

A correspondent of the Times (John T. Leon, M.D., Lond.), writing from South Africa, October 20th, 1900, and quoting the announcement in the BRITISH MEDICAL JOURNAL of September 28th, 1900, that the Secretary of State for War is prepared to offer commissions in the Royal Army Medical Corps to candidates nominated by sixteen medical schools in the United Kingdom, condemns what he calls "this invidious and insulting *lese doctors*," on the ground that good men will not compete when they know that "chronics" who only qualify after years of failure are likely to be nominated, and that this filing by nomination is only creeping up an *effete* system.

“* We can easily see that it will prove difficult to have healthy competition and nomination side by side, and would condemn the latter if it be made an excuse for delaying pressing reforms. But we have reason to believe that excellent men have been obtained lately by nomination, and that the schools are not unuseful of their duty in nominating men only of the proper sort.

UNIFORM writes that the present system of examination for promotion to Major is uselessly irritating. About ten days' notice only is given, and the questions are merely the old stock ones at the final professional examinations. Why not substitute a practical post-graduate course?

JAN. 19, 1901.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service, as shown in the Army List for January:

Distribution in the January Army List, 1901.

Ranks.	Home.	South Africa.	Other Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals	3	1	4	—	8	—
Colonels	7	0	11	2	20	9
Lieutenant-Colonels	23	34	52	1	110	4
Majors	31	175	148	1	355	4
Captains	17	79	103	1	199	0
Lieutenants	50	113	33	19	215	3
Total	—	147	400	26	642	13

The total is 38 more than in the December list. Twenty-four candidates from Netley have been gazetted, and 17 direct commissions given to civil surgeons serving with the army in South Africa. The difference is accounted for by retirements and deaths.

The recipients of the direct commissions are shown as unposted, being probably ordered home from South Africa. There is a further decrease in the numbers in South Africa, but if the officers who have received direct commissions be included, as they probably at the moment ought to be, then the numbers at the seat of war have little varied for months past.

The numbers unposted, and presumably sick or on leave, are wonderfully small, considering the exceeding trying conditions of service during the past twelve months.

The seconded—those practically removed from the general service roster—remain about the same, and are mostly officers lent to the Egyptian Government.

One hundred and ten retired officers are employed; one-half of whom are not liable to recall in emergency. Seven officers of the Militia Medical Staff Corps are serving in South Africa; one at home.

THE DAILY CHRONICLE; FRIDAY, JANUARY 18, 1901.
NURSING AT THE FRONT.—I.

Base and Field Hospitals.

[By Ethel McCaul, Nurse.]

In November 1899 Miss Tarr and I offered our services as nurses to Mr. Treves, who was then leaving for the war in South Africa. Our services were accepted, and we landed at Cape Town on Nov. 29.

The untimely illness of Miss Tarr, after the battle of Colenso, placed me in the unique position of being the only civilian nurse at the front. My experience of Army nursing was not of a few weeks, but dates from our arrival at Cape Town in November to the relief of Ladysmith. After a few days spent at Cape Town, during which time I visited Wynburg Hospital, the following months were spent working in No. 4 Field Hospital, Natal.

The Base Hospital at Wynburg.

The impression left on my mind after visiting the Base Hospital in December was that of inefficiency and want of readiness, and I felt sad that such want of good nursing and organisation could be possible in these days of advanced nursing. We look to the Army to have method, but it is lacking where nursing is concerned. I saw two operations at Wynburg which would not have been creditable to a cottage hospital. They were made as difficult as possible through want of method. Packets of wool were dragged forth, gauze tumbled out by the yard, and it was with something like horror that I saw the orderly putting his dirty hands into the lotions and handing the instruments. His costume was of a slovenly character; he was in his working clothes, coat off, braces hanging down; the state of his hands I hesitate to describe! It was difficult indeed to suppose that he was a trained nurse. The surgeon was without any kind of apron—the sisters having to lend their cotton ones. The orderly's idea of lifting a patient on to an operation table showed how imperfect his training had been. The wounded man was pulled and dragged to such an extent that I longed to come to the rescue.

Bad Nursing in Military Hospitals.

The actual nursing of the patient next struck me forcibly, but to my mind, of course, the word "nursing" is foreign to the Army. Patients are provided for, they are housed and fed, but not nursed. The following case will fully illustrate my meaning: In a room lay a man who had a compound fracture of the thigh. He was too ill to be in the general ward. The thing that might have saved this man was good nursing, which, of course, includes proper feeding. Food was not wanting; by his side on a locker were a bottle of unworked stout, half a basin of jelly and a large piece of bread. Now each of these items of food was of the best, no doubt; so the argument that good food was provided for the soldier was absolutely true, but let me enter more thoroughly into the subject in order to prove my point about the bad nursing. In the first place, this man was far too ill to be left by himself. The flies were a constant torment, and he was quite unable to brush them away. This may appear a little thing, but the irritation and discomfort alone were enough to diminish his strength. Would any large hospital allow a similar case to be nursed in this style? The lowest class are taken into our hospitals and treated and nursed with the most perfect skill and given every chance of life. Why should the uncomplaining soldier who is serving his country be locked after in his military hospital in this squalid and unmethodical manner? Our civilian hospitals would be most deservedly condemned if such treatment were meted out to any of their patients, and an instant demand would be made by the staff to look into the system where such a case of bad nursing could occur.

The Move to the Front.

After a few days at Cape Town we left for Natal, and our first important move was to Frere, where our acquaintance with field hospital life commenced. We were attached to No. 4 Field Hospital on Dec. 11. Miss Tarr and I were at first the only two nurses, but after a few days two Army sisters were allowed to join us, and we waited in daily expectation of a move to the front. In the early morning of Dec. 15 our hospital was struck, and we moved up to Colenso.

The Battle of Colenso.

After the battle of Colenso our first experience of what real field hospital work meant was brought only too vividly before us. Every one knows the strain that was placed on the field hospitals by the unexpected defeat, and, though everything was done within human power to rise to the occasion, there must always be a feeling of deep regret that the hospitals were not more prepared, and such appliances as were absolutely necessary not forthcoming. A field hospital might be expected to have the bare necessities without wishing to pamper the wounded soldier, and such things as are sent up should be capable of being put to as many uses as possible. The scarcity of feeding cups was very distressing and unnecessary, and the few we had were made on a very bad pattern indeed.

Of pillows there was a terrible dearth. The only kind allowed in a field hospital is the little pillow tied on to the stretcher. On many occasions we had to improvise by placing a boot inside a helmet. I do not call it right to expect a soldier shot through the head and throat to accept gratefully this form of pillow, even in a field hospital, and yet I never heard one real complaint, but often was asked for further support only to have to refuse it. Take a man with a compound fracture of the arm or leg, and think what it means to have no kind of rest to place under the injured limb. I am sure anyone who has met with a terrible accident will realise what suffering this entails. Through the kindness of some colonial ladies we had a dozen or two feather pillows at Colenso. At first these were a great delight, but soon became saturated with blood, and so were rendered useless.

The Want of Comforts.

The great want of shirts made it impossible to give a real sense of nursing and comfort to the men. Their own shirts in which they were brought down were so soaked with blood that they only attracted the flies, and the shirt, which should have been a comfort to the wounded man, only became a torment. Indeed, in many cases the soldier was absolutely without one when he came into hospital, and the few given to No. 4 by the colonial ladies were soon used up, so we had practically to do without them. It was very annoying, knowing the enormous quantity there were lying useless in warehouses at large centres, but the perpetually suggested difficulty of transport silenced our demands. There were also many instances of men shot through the spine, who were completely paralysed, and I remember seeing a man who was sent down on a stretcher trousersless. He was paralysed, and the continual friction of being carried had rubbed a most horrible back sore. This was not the only case of the kind, and as we were attempting to make the men more comfortable the idea of a slip-sheet, suitable for the stretcher, crossed my mind.

The Defects of Women Nurses.

Next, after the great strain of Colenso, came our retreat to Frere, and it was on this occasion I noticed how impossible it was for women to move with a field hospital, and also the anxiety they caused the already over-tired medical officer. The two Army sisters had no kind of conveyance for themselves and their luggage, and if it had not been for the kindness of Mr. Treves, who offered them seats in his own transport wagon, they would have been in a sorry plight indeed. It is due to this that I have written in defence of the almost universal statement of the medical officer that "women are impossible at the front." This was not the only occasion I noticed the difficulty of transport, for our many moves backwards and forwards from Colenso to Frere and from Frere to Springfield with the vast bulk of the Army sisters' luggage always to my mind seemed to raise the question of suitable transport. Whilst at Frere we only had a few typhoid and dysentery cases sent down. Medical nursing in a field hospital must, under the most advantageous circumstances, appear to the civilian nurse very hopeless; but the nursing was rendered more difficult by the dearth and unsuitability of the appliances.

JANUARY 19, 1901.
"NURSING AT THE FRONT."

By an unfortunate error we regret to say that one or two portions of Miss McCaul's article on "Nursing at the Front"—including a prefatory statement that the articles were written entirely on Miss McCaul's own initiative, and that no one else had been consulted concerning them—were accidentally omitted yesterday. We propose to incorporate these omitted passages in the second article.

JANUARY 21, 1901

NURSING AT THE FRONT.—II.

[By Ethel McCaul, Nurse.]

The following is the foreword that should have pre-faced Miss McCaul's article on "Nursing at the Front" that appeared in our columns on Friday:—

[I am writing these papers entirely on my own initiative. I have not consulted Mr. Treves, under whom I worked, or anyone else on the subject, and therefore they are from a woman's point of view. They represent my own ideas of Army nursing with the Natal Column, and I think should apply equally well to the campaign in the Free State and the Transvaal, and the reforms to any future war. I do not propose giving harrowing details merely to prove that deficiencies exist. That there must always be a tragic side to nursing in war, which excited and sensational people can work up into horrors, I admit; but on the Natal side of the campaign these necessary horrors were in every possible way remedied by the earnest endeavours of both surgeons and sisters. The primary fault, I may urge, lies in the doubtful system on which Army nursing is based, and until method and organisation are introduced into the election of the lady-superintendent, Army sisters, Army Reserve sisters, and the training of orderlies, we can never hope to see a permanent improvement. In my reference to Wynburg and its unpreparedness, it is only just to bear in mind the fact that it had not long been opened.]

The passages that were unfortunately omitted were the following:—

After line "case of bad nursing could occur":
Now as to the question of feeding. How was he to get this food which had been so liberally provided? An orderly, I know, would run in and out at intervals, and suggest something to eat from this collection. Although the British soldier is a rough man, he requires the same coaxing as any other sick person. Everything was provided for him according to Government. Almost his only chance of life depended on nursing, but this was impossible to procure. No blame can be attached to the sisters and orderlies; they were terribly overworked. Who is to blame? Certainly not the Royal Army Medical Corps working in South Africa, but the system on which the Army nursing is worked.

This hospital was very much understaffed. The harm of scanty, indifferent nursing tells against the credit of the Army surgeon, for it must be remembered that the cases sent down to the base hospitals are generally of a very serious nature, and the graver operations, which are impossible at the front, are undertaken here. Surely the surgeon must hesitate to perform these major operations when he considers the successful issue of the case depends on perfect nursing. A lengthy criticism on the nursing of Wynburg Hospital could be entered into, but enough has been said to justify my statements that a want of reforms is needed in the system on which base hospitals are worked.

After line, "suitable for the stretcher, crossed my mind":—

The day after the defeat of Colenso I left No. 4 Field Hospital, and went to work in a small field hospital, where I spent the entire day in the operation tent. The work was terrific, and a great deal of valuable time was wasted in having to improvise for the bare necessities. The first thing I was asked to do was to make sponges out of cyanide wool, which struck me as extremely extravagant and great waste of time. I remember so well Mr. Treves bringing in a case of neatly-prepared sponges which only necessitated the tin being opened to find them absolutely ready for use, without the necessity of even using lotion. The operating-table, which consisted of boxes, was unnecessarily primitive, and the cushion was perpetually slipping and causing great inconvenience. Orderlies were busy making up what they called 1-20 carbolic lotion, but really was water with carbolic floating about; and when it came to the question of using epinephrine, we had to improvise a padding out of tow and bandages. In this little hospital I saw more method and desire to arrive at a better point of nursing than I saw throughout the rest of the campaign; and it was here I longed to be able to help the over-worked surgeons by handing them ready-made appliances, and I made up my mind to think out a reform in hospital equipment.

After line "unsuitability of the appliances":—
I felt positive that a very great improvement could have been made in field hospital nursing, and this conviction grew stronger and stronger during my work through the campaign, and the idea occurred to me that if we could have had a Red Cross van to contain all the nursing appliances how many more necessary things could have been taken without adding another wagon to the transport.

I might probing this paper by giving details after Spion Kop and other battles, but the work in field hospitals differs very little, and the appliances are the same whether at Colenso or Spion Kop. I do not intend these notes to be taken as a diary or any continuous account of our work, but simply to show the defects in Army nursing, and to give the reasons for placing my modest suggestions in Army nursing reforms before the public. The question of nursing in the Army is a matter of life and death, and does not call for any personal dislike or wild statements. How easy it has been for amateurs to make unjust statements and to draw down malicious abuse on the Royal Army Medical Corps has been only too plainly shown, to say nothing of the thoughtless cruelty of such statements to already suffering relatives. Excessive abuse has never yet rectified a great evil; the remedy can only be obtained through sober-minded thinking persons listening to and weighing carefully the suggestions made by those who have the cause at heart. A woman daring to suggest any kind of reform to the Royal Army Medical Corps will, I know, give offence to many; that I should not have wanted to hear the suggestions of nursing reforms from the great civilian surgeons, who were sent out by Government will in itself bring criticism. But this would be most unreasonable; these ideas would only occur to the minds of women who are accustomed to organize and plan for the sick, and I shall always remember with gratitude that I was given the unique opportunity of working in a field hospital, for had it not been for this experience I should never have known the necessities and reforms that are absolutely wanted in Army nursing.

TO THE EDITOR OF THE DAILY CHRONICLE.
Sir.—An article appears in your columns this morning in which an account is given by Miss M'Cauley of the nursing arrangements in Natal.

As my name appears prominently in this narrative, I am anxious that it should be known that it is published without my knowledge. I should like, at the same time, to say that I entirely disagree with the account given, which appears to me to be as unjust as it is exaggerated.—Yours faithfully,
FREDERICK TREVES,
6, Wimpole street, Cavendish square, W., Jan. 18.

THE TIMES,

JANUARY 23, 1901.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

A Blue-book (Cd. 453) of 71 pages was issued last night containing the report of the Royal Commission appointed to consider and report upon the treatment of the sick and wounded during the South African campaign. It is impossible to give, on an occasion like the present, any adequate summary of this very important document, which is certain to arouse the keenest interest and to revive much discussion. The Commissioners have divided their report into four main parts. The first deals briefly with the proceedings taken by the Commissioners and the work done by them, and touches upon the character of the evidence given, which they in many cases found either tinged by prejudice or restrained by an unwillingness to make complaints. The second part, which is the most interesting, deals in 15 pages with the more general conclusions of the Commissioners. The first point discussed is the understaffing of the Army Medical Corps before the war, with regard to which the Commissioners entirely exonerate the Director-General and his staff, who had for a considerable time before the war vainly asked for an increase of the corps. On the other hand, they do not altogether excuse the medical authorities in South Africa from blame in not having drawn the attention of the War Office at an early stage to the fact that field hospitals were being abstracted from units already organized to supply deficiencies elsewhere. Of the officers of the Army Medical Corps, as a whole, they speak very highly, and they regard the distrust of their professional skill which is entertained by many military officers as ill-founded. But it is not altogether unfounded, and the Commissioners strongly urge that steps should be taken to enlarge the staff permanently, to offer inducements which will attract men of good professional attainments, and to keep those who have joined thoroughly acquainted with the general progress of their profession. With regard to "red tape," the Commissioners, while admitting the existence of abuses, are inclined to consider that the outcry against it has been rather overdone. They insist on the need of a special sanitary officer to regulate the sanitation of large camps.

Part III. of the report contains the detailed investigation into the work of the field hospitals with every part of the army in South Africa, and it is impossible to touch upon it here. Part IV. gives a number of suggestions to be decided upon by a departmental or other committee of experts, whose appointment they recommend for some early convenient time, and is largely a summing up of Part II. The suggestions are—(1) the establishment of a permanent staff of both officers and orderlies of the R.A.M.C. sufficient for peace times and for smaller wars; (2) that provisions should be made to secure rapidly large numbers of surgeons and trained orderlies and large supplies of hospital equipment in case of a great war; (3) the attraction of a regular supply of officers of good professional attainments, and the improvement of their position by the allowance of sufficient holidays, by provisions for scientific study, and by promotion by merit; (4) the employment of more nurses for fixed hospitals; (5) the appointment of sanitary officers; (6) the improvement of the existing ambulance wagons, which they describe elsewhere as heavy, uncomfortable, and antiquated; (7) the selection of a better form of hospital-tents—e.g., tortoise-tents or the Indian E.P. tent. The Commissioners also think that the committee to be appointed might usefully consider (a) whether the R.A.M.C. should have exclusive possession and control over all necessaries for the sick and wounded so as to avoid requisitioning upon the Army Service Corps; (b) whether the administrative and clerical duties of the principal medical officers can be lightened and reports and returns shortened; (c) whether the men of the bearer companies could be employed to assist in the field; (d) whether in peace a regimental doctor should be attached to each regiment for a fixed time; (e) whether general hospitals could be advantageously divided into smaller units; (f) whether it is practicable and advisable that some organized body should control the receipt and distribution of charitable gifts for the sick and wounded. Further, beyond the strict scope of their inquiry, the Commissioners suggest that strict investigation should be made in all military hospitals to prevent pilfering or the receipt of bribes by orderlies; that officers should as far as possible relax the strict military rules usually enforced in hospital; and that R.A.M.C. officers should be made fully acquainted with the fact that they are entitled in cases of emergency to buy necessaries for their hospitals at Government expense. The Blue-book ends with the following conclusion:—

We have now, to the best of our ability, pointed out in what respects, and to what extent, complaints with regard to the care of the sick and wounded in the present South African campaign are well founded. We have also called attention to the causes, so far as we can trace them, of any undue suffering by patients during the campaign. And where, in our opinion, mistakes and overights on the part of the responsible authorities have occurred we have referred to them. We have also stated what steps ought to be taken with a view of remedying the evils we have noticed. These evils were serious, and ought not to be minimized. But, in concluding our report, we desire to say that in our judgment, reviewing the campaign as a whole, it has not been one where it can properly be said that the medical and hospital arrangements have broken down. There has been nothing in the nature of a scandal with regard to the care of the sick and wounded; no general or widespread neglect of patients, or indifference to their suffering. And all witnesses of experience in other wars are practically unanimous in the view that, taking it all in all, in no campaign have the sick and wounded been so well looked after as they have been in this.

JANUARY 24, 1901.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

The Blue-book containing the report of the Commission sent out to inquire into the state of the military hospitals in South Africa is a document of such importance that it is worth while dealing with it somewhat more adequately than was possible in the short summary contained in *The Times* of yesterday. Between the first meeting of the Commission on July 23 last and their return to England at the end of October an enormous amount of work was done by the five Commissioners, Sir Robert Roemer, Sir David Richmond, Dr. W. S. Church, Dr. D. J. Cunningham, and Mr. Frederick Harrison, general manager of the London and North-Western Railway Company. Six sittings were held in London and one at Netley Hospital before the Commission sailed, and seven at Cape Town before they proceeded up country. From there the Commissioners went up to Bloemfontein, inspecting the Yeomanry Hospital at Deelfontein and No. 3 Stationary Hospital at De Aar on their way up. From Bloemfontein they proceeded to Kroonstad, Pretoria, and Johannesburg. Having thoroughly examined into all the hospitals along the route traversed, they went on into Natal, examining the various hospitals on their way down to Durban. On the return journey additional evidence was taken at East London, at Naauwpoort, Nerval's Post, and Kimberley, at Cape Town and Simon's Town. The character of the evidence put before them is thus summarized by the Commissioners in Part I. of their report:—

As to many of the main features of the campaign in South Africa, regarded from the point of view of the care taken of the sick and wounded, the evidence was fairly clear and easy to adjudicate upon, but with regard to others, and especially to many of the complaints which we have had to investigate and which are dealt with by us in Part III., there was considerable conflict of testimony. The difficulty of ascertaining the true condition of affairs in these cases was increased to a great extent by the fact that several witnesses appeared to be actuated by strong feelings of partisanship and made statements more as advocates than as persons merely desirous of assisting the Commissioners. Witnesses of this class would often only state the facts which they thought assisted their own views, and by keeping back other information, and by indulging in rhetorical expressions, would tend to give a false impression as to the true state of things. We also found that some witnesses were apt to make hasty and untrue generalizations and deductions from a few isolated facts which happened to be within their knowledge. We have also had to recognize the fact that our private soldiers are very slow in making complaints. We think that this arises more from a feeling of loyalty to their cloth than from a fear of being punished for complaining to their superiors; though, no doubt, in some cases, especially when the men are in hospital, they may be deterred from complaining by fear of consequences.

The real result of the Commission's work is contained in Parts II. and III. of their report, of which the former contains the Commissioners' conclusions on the more general aspects of the question, while the latter deals with the actual hospital arrangements at the front or at the various stationary and general hospitals. Generally speaking their conclusions in Part III. may be summed up by saying that, except in certain instances, the complaints raised against the administration of the Royal Army Medical Corps, against individual hospitals and individual officers, are in their opinion somewhat exaggerated and are based on an insufficient understanding of the peculiar difficulties of the campaign. On the other hand, Part II. freely admits the very serious defects of the existing medical organization of the Army, and suggests a number of thoroughgoing reforms. It is interesting to note that these reforms are in the main the same as those advocated by Mr. Burdett-Coutts in the series of letters which appeared in *The Times* last year and of which the last one, describing in very strong language the state of affairs in some of the hospitals at Bloemfontein, caused such a profound and painful sensation.

On the general inadequacy of the medical staff of the Army for a war of the magnitude of the present war in South Africa the report has the following criticism, which might, *mutatis mutandis*, be applied to the unpreparedness of our whole military system for so severe a strain:—

The military and medical authorities certainly never anticipated when this war became probable that it would be of the magnitude it has since attained. The Royal Army Medical Corps was wholly insufficient in staff and equipment for such a war, and it was not so constituted as to have means provided by which its staff could be very materially enlarged, or its deficiencies promptly made good. These deficiencies were felt throughout the South African campaign, as will more clearly appear when we deal in detail (in Part III.) with the complaints which have been made in respect of the care of the sick and wounded.

The deficiency in the staff of the Royal Army Medical Corps before this war was not the fault of the Director-General and the staff of officers associated with him. They had for a considerable time before the outbreak urged upon the military authorities the necessity for an increase of the corps, but for the most part without avail.

Entering into details Part II. of the report then gives an outline of the ordinary provisions for the care of the sick and wounded at the front. There is, first, the medical officer allotted to each regiment or brigade of artillery. On this point the Commissioners remark:—

These regimental medical officers are not now, as was once the case, attached in times of peace to particular regiments; the result being that when war commences the medical officers are not personally acquainted with the men of the regiments to which they are attached. The question whether this ought to be remedied to any extent, and, if so, in what manner, should, we think, be made one of the subjects of inquiry when this war is ended. Further, there are the bearer company and field hospital for 100 patients allotted to each brigade, together with an additional field hospital thrown in for each division and a further additional field hospital for each Army Corps. These allowances the report considers sufficient for all ordinary wars. Mobility is an essential feature of the field hospital.

A field hospital is only intended for the temporary treatment of patients, and has no female nurses. It moves with the advancing army, and its usefulness depends upon its power of free movement and the means that are provided, in the shape of stationary and general hospitals along the line of communication, for its rapid and frequent evacuation. With the view of giving it that mobility which is so essential for the proper fulfilment of its function, it carries an extremely light equipment. It has no beds, but is supplied with eight stretchers; it is provided with no invalid clothing, and in other respects it is only equipped with the bare requisites for the temporary treatment of 100 patients. The importance of bearing in mind that field hospitals are not intended to act as fixed hospitals will be seen from Part III. of this report. It will there appear that numerous complaints arose from the fact that in this campaign and under certain circumstances to which attention will be called the field hospitals had to be largely used as fixed hospitals.

Of the regulation ambulance wagons used by the bearer companies, which have been almost universally condemned, the report says:—

With regard to the bearer companies, we are not satisfied with the ambulance wagons which are now being

supplied to them. We have tried these wagons. We found them very heavy, requiring a large number of mules to draw them, and very jolty and uncomfortable. The type of wagon used appears not to have been materially changed or improved upon for many years. We cannot help thinking that this type of ambulance could be, and should be, improved.

As regards stationary and general hospitals, the report points out that this is the first war in which they have been made use of as now arranged. A general hospital is equipped for 520 patients, and has 20 medical officers, a quartermaster, and 145 men. A stationary hospital provides for 100 patients, and has four officers, a quartermaster and 40 men. Both stationary and general hospitals have tents, but the stationary hospitals use stretchers instead of beds to increase their mobility. The Commissioners consider that the regulation tent is not the best that might be devised, and suggest several other types, such as the tortoise-tent, the "E.P." Indian tent, or the ordinary Ordnance Store tent, or even in suitable places the substitution of huts. A defect in the equipment of the fixed general hospitals was the lack of transport.

Fixed hospitals are not generally furnished with their own transport for the purpose of conveying patients between railway or other stations and the hospital. Many were not so furnished during this war, though as it progressed this was in many cases remedied. Transport for hospital purposes is ordinarily supplied as occasion arises by requisition on the Army Service Corps. Occasionally in this campaign this led to delay in patients being conveyed to and from the hospital, this was especially the case where convoys with sick and wounded arrived unexpectedly at the railway stations or hospitals, as sometimes happened, and the patients had to be quickly conveyed to the tents or buildings in which they were to be tended. Delay in these cases was often rendered unavoidable owing to the fact that the hospitals had not their own means of transport handy, but had to apply elsewhere for it. We found in places, and especially in Natal, that for the purposes of this transport bearer ambulances were being usefully employed, and we think that their use might be largely extended.

The report does not endorse the many sweeping charges that have been levelled at the officers of the R.A.M.C., and declares that as a whole they deserve great praise for their devotion and capacity, and regrets the large number who have died in the discharge of their duty. But it admits that a feeling against the R.A.M.C. does exist, and that there is need for considerable improvement.

But in connexion with the subject of the general efficiency of officers of the Royal Army Medical Corps we must refer to a fact which ought not to be ignored, either in the interests of the Royal Army Medical Corps itself, or of the Army generally, and that is the existence on the part of many military officers of a feeling of distrust of the skill and professional experience of doctors of the Royal Army Medical Corps as compared with civil doctors. To a great extent we believe this mistrust to be ill-founded. That it is not wholly unfounded is to be explained by the difficulties under which the officers of the Royal Army Medical Corps have hitherto laboured.

The Royal Army Medical Corps has been undervalued even in times of peace, and its staff much overworked. In consequence the majority of the officers have had no sufficient holidays or leave of absence, and no proper opportunities of studying or of keeping abreast with recent advances in the practice of medicine and surgery. The authorities have experienced, probably to some extent in consequence of the above facts, a difficulty in obtaining men of good professional standing to join the Royal Army Medical Corps, and the inefficiency of officers has occasionally led in the present war to men of the Royal Army Medical Corps being employed who were not properly fit for the due discharge of the duties cast upon them. Some few officers who had retired, or practically retired, and who were not fitted for active work have been employed. Some of these, being senior men, were not in charge of important hospitals; for in the Royal Army Medical Corps the practice of appointing men to the more important posts according to mere seniority appears to be too rigidly adhered to. The result of such appointments has been that the hospitals to which they were appointed as chiefs have not been properly organized or superintended, and the hospitals have suffered in consequence. It should be clearly understood that these exceptional instances were but two or three in number.

We think that steps should be taken immediately after this war is ended, or at some other suitable time, whereby—

(1) The staff of the Royal Army Medical Corps may be permanently enlarged, and due provision may be made for its further necessary and speedy enlargement in times of great wars;

(2) Inducements may be offered to ensure a continuous supply to the corps of sufficient men of good professional attainments; and

(3) The men who have joined may be kept as a body thoroughly acquainted with the general progress made in professional subjects and at a high professional standard of efficiency.

The means by which the above results can be best attained require careful expert investigation and consideration, and cannot be adequately dealt with by us. They should form the principal subject for consideration on the part of the departmental or other committee whose constitution is recommended by us at the end of this report.

Though advocating the retention of military rank by the R.A.M.C. the Commissioners think that there is rather too much militarism in the hospitals.

While admitting to the full this distinction, and the necessity for military rank on the part of the officers of the Royal Army Medical Corps and of military discipline in the hospitals, we think that in some cases the military point of view has been carried unnecessarily far. There has been a tendency on the part of some of the officers, and still more so on the part of some non-commissioned officers and men of the Royal Army Medical Corps, to treat the hospitals too much as if they were barracks, and to regard the patients in the hospital too much as soldiers and not sufficiently as patients. We say this with no great importance; we refer to the fact that all patients in the wards of a military hospital who are able to do so must stand at attention when officers enter the ward.

On the question of female nurses the Commissioners are strongly in favour of their employment in fixed hospitals, and for all but certain limited classes of complaints. At the beginning of the war nurses were used practically only for the purpose of superintending orderlies, the allowance of eight nursing sisters to a general hospital not permitting of their actually attending the patients. But this defect was remedied later. After January 20, 1900, all general hospitals left England with 20 nurses, and Surgeon-General Wilson, the principal medical officer in South Africa, used all his endeavours to secure nurses locally. But there certainly was a strong prejudice against nurses at first.

In this war, at its early stages, some members of the Royal Army Medical Corps appear to have had a difficulty in divesting themselves of the old traditions of the Service, which are undoubtedly antagonistic to the employment of nurses in military hospitals. For example, we find that when the Langman private hospital arrived in South Africa, its principal medical officer applied to the authorities for the assistance of nurses, but his application was refused, though ultimately nurses were supplied to it when it arrived at Bloemfontein. This prejudice, however, has long since ceased to operate in the care of the sick and wounded in South Africa.

The nurses employed in this war have shown great devotion, and many have lost their lives in the discharge of their duties. It is only rarely that we have heard during this campaign with regard to the nurses. The soldiers have much appreciated their services, and seem to prefer to be attended by them to being attended by orderlies. But, bearing in mind the ordinary conditions of a military hospital, we think that it will always be necessary, even in fixed hospitals and in suitable wards, that the employment of nurses should be supplemented by that of properly trained orderlies.

Returning to the general deficiency in the staff and equipment of the R.A.M.C., the report thus sums up the situation created by the war.

At the outbreak of the war there were only available staff and equipment for two Army Corps. An Army Corps is (approximately) composed of three infantry divisions of 19,000 men each, and 6,000 corps troops (cavalry, artillery, engineers, &c.). Even the two Army Corps which were first employed in the war could only be staffed and equipped with difficulty, as it appears from the evidence of Major Bedford that for the 6th Division the Reservists had to be used and a mixed personnel employed. It further appears from the evidence before us that, after providing for the first two Army Corps, there was existing only a reserve of equipment sufficient to furnish one general hospital and two stationary hospitals. The explanation given for so small a reserve of equipment being kept is that improvements were being so often made in various articles that it was undesirable to keep a large stock of what might ultimately prove to be out of date articles. Although this explanation has some force in it, it does not appear wholly satisfactory. With regard to staff the evidence given by Surgeon-General Jamieson, the Director-General of the Army Medical Service, shows that the strength of the Royal Army Medical Corps both in officers and men was completely exhausted in providing the medical attendants for the first two Army Corps in South Africa, and the general and stationary hospitals which were required in connexion with those two corps.

The deficiency was made up, as far as could be, partly by private hospitals and still more by the wholesale use of civil surgeons and untrained orderlies. But it was never wholly made up. The original divisions which left England had their full complements of field hospitals, but the new divisions, such as the 9th and 11th, formed out in South Africa, only got theirs by taking the divisional hospital from the others.

In other ways the Army Corps unit allowance of field hospitals was reduced from nine or ten to six. Major Bedford states that owing to this the field hospitals in South Africa were ten short of the proper number. This shortage was never made up, and undoubtedly caused a strain throughout the whole of the campaign. While willing to make every allowance for the many difficulties which the medical authorities in South Africa had to contend with in supplying the locally-constituted divisions with field hospitals, it seems strange that when it became evident that it would be necessary to abstract field hospitals from units already organized, a demand was not made by the Surgeon-General in South Africa upon the War Office to fill up the blanks that were thus left. There is no evidence to show that this was done. At the same time we have to acknowledge that a field hospital to be efficiently worked must be staffed by a sufficient proportion of trained officers and trained orderlies of the Royal Army Medical Corps. It is only some posts in these hospitals which can be satisfactorily filled by civil surgeons, and, at the time we are now dealing with, it was very doubtful if a sufficient number of officers was available for the purpose of giving to the personnel of the ten field hospitals required the necessary proportion of Royal Army Medical Corps men. Certainly it does not appear to have been practicable to obtain in sufficient quantities a supply of trained orderlies. The great need of staff of the Royal Army Medical Corps is exemplified by the fact that when No. 5 General Hospital arrived in South Africa on the 20th January, 1900, its personnel had to be secured from its equipment and men for the hospital at the front; its equipment was temporarily stored at Woodstock and was subsequently used for other hospitals.

The Commissioners insist on the necessity of having military hospitals under the direction of R.A.M.C. officers, and of having a certain proportion of R.A.M.C. doctors on the staff, in order to ensure the successful organization of the wards and to supervise the orderlies.

It was in regard to orderlies that the strain was most felt. Not only was Surgeon-General Wilson forced "to take all who offered themselves" (to use his own phrase), but ordinary regimental privates and convalescents were largely used for orderlies' work. The Commissioners admit that in exceptional circumstances there can be no objection to the use of convalescents providing they are really convalescent, and able to do the work without injury to themselves.

The general figures as to the proportion between the forces in the field and the medical staff is contained in the following summary:—

In the early part of October, 1899, there were in South Africa about 20,000 British troops. By the end of October a further 14,000 men had arrived. During the following six months to April, 1900, reinforcements were poured into the country at the average rate of about 20,000 men a month. During May, June, and July the reinforcements amounted to about 11,000 men a month. The total number of troops landed between September, 1899, and July, 1900, did not fall short of the aggregate of 230,000 men. At the beginning of September there were in the country about 30 medical officers and 270 hospital sub-officers. During September and October, 1899, about 20 medical officers, 1,000 hospital sub-officers, and 12 nurses arrived, and during the following six months about 800 medical officers (including civil surgeons), 5,000 hospital sub-officers, and 275 nurses were landed. In all, there were landed in South Africa during the period from September to July about 800 medical officers (including civil surgeons), 400 nurses, and 6,000 non-commissioned officers and men of the Royal Army Medical Corps and St. John Ambulance Brigade. At the time of the greatest pressure, which occurred at the end of the month of March, the total force then engaged being about 277,000 men, there were about 500 medical officers (including civil surgeons), 4,000 hospital sub-officers, and 400 nurses in the country. In July there were remaining available for duty about 274,000 men in the Army, and the medical staff consisted of about 1,000 medical officers (including civil surgeons), 7,000 hospital sub-officers, and 300 nurses. It must be remembered that although these figures fairly represent the amount of medical aid available in the country generally, it does not follow that it was distributed in proportion to the needs of particular localities. The movements of troops were often rapid and unexpected. Transport was generally difficult and had in many cases to be utilized more with a view of supplying the necessities of the fighting line than for the purpose of rendering medical aid, which was therefore often lacking to a more or less extent. These difficulties were very conspicuous at Bloemfontein during the months of April and May, but existed to a less extent at other places and on other occasions.

Apart from the deficiency of staff the report holds that the home authorities did everything in their power to meet the requisitions of the authorities in South Africa for hospitals, tents, stores, &c.; but it points out here, and still more frequently in Part III, the very serious deficiency in bed-pans and commodes, the lack of which often caused considerable discomfort and even suffering to patients.

With the organizing work of Surgeon-General Wilson and the head staff the Commissioners express themselves as fully satisfied:—

Taking their work as a whole, and considering the difficulties they have had to contend with, we think that the Principal Medical Officer and his head staff have done excellent work. They have never spared themselves, and have shown a great devotion to their duty, and every desire to make the provision for the care of the sick and wounded, and when their conduct is fairly judged we think that they deserve great praise. The organization of the field and stationary and base hospitals for the Colonial Troops, the Militia, and Volunteers fell upon the Medical Staff in South Africa, and in our judgment they met the difficulties presented to them with singular ability and success.

Of the help rendered by the civil surgeons the Commissioners speak in terms of high praise. The same praise is applied to the private hospitals, but it is pointed out that they were never so overcrowded as the military ones. Great assistance was rendered by the Red Cross and other societies, but the Commissioners point out that, while in some cases unacceptable gifts were pressed upon the hospitals, in others offers which should have been accepted were refused, and suggest that in future wars some provision should be made for the receipt and distribution of charitable gifts by one organized body.

Complaints against orderlies were very numerous, but the report points out that that is chiefly due to the large proportion of untrained men, and acknowledges the faithful and self-sacrificing way in which the regular orderlies, as a body, discharged their work. There are, however, two evils of hospital life, to prevent which the report suggests that medical officers should be specially vigilant—viz., stealing and the accepting of bribes by orderlies:—

There are two other matters of importance to be mentioned. We refer to the existence in places amongst the orderlies of the crime of stealing the stimulants and comforts and even the money and other property of patients, and also of the practice of taking bribes from the patients for the supply of comforts or for rendering the assistance due to them. There have been too many complaints on these heads brought to our notice for us to consider the cases in which the ill-practice in question have occurred as so exceptional as not to demand serious consideration, though we have no sufficient reason to justify us in concluding that they prevailed to any very large extent. The medical officers do not appear to have been sufficiently aware of their existence. This it is to be regretted, for otherwise steps no doubt would have been taken to remedy the evils in question. We think it advisable that the attention of the medical officers of the various hospitals should be specially and speedily called to these matters, with a view to their instituting searching inquiry and stamping out the ill-practices so far as they exist in their hospitals.

The report is opposed to any suggestions for putting in civilian administrators to organize general and stationary hospitals, but suggests that it may possibly be advisable to subdivide the general hospitals into smaller units. The cry of "red tape" is, in the opinion of the Commissioners, slightly exaggerated:—

So long as the medical officers are expected and required to answer promptly all inquiries concerning wounded or sick soldiers, the necessity for several full returns and records being kept must be admitted. We do not ourselves feel justified in attempting to point out what returns or records could in time of war be dispensed with, except that in the case of general hospitals we

cannot see the necessity for three records being kept, as is ordinarily the case—namely, one by the principal medical officer of the surgical division, one by the principal medical officer of the medical division, and the third by the chief principal medical officer of the hospital. It is possible, however, that the documents might properly be shortened in several respects; and the question as to how this could be effected might also usefully form one of the subjects to be involved into by the Committee we have already mentioned. We should, perhaps, add that in this campaign civil surgeons were as a rule only required to fill up the diet sheets, which, in our opinion, of necessity should be kept by them. In a complaint that has been made against the classification of diseases in the returns, we cannot think that this is well founded. The classification in question is that of the Royal College of Physicians, the Royal College of Surgeons, and in that adopted by the Registrar-General of Mortality in England.

But there might be considerably more latitude allowed to medical officers for the purchase of necessaries on their own responsibility without waiting to requisition from other branches of the service. This was largely done, especially in Natal, where Colonel Galloway had issued an express circular on the subject. On the western side, however, many medical officers never quite realized that they might be allowed to act on their own initiative. Whether the R.A.M.C. should have its own stores to a larger extent than hitherto is an open question which the report leaves to the decision of a special committee. It, however, suggests that fixed hospitals should be allowed transports of their own for the removal of patients from stations, &c.

The need of special sanitary officers is emphasized by the report for the sanitation of troops in a town or for large camps.

We think that it is preferable that the men to be appointed should be officers of the Royal Army Medical Corps, and that it is advisable, in order that duly-qualified special sanitary officers should be forthcoming in future wars when required, that, as part of the organization and working of the Royal Army Medical Corps, certain members of that body should be specially selected to undertake sanitary duties.

The report gives the highest praise to the railways, both civil and military, for the work done by them. In spite of enormous difficulties, and for the admirable way in which they fitted out the ambulance trains. On the present state of the hospitals the opinion of the Commissioners is very satisfactory.

When we visited South Africa we found that the hospitals there were in an excellent condition and well supplied both with staff and equipment, and that the sick and wounded were being very well attended to. The hospitals were not nearly full and are quite able to cope with an outbreak of serious fever or other disease, should it occur.

Part III. deals with the details of all the different hospitals, and must be studied as it stands to be fully appreciated. The hardships incurred at Paardeburg the report considers inevitable owing to the exigencies of the military situation, which demanded the cutting down of all transport to a minimum. Of the state of affairs at Bloemfontein in May the Commissioners say:—

In the beginning of May the army began its advance from Bloemfontein towards Kroonstad. The field hospitals had then to be cleared in order to accompany the troops, and their patients had to be discharged, principally into the general hospitals. As the advance continued, the sick and wounded of the force were sent back to Bloemfontein, with the result that throughout May there was great overcrowding, especially in General Hospitals Nos. 8 and 9, into which practically all the patients were poured who could not be taken into the buildings or private hospitals. The private hospitals only took a comparatively small increase over the numbers for which they had been originally equipped. The effects of this influx upon Nos. 8 and 9 General Hospitals will appear when we come to deal more particularly with those hospitals, as we do later on.

There were also during April, and still more during May, undoubted deficiencies of bedsheets, mattresses, commodore, bedding, clothing, and so on, and there was a lack of hospital clothing for the patients, at any rate in the early part of May. Further, there was an insufficient number of Royal Army Medical Corps surgeons, trained orderlies, and nurses.

The deficiency was one that it was almost impossible to remedy altogether, owing to the congested state of the single line on which the whole army had to rely for its provisions. But there were also, unfortunately, in the case of the two military hospitals, Nos. 8 and 9, which suffered most from the pressure, serious defects in organization and administration which contributed towards their unsatisfactory condition. Of No. 8 the report says:—

The hospital was soon overcrowded, especially in the bell-tents, which were used as a receiving division for the hospital. The hospital was always understaffed, and owing to the overcrowded state of the barracks many patients who required careful nursing were obliged to remain for days in the bell-tents, and undoubtedly many of them must have suffered from want of preparation. Probably only about a third of the men in the bell-tents were able to look after themselves. The culpability was not the fault of the head authorities of this hospital, but after making due allowance for difficulties, in our opinion there was some want shown of energy and of proper administrative and organizing power on the part of the principal officers. Further, measures were made necessary by reason of the friction which arose between the civil surgeons in the hospital on the one hand, and the officers of the Royal Army Medical Corps on the other, and even between the senior officers of the Royal Army Medical Corps themselves.

This hospital, however, had to hold as many as 1,400 on occasion, instead of its regular complement of 520. Its doctors and orderlies were overworked, and there were too few nurses. There was a deficiency of necessaries, and, the report adds, a want of energy in improvising substitutes or in taking steps to remedy defects.

We find complaints accordingly with regard to this hospital, which we think in some cases were well-founded, that men were not properly nursed, that typhoid patients, though probably not of a severe type, had in some instances to wash and tend themselves, that night-stools were not properly emptied, and beds not always kept as clean as they might have been.

Notwithstanding, the mortality in this hospital was comparatively small.

No. 9 Hospital was even more overcrowded, and had a maximum of 1,044 patients at one time.

Generally speaking, the report considers the situation at Bloemfontein in May to have been due to exceptional difficulties of transport and to the outbreak of a violent epidemic of enteric which could not well have been foreseen. At the same time, it adds the following criticism:—

In the beginning of April, Surgeon-General Wilson, seeing the condition of things in South Africa, telegraphed to England for four more general hospitals, and for more civil surgeons, and on arriving at Bloemfontein on the 23rd April, seeing the position of affairs there, he sought for and obtained more doctors and nurses in South Africa itself. But these steps came rather late. We think the deficiencies of the staff at Bloemfontein were not thoroughly realized as soon as they might have been, and that more doctors might have been obtained and sent up so as to supply these deficiencies earlier. We cannot think that the difficulties of transport, which we are fully aware of, could have prevented doctors being obtained and sent into the town. The lack of sufficient nurses gives rise to similar comments. And with regard to the point that at one time there was no sufficient accommodation for more nurses, it appears to us that though under the circumstances it was right on the part of the authorities not to convert the hotels into hospitals, yet one or more of the hotels might have been employed to afford accommodation for nurses.

The report also points out that commandeering might have been carried out on a far larger scale to secure beds and other hospital furniture and clothing. As regards the general sanitation of Bloemfontein, the Commissioners do not think that its defects, which they admit, were sufficiently serious to be considered responsible for the outbreak of the epidemic.

Various stories have been related of the delays in removing patients to hospital from stations. The existence of these delays is admitted by the report. But a certain instance which occurred at Bloemfontein and was described by Mr. Berdett-Coutts and Mr. Murray Guthrie is shown to have been due to the accidental separation of a truck containing eight patients from the rest of a train containing 171 others, and not to have been in any way typical. With regard to the general charge that the soldiers suffered unnecessary hardship on their way back to hospital, the report admits that where wagon transport had to be used there were hardships; but with regard to the trains it points out that the whole number of deaths in transit up to September, 1900, amounted only to 14 out of over 22,000 who died in the train, and 21 who died within two days of arrival. At Johannesburg and Pretoria there were many similar difficulties to those at Bloemfontein, but they seem to have been better surmounted. Of the hospitals on the lines of communication the management and condition of the hospital at Steerkroon was unsatisfactory, and the same applied to Norval's Post in its earlier stages. The others were all satisfactory. The base hospitals and hospital ships at Cape Town were all excellently arranged. The Commissioners consider that even Woodstock Hospital, which has been very severely criticized, was well suited for its purpose. But the report admits that for a time after Lord Methuen's battles in November and December the base hospitals were under-manned and under-equipped. The Commissioners regret the friction that frequently arose between the officers of the R.A.M.C. and the many kindly and well-meaning people who offered their help, and considers that the former were mistaken in not relaxing their ordinary regulations in favour of visitors. The hospital for the Boer prisoners at Simons Town was in every way admirably equipped.

In Natal the difficulties were, on the whole, less, and though there were complaints about the hospital at Port Napier, Pietermaritzburg, they were not very serious. The report gives the highest praise to Colonel Galloway, who directed the whole Army medical administration in Natal.

Part IV. of the report, containing the suggestions for the consideration of a special departmental committee and the general conclusions of the Commissioners, has already been given in *The Times* of yesterday.

MR. BURDETT-COUTTS AND THE HOSPITALS REPORT.

TO THE EDITOR OF THE TIMES.

Sir,—It is impossible, for obvious reasons, at this moment to discuss in your columns the report of the Hospitals Commission; but I hope you will permit me at an early date to place before your readers the grounds for considering both the report and the inquiry on which it has been based open to the gravest objection.

I would also point out that without the publication of the evidence, which is constantly referred to in the report, a suspension of public judgment is all the more necessary.

I am, Sir, your obedient servant,
W. BURDETT-COUTTS.

1, Stratton-street, W., Jan. 23.

We print to-day more copious extracts than it was possible to give yesterday from the report of the Royal Commission on the care and treatment of the sick and wounded in South Africa. It is a very carefully and judiciously written document, showing the utmost desire to see the facts as they were, to make full allowance for the difficulties of the campaign, and to deal gently with individuals whose capacity was not equal to their good will. Its conclusions may be summed up as being that, upon the whole, and with allowance for inevitable exceptions, those concerned with the care of the sick and wounded did everything that was possible with the means at their command, and cheerfully grappled with overwhelming work; but that the Royal Army Medical Corps was deficient in strength, defective in organization and training, and imperfectly equipped with the appliances needed for the satisfactory treatment of the sick and wounded. In a word, it is the old story of deplorable want of foresight and common sense on the part of the War Office, and of Herculean effort on the part of its servants to cope at once with external difficulties and with the defects of their own preparation for the work. The report shows that Mr. Dunderricourt has done a public service by calling attention to the condition of affairs; since there is no reason to suppose that, in the absence of some such exposure as his, any inquiry of this kind would have been instituted. The difference between his view of the case and that presented in this report is the difference between the speech of a prosecuting counsel and that of the Judge on the Bench. The Royal Commissioners have not found convincing evidence for all his more sensational statements, but they fully substantiate his main contentions in principle, and sometimes—as, for example, in the case of No. 8 Hospital at Bloemfontein—also in all important details. From a letter which we publish to-day we gather that he proposes to call in question alike the report and the inquiry on which it is based. But we hope that upon re-consideration he will be content with the large admissions made by the Commission, and with the exceedingly significant proposals for reform which it suggests for consideration. No good can come of wrangling about details concerning which, as the Royal Commissioners point out, it is exceedingly difficult to obtain trustworthy and conclusive evidence. The less or more of mud in a tent, the longer or shorter delay in moving sick men really do not matter now. Isolated cases of hardship or of ill-treatment, even if presented in considerable numbers and in a well authenticated form, cannot prove entirely convincing, so long as the other side can plead the inevitable hardships and mistakes of war. What is really important is the general impression made upon the Royal Commissioners after they have discounted all these things and put aside every sensational detail for which conclusive evidence is not forthcoming. What that impression is must be very plain to those who can in any degree read between the judicially neutral lines of this report.

Among important facts which are "clear upon the evidence," the Royal Commissioners find that the Royal Army Medical Corps was wholly insufficient in staff and equipment for such a war as this, and was not so constituted as to have means by which its staff could be enlarged or its deficiencies promptly made good. These cardinal defects were not the fault of the Director-General and his officers, since "they had for a considerable time before the outbreak urged upon the military authorities the necessity for an increase of the corps, but for the most part without avail." This thesis of the fundamental inadequacy of the Army medical arrangements is developed at considerable length. It appears from the evidence that even the first two Army Corps employed in the war were medically staffed and equipped with difficulty, yet they represented only one-third of the troops poured into the country. After providing for these two Army Corps there existed a reserve of equipment sufficient only for one general and two stationary hospitals. The explanation, the truly and characteristically official explanation, is that as improvements are often made in various articles it is not wise to keep a large stock of them. Yet the Royal Commissioners find that no improvement has been made in ambulance wagons for a generation or two, and that those in use are "heavy,

[JAN. 26, 1901.]

THE SOUTH AFRICAN HOSPITALS COMMISSION.

THE publication of the Report of the South African Hospitals Commission, from which copious extracts are given in another column, preceded as it was by a revised edition in book form of the original charges made against the medical service by Mr. Burdett-Coutts, M.P., will at last enable the public to form their own conclusions. They can contrast the weighty finding of a strongly-constituted Committee with the allegations of private, though it would be wrong to say irresponsible, individuals, because responsibility must attach to such serious charges publicly set forth against a public service by whomsoever made. They can judge how far the alleged shortcomings and scandals connected with the medical service, even had they been in a measure substantiated instead of being generally contradicted, were due to wrongdoing on the part of the medical service itself, or arose from circumstances over which it had no real or possible control.

The Report practically and effectively exonerates the medical service, from the Director-General downward, in respect of such defects as may have been found in strength of personnel and equipment, and broadly declares that "there has been nothing in the nature of a scandal with regard to the care of the sick and wounded, no general or widespread neglect of patients or indifference to their suffering," and that "in no campaign have the sick and wounded been so well looked after as they have been in this."

It is by no means asserted by the Commission that every arrangement was perfect, or that every contingency that might have been foreseen was provided against. We fear such a degree of human perfection will never be attained under any system of army administration. The Report shows that under serious difficulties in strength, organisation and equipment, both in officers and men, the Royal Army Medical Corps and their civil brethren worked not only heroically but successfully under difficulties which were exceedingly great.

We cannot at present go into the question of apportioning responsibility for the undermanned or overworked condition of the medical service, or for its lack of sufficient or the best equipment, or of due autonomy in the field, but can only say that we have long urged such evident defects on the attention of military authorities. As these defects have now been officially declared to exist, they must meet with the prompt attention of the War Office. The remedies which are suggested in Part IV of the Report, which we publish in full, must now be applied by the War Minister.

We greatly fear that the allegations so freely and cruelly hurled against the medical service by private persons, both responsible and irresponsible, will have a continued bad effect on the popularity of the medical service for some time to come. Young men cannot be expected freely to join a service which is so frequently held up to public contumely, but criticism having on this occasion overshoot the mark we hope good will come out of evil, and that the medical service, rehabilitated in good name by the Report, will soon be placed on an efficient footing. We must delay detailed criticism both of the allegations made and the treatment of them in the Report till a future occasion.

THE TIMES, TUESDAY, JANUARY 23, 1901.

With reference to the remarks of the South African Hospital Commission on the unfitness of the present field hospital transport for the purposes to which it is applied, it is interesting to know that the War Office has lately been fully considering the whole question of the conveyance of sick and wounded soldiers. As a result of the investigations instituted by the late Minister for War, five railway ambulance carriages have been constructed solely for the use of military invalids on the railway lines in Great Britain, to convey from ports of embarkation to hospital, or from one hospital to another, any sick or wounded men who require lying down accommodation or special attention during the journey. These carriages will be kept at Netley while not in use. Each carriage is arranged to provide for the wants of about 25 patients, of whom 12 may be lying down. The subject of field ambulance wagons has been engaging serious attention with a view to better arrangements being made for the comfort of the men, but as yet a more convenient and serviceable conveyance has not been devised, although it is hoped that ere long one will be forthcoming which will meet with general approval.

THE TIMES, FRIDAY, FEBRUARY 1, 1901

SOUTH AFRICAN HOSPITALS COMMISSION.—The minutes of evidence taken before the Royal Commission on the care and treatment of the sick and wounded in South Africa and an appendix to these minutes were issued yesterday as Blue-books, Ch. 454 and Ch. 455. The first, which is a bulky volume of 565 pages, contains a great mass of evidence taken by the Commission in London and in South Africa. The appendix, made up of 325 pages, gives those letters of Mr. Burdett-Coutts to *The Times* to which he is specially referred in his evidence, his speech in the House of Commons, and many miscellaneous documents bearing on the question.

"Jolly, and uncomfortable." The hospital tents are also condemned, though the precise form that ought to supersede them is left for experts to decide. It is not known that any startling changes have been made or are probable in such appliances as bedpans, drinking cups, and other utensils useful in hospitals, yet the deficiency in the supply of such things was evidently scandalous and chronic. "From the time the true position of affairs was realized the home authorities did all that was practically possible "in procuring and forwarding them to South Africa." Exactly so; but neither these nor any other necessities of the war were properly provided until everything was in confusion for want of them.

The Royal Commissioners point out that there is considerable mistrust of the Royal Army Medical Corps among officers in the Army. Though they are good enough to think this mistrust exaggerated they point out that in time of peace the corps is undermanned and overworked, that its members have no opportunities to keep in touch with their profession, and that the conditions of service are not such as to attract men of a high class. They call for regulations and provisions which will enable the corps to discharge its duties in time of peace and during small wars, and which will permit of its expansion to meet the demands of a great war. In the higher posts they go so far as to think that the men employed ought to be selected for their ability, not promoted by mere seniority. They incidentally mention some conspicuous cases of incapacity in the higher ranks. They think that the corps ought to contain men versed in sanitary science, to whom reference should be made when camps have to be established and organized. They consider that the corps might work more efficiently if it were allowed to manage its own transport, instead of being dependent as at present upon another department which probably regards it in the light of a nuisance. They note that the turning of medical men into officers leads to unnecessary stiffness in hospital arrangements, sick men, for example, being obliged to stand at attention whenever an officer enters the ward. Generally speaking, the suggestions of the Royal Commissioners about the manning, the training, and the equipment of the Royal Army Medical Corps read like a bit of savage satire from DEAN SWIFT. Nor do they withhold their censure from certain points in the action of the medical authorities with such means as they had at disposal, holding that more might have been done in some cases to remedy the grave deficiencies of equipment.



LONDON, THURSDAY, Jan. 24,

The Report of the Royal Commission of inquiry into the treatment of the sick and wounded in South Africa has just been issued. The members of the Commission were Sir Robert Ross, Sir David Richmond, Dr. William Selby, Dr. John Cunningham, and Mr. Frederic Harrison, general manager of the London and North Western Railway Company. They began their inquiry in London on the 23rd July last, visiting Netley Hospital, where many sick and wounded, returned from South Africa, were examined by them. On the twenty-first of August they reached Cape Town. To use a colloquialism, the authorities responsible for the deplorable mismanagement of the medical service during the campaign are "let down" gently. But we predicted this much, as soon as the composition of the Commission and the nature of its powers were made known. Not that the personal honour of the distinguished men appointed to the Commission was for an instant to be called in question. But there is such a thing as unconscious bias. And the body of inquirers, if it really was meant by her Majesty's Ministers to be thoroughgoing, ought to have been invested with powers more full and stringent than are accorded to a Royal Commission. However, truth, like murder, will out. The conclu-

sions arrived at by the Royal Commissioners are sure to be severely dealt with by witnesses who have had even better opportunities than the Commissioners possessed to know the facts. A distinguished War Correspondent of this journal has drawn a picture of neglect and incompetence in the medical department, a sad, terrible picture, the truth of which has never been seriously called in question—a picture, we must add, with which the amiably indulgent verdict of the Royal Commissioners is irreconcilable. Our readers will be glad to know that a letter by Mr. Burdett-Coutts, M.P., criticising this Report, will appear in our next issue. To the British Army, to the British public, Mr. Burdett-Coutts has in his past disclosures rendered an inestimable service. The truth is that these services of his have never received the public acknowledgment they so richly deserve. Mr. Burdett-Coutts, more than any man, has made it clear that in some ways the mismanagement of the department in South Africa was as deplorable as in the Crimean War when the nation was shocked by the revelation of the unnecessary sufferings to which its brave soldiers were subjected. The break down of the medical department is one of the charges which Ministers will shortly have to answer for in their conduct of a war that, for the rest, has been a marvel of unpardonable miscalculation, and been degraded to the level of an electioneering dodge.

The sanitary state of entic ward especially was frequently of a nature not easily to be described in the columns of a newspaper. The Royal Commissioners were evidently impressed by the fact, for they observe that "the great necessity for such articles, especially in a country like South Africa, where dysentery and enteric fever are rife, appears not to have been adequately recognised by the medical authorities, and was certainly not sufficiently provided for." This sentence is one of the strongest in the Report! The Commissioners proceed to say that, "like every large body of men, the Royal Army Medical Corps has its unfit or bad members, but the evidence justifies us in saying that in this war the proportion of such members to the whole body of the Royal Army Medical Corps is very small. . . . There were, of course, a few exceptions to the general efficiency." It is a pity that the Commissioners have not supplied Parliament and the Public with more detailed statements of the evidence with which they profess themselves satisfied. The world is familiar with the terrible hardships of the sick and wounded during the advance on Bloemfontein. The Commissioners admit that ordinary provisions for these victims were "gravely reduced," and that "nothing but military necessities would have justified the reduction." All we got is an excuse, a palliation, expressed in the most general terms. The public have expected something more conclusively definite.

* The letter here promised did not appear until 11th Feb. when it was published in *The Times*, *Daily News* and other London morning papers. A second letter was similarly published in the 13th Feb. 4.
(See p. 26—29)

FEB. 2, 1901.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

SIR.—There is one recommendation of the Royal Commission that will cause some anxiety, namely, to refer to a departmental committee to inquire how an improvement in medical service is to be effected. The Medical Department has had ample experience of those hole-and-corner inquiries and is well aware that they lead to nothing except delay, and to throw dust in the eyes of the public.

What is wanted is an inquiry by competent and independent men as to what is required. The inquiry should be open to the public and the Press, and those who give evidence should be assured against injury to their prospects from what they state; for if they stated what they felt, it might not sometimes be complimentary to senior officers. With the whole facts before it, the public would be able to form a judgment, and to insist on measures to remedy the defects that exist in the medical service of the Army. The War Office will never do much to improve the A.M.S., unless compelled by public opinion.—I am, etc.,
January 25th.

R.A.M.C.

SIR.—It is evidently quite impossible to ensure by any system, whether competitive examination or nomination by colleges or universities, that a man given a commission in the Royal Army Medical Corps shall afterwards keep himself abreast of the advances in medicine, surgery and hygiene which are constantly taking place. I think however that the public ought to understand that the deliberate policy of the War Office followed out for many years has been such that not only has no inducement been held out to officers to gain such knowledge, but that obstacles have been persistently put in the way of those among them who have been anxious to do so. Owing to the fact that from various causes the Corps has been undermanned for many years, it has been practically impossible to obtain a reasonable amount of leave whether for recreation or study.

That the civil profession recognise the need for opportunities of studying new methods after some years in ordinary practice is shown by the success of the post-graduate colleges and classes in London and other centres. There is no doubt that many army medical officers would be glad to take advantage of these facilities if they had the chance. The need for a system of granting "study leave" has long been insisted on. A week or a fortnight now and then is not much use, even if a man has the enthusiasm to give up a short holiday to the purpose. A period of three months after every five years of service would be the least which would be of any real use.

But short of this, or in addition to this, could not something be done within the corps itself? The South African Hospitals Commission recommends that provision should be made "enabling them (the officers of the R.A.M.C.) to become adequately acquainted with the advancements in medical and surgical science." It is said that a military hospital must be built before long in London to replace the present Guards Hospital. Could not advantage be taken to make a real clinical medical school in London? The officers in charge of wards in such a hospital should be specially selected apart from seniority, on the ground of special aptitude shown in surgery, medicine, or in special departments of practice, and should be made responsible for the treatment of the patients admitted into their wards, as the physicians and surgeons of civil hospitals are responsible. Junior officers on return from foreign tours might be attached as assistants in such a hospital for limited periods and while doing duty there might easily be granted facilities for attending special demonstrations or courses in civil hospitals or laboratories.—I am, etc.

Jan. 25th.

CIVILIAN PRACTITIONER.

INDIA.

The Indian Medical Service Dinner.

A DINNER of the Indian Medical Service took place in Calcutta on January 2nd, when forty members sat down, some of whom belonged to the base hospital of the China force. Surgeon-General Harvey was in the chair, and met with a hearty reception on rising to give the toast of "Prosperity to the Indian Medical Service." He spoke of the great strain to which the service had been subjected ever since the Chitral expedition in 1895, since which time leave has only been fully open in one year, while on two occasions, including the present year, all medical officers on leave had been recalled. He said that such a state of affairs could not be borne much longer, and that murmurs were beginning to be heard, although all these trials had been loyally borne. He believed that better times were in store for the service, and entreated his hearers to trust to the Government to remove their grievances, and to be patient a little longer. Unfortunately he knew of some cases of highly-qualified men deciding not to come forward for the entrance examination for the service on account of the stoppage of leave; but steps were being taken, the nature of which he was not at liberty to mention, to improve matters, and the present difficulties might prove to be blessings in disguise. This remark probably refers to a proposed increase in the numbers in the service to allow of the new Imperial duties with Indian troops beyond India being undertaken without the present strain resulting. Surgeon-General Harvey may safely be relied on to do all in his power to improve matters. His case for an increase in the service is so strong that it can hardly fail to carry great weight with the Government, which, he informs us, is fully aware of the impossibility of the present strain being borne much longer. We may hope, therefore, for better times soon, and as the Chairman truly said, the Indian Medical Service affords an unrivalled field for good men to carry out research and other work which will be a credit both to themselves and to the service; while, if not as incentive as it used to be, it still gives a fair income, which may be increased when steady good work has led to the gaining of one of the better appointments. When leave is fully open once more there need be no fear of any lack of suitable candidates coming forward to compete for the Indian Medical Service.

THE INDIAN MEDICAL SERVICE.

THE views recently expressed in the BRITISH MEDICAL JOURNAL regarding the grievances of the Indian Medical Service and the necessity of adopting measures to verify and remedy them, have received confirmation in a high official quarter in India. The letter of our Special Corre-

spondent in India, printed on page 305, reports the substance of an important speech delivered by Surgeon-General Harvey at a Service dinner in Calcutta on January 2nd, in which he admitted the hardships to which the Service has been subjected during recent years, and declared that steps are being taken to redress them and prevent their recurrence. These remarks concern mainly the leave question; but there are other not less substantial causes of discontent in the Service, referred to in our recent leading article, of which Surgeon-General Harvey did not speak. It seems to us that more extended and searching inquiry and action are necessary than he seemed to contemplate. The question of pay, for example, which was practically settled some forty years ago, ought to be thoroughly worked out in view of the depreciation of the rupee, the greater expense of a medical education, the increased demand for and remuneration of medical services, and the altered conditions—economical, social, and administrative—of India.

Journal of Tropical Medicine

JANUARY, 1901.

A BROKEN-HEARTED SERVICE.

THE state of mind in which most of the medical officers of the Royal Army Medical Corps, who have served in South Africa, describe the feeling in the corps generally, is one of broken-heartedness. We can only view such a state of things as a national calamity and one which will have baneful effects in the immediate future. A service with its spirit gone, its aspirations thwarted, and its members dissatisfied, is not calculated to attract recruits to its ranks, nor to retain those who have joined it beyond the period of optional retirement. That there is something wrong somewhere, every one seems to be agreed upon; but where the cause of the dissatisfaction exists it is not so easy to determine. The one point, however, apparent to every one is, that the medical departments had an impossible task to perform; the magnitude of the work before them was out of all proportion to the strength of the corps; they were asked to accommodate and treat *hundreds* of sick and wounded where provisions were only made for *tens*; they were expected to bring their field hospitals to the front when transport was denied them; to provide invalid food in a country barren of the ordinary necessaries of life, even in times of peace. On the top of this, whilst yet the campaign was proceeding, whilst the medical department was trying to make bricks without straw, and sacrificing health and life heroically in the performance of duty, appears adverse criticism from irresponsible persons, criticism of such a kind that contradiction availed not, and took no heed of well-nigh unsurmountable difficulties. At home, again, the medical officers of the Army are being told constantly, by those who ought to know better, that they are of inferior professional mould, that they are recruited from any but the best class of young medical men, and that consequently they are not worthy representatives of the profession to which they belong.

Can it be wondered at, therefore, that the members of the Royal Army Medical Corps are depressed, that they see no prospect of betterment, and that they cannot take pride in the service to which they have devoted their lives? A soldier with his spirit gone, a corps that has lost its *verve*, is not a cheerful sight, nor a state of mind calculated to produce the best results.

We would, however, join issue upon several of the points that are being constantly mooted when the medical service of the Army is being discussed. We deny the statement that the medical men

who enter the service of the Army consist of the least capable of our young men. There is a notion abroad that an Army doctor has a training and qualification apart from the medical man in civil life. It seems absurd to refer to so gross an error, were we not aware that the belief exists, and largely exists amongst the laity. A formal denial of so ignorant a conception is an easy matter, but we would go much further than that and state that the young medical man before he gains his commission in the Army is, as a rule, above the average in professional ability.

After his qualification is obtained he has to set to work to prepare himself for a further examination, and not only an examination, but until quite recently, a rather keenly competed-for appointment, in which the best men only were chosen, and the "failures" sent back to civil life. After "passing in," a further most valuable and useful training is obtained at Netley, and by the time he "passes out" the young Army doctor is head and shoulders above the *confrères* he left behind him in civil life in almost every branch of his profession. We deny, therefore, the statement that he enters upon his duties in the Army as a professional inferior, when compared with medical men of his own age in civil life. Far other is the case; for by the training and by the examination superadded after his qualifications have been obtained, he is more highly educated in his profession than perhaps the best of his class-fellows who have rested on their laurels, and gone straight into practice after obtaining a qualification. Up to recent years, at any rate, almost every medical school in the kingdom prided itself upon the position its pupils took in the examinations for the Army, and published the results in the form of an advertisement as to the excellence of the training they afforded. Many of the medical men, therefore, over ten years' service in the Army, went in at a time when competition was keen, when the lazy and ignorant had no chance of getting in, and therefore did not come up for examination, and we hold it to be a mis-statement to say that the men joining the Army were professionally inferior to their civil brethren. After taking up duty in the Army the professional experience may be indifferent, there may be less stimulus to work, seeing that pay comes as a matter of routine; but our contention is that the medical profession gives, not its worst men to the Army, but men above the average, and, not infrequently, the best men of our schools went into the Army, attracted partly by the fact that the entrance was a competitive one. It is the fault of the military authorities, therefore, if they misuse the material supplied to them; we do not send our worst, at one time we even sent our best men, and the cause of the "broken-hearted" state the medical service in the Army finds itself, lies not with the inferiority of the supply from the medical schools, but with the system in vogue in the Army which permits so discreditable a state of affairs to have come about.

The aspiration of the junior officer is naturally to gain the higher ranks of his profession, but by attaining that rank what does he find? That he has to gradually drop his profession and become an administrative officer. He has to see to the administration of the hospital, not the

treatment of the sick. His work is no longer at the hospital, but in an office, and his stethoscope and bistoury give place to a pen. After attaining administrative rank he grows more ignorant of clinical work daily, until, after say, ten or fifteen years in that capacity, the practice of his profession is a thing of the past. Theoretically, every medical man in the army is being trained to fit him for duty as the director-general of his department. Administration is the one great recommendation to advancement, and the correctness of reports are more highly prized than the lives he has saved. Even the more junior officers are harassed by clerical work. It is reports, reports, reports, that are wanted, rather than cures or good doctoring. All civil medical men who were with the army in South Africa testify to the wonderful administrative ability of even the more junior officers of the R.A.M.C. They speak in terms of unstinted praise of their capabilities in this direction, but all equally lament the fact that the time of medical men should be wasted in this manner. Much of the work they think could be done by quarter-masters. The medical officer is too valuable and too expensive a man to the nation to be so hampered and misused. If, on the other hand, the work can be done by no other than medical men, two branches of the service should be recognised, namely, a clinical and an administrative, and a captain about to be promoted to major should determine which he is to join. Should he join the clinical, and continue in it, the medical officer in the army will become the equal, in a professional sense, of the senior men in our great hospitals in civil life; or if administration is his bent, let him lay aside his profession and take up as at present the most necessary part of hospital administration. It must be remembered, however, that our hospitals in civil life are not administered by medical men, but by the laity; and it is difficult for the civilians to grasp the fact that it is necessary for one in the position of a qualified medical man to do in the army what is excellently done by a committee and secretary in civil hospitals.

It is argued that the army officer is dealing with public funds, but so are the authorities in civil hospitals. The public subscribe voluntarily to support our civil hospitals, and not only so, but were the moneys they give not properly administered the supply would speedily cease. There is no difference, therefore, in responsibility, and the civil hospital accounts, stores, food, &c., have to be as carefully checked and dealt with as in a military hospital. One is done by persons without medical training, and why not the other? Allow the medical officers, therefore, more responsible clerical help, so that they may be enabled to continue to treat the sick and grow in medical knowledge with advancing years. In this way alone can the army service become a (medical) "professional" service, and one which will be self contained; one which will require no consulting surgeons attached to it from civil life to satisfy the public, but will be complete in clinical acquirements, as at present it is equipped with men of high administrative ability.

We confront the military authorities, therefore, with the facts, that it is not the quality of the men sent by the medical schools of the country

that is at fault, but the system these men are submitted to, after joining the Army, whereby professional work is ignored and administrative ability is appreciated to the exclusion of clinical acumen and the treatment of the sick and wounded.

FEB. 9, 1901.

THE MILITIA MEDICAL SERVICE.

There appears to be a very general feeling that in the re-organisation of the army, which it is generally admitted must shortly be taken in hand, the position of the medical service of the militia should be taken into consideration. The opinion seems to be widely held that in this reorganisation it will be necessary to introduce a dual system, that is to say, to have regimental medical officers as well as a central Militia Medical Staff Corps. This view was put forward by a correspondent in the *BRITISH MEDICAL JOURNAL* last week, and a letter which appeared in the *Times* some time ago expresses the same idea. At the present time the Militia Medical Staff Corps is embodied, but it has little more than a skeleton organisation. There are eight companies with territorial designations, but according to the last Army List five of these have no permanent headquarters, but have temporary headquarters at the depot of the R.A.M.C., Aldershot. Surgeon-Lieutenant-Colonel Sir James R. A. Clark, Bart., who retired from the Army Medical Service five or six years ago, was, on his return from South Africa, where he was in military charge of the Scottish (Edinburgh) Hospital, gazetted to the command of the Militia Medical Staff Corps at Aldershot, where also the services of Surgeon-Major Moyle O'Connor are available. The headquarters of the Home District Company of the Militia Medical Staff Corps are at the Cambridge Hospital, Aldershot, and a large number of Militia Medical Staff men are at the present time employed as orderlies in the hospitals at Aldershot, so that there is already a nucleus, or something more than a nucleus, of a headquarters staff and training school for officers who may join the territorial companies of the Militia Medical Staff Corps.

When reinforcements were being hurried out to South Africa twelve or thirteen months ago, it was apparent that, owing to the undermanning of the Royal Army Medical Corps, it would be unable from its own resources to supply an adequate medical staff for the large army which was on foot, and the Militia Medical Staff Corps responded nobly to the call; two of its senior officers, Lieutenant-Colonels Lake and Waring, died while on duty in South Africa. The patriotism of the militia medical officers cannot be doubted, but their numbers were very small, and for this reason alone the amount of assistance to be obtained from this source was not great; moreover, owing to the embodiment of militia regiments, the demand for medical officers for such regiments had to be met as best it could. Everybody is getting rather ashamed of the doctrine that we shall somehow muddle through every national emergency, and many are asking why the Militia Medical Service should not be put on a really efficient footing. There is no doubt that a sufficient number of medical men could easily be found ready to join the Militia Medical Staff Corps, and to make themselves thoroughly efficient in their military duties if they were assured that their services would be utilised with a local company. It would of course be necessary that such officers on being gazetted should receive a term of training in military medical duties, and this could be obtained, no doubt, at the headquarters of the corps at Aldershot; but afterwards the task of training orderlies for the district companies and maintaining these companies in an efficient state might be left with confidence to these officers, provided that they resided at or near the headquarters of the company.

On the other hand, there are obvious difficulties in the way of organising a Militia Medical Staff Corps which should supply regimental officers for the militia, and it is urged that it would be better to gazette medical men residing in the locality to the local militia regiment, and to call upon them for service only with that regiment, both for the annual training and in times of national emergency. By the present embodiment of the militia many medical officers have suffered serious inconvenience and in some cases also serious pecuniary loss. These have been cheerfully borne; but it is only right that, in looking to the future, steps should be taken to reduce such inconvenience and loss to a minimum, and, in a force so essentially territorial in its constitution as the militia, the argument that the medical service should also be organised on a territorial basis must have much weight.

Another advantage which would flow from some such organisation would be that the headquarters of the Army Medical Staff would know where to put their hands upon

men with a military medical training who could undertake temporary duties in connection with depôts and with camps formed from time to time for musketry exercise or for other purposes. At present the War Office employs civil practitioners, paying a capitation grant. It is suggested that in the reorganisation of the Militia Medical Service it should be arranged that a militia medical officer should have preference—that is to say, should be afforded the opportunity of undertaking such duties at a proper rate of payment. It is stated, also, that by a suitable reorganisation and extension of the Militia Medical Service, a reserve body of trained medical

THE TIMES, MONDAY FEBRUARY 11, 1901. THE SOUTH AFRICAN HOSPITALS REPORT.

TO THE EDITOR OF THE TIMES.

Sir,—The question of the treatment of the sick and wounded in South Africa ought not to be left where it stands in the report of the Hospitals Commission. In discussing that document I base my action on broad public grounds from which the least generous of my critics cannot now remove it. Public opinion has expressed itself very generally to the effect that the report practically justifies all my contentions. My own position, therefore, has undergone a satisfactory and even a dramatic change. The storm of violent opposition and authoritative denunciation, with its attendant misrepresentations and minor calumnies, which the performance of a public duty has hardly ever accumulated in such volume and bitterness on the head of an individual, has at length been silenced by the conclusions of the Commission.

It is because I do not find the necessity for that root and branch reform for which I and others have striven made sufficiently clear and imperative by the inquiry that has been held, by the evidence that has been taken or the way it has been handled by the Commission, by their general conclusions, or by the form and extent of their recommendations, that I venture once more to trespass upon the only channel through which I can submit my reasons to the calm and dispassionate verdict of public opinion.

AN INCONCLUSIVE REPORT.

I will go at once to what I submit is the governing defect, if not, indeed, the fatal flaw, of the report. It is so weak, inconclusive, and equivocal that, while it affords a complete confirmation of every charge I have laid against the medical arrangements in the war, it can be construed into a vindication almost as satisfactory of everything that has occurred and of every person, authority and department concerned. It is common knowledge that I have studiously avoided bringing any accusations against individuals, high or low, in the service; I never desired that the inquiry should be a punitive one in that sense. But in hardly a single case mentioned in the report is the responsibility for defects pushed home to its true cause, nor are their results, widespread, injurious, and fatal, adequately described. The report, therefore, fails to supply the first essentials to real reform. There are one or two significant exceptions. Whenever responsibility can be deprived of a particular incidence then the Commission treats the matter involved with some measure of decision. Consequently, we find the undermanning of the Royal Army Medical Corps, for which undoubtedly both political parties are responsible, brought into special prominence. To this is specially referred the deficiency of field hospitals on the march, for which only a trained R.A.M.C. staff is cited.

When the question of responsibility grows "warmer," as in the case of general hospital provision from all sources for the campaign, the delicacy of touch becomes obvious. It is worth while to examine this a little closely. The crucial test of "provision" is a 10 per cent. hospital accommodation *seriatim*—i.e., that there should always be hospitals, other than those on the march, sufficient to contain 10 per cent. of the troops under arms. It is a lesson taught by every war. I put to the Commission the following proposition:—That on February 27 the Principal Medical Officer of South Africa handed me a statement showing that the hospital accommodation available in Cape Colony (exclusive of field hospitals) was 3,257 beds, and that if we assumed 100,000 troops to be in the Colony at that time it was only a 3 per cent. provision. The report, which devotes a good deal of space to other statements of mine, is silent on this important point. But from the appendix I find it stated that there were 4,200 beds in the Colony in February and 184,000 troops in South Africa. Deducting, say, 65,000 of the latter for outside, it leaves 120,000 in the Colony. I prefer the Principal Medical Officer's list on the spot in his own handwriting to the table subsequently drawn up. If we take the former, the provision was under, if the latter, it was just over, 3 per cent. What, then, becomes of the "10 per

cent. *seriatim*?" The report devotes itself to contrasts and statements of personnel; but personnel is of no use without hospitals. Nor are the figures even of personnel at the end of March, "the time of the greatest pressure," pertinent, because the pressure in the month of May was three times what it was at the end of March.

The admitted want of professional ability in the R.A.M.C., which some refer to the parcimony of successive Governments, is only handled more tenderly than its undermanning because the great medical profession must share some of the responsibility for its despised and long-neglected offspring; and the great medical profession was not unrepresented on the Commission. The orderlies, who have no friends, are pounced on and severely beaten. They may deserve it, but that fails to weaken the contrast of treatment. All other defects are minimized and obscured in nature and extent as well as cause and result by the effort, painfully sustained throughout the report, to find qualifying and apologetic phrases in which to wrap up everything that tells against official or individual perfection. The whole report is made to depend on the value that is to be attached to these phrases, of which I will give a specimen later on. I venture to say that this is not the spirit in which a question of life and death should have been approached, and not the kind of judgment that should have been given. Instead of a clear pronouncement we have a document studded with "serious evils which ought not to be minimized" and a verdict that "there has been nothing in the nature of a scandal."

AN INCONCLUSIVE VERDICT: ITS RESULTS.

This Delphic utterance may harmonize with the practice and traditions of every Government inquiry into the defects of a Government Department since the Chelsea Commission whitewashed the medical horrors of the Crimea. I am not concerned about an historic continuity of that sort at the beginning of a new century with its promised era of drastic reforms in our national services. Still less am I tongue-tied by considerations hollow in themselves and fraught with obvious danger to the cause of reform. "Nothing in the nature of a scandal"; that was the verdict telegraphed over the country; that is all that hundreds of thousands of people will ever know of the report. The great tribunal has given its decision; the long struggle is over; the doubts that had burnt into the hearts of the people are settled in a phrase. It is useless to quarrel about phrases, however foolish, inconclusive, or mischievous. What I look at is that in these days, when the power to hush up things in high quarters—in a word, the power of "sham"—is well organized and almost impregnable, the people, whose minds have been thus quieted, are the depository of the only force that can really insist on reform; that unless they see face to face, and not as in a glass darkly, there is no hope of reform.

RE-STATEMENT OF THE CASE.

I must, therefore, ask to be allowed once more to state my case in clear terms, by which I desire it to be judged:—1. That the medical arrangements for the war were hopelessly insufficient and courted failure. 2. That many of the medical arrangements were good, but that when you subtract the good from the whole the remainder was so considerable and so bad, so preventively bad in kind and so fatally bad in degree, that the existing system cannot be too strongly condemned. 3. That these two causes produced a widespread disaster, and that the two propositions in which they are stated together constitute a reproach of the gravest kind to those responsible for the care of our soldiers and to a first-class Power that accepts the issue of a great war. 4. That the true state of things was deliberately hidden from the nation, and, I believe, from the Government, by a studied campaign of departmental whitewash, assisted to a regrettable degree from outside, which prevented a generous nation from coming to a speedy rescue. 5. That under these circumstances it was the bounden duty of any independent person who knew the facts to make them known as quickly and as widely as possible in order to secure immediate relief and ultimate reform. The first of these two objects was, I believe, rapidly effected. 6. That it is not the duty of an individual to search out causes or to arrogate responsibility; but that it was his duty and desire of the nation to have an inquiry which could fold both tasks thoroughly and fearlessly, and which would not hesitate in the interests of reform to lay bare the causes and

drive home the responsibility, whether political, departmental, professional, or personal.

ABSENCE OF POWERS.

We have had no such inquiry. The Commission set forth without powers. It had no power to compel the attendance of witnesses or the production of documents, no power to take evidence on oath, no power to protect witnesses, no power to compel any witness to answer a question. There were three ways in which these powers could have been granted; a brief statement of them will show that the responsibility for their absence did not rest in one quarter alone. 1. By a statutory commission which Parliament would readily have granted at any time. The Belfast Riots Commission was made into a statutory one after it became clear that it could not do its work without powers. 2. The Cape Legislature could, and would readily, have conferred the powers. 3. A great part of the country where the inquiry was held was under martial law. By a stroke of the pen full powers could have been conferred there. It was done for the "Concessions" Commission, sitting in Pretoria about the same time. The object of the latter was to inquire into certain state commercial abuses of the defunct Transvaal Government.

That there never was a case in which the fullest powers were so essential was made abundantly clear from the first. Suffice it to say that many important sources of evidence were partially or wholly closed against the Commission by the fear of prejudice or injury to witnesses who might volunteer to testify against the authorities. A certain number so situated had the great courage to give evidence in that direction; but their scattered voices were hardly heard in the universal chorus of approbation from official witnesses, or witnesses dependent on officials, who were responsible directly or indirectly for the defects. These latter abounded at every point, willing and anxious to be heard. As will be seen from the analysis I supply, the vast majority of the official or dependent witnesses have given evidence in favour of the medical arrangements.

On the other side we have the "independent" witnesses, naturally a small section in South Africa, where the military interest has networked every community and completely changed the normal conditions of classes and individuals. Of these independent witnesses the majority gave evidence against the medical arrangements.

The question need not be further argued. It is made clear even in the guarded language of the report. "We have also had to recognize that our private soldiers are very slow in making complaints." Why did not the Commission ask for compulsory powers? "Witnesses . . . would only state the facts which they thought assisted their own views, and by keeping back other information . . . would tend to give a false impression as to the true state of things." Compulsory powers, which include taking evidence on oath, would have made this malmed and futile examination impossible; at any moment the Commission could have obtained them.

PREPARATION.

There was a sinister correlative to the absence of powers. The Commission went out entirely at the mercy of the Army medical authorities. There was no pretence that it could form any opinion about the hospitals by personal inspection. Three months had elapsed before they arrived at the scenes of past evil; and by that time everything had changed. But with regard to the past, the Army Medical Department, the most powerful organization that could exist for the particular purpose, could not only range at will over the whole field of witnesses, but were actually given a free hand to work up the case. There was no concealment about it. Two officers of the Royal Army Medical Corps were appointed to go round the hospitals, select the evidence, and prepare the way for the Commission. One of these returning home stated in public while the Commission was still sitting, "Everything was as perfect as possible. Everything that mortal knowledge and foresight could supply was at hand. Many of the hospitals generated their own electric light and manufactured their own soda water."

To present the reverse side of the picture, there was no organization of any kind; no one to search out abuses, to collect evidence, to urge witnesses to come forward, to assist them in preparing their case, to assure them of protection, to watch their after-plot and see that they suffered no prejudice, direct or indirect, in the future. Hardly a man in the service that spoke against the medical arrangements could do so freely and without some sort of fear of the result. The famous plan for protecting witnesses by keeping their names secret was recognized by nearly all the witnesses to be futile.

The position is now made clear. What sort of a trial is this, in view of the public demand for a full and searching inquiry, the public promise that such was to be held, and the vital interests at stake? Why were the persons appointed to it understood—officers of the corps that was on its trial? This alone was enough to vitiate ab initio

the whole proceedings in South Africa. It was trifling with justice.

A FORECAST.

No one can be the least surprised at the outcome of a Commission circumstanced as this has been. Accurate forecasts were publicly made from first to last, by every one experienced in such inquiries in the past, and by those who have watched the course of the Commission here and in South Africa. None of the earlier public pronouncements put the case more clearly than your leader of last July 20, which, after describing the powers absent from the Commission, proceeded:—

Without power to do all this the Commission cannot come to any conclusions that will either satisfy the nation as to the conduct of affairs in the past or form a solid foundation for the reform of our system in the future. We must confess that we agree in failing to discover any evidence that the Commission of inquiry possesses these indispensable powers. In their absence it is too plain for demonstration that the Commission, no matter what may be the ability and zeal of its members, will be almost entirely in the hands of the department. Departmental evidence will be abundant and carefully organized, while for all other evidence the Commission will be dependent upon men who voluntarily come forward at risks to themselves which can easily be appreciated. We publish to-day a letter addressed to the *Page Times* by a colonial Volunteer which is very unpleasant reading. The writer asserts categorically that any one who makes a complaint is a marked man, and adds other details which we would gladly believe were untrue, but which no one acquainted with rough human nature in a tight place can dismiss as incredible. Unless the Commission can call for witnesses and guarantee their impunity, it is pretty clear that it can hear only one side, and that its conclusions can be only departmental whitewash.

I propose to show that those weighty words have been amply justified by the subsequent inquiry, which rested on an unsound basis from the first.

AN AMENDED REFERENCE.

As a link between this and the next question I have to deal with, the reference to the Commission may be quoted. It was "To report as to the arrangements for the care and treatment of the sick and wounded during the campaign in South Africa." On August 6, in the House of Commons, the First Lord defined this in the following terms:—"The reference was to inquire into the treatment of every sick and wounded man in South Africa. You cannot go further than that." (*Hansard*, v. 87, p. 270). By the light of this remarkable declaration not only the absence of compulsory powers but the subsequent proceedings seem almost a parody.

PATIENTS' EVIDENCE.

Who could be so well-informed about the treatment of the sick and wounded as the men treated? Out of 462 witnesses examined 174 were patients. Was this a sufficient proportion to the whole? Or, taking the numbers that passed through the hospitals from first to last, does the ratio of 174 to, say, 75,000 bear any reasonable relation to the promise "to inquire into the treatment of every sick and wounded man in South Africa"? Were these witnesses of less importance to the real interests of truth than the imposing procession of officials, military, Army medical, and the like, whose business it was to deny defects which many of them had never seen or to explain away those for which the rest of them were responsible? Will such an inquiry satisfy the classes from which the rank and file of the Army are drawn? Will it satisfy the nation, on whose behalf over 7,000 of these men have died from sickness alone and 30,000 have been sent home from the same cause?

But let us look at this matter a little closer. What effort was really made to obtain the evidence of patients able to speak to the specific matters the disclosure of which had created this Commission? At the time the Commission began its sittings in London there must have been from 3,000 to 5,000 returned invalids who had passed through the hospitals at the times and places I had described. I cannot find that any patient was examined who was in the famous field hospital at Bloemfontein to which the report devotes two whole pages and through which at least a thousand men must have passed. The "admission and discharge" records of every hospital in South Africa are in the hands of the authorities. Any number of patients, able to confirm or deny my statements from their personal experience *in loco*, could have been called; some, at least, might have come forward. Was any effort made to obtain their evidence? Instead of this the Commission gave one day to a State visit to Netley, well heralded and well prepared for, and about as useful for the purpose of obtaining evidence as an "official inspection" is for finding out what goes on in a hospital. Some curious incidents could be related about both methods of investigation; but I have no desire to bring the indignant into the grave matter under discussion.

Of the 174 patients examined 20 were officers, which leaves 154 men. I put aside the 20 officers (of whom seven were heard in London and 13 in South Africa), noting that they represent the sum total of all the officer-patients examined, and remembering the day in the House of Commons when I was denounced as insulting the British Army because I suggested that officers would not come forward. We will keep to the 154 men. Will it be believed that 70 of these 154—nearly one-half—were examined on a single afternoon,

under the circumstances I have described, on the State visit to Netley? After sitting for a fortnight in London the Commission went off to South Africa.

I do not wish to labour the point; but without compulsory powers and without power to take evidence on oath the method of examining these men and the surrounding circumstances are matters of vital importance. Their position is peculiar. They need to be heard in perfect privacy, separated from all surveillance, absolutely assured of immunity from consequences, reminded of every point to be inquired into, led on to talk freely, and encouraged step by step to tell their whole story. It is useless to ask such men, "Were you treated fairly well?" or "Have you any complaints to make?" Above all, they require plenty of time. Hurry or fluster them, and they close up at once. I have had a good deal of experience of taking such evidence during the last half-year; and even with the aid of a shorthand writer it was hardly possible to get a full detailed statement in less than an hour, and generally two hours, with each witness. The evidence of the 70 patients at Netley occupies 24 pages of the minutes—an average of one-third of a page to each. The evidence of the 44 other witnesses examined in England occupies 111 pages.

In South Africa the remaining 80 (or so) men-patients were examined very much in the same way as those at Netley—14 on a hospital ship, 18 in one hospital, 19 in another, ten in a third, and so on. What could be expected from these batches of witnesses, private soldiers, imbued with the traditions of the service, "very slow in making complaints"; men who say, "I should not get promotion, my officer would not say that giving evidence would be the reason, but I know it would be so; perhaps you do not know the Army very well, Sir, but that is how things go" (*Minutes*, p. 490); men who go up under the eye of their non-commissioned officers or hospital orderlies and ward-masters, if, indeed, the latter, the janissaries of that great organization of defence to which I have alluded, have not already picked them out; men often examined in each other's hearing, the trend of whose evidence is known, if it is not published the next day in the local paper; men who have to return to the ward of a hospital fresh from giving evidence against those who feed and handle them, or to the ranks of their regiment laden with all the odium of being "grouches," and of having outraged that *esprit de corps* to which the report pays a tribute in this very connexion? I ask, leaving the answer to your readers, Was this a real trial? Was this important part of it conducted with a due regard to the gravity of the issue at stake? Why did not the Commission ask on the spot for compulsory powers and power to take evidence on oath, which would have relieved the whole situation and forced out the whole truth?

Considering all the detestable circumstances to which I have alluded, the fact that of the 174 patients examined 47 gave evidence directly against the medical arrangements and 34 made some complaints constitutes a very grave indictment. Had the method of inquiry in this matter of patients' evidence been adapted to the obvious necessities of the case, it is not difficult to imagine the story the report would have had to contain.

EVIDENCE REFUSED.

How far there was any real desire to amplify that story in scope and detail and render it of greater value to the interest of justice I must leave it to others to say, after the following incident is considered. The Commission set sail for South Africa, with the avowed intention understood on all sides and publicly announced, of taking the evidence to be obtained in England on its return. Immediately the Commission arrived home I wrote to the president and informed him that there were witnesses who had made statements to me pertinent to the inquiry who were willing to go before the Commission. To my unfeigned surprise the president replied that the Commission had decided to hear no more evidence.

I do not wish to dwell on the curious sense of justice and fair-play which, having deprived me of any representative at my own trial, now closed its doors against my witnesses; for that aspect of the inquiry, which the Commission made prominent by constant examination of witnesses on my statements and actions, is the least important. Let us see how it bears on the public question. I was compelled to be the protagonist of the struggle which, by revealing defects, was to obtain reform. The Commission had been up to now largely in the hands of the other side. It might reasonably be assumed that any evidence I produced would be in support of my contentions, and therefore could not fail to throw much-needed additional light on the whole case. Moreover, the president had asked me specifically and more than once to suggest witnesses. When the time came I did so, with the result stated.

Now, what was the evidence in question? It consisted for the most part of the statements of men of whom I had no previous knowledge, and who wrote to me voluntarily and separately and offered to give their personal experience as patients, many of which were

worse than anything I had seen with my own eyes. They were chiefly colonials, Yeomen, Volunteers, Reservists who were taking their discharge, and a few Regular soldiers. The latter were averse to going before the Commission stating they knew it would ruin them in the service; but some consented to do so. The former, particularly the colonials, were men of marked intelligence, brave, hardy, and self-reliant, who had borne the brunt and burden of fighting throughout the campaign. There was not one amongst them that bore a suspicion of malingering or "grouching." They seemed to complain of hardships on the march or in the field; they were thoroughly loyal and patriotic in spirit. Indeed many of them were at first reluctant to come forward on these two grounds, because they might be accused of being "softer" than the Regulars, or called "unpatriotic" in the sense in which patriotism is made to include a blind acquiescence in the incompetence of a department. Their record in this war is sufficient answer; it is one of splendid endurance and true patriotism. Whosoever defects in hospitals appeared unavoidable or due to the exigencies of war, they said so; but their practical common sense had been irritated beyond endurance by the neglect, inefficiency, and bad management they had witnessed and endured in their hospital experience. They confined themselves mostly to faults for which they could see the remedies with their own eyes on the spot. There was one significant and generous motive which impelled them to speak. When lying in hospital side by side with Regulars, the latter had constantly said to them—"Mind you speak up for us when you get home. Tell about these things. It won't hurt you. You know we deserve it." Was not such evidence as this worth the attention of the Commission? Why was it not taken?

ANALYSIS OF WITNESSES.

I will now give an analysis of the witnesses (other than patients) who gave evidence for and against the medical arrangements. I divide them into two classes, official and independent. Class I, which includes all those who were directly or indirectly responsible for defects, is subdivided into (1) military officers and those dependent on them, and (2) R.A.M.C. officers and those dependent on or closely connected with the corps. Class II speaks for itself, although it should be noted that a great number of civilian doctors were controlled by professional and other reasons, and that those attached to private hospitals confined their evidence mainly to their own institutions. Moreover, many of the witnesses in Class II never saw the scenes in Bloemfontein and such places. Many of the witnesses gave evidence both ways, and these I have described as moderate.

Class I.—Official (177):—

1. Military authorities and dependent.—1 Field-Marshal, 1 Chief of Staff, 1 Press Censor—3, all for; 8 generals, 4 colonels, 1 major, 3 captains, 1 lieutenant—17, all for except 3 moderate; Army chaplains, 22—14 for, 4 moderate, 4 against; 6 A.S.C., 2 Transport, 4 Ordnance, 6 R.S.O., 4 Railway officials—22, 16 for, 3 moderate, 3 against. Out of 55 military officials, &c., 7 against.

2. R.A.M.C. officers, non-coms., orderlies, and allied.—1 Director-General, 3 departmental staff, 2 surgeon-generals, 7 colonels, 12 lieutenant-colonels, 33 majors, 3 captains, 5 lieutenants, 2 sergeant-majors, 5 sergeants—73, 58 for, 14 moderate, 1 against; R.A.M.C. orderlies, 9—2 for, 3 moderate, 4 against; Army nursing sisters, 22—16 for, 3 moderate, 3 against; Volunteer Medical Corps, 6—4 for, 2 against; Red Cross officials, 5—all for; consultant surgeons, 6—4 for, 2 moderate. Out of 121 R.A.M.C. officials, &c., 10 against.

Summary of Class I. (official).—Out of 177 officials, 17 against.

Class II.—Independent (104):—

Civilian doctors (in military hospitals), 52—18 for, 11 moderate, 23 against; civilian doctors (in private hospitals), 11—6 for, 5 against; local clergy (other than Army chaplains), 11—6 for, 5 against; civilians (miscellaneous), 14—5 for, 9 against; lady visitors, &c., 16—2 for, 14 against.

Summary of Class II. (Independent).—Out of 104 independent, 55 against.

In other words, one-half of the independent witnesses have given evidence directly against the medical arrangements, while only one-tenth of the official witnesses have expressed themselves dissatisfied. I could not close this letter with a more striking and significant contrast. In my next I will come to closer quarters with the report.

I remain, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, W., Feb. 9.

THE DAILY NEWS

LONDON, MONDAY, February 11.

The very interesting letter from Whitehall Mr. Burdett-Coutts which we publish in another column, and which will be continued to-morrow, makes, we think, a just claim on the public. Mr. Burdett-Coutts pleads, not indeed in terms, but in effect, that his indictment of the conduct of the military hospitals in South Africa has been made out. The country will endorse that opinion, and it will not be swayed from it by the report of the Hospitals Commission. That document achieved for the Government what such an inquiry was bound to achieve. It minimised, softened, or evaded responsibility for a most appalling loss of life, and an aggregate of suffering of which it is easy for men in armchairs to write with philosophic restraint. The fact remains that this time last year our soldiers were dying like flies, amid indescribable scenes of squalid misery. That fact Mr. Burdett-Coutts dragged out to the light of day, and Mr. Balfour's sneers only set it and the Government's responsibility in a rather uglier light than before. How did the Commission deal with it? There was hardly a statement in Mr. Burdett-Coutts's evidence which it did not admit, and the point and sting of which it did not try to conceal. Mr. Burdett-Coutts, for example, said specifically that in place of a ten per cent. provision for sick men there was only a three per cent. provision, a statement demurred to on the floor of the House of Commons by a Minister who should have known the truth. The Commission admitted that there had been "under-manning" in the hospitals, and that this had involved a "strain"—a pleasant word for death, pain, and all the grim horrors of ill-tended suffering—which had continued throughout the campaign. They admitted "serious" evils—"not to be minimised." They had to confess that Mr. Burdett-Coutts's complaints concerning the status and training of the R.A.M.C. were real. They largely endorsed his views about the frater use of women nurses at base hospitals, and the inevitable weakness of the system of orderlies. But there was no "scandal." There was under-manning, there was ill-attention, there was a grievous underestimate of the medical necessities of the campaign. But no one was particularly to blame. Seven thousand British soldiers sleep the long sleep on the veldt untouched by the enemy's bullets. 30,000 more took their shrunken limbs back to England. But their friends enjoy the satisfaction of learning that the sick soldier was never so well cared for since war began to run its beneficent course.

It is a very typical official conclusion—typical in its petty logic, its real obtuseness, its thorough heartlessness, and that vulgar indifference to human life, as compared with the ever-ready interests of Taper and Tadpole, which war inevitably breeds. The public have naturally asked by what means it was arrived at, and it is on this point that Mr. Burdett-Coutts's letter is especially interesting. By the form of its constitution the Hospitals Commission disabled itself from a really searching test of the facts. The Government declined to set up a statutory Commission—i.e., it declined to enable the members either to search rigorously for truth or to protect the truth-teller, whose well-being and happiness were at the mercy of men against whom he might have to bear witness. The Concessions Commission, which dealt with the interests of the Rand magnates, was amply armed; the Hospitals Commission, whose concern was the inferior one of British lives, was quite unprotected. What was the result? The Commission itself admitted that private soldiers were "very slow in making complaints." We believe that when they could see Mr. Burdett-Coutts quietly they spoke to him with freedom. But the fact remains that only 154 private soldiers were examined out of a total of 462 witnesses, and that 70 of them were seen in a single afternoon in a hurried visit to Netley, leaving only 84 actually examined in South Africa. More than this, the majority of witnesses who were not patients were officials, i.e., were people

on their trial, directly or indirectly incriminated by Mr. Burdett-Coutts's charges. Nothing could have been more vicious than such a method of investigation. Yet Mr. Burdett-Coutts's analysis of its results shows that if the Commission had had eyes to see even the ameliorated, and to an extent artificially prepared, facts brought before them, they would have realised the true import of the horrors at Bloemfontein and Kroonstad. For while out of the 177 official witnesses—for every soldier examined there was more than one official—nine-tenths approved the medical arrangements, more than one-half of the 104 independent witnesses condemned them. Significant as is this fact, it is not more startling than the Commission's refusal to take the evidence tendered to Mr. Burdett-Coutts, consisting mainly of Colonials, Yeomen, Volunteers, and Reservists, an exceptionally independent and intelligent class. Mr. Burdett-Coutts offered this evidence to the Commissioners. The President declined to hear it. On what ground? Surely the fact that of the soldier-patients nearly one-half made serious complaints, and that the independent witnesses spoke much more unfavourably than the officials should have weighed with men anxious to know the whole truth, and to give the nation true satisfaction for its squandered human treasure. Surely the obvious duty under such circumstances was to obtain all the light available, and to see that the sources of knowledge were made as wide and as pure as possible. The Commission had been deprived by the Government of powers which would have armed it with a true sword of justice. But its President was an acute and powerful lawyer, and common-sense and a consideration of average human motives should have led him to cultivate that kind of evidence where truth was likely to lie, and to avoid testimony which was necessarily coloured. That the Commission, in spite of its faulty ways and improper constitution, was driven to admit so much, is proof of how serious the breakdown, in its original aspects, must have been. The nation, mourning a cruel and unexpected stroke of evil fortune, had a right to expect a close, unparing investigation of its cause, conducted on lines that would have convinced it of the intellectual honesty and thoroughness of purpose of the inquirers. It has had no such investigation; and if Mr. Burdett-Coutts's detailed examination of the Commission's findings is as damaging as his impeachment of their methods, the Government will have serious matter before it.

THE MORNING POST.

(MONDAY, FEBRUARY 11, 1901.)

MR. BURDETT-COUTTS'S letter on the hospitals question, which we print elsewhere, is a somewhat amazing document. In it he repeats all the charges that he brought against the members of the commission when their names were submitted to Parliament. Of what avail are such tactics? They were bad enough at the time, and they were even worse after the commission was appointed, for then they constituted an attempt to prejudice the commission in the eyes of the public. But with the report before him the obvious duty of Mr. BURDETT-COUTTS and of members of Parliament generally is to study the report and the recommendations based on it, and to see whether, in their opinion, these are sufficient or not. And we cannot but think that had Mr. BURDETT-COUTTS restricted himself to this line of action he would have reaped the approval of the country. For as there is no doubt that he made the hospitals in South Africa a burning question, and made it so in a manner by no means commendable, still had he decided that the right course now was to do his best to see that the recommendations of the commission, or more stringent ones if necessary, were carried out he would, at least, have been able to claim a foremost position among those who have urged on the authorities the necessity of reform in the Royal Army Medical Service. Our own Correspondent, among others, writing from Pretoria early in August, was strong on the point of reform. But Mr. BURDETT-COUTTS has chosen a very different course of action. Just before Parliament meets he seeks to anticipate the debate on the report by a long discussion of his own in the Press. And so far, at least, he does not endeavour to show that the recommendations are insufficient. His great point is to convince the

British public that the commission, as he has always held, was a tainted one; that it did not do its duty, either because it was afraid or incapable; and that the worst, or half the worst, is not known about the care of the sick and wounded in South Africa during the present war. He says that it is because the recommendations of the commission are insufficient that he writes to the Press, through which he hopes to reach public opinion. Yet apparently he thinks he can do this by proving that the commission was tainted, incapable, and pledged to hide the truth. Now all this is very serious, especially as this incompetent commission "practically justifies all my contentions." These are Mr. BURDETT-COUTTS'S own words, and very eloquent words they are. But are they a good foundation for the heavy condemnation which he passes on the commission? Mr. BURDETT-COUTTS cannot have it both ways. It did, indeed, seem to the general public that the commission had not found the hospital arrangements in South Africa as efficient as they might reasonably have been. But while not glossing that fact in its report the commission took into consideration the magnitude of the task imposed on the Department, the sudden and quite unexpected outbreak of fever at Bloemfontein, and the equally unlooked-for enormous increase from month to month of the Army in South Africa. Of course, this finding is merely in accordance with commonsense. But because the commissioners wrote in their report that "there has been nothing in the nature of a scandal" Mr. BURDETT-COUTTS is indignant, and apparently intends to do his best to prove that there was a scandal and a serious one. He does not base his certainty that there was a scandal on the report. Though he claims that it justifies all his contentions, it does not seem to justify that one. But by criticising and analysing the report Mr. BURDETT-COUTTS tries to show that on this point the inquiry was not pushed and on that point there was no inquiry at all. Wherever any blame for a certain state of things could be brought home to an individual the commissioners, according to their accuser, held their hand. Yet despite this lamentable conduct their report justifies all his contentions: Why is Mr. BURDETT-COUTTS so anxious that the report should justify him and yet be pronounced by him unworthy? The answer is practically given by himself when he says that he was "the protagonist of the struggle" and that he was not invited to bring forward witnesses on his own behalf. Now this is just where the personal element comes in and disturbs the most evenly-balanced judgments. There was no struggle, and Mr. BURDETT-COUTTS was not a protagonist. He wrote certain letters on the management of the hospitals in South Africa, and questions were asked in Parliament. But he was not the only man who had written about the hospital arrangements, and certainly he had not half the experience of some other Correspondents of the general hospitals and the field hospitals in South Africa. Mr. BURDETT-COUTTS tried to make a struggle, and wished to be its protagonist. But the attempt failed, and the voice he ceases to use as the protagonist of a struggle that does not exist the better it will be. It is not by making things appear as bad as possible that reform is carried, but by proving how easily things may be made better and how reasonable it is to make them better. The attempt to make the imagination shudder with pictures of the horror of war can serve no good purpose; and the commissioners know it. Mr. BURDETT-COUTTS apparently does not, and we must let him take his course, however much we may regret it for his own sake and that of the public.

THE TIMES, WEDNESDAY, FEBRUARY 13, 1901.

THE SOUTH AFRICAN HOSPITALS REPORT.

TO THE EDITOR OF THE TIMES.

Sir,—It is impossible to examine thoroughly the Report of the Hospitals Commission within the limits of your columns, on which I have already encroached so largely. The object of my first letter was to establish certain defects of principle, involving inevitable defects of practice in the inquiry, and to make clear the governing weakness of the report. In this letter I propose to illustrate both points by specific cases, and to prove how gravely the treatment there has received impairs the value and efficiency of the work of the Commission. It will be more useful to deal carefully with a few instances than superficially with many; but such as are adduced will be characteristic of the general spirit of the report, and will

justify my main contention that neither the real need nor the true basis of reform are to be found within its pages.

I have shown how the Commission from first to last has been delivered over to officialdom. The special influence of the R.A.M.C., whether looked at as a department or a corps, controls all its conclusions and supplies the only intelligible reason for that studied avoidance of cause and effect which is bound to make such an investigation barren and misleading. I will deal first with leniency to the department.

Protection of a Department.

1. Sanitation.—The Commission makes recommendations identical with my own on this important subject, and on the necessity of special sanitary officers to supervise the location of permanent camps and sites of hospitals, and some of the more detailed sanitary duties connected with both. They urge that "duly qualified special sanitary officers should be forthcoming in future wars," from the R.A.M.C., for this purpose. They are evidently not satisfied with the distribution of a pamphlet on the subject at the beginning of a war; on the other hand, they give no opinion on the rejection of Sir Walter Foster's timely offer, which bears closely on the question of medical provision for this campaign. Would not the recommendations under this head have derived incalculably greater weight if the report had brought out a few of the grave results that have ensued from a neglect of such obvious precautions? One case would have been sufficient, such as that of the 2nd Worcesters, who came fresh and healthy from Bermuda, marched over a clean track into Bloemfontein full strength, with two men sick, were camped on ground just evacuated by a Paradoberg regiment, and within three weeks had 275 men down with enteric, from which 40 or 50 died.

2. Consultants.—Many people will look to the report for some instruction as to the policy of the department in sending out eight or ten consultants at £2,000 a year each, instead of 20 or 30 experienced practitioners who could have taken charge of the medical and surgical divisions of the larger hospitals, or attended to both requirements in the smaller ones. The real want is the R.A.M.C., which of course the department would not admit, but which even the Commission indicate in their recommendations, is greater professional ability in the normal or daily performance of medical and surgical functions. No number of consultants can supply the place of this. But, accepting the principle of consultants in war time, the report is entirely silent on an important point arising out of it. The Commission claim that the medical authorities had anticipated and were prepared for a large amount of sickness and enteric; they do not suggest that in a war where sickness stands in the proportion of 20 to 1 to wounds consultant physicians and fever specialists were at least as important as consultant surgeons, who at places and times where the hospitals are practically filled with sick and not wounded would have few opportunities of displaying their special knowledge. The plan adopted in this war has only silenced criticism amongst the most superficial observers.

3. Ambulances.—On the question of the present type of ambulance the Commission fully support my condemnation of that clumsy and inefficient vehicle. It would have been a graceful and, perhaps, in such a mass of detail as the report contains, to have acknowledged the utility of the little "galloping telega," which did not come from the R.A.M.C., but were presented, ready-housed by an Indian gentleman, Mr. Dhanibhoj. There is, if not a similar silence, a most inadequate reference to a far more important medical service, independent of the R.A.M.C., rendered by the New South Wales medical contingent, with its admirable field hospitals and brave and ubiquitous bearer company.

4. Tents.—The Commission supports my criticism on the persistent use of the heavy marquee instead of the larger and far lighter torion tents used in all the private hospitals and well known to the R.A.M.C. But why are not the results of this mistake pointed out—viz., that the use of the marquee at places to which transport was the main difficulty restricted the tent accommodation for patients by nearly one-half just when and where it was most needed? For the Commissioners to express a preference for that type of tent over this is an error. It is quite another to explain clearly by a simple comparison of weight and capacity how the adherence to the old model resulted in the hopeless crowding of patients, or in their being sent down the long journey to Cape Town before they were fit to be moved, or in their being left without any shelter at all. Such an explanation would have made improvement not only possible, but certain.

5. Female Nursing.—The Commission supports strongly all my contentions in favour of female nursing, although it at first goes off on the old side-track, "Of course they could not be employed in field hospitals or at the front." No one ever suggested nurses for field hospitals while on the march; but when a field hospital moves up to a large town on the rail and is stationary there for two months, it could have nurses just as well as a general hospital, which is also in tents. At Bloemfontein, No. 8 General, with its nurses, was further from the town than the stationary field hospitals, which had no nurses and where men died for want of them. On the latter point the report makes no reference to what I believe to have been the direct result, widespread and fatal, of this shortage of nurses; it misses altogether the striking lesson taught by the Volks Hospital at Bloemfontein. A still greater disservice is done to reform by the extreme tenderness with which the cases of the absence of nurses is handled. A single instance is given of nurses being refused to a private hospital. The Commission might easily have discovered that from the first they were refused, in any adequate proportion, to every private hospital except the Yeomanry, and refused not by "some members of the R.A.M.C.," but by the heads of the department here in London, in direct opposition to the views, as they have always been understood, of the Commander-in-Chief (Lord Wolseley).

I should readily endorse this leniency to both persons and departments if it did not involve leniency to principles, which, unless they are clearly pointed out and understood in their nature and operation, will remain, as they have been in the past, a silent but powerful make-weight against much-needed reform. The principle involved in this matter of nursing, as with the ambulances, tents, sanitary officers, and other more important defects, has been that of an antiquated and obstructive prejudice against all lateral improvement and self-correction. Defects of this class have absolutely nothing to do with the "understanding" of the R.A.M.C., to which the report attributes most of the evil that has

occurred. They can only be referred to an unmistakable blindness in the department to the progress of science and invention outside which has humanized medical treatment in every community in the world, down to the very poorest, except the British Army. The axe must be laid to the root of this system, if we are determined not to leave another harvest of its fruits. I submit, with all respect, that it was the proper function of the Commission, and ought not to be left to an individual to point out the full results of these defects and to trace them to their real cause.

Protection of a Corps and Others.

I have dealt with the protection of a department. We will now examine how this has been extended to a corps or to such authorities, military or otherwise, as can be held responsible for mismanagement in South Africa. In some cases it will be found that the same tenderness affects the Commission in handling not only causes but facts.

1. Personnel at Bloemfontein.—It will be remembered that one of my two main charges against the medical arrangements at Bloemfontein was the deficiency of medical personnel. It appeared to me perfectly obvious that no difficulties of transport could be alleged as an excuse. The Commission takes the same view. I was uncertain about these being doctors and nurses available at the base or elsewhere for this purpose, and said so. The Commission clears up the doubt:—

"We think the deficiencies of the staff at Bloemfontein were not thoroughly realized as soon as they might have been, and that more doctors might have been obtained and sent up so as to supply these deficiencies earlier. We cannot think that the difficulties of transport, which we are fully aware of, could have prevented doctors being obtained and sent into the town. The lack of sufficient nurses gives rise to similar comments."

I have already referred to the silence of the report as to the results of the shortage of nurses. The same silence prevails about the results of the absence of doctors. I contented that both should have been clearly brought out in the report, painful as the picture would be. More important far is the total failure to deal with the question of responsibility. The report says the deficiencies ought to have been realized; that doctors and nurses could have been obtained and sent up. Why does it not go on to tell us why they were not sent up and who was responsible? The latter point need not be pressed. The real cause was the want of any clear insight into the necessities of the whole situation and any strong organizing hand to meet them, a "defect of principle" which, proceeding naturally from the inherent incapacity of the department, found its way down to the lower ranks of practical work in the campaign and led to many deplorable incidents.

2. The Railway Platform.—One of the gravest of the latter, which I related in the House of Commons, was the case of the eight sick men left for hours on the railway platform at Bloemfontein. The handling of this matter in a full page of the report is so singular that it deserves examination. In spite of ample testimony in support of my statements, the Commission calmly take the evidence of the one witness who was mainly responsible for the scandal and tell his story as their own. The discrepancies accepted in his favour are that the men were not in a serious condition, that he saw them in his capacity of doctor at 11.30 a.m., that he provided them with refreshment from a military hospital, that they were transferred to the Irish Hospital two hours earlier than I stated. With all this the best they can make of it is that these eight men were left in Bloemfontein Station on May 23 for three hours in a truck and five hours on the platform before being taken to a hospital. Having established this as a thing to their apparent satisfaction, and after the remarkable statement that my evidence was second-hand, when I had already made it abundantly clear that I was there myself and saw and spoke with the men, they blandly rebuke me with the final remark, "The facts speak for themselves." They do indeed, whether we take their facts or mine. In support of mine I have to state that the eight men told me one after another at 1.30 p.m. that they had seen no doctor, that at the Irish Hospital they stated that they had had no refreshment at the station except that given to them by a civilian, and that the notes of the receiving medical officer at the Irish Hospital, written at the time of their admission and without any knowledge of those having been an "incident," describe them as "all having enteric fever well marked," three were "very serious cases of enteric," one had "bronchitis with enteric," another "double pneumonia with enteric"; the latter died. These were the men whom I, with pardonable ignorance, assumed ought not to have been left on the railway platform of a large town for nine hours. The doctor who thus describes their condition also confirms my statement as to the time they were admitted to the hospital. I have one more remark to make which connects itself with my first letter. Why was not one of the seven surviving patients examined before the Commission? If any one wants to know more about the railway station at Bloemfontein they should read the evidence of the Railway Staff Officer there, who spoke out faithfully and courageously. The convicts of patients travelling without attendants, the absence of communication about their coming, the want of doctors and orderlies to attend to them on arrival, of food or restoratives to give them, of ambulances to move them, make a pitiable picture of disorganization and neglect; filled up as it is by the figures of a policeman and a railway shunter carrying the sick and wounded men one by one out of the trucks, "with one stretcher which belonged to the railway station," all through the night, laying them down on the platform and "wrapping them up in blankets as far as we could." All this was at Bloemfontein, where, as the report says, after the advance from that town "we used as a base."

It will be convenient here to give an extract, such as I promised, from the report to illustrate its method of treating such conditions as have just been described. These remarks apply to Bloemfontein, but they are characteristic of the whole report. The italics are mine:—

"For some time the number of ambulances available was very small. . . . On several occasions some two to four hours elapsed between the arrival of the trains and the removal of the patients. . . . Sometimes the medical officer sending patients by train forgot to telegraph in time. . . . the patients were sometimes delayed at the station, and in some few cases had to remain for some time without being attended to by a doctor, &c., . . . the men may have been without refreshment for some time. . . . These occurrences were prevented after a time. . . . As time went on more ambulances became available. . . ."

3. Wandering Patients.—The subject of delirious patients wandering out of their tents at night need not be pressed, because the deficiency of orderlies and nurses is made clear in the report; but surely the fact need not have

been wrapped up in a casual allusion to it under the moon discussed fixed hospital at Bloemfontein. "One or perhaps two cases occurred at this hospital of patients wandering away during the night." What of the civilian chemist at No. 8 General, who did day duty in the operating and X ray rooms, and at night acted as orderly "all over the place, bell tents and marquees," and who says he is ready to state on oath that he has found seven or eight delirious patients roaming about in one night? No amount of negative testimony from witnesses who say they never saw such things is equal to one line of this man's positive evidence; and it must be remembered he had nothing to gain, and probably much to lose by telling the truth.

4. Convoys by Train.—One of the greatest evils in the campaign that can be attributed to local mismanagement was the treatment of patients when being conveyed by train from the front to the base, a journey of from three to five days, often performed in open trucks without extra clothing, the nights being bitterly cold. During the months of May, June, and July the numbers transferred down country from Bloemfontein by "ambulance trains," which only made two journeys in all during that period, were 910, and by other than ambulance trains 7,438. We will put aside the long delays at stations and in sidings, and the frequent absence of doctors and orderlies, both of which points are admitted in guarded language here and there in the report. It was the feeding of these patients, who were mostly enteric and dysenteric, and the frequent absence of doctors and orderlies, both of which points are admitted in guarded language here and there in the report. It was the feeding of these patients, who were mostly enteric and dysenteric, and the frequent absence of doctors and orderlies, both of which points are admitted in guarded language here and there in the report. It was the feeding of these patients, who were mostly enteric and dysenteric, and the frequent absence of doctors and orderlies, both of which points are admitted in guarded language here and there in the report.

The Commission offer the low mortality in trains and within two days of arrival as a proof that the patients were satisfactorily treated. I submit that this is a little or no bearing on the subject. To feed an enteric or dysenteric patient on bully beef and biscuits may not kill him on the spot; but I think medical men will agree that it is not "good food," and that it is obviously calculated to cause subsequent and often permanent injury to the patient. My contention before the Commission, which is taken in the report as from a medical witness examined a month later, was that a spark of initiative and a cooking pot would have enabled the attendant orderly to make beef tea and warm condensed milk for the patients throughout the journey. The only comment of the Commission is, "this course did not apparently recommend itself to the medical authorities." And that in all they have to say about the most elementary, widespread and easily remediable medical defect in the campaign.

5. Kroonstad.—In a treatise of five pages the report substantiates and extends my account of the deficiencies here, bringing out that of general complaint which, as I recalled, three or four doctors (outside of the Boer hospital) for 200 or 300 patients for the first fortnight, and four trained orderlies for a hospital with 200 inmates, none of the lighter and most essential appliances of a hospital, and the "usual deficiency of fresh milk" are the salient features of the story. Here again, however, the conclusion arrived at is impotent and harmful. They do not think the medical authorities—or apparently any one else—is to be blamed for not sending up more rations; and "the fact that it was possible for a private individual to get up to the town with cart and mules does not, we think, justify the inference that it was practicable for the authorities to have sent up staff in this way." Why not in this way or some other? I have shown in evidence there were carts and mules to be bought in Bloemfontein. But doctors, I presume, can ride; and orderlies can march. With an army of 50,000 men, and all their followers, and their immense train of transport; with correspondents, each with his horse, mule, or deputy correspondents, and despatch riders; with all the miscellaneous crowd of white men and black on the track—how can it possibly be suggested that a dozen doctors and 30 or 40 trained orderlies could not have gone up at the same time, to be ready for the sick and wounded on the first day at Kroonstad? For this tribunal to say deliberately that such an elementary precaution was impracticable and that no one is to blame is simply to propose the way for a similar disaster in the future. A little forethought, a little organization, a little effort would have saved the situation at Kroonstad.

I put the following propositions to the Commission:—When we left Bloemfontein all the available hospital accommodation was crowded. There were between Bloemfontein and Kroonstad three lines of defence for the Boers, which it was expected they would hold. Supposing they had held those three lines and three successive battles and encounters, culminating in a final but costly victory, what would have become of the wounded? Heaven only knows. The Commission would have been justified in declining to discuss a hypothetical case, however pertinent, if they had not ridden off on the assertion that "owing to the severity of the fighting and the hard marches" the sick list was much heavier than was anticipated. "Severity of the fighting" between Bloemfontein and Kroonstad, on the left and centre? What does it mean?

6. The Pretoria Commission.—The treatment of this and the next subject is one of the strangest instances of partiality to the R.A.M.C. to be found in the report.

The report brings out by the state of things existing at Pretoria before the Pretoria Commission began its work. When the troops arrived military hospitals were established and carried on, deficient in many things necessary for the patients. These could have been readily obtained, both in Pretoria and from Johannesburg. Thus far the report. And a step further: "Lord Roberts appointed a committee," &c.—i.e., the Pretoria Commission. Now what happened was this. After examining the hospitals and being aware of the resources available and of the failure of the authorities to obtain them, two civilians, Mr. Leigh Wood, who had already rendered, such notable service to the British presence at Waterval, and Mr. Murray Guthrie, M.P., combined to form a committee to relieve the position. They obtained the sanction of the Military Governor and of Lord Roberts to act in concert with four other civilians, and *ceteris paribus* was given them to spend money. The Pretoria Commission went to work on the spot and bought everything available, sent notice to the hospitals to requisition, and from that time the necessities of 25 hospitals were amply supplied from this source.

7. The Palace of Justice.—Closely connected with the last subject is the establishment in this building of the finest hospital at Pretoria. Any one reading the report would infer that this was the best of the R.A.M.C. This is stated in terms:—"The essential fact is that shortly after June 13 it was taken and equipped by the Army Medical and military authorities." It is incredible how the Commission could have arrived at this conclusion. The report admitted it was rejected by Surgeon-General Stevenson, P.M.O., because "there might be a difficulty in warming and ventilating such a large place." As a matter of fact the rooms, corridors, and hall were lofty, well lighted, and thoroughly ventilated; and every apartment had a special heating apparatus of the most approved type, which was found to be in perfect working order. The building was taken, organized, and equipped as a hospital by the Pretoria Commission, and the staff of the Irish Hospital was put in charge. The hospital was established on June 14. No R.A.M.C. officer had anything whatever to do with it until the latter part of July. The facts are clear and indisputable. If they are questioned, there is at least one member of the Pretoria Commission now in the country, Sir William Thomson, chief surgeon to the Irish Hospital, and reference to that gentleman will settle the matter.

In connection with the Pretoria Commission I have two remarks to make. It would be thought that this variable error, or weakness, deserving no tribute from the Commission. It has received none. But there is a graver omission. The report does not call attention to the obvious lesson taught by the facts. Are we to look in future wars to a handful of civilians, accidentally present at a trying moment, for that initiative energy and power of organization which alone, under such circumstances, can prevent suffering and save human life?

It will be obvious that this last remark applies to all the cases in the preceding section, whereby my means exhaust the point, but which I have selected as typical of errors in the past and as pregnant with suggestion for the future. How far the full nature and extent of the former has been observed and the significance of the latter lost in the spirit or policy that pervades the report is a matter which I have now made sufficiently clear.

Errors of Fact and Omission.

It is difficult to draw any clear lines between this class and the two preceding ones, because I can find no reason for the treatment of such cases, except that they are a tender avoidance of facts that might bear heavily in this or that quarter, and a consequent indisposition to probe them to the bottom. Here, again, I only take a few typical cases.

1. Percentages of enteric mortality.—The treatment of this subject in the report affords just cause for complaint on one ground at least. The Commission refuse to entertain the principle of a comparison of enteric mortality between the private and military hospitals at Bloemfontein, and they immediately set on foot such a comparison based on two military hospitals only, picked out by the Principal Medical Officer of the R.A.M.C. It is almost idle to comment on such inconsistency; but it may be noted that, of these two cases, the one was the best hospital in the town, with the best staff and P.M.O., and in the finest building; while the other, a very large hospital, contained a great number of convalescents from enteric and light cases coming and going, amongst whom there would be no mortality.

The Commission miss the real point which was suggested to them, and that is to compare with the general enteric death-rate in Bloemfontein the same rate in the private hospitals. But there is a better, more instructive, and more painful comparison to be made. The Volks Hospital at Bloemfontein was the only one in which the patients were properly nursed by female nurses. Its principal doctor was Dr. Kellner, formerly mayor of Bloemfontein; its matron Miss Mary Young, a strong, able, and efficient superintendent, who had a staff of eight nurses under her. There was no R.A.M.C. doctor or trained orderly in the hospital. The equipment was plain, simple, convenient, but in no way elaborate or luxurious. As admitted by the report with regard to the private hospitals, the serious cases gravitated to this one. Its proportion of admitted convalescents would be nil. It had to deal with the epidemic under the same conditions of pressure, climate, provisions, water, and other matters, as the rest of the hospitals around it; but, owing to the untiring energy and devotion of its matron and female staff, it was *generally* saved. What was the result? The general enteric mortality in Bloemfontein was 21 per cent. (which has since risen to 23 per cent. in South Africa). The same mortality in the Volks Hospital was 7.2. The full statistics of the Volks Hospital were offered to the Commission, and peremptorily refused. They would have formed the most instructive and, at the same time, the most damning pages in these three sorry blue-books.

We may regret the omission; but still more the facts. When we think of the women nurses of England sitting at home ready and eager to go out; of the facilities for getting them to Bloemfontein and of their living there in perfect safety; of the meaning of this example of women's work; then of the crowded cemeteries and the holocaust of fever deaths; and then of the cross obstinacy of a Department and the veil of blindness cast over the Government and the nation, it makes one's heart bleed to remember what the result has been. And, unless we know the result, and drive it home to its true cause, we shall never see reform.

2. Intomb.—The conclusions of the Commission on the subject of the intombing of the dead are based on an absurd variety of information. There is the evidence of the same R.A.M.C. officer whose report of the platform incident at Bloemfontein satisfies the Commission, together with an amended statement of it; there is a "history of Intombi" by another R.A.M.C. officer in the appendix; and there are the evidence and statements of Lieutenant-Colonel Stevenson, A.S.C., who was

appointed by Sir George White to inquire into Intombi. The latter officer, the only one of the three who does not belong to the R.A.M.C., proves clearly the conclusion of non-coms. for robbing the patients of their food and comforts, and the setting on of detectives to find out similar abuses. I have no opinion to express on the merits of the case, having no personal knowledge of it; but I find in Lieutenant-Colonel Stevenson's evidence a statement that a Court of inquiry was held on the subject. Now there is nothing about that inquiry in these volumes. Neither the evidence taken before it nor its report are put in. It was a Court, composed of three military officers, also not belonging to the R.A.M.C. I desire to ask whether one of those officers wrote to the Commission stating that the evidence would be of great value, suggesting that it should be called for, and offering himself to give evidence; also whether he received a reply, or any notice was ever taken of his letter. He would have been a most important witness, because he refused to sign the report unless his letter of protest was annexed to it; and his protest was founded on the fact that evidence tending to incriminate officers of the R.A.M.C. was not taken, and was actually excluded. I borrow the phrase already quoted from the report, "The facts speak for themselves."

3. The last, and I now come to an interesting paragraph in the report. It will be remembered that I complained both in the Press and the Home that civilian surgeons employed in military hospitals were treated from passing any public criticism on the conduct of those institutions. The Government, having first denied it, endeavored to cable to the authorities in South Africa for further information. Although questioned more than once in the House no reply was ever given. The report now says, "We believe that there is no foundation for this suggestion."

I am afraid I must trouble your readers with a case. The facts so far as I shall state them are public property, although not generally known. A civilian surgeon went out at the beginning of the war and was attached to No. 1 General Hospital at Wyaberg. While there he wrote a series of able letters home to the *Guy's Hospital Gazette*. In the course of these he described a hospital train coming down from Belmont, so crowded with badly wounded men that its passages were littered with them, and that he could receive no attention, three dying on the journey. He consequently urged more hospital accommodation up country. After mentioning that there was only one water-bed in the whole hospital, he went on to describe the deficiencies of staff (on December 6), seven patients on day duty and two at night for 600 beds, the drunkenness of orderlies, and various other defects in this famous hospital at Cape Town. The criticisms were in most part accompanied by possible and practical suggestions of improvement. The letters went on regularly until January 30, when they suddenly stopped. I am informed that three days after the latter containing those complaints arrived in Cape Town the writer was sent home by the medical authorities. About the end of March the letters recommenced with the new hospital. I am published by permission of the Director-General, and a prefatory note stating that it had been intimated to the writer that "criticism of official arrangements cannot be allowed." Although the writer proceeded to Bloemfontein and was there during the worst time, the letters contained no more unfavorable comments. In the face of these facts, which, as I have said, were public property, the Commission are pleased to state in the report that "no case is found for the suggestion" that "civil surgeons employed by the Government, whether by the contract of their engagement or by order or other communication forbidden to report upon or to state the true condition of matters at the military hospitals." I state the case as a comment on the nature of this inquiry and the value of this report.

4. Censorship.—Immediately after the above comes the Commission's pronouncement on the censorship. "We should also state that with regard to private individuals' communications to the Press in Great Britain about the hospitals in South Africa or the care of the sick and wounded." By "private individuals" it is to be assumed correspondents are meant, otherwise the statement has no point, as far as I can remember it has not been suggested that such communications have actually been censored. The point has always been whether, looking at the peculiar position of the censor, correspondents at the front in this campaign felt they could make complaints of this kind without prejudicing to them other functions the effective performance of which hang upon the censor's favour. Under this head I quote the recently published words of one of the ablest and most sagacious correspondents of the war: "I have had chance or a conception of his duties led him (the censor correspondent) to examine the condition of the field hospitals, he would most certainly not have been permitted to wire home a single word of disparagement. Why, the vaguest hints of an increased virulence in the typhoid epidemic were ruled out of one's telegrams, and not even an attempt to minimize trouble in the future by a word of warning was permitted." I refer also to another well-known correspondent who, with large opportunities of observation, wrote nothing to his paper about the hospitals while under the control of the censorship. As soon as he was free from it and had returned home he wrote a very strong condemnatory article, closing with the statement that the treatment of the sick and wounded had been "primitive, cruel, and almost barbaric, as well as needless and inexcusable."

If the Commission had introduced the subject as a matter of inference only, my answer might stop here. But as they commit themselves to a definite statement of fact, I must refer them to the pages reproduced in facsimile in a London morning paper of July 19 last, of a despatch from his war correspondent, in which a description of the bad treatment of the sick and wounded had been carefully struck out by the censor. The deletion is effective, and is fully displayed in the facsimile. After this the report states definitely "there never has been any censorship in South Africa of communications to the Press in Great Britain about the hospitals in South Africa or the care of the sick and wounded."

The Corpses in the Lavatory.—The Commission devote a paragraph to this "gruesome story," and deliver the following judgment:—"Inquiry has been made in all quarters to find out whether there is any foundation for this allegation. No such case can be found to have occurred either at Bloemfontein or elsewhere in South Africa, and we are satisfied Mr. Burdett-Goutts was misled by his informant." A distinguished major-general, then a patient in a town hospital at Bloemfontein, is the person who vouches for the fact, and I believe actually encountered the corpses. He was anxious to give evidence before the Commission; but being away in the field it was impossible for him to attend. As I am not certain that I ought to publish his name, I have sent it to

the president of the Commission. The incident is only important as an illustration of what "inquiry in all quarters" by this Commission has produced.

In conclusion I trust you will permit me to express my gratitude for the generous measure of space which you allotted to my former letter (and perhaps will repeat in the case of this) and which is the best proof of the importance of the subject. I had indeed hoped, almost against hope and certainly against the conviction of my oldest friends, that the appointment of a Royal Commission would have enabled us to pass, without further publication of mine, straight to the great task of reform. I have had to recognize that neither the inquiry, nor the conclusions, nor the recommendations of the report, open any clear road to that goal. While it has been the object of the letters to establish the unsatisfactory nature of the inquiry and conclusions, it may fairly be argued with regard to the third point that they fall in constructive purpose and do not, except by suggestion, contain any scheme of reform. My answer is threefold; that it was imperative first to make the road clear, which the Commission has not done; that I have already in another form dealt with the subject, which is beyond the limits of your columns, especially at this moment; lastly, that I am, of all persons, naturally anxious to know the spirit in which the Government are willing to approach the subject. I cannot believe that there is any doubt that they will look beyond and beneath and above the report of their Commission; for by that means, and by that means only, can they arrive at the just proportions of a great cause which concerns the interests of humanity and the strength of England.

I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, Feb. 12.



LONDON, WEDNESDAY, February 13.

The second instalment of Mr. Burdett-Coutts's indictment, which we publish to-day, makes very serious reading. In his first letter the charges of negligence and bad management, which appalled the nation last summer were disengaged from the official whitewash, and shown to be admitted by the conclusions of the Report. The substantial difference between the two parties was that whereas Mr. Burdett-Coutts denounced the hospital arrangements as a scandal, and asked for the blame to be laid on the right shoulders, the Commission found that there was no scandal, and no shoulders on which blame could be laid, and minimised the whole story of needless suffering. The remark we have to make about today's instalment of this most painful correspondence is that Mr. Burdett-Coutts proves to the satisfaction of all fair-minded men that the Commission took out whitewash with them to South Africa, used it pretty much as it thought fit, ignoring evidence here and giving it undue prominence there, and applied the same process when it came to summing up its conclusions. In a word, the Report is shown to be coloured by the sort of prejudices exhibited by Mr. Balfour when he rated Mr. Burdett-Coutts in the House of Commons for letting in the light on this terrible question. For chapter and verse it is enough to refer our readers to the paragraphs in which Mr. Burdett-Coutts gives instances of errors of fact and omission. Take the story of the Commission's refusal to accept the excellent record of the Volks Hospital at Bloemfontein as evidence. On what grounds was this rejected? Here was a hospital, admirably equipped, employing female nurses, and without a single R.A.M.C. doctor or orderly. Whilst the general enteric mortality in Bloemfontein was 21 per cent., the mortality in the Volks Hospital was 7.75. We can only conclude that those facts were omitted from the Commission's survey because they form an irrefutable condemnation of the arrangements in the British hospitals, and supply a standard of judgment which renders the work of a Commission superfluous. Why is it, again, that no record of the Court of Inquiry into the notorious and outrageous scandals at the Intombi Hospital is admitted into the evidence of the Commission? The fact that the conduct of the orderlies was infamous tells against the organization of the hospital from top to bottom, and presumably the military authorities would make suggestions for the avoidance of further scandals of the sort, which suggestions the Commission might have studied with advantage. But nothing of the sort. Then there are cases where the Commission took evidence from men who did not see certain things happen—did not see delirious patients roaming about at night, for instance—

and allowed it to outweigh that of men who did see—a method of investigation which is certainly novel. Again, at Pretoria and Kroonstad, the impartial testimony as to the bad state of things in the British hospitals afforded by the vigorous crusade of certain civilian persons on behalf of the sick and wounded is slurred over, and its bearing on the question under investigation is totally ignored. There is no need to multiply the instances of refracted or impaired vision which disfigure the findings of the Commission. The point to be driven home is that if the spirit here exhibited is to prevail when gross abuses call for daylight and reform, it is a bad look out for the people who sit at home, and for those who go out to fight for them in the field. For our part we believe that the country is getting tired of whitewash, and still more tired of the occasions which make the call for its use so incessant.

THE STANDARD.

LONDON, WEDNESDAY, FEBRUARY 13.

We publish this morning a second lengthy letter, in which Mr. BURDETT-COUTTS completes and develops his strictures on the Report of the Hospitals Commission. His criticism must be read, of course, with the reserve suggested by the fact that the writer had already committed himself to decided views on the matters which were to be investigated, and that in the course of the preliminary discussion there were incidents which naturally tended to harden his prepossessions. Yet, subject to this consideration, his elaborate review and analysis merits the closest attention of all who are sincerely desirous of forming a sound judgment on the questions of medical organisation for War which are involved. If Mr. BURDETT-COUTTS does not approach the issue without bias, he has kept himself free of rancour. Yet he would have done more justice to the cause which he had at heart if he had abstained from reflections on the conduct of the Inquiry which those who are aware of the high character of Lord Justice ROBERT and his colleagues will at once dismiss as unjust. There can be no question that on the face of the Report, and of the evidence recorded, some of the charges originally made by Mr. BURDETT-COUTTS—to which he still adheres—have not been established, and the answer has yielded to the temptation to get rid of the presumption that he was wrong, by suggesting that various forces of fear or of favour had operated to exclude pertinent testimony, or to deter those who were familiar with the vital facts from disclosing all they knew. This unfortunate inclination to make damaging insinuations against honourable men has, from the beginning, prejudiced Mr. BURDETT-COUTTS in the discharge of what dispassionate observers will recognise as obligations of conscience. He would have consulted the interests of Reform much more effectively if he had confined himself to a description of what he believed the realities of the case to be, and had refrained from formulating an indictment. There is really not so much difference as he supposes between the legitimate conclusions from the data which he submits and those that flow from the facts as they have been judicially ascertained by the Commission. Everyone can understand that when a Campaign has to be suddenly waged on a scale and under conditions never dreamed of by those who are responsible for the normal arrangements of the Army Medical Service, the improvised system must be full of defects and must entail grievous failures. New doctors, experienced and inexperienced, had to be got together at the shortest notice. Many of the excellent physicians or surgeons who, for patriotic or philanthropic reasons, were found willing to subordinate their professional interests at home to the need of the hour, found themselves crippled and hampered sometimes by the defective training, or limited experience, of their seniors (of the permanent staff); sometimes by the inappropriateness of the drugs and appliances; sometimes by the breakdown of transport, of which the exigencies of the unprecedented situation were the deplorable but the sufficient cause. We do not require any stories of patients or eye-witnesses to convince us that, under such circumstances, there were scenes in the Hospitals which it is very painful to look back upon. Definite testimony on this head is no more needed than a circumstantial description of the sufferings of the wounded who were left to

bear their pain alone on the bare velvet or the rock strewn kopje. Mr. BURDETT-COUTTS has done well to remind his countrymen of this most distressing aspect of War; to correct the glamour of the "stricken field" by the dreary realities of human suffering. On the practical question, whether we can improve the system, whether all was done that foresight and care might have provided, his remarks will be a most useful companion to the official Report. That the whole question will engage the earnest attention of Parliament, and of the War Office, may be assumed, and we would only add an expression of hope that, on a question of such absorbing and paramount interest, no display of personal feeling, no provocative challenge on one side or irritating rejoinder on the other, will disturb the calm and serious tone which the subject demands.

THE VICTORIA CROSS.

(FROM THE "LONDON GAZETTE.")

WAR OFFICE, FEB. 12.

The King has been graciously pleased to signify his intention to confer the decoration of the Victoria Cross on the undermentioned officers and non-commissioned officer, whose claims have been submitted for His Majesty's approval, for their conspicuous bravery in South Africa, as stated against their names:—

Lieutenant W. H. S. NICKERSON (Royal Army Medical Corps, attached to Mounted Infantry.—At Wakkerstroom, on the evening of April 27, 1900, during the advance of the Infantry to support the Mounted Troops, Lieutenant Nickerson went, in the most gallant manner, under a heavy rifle and shell fire, to attend a wounded man, dressed his wounds, and remained with him till he had him conveyed to a place of safety.

THE TIMES, SATURDAY, FEBRUARY 16, 1901.

HOUSE OF COMMONS.

FRIDAY, FEB. 15.

The SPEAKER took the chair at 10 minutes past 3 o'clock.

THE ADDRESS.

The debate on the motion for an Address in reply to the King's Speech was resumed.

SIR W. FOSTER (Derbyshire, Ilkeston) drew attention to the terrible losses which he said our Army in South Africa had sustained from the ravages of preventable disease. Up to the end of last year we lost 7,500 men from disease alone; 30,200 were sent home invalided, and the death-rate among our soldiers was 37 per 1,000, which was six times the rate among the same class of the population in time of peace. Up to the end of September last no fewer than 3,642 deaths, or nearly half, were caused by typhoid or enteric fever of an eminently preventable character, and since September last 15,678 men had been invalided with that disease. The more he studied the report of the South African Hospitals Commission the more he was convinced of the preventability of this disease. It was foreseen that in South Africa we should lose more men by disease than at the hands of the enemy. The troops should have been placed in positions where they would be protected from these diseases, and the Government should have sent out a commission to attend to the matter. But the War Office, acting on the opinion of the Director-General, did not think it necessary to send out any experts to consider the sanitation of camps and other places where soldiers were congregated, because they thought the Army Medical Department were competent to see to the matter. That conclusion, arrived at deliberately on November 9, 1899, was absolutely falsified by the recently issued report of the Hospitals Commission. The insanitary condition of Bloemfontein and Pretoria was referred to. The Hospitals Commission reported upon the Pretoria evidence that it was a necessity that a sanitary officer should have authority to select suitable, healthy sites for camps. The evidence of Dr. Turner showed this necessity clearly, and there could be no doubt that serious sickness among the troops had arisen in consequence of the insanitary state of the ground upon which they camped. The report of the Commission embodied the suggestion which the War Office rejected in 1899—that a properly qualified officer should be appointed from the Royal Army Medical Corps for the sanitary supervision of camps. The suggestion, made in 1899, had been amply justified by results. The death rate for disease generally had been six times what it should be under ordinary conditions. Of typhoid fever, up to September, there had been 3,642 deaths out of 15,655 cases and 3,128 patients had been invalided home. He would be glad to know the figures up to the end of the year and also what steps were proposed to be taken by the Government for carrying out suggestions for preventing this lamentable loss of life from disease among our brave troops in South Africa. Excellent work was done at Pretoria by the hon. member for Bow (Mr. Guthrie) to lessen the virulence of the epidemic at Pretoria. Under his advice the poisonous excreta from the hospitals was destroyed by fire, not buried. Lamentable lack of foresight on the part of the War Office had resulted in the deaths of hundreds of soldiers at Bloemfontein and elsewhere. The report of the Commission had been called a whitewashing report—a not altogether correct description—but, at any rate, over the wide surface to be covered the wash was very thin in parts, and the lurid facts were disclosed. There were certainly very grave conditions in relation to hospitals and nursing. Overcrowding was admitted, and in hospitals 8 and 9 at Bloemfontein there were 1,398 and 1,660 patients, the calculated capacity being 521. Then they had too few doctors, and too few orderlies, and the latter were not properly supervised. Some of the

orderlies, moreover, had to work 28 hours out of 28. There were not sufficient nurses until the end of May. There was insufficient clothing and insufficient hospital utensils, and the washing was improperly done. Again in No. 9 the cases were not properly distributed, and in No. 10 the latrines were not properly covered up. In another there was delay in serving patients with food, due to the fact that there was not enough boiling water to be obtained or, in other cases, that there were not proper cooking utensils. There was a deficiency of blankets, and yet in the stores of Bloemfontein there were plenty of blankets. The Commissioners spoke of the lack of organization, evinced by the fact that when there were deficiencies officers did not seem to know where to apply. Then there was the grave charge that some of the patients who were too ill to walk were often obliged to walk in these hospitals, which added greatly to the serious danger attaching to their condition. In some cases the Commissioners had been almost superstitiously delicate in their desire to avoid blaming persons; but the report for those who rode between the lines contained confirmation of the statements that were made in regard to Bloemfontein and of the scandals in connection with the hospitals at Kroonstad. Ten or 12 days after the arrival at Kroonstad it was found that the buildings taken as hospitals were overcrowded. At the Grand Hoop there were lying on and under billiard tables, on the settees, and on the floors; they had mattresses, but three-fourths of them had no bedsteads. There was a lack of utensils, and some of the beds were unwashed for days and their soiled clothing unchanged. There was a temporary deficiency of certain medicines. This condition of affairs tending to aggravate mortality from disease, lasted till about June 8, and he did not see how it could be excused. These admissions as to Kroonstad and Bloemfontein, the two gravest blots on our campaign, proved that our unfortunate men for some cause or other did not have that attention which every one desired they should have. It had been said they could not have it on account of the difficulties of transport. But, while they had in the pages of the report statements as to the gravity of the positions, they had also evidence that during the time the Army was at Bloemfontein Lord Roberts had sufficient transport at his disposal to accumulate food for the Army for 45 days before making the advance. He had no doubt that advance was a necessary one from a military point of view; but surely there might have been the delay of a day or two longer so that something might have been done to alleviate the disgraceful condition of the sick and wounded. It was a matter of mere certainty that Johannesburg and Pretoria would be taken; and was there any necessity to keep to the time-table of a particular day on which they should fall? That might be a question for military experts. But it seemed to him that there had been in this campaign a lack of consideration for the sick and wounded, and a breakdown of the arrangements, which ought not to have occurred considering the way in which the Government was backed up by the country in this war. He wished to know from the Secretary of State whether steps had been taken to remedy these defects and whether he proposed, as far as possible during the continuance of the war, to reorganize the medical services so that such conditions might not occur again in the future. The report recommended the reorganization of the Royal Army Medical Corps to a considerable extent, and the appointment of a further committee. What kind of committee was the right hon. gentleman going to appoint? Were they going to have a body calculated to do the work in a thorough fashion, or would the inquiry be referred to a small departmental committee, or a body of men from whose proceedings they would learn nothing until a report was made? The question ought to be broached in a broad and vigorous spirit. He believed the right hon. gentleman was desirous of meeting the difficulties which had overtaken the Army Medical Service, and of making the Department better managed and more fit for its duties. This, however, should be done in a spirit of thorough reform. Splendid efforts had been made by private generosity, but he did not think we ought to rely in the future upon private generosity in these matters. The taxpayers in this country were willing to find means to improve the means to make their Army efficient and to protect the health of the men, and we ought not to rely in the future on private effort coming to our aid. We ought not to rely, either too much on civil surgeons to supplement the deficiency of the Royal Army Medical Corps, but we ought to equip our Army just as thoroughly in the matter of medical service as we ought to do in the matter of artillery. He would, therefore, ask the right hon. gentleman in his reply to give some assurance that he would deal with this matter from top to bottom in a thorough spirit.

Mr. GUTHRIE (Tower Hamlets, Bow, &c.) said that now that the Commission had reported and the matter was no longer a matter to be passed over by a few criticisms, not only on the action of the Government, but on the report of the Commission itself. He was not going to pass his remarks in any spirit hostile to the Government, but as the last election he pledged himself to his electors to use every effort in his power to force the Government to go on with Army reform, and he believed he would be neglecting that duty if he did not call attention to some things which had come to his personal knowledge during the time he had been in South Africa. He had no doubt that the Government were at first as ignorant as the country of the true state of affairs at Bloemfontein. He remembered the surprise caused at Bloemfontein by the speeches of Sir William MacCormac and Mr. Treves in London. The former said that it would not be possible to have anything more complete or better arranged than the medical service in this war. Mr. Treves endorsed those words and went out of his way, if he might say so, to insult a body of wounded men in South Africa, some of whom were perhaps very much in the way in Cape Town, but many of whom were doing service to their country. He did not think their patriotism was any less than that of Mr. Treves. When the celebrated letter of the hon. member for Westminster was published he believed it came like a bombshell to the English people. Then came a debate in the House, when the Government promised to appoint a Commission, and he was sorry that they did not commit some of the opposing factions to the view of allowing them to nominate one member to represent their views on the Commission. He was certain the Government had the intention of getting at the truth of the matter, and he thought that they had made a mistake in not taking that course. (Opposition cheers.) If he had had time he would have liked to analyze a good deal of the evidence given before the Commission. He thought he would be able to show that, instead of credence being attached to the evidence given by the officers of the very branch of the service which was practically on its trial. There was the case of the men at Bloemfontein Station. He had been an eyewitness of the events which the hon. member for Westminster had recorded. In the report of the Commission not only was his story discredited, but

the story of the very man who was responsible for the mistake occurring was taken for granted. The Commission also believed Colonel Hoehman's story as against that told by the surgeon of the Irish Hospital.

The Commissioners in their report stated that the detention of the invalids at the railway station had not occurred often. But one of the witnesses, Captain Lawrence, a railway staff officer, asked whether there were many occasions on which men were kept waiting for a long time at the railway station, replied that he was sorry to say it was of constant occurrence. (Opposition cheers.) When he suggested to the P.M.O. at Bloemfontein that an orderly should be stationed at the railway to receive the cases, the latter said he would give it his consideration; but he ought to have considered the matter months before. (Opposition cheers.) If the Surgeon-General had seen that men were placed at the railway station these horrible catastrophes would not have occurred. He was asked by the Commission whether he could suggest any one as a witness who would support his evidence, and he gave the name of his assistant at Bloemfontein. This gentleman at once wrote from Germany, where he was travelling at the time, to the Commission that he would be happy to attend to give evidence on any day appointed; but the answer he got was that the Commission did not think it worth his while to come such a long journey to give his evidence. (Opposition cheers.) He was aware that several other civilian witnesses who volunteered to give evidence were not summoned. A few mistakes appeared in his evidence at the Commission, because, contrary to custom, no proof was sent to him for correction. He called on the Commission one day in London to inquire when it would be convenient for him to give evidence and was told that if he did not get it there and then probably no other opportunity would arise; and, as he had not his notes with him at the time, it was inevitable that he should fall into some errors. But the few mistakes he had made would have been corrected if a proof had been sent him. (Cheers.) He should like to bear testimony to the success of the Irish Hospital. In that hospital, which contained 500 beds, there was only one man of the Army Medical Corps, the Commission, instead of paying a tribute to the Irish Hospital, claimed the credit for the Army Medical Corps. Every hospital at Pretoria when he arrived there was deficient in necessities, yet the Commission, while admitting there were some deficiencies in respect of drugs, dressings, and blankets, declared that everything was satisfactory. He did not make those criticisms in any hostile spirit towards the Government. He believed the Government, like everybody else, desired to arrive at the truth. But he suggested that the new committee which would probably be appointed to inquire into the Army medical service should not be a departmental committee, but a committee of wider scope, having on it some representatives of these civilian workers who had taken part in hospital work in South Africa, so that the country should not have to depend entirely for evidence on the Army Service Corps. (Hear, hear.)

LORD STANLEY said the hon. member had been ordered in plenty of time. The breakdown which had occurred, to a certain extent, in the remount department was not due to the authorities at home; it was due to the difficulties of transport and the lack of communication.

Mr. BURDETT-COUTTS (Westminster) said he was sorry that the noble lord had not given the House his views with regard to the medical arrangements in South Africa by defending their deficiencies in the same manner as he had defended them in his evidence before the Hospital Commission. It had been said that in disclosing the defects of the hospital system in South Africa he had injured the popularity of the military service. His answer to that was that the real danger to the interests of the Army lay in the fact that the state of things which had been disclosed existed; in the fact that there seemed to be little desire to change it and little desire to let it be known. (Cheers.) He had done nothing to injure the Army or to the classes from which the Army was drawn. He had only revealed what every man in every regiment in South Africa had seen with his own eyes.

What he thought was the real danger to the rank and file of the Army was the fact that once the question was raised there seemed to be a desire in the House rather to conceal and palliate the defects of a Department than to face the defects and endeavour to reform them. (Cheers.) In the whole of his evidence there was no promise of reform on the part of the responsible Minister of the Crown. In the main the private soldier found these evils, he would not say white-washed, but concealed and buried in the haze and implicit conclusions of the report (cheers); and therefore, he considered it necessary to point out to the public that the report did not deal in a satisfactory manner with the question, and that the inquiry had not been conducted in a way calculated to elicit the whole truth. (Cheers.) By way of justifying his view as to the importance of his report was calculated to produce, he took the question of the treatment of enteric and dysentery patients brought down in trains from the front. In the long train journey of four or five days in open, crowded trucks the patients had nothing to eat but stinky beef and biscuits. When it was pointed out to the Commission that it would have been an easy thing to have carried on the journey a portable stove to make beef tea or warm milk, the only remark they had to make about the suggestion was that it did not recommend itself to the medical authorities. When that was all they had to say about an error of management which was patent to everybody, it could not be expected that the public would have much confidence in the decision of the Commission. Then there was the question of the robberies by orderlies of hospital stores and the patients' food and kits. The Commission said that was owing to the large number of untrained orderlies who were introduced to the hospitals. Who were those untrained orderlies? They were private soldiers, the comrades of the sick men, whereas the rank and file of the Army knew perfectly well that the robberies were committed by the orderlies of the Royal Army Medical Corps. This had been a tradition in military hospitals owing to the want of discipline and management, a defect which had nothing to do with the undermanning of the corps, but which was connected with the general incompetence running through it. There permeated the report a feeling almost of contempt towards the private soldiers that had suffered so much from the evils. He had stated that patients in field hospitals at Bloemfontein lay almost in the mud. The Commission said—"We come to the conclusion that though at our rain there was some damp in some of the tents, the tents inside could not fairly be called wet and the men inside could not properly be described as lying in the mud. . . . We do not think that the dampness to which we have referred caused any suffering or annoyance to patients." This was the attitude which the commissioners assumed throughout the report; and he said that before they had a right to come to a decision of that kind they ought to be ill with

enteric and lie on the damp ground. Then they would be justified in deciding whether lying on such ground did not cause any annoyance to the patients. (Hear, hear.) The Woodstock Hospital at Cape Town was described by "an old building infested with bugs, but they had never been in such numbers as materially to affect the comfort of the patients." (Laughter.) How many bugs must browse on the patient's body before he could be officially described as uncomfortable? (Laughter.) Indeed, he found that the spirit coloured the whole of the report; and in taking note of that spirit the rank and file of the Army would consider the whole of this inquiry a humbug and a sham. (Cheers.) What effect did the House suppose would be produced by the refusal of the Commission to receive the evidence of soldiers who had suffered from these things? (Hear, hear.) A great mass of valuable evidence from soldiers who had been in these hospitals had been collected by him with the greatest care during nearly five months, but when the Commission's verdict was taken that some of the evils from which they had suffered were admitted by the report. The leniency to and partiality for a Government Department had coloured the Commission's recommendations of reforms to such an extent that to give evidence was imperfect and, in fact, began at the wrong end. Then the Army Medical Department had always at command an unlimited supply of civilian doctors and nurses to draw upon in case of emergency. This arrangement evinced the necessity of keeping up an inflated staff. Yet the first recommendation of the Commission was that the Department should be enlarged. The Commission had proved that the Department was imperfect and deficient in professional talent; and surely, therefore, the worst thing to do was to enlarge it. Not a man ought to be added until the whole system was changed. Then the Commission recommended that in all military hospitals there should be an admixture of R.A.M.C. officers with civilian doctors. Even according to the Commission's own report that view was altogether wrong. The report protested against the militarism in military hospitals, and called attention to the friction which existed between the civilian doctors and the officers of the R.A.M.C. when they were mixed with one another. This was one of the evidences that the Commission were entirely in the hands of the Department into the defects of which they were inquiring.

11.9 He was afraid that the subject of reform was far too difficult for him to go into then, but in conclusion he wished to say one word for himself. It was not within the range of human possibility for a man who saw the things which he saw—and he was far from exaggerating them—to remain silent under the circumstances. (Hear, hear.) Having seen those things he should have been, in his opinion, a coward if he had not brought them forward. (Cheers.) He had no other means of making them known except those which he adopted in the interest of the cause of reform; and he had much evidence from many quarters to show that his action was not in vain. (Cheers.)

THE SOUTH AFRICAN HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—In the letter which Mr. Burdett-Coutts has addressed to you in *The Times* of February 13 he refers to me as able to speak with authority regarding a statement made by the Commissioners in their report on hospitals in South Africa. These are the words:—"The essential fact is that . . . (the Palace of Justice, Pretoria) was taken and equipped by the Army medical and military authorities," and that it was "then" handed over to the Irish Hospital.

I feel bound to say that what is here put down by the Commission as an "essential fact" has no foundation. As a matter of mere historical accuracy it is necessary to say that the building was taken over empty—by the Pretoria Medical Commission; that it was immediately handed over to me, as chief surgeon of the Irish Hospital, by the commission; and that it was equipped by the commission so far as was needed to expand Lord Leach's supply of 100 beds into 500.

I am, &c.,
WILLIAM THOMSON.

54, St. Stephen's-green east, Dublin, Feb. 14.

The British Medical Journal

FEB. 16, 1901.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following is the distribution of the active list of the Army Medical Service for February:

Distribution in the February Army List, 1901.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Succeeded.
Surgeon-Generals	1	1	4	—	6	—
Colonels	—	6	11	1	18	3
Lieutenant-Colonels	85	15	61	1	162	4
Majors	—	59	66	805	924	6
Captains	—	39	139	34	212	5
Lieutenants	—	39	139	34	212	5
Total	—	145	417	373	935	13

The changes since January, whether in total numbers or distribution, are practically none, except in the unposted list. Nineteen lieutenants were shown as "not posted" in January, and are now accounted for in South Africa. They were those who received direct commissions from among the Civil Surgeons serving there. Seven medical officers of the Militia Medical Staff Corps are still serving in South Africa. One hundred and nine retired medical officers are employed—almost all at home.

THE MILITIA MEDICAL SERVICE.

Sir.—I read your editorial in the BRITISH MEDICAL JOURNAL of February 9th with much interest, especially the affirmation of the principle, now largely accepted, of a dual medical service, on which I wish to say something.

I am old enough to recall the militia regimental medical system of the past and its working. The militia has always been on a territorial basis, so that commissions were formerly granted by the Lord-Lieutenants of counties—presumably to gentlemen having local connection with the corps.

Under this system the old militia surgeons were almost invariably appointed from local sources, were usually men of some private means, or at all events not strongly tied to civil practice.

For their services they received a fairly substantial emolument—perhaps from £150 to £300 a year—given for passing recruits, having charge of the headquarters staff, and as pay when embodied. But they generally had to provide medicines and appliances—a remnant of the old bad system of "farming out" supplies. As a rule they always turned out with their corps, although sometimes substitutes were sent.

Their extinction was decreed under the unification system of 1873, and is now nearly complete.

The question arises whether, if it should be considered advisable to revive the regimental medical system of the militia, would it be now possible to find medical officers of the old stamp?

Many hold it would, notwithstanding that great changes have come over county and country life and society during the past forty years. It is believed that men of the old stamp would join regiments who would not accept departmental commissions for reasons social and otherwise. As it is necessary to get medical officers somehow, there is nothing for it but to consult their likings. But even regimental medical officers would not accept onerous and ever-increasing duties without a substantial subsidy.

Such medical officers would be of great use on calling up the militia, and could be employed when not embodied in many medical duties in army districts where they reside, instead of purely civilian practitioners.

But while the regimental system would provide medical officers for units, it would be quite insufficient for field service; a departmental organisation for brigades and divisions is also required; and everything points to the Militia Medical Staff Corps as supplying the want. For this purpose it could be expanded on a territorial basis and at suitable centres; and in this way would a dual system be formed, and the departmental corps become of service to the regular army, as it has lately in South Africa.

If the dual system here sketched would meet the wants of the Militia, a similar one would probably equally be applicable to Yeomanry and Volunteers.

But while a dual system for the auxiliary forces would probably work well, it is clearly unsuited for the regular forces. The R.A.M.C., with its army status and titles, must not be weakened or destroyed by a pseudo-regimental system tacked on to it. Its roster of foreign service and general conditions of interchangeable duties, both in peace and war, would be utterly unworkable unless under a completely unified system.—I am, etc.,

February 10th. NESTOR.

THE MORNING POST.

MONDAY, FEBRUARY 13, 1901.

THE MILITARY HOSPITALS.

TO THE EDITOR OF THE MORNING POST.

Sir,—If Mr. W. Burdett-Coutts will have it let him have it. There is nothing to be gained, or, for that matter, to be lost, by taking any notice of his allegations against War Correspondents, and I do not know how other War Correspondents mean to deal with him. I am going to remember that Mr. Frederick Greenwood, whom for many years I have held in the deepest respect, appears to take Mr. Burdett-Coutts kindly, if not quite seriously; that this is a sentimental age, greedy for such gruesome charnel-house sentiment as the member for Westminster supplies; a sensation-loving age, which delights to be horrified by such horrors as Mr. Burdett-Coutts can collect when it cannot be tickled by Mr. Arthur Roberts, to whom I apologise for mentioning his name in this connection; and a scandal-loving age, which seems on the whole to be rather pleased with Mr. Burdett-Coutts's classic, reserved, and elegant way of putting things. He says: "The point has always been whether, looking at the peculiar position of the censor, Correspondents at the front in the campaign felt that they could make complaints of this kind without prejudice to those other functions the effective performance of which hung upon the censor's favour." I excuse the grammar, and examine the truth of this sentence.

1. The only difference of opinion I ever had with a Press censor on this military hospital question concerned Mr. Burdett-Coutts himself. The Hon. John Ward thought that I spoke too severely of him in a cable which discussed the reception at the front of his evidence before the Hospitals Commission. The remarks were eliminated as I did not wish to modify them. I suppose this will be taken as an expression of shameless disrespect and base ingratitude, for I am deeply interested in the hospital question. But I feel, and always have felt, that Mr. Burdett-Coutts, by overstating his case and by his public fits of hysteria, has made it quite impossible for those who desire reform, however ardently, to argue the matter so long as he is in the field. I have material which I would willingly publish if publication would serve any good end or help towards reform. I will not publish it if the only effect of its publication is to be the advertisement of Mr. Burdett-Coutts and the solidification of his popularity with voters of a certain class. It may surprise the member for Westminster to know that this view of the matter is not uncommon.

2. A Correspondent's place in the fighting line. He has no business to go about the hospitals in search of scandals.

3. But during such periods of detention as the Army had at Bloemfontein and Pretoria he is quite entitled to write about hospitals when he knows the full truth about them, either to fill in his time or for the sake of variety. On July 21 last year I finished two articles on the whole question, which you printed. They made "many complaints of this kind." They stated with rather too brutal frankness many of the failures of the R.A.M.C. to provide for a glut of wounded. They spoke of deficiencies in officers, men, instruments, and material. If Mr. Burdett-Coutts's allegations were true I should either have been "Stellenbosch" or carpeted, or hindrances would have been put in the way of my work. As no such fate befell me, Mr. Burdett-Coutts's statement is unsound. I heard no complaint of the articles because they showed (1) that some trouble had been taken to get at the facts; (2) a certain absence of sensationalism and lachrymose sentimentality; and (3) some effort to read the facts in the light of the actual situation. I say all this, "as perhaps shouldn't," because I object to the implication that the censor would treat me as to appear to have treated Mr. Burdett-Coutts. My experience of a round half-dozen censors has been that I could always say practically what I wanted if I exercised a little tact and common sense. And I do not see why the censor alone should be expected to exercise tact. Why not also the Correspondent, and why not also the person describing himself as a Correspondent, or the amateur? You do not generally expect tact from an amateur, therefore amateurs should not be sent out to fill positions in which tact is required. And members of Parliament generally have certain characteristics which make it "jolly hard lines"—if I may be allowed the expression—for the censor who has to deal with them.

4. Mr. Burdett-Coutts ought not to talk about the military hospitals till he has cleared up the statements made by Lord Stanley and in the London Press by Mr. Maxwell. Mr. Burdett-Coutts's presence at Kroonstad gave the Times one Correspondent too many. He was sent down. In Mr. Maxwell's presence he made a threat to Lord Stanley that if he were sent down he would make things unpleasant over the hospitals. I believe Lord Stanley's word, for though one must agree with Mr. Burdett-Coutts that he is not the most heaven-born of Press censors, he is—well, he is the Lord Stanley whom we all know. And I believe Mr. Maxwell, for I know him well. Of course, in the circumstances Mr. Burdett-Coutts has now to try and discuss the question on its merits.

Last, as to Intimidation. The report of the commission represents the state of affairs at Intimidation with absolute accuracy. Hearing that a certain Press journalist in Ladysmith (of course with the object of making scares and scandals) was collecting articles and statements from "grouches" as to the Intimidation business, I asked my friend Lieutenant O'Flaherty, of the Imperial Light Horse, who had been there twice, once early in the siege and for several weeks after January 6, to write for me on the subject. Mr. O'Flaherty is an Oxfordman, and the most brilliant journalist in South Africa. He told me that if he were to (over the net) he could make a "lovely and hard" sensation article, but that if he told the plain, unpretentious truth there would be nothing sensational to write. His advice to me was just to mention that there had been certain delinquencies and a deal of inconvenience, but to insist that things were conducted as well as could be expected in such a siege. So I wrote, naturally taking his advice; and what I wrote was in effect very similar to the finding of the commissioners. Besides, Sir Archibald Hunter made a personal investigation into the conduct of the camp, and was satisfied. What was good enough for a severe soldier like Sir Archibald Hunter is good enough for me, even though the member for Westminster says otherwise in his own delirious, spiteful way.

I have discussed the matter at some length and with feeling because the question is important. But while Mr. Burdett-Coutts blocks the way the best friends of reform in the Army Medical Service will not stir, and the War Office will not enforce the essential reforms indicated in the report. If Mr. Burdett-Coutts has the sense of reform really at heart he will abandon an advocacy which has been rendered quite useless (1) by the unfortunate conflict of recollection between Lord Stanley and himself, and (2) by the equally unfortunate embarras of sensationalism with which he equates his case.—I am, &c., Feb. 13. JOHN STUART.

THE TIMES, MONDAY,

FEBRUARY 18, 1901.

THE SOUTH AFRICAN HOSPITALS REPORT.

TO THE EDITOR OF THE TIMES.

Sir,—Mr. Burdett-Coutts refers to a series of letters written to the *Gay's Hospital Gazette* as proof of the gagging of civil surgeons; and in justice to the Army medical authorities a word of explanation from the writer of those letters may be of service.

It appears to have been simply by inadvertence that neither in our contract of service nor in any other way had we been, informed of our objection to the Queen's Regulations, which forbid criticism. This mistake was rectified early in February, when, as the author of the criticisms referred to, I was sent home and an order was issued to the base hospitals on the subject. Most of my colleagues will now agree that, whether or not, this was a perfectly correct military attitude for the Army medical authorities to adopt.

Nor will they complain of not having been able to represent their suggestions and complaints to their superior officers. What they could and did bitterly complain of was that frequently their suggestions, made in good faith and representing the opinion of the chief hospitals at home, were not properly considered. The

nursing question and the supply of Red Cross comforts may be given as instances.

The main gist of the criticisms made by civil surgeons at that time has been substantiated by the report of the Hospitals Commission (pp. 69, 70). To secure the necessary reforms the whole system and status of the Army Medical Corps must be thoroughly investigated from the bottom by an essentially non-departmental Commission, fairly representing the views of the corps, of the civilian medical profession, of the Army, and of the general public. If such a commission be appointed in the near future, it will meet with the approval not only of civil surgeons, of Mr. Burdett-Coutts, and of the Army in general, but even, it may be hoped, of the Army medical officers themselves, who are almost unanimous in their desire for reforms. The need of some root-and-branch measure is almost a parable in the mouths of the general medical profession. Let no side issues interfere with this one object of supreme importance—the appointment of a fresh Commission to inquire into all the grievances of the corps and all the suggestions resulting from this war. I am, Sir, yours faithfully, F. E. FREMANTLE, late Civil Surgeon.

The Deanery, Ripon, Feb. 12.

FEBRUARY 20, 1901.

HOUSE OF COMMONS.

TUESDAY FEB. 19.

THE ADDRESS.

The adjourned debate on the motion for an Address to his Majesty was resumed.

Mr. BRODRICK, who was cheered on rising, said—

During the debate there have been three or four speeches in reference to hospital arrangements, and I hope the House will pardon me for entering on that important subject. (Hear, hear.) It is fully worth a debate to itself, but as it has been brought forward during this debate, I ought to say a few words upon it. Great blame has been thrown on the Army Medical Department, and I do not for a moment mean to say that the Department has made many things to answer for; but, in considering mistakes made by the Army Medical Department, let us also consider the part the House of Commons has had in bringing about the present state of things. I am quite ready to take responsibility and blame for which we are fairly accountable at the War Office, but it should be remembered that in the House of Commons, when nearly 14 years ago the late Lord Randolph Churchill carried on for two years his crusade against public expenditure, this Army Medical Department was severely criticized. I well remember a strong speech in which the right hon. member for Wolverhampton said there were too many doctors, and that the Department wanted overhauling, for it cost too large an amount of public money, and the report of the committee at the time bore out the right hon. gentleman's belief. The committee, after two years' investigation at the War Office, decided that there were too many doctors, and that they were too highly paid, with a too high proportion of retired pay, and that the whole subject required revision. By this the War Office has ever since been influenced. In the House of Commons successive Ministers have laid it down that we must provide for three Army Corps at home and two abroad, and upon this the arrangements of the Army Medical Department have been made. Can you wonder, then, that when we came to send the equivalent of six Army Corps to South Africa the medical arrangements should be somewhat strained? (Hear.) Militaries areas that were not foreseen in sending supplies along lines of communication longer than had ever been necessary in a Continental war. The War Department in the matter of doctors has for the last 14 years been between the upper millstone of a Parliament determined to keep down expenditure and the lower millstone of the medical profession, who denied their best candidates except upon better terms. The War Office did all it could to get better men, but the heads of the profession declared that medical men must have military rank, without which they could not hold up their heads among their military colleagues. I remember it was even urged that beyond the titles of major and colonel the title of general should be open to them. Five years ago Lord Lansdowne was assured that unless the title of "general," not "surgeon-general," were given other proposals would be useless. I remember perfectly well suggesting that a deputation of the profession should go over to the Admiralty and ask that naval surgeons should be allowed to become admirals. (Laughter.) When they received that recognition the War Office would consider the concession of the rank of "general." But, not to trouble the House at length, I will sum up in a few words what the experience of the war has shown. It has shown, in the first place, that these military titles have not altogether had the best effect. In the second place the Commission of able, independent men, who, whatever we may say of their conclusions, certainly held no brief for the Government, have shown in their report that there has been no general disposition on the part of the Army Medical Department to shirk its duties, and that there has been great devotion shown among the medical men. If in some cases there have been defects of organization and skill, that organization can be reformed, and work of skill has been done to the fact that officers have been so hardly worked that they have not had proper opportunities of studying their profession. It has been said by the hon. gentleman opposite (Sir W. Foster) that we have realized the importance of a suggestion that came from himself—that sanitary committees should be sent out to direct sanitary arrangements for the various camps. I think the experience of the war has shown that a committee of that character, or something like it, would have done good service. (Opposition cheers.) And, while knowing as I do the devotion to duty of the great mass of medical officers of the Royal Army Medical Corps, I cannot deny that it has been brought out in the course of these inquiries that there was a certain amount of professional jealousy, an indisposition to avail themselves of outside assistance in an emergency, and, perhaps, too much of that red-tape disposition which is supposed to mar the Army in all its courses, which I, at all events, desire to see removed to a great extent. (Cheers.) And in this respect let me say that so far from regarding those who have interested themselves in these matters, both here and in South Africa, with any suspicion, I thank them for their attempts. I believe they have been largely productive of good to the public service (hear, hear), and I believe we may find on the recommendations of the Commission, and on the extraneous assistance we have

received, partly from members of this House, a new and satisfactory system, but one which can only be brought about by a drastic reform of the Army Medical Service. (Cheers.) But in the emergency as it now exists we cannot pretend to make a complete reform in a few weeks, and we are bound to look at this question very carefully, and we are determined to call to our assistance the heads of the medical profession. It may be that by making our terms of enlistment more elastic, it may be that by making them more attractive in other ways, we can obtain a better class of men. All I would say is this: If the House will give us a little confidence in this matter I will undertake no effort shall be wanting, that there is no experience we can get but shall be turned to account, and that no past prejudices shall be allowed to interfere, or prevent our giving the Army in the future an effective medical service. (Hear, hear.)

DR. FARQUHARSON (Aberdeenshire, W.) expressed his appreciation of the spirit in which the Secretary for War had referred to the Army Medical Department, and to the devoted work of medical men under conditions of difficulty and danger that made complete success in their arduous duties almost impossible. He was glad to hear that a complete inquiry into the organization of the department was contemplated, and that the heads of the medical profession would be consulted, and dwelt on the absolute necessity of allowing Army medical officers sufficient periods of leave, say, three months in two years, to enable them to rest, and become acquainted with advances in medical science. An Army doctor had but a limited range of experience in his ordinary duties and very meagre opportunities of enlarging his knowledge as compared with the civil practitioner.

ABERDEEN FREE PRESS.

DR. FARQUHARSON AND THE ARMY MEDICAL SERVICE.

DR. FARQUHARSON expressed his appreciation of the Secretary for War's references to the Army Medical Department, whose devoted work in South Africa had been performed in the face of difficulties and dangers which rendered full success almost impossible—(hear, hear). The prime evil had of course been the fact that the department was understaffed. That was not his opinion only, for the Hospitals Commission stated in their report that the medical department had from time to time urged upon the military authorities the necessity for an increase in the corps, but for the most part without avail. He was very glad to learn that the Secretary for War had in contemplation a complete inquiry into the working and organization of the Army Medical Department. It was well that the Government had seen fit to confer military titles on the officers of the department, for it was perfectly well known that, if such an arrangement had not been made, the supply of candidates from the medical schools would have been speedily dried up. Having taken some part in the agitation which procured the conference of these titles, he knew that the Army Medical Department were unanimously of opinion that such titles were absolutely necessary if the department were to satisfactorily discharge their duties. A point which he wished to urge was the absolute and paramount necessity of allowing officers of the department a period of leave in which they might rub the rust and be able to place themselves abreast of the advances in medical and surgical science—(hear, hear). Civil and military practitioners were drawn from the same rank and had the same training, but while the civil practitioner gained knowledge from experience, the army practitioner got as a rule little and sometimes no experience at all. If, therefore, medical officers were given, say, three months' leave in two years, they would be able to attend institutions in London or Edinburgh or Dublin, where they could obtain that experience necessary to place them on an equality with the civil practitioner. But we doubt all these things would be duly considered by the Commission, and he hoped the result would be that the army medical service would soon more become a popular profession—(hear, hear).

THE TIMES, FRIDAY, FEBRUARY 22, 1901.

HOUSE OF LORDS.

THURSDAY, FEB. 21.

The LORD CHANCELLOR took his seat on the woolsack at a quarter-past 4 o'clock.

THE HOSPITALS COMMISSION.

4.30 The EARL of KILMOREY asked the Under-Secretary of State for War what steps the Government intend to take with reference to the recommendations contained in the report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded during the South African campaign—namely, that at some early or convenient time a departmental or other committee of experts should be appointed to inquire into and report upon the steps needed to improve the Army Medical Service. Of the numerous points included in the question of Army reform this was the only one upon which a Royal Commission had reported, and he hoped that the Government would take action upon it within a reasonable time.

LORD RAGLAN said he was afraid he could not give the noble earl the information he desired as to the exact manner in which the recommendations of the Royal Commission on Hospitals was to be carried out by the Government. The noble earl was aware that the report was a very important and a lengthy document, and that it had only just been issued. The Government therefore had hardly time as yet to digest the suggestions. But they were fully alive to the great importance of the question of a thorough reorganization of the medical system of the Army, and in any reorganization which they would undertake they should avail themselves to the utmost of any advice or assistance they could obtain either from the heads of the medical profession or from any other source whatever.

EARL SPENCER did not think the noble lord had answered the question put to him—whether the Government intended to appoint a departmental committee or other committee of experts to examine into the matter

as recommended by the Hospitals Commission. This matter was of great importance to the Army and particularly to the unfortunate wounded and sick; and therefore it was necessary to ascertain whether the Government intended to take independent action themselves or whether they were going to act upon the report of the Hospitals Commission.

The MARQUIS of LANSDOWNE—I think the noble lord made it perfectly clear that the War Department is fully alive to the great importance of the recommendations embodied in the report of the Hospitals Commission. As the noble lord has said, the report has only been a very few days in our hands, and it is rather too soon to make an announcement as to the particular action which we should take in order to give effect to its recommendations. The Commission suggested that there should be appointed at an early or convenient time a departmental or other committee of experts. Well, I am able to say that it is the intention of the Secretary for War to have recourse to the best expert advice he can obtain from the medical profession or from other sources; but whether it is to be taken by the appointment of a committee or a commission, and whether the inquiry should be departmental or not departmental, these are matters of detail which we may fairly ask for a little time to consider. Your lordships may rest assured that the investigation promised in another place by the Secretary for War will take place, and that it will be, as he said, a very thorough one indeed.

LORD TWEEDMOUTH thought they had a right to complain also of the supplementary answer given by the noble marquis. Those who had read the report and recommendations of the Hospitals Commission would agree that they felt their anxiety very much increased by the fact that they had not the powers necessary to enable them to carry out their duties efficiently; and that they thought it was absolutely necessary, in order to come to a fair conclusion on the subject, that a supplementary inquiry should be held. He did not think the plea of the noble marquis with regard to the want of time was altogether sufficient. This was the 21st of February; the report was delivered in January, and therefore the Government had had a month and a half to consider whether they should not at once adopt some of its recommendations. He thought the Government took too optimistic a view of the matter, as they had done on other occasions. The Times, a newspaper not unfavourable to the Government, wrote of the report of the Commission:—"Remembering the limited powers of the Commission, its composition, and the general considerations by which it was no doubt governed, no one can regard the report as other than a severe condemnation of the medical arrangements hitherto thought adequate." The same newspaper also adopted a description of the report given in the House of Commons—"It is not incorrect to refer to the report of the Hospitals Commission as a whitewashing report, yet the thinness of the wash and the colourlessness of the dirt which it covers are apparent to all." A neighbour of his who went out to South Africa with a Militia regiment, and was placed in command of a post on the line of communications 20 or 30 miles from Kimberley, fell ill and was sent to the military hospital at Kimberley. The medical officer in charge was unable to see him when he entered the hospital, but fortunately he found a friend, an officer in the Welsh Fusiliers, in one of the beds, who said to him, "Take my bed, I am only absent in the leg; it is clear that you are ill from some dangerous disease, and if you do not take this bed you will not be able to get another." His friend was induced to take the bed, and for three days he lay in it in his clothes without having been examined. Fortunately his friend was removed to a civil hospital, and in due course recovered. His friend made no complaint of the treatment he had received. The medical officer of the hospital had too many cases to attend to; there were no nurses and no assistants, and the hospital work was done by corrugated iron sheets. If that could happen at a place where there was no pressure—his friend came back from South Africa without having heard a shot fired—it was difficult to realize what must have happened at places where there was pressure of the sort that you are alluding to. He was wounded in battles and from the sick of fever. This was a matter of the highest importance and he ventured most earnestly and strongly to impress upon the Government that they should not delay his case, but through searching inquiry additional to the one which had already taken place.

The EARL of KILMOREY, referring to the remarks of the noble marquis, said he could well understand that the Government were extremely busy, and therefore the request for further time was not an unreasonable one. In these circumstances, and in view of the extreme interest felt by the whole country in hospital reform, he would reserve to himself the right to call further attention to the matter on some early day.

The House rose at 10 minutes to 5 o'clock.

FEBRUARY 23, 1901.

HOUSE OF COMMONS.

FRIDAY, FEB. 22.

THE HOSPITAL COMMISSION.

MAJOR RASCH (Essex, Chelmsford) asked the Secretary for War whether Captain Skipton, R.A., had been accused of giving evidence not in accordance with fact before the Hospital Commission; whether this and other charges had been made by the officer responsible for the condition of the camp against which Captain Skipton gave evidence; whether the evidence given by him was absolutely true, and, if not, whether objection had been taken to any particular statement; whether he had been ordered to resign his commission on February 23; and whether the Secretary of State for War would consider the possibility of suspending the order pending further investigation.

Mr. BRODRICK.—This officer was requested to resign his commission purely on grounds of discipline, his case having been most carefully considered by the Commander-in-Chief. I thought it my duty to satisfy myself if whatever evidence he gave before the Hospital Commission had nothing to do with the representations made against him, and I can assure the hon. member that any case in which a witness before the Hospital Commission may be proved to have been in any way prejudiced will be dealt with in an exemplary manner.

4.30 Mr. BURDETT-COUTTS (Westminster) asked the Secretary of State for War whether he would not consider the advisability of postponing this case for a few days, in order that certain facts which had been brought to his notice might be brought before the right hon. gentleman.

Mr. BRODRICK said he was afraid it was too late to postpone the case. The case was most carefully considered by the Commander-in-Chief, and the noble lord's recommendations were made to him about a fortnight ago.

MONDAY, FEBRUARY 25, 1901.

WAR OFFICE.

NEW PERMANENT UNDER-SECRETARY.

The Secretary of State for War has appointed Colonel E. W. D. Ward, C.B., Army Service Corps, Permanent Under-Secretary of the War Office in succession to Sir R. H. Knox, K.C.B., who retires in April next on attaining the limit of age.

Colonel Ward, who is 47 years of age, has had a distinguished career in the Army. He served in the Sudan Expedition, 1885, and was mentioned in despatches; also in the Ashanti Expedition, 1895-96, for which he was honourably mentioned. He has recently returned from service in the South African War, where his conduct during the siege of Ladysmith and his organizing ability were noted as follows by Sir George White in the despatches of Lord Roberts recently published:—

Brevet Colonel E. W. D. Ward, C.B., A.S.C., A.A.G. (B).—I cannot speak too highly of this officer. His forethought in collecting supplies in Ladysmith while railway communication was open with the sea at Durban has enabled me to occupy the position here with perfect confidence that the garrison could not be starved out. When the forces originally at Dundee was thrown back on Ladysmith, having had to abandon the supply provided for it, Colonel Ward's provision was ample, even for the extra strain thus thrown upon the supply, as well as to meet the necessity of finding rations for the civil population. His power of work and his resources are most marked, and he has won the confidence of all. I consider him an officer of the highest administrative ability, and recommend him most strongly for recognition of his exceptionally valuable service with this force.

SATURDAY, MARCH 2, 1901.

THE ARMY ESTIMATES.

The explanatory memorandum of the Secretary of State for War relating to the Army Estimates for 1901-1902 was issued yesterday as a Parliamentary paper.—

The total of the Army Estimates for 1901-02 amounts to £87,915,000, while the number of men to be voted is 495,000.

VOTE 2.—MEDICAL SERVICES.
The increase on this vote amounts to £183,000, of which £38,700 is for war, and £144,300 for permanent additions. The bulk of the latter increase is for the "Reorganization of the Army Medical Service."

TUESDAY, MARCH 5, 1901.

NO. 8 GENERAL HOSPITAL AT BLOEMFONTEIN.

Replying to Mr. BURDETT-COUTTS (Westminster), Mr. BRODRICK said,—I am informed that this hospital has remained on the same site for ten months, but there appears to be no reason for anxiety, as the site has been reported to be perfect and the sanitary reports up to January 16 state that the general sanitary conditions were good. The figures of this hospital are as follows:—August, 229 admissions, three deaths; September, 154 admissions, no deaths; October, 26 admissions, one death; November, 49 admissions, five deaths; December, 61 admissions, three deaths; January (to 25th), 43 admissions, 12 deaths. The admissions in January are mostly of transfers from out-stations. The type of enteric fever is reported in January as severe, many of the cases being practically hopeless from the first. If any doubt is found to exist as to the sanitary condition I will undertake that the situation shall be changed.

PALL MALL GAZETTE.

IN THE CAUSE OF HUMANITY.

HINTS FOR FIELD HOSPITALS.

The war in South Africa has given English folk many a dark and anxious hour, but through all the record of surrenders, "regrettable incidents," captured guns, and other mischances, one belief we have lugged to our hearts—that this was a humane campaign, Mr. Burdett-Coutts notwithstanding.

The views of a distinguished officer of the R.A.M.C., whose rank and experience command respect, put the matter in a somewhat different light; and his views, it may be remarked, are not singular. They are upheld by many army surgeons, including a senior man on the staff of the Director-General.

He states that the whole system for removing the wounded from the field of battle is radically and in principle wrong; and the cause not only of much unnecessary suffering, but also of actual death in many cases.

IN THE FIRING LINE.

Speaking generally, what now occurs when a man is hit is as follows: After staggering on for a few yards he falls, and immediately several of his comrades drop their rifles and run to his assistance. They carry him the best way they can, and as speedily as possible, to the rear; then he is put into a stretcher, conveyed to the ambulance station, and finally transferred to the field hospital. Now, suppose the man to be shot in the abdomen, through the chest, or in any part where acute hæmorrhage supervenes, that rapid jolting journey, even if performed without any accident, is often fatal. The flow of blood, especially if it be an internal injury, is accelerated by movement; the torn tissues around the wound give way more and more, till when he reaches the doctor in an almost moribund condition, the surgeon's skill is unavailing to restore the exhausted system. Now, if that man had been allowed to lie where he fell, a coat slipped under his head, a blanket thrown over his body, a little brandy administered, and his water-bottle placed where he could raise it to his lips, Nature would herself have intervened on his behalf, according to her merciful wont. When a man lies still, blood always flows more slowly, and the opportunity for coagulation would have occurred. The blood congealing around the wound would not only have checked hæmorrhage, but also protected the injured tissues and enabled them to offer a better resistance to such flow as remained. The human instinct which cries out when hurt "For God's sake, leave me alone!"—a cry so often wrong from quivering lips on the field of battle—is founded on a scientific fact.

BEST TO LIE STILL.

In the same way, soldiers with shattered limbs suffer unspeakable agony by the necessarily hurried way in which they are now borne out of the firing-line. For example, to be carried even in the most strong and tender arms with, say, a fractured thigh, is pain almost unendurable, and is, moreover, prejudicial in the highest degree to the healing of the limb. When it is remembered that a battlefield is nearly always rough, that few men can walk calmly and steadily under a hail of bullets, and that the bearer himself is frequently hit and falls heavily with his helpless burden, the needless torture and added danger thus incurred to one already suffering acutely seem almost inhuman. Let him lie still till ambulance men, skilled in liting, can at dusk, or when the progress of the battle has left the spot out of range, gently carry him straight to the surgeon's table from the place where he first dropped. In nine cases out of ten this is the severely wounded man's best chance; in proof whereof, if proof were needed, this officer observed that nearly every case which had been accidentally overlooked, and thus left quiet for several hours, had made a good and speedy recovery. In a word, no soldier should be carried out of action under fire if the best results are to be looked for in the casualty lists. There would, however, concluded the officer, grimly, be such an outcry about the "brutal doctors," if this system were at once openly advocated by them, that their position would be unbedrable, which sounds as though a mistaken public opinion were tying the hands of the R.A.M.C.

A COMMANDING OFFICER'S OPINION.

The commanding officer of a regiment which has been doing good service was no less emphatic for another reason. He argued that the present plan is responsible for long casualty lists. In ordinary circumstances a wounded man who lies still is safe from further harm, being invisible to a distant enemy. But if immediately he drops two or three comrades fling down their rifles and run to his side, the movement and the increased size of the target caused by a clump of standing men, when there ought to be one only, and he taking cover, attracts immediate attention, and the little party becomes the mark of a hundred rifles. Very likely the wounded man is struck again, and two or three more are almost sure to get a bullet. Officers ought to be allowed to stop that kind of thing and compel the leaving of the wounded for their own safety, as well as for the general good; but a commanding officer who gave such an order would be execrated by the public as a "heartless brute." "It is ridiculous to blame the enemy for firing on the wounded in such circumstances. At 1,500 yards they can see the commotion and the moving men, but they can't see the cause; they shoot merely at the target offered, which, after all, is what they are there for." These critics, the combatant and the non-combatant, are English gentlemen, trained in the highest traditions of the Army, and they have spent their lives in the work of war. Is it conceivable that they may know more and care no less than the folks who sit at home and write fierce letters to the papers on the incompetence of the British officer and the effete conduct of the campaign?

British Medical Journal.

SATURDAY, MARCH 2ND, 1901.

THE RESPONSIBILITIES OF ROYAL NAVAL AND ARMY MEDICAL OFFICERS.

Sir,—Several years ago I foresaw that a question would one day be raised as to the military titles of army medical officers, and the absence of naval executive titles in the Royal Naval Medical Service.

I had an interview with the then Director-General of the Royal Naval Medical Service, and placed before him the following example of the different responsibilities of both classes of officers.

1. A shell explodes on the fighting deck of a first-class line-of-battle ship; twenty wounded bluejackets result. These men are carried by their comrades to the sick berth of the ship, and eventually find their way to the sick berth of their own ship. The captain of the ship, the executive officer, the paymaster, and—if needs be—helping hands from the marines and bluejackets, are all on the ship, and are ready presumably to help the medical officers in any needed way. There is, therefore, no apparent need for executive authority when executive officers are themselves present to enforce orders. The wounded are eventually handed over to a naval hospital on shore at the port of call of the battleship.

2. Now compare the conditions under which the military medical officer does his duties. A brigade goes into action, and 400 wounded lie strewn over a battlefield. The battalions, the batteries, and the units to which the wounded belong march on after the enemy or move to right or left to occupy new positions. But the wounded remain on the ground, and there is none to help them but the medical officers and the non-commissioned officers and men of the medical corps. All commanding officers, all adjutants, all quartermasters, and all the rank and file of the battalions are far away with their regiments. But duty must be done and discipline must be enforced, and so gradually the medical services have developed their own commanders, and their own corps carrying out their orders.

Instead of the regimental colonel who is far away we develop the medical colonel—the trained adjutant and the corps of attendants—organised on a military basis to do a purely military work, and from that battlefield through all the weary miles of a line of communications with its string of hospitals the wounded see their battalions no more, but eventually reach England after remaining the whole time from the moment of being shot down under the care and control of the military medical corps.

Such conditions differ widely from those likely to occur in a naval service, and hence the differing lines of evolution. The then Director-General Royal Navy Medical Service fully concurred that the two conditions were quite apart—had no connection with each other, and that the organisation of both services were necessarily on different lines.

I think this important matter should be fully understood by many people.—I am, etc.,

Devonport, Feb. 25th. GEORGE EVATT.

SANITARY OFFICERS IN THE FIELD.

THE recent discussions in Parliament and in the press on the amount of disease of a preventable nature among the troops of South Africa have given special importance to Mr. Brodric's admission that some sanitary authority might have done good service. In view of this admission, a correspondent in the *Morning Post* calls attention to the views held by the late Commander-in-Chief, Lord Wolsley, and published in his *Soldier's Pocket-Book for Field Service* (1886), page 110:

The sanitary officer is the creation of recent years, and as a general rule he is a very useless functionary. In the numerous campaigns where I have served with a sanitary officer I can conscientiously state I have never known him make any useful suggestion, whereas I have known him make many silly suggestions. For with an army moving it is impossible to drain a town, as I have known suggested, or carry out any other great sanitary measure. There is not time for any great sanitary works, and for the ordinary cleanliness of temporary camps or bivouacs the P.M.O. (principal medical officer) with each division can do all that is necessary. In future, as long as this fad continues, my recommendation is to leave him at the base, where he may find some useful occupation as a member of the Sanitary Board, which I think should have charge of all sanitary arrangements at the base.

When the suggestion was made at the beginning of the war Lord Wolsley was still at the War Office regarding sanitation as a "fad," and yet the Under-Secretary wrote to Sir Walter Foster, "The general practice of an army doctor must necessarily make him inferior as an operator to skilled specialists, but sanitary investigations are among the most important of his daily duties, and he is constantly accumulating experience with regard to them. The Director-General, therefore, does not regard as necessary the establishment of such a Commission as you recommend." It is difficult for anyone outside the War Office to find any common ground in these conflicting views, and it is only when we come to Lord Roberts, the present Commander-in-Chief, and read the record of his experience as given in his evidence before the Hospitals Commission, that we realise how the "silly suggestions" referred to by Lord Wolsley and the "accumulating experience" in "sanitary investigations" of the army doctor on which the Director-General relied, were alike found wanting in face of the hard and cruel facts of the South African war.

The following is an extract from the evidence given by Lord Roberts before the Hospitals Commission:

Question (by the President) 1272. There is a matter I should like to ask you about—namely, the question of sanitation, whether it would not be advisable to have in camps of any size a special medical officer to look after the sanitation of the camp generally?—Certainly.

(By the President) 1273. You think that would be advisable?—Certainly. I think that is one of our weak points. At Bloemfontein I soon discovered the want of it, and I tried to get a medical officer to undertake this particular work. I got one who I was told was a great authority on sanitation, but I confess he did not improve matters much. I got another, and I got one here. I have an officer here I sent direct to Opatdown for—a special sanitary officer. I saw the distinct necessity for it at Bloemfontein. I saw here that things were not going right, so I got this officer I have mentioned, whose special duty is sanitary work. I think it is a most important part of the medical profession to have in all campaigns sanitary officers.

This is plain outspoken experience, and is high testimony to the value of the service rendered by Dr. Turner, the Medical Officer of Health to the Cape Government, who was sent for by the Commander-in-Chief to help him in the sad sanitary breakdown at Pretoria and elsewhere. The ways of the War Office are often difficult to understand, but in face of the lessons of the war there must be no hesitation in organising for all future campaigns an efficient sanitary service.

MARCH 9, 1901.

MR. TREVES ON THE SOUTH AFRICAN HOSPITALS QUESTION.

Is the current number of the *Nineteenth Century and After* Mr. Treves discusses the recommendations of the Hospitals Commission, and adds some suggestions of his own which will be read with interest. With the general tenour of the Report Mr. Treves expresses his satisfaction, and claims that it shows the inquiry to have been conducted with infinite patience, with thoroughness, with impartiality, and with admirable judgment. It is only when he comes to deal with the suggestions made by the Commission for remedying defects that he, like others, finds "no little disappointment." "The recommendations are few and indefinite, and will, I think, hardly satisfy those who are tolerant of some reform on the one hand, or eager for a large measure of change on the other." But he finds a reason for this in the terms of appointment of the Commission. Quoting statistics to show that up to and including January last the total deaths of officers and men in South Africa amounted to 12,989, and the total loss to the South African Field Force, including those invalided home, amounted to 54,724, he urges these facts as a reason why the Director-General of the Army Medical Department should have a recognised position in the supreme councils which direct the administration of the army, and why his representatives in the field should have such a position on the staff as would enable the medical aspects of the campaign to be effectively brought into notice. This claim should be read in connection with the recent debate in the House of Lords on the War Office, from which it appears that the four great branches of that office are the Adjutant-General's Department, the Quartermaster-General's Department, the Department of the Inspector-General of Fortifications, and that of the Director-General of Ordnance, the respective heads of which have direct access to the Secretary of State for War, while the Army Medical Service and its Director-General have no such access. We would endorse Mr. Treves's contention in the strongest possible manner, and would direct attention to the letter printed below, which deals also with some other aspects of this question.

Coming to the chief reasons why the R.A.M.C. fails to obtain a sufficient and regular supply of officers of good professional attainments, Mr. Treves gives the following as his views:

"1. In the first place the pay, or the allowance which is equivalent to pay, is not adequate. Subjoined is the present scale of pay, and it may seem to be ample enough until the expenses of living are inquired into. The gratuities and pensions may be said to be liberal, but it is to the initial scale of pay that most objection is taken.

Scale of Pay in Annual Amounts.

	£	s.	d.
Lieutenants and Captains	200	10	0
Majors	265	50	0
Lieutenant-Colonels	410	10	0
Colonels	720	0	0
Surgeon-Generals	1,000	0	0

Exclusive of quarters, fuel, servants, etc., or allowances in lieu.

"A list of the gratuities and pension is also given, and the writer adds, "The warrant upon which this scale was founded dates from some years ago—from a time at least before the employment of unqualified assistants in medical practice was declared to be illegal. The assistant to the medical practitioner has now to be qualified, and the result is that the demand for young qualified men has greatly increased, and the rate of remuneration has reached in consequence a high scale. The pay of the Army Medical Service is in fact based upon an obsolete market.

"2. The undermanning of the service gives rise to serious complaints as regards holiday leave, leave for purposes of study, length of foreign service, and the like. These grievances are recognised as genuine. They have been very frequently emphasised in the medical journals, and they are specially enumerated in the present Report.

"3. The amount of non-professional work thrown upon the Army surgeon is considerable, and is very irksome to men who are anxious to practise their profession and to make advance in it.

"4. The Army Medical Service offers very little encouragement for advancement in professional work.... The service encourages its officers to live long and give no offence, but it does very little to help them to progress in their profession and to become more able surgeons and physicians, and as a consequence more able officers. Promotion, indeed, in the service should be by professional merit rather than by years."

The details of the entrance examination are next considered, and it is recommended that instead of making the candidate go over again the subjects on which he has already been recently examined in order to obtain his double diploma, it would be of greater utility to him and to the State if he were tested on such subjects as tropical diseases, gunshot wounds, hygiene, camp sanitation and the like, and possibly also in modern languages. In the qualifying examination passed by a captain for promotion to major, it is suggested that an examination in certain special subjects, such as ophthalmic surgery, laryngology, nervous affections, tropical diseases, operative surgery, and so on should be held, so as to give officers an opportunity of showing that they had kept up their general knowledge of medicine and surgery, and also studied some special branch.

The whole article is, as will be readily understood, a most suggestive one, and we can only hope that it will receive full consideration from the Special Committee which the Royal Commission recommended to be appointed.

THE APPOINTMENT OF DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

AN APPRAISAL TO THE CIVIL MEDICAL PROFESSION.

SIR,—It seems desirable at the present time to draw attention to the defective status and emoluments attaching to the position of Director-General of the Army Medical Service, so that in any scheme of reorganisation this important appointment may not be overlooked.

This important official is the responsible head of the Army Medical Service, and is responsible for the efficiency of the Army Medical Staff, the Royal Army Medical Corps, the Militia and Volunteer Medical Services, the Female Nursing Service, the recruiting of the army from

its medical point of view, the invaliding-out of the army, the supply of medicines, etc., for the army, and the advising of the War Office on all sanitary questions for the military services over the Empire. It is evident that the post is one of great responsibility and much anxiety, and needs a fair status and a just remuneration. The least inquiry will show that a need for "drastic" reforms exists in both these directions.

The pay of this appointment is £1,500 per annum, inclusive of all emoluments. Every medical man will recognise that such an income may be classed with a fifth-rate practice, and is entirely incommensurate with the responsibilities of the post.

When it is borne in mind that a surgeon-general of a military district—an official with narrow responsibilities, by comparison—draws a salary of £1,380 per annum, it seems incredible that an increase of £120 per annum should be deemed sufficient to remunerate the responsible chief of a department so full of anxiety and care as the Medical Service.

The official who holds the post of Director-General, A.M.S., is in many ways compelled to be a representative man. He is called upon to represent a large branch of the medical profession, and an important section of the army. Whether he desires it or not, he must make a figure in public and appear at functions as a matter of duty. The principle of *noblesse oblige* applies in the fullest way to him. All this means expense quite apart from any pay received for the formal discharge of his duties, and it has to be borne in mind in allotting a salary. He must also know something socially of the officers serving under his orders. This implies expenditure. It is then simply laughable—if not most sad—to see so important an official so completely underpaid.

In the pre-Crimean days, Sir James McGrigor, when Director-General of the small medical service of the then small English army, drew £2,000 per annum, and this, too, at a time when money was more valuable, and there was a separate Director-General for the ordnance services (that is, the Royal Artillery, the Royal Engineers, and the Field Train), so that practically with a far larger army, infinitely more responsibility, and unceasing anxiety, the post is underpaid by £500 per year as compared with 1840. Could anything be more absurd?

The heads of other military branches at the War Office are far more fairly paid. Thus the Adjutant-General has £2,400 per annum, and the Inspector-General of Fortifications, the Quartermaster-General of the Army, and the Director-General of the Ordnance Service receive each £2,100 per annum, and the chief of the Medical Service receives less by £600 per year than those officials.

I consider that the salary of this officer should be at least £2,100 per annum, and further that a reasonable "table allowance," as granted to general officers commanding districts, should be given to him, say £200 per annum, to cover necessary expenditure in entertaining his officers, etc. Can any reasonable person deny the justice of this demand?

The Director-General A.M.S. has no higher rank than that of surgeon-general, ranking with a major-general, a rank not sufficient for the responsible post he holds. He should at least have the status of a lieutenant-general, with the rank of "surgeon-general-in-chief" of the Army Medical Staff, with the office title of Director-General A.M.S.

In France the principal inspector-general of the medical service has a grade of rank higher than any of his inspectors-general, and ranks as a lieutenant-general. Much more might be written on these defective pay and status questions, but want of space prevents my now doing so.

I cannot, however, conclude without pointing out the fact that the Deputy Director-General, who is also a surgeon-general like his chief, receives a salary of £1,200 a year—namely, £80 less than if stationed at Aldershot, Portsmouth, or Plymouth. In these, as in a host of other details, the more the Army Medical Service is studied the more will be found glaring injustices and anomalies which go far to explain its failure to achieve popularity or efficiency. Yet both these useful attributes can assuredly be attained by the application of just and reasonable treatment. This has unfortunately rarely been the case. If we exclude Sidney Herbert and Lord Lansdowne, no high administrator has yet appeared able to mete out justice to the medical service of the army. Mr. Brodric has now the opportunity of trying his "drastic" theories. All it really needs is

JUSTICE.

MARCH 16, 1901.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service for March:

Distribution in the March Army List, 1901.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Secured.
Surgeon-Generals	1	1	4	—	6	—
Colonels	1	6	11	1	19	—
Lieutenant-Colonels	22	25	63	1	111	4
Majors	31	177	151	3	362	4
Captains	22	165	125	1	313	6
Lieutenants	48	131	31	18	228	3
Total	138	417	375	25	957	27

There is little practical change as compared with February or January. The number at home is slightly less, the numbers in South Africa and at other foreign stations the same; the unposted number 25, of whom 18 are recently-gazetted lieutenants. The total is 957, or 15 more than last month, explained by the above gazettings; the total a year ago was 854, showing an increase on the twelve months of about 100, which is so far satisfactory. But it must be kept in mind that the Department is still quite 200 short of what it was forty years ago, when the duties at home and abroad were greatly less than they now are. We observe an increase of £125,000 in the Estimates for the permanent medical establishments, but to what extent this will increase the number of officers we do not yet know.

One hundred and eighteen retired-pay officers are still employed.

MARCH 20, 1901.

THE WAR OFFICE.

TO THE EDITOR OF THE TIMES.

Sir,—I read in your issue of yesterday a letter signed "Invalided Officer," complaining of "red tape" in connection with the examination of invalided officers by the Army Medical Board.

Allow me, as one who has twice recently attended before that Board, to express an opposite opinion. It is all a question of "first come, first served." An officer on entering the office of the Board has to enter his name in a book provided for that purpose, and officers (with the exception of colonels, who are examined first) are examined in the order their names are entered.

Officers are notified to attend at 1 p.m., but they can enter their names any time after 12 o'clock.

A notice is conspicuously displayed in the room officers are supposed to wait in, which says (1) that officers need not wait; (2) that they are examined in the order their names are entered; and (3) that the average duration of each officer's examination is ten minutes. By doing a very small mental sum it is easy for an officer to arrive at the approximate time of his turn for examination, and in the meantime he can go away and have his luncheon, or do whatever he has to do. So, wherever an officer may enter his name, it is not necessary that he should wait for more than 20 minutes at the outside. Your correspondent declares he waited from 1 to 5 p.m. I am afraid he exchanged his patience needlessly, and he must have been singularly unobtrusive to have spent four hours in the room without observing the notice I have referred to.

I am, Sir, yours faithfully,
ANOTHER INVALIDED OFFICER.

March 19.

HOUSE OF COMMONS.

TUESDAY, MARCH 19.

THE HOSPITALS COMMISSION.

In reply to Mr. DALZIEL (Kirkcaldy Burghs), who asked as to the sums paid respectively to members of the Hospitals Commission.

Mr. BALFOUR said,—A sum of £1,250 was paid to each member of the Commission except the chairman.

Mr. DALZIEL.—Do we understand he was unpaid?

Mr. BALFOUR.—Yes.

SOUTH AFRICAN HOSPITALS.

Mr. BURDETT-COUTTS (Westminster) desired to make an appeal to the leader of the House. Considering the great interest felt in the medical aspect of the vote, he hoped the right hon. gentleman would be able to give them a day, or half a day, for the discussion.

Mr. BALFOUR said the hour was still early (a laugh), but if it was not convenient to go on with the discussion now it could be taken on report, or, if not then, it must, of course, come after Easter.

Mr. BURDETT-COUTTS said, as the promise was caly conditional, he must go on now. (Hear, hear.) If the Secretary of State intended to base his reforms of the Army Medical Department on the recommendations of the Commission they would be a total failure. The inquiry had been partial and imperfect; the conclusions lame and impotent, and the recommendations framed on the wrong lines. The investigation had thrown a cloak over the defects of the department and concealed the causes and responsibility for them. The Commission went out to South Africa without powers to pierce the official defence curtain to be set up. "We have had to recognize," said the Commissioners, "that our private soldiers are very slow in making complaints. Witnesses would only state facts which they thought assisted their own views." When the Commissioners found this was the case they should have obtained the compulsory powers they could have had at any time by a stroke of Lord Roberts's pen. It was not within the bounds of imagination that an inquiry so circumstanced could succeed in getting at the truth. (Opposition cheers.) Within a single week of the disclosures in the Press and in that House a magic transformation took place throughout all the hospitals in South Africa, and that was the strongest proof of previous official neglect. He called attention to the complaints of the Chaplain to the Forces at Nerval's Post as to the way in which the evidence was slighted by the officers charged with the selection of evidence for the Commission. Moreover, soldiers had been examined under conditions very unfavourable for giving evidence, both at Netley and in South Africa. That was admitted by the Commission, which was virtually condemned out of its own mouth. When the Commission was appointed, was there any real attempt to get the evidence of men then in hospital in this country? He believed there had been no such attempt.

There must have been at least a thousand patients who had passed through the field hospital, and not a single one of these was examined by the Commission. (Hear, hear.) Of the seven survivors of the men left for hours at Bloemfontein railway station, not one was examined, and of 154 patients examined, only seven were asked questions as to the food when travelling by train. The Archbishop of Cape Town, when desirous of giving evidence as to deficiencies in hospital equipment, was curtly told the Commission desired no further information on the point. The real point was that new evidence was tendered with regard to the base hospitals, and that evidence was refused. He was not a lawyer, but he asked any lawyer in the House whether he had heard of a Judge and jury making up its mind in favour of a side against which evidence had been tendered and refused. He ventured to ask the Committee, Was this the reason we wished our colonies to learn with regard to our methods—that we were content with such an inquiry as this as a model for young administrations of the way in which we regarded the incidence of truth and justice in a matter of life and death? (Opposition cheers.) Then with regard to Lord Roberts's evidence. The morning after it was given it was published in South Africa, and its publication closed the mouth of every officer in the British Army. (Hear, hear.) He had been accused of insulting the Army. The real insult to the Army lay in the fact that officers were placed in the position of either contradicting the views of the Commander-in-Chief or remaining silent with regard to evils from which they and their friends had suffered. He therefore thought that the

publication of the evidence of Lord Roberts was the greatest blot on the history of the Commission. He also complained that the report of the Commission had been sent forth without the slightest acknowledgment of the kindness and self-sacrifice of loyal colonists in attending to the sick and wounded soldiers on their way to base hospitals. The Commission had allowed the lessons to be learned from the various civil medical organizations, because the spirit of the Department had prevented the whole inquiry and report, and would not admit that anything could be well done by a civilian staff. The inquiry had failed to give any true picture of the extent of the evil, had failed to point out any of the causes, and had failed to push home any of the responsibilities, and in the manner of conducting the inquiry and by refusal of evidence, allowing itself to be placed in the hands of an organization of one side, it reflected grave discredit on English public life. If this was to be an era in which we should set our house in order, and if for that purpose a full and relentless, searching examination was necessary, then this Hospitals Commission was the very worst model to take, for it was a farcical inquiry. (Hear, hear.)

1.0 Mr. DALZIEL (Kirkcaldy Burghs) pointed out that the Army Medical Corps was reported to be wholly insufficient in staff and equipment for the war, and recommendations that it should be increased were not acted upon. Who was responsible for this neglect?

SIR W. FOSTER (Derbyshire, Ilkeston) said the hon. member for Westminster had levelled against the Hospitals Commission some of the most serious charges he had ever heard levelled against any inquiry, and they deserved the grave attention of the Government. The hon. member had shown that the Commission started without proper powers, and never took the trouble to arm itself with sufficient powers; that it asked citizens of high standing to give evidence, and then refused the evidence they offered; and the Commission practically admitted the whole case made out in that House before the Commission was instituted. He contended that, taking this report as it stood and analysing the figures, it presented a very grave condemnation of the medical arrangements for the war, and the most amazing thing in the whole matter was that the only real conclusion the Commission came to was that another Commission should be appointed to do the work they did not do. (Hear, hear.)

Mr. BRODRICK replied, stating that he hoped before long to bring forward a scheme which would provide the country with a really effective Army Medical Service. The House was still sitting when we went to press.

MARCH 21, 1901.

The debate in the House of Commons on Tuesday was not concluded when we went to press. The subsequent proceedings were as follows:—

THE HOSPITALS COMMISSION.

Mr. BRODRICK said his hon. friend the member for Westminster had made a vehement attack upon the Commission and the principles which had guided its inquiry. But he would ask why should the sinister motives of a determination to shield the Army Medical Corps, to burke evidence, and to report in favour of the military authorities be attributed to the Commissioners? They were all independent men; they had nothing to gain from the Government; they were men of the highest character. (Hear, hear.) He believed they had honestly reported on the facts as they found them. (Hear, hear.)

1.50 Looking at this matter quite impartially he thought they ought not to cast an unmerited slur on people who had tried to do their duty to the best of their ability. It was not to be supposed that the Commission would cover the whole ground, nor would its report be the only guide for the future of the Army Medical Corps. For the organization of the Department he would not look to the report alone. He was quite aware that the condition of the corps was unsatisfactory in several respects. There was too small a choice of men to begin with, and until that was remedied there could not be an efficient service. He should certainly not attempt to build on the existing foundation, nor would he limit himself to official sources for inspiration. He was not in the least without hope that before very long the steps he was about to take would bring about a scheme for a really effective Army Medical Service. (Hear, hear.)

Mr. O'SHEE (Waterford, W.) said that Lord Justice Romer in his method of conducting the hospitals inquiry departed from all legal traditions and customs. All the evidence heard was evidence for the defence, and the judgment of the Commission was not that of a just and impartial tribunal. The report simply amounted to a special plea for the people in the dock. It was a Commission of whitewash altogether. He begged to move that the item for the expenses of the Commission be reduced by £1,000.

Mr. FIELD (Dulmā, St. Patrick's) contended that the report of the Commission was drawn up according to order to save the Government.

2.0 Mr. TULLY said the Commission was really an electioneering Commission. It had been sent out with a view to the general election. Two of the members of the Commission had got titles which they would not have received if their report had not been a whitewashing report. (Hear, hear.)

Dr. THOMPSON (Monaghan, N.) remarked on the effect the letters of the hon. member for Westminster had had on medical administration in South Africa. He had not the smallest doubt that the hon. member had been instrumental in saving the lives of thousands of men, and the country and the British Army owed a debt of gratitude to the hon. member. (Hear, hear.) He testified to the devotion to duty shown by the medical profession in South Africa.

Mr. CREAM (Cork, S.E.) declared his opinion that the appointment of the Commission was not to elicit facts but to shelter the mal-administration of the Government. It was a fraudulent Commission from the beginning. The report was absolutely worthless and misleading.

The hon. member was speaking at length when 2.50 Mr. BALFOUR moved that the question be now put.

The Committee divided, and the numbers were:—
For the closure 151
Against 72
Majority 79

SIR WILLIAM CHURCH ON THE ROYAL COMMISSION ON SOUTH AFRICAN HOSPITALS.

THE 125th anniversary dinner of the Medical Society of London was held on March 5th, under the chairmanship of Mr. J. H. MORRAN, who congratulated the members on the satisfactory position of the Society. The clinical evenings had proved very attractive, and under the careful guidance of Mr. D. H. GOODSALL the financial position of the Society was also satisfactory.

The toast of "The Visitors" was given by Mr. FREDERICK TREVES, and in reply Sir WILLIAM CHURCH made an interesting speech, in the course of which he observed that this was the first opportunity that he had had to allude to the work of the Royal Commission on South African Hospitals, of which he was a member. He said that though Mr. Burdett-Coutts in making his charges did not go so far as directly to attack Sir William MacCormac and Mr. Treves, he yet drew a sensational contrast between what he described as the actual state of things in the hospitals in South Africa and the laudatory speeches on the conduct of the medical department made about the same time in this country. He said that no Commission could have worked harder than that on which he served. The members landed at Capetown at about one morning, and sat to examine witnesses at 3 o'clock the same afternoon; for thirty-four days the Commission worked seven days a week, and on one afternoon at Johannesburg, they did not turn aside even for an hour to look at sights. The Commissioners satisfied themselves that at the time when Sir William MacCormac and Mr. Treves left South Africa there was nothing to call in question with regard to the medical arrangements; in fact, there had never been a campaign carried on by any country in which anything like such perfect arrangements for the sick and wounded had been in force. Both in Cape Colony and in Natal the care of the sick and wounded had been quite extraordinarily good down to a certain period—namely, the time when the army left the Modder River on the march to Bloemfontein. After the march the condition of affairs at Bloemfontein was most distressing and most bad. He thought that the letters written from Bloemfontein were calculated to convey the impression that these distressing circumstances were quite avoidable, but, without going so far as to say that everything was as well managed at Bloemfontein as possible, he thought that a fair judgment would concede that a great deal of the suffering was unavoidable. Lord Roberts had told the Commission that for fourteen days after he arrived at Bloemfontein he never knew whether he could feed his army or not. His first thought daily on waking was, Had he enough food to feed the army that day? For a great many more than fourteen days the commissariat was never more than twelve hours ahead of the army's needs. There was no use attempting to conceal the fact that the conditions of their sick was extremely distressing, but what would be the effect supposing suddenly in any one of our best managed hospitals three times the number of people were admitted than they had provision or attendance for? That was the case with the two general hospitals which were so much attacked at Bloemfontein. Without saying too much on the point, he might say that it was regrettable that it so happened that the principal medical officers of two hospitals on which the stress came were less capable than were the principal medical officers which the Commission came across. The outbreak of fever at Bloemfontein that continued on the whole march to Pretoria was at the root of the trouble. There was no doubt that the Army Medical Service, like the other parts of the army, was inadequate; all portions of the army were inadequate; no one had any idea of the magnitude of the task. There was no denying that many things went wanting, especially with regard to the hospitals. He would like to bear witness to the magnificent work which was done by a great number of the members of the Royal Army Medical Corps, not only the magnificent work which was done by them, but also the great powers of organisation which many of them showed. He would not mention any names, but in different places he came across men of great fitness who in extreme difficulties were obliged in important matters to exercise their own judgment entirely, to make their own arrangements, and perhaps to transgress the ordinary rules of the service, these men organised matters in such a way that the necessary suffering was in his opinion reduced very considerably.

THE TIMES, MONDAY,

MARCH 18, 1901.

THE WAR OFFICE.

TO THE EDITOR OF THE TIMES.

Sir,—I regret raising a cry of "red tape," when the War Office is suffering from so many attacks, but it seems time to raise a remonstrance against a course, consistently pursued for the past 12 months, of causing unnecessary trouble to officers invalided during the war. Twice every week a medical board is assembled to examine invalided officers.

Every officer is ordered to attend at 1 p.m. Consequently, while the first officer is examined at 1 o'clock, the last cannot possibly be seen before 5 p.m., and a period of four hours' waiting is conducive neither to the health nor to the temper of those indifferently well.

My own experience this year of medical boards includes an order not to attend a board I had already attended, and an order to attend a board assembled the day before I received the order. Even one of our "stupid officers" could, I think, devise a scheme less irritating than the present.

I have the honour to remain, Sir, your obedient servant,
March 14. INVALIDED OFFICER.



MARCH 21, 1901.

This Government has attained to some skill in the suppression of free speech, both here and in South Africa, but they find Mr. Burdett-Coutts rather a tough nut to crack. Thanks to the industry and persistence of that admirable servant of the Army, we are enabled to publish to-day a full report of the speech which he delivered in the House of Commons at an early hour yesterday morning. The speech was delivered too late for any adequate report in our issue of yesterday, and that lateness was the direct result of Mr. Balfour's new policy of "gagging" Supply. But Mr. Burdett-Coutts has become his own reporter, and supplied us with a copy of his own speech. On reading it we can fully understand why the Government were determined that the case of Mr. Burdett-Coutts should be hidden from the country. If there ever has been a more damning indictment of an inquiry into a vital matter of public import, we have yet to hear of it. Mr. Burdett-Coutts simply riddled the whole proceedings of a Commission, which now stands out almost as a scandal to a nation that can sit idly by and endure such things. It reminds us of one of those sinister Commissions which the Sultan of Turkey is wont to send round when his officials have done anything more than usually barbarous. This Government is fond of accusing its enemies of being hostile to the Army. But what offence against the Army could cry more loudly for redress than this deliberate and wholesale suppression of evidence, this repeated refusal of judgment, this bolstering up of abuses? The men offended in this matter are mostly dead, and those still alive are subject, either to discipline, or to the fine reticence of patriotism. But it was the business of this Commission to dig out the facts without fear or favour, and to bear the whole case before judgment. Mr. Burdett-Coutts shows that scarcely one of the important witnesses was called, and that scarcely any of the important charges were investigated. The defence was carefully organized, the hospitals were prepared for the visits of the Commission, and, as if to silence the whole army, Lord Roberts was called early, and his evidence published immediately throughout South Africa. Could anything be more inept? The result is that the only recommendation of importance is that the Government should rely for remedy on mere enlargement of the very system—the Army Medical Corps—that has most broken down. And this is the Government that so loves the Army! Their love does not go very far. It does not look back to those poor lads whom their neglect has doomed to an early grave in South Africa. It does not look forward to those who will perish equally miserably in any future campaign if that neglect is repeated, as it surely will be. Their love for the Army is just a shallow cry to delude the British people, as the French generals deluded France two years ago. When that boasted affection clashes with their own miserable party interests it turns to the ashes of indifference.

MR. BURDETT-COUTTS'S SPEECH.

After we went to press on the morning of March 20th, Mr. Coutts made a telling speech on the Hospitals Commission, of which the following are the most important passages:

ABSENCE OF COMPULSORY POWERS.

What was this Commission? Was it a tribunal appointed with a due regard to the peculiar circumstances by which the inquiry would be surrounded, setting forth equipped with ample powers to meet those circumstances, and to pierce the wall of official defence that was certain to be set up? It had none of those powers which were essential to its work, and the consequence is that weakness, inconclusiveness, and partiality run through every page of its Report. What has been the result of the absence of powers? I take it from the Report itself: "We have also had to recognise that our private soldiers are very slow in making complaints." Why did

not the Commission ask for compulsory powers? Witnesses would only state the facts which they thought assisted their own views, and by keeping back other information . . . would tend to give a false impression as to the true state of things." They could not get their questions answered. Compulsory powers, which would have included taking evidence on oath and of compelling the answering of questions, would have made this vain and futile examination impossible. At any moment the Commission might have obtained these powers. That is the declaration of the Commission—that the soldiers would not give evidence, that witnesses would not answer questions. Now, Sir, may I be pardoned if I remind the Committee that when I stated this here last summer I was told that any evidence on that account was to be discredited, and that I was insulting the whole British Army? When the Commission state it they are rewarded with a medical baronetcy and a legal Grand Cross of the Bath. I don't want to interfere with gentlemen getting these distinctions if they like them; but I wish they had been ear-marked as rewards for undertaking a laborious task rather than as implying approval of its manner in which the inquiry had been conducted. Now, Sir, I want to say two things about this remarkable declaration or confession of the Commission about the difficulties of getting evidence. If the Commission had placed it at the head of their Report instead of wrapping it up in an obscure paragraph, we should have known how to estimate the nature of the inquiry, and how to appreciate the value of the Report.

And the second thing I have to say is, when did the Commission first see it? Was it at Cape Town, a little later? Where was it? In any case why did they not apply to Lord Roberts for compulsory powers? He could have given them under martial law by a stroke of his pen, as he gave them to the Concessionary Commission presided over by my honourable friend the member for Warwick and Leamington. But the Commission chose to go on without them.

AN ORGANIZED DEFENCE.

Now, Sir, I have drawn attention to what I have called a "sinister corollary" to the absence of powers, and that was the presence of an overwhelming organization supervising the inquiry, choosing the witnesses, producing the greater part of the evidence, acting as amicus curiae throughout the investigation; whereas there was not the slightest attempt at organization, there was not a single guiding voice or assisting hand to help the other side. Sir, I don't want to insinuate who was to blame for this state of things. All I say is that it is not within the widest stretch of imagination that an inquiry so conducted could arrive at the truth. The Commission discarded the suggestion that there was any possibility of getting evidence as to what had taken place by a personal inspection of the hospitals at the time of their visit to South Africa; the "magic transformation scene" which took place within a week of the disclosure in the witness box, and which, in my mind, is the very strongest possible argument establishing previous official neglect, had cleared away most of its traces. But there was no concealment about the setting up of the case. Two officers of the Royal Army Medical Corps were appointed to go round the hospitals, select the evidence, and prepare the way for the Commission. One of these returning home stated in public, while the Commission was still sitting, "Every man in the district, if possible. Everything that mortal knowledge and foresight could supply was at hand. Many of the Hospitals generated their own electric light and manufactured their own soda water." This was the picture presented to the Commission, which was appointed to inquire into the bell-tents at Bloemfontein. I seem to hear the echo of the speeches at the Reform Club banquet on April 29th: "Everything that provision could suggest or money supply was present on the spot."

Now it may be stated—in fact, I think I have seen it stated in a high quarter—that these two officers were appointed to collect the whole evidence, i.e., as much against as for the authorities. I want to call the attention of the Committee to something more about those two gentlemen who were appointed to get up the case. It is contained in a letter from the Chaplain to the Forces at Norval's Point. The proceedings of the two officers are thus described in a letter to the President of the Commission printed in the evidence, which runs as follows:

"To the Right Hon. Lord Justice Romer, Chairman of the Royal South African Hospitals Commission.—About August 2nd two majors of the R.A.M.C. came to Norval's Point, saying that Lord Roberts had sent them to visit all the military hospitals in South Africa, and ascertain where there was evidence for the Hospital Commission, and then to meet the Commissioners in Capetown, and act as guides to them. To one of those gentlemen I told some of the distressing things that had come to my notice here; for example, how during May entire and dysenteric patients had to walk 400 yards to a latrine; how, during June, there were first no bed-pans, disinfectants, or nurses, although the war had passed away north in the middle of March; and the railways from Capetown and Port Elizabeth were clear, and the neighbouring civil hospital, the Edinburg, had all it needed; how so-called convalescents arrived here actually suffering with enteric, and were sent on again somewhere else a few days later; and how I had seen them coughing or lying by the railway line for hours before a train was due. Mention was also made in our conversations of the fact that a Board of Inquiry into hospital officers' mess expenses had sat, as a result of which, while these two gentlemen were still here, the Senior Medical Officer was suspended; and also of the fact that letters from a civil surgeon here, commenting severely on the treatment of the sick and wounded, had got into a local newspaper, and so into 'The Times.' Yet this officer, giving evidence before your Commission in Capetown, said, 'There was no cause for complaint of any kind at Norval's Point.' (Cape Times' report, 22nd August.) This was one of the officers who got up the case for the Commission, and that is my answer if it is contended that they were ordered to do their work impartially."

SOLDIER-PATIENTS' EVIDENCE.

Now as to the method in which patients were examined. There was not only the state, but to

Netley, when they examined on a single afternoon in the wards of the hospital, 70 out of the 154 soldier-patients examined during the whole inquiry; but nearly all the other patients were examined in batches in hospitals, their comrades and officers knowing perfectly well the sort of evidence they were going to give and had given. Is it not incredible that this method of examination should have been adopted? When the Commissioners themselves say, "Especially while the men are in hospital, they may be deterred from complaining by fear of consequences," the Commission condemns itself out of its own mouth.

To hear these soldiers, who have been the real sufferers, and have seen their comrades suffer and die; to hear them, not on formal visits to hospitals, surrounded by official supervision and many other deterrent conditions, but, individually and apart, and by careful examination to get out their whole story; finally, to hear them in the largest possible number, especially with regard to the times and places which led to the inquiry—these methods were more essential to a just conclusion than volumes of evidence from official and Army medical authorities, placed on their defence, and practically monopolising the witness-box.

1. At the time the Commission were appointed, there must have been in the case some 5,000 of 4,000 soldiers who had been patients in the hospitals, and at the times of which I complain. The record of every patient who had been in hospital, what hospital he had been in, when he had been there, how long he had stayed, was in the hands of the Department. Was any real effort made to search out these men or to take their evidence? There was the afternoon visit to Netley; the patients there were taken by-lap. That was all.

2. The Commission will remember that one of the main points to which attention was directed last summer, one of the main things that led to the appointment of the Commission, was a description of a certain field hospital at Bloemfontein. The Commission recognise the importance of this case. They devoted two whole pages, and they came to the feeble and most inconclusive verdict, "Now, Sir, before the appointment of the Commission at least 1,500 soldiers must have passed through that hospital as patients. As far as I can see, and I have examined the evidence very closely, not a single man who was in that hospital as a patient was examined before the Commission."

3. Take another case, the case of the eight patients on the platform at the Bloemfontein railway station. I have pointed out how the Commission, in spite of my personal evidence who was there; in spite of the evidence of the honourable member for Hereford and Bromley, who was also there; in spite of the evidence of the civilian medical officer, who received the patients at the Irish hospital—the Commission accept the story of the Principal Medical Officer, who was really responsible for the scandal, and recite it as their own, with some such painful after-thought. But, Sir, what I want to ask is this. Why did they not call at least one of the seven surviving men of that incident? Not one was called. Throughout this inquiry and in my report there is almost a contempt for the evidence of the men who have suffered, and an undue prominence given to the evidence of those who were to a large extent responsible for their suffering.

4. One of the strongest complaints I have made against the medical arrangements was the bad feeding of convoys of sick and wounded sent by train, mostly in open trucks. People who read the papers no doubt have the idea that the majority of the patients are transferred in those ambulance trains with their berths and corridors and kitchens, and so on. What are the facts? During the months of May, June and July, the numbers that went from Bloemfontein by ambulance train were 610, and by other trains 7,435. I have stated that in great part these other trains were provided only with ordinary rations—that is, bully beef and biscuits, for enteric and dysenteric patients; that though there was condensed milk, there was no portable appliances, which would have been a very simple matter, to warm it or to make beef tea. How does the Commission pursue its inquiry into this matter? Out of 154 patients who were examined, only 7 were asked questions about their feeding on trains. Four of these stated they only got bully beef and biscuits. This is how the Commission inquired into the important question of the food of those convoys, and this is the basis of their verdict. (From Bloemfontein.) "We think that sufficient and proper food and medical comforts were provided for them." (From Kroonstad:) "As a rule, we think that proper food and comforts were provided for the men on the journey." (General conclusions:) "Before the men started on any journey they were, as a rule, well supplied with such comforts, as well as with proper food."

REFUSAL OF EVIDENCE.

1. I will now deal with two individual but important instances of the methods of the Commission with regard to evidence. I take first a letter from the Archbishop of Cape Town, who writes as follows:—

"The Hospitals Commission is returning this week. Whether the result will justify their mission is, I think, very doubtful. There can be no doubt but that while the defence was thoroughly and completely organized, the fact that it was no one's real business to make the attack made the case against the authorities very difficult to establish."

"I had said all I knew, or the most important part of it, on paper and forwarded it to the secretary. But in spite of this they so strongly urged me to meet them that, though it involved much inconvenience to myself and to others, and caused me an additional journey of 600 miles, I came to Cape Town to be asked two or three questions which I had already answered on paper and to be examined after about five minutes. When I wished to hand in some evidence afterwards about the serious deficiency in hospital equipment even at the hospitals near Cape Town, I was somewhat curtly informed that the Commissioners had no further information on that point."

For one thing one may be thankful. I have heard it said far and wide that from the moment the controversy was raised in England and here the comforts of the patients were much better attended to.

He tendered new evidence with regard to the base hospitals, and that evidence was practically

Now let us look at the verdict of the Commission about the base hospitals. They quote the opinion of the staff commander at the base, who was really in a military sense responsible for the condition of the hospitals. "They were all housed, and all had good mattresses to lie on, and were well looked after—much better than I have ever seen on service elsewhere." I wonder if he has ever seen a campaign where the base was at a great town and a great port provided with every comfort that the world could supply. However, that is the opinion of the base commander responsible for the hospitals, and that is the verdict of the Commission. Considering what hundreds, almost thousands, of people know about the base hospitals, it is an extraordinary verdict. But that is not my point. The Commission made up their mind with regard to the base hospitals that they didn't want any more evidence.

Now, Sir, I'm not a lawyer. But I put it to any lawyer here present—Did he ever hear of a Judge or a jury refusing new evidence, and then making up their mind in favour of the side against whom that evidence would tell? That is exactly what the Commission did in this case.

2. There is another case which I mentioned in one of my letters, and which is so similar to that I have just related that I will remind the Commission of it here. It is connected with what is known as the "Intombi Scandal." With regard to that matter, the Committee went the evidence of two Army Medical Officers, and the evidence of an Army Service Corps officer who was appointed by Sir George White to inquire into the matter. The latter officer gave evidence against the medical arrangements. The Commission give their usual verdict: "But we think, after making all just allowances, that no complaint can reasonably be made with regard to the steps taken by the authorities, or the way in which the patients were looked after." I may say that the main complaint against Intombi was the stealing of the patients' food and comforts by the orderlies and nursing-mistresses. But that is not the point I want to make. There was another Court of Inquiry into Intombi which is actually referred to in the evidence, composed of three officers, and one of those officers wrote to the Commission stating that the evidence taken before that Court would be of great value, suggesting that they should call for it, and offering himself to appear as a witness before the Commission. The Commission called, and he never had any answer to his letter. And yet the Commission say there was no just cause of complaint as to the way in which the patients were looked after. This officer who wrote to the Commission is a well-known member of the Natal Legislature, and served throughout the war with considerable distinction as an officer of the Natal Volunteers. He naturally feels somewhat strongly on the subject, and writes: "If the hospitals were a scandal, it seems that the work of the Commission is going to be a greater scandal."

A MODEL FOR THE COLONIES.

Now, Sir, I put this opinion of a leading Colonist side by side with that of the Archbishop of Capetown—and if it served me I could give other equally strong and authoritative opinions from the Colony—and I want to ask the Commission: Is this the lesson we want our Colonies to learn of our methods in such a matter? Remember, far and wide over there they have seen and known what happened. Their own sons and brothers have suffered from our mismanagement in the conduct of the campaign. And we tell them that this is the sort of inquiry into those things with which England is content, and we ask those young administrations to accept this model, stamped with the Mother Country's high authority and honour, of how we conduct our public business, and how we guard the interests of truth and justice, in a matter of life and death. Do you think this will increase the love and honour of the Colonies for the Mother Country? Do you think this will strengthen the tie which at best depends on the moral force of a high example, upon that purer conception of public life and that more just and honest regard for public truth which the Colonies look for from the Sovereign Government and the Mother of Parliaments.

PUBLICATION OF LORD ROBERTS' EVIDENCE.

I have spoken much of the evidence the Commission did not take. I now desire to say a few words about how they treated certain evidence they did take.

At Pretoria, when the Commission had but half completed its inquiry, Lord Roberts gave evidence. As is well known, Lord Roberts' evidence was highly favourable to the medical arrangements in the war. I am not going to discuss the opinion of Lord Roberts on this subject. I am only dealing with the action of the Commission. Lord Roberts' evidence was published the next day throughout South Africa. The publication of that evidence from that moment closed the mouth of every officer in the British Army. What is the custom in courts-martial and councils of war? Is it not that the junior officer gives his opinion first and so on upwards in the successive ranks, the opinion of the senior officer being taken last, in order that it should not affect the free expression of opinion by his subordinates?

The case is infinitely stronger here. All the witnesses had to come forward voluntarily. Who was Lord Roberts? He was the most popular commander of modern times. He was Commander-in-Chief of the forces in South Africa. He was the future Commander-in-Chief of the British Army. Talk about insulting the Army. Did not the real fault lie in placing officers in a position where they must either condemn the views of their Commander-in-Chief or be silent as to evils from which they knew their men had suffered?

What did we hear the other night from the right hon. gentleman the Secretary of State for the Colonies? That when Lord Roberts had given his decision it was not permitted even for the House of Commons to discuss the merits of the case or to have any other opinion. A fortiori, how could you expect officers of the Army to come forward, not under compulsion, but spontaneously and of their own free will, to contradict the authoritative opinion and to traverse the published decision of their Commander-in-Chief? Mr. Lowthion, the publication of Lord Roberts' evidence by the Commission before the close of the inquiry was the greatest

barrier that was ever placed against the truth coming out in an inquiry like this.

A RIOT.

Sir, I will make but a brief reference to what I frankly own I think the greatest blot in the history of the Commission, and that is the refusal to hear the witnesses I offered to send before them. I had spent four months collecting this evidence; it came from the most capable and intelligent set of eye-witnesses I have ever met, brave men who scorned to complain of hardship in the field, but whose practical common-sense had been offended by seeing men suffer and die from defects in hospitals which they knew were easily remediable and improved; whatever it was that they had nothing to do with military exigencies. The Commission had been all along in the hands of the Department. They had practically promised to take the evidence in England on their return; they refused to do so. I leave this matter, and the only inference that can be drawn from it, to the Commission and the public. All I say is that, had they heard those witnesses, it would have been impossible for them to have presented such a weak and vacillating Report.

THE RECOMMENDATIONS OF REFORM.

Sir, the complexion which colours the Report throughout is shown to be fatal when we come to the Commission's suggestions of reform. Whatever is firm—and it is very little—is partial to the Department; whatever is not partial to the Department is feeble to a degree.

I can only very briefly touch on some of their proposals.

They recommended first—first, mark you!—the increase of the R.A.M.C. Rather than add to that Corps until its medical efficiency is absolutely transformed, it would be better to do away with the corps altogether, leaving enough surgeons for service in the field, and possibly a small department for carrying on the military and housekeeping functions of a military hospital, and depending for the rest entirely on the civilian profession. Then having in effect laid down the principle that militarisation must go hand in hand with the employment of medical aid to the Army, a principle which I say is contradicted by the whole experience of this campaign, they leave entirely out of account, they do not touch on, the opportunities offered for the working out of their principle by the auxiliary forces.

A COLONIAL LESSON LOST.

This brings me to an instance where surely a tribute was due, but none has been paid, and which also touches closely the question of reform. The Commission has heard of the New South Wales Medical Contingent, with its fine field hospital and gallant Bearer Company. It was a sort of Militia medical service in the war. It was a sort of Militia service, but its medical officers were mostly distinguished medical men in the Colonies, who left their practices and gave their services. Their staff, non-coms, and orderlies were splendidly disciplined and efficient. There was no loss of patients, money and property in the N.S.W. Field Hospital. Wherever there was firing, the N.S.W. Bearer Company was sure to be close at hand at the right moment. Yet, with the exception of a brief and courteous mention, there is no tribute of any kind to this splendid Colonial service in that department of the campaign which the Commission was sent out to inquire into. No; it did not belong to the Department. But I call the attention of the Secretary of State for War to another omission, surely an important one in these days, when the extension of the auxiliary forces plays such a large part in his Army scheme. The lesson which the Colonial Militia Medical Service teaches is absolutely lost on the Commission. They do not inquire into, they make no comment on its bearing on the question of enlargement of the Medical Service.

CIVILIAN AID—ANOTHER LESSON LOST.

But on the question of civilian aid, to which I have referred, the Commission got into the most hopeless tangle, and made the most confused, contradictory, and futile recommendations that it would be possible to put forward. You don't find the fatal flaw until you look into the body of the Report, and there you see how the spirit of the Department, grasping at complete control, has permeated the Commission, and set them on the wrong track in this matter. They recommended the mixing up of the R.A.M.C. officers with civilian doctors in medical work. "In forming other hospitals and utilizing these surgeons, it was found essential to have a certain number of doctors of the Royal Army Medical Corps in each hospital and an army doctor at the head." Nothing of the sort was found to be the case. The private hospitals which did such successful work in the campaign, such as the Yeomanry, the Irish, Scotch, Welsh, and many others, directly contradicted the view. These hospitals, with complete civilian staffs and only one R.A.M.C. officer to form a link with other Departments, afforded an irrefutable proof of the value of self-organized, self-controlled, independent civilian medical aid, and of the facility with which it can be applied for the period it is required, thus saving the nation the expense of keeping up an inflated Department. The Commission are absolutely blind to the lesson; it was one which the Department did not like, and one which, by putting every obstacle in the way of these private hospitals in the beginning of the war, they tried to avoid being taught.

Having shut their eyes to this lesson, the Commission crosses their way about the question. In one place they approve of Army rank being given to Army doctors; in another place they say it tends to "the hospitals being regarded as barracks," and to "the patients being regarded too much as soldiers, and not sufficiently as patients," and they illustrate this by the fact that "when an officer"—yes, and it is so with the Army doctor, because he is an officer too—"enters the ward all the patients who are able to do so have to stand to attention."

And, Sir, although they have before them proofs of the friction caused by mixing up R.A.M.C. and civilian doctors, although they have the picture of what occurred at the No. 5 General Hospital at Bloemfontein, where the relations between the two classes disorganized the whole work, with regard to which the P.M.O. of South Africa says "be know of the friction," and added the strange remark that he thought "the friction would go on until the machine stopped"; and although they mildly disapprove of this state of things, yet they recommend that the conditions which led to it, and from

which I believe it is inseparable—namely, the mixing up of R.A.M.C. officers and civilian doctors—should be repeated in all cases.

ORDERLIES. "NOTHING IN THE NATURE OF A SCANDAL."

There is nothing so feeble in the report as the treatment of the question of the orderlies. Throughout the campaign there was hardly a hospital where the patients' money, watch, little articles of value, and even clothes, were not stolen from him while ill or from his body when dead. The food and stimulants were stolen from poor patients and sold to those who could pay for them. No more disgraceful scandal has happened than the conduct of this part of the Medical Service, with regard to which, as a whole, the Commission says there was nothing in the nature of a scandal. They have found out about the orderlies, and recommended that further inquiry be made, with a view to stopping it in the hospitals. But there is no effort to examine the causes, which are inherent in the service, in its recruiting, its pay, its inefficient discipline; and there is a studied avoidance of attributing any responsibility to anyone for this widespread and shameful abuse.

CONCLUSION.

If we have entered on an era when the Imperial and national demands of our position call for so much for new legislation as that we should put our house in order, and if that can only be done in every department by a full, searching, and relentless investigation of its defects, then the worst model we can adopt for that process, and the weakest and remotest basis of reform, will be the inquiry for which we are now voting this large sum of public money.

THE TIMES, SATURDAY, MARCH 23, 1901.

THE HOSPITALS QUESTION IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—As I am going abroad for a short time, after nine months' continuous application to one subject, will you allow me a brief space in your columns for a more grateful purpose than that to which I have recently had to apply the same privilege?

I desire to thank most sincerely and warmly a multitude of correspondents, both at home and in the colonies, who have written to me during the above period and whose letters, numbered by thousands, it has been impossible in many cases for one person to answer or even acknowledge.

Placed as I have been, I do not know whether most to value the information, instruction, and advice they have contained, or the sympathy, encouragement, and gratitude which, coming mostly, but not only, from humble quarters, have so often brightened the more difficult stages of a toilsome journey. With the goal now well in sight, owing to the broad and enlightened views of the present Secretary of State for War, I am inclined to dwell for a moment on the moral force and sanguine motive which the aggregate good will of individuals, known and unknown, can lend in such a cause. It is well to remember in these hasty days that beneath the turmoil of action and the hard task of bread-winning there is a deep and quiet current of generous sympathy and reflective kindness which enriches and strengthens the work alike of those from whom and those to whom it flows.

As one of the latter, I hope you will allow me to thank all whom I can reach by no other means, and whom, perhaps, I could thank in no better way than by saying that each of them will have had his or her share in the assured result:—"Come another war, Thomas Atkins will have a better time."

I am, Sir, your obedient servant,
W. BURDETT-COUTTS.

1, Stratton-street, W., March 22.

PALL MALL GAZETTE.

MARCH 23, 1901.

THE S.A. HOSPITALS COMMISSION.

Dr. Thompson asked the Secretary of State for War, with reference to the recommendation of the Royal Commission on South African Hospitals, that a committee of experts should be appointed at some early and convenient time to inquire into and report upon the steps needed to effect the objects indicated in Part IV. of the Royal Commission's Report, whether he would state when he intended to appoint this committee of experts and its composition.

Mr. Brodrick: I am not in a position to make a statement. But no time will be lost.

MARCH 23, 1901.

THE HOUSE
MARCH 23, 1901.

THE HUNTERIAN SOCIETY.

SIR WILLIAM MACCORMAC ON THE MEDICAL ARRANGEMENTS IN SOUTH AFRICA.

THE annual dinner of the Hunterian Society of London took place on March 15th, when the chair was taken by the President, Dr. DUNDAS GRANT, who proposed the toasts of "The King and Royal Family" and "The Navy, Army, and Reserved Forces," the latter being acknowledged by Colonel RAFFLES THOMPSON, of the 24th Middlesex (Post Office) Rifles.

The toast "The Hunterian Society" was given by Dr. FVE-SMITH, who recalled some of the eminent men who had occupied the presidential chair of the Society in the past. The toast was acknowledged by Dr. HINGSTON FOX, Treasurer.

The toast of "The Guests" was given by the PRESIDENT, and acknowledged by the PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS, the PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, and Dr. FAY, the President of the Royal Medical and Chirurgical Society.

Sir WILLIAM CHURCH referred to the work of the Royal Commission on South African Hospitals, and observed that the mode in which the charges were made had appeared to convey the impression that Sir William MacCormac and Mr. Treves had deliberately misrepresented the state of things in South Africa. This was far from being the truth. The inquiry of the Royal Commission had been most careful and impartial, and it had fully confirmed the favourable opinion expressed by Sir William MacCormac and Mr. Treves with regard to the earlier phases of the war. Later great difficulties had arisen, and the sick and wounded had suffered. But though there had been individual failures, he was convinced that the Army Medical Corps had done all that was possible.

Sir WILLIAM MACCORMAC said that, with regard to the criticism which had been levelled at their utterances neither he nor Mr. Treves attached much importance thereto. He thought that much of it had been made in ignorance, and was quite worthless. Their critics, he urged, evidently had no proper conception of the requirements of war. He himself had all along adhered to the position that the work of their brethren in the Army Medical Corps had been extremely good. Under circumstances of extraordinary difficulty and stress, they had come forth with the consciousness that there had been no scandal and no serious shortcomings. No doubt there were individuals who had not shown themselves to be what they ought to have been; but to him it was a matter of wonder and astonishment that, under the great trials to which that service had been subjected, its members had done so well; and on no previous occasion in the history of the country had the service been subjected to such strain and trial. He thought the officers of the Royal Army Medical Corps had done extremely well, especially considering how short the Corps was in point of numbers. There were only 500 officers, whereas there ought to have been at least 1,200. The establishment was intended to serve two Army Corps, whereas there were six in the field. That it had responded to this unprecedented call without a complete breakdown was, he thought, a matter for great congratulation. It was now suggested in high quarters—and he thought there was nothing so deplorable as this—that the fault lay with the officers; but it was very hard when men had done their very best, had suffered death in many instances, not merely in the field but in the daily discharge of their duties, that these men should be deprived of the sympathy of those in high places. One of two things must be done; either the medical department of the army would be swept away altogether, or, if it were retained, it must be kept on a much better footing than it now was. Medical officers must be placed on a higher status. Their chief was not accorded the high place he deserved to occupy and which he occupied in other countries. He knew personally that the Chief of the German Army Medical Corps occupied a very different position. He was respected and his word was law, whereas in this country the Director-General occupied quite a subordinate position, not only in regard to pay but also in regard to his official status. If the country wished to have such an Army Medical Service as it ought to have, that service must be accorded a certain amount of sympathy, it must have its proper level and proper pay if its ranks were to be filled. He mentioned that on the occasion of the last examination only five or six candidates came up to fill the numerous vacancies which existed. The profession owed a debt of gratitude to its medical brethren for the way they had done their duty under the circumstances. It was not the first time he had had experience of war, and he could say that never had he seen the sick and wounded better cared for than in the present campaign, a conclusion which was endorsed by the Report of the Royal Commission.

Dr. FAY also responded.

The toast of "The President" was proposed by Dr. HERMAN and duly acknowledged.

The last toast was "The Officers of the Hunterian Society," proposed by Mr. CLERMONT LUCAS, and responded to by the SECRETARY.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENTS.]

Civil Surgeons and War Gratuities.—Sir Andrew Agnew asked the Financial Secretary of the War Office last week if civil surgeons and nursing sisters employed in South Africa would be entitled to the same war gratuity as those connected with the army. The reply given was unfavourable on the ground that both were employed on definite contracts and were therefore not entitled to receive the question of the pay of civilian medical practitioners as compared with the gratuities granted to civilian veterinary surgeons and civilian surgeons holding commissions in volunteer and militia regiments. The reply given by the War Office was to the effect that civilian veterinary surgeons were paid at army rates, as were also militia and volunteer surgeons, and so were entitled to gratuities not granted to civilian surgeons employed at home, who are engaged on special terms and treated accordingly.

THE TIMES, WEDNESDAY, APRIL 3, 1901.

ARMY NURSING REFORM.

Lord Raglan, Under-Secretary of State for War, yesterday received a deputation from the Matrons' Council of Great Britain and Ireland, who laid before him suggestions of a practical nature in reference to Army nursing reform.

The deputation consisted of Miss Isla Stewart, matron of St. Bartholomew's Hospital and president of the society, Mrs. Bedford Fenwick, president of the International Council of Nurses, Miss M. Huxley, matron of Sir Patrick Dun's Hospital, Dublin, Miss G. Knight, matron of the General Hospital, Nottingham, Miss Mollet, matron of the Royal South Hanpts Hospital, Southampton, Miss Beatrice Jones, matron of the Victoria Park Hospital, and Miss M. Beay, hon. secretary. The matrons presented a report advocating the need of a nursing department at the War Office affiliated with the Medical Department, and superintended by a fully-trained and experienced administrative nursing officer, whose duties might advantageously include the selection of all nursing sisters, the organization and maintenance of discipline, and periodical inspection of the nursing department, and domestic arrangements in connexion therewith in military hospitals. The report also defined the standard of training and grades of nursing officers and orderlies, and laid great stress on the necessity that all orderlies should be placed when on duty in the wards under the authority of the nursing sisters. With regard to the Army Nursing Service Reserve, in the opinion of the Matrons' Council the organization of an effective reserve can only be satisfactory if kept up to a minimum standard in time of peace; as a fundamental principle any such reserve must be an integral part of the Army Nursing Service, and consequently under the control of the War Office, in time of peace and war. Every element of lay control and philanthropy should be eliminated from its constitution.

Miss Isla Stewart supplemented the report by pointing out that the nursing sisters had no control over the orderlies or the ward master, who was responsible for the cleanliness of the wards and diets of the patients, and urged that the sister of the wards should be placed in a position of control in regard to these matters.

Mrs. Bedford Fenwick considered that the organization of an efficient reserve service could only be effected by the co-operation of the leading nurse-training schools, the matrons of which institutions were most capable of selecting suitable volunteer sisters as required. It was imperative that there should be a general nursing superintendent and central office at the seat of war, and in addition district superintendents, as well as sisters and orderlies. She strongly advocated the formation of a nursing department at the War Office which would be responsible for the organization and control of the regular and reserve nursing services.

Miss Huxley suggested that the Government should pay a retaining fee to the principal general hospitals for a guaranteed supply of trustworthy sisters in time of war.

Miss Mollet said that male nurses worked well under the authority of sisters, a system of which she had had experience.

Lord Raglan stated in reply that he would lay the report before the Secretary of State for War, and expressed himself as extremely interested in the various suggestions made by the matrons.

The deputation then withdrew.

THURSDAY, APRIL 4, 1901.

THE DEPUTATION ON ARMY NURSING.

TO THE EDITOR OF THE TIMES.

Sir,—I see that certain ladies, calling themselves by the important name of the "Matrons' Council," were received as a deputation yesterday by Lord Raglan, to whom they expressed their views on Army nursing. Their views may be right or wrong. I am only concerned to point out that these few ladies do not represent in any sense the nursing profession, or the matrons of the London or provincial hospitals. They are a self-constituted body, not elected by the matrons of any of the principal hospitals, and, with the exception of St. Bartholomew's, there is not on the so-called "Matrons' Council" a single representative of a training school for nurses, even of second importance.

No one can object, of course, to any one trying to improve Army or any other nursing; on the contrary. But the name taken by these few ladies gives a fictitious importance to their views and probably led to their being received by the War Office at all, and it seems to me necessary, however ungracious it may seem, to say so.

Yours faithfully,
SYDNEY HOLLAND, Chairman, London Hospital.
April 3.

Allowance Regulations.—Persons entitled to Hospital Diets—Rates of Stoppage.

Substitute for sub-para. (4) of para. 65 of the Allowance Regulations:—

Persons entitled to be admitted.	Under what circumstances.	Daily rate of stoppage.
(A.) Pensioners or other persons employed in Army departments, including warrant officers and servants in military posts.	When admitted on account of injuries received in the performance of their duties, or on account of illness distinctly traceable to the nature of their work:— (1.) Persons who are entitled to full pay during the first period of their incapacity (2.) Other persons When admitted under any other exceptional circumstances, but not in cases of contagious or infectious disease, which are provided for under (A)	1s. Free. 2s.
(B.) Persons whose injury is due to their own serious and wilful misconduct will be subject to a daily stoppage of 2s.		
(C.) Persons who have been offered, and have declined, the provisions of the scheme of compensation certified under the Workmen's Compensation Act, 1907 are not entitled to admission to military hospitals when injured. If admitted in special circumstances with the approval of the General Officer Commanding, they will be subject to a daily stoppage of 2s.		

A.O. 100, April 1901, page 38.

point of view, was an extremely unsympathetic one, and in my opinion should have had at least one military medical officer on it who, by his

Royal Army Medical Corps—Enlistment of Trained Men.

1. It has been decided to enlist a certain number of trained men for service in the Royal Army Medical Corps during the present war in South Africa.

2. The conditions under which men will be accepted are as follows:—

(a.) Enlistments will be for the period of 1 year, or, if the war lasts longer, for the duration of the war. In the event of the war being over in less than 1 year they will have the option of being discharged at once, or of completing 1 year's service.

(b.) They must be not less than 20 nor more than 40 years of age.

(c.) They must be up to the physical standard of a Royal Army Medical Corps recruit as laid down in the Recruiting Regulations for the Army, except that there will be no maximum limit of height.

(d.) They must be medically fit for active service.

(e.) They must produce written evidence, satisfactory to the medical officer who examines them, and they possess a fair knowledge of ambulance and nursing duties, such as certificates of proficiency in first aid, ambulance, and nursing, from recognized corps, institutions, or societies.

(f.) They must produce certificates of good character from their last employer, or from a person of position. Men who have previously served in the Army, Royal Navy, or Royal Marines must also produce their discharge certificates.

(g.) Married men may be accepted, and facilities will be given, when possible, for their families joining them in South Africa on the termination of hostilities, should they desire to remain in that country.

3. Men of the Volunteer Medical Staff Corps and Volunteer Brigade Bearer Companies will be accepted, if

* Issued as a Special A.O., Serial 1118, March, 1901. recommended by their commanding officers, and otherwise suitable.

They will be considered as supernumerary to their corps from date of enlistment.

4. All men accepted will be enlisted as privates, and will receive all the advantages of soldiers in the Royal Army Medical Corps; that is, a free kit, free rations on active service, free passage abroad and home again, and a gratuity of 5l at the termination of their engagement, in addition to any gratuity given to the troops at the end of the war.

5. Men will be paid at the rate of 3s. a-day, which will be inclusive of all pay and allowances, except that men qualified as compounders of medicines will receive extra-duty pay at 6d. per diem, when employed in that capacity. Candidates who are compounders of medicines should be required to state this fact in answer to Question 5 on attestation, and to produce the minor certificate of the Pharmaceutical Society or a similar diploma, such as that issued by the Society of Apothecaries in London or Dublin, or testimonials from a medical practitioner or chemist that they have performed the duties of compounder during the last 3 years.

6. The families of married men will be entitled to separation allowance at the usual rates.

7. Men joining from Government employment will, if possible, have their places kept open for them, provided leave is given them to enlist.

8. If discharged in consequence of wounds, injuries or disability, received, or contracted while on active service, they will be entitled to pension in accordance with the Royal Warrant.

9. Application is not to be made by letter, but personally to the nearest recruiting office.

10. On enlistment men will be sent at once to the Depot, Royal Army Medical Corps, Aldershot, to be clothed, paid and prepared for early embarkation.—A.O. 86, April 1901, page 17.

of enlistment more elastic, or by making them more attractive in other ways, it might be possible to obtain a better class of men than those who have been induced to enter under the existing regulations. LORD RAGLAN declared that the Government were fully alive to the great importance of the question of a thorough reorganization of the medical service; and that, in order to effect this, they would avail themselves to the utmost of any advice or assistance they could obtain, either from the heads of the medical profession or from any source whatever. So far as the public is able to judge, no progress beyond the taking of advice has yet been effected; and, in many quarters, much disappointment has been expressed at the delay. With this disappointment we are unable entirely to sympathize; for no reforms are so little likely to be beneficial as those which are decided upon and carried into execution in a hurry; and it will certainly be to the advantage of the public that any complete scheme for the improvement of the Medical Department should receive careful consideration before it is adopted, and should be open to the criticism of all those whom it may concern. The actual prosecution of the war must at present occupy the main energies of the War Office. It may be assumed that the arrangements for the care of the sick and wounded have been licked into some sort of shape under the rough teachings of necessity; and any attempt to alter them at the present moment would be more than likely to result in a return to chaos.

It would be difficult to suggest any more emphatic condemnation of the system under which the Army Medical Corps is at present supposed to be organized than that which is conveyed in the recommendation of the Royal Commission that a departmental or other committee of experts should be appointed to inquire into and report upon the steps needed to effect certain objects, the first of which is "the establishment of the staff of officers and orderlies of the Royal Army Medical Corps, and its equipment, on a scale sufficient to enable it to discharge adequately the duties ordinarily cast upon it in time of peace, and by the smaller wars in which the Empire by its vast extent is so frequently engaged." It is tolerably clear that if the present organization, as from this finding it must be assumed to be, is inadequate to the duties required from it, even in time of peace, it must of necessity crumble away under the very first experience of the pressure of war. This is precisely what has happened, and although it must be admitted that the breakdown was accelerated by circumstances which, perhaps, were not inevitable, it cannot be maintained that these had any other effect than to render it more speedy and more complete than could otherwise have been anticipated. The fact that LORD ROBERTS was compelled, by military considerations, to cut down even the exiguous provision of hospitals and equipment which is authorized by the War Office, and the conditions which developed the epidemic of typhoid to an extent and with a severity which could not have been foreseen until after the surrender at Paardeberg, undoubtedly, by their combination, accentuated the inadequacy of the service, but cannot be accepted as affording a full explanation of it. Such an explanation must really be sought in the fact that the British Army medical system is insufficient for the demands of peace, and is therefore hopelessly unable to cope with the far greater demands of war. MR. BRODRICK reminded the House of Commons that the existing state of things is one for which the House itself must at least share responsibility with the Government, and declared that the War Department had for fourteen years been between the upper millstone of a Parliament determined to keep down expenditure and the lower millstone of the medical profession, who denied their best candidates except upon better terms. The real requirements of the profession are clearly stated, not for the first time, by the Commissioners, who explain that it should be an object to attract a sufficient and regular supply of medical officers of good professional attainments, and to aim at this by the allowance of sufficient holidays, and by provisions enabling them to become adequately acquainted with the advancements in medical and surgical science. These are the points on which the heads of the medical profession have always insisted. A young man of good abilities and

1901.

since BRICK (as in used in the ed in arrears "a ice," terms

good professional prospects cannot be expected to enter a service so undermanned that he cannot look forward to a few days' leave as an attainable possibility, and in which he will not be permitted, even between relinquishing one charge and undertaking another, to visit the great medical schools of the country, and to render himself practically familiar with recent improvements in his profession. That an undermanned service must break down when the claims upon it are suddenly quadrupled is a proposition which may probably be held to require no demonstration.

There was a considerable agitation in the medical profession a few years ago directed to the attainment of purely military titles by medical officers; and MR. BRODRICK told the House of Commons that he remembered suggesting that a deputation should go to the Admiralty, and ask that naval surgeons should be allowed to become Admirals. Perhaps he would have been better employed in an endeavour to ascertain why it was that naval surgeons were contented with the conditions of their employment, while Army surgeons were not. The titles were asked for on the single ground that the obedience of soldiers cannot be secured by an officer not recognized as possessing military rank, and that the surgeon had not only to attend to the sick and wounded, but to direct, organize, and control the services of a large number of bearers, orderlies, and other subordinates. Whether titles were really required for the assigned purpose may be a matter of opinion, and MR. BRODRICK now declares that the experience of the war has shown that these titles have not had altogether the best effect. It may be presumed, therefore, that he looks forward to their abolition, and we think they will not be regretted by those who now bear them, if any other effective means of giving them the authority necessary for their work can be devised. There is, however, another change which might be of much utility in many ways, and that would be a return, at least in some degree, to the system of appointing medical officers to particular regiments, of which they became integral parts, and which were their homes as long as they remained in the service. The regimental surgeon of old days knew every man in his regiment, and was, in many respects, one of its most valuable officers. By withdrawing the doctor from the regiment, and making him a member of a department, with no home and no fixed sphere of duty, an enormous amount of personal influence has been taken away from him, never to be regained; and it is by no means impossible that this change has seriously diminished his power to obtain, by private or only semi-official representations to commanding officers, the observance of sanitary precautions by which the health of troops on the march might be protected from many common dangers. It has also emphasized a distinction between the medical and the combatant officer which it would unquestionably be sound policy to minimize, or even to obliterate. In all probability a department is required in addition to regimental medical officers; and, if this be so, it would probably be possible to arrange for a division of time between the two descriptions of duty. In spite of all difficulties, and in spite of the fact that the young medical men who have entered the Army during the last few years have not invariably been of the first order of merit, it is admitted on all hands that the Army surgeons in South Africa have, as a rule, shown the devotion to duty which is characteristic of Englishmen; and it is impossible to doubt that judicious reforms, by which the medical department would be raised to a proper strength and its officers accorded proper position and privileges, would once more render the service popular with the class of men whom it is desired to attract to it. The disasters of the war will not have been without their uses if they afford the stimulus necessary to bring about alterations which every one conversant with the subject has for years known to be urgently required.

Dress Regulations. Army Order 101 (April 1901) (a.) Uniform of Honorary Physicians and Honorary Surgeons to the King.

His Majesty has been pleased to command that, on State occasions, honorary physicians and honorary surgeons to the King, shall wear in uniform an aiguillette on the right shoulder, instead of a gold sash.

FRIDAY, APRIL 5, 1901.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

TO THE EDITOR OF THE TIMES.

Sir,—As an officer of that much-abused body, the Royal Army Medical Corps, may I ask space for a short letter upon this important question? Like many others I have read not only Mr. Burdett-Coutts's letters but also the report of the Commissioners. Nothing has surprised me more than Mr. Burdett-Coutts's second letter, published in the Press on February 13. In that letter he labours to show that the Commission was a packed one and intended to whitewash the medical service of the Army, and even goes so far as to say that the evidence was specially prepared. This latter assertion I am not able to believe, knowing the composition of the Commission. As regards the first statement, it may interest Mr. Burdett-Coutts to know that, so far from being considered a whitewashing Commission by those of the Army medical service, it was regarded, in respect of its composition, with the greatest misgivings in military medical circles. With the exception of Professor Cunningham it is doubtful whether any one of its members had ever come in contact with an Army medical officer before sitting on the Commission, and, moreover, they were devoid of any knowledge of Army medical work. The Commission, from the Army medical point of view, was an extremely unsympathetic one, and in my opinion should have had at least one military medical officer on it who, by his knowledge of service ways, methods, and difficulties, might have brought into focus the many technical defects under which the Army medical service labours, not only in South Africa but elsewhere.

There are four main points on which Mr. Burdett-Coutts lays stress. These are—(1) undermanning of the R.A.M.C.; (2) deficient employment of female nurses; (3) professional shortcomings of the R.A.M.C.; and (4) imperfect sanitary precautions. In regard to the first two Mr. Burdett-Coutts is on safe ground and carries with him the whole sympathy of the Royal Army Medical Corps. If he can secure reforms on only these two points he will not have laboured in vain. The unprepared and undermanned state of the R.A.M.C. lies at the root of all the trouble. Mr. Burdett-Coutts knows well enough that the shortcomings under the head of insufficient personnel do not rest with those responsible for administering the Army medical service. When he comes to question the professional ability of the R.A.M.C. Mr. Burdett-Coutts falls into some curious errors. He complains of certain consulting surgeons being sent out to help us, and not men specially versed in the treatment of fevers. Owing to the peculiar circumstances of Army life during times of peace the average Army medical officer undoubtedly gets rusty in respect of surgical technique; for that reason it is very desirable that, during a great war, the military medical service should be strengthened by the presence and help of civilians whose practice has been exclusively in pure surgery. When we come to look at the medical aspect as distinguished from the purely surgical view we find the conditions are just reversed. Probably no class of medical men have greater opportunities of seeing and treating the fever group of diseases, especially enteric, than doctors in military employ. For every one case of this last-named disease seen by the ordinary civilian the military surgeon sees seven; and I go so far as to say that the latter treats his patient as successfully as the former.

When we come to sanitation, the Army medical officer, by virtue of his special training, knows more of this branch than does his civil brother, because the latter, except he go in for special lines of study, never learns anything at all about it. Except in the most nominal way, the medical service of the Army is not responsible for sanitation. The medical officer only advises; he has no power of carrying out sanitation. Mr. Burdett-Coutts quotes the case of the 2nd Worcesters being made to encamp on a foul and dimmed camping ground. I do not suppose that any medical officer was consulted or had any say in the matter whatever. This work is done by the Quartermaster-General's branch, while as to sanitation of camps, that rests with the Provost-Marshal. This is an officer selected from any corps but the R.A.M.C., and the last qualification deemed necessary for the post is a special knowledge of sanitary matters. This lies at the root of the whole trouble. Sanitation, both advisory and executive, especially in the field, must be given to the Royal Army Medical Corps. Until it is, all efforts to secure true sanitation will continue to be as they are now, a mere makeshift and make-believe. I only hope that Mr. Burdett-Coutts will continue to attack the pernicious system which paralyzes all attempts at reform under this head. His success will be keenly welcomed by all officers of the corps, and especially by

A MAJOR, R.A.M.C.

SATURDAY, APRIL 6, 1901.

Some six weeks have now passed away since the spokesman of the Government, Mr. BRODRICK in the House of Commons, and LORD RAGLAN in the House of Lords, in reply to questions based upon the Report of the Royal Commission on the care and treatment of the sick and wounded in South Africa, assured their respective hearers that a scheme would be brought forward for "a drastic reform of the Army medical service." A hope was expressed that by making the terms

of enlistment more elastic, or by making them more attractive in other ways, it might be possible to obtain a better class of men than those who have been induced to enter under the existing regulations. LORD RAGLAN declared that the Government were fully alive to the great importance of the question of a thorough reorganization of the medical service; and that, in order to effect this, they would avail themselves to the utmost of any advice or assistance they could obtain, either from the heads of the medical profession or from any source whatever. So far as the public is able to judge, no progress beyond the taking of advice has yet been effected; and, in many quarters, much disappointment has been expressed at the delay. With this disappointment we are unable entirely to sympathize; for no reforms are so little likely to be beneficial as those which are decided upon and carried into execution in a hurry; and it will certainly be to the advantage of the public that any complete scheme for the improvement of the Medical Department should receive careful consideration before it is adopted, and should be open to the criticism of all those whom it may concern. The actual prosecution of the war must at present occupy the main energies of the War Office. It may be assumed that the arrangements for the care of the sick and wounded have been licked into some sort of shape under the rough teachings of necessity; and any attempt to alter them at the present moment would be more than likely to result in a return to chaos.

It would be difficult to suggest any more emphatic condemnation of the system under which the Army Medical Corps is at present supposed to be organized than that which is conveyed in the recommendation of the Royal Commission that a departmental or other committee of experts should be appointed to inquire into and report upon the steps needed to effect certain objects, the first of which is "the establishment of the staff of officers and orderlies of the Royal Army Medical Corps, and its equipment, on a scale sufficient to enable it to discharge adequately the duties ordinarily cast upon it in time of peace, and by the smaller wars in which the Empire by its vast extent is so frequently engaged." It is tolerably clear that if the present organization, as from this finding it must be assumed to be, is inadequate to the duties required from it, even in time of peace, it must of necessity crumble away under the very first experience of the pressure of war. This is precisely what has happened, and although it must be admitted that the breakdown was accelerated by circumstances which, perhaps, were not inevitable, it cannot be maintained that these had any other effect than to render it more speedy and more complete than could otherwise have been anticipated. The fact that LORD ROBERTS was compelled, by military considerations, to cut down even the exiguous provision of hospitals and equipment which is authorized by the War Office, and the conditions which developed the epidemic of typhoid to an extent and with a severity which could not have been foreseen until after the surrender at Paardeberg, undoubtedly, by their combination, accentuated the inadequacy of the service, but cannot be accepted as affording a full explanation of it. Such an explanation must really be sought in the fact that the British Army medical system is insufficient for the demands of peace, and is therefore hopelessly unable to cope with the far greater demands of war. Mr. BRODRICK reminded the House of Commons that the existing state of things is one for which the House itself must at least share responsibility with the Government, and declared that the War Department had for fourteen years been between the upper millstone of a Parliament determined to keep down expenditure and the lower millstone of the medical profession, who denied their best candidates except upon better terms. The real requirements of the profession are clearly stated, not for the first time, by the Commissioners, who explain that it should be an object to attract a sufficient and regular supply of medical officers of good professional attainments, and to aim at this by the allowance of sufficient holidays, and by provisions enabling them to become adequately acquainted with the advancements in medical and surgical science. These are the points on which the heads of the medical profession have always insisted. A young man of good abilities and

good professional prospects cannot be expected to enter a service so undervalued that he cannot look forward to a few days' leave as an attainable possibility, and in which he will not be permitted, even between relinquishing one charge and undertaking another, to visit the great medical schools of the country, and to render himself practically familiar with recent improvements in his profession. That an undervalued service must break down when the claims upon it are suddenly quadrupled is a proposition which may probably be held to require no demonstration.

There was a considerable agitation in the medical profession a few years ago directed to the attainment of purely military titles by medical officers; and Mr. BRODRICK told the House of Commons that he remembered suggesting that a deputation should go to the Admiralty, and ask that naval surgeons should be allowed to become Admirals. Perhaps he would have been better employed in an endeavour to ascertain why it was that naval surgeons were contented with the conditions of their employment, while Army surgeons were not. The titles were asked for on the single ground that the obedience of soldiers cannot be secured by an officer not recognized as possessing military rank, and that the surgeon had not only to attend to the sick and wounded, but to direct, organize, and control the services of a large number of bearers, orderlies, and other subordinates. Whether titles were really required for the assigned purpose may be a matter of opinion, and Mr. BRODRICK now declares that the experience of the war has shown that these titles have not had altogether the best effect. It may be presumed, therefore, that he looks forward to their abolition, and we think they will not be regretted by those who now bear them, if any other effective means of giving them the authority necessary for their work can be devised. There is, however, another change which might be of much utility in many ways, and that would be a return, at least in some degree, to the system of appointing medical officers to particular regiments, of which they became integral parts, and which were their homes as long as they remained in the service. The regimental surgeon of old days knew every man in his regiment, and was, in many respects, one of its most valuable officers. By withdrawing the doctor from the regiment, and making him a member of a department, with no home and no fixed sphere of duty, an enormous amount of personal influence has been taken away from him, never to be regained; and it is by no means impossible that this change has seriously diminished his power to obtain, by private or only semi-official representations to commanding officers, the observance of sanitary precautions by which the health of troops on the march might be protected from many common dangers. It has also emphasized a distinction between the medical and the combatant officer which it would unquestionably be sound policy to minimize, or even to obliterate. In all probability a department is required in addition to regimental medical officers; and, if this be so, it would probably be possible to arrange for a division of time between the two descriptions of duty. In spite of all difficulties, and in spite of the fact that the young medical men who have entered the Army during the last few years have not invariably been of the first order of merit, it is admitted on all hands that the Army surgeons in South Africa have, as a rule, shown the devotion to duty which is characteristic of Englishmen; and it is impossible to doubt that judicious reforms, by which the medical department would be raised to a proper strength and its officers accorded proper position and privileges, would once more render the service popular with the class of men whom it is desired to attract to it. The disasters of the war will not have been without their uses if they afford the stimulus necessary to bring about alterations which every one conversant with the subject has for years known to be urgently required.

Dress Regulations, Army Order 101 (April 1901)
(a.) Uniform of Honorary Physicians and Honorary Surgeons to the King.

His Majesty has been pleased to command that, on State occasions, honorary physicians and honorary surgeons to the King, shall wear in uniform an aiguillette on the right shoulder, instead of a gold sash.

THE TIMES, TUESDAY, APRIL 9, 1901

THE DEPUTATION ON ARMY NURSING.

TO THE EDITOR OF THE TIMES.

Sir,—I regret that, owing to the holidays, I have only this evening seen the characteristic letter from the Hon. Sydney Holland which appeared in *The Times* under the above heading on the 4th inst. As I had the honour to be one of the deputation from the Matrons' Council to the War Office, as reported in your columns on the 3rd inst., I feel confident you will grant me the justice of a reply to the letter in question.

I need not comment upon the courage and courtesy displayed in such an unprovoked attack upon "a few ladies." And the feeble inconsequence of the letter renders criticism difficult. For example, Mr. Holland does not deny that the object of the deputation was laudable—in fact, that Army nursing is capable of improvement—yet he troubles your readers with a letter merely to express his deep anxiety lest the War Office should place a "scintilla" value on the views of the deputation which advocated such improvement.

But I must protest against the complete inaccuracy of Mr. Holland's statements. He commences by asserting that "certain ladies, calling themselves by the important name of the 'Matrons' Council,' were received as a deputation" at the War Office. The truth is that seven ladies, nominated for that purpose by the Matrons' Council of Great Britain and Ireland, were so received. Mr. Holland desires your readers and the War Office to believe that the Matrons' Council consists only of those seven ladies. The truth is that the council comprises 120 matrons of hospitals throughout the United Kingdom, and a number of the leading hospital matrons in the Colonies and the United States as honorary members.

As you disseminate the other statements made by Mr. Holland are equally devoid of foundation, and are therefore equally misleading. I prefer to make no comment as to Mr. Holland's purpose in publishing such statements, and, moreover, upon a matter with which he has no possible concern.

But may I avail myself, Sir, of this opportunity to urge the crying need of reforms being made at once in the conditions of Army nursing? There are grounds for believing that hundreds of valuable lives might have been saved in our present war if those conditions had been based on modern principles; and that, if the war continues, still further and equally unnecessary losses will be caused. Surely this is a matter above and outside all political considerations. It comes home to every one of us who have near and dear ones risking their lives for their King and country in that distant land, men who may at any moment be struck down by disease, who might easily have the same nursing care which is given to the poorest in England, but whose lives would be further endangered by the lack of such care and attention. It was to urge the institution of practical reforms for the saving of our soldiers' lives that the Matrons' Council sent its deputation to the War Office; and it received most courteous hearing. But it is the nation, after all, which must provide the motive force in every movement for reform. Is it too much to hope that Parliament will appoint a Select Committee to inquire into this vitally important matter? To-day it is the lives of our brave soldiers which are at stake. In the near future the matter may involve far greater issues. For voluntary service will be possible only so long as the soldiers and their workmen are convinced that England appreciates their devotion and values their lives. To give the defenders of the Empire less than the best possible care when they are struck down in its service would be to give them not only less than they deserve, but less also than a generous and a grateful nation desires them to receive.

I am, Sir, your obedient servant,
ETHEL GORDON FENWICK (President of the International Council of Nurses), late Matron and Superintendent of Nursing to St. Bartholomew's Hospital.

20, Upper Wimpole-street, W., April 8.

MR. ARNOLD-FORSTER AND NAVAL ENGINEERS.

TO THE EDITOR OF THE TIMES.

Sir,—After reading the debate, as reported in *The Times* of Monday, March 25, in the House of Commons on the Navy Estimates, and particularly the speech of Mr. Arnold-Foster on the subject of the position of naval engineer-officers, one cannot help feeling how much the authorities fail to grasp the actual situation.

The following sentence delivered by the "mouthpiece" of the Admiralty reads somewhat strange:—"The importance of the engineering branch could not be exaggerated, and everything that could be done consistently with the interests of the Navy to make their position satisfactory should be done."

The unsatisfactory position is acknowledged; but is one to understand that anything will be done to alter existing anomalies, or does the word "should" only imply a slight sentimental sympathy of their lordships with the engineers, but that they do not quite know how to help them?

Again, Mr. Arnold-Foster asks for a unanimous statement of suggested reforms from the engineer officers to place before his colleagues; that would only waste more time, because there have been many such statements printed before, all practically the same, except in minor details; and these statements are probably resting peacefully in some forgotten pigeon-hole.

The whole question is admitted to be a great one, and if such distinguished officials as the members of successive Admiralty Boards have been unable to solve the problem, why should Mr. Arnold-Foster expect a perfectly unanimous expression of opinion on the subject from the engineer officers?

On one point in particular I can assure Mr. Arnold-Foster, and that is that of the 900 engineer-officers, controlling perhaps 25,000 men, the great majority recent being officially told times without number that they are unfit to have a real executive control over these men. By the exertion of much tact and trouble, which should be unnecessary, assisted possibly by knowing the men in a more personal manner than is the case with the deck officers, a fair amount of discipline is maintained, and perhaps the state of affairs is best expressed by saying that the engineers are really semi-executive now "by courtesy."

Fancy, in a modern man-of-war, officers who control the different units which together form the whole complicated mechanism being in any sense only semi-executive.

This is the anomaly in his Majesty's Navy at the present day. With regard to this question all the other details are small matters in comparison, and any one who studies naval questions knows well that this great anomaly is the real stumbling block, which is hindering the natural progress, in an age of engineering, of this branch in his Majesty's Navy.

We are told that any concessions must stop short of taking command of a ship. Now, as the Naval engineers in no way ask, desire, or expect to take any such command, this almost amounts to official misrepresentation of the facts; and what is asked for is simply to have real executive control of some 25,000 men.

Let none of my executive comrades think that I imply any lack of justice or want of consideration in their everyday dealings with us; they certainly, with very few exceptions, are always ready to make things easy, and also interpret present regulations in a broad-minded spirit; it may be because it suits them to do so, but still they do so, that is the point which concerns us. But with all this granted the system is unsatisfactory and the procedure unnecessary.

It is easy for any one to criticize, but not so easy to organize. As the following proposals are not original it spares me the necessity of posing as a champion of progress:—

1. The whole engine-room complement to be classed as a military branch; the necessary regulations being framed to keep the command of a ship in the proper hands—the present executive branch.
2. The senior engineer officer of a ship to be granted minor disciplinary powers, under the captain, for all matters connected with the professional discipline of the engine department.
3. To have the usual privileges of a military branch (save as to command), sitting on Courts-martial, Courts of inquiry, &c. Junior officers to be divisional officers, and the whole training of stokers entirely under engineer officers.
4. An engineering representative to have a place on the Board of Admiralty.
5. The engine-room complements of men-of-war to be increased.
6. Readjustment of the pay of the responsible officers to a more suitable standard by a representative committee.
7. An increase to the proportion of officers holding high rank.

These are the generally accepted opinions of those officers who wish to keep pace with the times.

Military rank necessitates a title. Now titles are naval matters of sentiment; and I have no wish to lay the naval engineering profession open to such misrepresentation as the medical officers of the Army suffered under when they became executive as regards the men they controlled; so until some one can suggest a title (which will not infringe on the privileges of an older fighting branch) more suitable for the youngest addition to the fighting line, why not prefix the present designations of rank of the engineering branch? For example: Mr. Watt, Engineer, R.N., would be officially known as Engineer Watt, R.N.

In course of time, when all officers of his Majesty's ships will belong to the honourable profession of engineering, in whatever form it may take, they will wonder why the "sailor" officers of years ago objected so much to engineers having titles at all, not to mention the executive control of the men under them.

I have the honour to be, Sir, your obedient servant,
April 5. R.N.E.

APRIL 10, 1901.
NAVAL SURGEONS.

TO THE EDITOR OF THE TIMES.

Sir,—In your leading article of this day's date you say that "naval surgeons are contented with the conditions of their employment."

With an intimate acquaintance of the naval medical service, past and present, I regret to say you have been misinformed.

The present competition for entry into the naval medical service is a fierce; the candidates of late have rarely exceeded by one or two the numbers entered.

What they are dissatisfied with is—

- (1) Their slow advance in relative rank in comparison with their brother-officers of the executive and non-executive ranks, which in great measure decides their cabin accommodation.
- (2) Their pay, fixed some 20 years ago, since when the abolition of unqualified assistants in civil practice has made the value of desirable qualified candidates much in excess of the rates of 20 years ago.

Much has been done recently to improve their prospects, but the Admiralty would appear to be blind to the market value of young qualified medical men of good abilities.

(3) The seniority system of promotion to the higher administrative ranks, though lately ignored by Lord Goschen, is still too much the rule, and able and distinguished officers are discouraged and disheartened.

Their present hope is in the result of the promised Royal Army Medical Corps reform, when, as of old, they must be levelled up to them.

Yours truly,
April 6. M.O., R.N.

THURSDAY, APRIL 11, 1901.

THE DEPUTATION ON ARMY NURSING.

TO THE EDITOR OF THE TIMES.

Sir,—"Inaccurate," "devoid of foundation," "misleading," was my letter, according to Mrs. Bedford Fenwick. But Mrs. Bedford Fenwick in her reply does not content that the so-called "Matrons' Council" has on it, or amongst its constituents, any of the leading matrons of any of the hospitals of the United Kingdom, save St. Bartholomew's. And if the list of the hospitals represented were published, the absence of all the leading hospitals would establish what I wrote. She tells us, however, that "a number of the leading hospital matrons in the colonies and the United States are amongst its honorary members." This means nothing. They would doubtless be pleased and flattered to have been invited to join a body with so clever a title and energetic a president.

I am told by Mrs. Fenwick that the composition of the "matrons' council" is no concern of mine. I do not feel sure of that. I think it is the concern of any one interested in hospitals and nursing to do their best to prevent the opinions of a few from being taken as a representative opinion of the many, and especially so when one or more of the few may possibly be sent out by the "matrons' council" to the nurses' congress in America, and will, as a "member of the 'matrons' council,'" be accepted as representing the opinions of the leading British hospitals on nursing questions.

The late Lord Delamere, Mr. Augustus Hare tells us, defined a deputation as "a noun of multitude which signifies many but not such." But the deputation lately received by the War Office signified neither many nor much.

Yours faithfully,
SYDNEY HOLLAND.

44, Bryanston-square, April 10.

SATURDAY, APRIL 13, 1901.

THE DEPUTATION ON ARMY NURSING.

TO THE EDITOR OF THE TIMES.

Sir,—Owing to my absence from town during the holidays I had no opportunity of seeing and answering Mr. Sydney Holland's attack upon the Matrons' Council, which appeared in your columns on the 4th inst. It was, however, so conscientiously dealt with by Mrs. Bedford Fenwick that I need only ask your permission to answer Mr. Holland's second letter, which appeared in *The Times* yesterday morning.

It is quite evident that Mr. Holland assumes that the Matrons' Council is a society representative of hospitals and nurse-training schools—which is as illogical as it would be to argue that the British Medical Association or any other medical society represented the hospitals and medical schools to which the individual members of such bodies might happen to be attached. The Matrons' Council in like manner is essentially a society of hospital matrons associated together for the furtherance of professional purposes.

As if to emphasize his illogical position, Mr. Holland now admits that he has not seen a list of the members of the Matrons' Council; and yet in the same breath he asserts that he knows who is, and who is not, upon that list. As a matter of fact the Matrons' Council comprises amongst its members such well-known ladies as Mrs. Bedford Fenwick, president of the International Council of Nurses; Miss Isla Stewart, of St. Bartholomew's, the senior Royal hospital in the kingdom; Miss Huxley, of Dublin; the matrons of such important county hospitals as Leicester, Nottingham, Cambridge, Chester, Southampton, Bath, and Ipswich, and of a hundred others in this country; besides matrons in our colonies and in the United States, whose names are household words in nursing circles all the world over.

In the face of such a membership, Mr. Holland's attempt to depreciate the influence of the Matrons' Council must be as futile as his statements have been proved to be inaccurate.

On the other hand, I am confident that there is not a single hospital matron in the United Kingdom desirous that our sick and wounded soldiers should receive the best modern nursing who will not approve of the suggestions for Army nursing reform which the Matrons' Council brought before the War Office. Mr. Holland cannot deny this; and that fact alone would place his attempted disparagement of the Matrons' Council quite out of Court.

Mr. Holland now expresses his anxiety lest the forthcoming congress in America may regard the delegates of the Matrons' Council as representing the views of nurses who do not belong to that society. This is a very baseless fear, especially as the leading American nurses are fully acquainted with the obstructive attitude in regard to reforms adopted by certain London hospital authorities, and their constant efforts to interfere with, to misinterpret, and, if possible, to deny the right of nurses

to organize and co-operate amongst themselves for professional and personal purposes.

And Mr. Holland omits to inform your readers that the Matrons' Council is only one out of 40 organizations in this country which have received official invitations from the American committee to send delegates to the congress. Amongst these institutions are the training schools attached to all the large general hospitals, including the London Hospital, of which Mr. Holland is chairman. I would ask him, therefore, whether the nurses of that hospital have been informed of the invitation sent to them. If they have accepted the invitation, their delegate will, of course, represent their opinions on nursing questions. But if the invitation has been withheld from them, and the London Hospital is wilfully unrepresented at the congress, Mr. Holland must certainly take the responsibility for any misconception which may arise with regard to the opinions of that nursing school.

It is deeply to be regretted that, instead of using his position to inspire the nurses under his influence with a desire for much needed professional unity, Mr. Holland should attempt to arouse jealousy and to sow the seeds of dissension in the ranks of the nursing profession.

I am, Sir, yours faithfully,

MARGARET BLEAY, hon. secretary Matrons' Council of Great Britain and Ireland, formerly matron of the Metropolitan Hospital.

46, York-street, Portman-square, W., April 12.

British Medical Journal.

SATURDAY, APRIL 13TH, 1901.

ARMY MEDICAL REFORM AND REFORMERS.

IN Dean Ramsay's delightful *Traits and Characters of the Scottish Peasantry* there is a story of a minister who tried to reform a parishioner too much given to whisky by pointing out that in the place to which his sin was carrying him he would have no more good advice; to this homily the impenitent reply was, "It wunna be for want of ministers." This parable may be applied *mutatis mutandis* to the Secretary of State for War, who has undertaken the herculean task of reforming our army system, including its medical service. Certainly if Mr. Brodrick falls into the Sheel of failure there will be no want of persons eager to give him good advice as to what he ought to have done. In the meantime he may congratulate himself on the enjoyment of that safety which lies in a multitude of counsellors. It would seem that a considerable proportion of the adult population of these islands has been seized with the ambition of reforming the medical service of the army. The newspapers and magazines have been deluged with letters and articles from writers of all sorts and conditions, differing in many things but agreeing in one—that is, in the belief that the problem is one of an absolutely simple character which can be solved at once by the method which they propound. Few of these effusions call for any remark, being obviously the mere froth of an inexperienced enthusiasm that fancies it can put everything right by a stroke of the pen. For such reformers the best treatment would be the method of "therapeutic seclusion" proposed by Teufelsdrück for young men between 18 and 23.

But one or two schemes have been put forward which, on account of the source from which they emanate, deserve a more respectful hearing. Of Mr. Treves's paper in a recent number of the *Nineteenth Century* and after an abstract has already been given in the *BRITISH MEDICAL JOURNAL*. Mr. Treves's experience as Consulting Surgeon with the Forces in South Africa gives a special value to his views which will receive the fullest consideration. Mr. Treves himself, however, would doubtless admit that his scheme is only an outline sketch, and as the logicians say *dokus latet in generalibus*; it is in the details that

The best laid schemes o' mice and men
Gang aft a-gley.

More recently Mr. Herbert Allingham has, through the columns of the *Daily Telegraph*, submitted a plan which has at any rate the advantage of simplicity. Briefly stated, it is that the Royal Army Medical Corps should be "occupied entirely with all the questions affecting the hygiene of large bodies of men, with sanitation, with selection of camp sites, water supply, etc., and with the application of first aid and of transport to the wounded on the field"; while "for the performance of all purely medical and surgical work of the hospitals there should be an organised body of physicians and surgeons who are constantly accustomed to such work." Such men, he says, are ready to hand in the assistant surgeons and physicians of our general hospitals. These "should be subsidised as a reserve army medical corps, and to them would fall in war time all the operative and medical work, that class of work on which they are constantly engaged." What the relation of these gentlemen would be to the army, to commanding officers, to the head of the Army Medical Service, or to the Royal Army Medical Corps, we are not told. Further it is assumed that a sufficient number of them would be willing to serve,

that they could always be counted on for service when wanted, and that they would submit to military discipline. Then there is the question of "subsidy," which is cheerfully taken for granted. On all these points a little more detail would be enlightening. Mr. Allingham expresses sympathy with the officers of the Royal Army Medical Corps on their hard fate in being "from a routine of bruised limbs, sore feet, and scalp wounds, etc. . . . suddenly called upon to perform major amputations, ligation of large arteries, and some of the most complicated head and abdominal operations in surgery." The sympathy might almost seem to be akin to that of the walrus who wept for the hard fate of the oysters in Lewis Carroll's pathetic ballad; but in any case the army surgeons do not need it. It was doubtless a great advantage to the medical officers to have the help of eminent operative surgeons; but, valuable as that help was, it was less important than the moral support given to the army doctors by the presence in the field of the accepted oracles of surgical science.

Mr. Allingham mentions the abdomen as one of the territories which should be reserved for specialists. Now, as it happens, we have it on the testimony of more than one of the consulting surgeons that in this particular sphere the results of the "higher surgery" were distinctly disappointing. Nor have we heard of many triumphs of the knife in the other regions from which Mr. Allingham would exclude the profane hand. It is pretty clear, indeed, that he has imperfectly thought out the subject, and in his natural enthusiasm for the special branch of the healing art in which he has won distinction he has been led to conclude that the chief reform required in the Army Medical Service is that all major operations should be performed by specialists.

On the general subject of army medical reform there appeared in the *Times* of April 6th an article on which a word or two may be said. The article itself, to speak frankly, is somewhat crude, and shows no real grasp of the subject. But it derives a certain factitious importance from the fact that it is believed to have been to some extent "inspired" by the War Office. It is pointed out, as if it were a discovery made by the Royal Commission on South African Hospitals, that with its present organisation the Army Medical Service is inadequate for the duties required of it, even in time of peace, and is therefore hopelessly unable to cope with the far greater demands of war. But our contemporary does not seem to be aware that the responsibility for this state of things is due almost entirely to the obstruction and perversity of the War Office, which appears, for some inscrutable reason, to have for years deliberately pursued a policy of starving the service and paralysing its efficiency.

The *Times* appears to accept Mr. Brodrick's statement that the War Department has for sixteen years been between the upper millstone of a Parliament determined to keep down expenditure, and the lower millstone of the medical profession who deny their best candidates except upon better terms. It is ridiculous to suggest that, with a Government which can practically do what it likes, any money necessary to place the medical service of the army on a thoroughly efficient footing could not have been got from the House of Commons. Mr. Brodrick knows well enough, if the *Times* does not, that the money question has all along been only one of the many grievances which made the service unpopular with the profession. There have been and still are other difficulties. Mr. Brodrick referred to one of them when he said that the purely military titles granted three years ago to the medical officers have not altogether had the best effect. From this the *Times* draws the inference that he looks forward to their abolition. Here our contemporary may possibly be speaking the language of "inspiration," and this is made more probable by its further gloss on its text to the effect that the titles "will not be regretted by those who now bear them if any other effective means of giving them the authority necessary for their work can be devised." Another note of inspiration is perhaps to be found in the hint of a return to the regimental system. Our contemporary waxes almost sentimental in its regret for the good old days when the regimental surgeon had a home in the regiment, and "was one of its most valuable officers"—as long as he prophesied smooth things to his colonel, and paid due homage to the colonel's lady.

We do not propose to deal now with the question of army medical reform, which is a much larger one than Mr. Brodrick and most of his advisers appear to have any conception of. But on the two points suggested in the *ballon d'essai* sent up in the *Times* we think it our duty to say a word in season. If Mr. Brodrick really has the intention of abolishing the military titles granted to the Royal Army Medical Corps by his predecessor in office, he will do well to follow a famous precedent and think once, twice, and even three times before attempting to force on the medical officers a measure which would make his reform "dramatic" enough in one way, for it would deplete the army of its medical officers. Their position would, in

fact, be not only intolerable but untenable. We venture respectfully to remind the Secretary of State for War that he is not, in a strategical sense, master of the situation. If he is to reform the medical service of the army, he must come to terms with the medical profession. As Cavour said of Italy, the profession *farà da se*. But the case is altogether different as regards the army, which cannot do without doctors.

If Mr. Brodrick wishes to deter young medical men from entering the army he could take no more effectual means of doing so than giving them the impression that the service is a Penelope's web woven by one Minister only to be unwoven by his successor. The existing uncertainty of the prospects offered by the service is already causing men of the kind that the War Office should do all in its power to secure to look elsewhere for a career, and the result of further tampering with the service can only be that it will cease to attract suitable candidates.

As regards the regimental system, it was to the last degree cumbersome and inefficient, and it was immensely costly. If, therefore, the Secretary of State for War is so afraid, as he professes to be, of "a Parliament determined to keep down expenditure" he will be well advised not to attempt to revive a system which was definitely given up after the maturest deliberation.

Mr. Brodrick has an opportunity of effecting a reform that will be of the greatest benefit to the nation, but he must approach his task in a statesmanlike spirit and not with the "light heart" which led another statesman to disaster. He must shake himself free from the evil traditions of the War Office which have brought so many previous attempts at reform to naught, and he must bear steadily in mind that unless he has the approval and co-operation of the medical profession his scheme of "drastic reform" is foredoomed to failure.

NAVAL SURGEONS.

MR. BRODRICK appears to have once made a joke, and like many other worthy men he derives such enjoyment from the recollection that he cannot help repeating it. This is, we suppose, how he came with lighthearted irrelevance to inform the House of Commons not long ago that he remembered suggesting that a deputation should go to the Admiralty and ask that naval surgeons should be allowed to become admirals. The *Times*, commenting on this gem of Ministerial wit, says that the Secretary of State for War would have been better employed in an endeavour to ascertain why it was that naval surgeons were contented with the conditions of their employment while army surgeons were not. Leaving the War Office to the further relish of the Secretary's joke, and turning our attention to our solemn contemporary, we say with Falstaff "I deny your major." Whether or not naval surgeons are consumed with a secret desire to become admirals, it is not the fact that they are completely contented with the conditions of their employment. A correspondent signing himself "M.O., R.N.," who evidently knows what he is speaking about, has enlightened the *Times* on the subject. He says: "The present competition for entry into the naval medical service is a farce; and the didates of late have rarely exceeded by one or two the numbers entered. What they are dissatisfied with is: (1) Their slow advance in relative rank in comparison with their brother officers of the executive and non-executive ranks, which in great measure decides their cabin accommodation; (2) their pay, fixed some twenty years ago, since when the abolition of unqualified assistants in civil practice has made the value of desirable qualified candidates much in excess of the rates of twenty years ago," and he might have added, the absence of extra pay for extra duties which medical officers alone experience. "Much has been done recently to improve their prospects, but the Admiralty would appear to be blind to the market value of young qualified medical men of good abilities; (3) the seniority system of promotion to the higher administrative ranks, though lately ignored by Lord Goschen, is still too much the rule, and able and distinguished officers are discouraged and disheartened. Their present hope is in the result of the promised Royal Army Medical Corps reform, when, as of old, they must be levelled up to them." Altogether, therefore, the lot of the naval surgeons is not altogether so happy as the *Times* seems to believe. They have borne the scurvy treatment meted out to them with patience, for seafaring breeds philosophy, and besides, the "mailed fist" of discipline is ever threatening. But there is a limit even to their long-suffering, and the Admiralty would find it worth while to remove their just grounds of complaint before it finds itself, like the War Office, with its medical commissions going abegging.

MEDICAL GENERALS.

ARRHORS of the nomination of General Leonard Wood to be a Brigadier-General in the regular army of the United States, the *Boston Medical and Surgical Journal* points out that the Governor of Cuba is not the first surgeon who has been transferred from the staff to the line. At the outbreak of the Civil war General Samuel W. Crawford was a captain and assistant surgeon stationed at Fort Sumter. As one of Major Anderson's officers he took an active part as a combatant in the defence of the fort, and commanded one of the batteries that responded to the Confederate fire. Transferred to the line of the regular army, he accepted a Brigadier's commission in the volunteers, and subsequently rose to the command of a division, serving with distinction at Gettysburg and in Grant's Virginia campaign. After the war, in which he won Brevet-General rank in the regular army, he long commanded a regiment which was

stationed in the South, actively engaged in the enforcement of the reconstruction laws. General Crawford was generally esteemed a most capable officer. Sheridan at one time protested against Crawford's selection for a high command, on the ground that he had been a "pill-roller" but had to admit that the selection was fully justified. At no time was General Crawford likely to succeed to the command of the army, and therefore he did not challenge line sentiment to the extent General Wood challenges it. In the natural order of promotions and retirements, Brigadier-General Wood, if confirmed as such, will become Lieutenant-General Wood in 1909, and will not attain retiring age until 1924. It is the prospect of the army being commanded for fifteen years by a lieutenant-general who began his military career as a surgeon that, in the words of our Boston contemporary, "ruffles every feather in every chapeau of the army." In the British army there have been plenty of fighting doctors; we need only name Wolseley, who at Inkerman brought a handful of Guardsmen through a heavy Russian column; and Wilson of the 7th Hussars, who not only did excellent service in the same battle by rallying some men of the Guards, but rescued the Duke of Cambridge from a position of extreme danger. Combatant commissions have sometimes been offered to medical officers, as we believe occurred in the case of the late Sir William Mackinnon, and a few have been induced to exchange the scalpel for the sword. But so far as we know there has been no instance of an officer who entered the army as a surgeon rising to high command. There is a general commanding a French army corps who is a doctor of medicine, but he went through the whole course of professional study, and took his degree while serving as a military officer.

THE R.A.M.C. AND THE PROPOSED COMMISSION.

SIR,—Before leaving London, and in consequence of a rather unsatisfactory answer to a question submitted by me to the Secretary of State for War in the House of Commons relative to the composition and terms of reference of the promised commission on the reorganisation of the Royal Army Medical Department, I requested an interview with the right hon. gentleman. Unfortunately there was some delay in the reply, which was forwarded to me here. I have, however, submitted to the right hon. gentleman the following draft scheme for reorganising the Department, which I hope will meet with general approval. I shall be glad to know the views of army medical officers on the subject. In conjunction with Sir Walter Foster, Dr. Farquharson, and the other medical members of the House of Commons, we hope to ensure an effective reform of the Army Medical Department. The following constitute most of the recommendations:

1. Increase of pay as follows:
 - (a) For first five years, *rs. 6d.* per day and allowance.
 - (b) For second five years, *rs. 6d.* per day and allowance.
 - (c) After ten years' service, *rs. 6d.* per day and allowance.
 - (d) On promotion, *£1* per day and allowance.
 - (e) After five years' service as Major, *£1 1s.* per day and allowance.
 - (f) After ten years' service as Major, *£1 10s.* per day and allowance.
2. A proportionate increase of pay in the senior ranks.
3. Abolition of the present right to retire after twenty years' service, and increase of the service period to twenty-five years and of the pension to *£1 2s. 6d.* per diem, or *£400* per annum.
4. Appointment of an army medical officer for five years to a regiment or depot.
5. Abolition of the present arrangement of appointing pensioned army medical officers to military depot centres which deprives officers on the active list of a much-coveted home appointment.
6. An increase in Indian pay commensurate with the decrease which has ensued in consequence of the fall of the value of the rupee.
7. Equality in time of service on home and foreign stations, for instance, six years abroad six years at home (as a right).
8. Six months' military training of the military surgeon either at Netley or Aldershot. It seems absurd that a training of this sort should be omitted; it could be well carried out at Netley, and I believe would be popular. A military surgeon should know enough battalion and company drill to take charge when necessary of the men of his own corps; he should also be taught to ride.
9. The formation from the civil medical practitioners of a military reserve of at least 500 thoroughly efficient and skilled surgeons. These officers should be carefully selected during time of peace; they should be obliged to pass through a course of training at Netley. They should have charge of militia and volunteer battalions in their several localities so far as possible, and they should be granted a retaining fee of *£40* or *£50* yearly. The age limit should not be under 25 or over 35, and their education and capacity should be thoroughly tested before appointment. At 45 they should be obliged to retire.
10. Abolition of appointment by nomination and effective increase of numbers of surgeons forming department.
11. Army medical officers at stated periods should be granted special leave for the purpose of attending post-graduate courses in professional subjects at recognised medical schools and hospitals, attendance at which should be enforced and duly certified as satisfactory by the heads of the schools and hospitals.—I am, etc.

Omagh, co. Tyrone, April 24th.

EDWARD THOMPSON.

APRIL 20, 1901

INDIA.

The Crisis in the Indian Medical Service.—Further Curtailment of the Privilege of Private Practice.—Serious Increase of Plague.

THE results of the last entrance examinations for the medical services have just reached India. The failure of the Royal Army Medical Corps to secure more than 7 candidates is not very surprising, and will, it is hoped, hasten the inevitable increase in the emoluments offered. More serious is the fact that out of 32 candidates for 29 vacancies in the Indian Medical Service only 23 qualified, while the great majority of them obtained much lower marks than usual, so that for the first time for very many years competition for this service has ceased to exist, which, however regrettable, will not come at all as a surprise to the members of the service who are aware of the present crisis, due as much to the great decrease in

recent years in the emoluments from private practice as to the repeated stoppage of leave. It was recently announced in the Indian lay papers that the Government has no intention of allowing the Indian Medical Service to lapse into the condition of the Royal Army Medical Corps, and if this is the case, then the result of the recent examination will, no doubt, convince them that there is no time to be lost in carrying out far-reaching reforms, though this will no doubt cost money. The proposed increase in the numbers in the service will be of no avail if they cannot be recruited, and nothing but improved pay will attract the kind of men who have made the service what it has been, especially in view of the greatly improved prospects of private practice in England, for even doctors do not come out to India for the benefit of their health.

If the Government are desirous of improving the prospects of the service, it is difficult to see the reason why they should have chosen the present time to take away the highly-valued privilege of private practice from four of the Professors of the Lahore Medical College, including the second surgeon and the second physician, and limiting them to consulting work, which is practically nil. This coming so soon after the limitation of fees by Government has naturally caused the indigenous practitioners to clamour for the Professors of the other medical colleges to be also deprived of the right of practice, although this cannot be done without a breach of faith on the part of the Government, for the present rates of pay were fixed on the assurance that private practice was to be allowed to the incumbents. Possibly the right will be taken away, and compensation, most likely of a very inadequate nature, will be given, and then the last great attraction of the service will cease, and a very different type of men to the present will be obtained. In writing this, I am only echoing a very general feeling of despondency in the service, which, much as it is to be regretted, it is still no use trying to conceal. By speaking out at the present time, the hands of the administrators of the medical services may be strengthened in their endeavours to prevent by timely reforms the crisis which all plainly foresee.

THE ARMY MEDICAL SERVICE AND THE PRESS.

THE condition of the Army Medical Service is at present exciting a considerable amount of interest if we may judge from the numerous articles on the subject which have recently appeared in various quarters. A military contemporary pertinently points out that while Mr. Brodrick will probably hold office for the next five years, some of his proposed army reforms can hardly be completed under that time, but that the needs of the medical service are so pressing that they at all events cannot await solution for so long a time. We fully agree with this view, but at the same time hope the War Office will act with due deliberation, on the advice of those who are fully in touch both with the service and the medical profession. It would be disastrous if hasty or ill-conceived measures, mis-called reforms, disgusted the existing officers, or further alienated the medical profession. We have already referred to the fear that has been excited by Mr. Brodrick's allusions in a recent speech to the military titles of medical officers, and we take this opportunity of repeating that such retrograde action would be fatal to any scheme of reform. Another contemporary points out that the tremendous strain of the war and cessation of foreign reliefs, coupled with the necessary stoppage of voluntary retirements during its continuance, is likely to lead to complications. Voluntary retirement must be allowed or resumed at the termination of the war, and unless the conditions, especially of foreign service, are ameliorated, there is likely to be a large exodus of officers entitled to pension. With a big outflow at the top, and no inflow at the bottom, the very existence of the service would be threatened. The existing and prospective dangers to the service thus largely result from an undermanned establishment—unequal for peace duties, much more for war. But undermanning is the symptom merely of deeper disease; the effect as well as the cause of evils. It now appears to be generally recognised both within and without the corps that the pay of the junior ranks, both at home and in India, in which country these ranks spend much of their service, is insufficient. Undermanning makes the medical service at once "wearing and wasteful": wearing, in that the officers are worn out by heavy duties and deficient leave; wasteful, in that continued hustling from station to station, and change to change depletes their pockets. Another writer avers that the talk of "good doctors" for the army so often heard in official mouths, must be insincere, because there is no effort to keep or make them "good" by affording leave for professional study. Such leave has been strongly recommended by successive Commissions for the past forty years, including those of Lord Herbert (1858), Lord Morley and Lord Camperdown; and the Royal Commission on South African Hospitals has again pointed out the necessity. Of course all leave, including special study leave, is next to impossible in an establishment cut to the very quick to save money. We cannot but hope that these and other outspoken criticisms in the daily and weekly press will convince the Secretary of State of the necessity of giving consideration to the question from all points of view. This may best be done by the early appointment of the Committee of Experts recommended by the Royal Commission.

AN ARMY MEDICAL SCHOOL IN LONDON.

By G. H. MAKINS, F.R.C.S.,

Surgeon to St. Thomas's Hospital, London; lately Consulting Surgeon with the Field Force, South Africa.

WHILE discussion is proceeding as to the possibility of improvements in the Royal Army Medical Corps, it may not be inopportune to reopen the consideration of two suggestions already made on more than one occasion. These consist in the establishment of a large military hospital in London, and the transference of the Army Medical School into direct connection with it. The combined institution would at the same time be brought into immediate association with the headquarters of the corps.

Two main difficulties exist in the maintenance of the corps at the level of first-rate efficiency: (1) The small

number of young medical men at present willing to enter its ranks. (2) The small opportunities which exist for a large number of those in the corps to keep themselves thoroughly abreast of the continuous advances made in practical medicine and surgery.

The explanation of the small number of men entering the service may be first considered. This is no doubt influenced by the comparatively small number of individuals entering the profession at all at the present time. This deficiency, partly due to the elongation of the medical curriculum and the consequent increase in the expense of obtaining a diploma, partly a result of the satisfactory state of trade and other professions during the last decade, has been felt much more widely than in the Royal Army Medical Corps alone; thus country house-surgeons, posts as assistants, etc., have been and are increasingly difficult to fill up. Although a temporary difficulty, since no doubt the pendulum will swing over with an increasing demand, this cause may be expected to affect the number of applicants for commissions in the service for some time to come, and is a strong reason for special efforts on the part of the War Department to obtain officers.

Beyond this general deficiency in supply of medical men, certain conditions of the service itself render it unpopular with young medical men. These may be shortly summarised as follows: The necessity of submission to discipline, renunciation of the exercise of sole responsibility so characteristic of the medical profession, want of scope for practical work, a definite limitation of the income to be earned, the practical necessity of celibacy during the early period of service, with the consequent impossibility of settling into a home, and lastly, promotion by seniority. As these objections to the service are insuperable, they can only be compared with the advantages recounted in the succeeding paragraph. With regard to the last-mentioned, however, perhaps more is made of it than it deserves. The promotion of every member of the staff of a civil hospital stands on exactly the same basis, and in common fairness seniority must always remain the main element in promotion among every body of men, cases of manifest inefficiency or unsuitability apart.

Certain material advantages offered by the service as a career are, on the other hand, at once apparent. A good social position is attained at a step, also a certain means of livelihood with an assured pension. Opportunity is open for travel, and for the observation of many forms of disease which do not occur in ordinary practice. Again, the discipline which repels some is welcomed by certain temperaments, to many the military atmosphere is agreeable. In these respects the army offers an inviting prospect to many men of obvious powers, to whom the often weary round of private practice is distasteful.

Secondly, as to the difficulty in maintaining practical medical knowledge, this might be materially lessened were the army possessed of more modern and efficiently equipped military hospitals. The first step in ensuring this should be the establishment of a commodious and in all respects first-class hospital in connection with the Army Medical School in London.

This effected, it appears reasonable to expect that the following advantages to the service might result:

The hospital in London would of necessity be kept up to a state of efficiency corresponding with that of the best of the civil general hospitals which would surround it. As possessing such qualifications it would serve as a model for the numerous military hospitals throughout the country, and tend to raise their efficiency also.

It would afford opportunity for a number of the members of the service to be passed through its appointments, and thus ensure among them a familiarity with the most modern methods. Beyond the practice afforded by the hospital itself, the situation in London would allow the officers for the time being attached to thoroughly familiarise themselves with the work of the surrounding hospitals and medical schools.

A number of officers of the rank of major could be passed through annually in the position of hospital physicians and surgeons, while at the head of the medical and surgical departments consulting officers, probably the professors of military medicine and surgery, would hold office for a longer period.

In association with each major a surgeon-lieutenant might hold office as house-surgeon or physician, and in this way the service would turn out from its own hospital a considerable number of men who had held an office of this character.

The difficulty may be raised as to the means of supply of patients to such a hospital. This could scarcely prove insuperable. A nucleus exists in the patients already treated in the military hospitals in London, and this might be increased by drafting serious cases from the country hospitals to the headquarters in London. A further large supply could at once be tapped if the men at present refused by the recruiting officers, instead of being sent to the general hospitals for operations necessary before they could be enlisted, were treated in a military hospital at the expense of the Government, as they should be. The present hospital at Netley, besides acting as a receiving depot, would furnish the hospital in London with that invaluable adjunct—a convalescent department.

A sufficient number of cases would also be obtainable for the establishment and maintenance of various special departments.

Additional facilities would be afforded for the training of nurses on the special lines necessitated by military service.

The immediate proximity of the headquarters of professional work to that of the corps would be a material advantage. The Director-General would have opportunity of becoming personally acquainted with the work of many officers in the service, as to which at the present time he has to be satisfied with the reports of others.

Although the impossibility of any system of specialisation in the service is obvious, yet the working of such a hospital at headquarters would allow of the authorities becoming well acquainted with the special bent and powers of the medical officers, and this might be of very material help in the filling up of appointments either of a medical, surgical, or any special nature.

As to the general advantage of the association of the Army Medical School with the hospital no doubt can exist, since although the connection could not bring the same advantages in the way of students, the opportunities for work on the part of those engaged in the hospital would be manifestly increased.

and improved. In point of fact the hospital alone could scarcely afford sufficient duty for its staff without some such arrangement, unless the staff was so limited as to render the first object of the scheme nugatory.

Lastly, how might this arrangement be expected to influence the entry of men into the service? First of all, as an obvious centre, it would bring the service and its work much more prominently under the notice of a large body of medical students, and as doing this would tend to familiarise it. Beyond this, however, the school should be made an active influence, and an important factor in the entry of future officers.

In the German system the State takes an active part in the preparation of students for the medical department of the army, subsidising the education of such officers, and in some measure regulating the curriculum through which they pass in order to ensure their suitability for the duties they will have to fulfil.

In this way the students become thoroughly acquainted with their future work, and the discipline to which they will be subjected, at a considerably earlier and more favourable period than is the case in our own service. Some move in the same direction would probably prove an advantage.

It is unlikely that any advantage could be gained by the Army Medical School actually undertaking the education of students before the period of qualification, yet in place of the system of subsidisation employed in Germany it might be suggested that the Government should attempt to increase the supply of candidates, and attach them at an earlier date by a system of scholarships in the various medical schools offered at the end of the fourth year's work—these scholarships to carry free education during the fifth year, the men joining the Army Medical School on obtaining their qualification, and then undergoing a similar course of training to that at present given at Netley. At the termination of this course the examination for commissions would be held, under the much more favourable conditions of a full knowledge of the personal qualifications of the candidates on the part of the service. Although this plan would entail some cost to the Government in respect to those candidates who were found unsuitable for the service, none the less a great advantage would be gained in the selection of really suitable men.

To the candidates, no loss of time would result, even if they failed to secure a commission; while on the part of the Government a saving clause might be inserted, making the payment of the fifth year's fees dependent on the candidate obtaining a legal qualification within a definite period.

The creation of such a class of students, beyond offering the above advantages in the future choice of officers, would probably very materially increase the number of candidates, not only by reason of the monetary advantage offered, but also by familiarising students with the service at a much earlier date.

In the case of students of superior attainments likely to hold the junior house offices at their hospitals, some arrangement could no doubt be made without sacrifice of seniority on the part of the men concerned. It sometimes happens at the present time that men abandon their chance of holding an appointment that would be invaluable to them in after-practice, in order to ensure six or nine months' seniority in the service. Although this is uncommon, no chance should be allowed for its occurrence. The time spent in a house appointment by a medical military cadet might be allowed to count as a similar period passed as a surgeon-lieutenant holding a similar office in the military hospital.

APRIL 27, 1901.

ARMY MEDICAL REFORM AND REFORMERS.

Sir,—In your leading article of April 13th upon Army Medical Reform and Reformers, exception is taken to some suggestions of mine, on the ground that I have not perfectly "thought out the subject," and that I do not supply certain details of the scheme that I proposed. The letter published in the *Daily Telegraph* of April 14th, from which you quote makes no pretence of putting forward in elaborate detail a scheme of Army Medical Service, or of defining the exact relations between different components of the suggested system. What my letter did was to suggest certain wide principles on which I think the Army Medical Service of the future will best be based, namely, the principle of making use of the large amount of civil material to be found among the staffs of hospitals throughout the country, and the principle of subdividing the work of medical men with the army.

If upholding this principle lays me open to the charge of a narrow specialism, I am perfectly willing to accept the criticism, being conscious that, as in civil practice so in military, general improvement can only be achieved by all individuals being more perfectly accomplished in some one large branch.

To expect members of the R.A.M.C. of the future to be either physicians, surgeons, or experts in sanitation and transport, is not to confine them within very narrow limits as hinted. Whatever the plan upon which the R.A.M.C. of the future is worked, it will be for the Government that works it to elaborate the details so as to secure a smoothly-working and efficient arrangement, and one that is best for the sick soldier.

It must not be forgotten that after all the Army Medical Service exists for the army, not the army for the R.A.M.C. Even in point of numbers, the latter as at present constituted is not efficient, and its most prejudiced supporters will not deny the immense advantage derived from the presence of civil surgeons in South Africa. To raise such questions as the extent to which abdominal surgery is or is not required in warfare, is to run one's head uselessly in a side issue. I mentioned abdominal surgery merely as one of several branches and certainly laid no particular stress upon it. What has to be done is to devise some means by which a sufficient and efficient body of medical men may be easily supplied for the army. By suggestions likely to be of practical service it is open to any of us to help forward this inevitable task. Such a suggestion in the rough I ventured to make, and if your contributor is prepared with none himself, he will not help matters by pointing out, what was already obvious, that a briefly-suggested scheme is lacking in definite statement of elaborate detail.—I am, etc.,

Grosvenor Street, W., April 27th. HERBERT W. ALLINGHAM.

PARLIAMENTARY BILLS COMMITTEE.

A MEETING of the Parliamentary Bills Committee was held at the office of the Association, 429, Strand, W.C., on Tuesday, April 16th, 1901.

Present:

- Dr. J. WOODCOCK, Chairman, in the Chair.
- Dr. W. A. ELLISTON, President.
- Dr. G. B. FERGUSON, President-elect.
- Dr. J. ROBERTS THOMSON, President of Council.
- Mr. ANDREW CLARK, Treasurer.
- Mr. D. R. BALDING, Royston.
- Dr. J. BARK, Liverpool.
- Dr. A. G. BATEMAN, London.
- Dr. T. E. BROADBENT, Liverpool.
- Mr. GEORGE BROWN, London.
- Dr. R. C. BEYR, Dundee.
- Mr. COLIN CAMPBELL, Saddleworth.
- Mr. JAMES CANTLE, London.
- Dr. W. A. CARLINE, Lincoln.
- Dr. ALFRED COX, Gloucester.
- Dr. P. M. DEAS, Exeter.
- Dr. BRUCE GIFF, Bournemouth.
- Dr. MAJOR GREENWOOD, London.
- Dr. J. GROVES, Carlisle.
- Surg.-Gen. J. B. HAMILTON, M.D., London.
- Mr. EVAN JONES, Aberdare.
- Dr. C. W. MARSHOTT, Reading.
- Dr. C. H. MILBURN, Hull.
- Brigade-Surgeon T. R. MORANTY, M.D., Cork.
- Dr. J. MURPHY, Sunderland.
- Dr. W. NEWMAN, Stamford.
- Dr. C. H. W. PARKINSON, Wimborne.
- Minister.
- Dr. A. BROWN (SICCHEE), Hulme.
- Dr. R. SOMERVILLE, Glasgow.
- Mr. C. R. STATION, Wilson.
- Inspector-General ALERK TURNBULL, R.N., London.
- Dr. NORMAN WALKER, Edinburgh.
- Dr. MARTINDALE WARD, Twickenham.
- Dr. JAMES WILLIAMS, London.

The minutes of the last meeting, having been printed and circulated, were taken as read, and signed as correct.

REORGANISATION OF THE ARMY MEDICAL SERVICE.

SURGEON-GENERAL HAMILTON, in presenting the report of the Subcommittee, said that the Subcommittee had communicated with every medical school and college in the United Kingdom, and had received very valuable replies, which were analysed and tabulated in the report. Subcommittees on the Yeomanry, the Militia, and the Volunteers had been appointed, and everything as it was drawn up was reconsidered by the full Subcommittee. The information given in the report would be most valuable to the Secretary of State for War. He would move:

That it be recommended to the Council that the report be received and published as a supplement to the JOURNAL.

Mr. ANDREW CLARK, in seconding the motion, said the report would be very useful to the Secretary of State for War. The Subcommittee was strongly of opinion that it should be sent to the Secretary of State for War before the next meeting of the Committee.

The CHAIRMAN said his view was that the report should be received, and when the minutes of the Parliamentary Bills Committee were confirmed by the Council it might be sent to the War Office with an accompanying letter from the President of Council. It would then have the authority of the Council of the Association. It might further be desirable that copies of the report should be sent to the service members of Parliament.

Dr. ROBERTS THOMSON congratulated the Subcommittee on the report, which had evidently been produced as the result of great care and deliberation. He would advise that the report be accepted, as it stood, and passed on as a provisional report to the War Office. It was important that the Secretary of State for War before he made any statement in the House of Commons should be in possession of some such document as the report, backed up by a deputation or some other means of pressing it upon his notice.

Inspector-General TURNBULL congratulated the Subcommittee on the report presented.

After further discussion the motion was carried. It was moved by Dr. MILBURN, seconded by Dr. ROBERTS THOMSON, and resolved:

That this Committee, subject to the authority of the Council, authorise the Subcommittee to take such action as is necessary to carry out its recommendations until the next meeting of the Parliamentary Bills Committee.

Daily Mail The Daily Chronicle

WEDNESDAY, MAY 1, 1901. FRIDAY, MAY 3, 1901.

BITTER CRY OF THE R.A.M.C. THE R.A.M.C.

NEGLECTED, UNDERPAID, OVERWORKED, AND OSTRACISED. Strong Plea for Reorganisation

A pamphlet bearing the title "The Truth about the Royal Army Medical Corps" has just been published. The writer is evidently not only an officer of the corps bearing high rank, but one who, having ability and considerable experience of his Service in war and peace, is in a position to speak with authority on the subject. If only half the reforms he advocates be carried out by the executive authorities, we shall hear but little in the future of discontent in the Army Medical Service. There is an expectation that the Secretary for War is about to institute reforms to meet some of the disadvantages that now tend to make the Medical Service unpopular. Mr. Brodick has recently had submitted to him by the British Medical Association a provisional report on the reorganisation of the Army Medical Service, and if only he will act on the lines there indicated, he may be able to found the "really efficient" Army Medical Service which he promised in his speech on the Estimates.

Some important information is given in the pamphlet in respect of the technical efficiency of Army surgeons, their training at Netley, on the Headquarters Staff of the Medical Division War Office, on field service routine of the R.A.M.C., its strong and weak points, and, lastly, on sanitary work within the Army and the war reserves of the Medical Service. The rank and Army status of medical officers, a burning question for years past, is freely discussed, and this is all the more necessary in view of the fear that the Secretary of State for War contemplates the abolition of the military titles, and possibly, even of the title "Royal Corps" which was so recently conferred by her late Majesty.

when Lord Lansdowne was Secretary of State for War. This concession was made to the Army Medical Service after a steady demand for years, for it was recommended by Lord Morley's Committee, which sat after the Egyptian War of 1882. The establishment of the Army Medical Service

lies at the root of the drawbacks and consequent unpopularity of the service.

From this one cause there result a host of evils such as overwork of individuals, harassing changes of stations and

of foreign service, impossibility of leave for overwork. Insufficient pay of the chief causes that the pay cannot see, and it is therefore expedient any successful efficiency has been renounced has now to compete with assistants have in a civil life. Extensions of the army of increase of duties at the present about 100. Further, it has now to militia surgeons of king the two branches fewer medical officers

[SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL, May 4th, 1901.]

986 THE BRITISH MEDICAL JOURNAL

CORRESPONDENCE

former wars, and to write a history of our war experiences so clear, so definite, and so instructive that we can use it as a court of appeal to refer to in trying to secure future progress. There is nothing whatever new to-day in army medical experiences; it is the same bitter cry of insufficiency for a century and the eternal dream and hope of the optimists for that better day that but slowly dawns for the medical service.

When such a book as I refer to is written, it will be possible to examine officers in its details and records, and so gradually a staff of trained specialists can be formed in military medical history and science. It is almost impossible for the working officers of the medical service scattered over a great empire to find to-day the needed books, or study the rarely found records that deal with all this past.

Such a work is clearly the duty of the State, and the £1,000 a year it will cost is as nothing in the cost of our wars and the loss in human life that results in all of them. The demand for such instruction at Netley is universal, and all feel the need of some such means of special education.

The pity of all this is that the very existence of Netley School has year after year been threatened, and efforts have been made to abolish it by those who from their position should have known better.

When one bears in mind the splendid services Lord Wolseley has in the past rendered to England in the bitter struggle for the abolition of purchase, for the introduction of short service, and for the territorialisation of the army, it seems lamentable that he should have lent all the weight of his high position to the abolition of the Netley Military School. In the report of the Camperdown Commission he was the main witness to urge forward this most retrograde proposal.

Of course, in a matter so technical his own personal opinion would probably be of little value; but who it was advised him to suggest such a scheme must always be an interesting inquiry; whoever it was he could have known nothing of the necessity for such a school, and the need that exists not only for its existence but also for its complete and fuller extension and modernisation in inter-war working.

One element of many needed in that modernisation is the institution of a professorship such as I have suggested above, who would both in junior and senior courses for the younger and more senior officers of the R.A.M.C. explain to them clearly the present conditions of modern war, and tell them of all our sufferings in the past, and the lines of future advance. Until this is done thoroughly and systematically there must always be a very weak point in the efficiency of the military medical service. All initiative, all definite advance on the line of progress can only come from clear convictions existing in the mind of medical officers of the course to pursue, and any want of initiative must be largely due to this want of knowledge.

In the history of the past, with its pathos, with its intense suffering, but also with its brilliant flashes of the genius, the intense humanity, the splendid human sympathy of the medical service exists all the influence or energy needed to more fully awaken up the minds of that service. Why it has not been done sooner is a matter for the directing authorities of the army to answer.—I am, etc.,

GEORGE EVATT.

THE MEDICAL PROFESSION AND THE INCOME TAX.

Sir.—There is no doubt that the income tax presses most heavily upon the professional classes, and of all the professions to the greatest degree upon the medical profession, because their lives and healths are the more precarious, and held upon a tenure most insecure, being exposed to the assaults of disease whilst pursuing their arduous calling, weighed down by a heavy responsibility both by night and day. That this is no rhetorical phrase of self-glorification is borne out by the hard facts of vital statistics, which show that the expectation of life of medical men is the shortest of all the learned professions, indeed ranks with the most deadly of all callings. Consequently the medical man's productive period is of the shortest, and yet he is forced to give of the fruit of his labour proportionately more in the way of taxation than if he was one of those who toil not nor spin and live long. After a most costly education the medical

Medical Association.

AND RECOMMENDATIONS OF THE ARMY MEDICAL SERVICE.

PARLIAMENTARY BILLS COMMITTEE AND ADOPTED
L. APRIL 17TH, 1901.

ments received in civil life by young medical men since the employment of unqualified assistants was made illegal.

It is also pointed out that the pay of probationers at Netley is insufficient, and the expense of outfit (about £100) deterrent to candidates of limited means.

3rd.—INSUFFICIENT PROFESSIONAL INDUCEMENTS.

Ambitious students are deterred from the Army because they see no encouragement or reward for professional excellence only.

4th.—MODIFIED EXAMINATIONS.

The present system of examining duly qualified candidates on entrance on such elementary subjects as Anatomy and Physiology is pronounced unnecessary and anomalous. The examination on entrance, if held at all, or for promotion, should be on a higher plane, altogether, and embrace advanced medicine, surgery, hygiene, bacteriology, and analyses; with optional subjects in languages and natural science. The promotion examination should also include military administration, law, and economy.

5th.—SENIORITY PROMOTION.

Such promotion being the rule, almost without exception, it is said, prevents good men from entering, and has a deadening effect within the service. Promotion should largely rest on professional and administrative merit, and less on seniority.

6th.—COMPETITION WITH CIVIL LIFE.

Has already been mentioned under Pay. It is a factor, in any endeavour to attract medical men to the service, which must be taken into calculation.

7th.—COMPETITION WITH NAVY AND INDIA.

The Army in several respects has to meet the competition of the sister services.

8th.—SOCIAL POSITION AND ARMY STATUS.

Notwithstanding the granting of military titles in a Royal Medical Corps, which undoubtedly are essential, it is said grave doubts still exist in the Schools as to the true Army status of Medical Officers.

It is certain the best medical men will not adopt an army career if they be treated as inferior in status to a brother or other relative holding a combatant commission.

The reply from St. John's College, Cambridge, states: That the University could not find any *alumnus* willing to be nominated for a commission in the R.A.M.C., but found plenty, some of them medical graduates, for nomination to combatant commissions.

and who still try to minimise them in various ways. What is not at all doubtful, however, is that should any ill-advised meddling with the rank and titles of army medical officers now be attempted under the name of reform, the result will be an abject failure that will cover the responsible Minister with shame as with a garment, and lead to a state of things that will entail heavy cost to the overburdened taxpayer and too probably also much preventable suffering on our troops.

The report contains some valuable suggestions as to reorganisation of the headquarter and district medical staffs. The pay and position of such a high-placed officer as that of Director-General are inadequate, while his staff has been cut down, much below the strength fixed for years under the recommendation of the Sidney Herbert Commission of 1888.

services of the regular and auxiliary forces but also touches on the Indian Medical Service, which cannot, of course, be left out of account in any consideration of the needs of military service of the Empire.

The regular service is dealt with both generally and specifically, and fairly exhaustively. Although the general causes which make it unpopular and keep it undermanned were well known, at least to experts, the subcommittee wisely determined as a preliminary to the consideration of the subject to ascertain the views of the medical colleges and schools throughout the kingdom. A large number of replies were received, and, as will be seen from the analyses of answers given in the report, there is practical unanimity on one point, namely, that undermanning

When Lord Lansdown was Secretary of State for War. This concession was made to the Army Medical Service after a steady demand for years, and it was recommended by Lord Morley's Committee, which sat after the Egyptian War of 1882. The substitution of the Army surgeons

lies at the root of the drawbacks and consequent unpopularity of the service. From this one cause there result a host of evils such as overwork of individuals, harassing changes of stations and of foreign service, impossibility of leave for

(SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL, May 4th, 1901.)

British Medical Association.

PROVISIONAL REPORT ON, AND RECOMMENDATIONS FOR THE REORGANISATION OF, THE ARMY MEDICAL SERVICE.

DRAWN UP BY A SUBCOMMITTEE OF THE PARLIAMENTARY BILLS COMMITTEE AND ADOPTED BY THE COUNCIL APRIL 17TH, 1901.

The following is a report of a Subcommittee of the Parliamentary Bills Committee of the British Medical Association adopted by the Committee on April 16th and approved by the Council on April 17th.

The Subcommittee communicated with the Universities, Colleges, and Medical Schools in the United Kingdom as to the probable causes which deter candidates from coming forward for the Army Medical Service, and received replies from 33 of these Institutions as shown in the table (p. 2).

The following is an analysis under certain general and specific heads of these replies.

1st.—GENERAL UNDERMANNING.

Almost all the replies, directly or by implication, point to undermanned establishments as lying at the root of much of the unpopularity and inefficiency of the Medical Service, by operating as follows:

(a) **OVERWORK.**—Notwithstanding an immense increase of duties at home and abroad, the department, which forty years ago numbered about 1,100, is now only about 950; and before the war in South Africa, and up to a year ago, was as low as 850, which means that while the army had been steadily increased the department had been steadily reduced.

(b) **FOREIGN SERVICE.**—From the same cause the incidence of foreign service has for years been excessive compared with other branches of the service, arising from the difficulty in carrying out ordinary relief.

(c) **FREQUENT MOVES.**—Depleted establishments compel constant change of stations, which no administration can avoid, entailing insecurity and much hardship and expense to officers of limited means, especially if married.

(d) **PRIVATE LEAVE.**—Reasonable private leave is only obtained with difficulty, and sometimes, even in times of peace, cannot be granted at all.

(e) **SPECIAL LEAVE FOR PURPOSES OF STUDY.** The Medical Schools in their replies insist on being essential, without which it is impossible for Medical Officers to keep abreast of the constant advancements in medicine, surgery, and allied sciences, and unjust to stigmatise them as lagging behind in professional matters.

2nd.—INSUFFICIENT PAY.

This is strongly commented on, more especially the inadequate pay of the junior ranks of the R.A.M.C. at home, and of the junior and the senior executive ranks in India. The withholding of the financial clauses of successive medical royal warrants by the Government of India has aroused prejudice against the Army in the Medical Schools. Future adjustment of pay must be considered, (a) with reference to the decreasing numbers of available candidates under the five years' curriculum of study; (b) the much increased emolu-

ments received in civil life by young medical men since the employment of unqualified assistants was made illegal. It is also pointed out that the pay of probationers at Netley is insufficient, and the expense of outfit (about £100) deterrent to candidates of limited means.

3rd.—INSUFFICIENT PROFESSIONAL INDUCEMENTS. Ambitious students are deterred from the Army because they see no encouragement or reward for professional excellence only.

4th.—MODIFIED EXAMINATIONS. The present system of examining duly qualified candidates on entrance on such elementary subjects as Anatomy and Physiology is pronounced unnecessary and anomalous. The examination on entrance, if held at all, or for promotion, should be on a higher plane altogether, and embrace advanced medicine, surgery, hygiene, bacteriology, and analyses; with optional subjects in languages and natural science. The promotion examination should also include military administration, law, and economy.

5th.—SENIORITY PROMOTION. Such promotion being the rule, almost without exception, it is said, prevents good men from entering, and has a demoralising effect within the service. Promotion should largely rest on professional and administrative merit, and less on seniority.

6th.—COMPETITION WITH CIVIL LIFE. Has already been mentioned under Pay. It is a factor, in any endeavour to attract military men to the service, which must be taken into calculation.

7th.—COMPETITION WITH NAVY AND INDIA. The Army in several respects has to meet the competition of the sister services.

8th.—SOCIAL POSITION AND ARMY STATUS. Notwithstanding the granting of military titles in a Royal Medical Corps, which undoubtedly are essential, it is said grave doubts still exist in the Schools as to the true Army status of Medical Officers. It is certain the best medical men will not adopt an army career if they be treated as inferior in status to a brother or other relative holding a combatant commission.

The reply from St. John's College, Cambridge, states: That the University could not find any alumnus willing to be nominated for a commission in the R.A.M.C., but found plenty, some of them medical graduates, for nomination to combatant commissions.

medical services of the regular Army, but also touches on the Indian Medical Service, which cannot, of course, be left out of account in any consideration of the needs of military service of the Empire.

The regular service is dealt with both generally and specifically, and fairly exhaustively. Although the general causes which make it unpopular and keep it undermanned were well known, at least to experts, the subcommittee wisely determined as a preliminary to the consideration of the subject to ascertain the views of the medical colleges and schools throughout the kingdom. A large number of replies were received, and, as will be seen from the analyses of answers given in the report, there is practical unanimity on one point, namely, that undermanning

is not at all doubtful, however, is that should any ill-advised meddling with the rank and titles of army medical officers now be attempted under the name of reform, the result will be an object failure that will cover the responsible Minister with shame as with a garment, and lead to a state of things that will entail heavy cost to the overburdened taxpayer and too probably also much preventable suffering on our troops.

The report contains some valuable suggestions as to reorganisation of the headquarter and district medical staffs. The pay and position of such a high-placed officer as that of Director-General are inadequate, while his staff has been cut down, much below the strength fixed for years under the recommendation of the Sidney Herbert Commission of 1848.

cerned; in other words, one surgeon may get nearly perfect results using his naked hands, while another will have more or less suppuration, no matter how careful he is. It is the latter individual to whom rubber gloves are especially useful. If strenuous attempts are made to clean the hands with chemicals, it results in some cases in a rough and cracked condition of the skin, which simply courts disaster.

The usual objection advanced against gloves is that they interfere with the tactile sensation. This may be a fact the first few times they are used, but in a short period it will be found that the same manual dexterity can be obtained with them as with the naked hands. In abdominal work their smooth surface, it is true, renders it difficult to grasp the slippery intestines. This is the only drawback that I have found to their use.

I have seen suppuration stop short directly rubber gloves were worn, although every effort had been made previously to disinfect the hands with washings and chemicals. Even if they are not used as a routine measure, there must be times when, from some cut or scratch, or a previous dirty operation, the hands of the surgeon are not above approach. Their adoption will be a safeguard to the patient.

After three years' personal experience of their use, I am more firmly convinced of their efficacy than I was at first, and I can strongly recommend them not only for use at operations, but also in the preparation of silk and other ligatures.—I am, etc.,

CUTHBERT S. WALLACE, Lambeth Palace Road, S.E., April 19th.

A PROFESSORSHIP OF MILITARY MEDICAL HISTORY AND ADMINISTRATION AT NETLEY.

SIR,—I desire to point out in your columns the great need that exists for a Professorship of Military Medical History and Administration at the Army Medical School, Netley.

The proposal for the formation of an army medical school for the special training of civil medical men entering the military medical service dates back to the termination of the Peninsular war, when every existing professorship now there was clearly proposed and asked for. In the period of the long peace from 1815 to 1854 the matter lay practically dormant, and it required the terrible catastrophe of the Crimean war, and the ability of Sidney Herbert and the sympathy of Florence Nightingale, to give existence to the present institution with its four Chairs of Medicine, Surgery, Pathology, and Hygiene as specialised for military service.

But in the past quarter of a century the medical service has undergone evolution in a very marked degree, and that military evolution is still in progress, and has in no sense reached finality. With that logical military evolution came new responsibilities of the heaviest kind, which certainly involved a fuller training of the medical service. To carry out such a branch of the training a professor specialised in military history and administration was essential to collect and to systematise all the scattered elements of the science of military medical administration, and the all-important and intensely interesting history of our deplorable experiences in former wars. All through last century we had large experience of failures in field service, and the members of the medical service have unceasingly written and striven for better things and a fuller organisation. The very names of those almost forgotten worthies are dying out, and it is rare to meet an officer who has studied the terribly painful history of past failures or the proposals put forward by those who had suffered by such conditions in the past.

Volume after volume of Blue Books has been published full of pathetic reports of how our soldiery perished in the past. The Crimean Blue Books alone are very numerous, but no one has been specialised and set apart to collate and codify these reports, to write a history of the failures and the successes; and such a work can, in my opinion, only come from an officer set apart and specialised for the duty in the way that a professor of the Netley School can. Unfortunately no such officer or professor now exists at Netley.

Just as Parkes made no really new departure in military hygiene—but rather collated and codified existing opinions, records, and facts on the subject, and gave these facts the vivifying force of his own personality—so we need a similar type of specialist to group together our painful experiences in

42.—TOO MUCH ROUTINE WORK.

This is mentioned by some of the Schools as deterrent; but possibly on insufficient information as to the unavoidable clerical necessity in administration. Nevertheless, records and returns might be simplified, so that Medical Officers administering units should have as much time as possible for strictly professional duties.

43.—UNDESIRABLES OF HOUSE-SURVEYS.

It is stated that they will not join the Army because, if they spend some time in such appointments and then enter, they perhaps find themselves junior to contemporaries who may have entered direct after qualification.

44.—UNSATISFACTORY CRITICISMS.

Such undoubtedly affect the popularity of the Medical Service; young medical men so often see it unjustly and unworthily held up to public aspersion that they hesitate to belong to it.

45.—ABOLITION OF THE REGIMENTAL SYSTEM.

Some of the Schools mention this as a cause of unpopularity; but as the regimental system has been extinguished for nearly thirty years, we much doubt if it is considered at all by a younger generation of students.

RECOMMENDATIONS OF THE SUBCOMMITTEE.

The drawbacks and inefficiency springing directly and indirectly from an undermanned medical establishment, are fully recognised in the replies of the Medical Schools; and make an augmentation of the medical service a first and pressing necessity.

Not only is the Regular Army but the Militia dependent for medical services on the regular establishment.

For some years after the Army that establishment consisted of about 1,100 Medical Officers, which was supplemented by about 300 surgeons of Militia Corps, making nearly 1,400 in all.

But for years before the South African War, and even only

a year ago, the Regulars had sunk to about 850, and the Militia surgeons to under 200; about 870 in all. At present the two combined number only about 960, or 400 fewer than forty years ago.

Since that time medical duties both at home and abroad have largely increased, through a general increase in our military establishments, including the absorption of the European troops of the old Indian service.

It is true the substitution of a unified for a regimental medical system effected some saving in the number of Medical Officers; but no compensation has been made, on the other hand, on account of the general increase of military establishments. It cannot be gainsaid that for years the establishment of Medical Officers has been quite inadequate for ordinary peace duties and relief, and of course still more unequal for the strain of war.

To meet, for instance, the sudden mobilisation of the proposed three Army Corps for field service, an active list of at least 400 medical officers will be required on the home establishment.

This is quite independent of the wants of India, and our foreign and colonial garrisons; and without making provision for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

Probably 1,200 Executive Medical Officers would suffice for the Militia.

SCHOOLS

Table with columns for various schools and rows for different criteria: General Undergraduate, Overseas of Education, Foreign Service, Frequent Moves, Private Leave, Study Leave, Instruction by, Intellectual, Professional, and Moral, Scientific Progress, Competition with Civil Life, and various other metrics.

and scientific research. The ordinary routine of Military Hospitals, and the frequent change of stations, must seriously handicap those desirous of keeping themselves abreast with the professional science of the day. The Conspicuous Committee (Page 30 of Report, April, 1900) were so strongly impressed with this that it recommended that "once in every seven years a Medical Officer should be granted at least three months' leave in addition to and independently of his ordinary leave, on the distinct understanding that such period be spent in attending approved courses" of study. This recommendation has not been carried into effect because the R.A.M.C. has been reduced to so low a strength that it was impossible to grant such leave.

The principle involved in leave to study has long been conceded by the War Office, in establishing an Army Medical School for special courses of instruction at Netley; and, more recently, in granting money towards maintaining a school for the study of tropical diseases in connection with the hospital at the Victoria and Albert Docks. Attached to this hospital there is a well-managed house for medical men, in which they can live at a moderate charge, and there receive Clinical and Laboratory work under the supervision of a highly-efficient staff. It might be possible to establish similar places for study at the Headquarters of some of the Army Corps to be formed in various parts of the United Kingdom; or in connection with some large Metropolitan or Provincial hospitals; or at the new Quaker Hospital to be built at Millbank. We consider it essential that facilities be given to officers of the R.A.M.C. to renew their professional studies at stated periods of their service, and while thus engaged to be allowed full pay and all allowances, including travelling.

Before being granted leave for study, an officer should have to specify the special subject he proposes to work at, and the place where he wishes to study, and at the end of the leave produce certification of due attendance on the work for which he had been granted leave.

The subjects or courses which officers might select for special study would probably fall under one or more of the following heads:

- 1. Sanitary Administration under a Medical Officer of Health, with practical work in Bacteriology and Analyses.
2. Bacteriology in all its branches, in a thoroughly equipped laboratory.
3. Clinical attendance in general hospital wards and special hospitals, or special departments of general hospitals.
4. Attendance at recognised Post-Graduate Courses, including a course of instruction in the use of the X rays.
Insufficient ordinary leave is also allowed to by eight Medical Schools.

INSUFFICIENT PAY.

Inadequate pay has been strongly commented on by 18 schools and colleges, especially as regards that of junior officers, both at home and in India.

The War Office has apparently not taken into consideration the fact of the great rise in value of medical services during the past 20 or 30 years.

Forty years ago it was possible to qualify in 21 years' attendance at a Medical School at a very much smaller expenditure of money and vastly less study than is now demanded.

The cost in obtaining qualification has proportionately increased in consequence of the longer time required to study for the necessary diploma, which is now fixed at a minimum of five years; while the expenditure on general education and living has also largely increased.

Further, the General Medical Council having made the employment of qualified assistants illegal, the result is that the value of qualified assistants has advanced, so that a well-qualified assistant can now obtain from £200 to £250 a year as against £100 to £150 a few years ago; often with board and lodging in addition.

The increased cost of medical education has also resulted in fewer students joining the Medical Schools; last year the falling off amounted to over one hundred in the English schools alone, with a corresponding deficit in the Scottish and Irish Colleges.

These important changes in the profession at large must be taken into consideration, especially as regards the rate of

pay on first entry of Army Medical Officers. Exception has been taken to the rate of pay of candidates while at Netley, which it is stated is insufficient to cover the expenses there. The cost of outfit (quite £100) is also spoken of as deterrent to candidates, and it is well worthy of consideration whether an allowance might not be made for that purpose.

The question of pay of Army Medical Officers in India has long been a burning one, and has undoubtedly resulted in unpopularity of the service in the schools.

The scale of pay according to rank was fixed many years ago, and until quite lately a Medical Officer received only Rs. 137 per mensem for the first five years; it has been raised to Rs. 350, but is still much too low. During the fourth and fifth years of a Medical Officer's service he is a Captain according to existing Royal Warrant; but, through a warrant long since obsolete, does not receive the pay of that rank until after five years' service. A Captain of British Infantry (the lowest rank of the combatant ranks) draws Rs. 414-9-0 contingent, in all Rs. 414; while the Cavalry, Royal Engineers, Royal Artillery, Native Troops, Commissariat, Ordnance, etc., all draw much more, including their staff pay, furlough allowances, etc.

To place this point stronger if possible, a Veterinary Lieutenant, for instance, draws Rs. 400 a month as a minimum, and thus receives Rs. 50 more per mensem than the Medical Officer. It may be argued that the Veterinary Officer has allowance for two horses included in his pay, but even so it is just as necessary for the Medical as for the Veterinary Officer to have horse allowances for the due performance of his duties.

The pay of Medical Officers in India, under the rank of Major, undoubtedly requires considerable augmentation, but in that rank till the officer becomes a Lieutenant-Colonel, he is fairly well paid.

The Senior 39 Lieut.-Colonels (late Brigade-Surgeons), however, only draw Rs. 1,100 a month (till lately 900), and as they are the officers selected for charge of the larger station hospitals, their pay compares most unfavourably with that of Lieut.-Colonels in the combatant branches.

Lieut.-Colonels commanding regiments draw at least Rs. 1,250, or Rs. 300 more than the Senior Lieut.-Colonels, R.A.M.C., notwithstanding that the important charges of the latter involve much financial and administrative responsibility.

Charge pay should certainly be granted to all officers in charge of station hospitals, on a scale corresponding to the magnitude of the charge.

Some changes are also very desirable in connection with retirement under pension and with gratuity.

At present a Medical Officer is not entitled to a pension until he completes twenty years' service; before that only gratuity; and, under voluntary retirement, no change from these terms seems necessary.

But, in cases where an officer breaks down in health, in and by the service, it seems equitable he should receive a pension on scale of length of service after fifteen years; it is hard on an officer who may be compulsorily retired through ill health, within a few months perhaps of twenty years' service, to receive only a gratuity.

Officers on pension are liable to recall, during national emergency, up to 55 years of age, which is equitable. But those who retire on gratuity are held equally liable to recall up to 55; which, in the professional circumstances of a Medical Officer, is inequitable, for the following reason: The avowed object of a gratuity is to enable a man to start in civil life; but a retired Medical Officer, whose profession makes his services intensely and purely personal, cannot buy a practice and settle down, with the possibility of recall hanging over him.

A Medical Officer who retires on gratuity should, therefore, not be liable to recall, but be absolved from any further service.

ENTRANCE.

The Diplomas of the various Licensing Bodies of the United Kingdom were half a century ago obtainable, as a rule, by means of a short *visé* examination, which lasted for about an hour and a-half.

After the experience of the Crimean War, Dr. Parkes came to the conclusion that many of these examinations were insufficient tests of competency; and, on his initiative, the Medical

also entered on the regular course of the Indian Medical Service, which

place them in various ways. What

School at Netley was established; wherein candidates, before entering the Army, received instruction in Hygiene, and other branches necessary for the special duties of Army Surgeons. At present the qualifying examinations conducted by the Licensing Medical Authorities in the United Kingdom are under the inspection and control of the General Medical Council; the teaching has vastly improved, and the curriculum of study has been increased from two and a half to five years. None can gain a diploma until they have passed various examinations of sufficient stringency to prove, so far as such tests can prove, that they possess an amount of knowledge sufficient to qualify them to practise their profession. These examinations are now so frequent and stringent that by the time a student has obtained his diploma, he has become utterly weary of them. On this subject there can be more appropriate terms than those used by Lord Ripon (Viceroy of India) and his Council, in the year 1889—

Under the terms of the Royal Warrant of November 23rd, 1870, one half of the appointments in the Army Medical Department to be made annually may be filled on the nomination of the heads of colleges, leaving the other half to be filled up by open competition. On this we may observe that, while open competition is a very good way of supplying the public service, when the competition is effective; that is to say, when the number of competitors is so much in excess of the available vacancies as to secure a class of successful candidates above the average in point of talent; yet when, as has happened with regard to all the Medical Services, the number of candidates has been but little more than the number of appointments to be filled, the advantage of the competitive system becomes doubtful. Moreover, there is an essential difference between the sort of competition, like that for Woolwich and Sandhurst, where the candidates, after being selected by competition, subsequently undergo their course of special training, of the open competition, which has so long been the mode of selection for scholarships at the Universities; and the competition like that which has been attempted to establish for the Medical Service. In this case the candidates have already completed their professional education, and passed all the examinations necessary to gain their diploma or degree, and are then called upon to undergo a further examination, possibly of a much less complete kind. It is said that the distinction felt by a young medical man to go through the course of special training necessary before appearing at this competition, and to undergo the risk of discredit involved in failure at a public test of his skill, tends to deter many eligible candidates from presenting themselves. It is difficult to believe that when the good elements and assured prospects of the proposed Royal Army Medical Corps are compared with the openings available for the majority of private practitioners, the competition for this branch of the public service should not be sufficiently keen if there were not some special obstacle presented, and there seems good reason to suppose that if these appointments were offered to the Medical Schools, students thereof would come forward, and that in this way a superior class of candidates would be obtained.

We consider that from many points of view the recommendation of candidates for the R.A.M.C. should be entrusted to the various *constituted authorities* of the Universities, Colleges, and other Medical Schools (see section on Cadet Corps).

In selection, the medical qualifications, academic distinctions, and hospital appointments, such as House Surgeons, Clinical Clerks, etc., together with social and general character, should all be considered in determining fitness for a commission in the Medical Service, and the final selection and relative position of nominees should be made by the War Office.

The question of age on entrance should also be considered, and we think that unless under very exceptional circumstances the limit should be 20 years. Men over this age do not fall into habits of discipline easily, and cannot readily adapt themselves to the military system.

We suggest the following scheme to encourage candidature for the Military Medical Services.

1. To every Medical teaching body in the British Isles, a certain number of nominations to these services be granted annually.

2. These nominations to be made by the authorities at the Medical Schools by the fitness in every respect of candidates to hold a commission in the Military Service.

3. The aggregate nominations in all the Medical Schools to be determined by the War Office.

4. The relative position of the nominated candidates to be determined by the War Office.

FOUNDATION OF CADET CORPS.
1. Service in a Medical Cadet Corps attached to the Medical School, or in a Volunteer Medical Staff Corps Company, to form where possible part of the necessary preliminary training of all candidates for appointments in the Military Service. Three years' efficiency to count as six months' service towards the time of acquiring a pension; and five years' efficiency to count as twelve months' service towards the time of acquiring a pension.
2. Cadets who have not gone through such preliminary training may be accepted as candidates; but would have no claim to pensions being granted at a period short of the full term of service.
3. Schools having for the time being no candidates available to give three months' notice to the Government, so that the additional nominations may be distributed to other schools.

SENIORITY PROMOTION.
The question of promotion is best met with very considerable difficulties. Seniority promotion has always been the rule tempered by special selection occasionally. There have been but few precedents for special professional knowledge, or exceptional service during epidemics; yet it is very desirable such should be made.

Selection for promotion to the higher grades should begin when an officer attains the rank of Lieutenant-Colonel at twenty years; and those considered unfit for further advancement should then be so informed, and induced to retire while not yet passed over.

Several qualifications for promotion to the administrative ranks are needed; a man, for instance, may be professionally good, and yet unfit for administrative promotion through known faults of temper or tact, or want of grasp in power of organisation and initiative.

An ideal administrative or commanding officer must be many-sided, and not merely eminent on one subject. It would be difficult to name a position in the Army where many-sidedness, professional and personal, is more wanted than in the Administrative Medical Officer, which makes promotion by careful selection all the more important and necessary.

It has often been a matter of complaint that no advantage towards promotion accrues to a candidate who enters the Army Medical Service with very high qualifications. To remedy this serious defect we consider a system of Brevet promotion might be adopted, as in the combatant branches of the service, and that officers who distinguish themselves professionally, or on field service, should get Brevet promotion, with extra pay, remaining in the original position in their Corps list, as in other branches of the service. This would give officers so promoted extra pay, and seniority on mixed boards and committees, as well as a step towards further departmental promotion should they prove themselves worthy of it.

In this manner, those who enter the service towards the limit of age, in consequence of, perhaps, remaining longer at their studies, or in the position of House-Surgeons, might have an opportunity of making up for time so lost before entry.

COMPETITION WITH CIVIL LIFE.
We have already indicated under insufficient pay, how the Medical Service of the Army, which has practically no prizes, is handicapped by competition with civil life.

There can be no doubt some pecuniary inducements beyond bare pay, whether by Brevet or otherwise, are much needed in the Army Medical Service; which in such respects are far

beneath other branches of the service, especially such as the Royal Engineers, who have a great field of both honourable and profitable appointments, civil and military, open to them. It is suggested that more civil appointments in India, and elsewhere, should be kept open for Army Medical Officers (see No. 1. Addenda).

ARMY STATUS.
The want of due recognition of the Army rank of Medical Officers affects their military social status, about both of which there are still doubts in the Medical Schools. The position of the Director-General himself, as well as of Honorary Physicians and Surgeons to His Majesty, for instance, are not defined or even recognised on State and Ceremonial occasions.

The Army status of Medical Officers should not be qualified, set aside, or rendered of no effect by General or Local Army orders, as seems still occasionally done. This is most marked in India, where orders from headquarters lay down the precedence of officers, without reference to rank on special boards; and where frequently the Medical Officer on such boards, who may be the absolute senior in rank, is placed below all combatant members, in direct opposition to the King's Regulations, which are thus over-riden.

ROUTINE WORK.
There are complaints as regards the quantity of routine work imposed on Medical Officers, and the question of simplifying Medical records and returns is well worth consideration. The simplification of returns might well be effected; and in perhaps not a few cases, a weekly return, for instance, might be made monthly; or the monthly, quarterly; and so on.

SUGGESTIONS FOR REORGANISING THE HEAD-QUARTER AND DISTRICT STAFFS OF THE ARMY MEDICAL SERVICE.
In connection with a reorganisation of the Army Medical Service, it should be borne in mind that the official position of the Director-General, in view of his great and multifarious responsibilities, is unsatisfactory.

As the head of the service, he is charged with its detailed administration, and is in command of a very large body of soldiers of the Royal Army Medical Corps. His rank, therefore, should be that of Lieutenant-General, and not Major-General, which latter rank is borne by the Surgeon-General serving under him.

It is submitted that, in consideration of the vital importance of the health of the Army, the Director-General should, *ex-officio*, be a member of the "Army Board," and sit and vote on sanitary questions, and on matters relating to dietary, water supply, clothing, recruiting, invaliding, and the medical arrangements on mobilisations, such as personnel, equipment, and transport in the field.

The pay of the Director-General—£2,000 a year—is inadequate, in relation to his position and duties. It should be the same as that of other members of the Army Board—£2,500 a year. It may be recalled that fifty years ago the salary of the office was £2,000 a year, when the duties were not half of what they are now.

The *Office Staff* of the Director-General, as present constituted, is, in numbers, hardly compatible with due efficiency. As recommended, under the recommendation of the Hon. Sidney Herbert's Commission, 1885, the office staff for a number of years consisted of seven officers as follows:—

- (a) Three Administrative Officers, heads of the Medical, Sanitary, and Statistical branches.
 - (b) Three Executive Assistants of each branch.
 - (c) A Staff Officer, Army Hospital Corps.
- Notwithstanding a very great increase of duties in the several branches, the total staff has gradually been reduced to four, namely:—
- (a) One Surgeon-General as Deputy-Director-General.
 - (b) One Executive Officer as Assistant Director-General.
 - (c) One Executive Officer of the Medical Branch.
 - (d) One Executive Officer as Staff Officer, Royal Army Medical Corps.

It is suggested that, either the former staff of seven, as constituted, should be reverted to, or rearranged as follows:—

- (a) Surgeon-General as Deputy-Director-General.
 - (b) Assistant Director-General, who should be the confidential Secretary of the Director-General, instead of a civilian War Office Clerk.
 - (c) Surgeon-General or Colonel, as head of the Sanitary Branch.
 - (d) An Executive Officer as his Assistant. These Officers should be trained Bacteriologists, or hold Diplomas in Public Health, and be the advisers of the War Office in Sanitary matters.
 - (e) An Administrative Medical Officer, having immediate command, under the Director-General, of the non-commissioned officers and men of the Royal Army Medical Corps, Female Nursing Staff, etc.
 - (f) An Executive Staff Officer, R.A.M.C., under him.
 - (g) A Medical Officer of senior rank.
- From this Staff a final "Appeal Medical Board" should be constituted.

III.
The Principal Medical Officers of Districts should be fully recognised as on the Staff of the General Officers Commanding, and as such receive orders from them direct, and be able to promulgate them "by order."

This is now done in some districts, but not in all. He should have a Secretary—A Medical Officer of the rank of Captain or Major, trained in Bacteriology and Sanitary Science, who could investigate and report on general sanitation, food, water, epidemics, etc.; and be a member of all sanitary boards within the District.

IV.
It is suggested that Surgeon-Generals should not be dissociated from the Corps, but should, in official lists, be shown as General Officers of Artillery and Engineers, etc.

V.
The question of appointing a Dental Surgeon at the headquarters of each District or Command should be considered.

ADDENDA.
AMALGAMATION OF THE BRITISH AND INDIAN MEDICAL SERVICES.
The following observations are attached to the Report, as having an important bearing on the future of both the Royal and Indian Medical Services.

In the year 1881 the Viceroy of India in Council made the following proposal to the Home Government regarding the amalgamation of the British and Indian Medical Services:—

That there should be a single Medical Service for the British and Indian Armies, the officers serving in India forming a local branch of the Imperial service. This branch to be supplied by volunteers of not more than three years' service, whose names, on their transfer, are to be borne on the general list in India. These officers to be employed after arrival in India, for two years at least, on strictly military duty, after which they will be eligible for civil employ, but will be liable at all times to be recalled for military service when wanted. If after ten years' continuous service in civil employ they do not return to military duty, they would not be eligible for promotion to the administrative grade with the Army, but must look for advancement in the civil list only, although their services would be continued to be available for military duty if required.

Exchange to be freely allowed between officers of the same rank in the Home and Indian Services, officers so exchanging into the Indian Branch to take their place according to the date of their rank. An officer returning home would find his place retained for him.

It was urged that this scheme not only met the definite requirements of the Government of India, but also met, to a very considerable extent, the legitimate requirements of the

See evidence of Sir Thomas Crofted and Lieutenant-General A. B. Johnson, C.B., Compendium, Special Commission.

medical services of the regular and auxiliary, but also touches on the Indian Medical Service, which

mixe them in various ways. What

Army at large, by making the whole Medical Staff of the Army, both at Home and in India, available, at the discretion of the Government for service anywhere. At the same time, under this scheme, it was considered that the status and privileges, as existing, would continue to be secured to the officers of the Indian Medical Service.

The War Office were unable to fully accept this scheme of the Government of India mainly on the grounds:-

1. That at the time (the year 1882) they had an abundant supply of superior candidates for commissions in the British Army Medical Service, and it seemed therefore undesirable to upset a system which had only recently been inaugurated, and had produced such favourable results.

2. It was thought that if the above scheme was carried into effect, it would draw the best men of the A.M.S. from the Home branch; this branch of the service being left with the least desirable part of the department, and its officers deprived of the professional experience afforded by service in India.

While objecting to the form in which it was proposed to provide for the Indian medical requirements, the War Office do not wish to interpose any obstacle to the administrative changes which are being required in India. They favoured the amalgamation of the Civil with the Military service, as throwing more prizes in the way of candidates, and as putting a stop to the competition between the two services, which is now felt at the entrance examination.

The War Office scheme included the following proposals:- That as vacancies occur in the Military and Civil Medical Departments in India, they should be supplied by officers of the Army Medical Service (the R.A.M.C.). That all officers sent to India should go there on a fixed term of seven years' service.

That an officer employed in a Civil Medical Office in India may, at the end of his term of seven years' service, volunteer to remain in India for a further term of seven years; after which, unless in very exceptional circumstances, he should return home, so that the Home service might have the benefit of his Indian experience.

Supposing these suggestions were adopted, all the reforms otherwise required would be carried out equally as well as if the proposal sent from India was adopted, and probably at a smaller cost to India. On the other hand, the Army Medical Department as a whole would not be disturbed by a new system, will not lose for its officers the advantage of Indian appointments, nor for itself the experience the experience derived from Indian duty. Should difficulties occur in the arrangement of details, a Committee appointed by the War Office and the India Office would probably have little difficulty in removing any apparent obstacles.

At present in place of there being an abundant supply of candidates for the Medical Service, as in 1882, the reverse is the case, and the almost unworkable nature of the Indian Medical Services in India has become more and more accentuated, leading to friction in the medical administration of the country, and among other evils to far too frequent changes of Medical Officers from one part of the country to another, with all attendant expense and worry.

We are of opinion, in order that our British and Indian soldiers may in time of peace and of war be kept in the best possible physical condition, that is, in health and stress to perform their duty, it is necessary they should be under the care of a single Medical Service, with one portal of admission. There can be no doubt that the efficiency of such a service would be increased, especially surgical efficiency, by allowing its officers, in a proper proportion, and for fixed periods, to be placed in charge of Civil Stations in India. Appointments of this kind would lead to increased emoluments, and give these officers so disposed opportunities for distinguishing themselves in their profession, such as it is often difficult to obtain in the ordinary work of the Military Hospitals.

3. Regarding the seven years' term, it must be borne in mind that when the term was extended from five to six years the stronger opposition was given to it, and twelve years' now was restored. This difficulty might be still even by ensuring the grant of six months' leave during the fourth or fifth year of the term, which would be less than has been all but impossible in consequence of the shortness of furloughs.

REPORT OF SUBCOMMITTEE ON ARMY MEDICAL RESERVE OF OFFICERS.

The War Office question was issued in March, 1888, to create a Reserve of Medical Officers.

Medical Officers from the Militia, Yeomanry, and Volunteers were to be allowed to join it and were to perform the duties laid down in paragraph 2.

From its inception the so-called Reserve was a failure, as its members already belonged to Corps, and nearly all were to be found in no fewer than three places in the Official Army List:—(1) in the regimental list, (2) in the general list of Militia and Volunteer Medical Officers, and (3) in the list of Army Medical Reserve Officers; in fact it was a mere paper reserve of no real value.

[This list has now entirely disappeared from the Official (monthly) Army List; the Secretary of State for War's "instructions."] Under paragraph 4 of instructions by the Secretary of State for War it had been that these officers shall be liable to be called to Army service at home in times of great national emergency.

The fact that they were not called up during the Boer War shows the authorities did not regard the Reserve in the true sense of the word; but if by national emergency invasion only is meant it would seem to be of less value, as then the Officers would have to join the respective Corps on mobilisation.

It is laid down in Paragraph 5 of the instructions that these officers shall undertake to accept charges of troops at any station at which they may reside; that is, be obliged to undertake the duties connected with troops at contract rates, viz., ad. per head per week, supplying drugs, surgical instruments, etc. A scale of remuneration inadequate and objectionable as being medical charges of His Majesty's troops into the same category as civil practice in civil life.

This Committee, though convinced of the necessity of an Army Medical Reserve, is of opinion that the present "so-called" Army Medical Reserve ought to be allowed to die out.

THE FOLLOWING ARE THE TERMS OF THE ROYAL WARRANT, DATED MARCH, 1888.

ROYAL WARRANT—Establishment of Army Medical Reserve of Officers.

WHEREAS it is expedient to provide for the establishment of an Army Medical Reserve of Officers:

1. Our Will and Pleasure is that the following shall be the conditions under which the said Reserve shall be formed:—

2. The ranks of Officers of the Army Medical Reserve shall be those of Surgeon-Major and Surgeon.

3. Medical Officers of our Militia, Yeomanry Cavalry, and Volunteers, who may desire and be permitted to join the Army Medical Reserve of Officers, shall undertake to perform Army duties at home under rates to be fixed by our Secretary of State, and to act under the orders, for administrative purposes, of the Director-General of the Army Medical Department.

4. Acting Surgeons, and Honorary Assistant Surgeons of Volunteers may be permitted to join the Army Medical Reserve of Officers if they have passed the prescribed examination for proficiency.

5. It is our Further Will and Pleasure that the rank of Surgeon-Major shall be conferred on those Surgeons of our Auxiliary Forces who may desire and be permitted to join the Army Medical Reserve of Officers on completion of 12 years' service from the date of their first appointment to the Auxiliary Forces; and also that Acting Surgeons, and Honorary Assistant Surgeons, of Volunteers permitted to join the Reserve shall be granted the rank of Surgeon-Major.

Given at our Court at Windsor, this 12th day of February, 1888, in the 51st Year of our Reign.

By Her Majesty's Command. EDWARD STANHOPE.

Secretary of State's Instructions on the foregoing Warrant.

1. No Medical Officer of the Auxiliary Forces shall be appointed to the Army Medical Reserve who is not actually fit for service, and whose character and qualifications are not in all respects satisfactory.

2. The names of all Officers of the Army Medical Reserve shall be included in a special Army Medical Reserve List.

3. Officers shall be recruited from the Army Medical Reserve List on attaining the age of 25.

4. Officers of the Army Medical Reserve shall be liable to be called to Army service at home, in times of great national emergency, to take the place of such of the Medical Staff of the Army as may be withdrawn for active service, and when so called out shall receive the pay and allowances of their rank.

5. Medical Officers of the Auxiliary Forces who are permitted to join the Army Medical Reserve shall undertake to accept the charges of troops with the rates of remuneration laid down in Article 26 of the Royal Warrant for Pay, &c., viz.:

6. The acceptance of appointments by the Army Medical Reserve will in no way modify the position of Medical Officers in the Regiment or Corps to which they belong.

7. Officers wishing to apply for appointment to the Army Medical Reserve will forward their applications through the Officer commanding the Regiment, or to the Secretary of State for War's "instructions."

8. At present the Militia Medical Service consists of (a) 17 Regimental Medical Officers attached to Militia Regiments on a Departmental List; and (b) Militia Medical Staff Corps of six Companies.

The Yeomanry have Regimental Medical Officers only. The Volunteers have Regimental Medical Officers, a Volunteer Medical Staff Corps of about 20 Companies, and some 27 "Brigade Reserve Companies," which are mostly borne on the establishment of some Infantry Regiment, and some of which only exist on paper. There is a Brigade-Surgeon-Lieutenant-Colonel to each Volunteer Infantry Brigade.

Organization in the sense of preparation for the medical requirements of a large Force on taking the field can hardly be said to exist in any branch of the Auxiliary Forces.

The conditions under which the Militia, Yeomanry, and Volunteer Forces are trained differ so much from those in the Regular Army that the medical arrangements for the Auxiliary Forces must also necessarily differ to some extent from the organization of the Army Medical Service, with which it is, therefore, impossible to bring them completely into union.

The training of the various units of the Auxiliary Forces is carried out to a large extent individually—that is, by Regiments and Corps, and each Regiment or Corps must, therefore, be complete in itself for peace training.

The Medical Organization for the Auxiliary Forces must be regarded as well as a Departmental. It would, in the opinion of the Committee, be most advantageous to organize the Medical Service for the whole of the Auxiliary Forces on the same lines, though kept as separate branches.

That the organization of the Medical Services of the Militia, Yeomanry, and Volunteers, including reserves, should be kept separate from one another, and that these three branches (Militia, Yeomanry, and Volunteers) should be organized quite independently of the R.A.M.C.

A Reserve should be formed of past Medical Officers as Regimental and Departmental, and men of the Bearer and Hospital Companies who would be willing to put their names on the Register, and to attend a few drills or a few days in camp at definite intervals.

Separate reports dealing with the Militia, Yeomanry, and Volunteer Services respectively are appended.

MILITIA MEDICAL SERVICE.

That it is necessary, in order to make the Medical Service of the Militia efficient, to combine the Regimental system of appointing Medical Officers to Militia Units, such first appointments to be made on the recommendation of the Officer Commanding each Militia Unit, and further, that all Militia Medical Officers should also be placed on a List, and recognized in rank, pay, and allowances as officers of a Militia Medical Department, or of a Militia Medical Staff Corps.

Opportunities should be afforded to Militia Medical Officers, on first appointment, or at other convenient times, of undergoing a course of instruction at the depot, Aldershot; whilst undergoing this course they should receive the pay and allowances of their rank.

Militia Medical Officers should be eligible to volunteer for occasional duty at Aldershot, or other large military stations, where their services could be utilized in relief of the R.A.M.C.; and whilst performing these duties they should be entitled to receive the pay and allowances of their rank.

That under any new scheme of reorganization, Militia Medical Officers still remaining on the Departmental List shall have accorded to them by rank, pay, and allowances, full recognition of length of service.

That Militia Medical Officers who are held liable to serve with the Regular forces in time of national emergency shall be deemed to have established thereby a claim to pension or retiring allowances.

The Medical Medical Staff Corps should be further developed, and its officers, as well as the regimental medical officers on appointment to Militia units, should attend a course of instruction at the Depot, R.A.M.C., Aldershot. The whole service to be under one head.

2. The Medical Officers attached to units would form the "Militia Medical Staff," as they would be borne on the Departmental List as well as on the regimental list.

3. All Militia Medical Officers should, if possible, be given constant employment in the district where they reside, and have a preferential claim for such over all civilians.

4. The various companies should be recruited, and men trained on enlistment in the district to which they belong, thus following the territorial system of the force, as it is the only course likely to encourage enlistment.

5. The officers should undergo a course of instruction at the Depot, Aldershot, on being gazetted to their respective units. Afterwards, the Corps officers would train with their respective Companies, and the regimental officers to the units to which they belong.

6. It is suggested that the officers of the M.M.S.C. should train their men chiefly in Bearer Company and Field Hospital duties, and, as far as possible, in surging, but it must be borne in mind that, owing to the class recruited from it is difficult to ensure efficiency in this latter duty; it takes some three years to train an intelligent woman thoroughly in this work, so that much less must be expected of militiamen who train for only twenty-seven days annually.

7. The outlying companies should assemble at Aldershot once in every four or five years for their training; and the regimental surgeons would also be required to attend at stated intervals for refreshing their knowledge of Bearer Company, Field Hospital, and such duties, so that they would be competent and available for performing these duties when disembarked.

YEOMANRY MEDICAL SERVICE.

REGIMENTAL AID.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

Under the proposed scheme of the Minister for War, in future the Yeomanry Force will number 15,000 men. The strength of each Regiment will be 500 men. For the combined reconnaissance, outpost and scout duties of such a Regiment on active service a Medical Officers are required. In times of peace the annual training is to last 15 days. There are few doctors in civil life who can leave their practices for such a length of time, and certainly they cannot do so every year.

At present the Regimental Surgeon keeps more or less in touch with his patients, as the annual training is in his neighbourhood; in future he cannot count on that. We beg to recommend that a surgeon should be appointed to each Yeomanry Regiment, and that a Supernumerary Surgeon be also appointed to each Regiment. On active service the duties of the Regimental Cavalry Surgeon can only be efficiently carried out by young and active men, possessed of great physical endurance. And that in future every Surgeon on obtaining Field Officer's rank should become a Supernumerary Officer in his Regiment. In time of peace the Supernumerary Officer can relieve the strain on the two Regimental Officers of annual attendance, and in time of war he can be absorbed into the Yeomanry Medical Staff for Hospital or Sanitary work, if specially qualified for such duties.

medical services of the regular and auxiliary forces, but also touches on the Indian Medical Service, which

overwork of individuals, harassing

misses them in various ways. What

Tenure.

The Yeomanry Surgeon to be permitted to remain in the Force or in the Territorial (Yeomanry) Medical Reserve until his 65th year.

Status and Title.

Those of the R.A.M.C.

Pay.

To be assimilated to that of the Combatant Officer of the same rank, the Yeomanry Surgeon not being an amateur, but rendering professional services.

Regimental Stretcher-Bearers.

To continue as at present, but to be annually inspected by the Inspecting Officer of the Regiment, and to be granted extra pay to cover loss of time, wear and tear of uniform, etc. The ranks of Ambulance Corporal, Ambulance Sergeant might be adopted, as in Band, if thought advisable.

Proficiency Certificate.

The Proficiency Certificate must be obtained by all Yeomanry Medical Officers before promotion to the rank of Captain.

YEOMANRY MEDICAL STAFF CORPS.²

A Yeomanry Medical Staff Corps should be organised on the lines of the Volunteer Medical Staff Corps, but with training and equipment specially adapted to the needs of Cavalry. If the Yeomanry are to be brigaded with Regular Cavalry, or organised as a separate mobile Force, it is necessary to organise a Mounted Brigade Bearer Company. The members should be drawn from the ranks of the Yeomanry, as they are accustomed to horses and field work. Horses, Motor Cars, and light ambulances are required to enable them to follow Cavalry or Mounted Troops everywhere.

ESTIMATE OF MEDICAL OFFICERS FOR YEOMANRY FORCE.

70 Regiments.		
2 Medical Officers on the strength of each Regiment	...	140
1 " " supernumerary	...	70
" " in the Territorial (Yeomanry) Reserve, say	...	80
" " Yeomanry Medical Staff Corps	...	250
		540

VOLUNTEER MEDICAL SERVICE.*A. Regimental.*

Each Regiment or Corps should have: 1 Medical Officer, 1 N.C.O. for ambulance duties, and the proper proportion (2 per Company) of Stretcher-Bearers.

The Medical Officer should belong to the Regiment, and wear the regimental uniform. He should have the military title of his rank and, like the Quartermaster, be (say) Captain and Surgeon. Promotion would be by length of service.

The N.C.O. should be relieved of regimental duties, and be additional (supernumerary) to the regimental establishment for his rank.

The Stretcher-Bearers, as at present, would be taken from the Company ranks, and their duties as Stretcher-Bearers would be entirely secondary to their regimental duties. They should never be unnecessarily taken from the ranks at battalion drills.

Supernumerary Medical Officers would be attached to Regiments during peace, to relieve the Regimental Medical Officer; but they should be utilised for hospital duties on mobilisation (*vide infra*).

Departmental.

A number of Bearer Companies and Hospital Companies sufficient for the whole force if mobilised into Brigades, Divi-

² New organisation in the Yeomanry Force.

sions, and Army Corps should be formed, and organised into such units during peace for training.

Those Companies should be called Volunteer Companies, Royal Army Medical Corps.

The present Companies Volunteer Medical Staff Corps and the Brigade Bearer Companies represent the nucleus of this organisation. The Companies should not be necessarily integral portions of individual Brigades (as now), though each Company would be told off to its Brigade, etc., for mobilisation.

For administration and training these Companies should be organised in Divisions. Each Division to consist of not less than two Bearer Companies and three Field Hospitals—the necessary number for an Infantry Division.

(The present Division Volunteer Medical Staff Corps is a good unit, that is, three Bearer Companies and two Hospital Companies (each furnishing two Field Hospitals).)

Each Division would be under a Lieutenant-Colonel (or Colonel) V.R.A.M.C., with another Field Officer as second in command.

These two Officers would serve on the Brigade or Divisional Staff on mobilisation.

The establishment of each Company should be:

<i>Bearer Company.</i>	<i>Hospital Company.</i>	
3 Medical Officers	8 Medical Officers	} 2 Field Hospitals or 1 Stationary Hospital.
1 Quartermaster (transfer to Field Hospital on mobilisation)	1 Quartermaster	
100 Rank and file	100 Rank and file	
Transport additional to above. A Transport Officer to each Division.		

Ten Divisions should be raised at once; for example:

Eastern District	... 1
Home	... 2 (1 Depot and Cadets)
North Eastern	... 1
North Western	... 1
Scottish	... 2
South Eastern	... 1
Southern	... 1
Thames	... 1
Woolwich	... 1
Western	... 1

Supernumerary Medical Officers for Station and General Hospitals would be attached to Regiments for peace training (as above).

Administrative.

A Volunteer Medical Officer (Lieut.-Colonel or Colonel) should be attached to the office of the Director-General A.M.S. as Staff Officer V.M.S.

General Recommendations.

The rank of Colonel should be open to Volunteer Medical Officers (as to Combatant Volunteer Officers) by selection amongst the Lieut.-Colonels of five years' service and upwards in the ranks.

The rank of Brigade-Surgeon Lieut.-Colonel should be abolished. At present it is only open to certain Officers (Regimental Officers in Volunteer Infantry Brigades) and is given to the holder of a certain office irrespective of seniority or length of service; it is not even a reward for efficiency. The duties which at present go with the rank would be equally well performed by the Senior Medical Officer of each Brigade without any special rank attaching to the office.

The Medical Officers attached to Regiments or Corps beyond the one specially belonging to the Regiment and wearing its uniform might be allowed to elect to wear either the regimental or the departmental uniform with the concurrence of the Colonel of their Regiments.

April 12th, 1901.

when Lord Lansdowne was Secretary of State for War. This concession was made to the Army Medical Service after a steady demand for years, for it was recommended by Lord Morley's Committee, which sat after the Egyptian War of 1882. The amalgamation of the Army surgeons with their non-commissioned officers and men in a Royal corps has worked well, and it would be hazardous to meddle with that. In any scheme of reorganisation the increase of the office staff at headquarters (Medical Division War Office) should find a place, for, as at present constituted, it does not make for efficiency in the heavy work which has to be transacted. It is to be regretted that the constitution of that staff carried out on the recommendation of Lord Herbert's Commission in 1855 was ever tampered with. The warrant which followed that Commission was held to be the Magna Charta of Army surgeons, and to the gradual disappearance of its various provisions may be traced the difficulties which have since arisen in the Army Medical Service. In dealing with the reorganisation of the Headquarters Staff, the pay of the Director-General, Army Medical Staff, urgently needs reconsideration and readjustment. It is at present inadequate in view of the responsibilities placed on him, and the position he holds. His rank should also be a step above that of the ten Surgeon-Generals whom he commands, one associated with him in office, designated the Deputy Director-General. The Director-General's pay should be increased to the sum drawn by the head of the Engineers and Ordnance branches of the Army.

As an example of the advanced views held by the writer of the pamphlet, we must state that he emphasises "the want of a Professor of Military Medical History and Administration" in the Army Medical School at Netley. It is true, no doubt, that such a professor would find ample scope among the young surgeons joining as probationers. If military history and administration are subjects of instruction for combatant officers, why not military medical history and medical administration for Army medical officers?

THE TIMES, SATURDAY,
MAY 4, 1901.
THE WAR.

PRINCESS HENRY OF BATTENBERG AND THE LATE MAJOR HILLIARD.

A piece of sculpture, the gift of Princess Henry of Battenberg, and intended as a memorial of the late Major George Hilliard, has just been finished at Eton and sent out to South Africa. It consists of a broken column and moulded base of Aberdeen granite, 5ft. high, the shaft being adorned with a Latin cross upon which the initials "I.H.S." are carved. The dedicatory brass bears the following inscription:—

Sacred to the memory of Major George Hilliard, R.A.M.C., who died at Newcastle, September 7, 1900, from wounds received in a reconnaissance near Inagogo on the 5th.

Soldier of Christ, well done!
Praise be thy new employ,
And while eternal ages run
Rest in thy Saviour's joy.

Erected in grateful remembrance of the devoted care he rendered her husband by Beatrice, Princess Henry of Battenberg.

The memorial was executed by Messrs. Fountain and Son from a design prepared by Mr. Nutt, clerk of the Works at Windsor Castle.

British Medical Journal.

SATURDAY, MAY 4TH, 1901.

THE MILITARY MEDICAL SERVICE.

THE Council of the British Medical Association at its last meeting adopted a report on the Military Medical Services which had been sent up by the Parliamentary Bills Committee. The report, which is published as a special supplement to this issue of the JOURNAL, was drafted by a Subcommittee of experts upon which the medical officers of the auxiliary forces were represented, and which was presided over by Surgeon-General Hamilton. The suggestions contained in the report are therefore of a thoroughly practical character, and will, we trust, receive the sympathetic consideration of the Secretary of State for War.

The substance of the report falls under two heads—the medical services of the regular and auxiliary forces—but also touches on the Indian Medical Service, which cannot, of course, be left out of account in any consideration of the needs of military service of the Empire.

The regular service is dealt with both generally and specifically, and fairly exhaustively. Although the general causes which make it unpopular and keep it undermanned were well known, at least to experts, the subcommittee wisely determined as a preliminary to the consideration of the subject to ascertain the views of the medical colleges and schools throughout the kingdom. A large number of replies were received, and, as will be seen from the analyses of answers given in the report, there is practical unanimity on one point, namely, that undermanning

lies at the root of the drawbacks and consequent unpopularity of the service.

From this one cause there result a host of evils such as overwork of individuals, harassing changes of stations and duties, undue prolongation of terms of foreign service, insufficient ordinary leave, and no possibility of leave for the improvement of professional knowledge. Insufficient pay in junior ranks is indicated as one of the chief causes of this undermanning. It appears that the pay cannot be made to cover unavoidable expenses, and it is therefore held that an increase in pay must precede any successful filling up of establishments. This difficulty has been rendered acute by the fact that the army has now to compete with the increased emoluments which assistants have in recent years been able to command in civil life.

Notwithstanding successive augmentations of the army during past decades, with consequent increase of duties at home and abroad, the medical service is at present about 200 under what it was forty years ago. Further, it has now to provide for the militia, as the 300 militia surgeons of that period have all but died out. Taking the two branches together, there are now actually 500 fewer medical officers than in the early Sixties.

The processes of the official mind are often inscrutable, and it is therefore difficult to determine the reason that has led to these two services being allowed to fall into so lamentable a condition, unless it be mistaken trust in a so-called "Reserve," formed about thirteen years ago, by the simple procedure of counting the medical officers of the auxiliary forces two or three times over in separate lists. The fallacy in the constitution of such a reserve was pointed out at the time of its formation, and since then the attention of successive War Ministers has been drawn to the matter. The Committee points to the fact that this Medical Reserve was not called up during the Boer war, as proof that the authorities did not regard it as a reserve in the true sense of the word. If by "national emergency" invasion only is meant, it would be of even less value, as then the officers would have to join their respective corps on mobilisation. The cogency of this reasoning cannot be gainsaid, but we could have wished that the Committee had seen its way to suggest some definite scheme for a genuine reserve. It must be admitted that the task of forming a reserve of civil practitioners tied down by private and personal responsibilities which perhaps exceed those of any other class in the community is very difficult.

Among the conditions which are mentioned as operating to deter young men from entering the Army Medical Service the character of the present entrance examination is mentioned. It was instituted at a time when the diplomas of the licensing bodies in the United Kingdom were granted after a curriculum and examination very different from those now required. It must be remembered that for years past competition for commissions in the Army Medical Service has practically ceased, owing to the fact that the number of candidates has not, as a rule, equalled the number of vacancies. The report recommends that in place of competition, which has become inoperative, candidates for the Royal Army Medical Corps should be recommended by the various constituted authorities of the profession, the universities, colleges, and schools. It is believed that in this way the class of men best suited for the army would be obtained. As an aid to the successful application of this principle the formation of medical cadet corps at the various medical schools is suggested.

It would be useless to attempt to forecast how this suggestion of the abolition of open competition will be received by the authorities. Competition is assuredly no longer the popular fetish it was thirty years ago, though there is still much to be said in its favour. It is the fact, however, that in the army medical service it has practically ceased to exist, and the situation thus created has to be dealt with. It is clear that competition and nomination cannot be carried on as they now are, side by side. One of them must go; and as the former has already in practice ceased, there seems to be no alternative but nomination.

The true army status of medical officers still seems doubtful in the schools, notwithstanding the granting of military titles in a Royal Corps; this is doubtless due at least in part to distrust of the military authorities, from whom these concessions were wrung virtually by force, and who still try to minimise them in various ways. What is not at all doubtful, however, is that should any ill-advised meddling with the rank and titles of army medical officers now be attempted under the name of reform, the result will be an abject failure that will cover the responsible Minister with shame as with a garment, and lead to a state of things that will entail heavy cost to the overburdened taxpayer and too probably also much preventable suffering on our troops.

The report contains some valuable suggestions as to reorganisation of the headquarter and district medical staffs. The pay and position of such a high-placed officer as that of Director-General are inadequate, while his staff has been cut down, much below the strength fixed for years under the recommendation of the Sidney Herbert Commission of 1858.

The addendum dealing with the Indian Medical Service recommends its amalgamation with the home service, in so far as military duties in India are concerned; but the subject is much too wide to be now discussed.

That part of the report which deals with the auxiliary forces contains in its first section the uncompromising statement that "organisation in the sense of preparation for the medical requirements of a large force on taking the field can hardly be said to exist in any branch of the auxiliary service." We venture to hope that this pronouncement will receive the serious attention of the War Office, for the tone of this part of the report shows that those best acquainted with the actualities and possibilities of the situation are much impressed by the many difficulties which must attend any attempt to provide an efficient medical service for the great auxiliary army for home defence contemplated in the scheme of the Government. Provision has to be made for the Militia, the Yeomanry, and the Volunteers, and the report is quite clear upon the point that the medical organisation for the auxiliary forces must be regimental as well as departmental. The organisation of the units of militia, yeomanry, and volunteers makes a unified medical service, as in the regular army, impossible, though it does not preclude the maintenance and development of the Volunteer Medical Staff Corps. On the contrary, the report recommends that bearer companies and hospital companies sufficient for the whole volunteer force if mobilised into brigades, divisions, and army corps, should be organised during peace for training, and that the existing companies of the Volunteer Medical Staff Corps and the brigade bearer companies represent the nucleus of such an organisation. It is further recommended that the medical services for the whole of the auxiliary forces should be organised on similar lines, but kept as separate branches, and made quite independent of the Royal Army Medical Corps.

Into the details of the scheme suggested in the report it would be premature to enter here. They will at least form a basis for discussion and for further elaboration as the situation becomes clearer. But we cannot refrain from drawing attention to the very different conceptions formed by the War Office and by the expert sub-committee of the British Medical Association as to the needs of the yeomanry. The War Office considers that one medical officer will be sufficient for each regiment, and does not appear to contemplate any co-ordinating departmental organisation. The report of the sub-committee of experts assigns two surgeons to each regiment, and a supernumerary surgeon to relieve the strain on the two regimental officers during the annual training. It recommends also a yeomanry medical staff corps of 250 medical officers, with mounted brigade bearer companies properly equipped for service with cavalry.

We have before expressed the opinion that augmentation and reorganisation of the military medical services should not and cannot be long delayed. It is most important, however, that nothing should be done hastily, or without full consideration of the needs of the army and the peculiar exigencies of medical practice. We believe that the subject would be best threshed out by a committee on which the War Office, the military medical services, the teachers in medical schools, and the general body of the medical profession in the three kingdoms were fairly represented.

Mr. Brodric has, as we have already pointed out, plenty of theoretical advisers inside as well as outside the medical profession, but we trust that he will listen with caution to theoretical reformers, who are not in touch with and have no real knowledge of the services, and who seem to imagine that the medical profession can be drawn upon at any time to any extent that may suit the requirements of the moment or the parsimony of Parliament. Unless service is to be made compulsory, this is simply a gratuitous assumption, and any scheme of provision for the emergencies of war, or even for foreign service in time of peace, based upon it must inevitably fall to pieces at the first impact of hard fact.

THE TIMES, MONDAY, MAY 6, 1901.

We have received from the general secretary of the British Medical Association a somewhat lengthy document, purporting to be a provisional report on, and recommendations for the reorganisation of, the Army Medical Service. The report is said to have been drawn up by a sub-committee of the Parliamentary Bills Committee, and to have been adopted by the council (of the association), so that it presumably represents the collective opinions of a considerable number of medical practitioners; and, as the Government is pledged to hear and consider the views of the medical profession upon the important questions at issue, it may be presumed that this report will in due course receive whatever degree of attention its merits may appear to demand.

Unfortunately, it is anonymous; and hence discloses nothing with regard to the position or experience of its real author or authors, the composition of the council of the association, of its Parliamentary Bills Committee, or of the sub-committee of the latter body, being all of them facts which are no doubt ascertainable by patient inquiry, but which cannot be correctly described as generally known. The authors appear, however, to have been chiefly desirous to collect the opinions of others, for they say that they have communicated with the "Universities, colleges, and medical schools in the United Kingdom as to the probable causes which deter candidates from coming forward for the Army Medical Service, and received replies from 33 of these institutions as shown in the table" which forms part of the report. The table makes mention of no less than eighteen possible causes of the unpopularity of the service; but it is hardly necessary to enumerate the whole of them. Eighteen authorities out of the thirty-three give prominence to general undermanning, to insufficient pay, and to want of "study leave"; and these three causes may probably be taken to bear, towards the remainder, a relation like that which the want of bells in a particular parish bore towards eleven other reasons for not ringing a peal upon the King's birthday. An examination of the table shows that no replies were received from the Universities of Oxford, Cambridge, or London, to each of which we infer that an application was made; and there is nothing to show who was responsible for the answer in any case. Moreover, the statement that answers were received from thirty-three institutions is difficult to understand. The names of that number do indeed appear in the table, but no replies are recorded against eight of them—namely, the Universities of Edinburgh, Aberdeen, and North Wales, the Royal University of Ireland, St. Mungo's College, Glasgow, and the Medical Schools of three metropolitan hospitals—King's College, St. George's, and the London. It seems much as if the Universities had left the inquiries of the sub-committee to answer themselves, and as if eight institutions out of the thirty-three had thought it discreet to say nothing to the purpose.

If we pass on to the merits of the document, we find in it nothing which has not been urged, in our own columns and in those of the medical journals, over and over again. It is notorious, without any aid from the replies of institutions, that the medical service of the Army is unpopular in the medical profession, and that it is unpopular for excellent reasons. In time of war, of course, it is a service which appeals strongly to that love of adventure and excitement which is almost universal among wholesomely-minded young men, and no difficulty will then be experienced in obtaining recruits for it to any extent which circumstances may require. In peace the conditions are widely different. The service is so undermanned as to convert its ordinary work into almost unremitting drudgery, it is badly paid in a rising market, and the position of its members, in the society into which they are thrown, is supposed to compare unfavourably with that of a moderately successful doctor in private practice, who is generally well received among any class of his neighbours with whom he has tastes and pursuits in common. In the Army, unfortunately, the tone of the service is not always in complete sympathy with the doctor, a condition which is to some extent due to the fact that the subaltern is caught young and is forced to acquire a certain well marked tone at a period of life when his mind is still plastic to environment. The doctor enters the service at a much later period, when the flexibility and adaptiveness of youth are at least diminishing, and is perhaps somewhat liable to present angles to his new companions. However this may be, it is at least certain that he does not always shake down into his place as readily as an average subaltern; and, if his tendency be at all toward over-sensitiveness, he will sometimes be on the look-out for occasions of offence. It is to such a frame of mind that a large portion of the commonly assigned grievances of the Army doctor are specially calculated to appeal, and it may be feared that they sometimes receive less consideration than might be judiciously extended to them. Still, we do not believe that grievances of this kind have any large or important bearing upon the question. If the medical service of the

Army, in time of peace, offered a career as advantageous as that of an ordinarily successful country doctor, we believe it would be embraced as freely and as heartily. It fails to do so, and hence, when the demands of the capital are supplied, the squire, and the farmer, and the country town resident obtain the pick of the rising members of the profession, and the soldier must be content with what he can get.

If this be so, the problem before the War Office and the country is not one which needs the collective wisdom of a sub-committee for its solution. There are, of course, many details in relation to it which can only be fruitfully considered or rightly determined by the aid of such complete knowledge of the needs and the conditions of the service as few non-military men can possess. But the central facts of the situation are of almost transparent simplicity. An intending medical student must remain at an ordinary school up to the age of 17, and must pass an examination in arts before he is permitted to commence special preparation for his future profession. To that preparation he must devote at least five years of unremunerated labour, and a large proportion of students devote still more, not feeling confident, at the end of the obligatory curriculum, of their ability to pass the qualifying examinations. The power to incur the necessary expense almost implies the possession of sufficient capital to justify the commencement of practice, and early marriage is rather the rule than the exception. The medical profession, like every other, presents its instances of failure and of poverty; but these do not force themselves upon the attention of the beginner, who probably determines to deserve, and hopes to secure, one of the modest successes which are not infrequent in his calling. The Army offers him few temptations. The pay is scanty, the work hard, the liberty restricted, the opportunities of prudent marriage are few, and the environment is commonly believed not to be particularly agreeable. Promotion is mainly by seniority, and there is no recognition of professional merit. The War Office ideal of an Army surgeon is like that of our grandparents with regard to a child—that he should be seen and not heard. Men of this type can be procured in the future as they have been in the past; and, if the public is content with them, there is no more to be said. If, on the other hand, the public is in earnest in desiring that the medical service of the Army should be thoroughly good and efficient, it must in the first instance pay the proper prices for the qualifications which it seeks to obtain, and must then take care that they are neither fettered by red tape nor wasted by official blundering. The medical service of the Army requires men fitted for different kinds of work, men who are not and who cannot be made interchangeable with one another. The sick or wounded soldier should have as skillful a physician or surgeon as he would obtain in a civil hospital; the commanding officer should have at his disposal the advice of as skillful a sanitary authority as the medical officer of health of an English county; and the general administration of the service should be committed to men whose powers manifestly tend in that direction. A system which requires of the same man that he should sometimes be a clinical physician or surgeon, sometimes a sanitary officer, and sometimes an organizer is one which is equally fatal to excellence in any of these directions. Nothing of the kind exists in civil life, and it will cease to exist in the Army whenever the conditions of its medical service are brought into line with the scientific knowledge of the twentieth century.

British Medical Journal.

SATURDAY, MAY 11TH, 1901.

THE INACCURACY OF MR. BURDETT-COUTTS.

Those who have read the evidence given by Mr. Burdett-Coutts before the Royal Commission on South African Hospitals must have come to the conclusion that many of his statements made in letters to the *Times*, and in his speeches, were, to use a mild expression, somewhat reckless. At all events, he acknowledged that some of his "facts" were secondhand. Unabashed, he returned to the charge, and wrote to the press, criticising the report of the Royal Commission, and attempting to prove its inadequacy and imperfections. Would not, he said, the recommendations of the Royal Commissioners have had incalculably greater weight if the report had brought out a few of the grave results that had ensued from a neglect of obvious precautions? And he went on to answer his own question as follows: "One case would have been sufficient, such as that of the 2nd Worcester Regiment who came fresh and healthy from Bermuda, marched over a clean track into Bloemfontein full strength with two men sick, were encamped on ground just evacuated by a Paardeberg regiment, and within three weeks had 278 men down with enteric, from which 40 or 50 died."¹ This is the only instance given by Mr. Burdett-Coutts, and as it is of course impossible to meet general statements except by the examination of specific instances, it has seemed worth while to test this case. Before referring to the matter we have awaited the receipt of full information from South Africa, for Mr. Burdett-Coutts, it will be remembered, does not divulge the source of his information.

We are now in a position to give the real facts of the case, which are as follows: The 2nd Worcesters arrived in Bloemfontein on April 4th, 1900. Three weeks from that date would bring us to April 25th, by which time, according to Mr. Burdett-Coutts, 278 men were "down with enteric." The weekly sick returns are made up every Friday, and as the week including April 25th ended on Friday, April 27th, we will make Mr. Burdett-Coutts a present of two days. It will be seen that he requires a much more favourable "handicap" to bring his figures into accord with facts now ascertained.

The admissions to hospitals from this regiment between April 4th and 27th for all diseases were 94. Of these, 28 were discharged to duty within the period referred to leaving 66 men in hospital. Even if we assume that all these men had enteric, the conclusion is obvious. Now as to the deaths, put down by Mr. Burdett-Coutts as 40 or 50 out of 278, this would not be an extraordinary mortality ratio: but out of 66 cases it would indeed be terrible! We must, of course, go beyond April 27th for the deaths due to enteric fever admitted in the "three weeks," so let us take the mortality up to May 31st. What do we find? We find that the total number of deaths in the corps from all causes, from April 4th to May 31st, was 15, there being no deaths at all between April 4th and 27th.

These are figures which can be proved to be true. The commanding officer can be appealed to in case medical readers are looked upon with suspicion by the honourable member who "flings his figures" about with such nonchalance.

The situation of the camp occupied is another point to be referred to, because Mr. Burdett-Coutts alludes to it as a possible cause for the alleged grave incidence of the disease. It is true that the 2nd Worcesters were placed on ground which had already been occupied by another regiment. The well-known objections to such an arrangement were duly considered, but it was a case of "Hobson's choice," and we may here allude to one or two of the reasons. In the first place, it was necessary to have the regiment near the town for water supply, the waterworks being in the enemy's possession or destroyed. In the second place, reasons of defence made it imperative that some regiment or other should hold pickets in the immediate neighbourhood; and in the third place, fatigue parties to carry stores and supplies were constantly wanted, and proximity was an object; the only other ground the regiment could have occupied being a considerable distance off.

The "neglect of obvious precautions," and its grievous results is not proved by this particular instance, at all events. Nobody denies the danger incurred by placing men on "polluted" ground; this is probably the one fact in sanitation known to all ranks and in all branches of the service. But there are occasions when the risk has to be run, and this was one of them, whatever the results might be. That the results were not so bad as the circumstances might have foreshadowed is altogether beside the question at issue. The point we wish to emphasise is that Mr. Burdett-Coutts suggests preliminary "neglect" of obvious sanitary precautions (without knowing all the questions

facts supplied by H.S.M.

involved); and then produces erroneous figures to demonstrate the direful consequences! The figures he gives, being absolutely inaccurate, must have been "manufactured." It is not for a moment suggested that he manufactured them, but he must be held responsible for accepting them upon evidence which proves to be wholly inaccurate.

THE REPORT ON THE REORGANISATION OF THE MILITARY MEDICAL SERVICE.

THE UNSATISFACTORY POSITION OF THE R.A.M.C.

SIR,—The Association has before it in the *BRITISH MEDICAL JOURNAL* of May 4th the report of the Subcommittee on the Army Medical Service. It is not my intention to discuss that report. It is sufficient that it has been drawn up by men singularly well versed in all practical details of the subject, and singularly free from pettiness and partiality. Its value therefore is great. But there is one point which an official document can scarcely deal with, and yet which is of primary importance. It has been a matter of doubt with me whether I should write on this point or leave it alone. There are many pros and cons in one's mind. The chief "con" is that any allusion to it may appear as an attempt to deter men from entering; the chief "pro" is that unless it is made prominent it may be overlooked to the detriment of the army. Finally, I have decided to speak my mind for what it is worth, believing that nothing will deter the present type of candidate from competing, whilst unless this special point is seriously considered nothing will induce the best men to come forward for the vacancies.

If what I say may appear unpalatable to anyone I may be excused on the ground that I speak from some knowledge of the subject and from a conviction that the words I use must be used by somebody, and now.

So long as the social position of the army medical officer remains uncertain no pay, no change of system, no revision or abolition of examinations will bring desirable candidates to come forward for commissions. The question is not one of money, though pay should be equitable. It is a question of proper treatment. It is absurd to suppose that an educated, a cultivated man—a man we call a gentleman—is going to willingly subject himself, and later on his wife and daughters, to the slights and annoyances which have hitherto been the portion of army medical officers. That is the essence of the whole matter. And a very serious matter it is. I am quite aware that the Army Medical Service in this respect only shares the fate of the whole profession. There is a general tendency on the part of a certain section of society to treat the medical profession as if it were on a lower plane than other professions, and for this the medical profession has chiefly itself to blame. It is curious how different is the moral level of the profession as a whole and that of its individual members. Whilst there is no profession loftier in its aims, in its ideals, more indifferent to its own interests, more devoted to the interests of humanity and in particular to our own Empire, more indifferent to dangers, more intellectually endowed, than the profession of Harvey, of Jenner, of Livingstone, and of Lister, there is no profession which has been so curiously deficient in individual self-respect than the medical profession of England till this year of grace, 1901. But all this is changing. A growing feeling of great public services undervalued, of public usefulness unrecognised, is increasing amongst us; a new bond of brotherhood, a brotherhood of work and brains, is coming into existence, and a determination that medicine in England must occupy the position in which it can do most for England's Empire is silently but certainly asserting itself in all directions.

This change of feeling is not yet understood by Government. If it were, should we see the evidence of ignorance of it in the exclusion of the Director-General from the late list of honours, in the lesser share of distinctions allotted to medical officers, as well as in the want of recognition of the immense services to the country performed by the medical officer of health for Glasgow?

The Government counts on the patriotism of medicine as a ready reason for evading its claim to honour. And so far it is safe. But, though medical men in war will forget the slights they have suffered, and will suffer in peace, and a civilian voluntary service will probably always be available for the men who are so little deserving of it, yet it is far too much to imagine that an army medical service as at present treated can continue to exist when our great profession has once learnt to respect itself. We are in sight, not of continued Army medical discussions—their day is past; what we have unhappily to deal with is the extinction of the Army Medical Service.

It is in that conviction I have written these few lines. If I am wrong, the general sense of the profession will correct me. If I am right, I shall be glad to have said what is needed.—I am, etc.,

Exeter, May 5th.

W. GORDON.

THE MILITIA MEDICAL SERVICE.

SIR,—In the Provisional Report of the Parliamentary Subcommittee, published as a supplement to the *BRITISH MEDICAL JOURNAL* of May 4th, I see it is recommended that in future each Yeomanry regiment should have three medical officers—that is, two surgeons and a supernumerary surgeon.

The reasons given are: (1) That for a strength of 700 two surgeons are required; (2) that as in times of peace the training is to last eighteen days, there are few doctors who can leave their practices for so lengthy a period, and that as they certainly cannot do so every year, they may be able to relieve one another of the strain of annual attendance.

I would ask however why, if it is thought necessary to appoint three surgeons to a yeomanry regiment, one is in this scheme supposed to suffice for a militia battalion, with a strength of 800 and an annual training lasting twenty-eight days? This, to me, certainly seems anomalous. The militia medical officer has further during his first year's service to undergo two months' training and instruction at the depot, R.A.M.C.

In regard to Paragraph 3 under "Militia Medical Service," I think that "constant employment in the district where they reside" would be very little benefit, as most probably the bulk of the officers would reside where such employment could not be found.

As was proved during the recent emergency, the militia medical officer is the only one the War Office can rely on in time of need. The difficulty will be to increase their number, owing to length of annual training and liability to embodi-

¹ *Times*, February 15th, 1901.

ment (some have now been serving eighteen months). The only way to remove the difficulty will be to offer them some definite and tangible reward, either a fixed annual retainer (like the bounty to the men) or, as the Subcommittee suggests, a claim for pension or retiring allowance.—I am, etc.,
May 6th. MILLS.

THE PROPOSED "AMALGAMATION OF THE BRITISH AND INDIAN MEDICAL SERVICES."

SIR,—I have read with interest the Report of the Parliamentary Bills Committee on the Reorganisation of the Army Medical Service. I sincerely trust that the recommendation of the Committee to amalgamate the R.A.M.C. and I.M.S. will not be adopted. I am certain it would be most unpopular with the I.M.S. at any rate. The proposal seems to me to amount to this: that the grand old Indian Medical Service, with all its traditions, is to be sacrificed in order to resuscitate the moribund R.A.M.C. The great attraction of the I.M.S. is undoubtedly the civil branch. Gradually, however, within recent years, the number of civil appointments open to I.M.S. officers has become smaller and smaller. In one province alone thirteen civil stations are reserved for uncovenanted medical officers, civil or military assistant surgeons.

Under the proposed new scheme of an amalgamated service how many men could obtain civil appointments? Certain it is the Government of India will not get men to spend their lives in and devote their whole careers to India with the prospect of nothing but military duty.

I would suggest that on the cessation of hostilities in South Africa civil hospitals be established in the conquered territories on the same lines as in India. These hospitals could be officered by the R.A.M.C., and would afford ample opportunities for professional work.

Surely the past record of the I.M.S. constitutes a strong claim to generous treatment from the Government of India. Its glory seems, however, to be fast departing, and now it is proposed to use it as a basis for the reconstruction of the R.A.M.C. If the Government of India only realised the great discontent that already exists in the I.M.S., I am sure they would be chary of taking any step to deprive the service of more of its few remaining attractions.—I am, etc.,
May 7th. I.M.S.

**THE TIMES, THURSDAY,
MAY 16, 1901.**

One of the recommendations contained in the report of the Royal Commission upon the Care and Treatment of the Sick and Wounded during the South African Campaign was that a departmental or other committee of experts should be appointed to inquire into and report upon the steps needed to effect certain reforms in the Royal Army Medical Corps. As no announcement has yet been made concerning the adoption of this suggestion, Sir John Tuke has given notice to the Secretary for War that he will to-morrow put a question in the House of Commons as to the intentions of the Government in the matter.

THE REPORT ON THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE TIMES.

SIR,—With reference to your leading article of this day's date, in which you allude to the report being "anonymous," permit me to say that it is not customary for the council of the British Medical Association to publish the names of sub-committees appointed to report on any subject; but I may say that in this instance all the services were well represented—viz., a surgeon-general, a deputy surgeon-general of the Royal Army Medical Corps, a brigade-surgeon, and a surgeon-major of the I.M.S. (one of these latter had served on Lord Curzon's committee), a senior brigade-surgeon, lieutenant-colonel of a Volunteer brigade, a surgeon-lieutenant-colonel of the Militia Medical Staff Corps, a surgeon-lieutenant-colonel of Yeomans, a Deputy Commissioner of the St. John Ambulance Brigade, and a couple of experienced civil practitioners, who have considerable knowledge of military medical matters.

The sub-committee was good enough to elect me chairman; and I can state that no body of medical men could have taken greater pains to make their report equitable, or to consider all the facts fairly and impartially. The report was adopted unanimously by the Parliamentary Bills Committee, approved by the council, and forwarded to the Secretary of State for War by the president of the council, and Mr. Brodrick, in acknowledging its receipt, was good enough to say, "It will be of great assistance to him."

Regarding your remark that replies were not received from the Universities of Oxford, Cambridge, or London, I would remind you that Oxford has practically no medical school, London is only an examining body and has no students, and that Cambridge did reply, but is entered in error under the heading of St. John's College, Cambridge. Of the other colleges indicated who replied, but gave no particulars, I may state that they practically said they had no students competing for the Army Medical Service and could give no information.

I am pleased to see that your article is so much in accord with our report, and feel sure it will do good in drawing attention to the present lamentable condition of the Army Medical Service.

I am, however, sorry to see you have not alluded more fully to the report of the committee on the medical services of the Militia, Yeomans, and Volunteers; for it is certain that in the future we must look to these Auxiliary branches to provide the Army with a well-trained and efficient Reserve.

Your obedient servant,
J. B. HAMILTON, Surgeon-General, R.P.
Junior United Service Club, Mar 6.

**THE TIMES, FRIDAY,
MAY 17, 1901.**

The supplement to the twenty-ninth annual report of the Local Government Board, containing the report of the medical officer for 1899-1900, has just been published, and contains, as usual, a large amount of detailed and valuable information with regard to the general state of the public health throughout England and Wales, and with regard to any conditions to which exceptional local outbreaks of disease appear to have been due.

The report by Dr. THOMSON and COLONEL MARSH on enteric fever in the city of Chichester is calculated to afford considerable enlightenment to the very numerous sanitary amateurs who have been desirous, in our columns and elsewhere, to instruct the Medical Department of the Army, the Government, Parliament, and the public generally on the iniquity of this fever having been "suffered to prevail" in South Africa during the war and upon the ease with which it might have been prevented. A great scientific investigator, the late Dr. WILLIAM BEND, discovered, many years ago, that enteric fever, or, as it was then commonly called, "typhoid," was largely diffused through the agency of polluted drinking water, and hence that it was apt, in a country village, to follow the track of a brook or watercourse from which their domestic supplies were obtained by the inhabitants. The common sanitary sciolist has come, in the course of years, to be thoroughly imbued with this idea; and he usually fails to perceive that frequency of transmission by water does not exclude transmission by other channels, some of which, in all probability, become of greatly increased relative importance as the possibilities of water pollution are guarded against by the adoption of proper precautions. It has long been recognized that the inhalation of polluted air might be as deadly as the swallowing of infected water; and the discovery of the microscopical organism by which the disease is produced has rendered it manifest that the exclusion of this organism from the human body is not to be accomplished by the protection of water alone. It would be very difficult to say by what agency the disease was chiefly communicated in South Africa—whether by polluted water, by dust, by flies, or even by some hitherto unsuspected agency; and it is highly instructive to see that at Chichester, where enteric fever has been unduly prevalent for many years, and has from time to time assumed very serious proportions, the skilled inquirers of the Local Government Board are practically compelled to own themselves at fault, and to fall back upon the suggestion that there may possibly be some peculiarity of the soil on which the city is built, a peculiarity either natural to it or acquired from long-continued soakage and pollution, which renders it favourable to the growth and multiplication of the bacillus. Infected cockles, polluted water, defective drainage, and other possible causes of the phenomena have all been taken into consideration; and, while each may have accounted for some proportion of the cases, none is sufficient to account for all. Further investigation, more especially of the soil and other conditions in other localities in which the fever has been present in marked excess of the national average, are recommended by the inquirers; and, in the meanwhile, it is necessary to maintain a suspended judgment.

**THE DAILY NEWS
LONDON, SATURDAY, May 18.
HOUSE OF COMMONS.—Friday.**

The SPEAKER took the Chair at three o'clock.
THE HOSPITALS COMMISSION.

Sir JOHN TUIKE asked the Secretary of State for War whether he proposed to adopt the suggestion contained in the Report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded during the South African Campaign, to appoint a departmental or other Committee of experts to inquire into and report upon the steps needed to effect certain reforms in the Royal Army Medical Corps; and, if so, whether he was prepared to state the composition of such Committee.

Lord STANLEY said the Secretary of State was preparing various proposals to submit to a Committee of experts, but the composition of the Committee could not be at present stated.

British Medical Journal.

SATURDAY, MAY 18TH, 1901.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service for May, 1901:

Distribution in the Army List for May, 1901.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals	2	1	4	—	7	—
Colonels	10	10	10	2	32	—
Lieutenant-Colonels	24	35	77	2	138	—
Majors	34	154	193	7	388	—
Captains	23	73	897	6	1009	—
Lieutenants	42	119	42	8	211	—
Total	145	487	370	18	1020	15

The total number of officers is 1 fewer than in April, being 924 against 925. There are 19 more officers at home, 1 fewer in South Africa, and 4 fewer at other foreign stations. The unposted are 18, and, being mostly above the rank of lieutenant, represent officers who have come home on relief or are sick. The retired pay officers employed number about the same.

THE REPORT ON THE REORGANISATION OF THE MILITARY MEDICAL SERVICE.

THE UNSATISFACTORY POSITION OF THE R.A.M.C.

SIR,—As one who has passed many years in the Army Medical Service, I can corroborate every word of what is stated by Dr. Gordon in the *BRITISH MEDICAL JOURNAL* of May 4th. The social position of the medical service in the army is the key of the position, and no one has had a better opportunity of judging of the feeling on that point than Dr. Gordon.

A straw shows how the wind blows. When the army was thanked by Parliament for the last operations in the Sudan, the principal medical officer of the expedition was not named, although many officers junior to him were, and this notwithstanding the efforts of Dr. Farquharson and others.

The other day, when the South African honours list was issued, the small proportion of medical officers attracted the attention of the public journals, and not a single medical officer received a K.C.B., and of course it is well known that a medical officer is not eligible for the highest rank in that order—the G.C.B.

All this lowers the doctors in the general estimation of the army, and brands them as of an inferior rank to the fighting officers. There are many other proofs of the inferior position assigned to army surgeons, but I do not wish to trespass more on your space.—I am, etc.,

May 13th. A SURGEON-GENERAL.

SIR,—The general sense of the profession will affirm the letter of Dr. Gordon in the *BRITISH MEDICAL JOURNAL* of May 11th. No self-respecting man will enter a service which, judging from the Director-General's position and treatment, is much inferior to that of any foreign or the United States army. The late Commander-in-Chief in the *Soldiers' Pocket Book* ridiculed the medical officer in the most contemptuous manner, and consequently the authorities followed suit. Unfortunately the present Secretary of State for War has just as publicly ridiculed the Naval Medical Service, which has not increased the popularity of that service.

What the profession needs (as the late President Cleveland told them in New York at the Academy of Medicine) is organisation and more interest in politics if they wished to protect their own interests. If this is done there will very soon be a change in the attitude of those in power towards the profession. Many medical men have more than one vote, and could use them with telling effect, besides largely influencing others. What is wanted is the "doctor in politics."—I am, etc.,

May 11th. CENTURION.

SATURDAY, MAY 25TH, 1901.

MR. BRODRICK AND ARMY MEDICAL REFORM.

THE reply given by the Financial Secretary to the War Office to Sir John Batty Tuke's question in the House of Commons is satisfactory in so far as it shows that the Secretary of State for War intends to appoint a committee of experts to inquire into the present position of the Royal Army Medical Corps, as recommended by the Royal Commission on South African Hospitals. At the same time, we cannot feel that the procedure which Mr. Brodrick intends to follow is in all respects the best that could have been adopted. His purpose is to submit to the committee of experts various proposals which he is now preparing. We should be sorry to see proposals, drawn up under the influence of men who, however good their intentions, have no intimate acquaintance with the work of the service or with the conditions of civilian medical practice, sent to this committee, as such a proceeding would be very apt to end in a deadlock. The composition of the committee has not yet been announced, but unless it is of a representative character it will not command the confidence either of the public or of the medical profession. If, as we hope, a strong committee is appointed, it seems to us that it would be wiser to refer to it not only the proposals elaborated within the War Office, but also those emanating from other sources, including the report of the Council of the British Medical Association, and to give the Committee a free hand to report on the whole matter. When the Army Estimates are before the House of Commons, it is certain that discussion will arise on the medical vote. If the report of the commission of experts had been published before that, an opportunity would have been afforded for the consider-

ation of the organisation of the military medical service in all its aspects. But Mr. Brodrick considers that this is now impossible, and it would appear, therefore, that so far as Parliament is concerned, the whole matter must stand over until another session.

THE REFORM OF THE R.A.M.C.

SIR,—In the *BRITISH MEDICAL JOURNAL* of May 4th, "R.A.M.C." writes as follows: "Dr. Edward Thompson's proposals might well make army medical officers exclaim: 'Save us from our friends!' I am distressed that any words of mine, written with the most sympathetic intention, and to elicit information, should have even temporarily produced such an erroneous impression. My proposals were merely tentative, and written for the purpose of gaining information which I hoped to receive, and which, in conjunction with the other medical members of the House of Commons, I hoped to use in the interest of the R.A.M.C. I am glad to say I have been favoured with many most important and valuable suggestions, which I have duly tabulated, and which, along with my colleagues, we will assuredly bring under the notice of the Government and Parliament when the opportunity occurs. Nearly all the army surgeons who have written to me agree with most of the proposals contained in my recent letter to your *JOURNAL*, but all of them object to the present rate of pay, and the abolition of the right to retire, as in other branches of the army, after 20 years' service. All my correspondents consider the latter the one bright spot in the regulations at present governing the R.A.M.C. They are all equally delighted in their support of army rank and titles. I have carefully read and studied the very able report of the committee so ably presided over by Surgeon-General Hamilton. The only objection I have to it is its length and compilation. To be effective the various recommendations should have been summed up more clearly and in a smaller space. The following table is the result of the recommendations that have reached me. I shall be glad to hear from any medical officer who has any further suggestion to make.

1. Maintenance of distinctive army rank and title.
2. The Army surgeon to continue supreme in his own corps, the strength of which should be increased to a total of 1,000 officers.
3. The Director-General or P.M.O. to have a recognised place on the staff of the army and army corps.
4. Increase of pay as follows: £150 per annum on joining, £200 per annum after 5 years' service, £250 per annum after 10 years' service, £300 per annum on promotion to major, £350 per annum after 15 years' service, £400 per annum after 20 years' service, £450 per annum after 25 years' service.
5. Retired pay to be increased in proportion to increase in annual income.
6. The right to retire on a pension of £1 per day after 20 years' service, a pension graduated according to length of service, so as to prevent the possibility of a man, say of 15 or 18 years' service, being compelled to retire on a comparatively small gratuity.
7. The continuation of the right to retire on a gratuity, or, if preferred, a pension graduated according to length of service, so as to prevent the possibility of a man, say of 15 or 18 years' service, being compelled to retire on a comparatively small gratuity.
8. Indian pay according to army rank and title.
9. The right of leave according to rank.
10. As far as possible the equalisation of home and foreign service.
11. Appointment of a medical officer to a regiment or station for 3 or 5 years.
12. Abolition of half-pay appointments.
13. Effective training in army drill, duties, and equitation.
14. Recently-appointed medical officers to go first to Aldershot for 6 months' military instruction and to Netley after first tour of foreign or home service.
15. Entrance to the Army Medical Service to be by nomination in the first instance from the various medical schools in proportion to the number of the students and subsequently by examination in medicine, surgery, and surgical anatomy for seniority.
16. Abolition of the examination in chemistry, botany, and materia medica—which is wholly unnecessary.
17. Sufficient leave to attend post-graduate classes at the various medical schools and hospitals.
18. The formation of a medical reserve. I do not think the idea of forming a medical reserve by means of the militia and volunteers will either work or be effective. What is required is a body of thoroughly-trained surgeons and physicians who must have had considerable operative and medical experience, and who could be called upon in an emergency to take up the same sort of work the civil surgeons have so effectively undertaken in South Africa. Men of the sort and age required are not so easy to get: they should be recruited chiefly from the house-officers would probably supply the greater number of such candidates, whose services should be secured by a liberal retaining fee, and who on appointment should be obliged to undergo the usual training in military duties both at Aldershot and Netley. No candidate should be eligible under 24 years of age or over 35, and the period of service should be limited to twelve years. Rank and title should run according to length of service, and these officers should have the preference in all militia and volunteer appointments, but I do not think it would be a good arrangement to form a medical reserve out of the militia and volunteer medical officers, for reasons which seem to me sufficiently obvious.
19. Pensioned army medical officers of twenty years' service and under to be encouraged to join the militia and to be liable to be recalled to the army up to the age of 50.
20. The formation of a militia and volunteer medical staff corps.
21. Medical candidates at Netley should be treated as qualified physicians and surgeons, and not as students. The rule which insists on having prescriptions supervised and initialed by army medical officers is both annoying and absurd.

I shall be glad to hear from any army medical officer who cares to favour me with his views on these further suggestions. At the present juncture it is most important the army doctors should show a united front, and enable those who are in a position to do so to fight their battle for them in the only place it can be done effectually, namely, the House of Commons. They have good and tried friends there—Sir Walter Foster, Dr. Farquharson, Sir Michael Foster, and others—only let us who are doctors and members of the House of Commons thoroughly understand the desires and necessities of the service, and we will be certain to do our utmost to have all legitimate grievances remedied, and the R.A.M.C. freed from all the trammels which bind it and destroy its efficiency and popularity.

One word in conclusion. It is rumoured that the Government are thinking of recommending the abolition of army titles. This, in my opinion, would be a fatal step. If it is to be prevented, now is the time to give effective expression to the wishes of the Corps.—I am, etc.,

Omagh, co. Tyrone, May 26th. EDWARD THOMPSON, F.R.C.S.I.

THE REPORT ON THE ARMY MEDICAL SERVICES.

SIR,—The report on the medical services issued by the Council of the British Medical Association with the *BRITISH MEDICAL JOURNAL* of May 4th has, as was to be expected in a contentious matter, met with a mixed reception. As an interested spectator I have watched this reception, and pronounced it good; and I hear the report as a whole is favourably regarded in influential quarters as a short, clear, practical statement of the causes which have led to the unpopularity and inefficiency of the Army Medical Service. The cure is suggested in finding out the cause.

I have read several criticisms on the report with considerable interest and curiosity, from the *Times* downward. The

comments of that journal as a whole were not unfavourable; but it struck me that its chief criticism was amusingly inept: it was that the report is of little value because it is unsigned! Why, it was issued by the Council of the Association, which is surely authority and endorsement enough. Its statements are either good, bad, or indifferent, and in no way affected because the names of the draftsmen are not appended. That was surely hypercriticism.

But the most hostile review occurs in an article in the *Hospital* of May 11th, only that the writer thereof seems much more desirous of aspersing what he calls "that profoundly uninteresting body, the Parliamentary Bills Committee of the British Medical Association," than the report itself. He declares the Committee has laboured to produce "a feeble and misshapen infant, which the utmost care of the Council will be unable to rear." He calls the reference of the Subcommittee to various seats of learning "ludicrous." In the name of common sense, Why?

He congratulates the Universities of Oxford, Cambridge, and London that they did not reply. He forgets that Oxford has practically very few medical students to reply for, and London none at all; and overlooks that St. John's College, Cambridge, did reply, and that very effectively, as the table in the report shows. But, after the outburst against the Council of the Association, the writer quietly subsides into a review of the situation, in which he complacently falls into line with the report.

Of far more value is the opinion of Dr. Gordon in his letter to the *BRITISH MEDICAL JOURNAL* of May 11th, than whom no civilian medical man is better able or entitled to speak on a subject he has so deeply studied, as follows: "It is not my intention to discuss that report. It is sufficient that it has been drawn up by men singularly well versed in all practical details of the subject, and singularly free from pettiness and partiality. Its value, therefore, is great."

I am delighted to hear this verdict, and quite content to rest in its justness.—I am, etc.,

May 10th.

MILES MEDICUS.

THE SOCIAL POSITION OF ARMY MEDICAL OFFICERS.

SIR,—With respect to some letters appearing in the *BRITISH MEDICAL JOURNAL* on this subject, will you allow me to say that I for one am very glad to see them, as they state nothing but the bare truth, and as to the statement made in the *Graphic* of May 11th that things were better in the old regimental days, I flatly deny it. Why, Sir, what brought down the regimental system more than anything else was the want of social position accorded to medical officers in their regiments. They were accorded an equality in the way of paying subscriptions, but really in nothing else. It is almost impossible to describe in language exactly how this was; it is easier to feel a thing than put it in words. It is, I think, less felt abroad than at home. It is more than thirty-five years ago since I entered the army, and I think I know something about it. The giving of regular military titles was a move in the right direction, grudgingly given though it was, and you will notice that the absurd and unusable compound titles are still continued in the regiments of Guards, no doubt in order to prevent doctors from coming between the mighty guardsmen and the breath of their nobility, though the common herd of combatant officers were not so carefully protected. One result of all this is that the taxpayer has to pay more to get medical officers at all, and every answer by Mr. Brodrick or others only increases the pay to be given, and very probably deteriorates the quality when obtained. Let me bring this prominently forward, and ask the taxpayer if he likes it. It is not good feeling or justice that will move the authorities or the combatant officers in this matter: it is fear and fear only. Let the Government feel that they will lose votes, and there is a chance that they will try and put things on as fair a footing for the medical officers as they can, and I consider it the duty of the *British Medical Journal*, and all medical journals at all times to keep before the profession the political aspect of the question. The way medical officers have been treated reacts on the civil medical profession, the social position of which is none too great. I believe I am stating the truth when I assert that in London society so far from the M.D. qualification being an advantage that the title of "Dr." is a positive disadvantage, and that "Mr." goes better down. If you are "Dr." you may be somebody, if "Dr." you must be a nobody. So if for the profession at large you wish advancement in a social point of view, I hope you will work for the military and, I suppose I may add, the naval branch of it. To organise politically, to bring votes to bear on the Government of the day ought to be our policy.

If the hour comes when we have to enter on a war without any medical service, and when in addition no help can be got from civilians for love or money, the Government of the day will be held responsible by the nation, just as much as if they left the country without ammunition, and then sneers, gibes, and belittling the doctors will come home to roost. I think there are restrictions with respect to medical officers entering the Senior United Service Club, and most of us have heard about blackballing at other Service clubs from time to time. In garrison towns the county families have too often cold-shouldered the regimental and staff medical officers, and if, as it seems, they are not eligible for the G.C.B., it all proves that a medical education is derogatory to the character of a gentleman.—I am, etc.,

May 10th.

AN ARMY M.D. (Retired).

SATURDAY, JUNE 1st, 1901.

REFORM OF THE ARMY MEDICAL SERVICE.

SIR,—The following appears to me to be necessary if the committee of experts promised by the Secretary of State for War is to collect useful information:

1. It ought to consist of those who are independent of War Office influence.
2. It ought to obtain evidence from army medical officers outside those employed in 18, Victoria Street.
3. It ought to receive that evidence in open court, and admit the press.
4. Witnesses ought to be assured that any statements they may make would not be used to their detriment afterwards.

Unless the public has the whole of the medical case fairly and squarely put before it, it will be hopeless to expect the

War Office to take suitable and effective action. That has always been the experience of War Office methods as regards the Medical Department.—I am, etc.,

May 10th.

SURGEON-GENERAL.

SIR,—After an experience of thirty years in the army, I agree with every word of what is stated by Dr. Gordon in the *BRITISH MEDICAL JOURNAL* of May 11th.

Whatever may be said to the contrary, the key of the position is the social question. No self-respecting man, cultivated and highly educated, "the man we call a gentleman," will now enter or remain in a service where both himself and the members of his family are daily subject to petty insults and slights. Personally I left the army because life in it of late years has become very unpleasant; and I know that the same reason has influenced many of my friends.

Four years ago duty brought me into contact with a highly-placed Government official in India, and during an interview this gentleman informed me that "the medical services were entirely subordinate ones." A friend of mine at an interview with another similarly highly-placed official was apprised that "Government did not want highly educated and cultivated medical officers, but men who would just do as they were told."

It is useless, therefore, to expect men of superior education and training to enter a service in which they will be regarded and treated as "subordinates," "camp followers," and inferiors who are expected "just to do as they are told."

Medical officers, so far as my knowledge of them extends, simply claim to be treated as "gentlemen," on the same footing as their combatant brethren. If Government officials, commanding officers, and others take a different view of their position, and frequently act up to it, as many know to their cost, their action is most unquestionably due to the encouragement they receive from the highest authorities; let this cease, and a change will soon be apparent.

Small pay and want of leave affect all officers equally, but such things do not drive them out of the army, nor prevent others from entering it, nor destroy its popularity. Many of us, both combatant and medical, fully recognise the canker that is at work, and deeply regret its existence, but hitherto no one has cared to say much about it; and the thanks of both are due to Dr. Gordon for having brought it forward in the manner he has done, as a remedy may be found now that the evil has been boldly laid bare.—I am, etc.,

May 10th.

RETIRED.

Daily Telegraph
6. June 1901

CIVIL SURGEONS IN WAR.

SPEECH BY MR. BRODRICK.

A dinner of the civil surgeons who have served in the South African campaign was held last night at the Hotel Cecil. A large company assembled, under the presidency of Sir William MacCormac, including Mr. St. John Brodrick (Secretary of State for War), Sir P. Treves, Major-General Sir Ian Hamilton, Sergeant-General J. Jameson, Lord Justice Russell, Sir W. E. Dawson, Colonel Sir Robert H. Harris, Colonel Sir E. W. D. Ward, General the Hon. H. Eaton, Sir W. S. Church.

The loyal toasts were honoured with great enthusiasm, after which Sir P. Treves proposed "The Navy, Army, and Reserve Forces."

Mr. St. John Brodrick, responding for the Army, said he was charged with the duty of communicating to them an apology for absence on the part of Earl Roberts, who had desired him to express to them his high sense of the brilliant services performed by the civil surgeons who accompanied him in South Africa. (Cheers.) At this moment there was certainly some reason why those should be a good understanding between the military authorities and those high medical authorities who had furnished them with some 700 admirable recruits at a time of emergency. Now a great deal of criticism had been expended on the medical arrangements of the war. Those who had been in South Africa had been the target for the few, the individual now addressing them had been the target for the many, and the great salvation for both of them was that those who attacked them always overstated their case, and therefore overstated their mark. He could claim for the Army Medical Department, even if there were points on which they desired to see amendment, that the universal condemnation expressed by some persons, but not shared, he thought, by any present, of the real ability, and organisation with which they had to deal had overstated its mark, and had caused some revulsion in favour of those, so many of whom, under the highest sense of public duty, of immense self-devotion, had, under great difficulties, accomplished the task which they had to fulfil in South Africa. (Cheers.) But, undoubtedly they recognised that, with greater demands and all the stress of modern appliances, some changes were necessary, and that now was the proper time to apply those changes. He demurred altogether, as one responsible for all the departments of the Army, to those criticisms which endeavoured to prove that our troops were worse trained than any Continental troops, and that our organisation was more defective than the Continental organisation. (Hear, hear.) The experience of China had proved that if we had something to learn from foreign nations, those foreign nations had plenty to learn from us. Although he desired nothing more ardently in respect of the Medical Department than to obtain the best civilian guidance in perfecting our arrangements, and although he hoped to ask very shortly some of those who could most help them in that respect from among the higher authorities of the civilian profession to advise them on those changes, which, whether in regard to elasticity of terms or im-

provement of position, might enable them to get the best candidates for the Medical Service, still he could not help feeling that they had an organisation on which might be founded, not merely something which was effective, but something which would place us in the forefront of all European peoples. (Cheers.) But while the Government would willingly avail themselves of the experience of those who had come to their rescue in South Africa, he trusted the patriotism of the medical profession would also assist them in perfecting a scheme which would give to the country the best medical organisation in the world. (Cheers.) With regard to the position in South Africa, there were some symptoms in the public mind, he would not say of disquietude or discouragement, but possibly of anxiety, as regarded the progress of events in South Africa. Six months ago, when he took office, he told the House of Commons that a war conducted over so great an area as that of France and Spain put together could not be conducted, when the operations had ceased to be organised military arrangements, with that rapidity that some people thought. Not having been over sanguine before, he was not discouraged by the fact that with the great forces we had in South Africa we were not yet able to see a decisive result. But let it not be supposed that affairs were not moving rapidly or effectively in the requisite direction. The upshot, if they looked at it during the last two months, was certainly not so discouraging. Surrenders had been increasing much more rapidly of late, and this was a good sign. He had a letter enclosed in circulation by an officer of the enemy who had been captured by our forces. His information was that the British nation had been forced into a war with Russia over affairs in China, that France had fired a gun for landing in a country, that the German Emperor had entered a protest against our proceedings, that we had called a congress at Paris to ask for six months more in which to carry on the war, that by a motion proposed by Holland and Austria we had been deluded from further hostilities, that the Belgians had given an invitation to Mr. Kruger, that Canada, Australia, and India had recalled their contingents, and that the Colonial troops raised by Lord Kitchener had fallen foul of the regular troops, and had been removed. This had come from the fertile brain of a Boer doctor, who had been three times taken prisoner and three times released, in order that he might pursue his humane profession amongst his compatriots. (Laughter.) He (Mr. Brodrick) desired to contradict one or two suggestions made with regard to the present conduct of the war. He had seen it stated that Lord Kitchener had asked for more troops, and that the Government had not been able to supply them. The only request he had had from Lord Kitchener for more troops was in the month of January. Their reply was within a week to promise Lord Kitchener not drafts, but 30,000 mounted men. (Cheers.) He believed the war was being pursued with the utmost vigour, and with the utmost humanity. (Cheers.) As they announced that morning, the state of affairs in Cape Colony had indeed Lord Kitchener to send there General French, whose name was a guarantee for active operations in that neighbourhood. We had had a considerable loss of men at an engagement of General Durn's column a few days ago. We much regretted such a loss, but it was not all lost. If our opponents would only come to action we should have no difficulty in finishing the war. He imagined that no more favourable sign could be discovered than that a Boer general should find it necessary from want of supplies to throw himself against a column in the

why that General Delarey did the other day. He was speaking with the full concurrence of military opinion when he said there was nothing Lord Kitchener would more earnestly desire than that other Boer generals should follow General Delarey's example. (Laughter and cheers.) The Government had taken one step in the last month which had not been taken before. They had re-started the mining at Johannesburg, and it was the policy of the Government, as indicated by that movement, to set peaceful vocations again going in the Transvaal. He did not think that our soldiers in South Africa or our administrators would say that anything which this Government, either in speech or action, could have done had been wanting. (Cheers.)

Other toasts followed.

Chronicle 7. 6. 01.

THE DAILY CH

AN ARMY JOB.

Retirement of the Director-General, A.M.S.

[From a Correspondent.]

A compulsory retirement has just been brought about in the Army Medical Staff, which has caused the greatest consternation in that service. The Director-General A.M.S. has hitherto held his office for seven years, but under a recent order the tenure of the appointment has been reduced to five.

Surgeon-General J. Jameson (late D.G.A.M.S.) having been appointed under the old rule had a claim to continue for seven years, for the new clause in the Royal Warrant expressly states that it (i.e., the five years' rule) was not to be retrospective.

A very few days before June 1 the Director-General received a curt intimation that it was for the good of the Service that he should be retired. His retirement appears in the "Gazette" (June 4) as "is placed on retired pay"—i.e., he was forced out, and not given the chance of retiring voluntarily, which if it had been hinted was required might have been done.

The proper person to carry on the duties of the office under these circumstances was, of course, the Deputy Director-General, who is thoroughly acquainted with the routine of work, having had some years' experience in that position at the Medical Division War Office. But what do the Secretary of State for War and Commander-in-Chief do? They bring over to London from Ireland the principal medical officer of that command who knows nothing of the routine work in the Director-General's office, and who, after all, is not to be Surgeon-General Jameson's successor; but is, so to speak, *locum tenens*, while Surgeon-General William Taylor (now P.M.O. India) is to be brought home to succeed General Jameson.

The fact to be emphasised is this: If the Adjutant-General or Quartermaster-General go out of office it is the rule that the Deputy always acts while a successor is appointed. This is really the meaning of "Deputy." Why has such an irregular proceeding been had recourse to in the medical service?

It is a distinct and definite slur on the Deputy Director-General, an officer of thirty-seven years' service, who is not only most popular, but who has performed his duties thoroughly well in his long service, or he could not have reached his present position, which is supposed to be absolutely by selection.

The action of the Secretary of State for War and Commander-in-Chief has caused a feeling of the very deepest anxiety, dissatisfaction, and uneasiness in the Army Medical Service, for it feels that if its officers in high rank receive this high-handed, discourteous treatment, what can the body of junior officers expect? There is every probability of a huge outcry in the medical Press against the whole of this unjust action, and as it is already well known throughout the civil profession, it makes the position of the Army Medical Service worse than ever.

British Medical Journal.

SATURDAY, JUNE 8th, 1901.

ARMY MEDICAL SERVICE.

SURGEON-GENERAL JAMES JAMESON, M.D., C.B., Honorary Surgeon to the King, Director-General Army Medical Service, is placed on retired pay, June 1st. He was born August 15th, 1817, and entered the service as Assistant Surgeon, November 26th, 1837; became Surgeon, March 21st, 1871; Surgeon-Major, April 21st, 1871; Brigade Surgeon, May 2nd, 1881; Surgeon-Colonel, September 14th, 1881; Surgeon-Major-General, July 21st, 1891; and Director-General, May 21st, 1897. After serving for a short time in Canada, he was appointed to the 4th Foot, and remained with that regiment till 1850, when he was promoted to be Staff Surgeon. "In consideration of his highly meritorious services during the recent epidemic of yellow fever at Trinidad." He subsequently served successively in Dublin, the Bahamas, Glasgow, Portsmouth, Madras, Aldershot, Chatham, and Egypt. He was appointed to headquarters in 1864, and made Director-General in 1897. He had charge of the 5th Division of the English ambulance in the Franco-German war from October, 1870, till March, 1871, and was employed at the siege of Paris and in the campaign on the Loire, receiving the Memorial medal of the Empress William I. He was granted a reward for distinguished service in 1897, appointed a Companion of the Order of the Bath in 1897, and made Honorary Surgeon to the late Queen in October of the same year, an honour continued by the present Sovereign.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.

THE South African Civil Surgeons' dinner, which was attended by over 200 of the civilian medical men employed in the war, was held on June 5th at the Hotel Cecil, Sir W. MAC CORMAC, K.C.B., was in the chair, and nearly all the late consultants and chief surgeons now in England and a few distinguished guests from the War Office and the Hospitals Commission were present, among them being Right Hon. H. St. J. Brodrick, Sir F. Treves, Surgeon-General J. Jameson, C.B., Sir W. S. Church, Bart., Admiral Sir R. H. Harris, Mr. Watson Cheyne, C.B., Colonel Stevenson, C.B., R.A.M.C., Lord Justice Romer, Dr. H. Tooth, C.M.G., Mr. Clinton Dent, Colonel Sir T. Gallwey, R.A.M.C., Mr. Leigh Wood, Sir W. Thomson, C.B., Mr. C. Stonham, Colonel W. D. C. Williams, C.B., N.S.W., A.M.C., Sir J. Furler, Professor D. Cunningham, Mr. Alfred D. Fripp, C.B., Colonel Sir E. W. D. Wari, General the Hon. H. Eaton, Mr. A. A. Bowley, C.M.G., Mr. G. H. Makins, C.B., and General Sir Ian Hamilton.

THE CHAIRMAN in proposing the usual loyal toasts referred to the great interest for the sick and wounded in the war evinced by Queen Alexandra.

Sir F. THREVS proposed "The Navy, Army, and Reserve Forces," and compared the protective power of the navy to that of a perfect antiseptic dressing, the property of which was to prevent any noxious substance reaching the surface protected. There was a difference in size between a bacillus and a battleship, and there was of course a difference in texture between torpedo netting and carbolic gauze, but the function was the same. The speaker, turning to Mr. Brodrick, who sat next to him, said that in any kind of reform that was to be carried out in the Medical Service of the army, they felt they were absolutely safe in the hands of Mr. Brodrick.

REAR-ADMIRAL Sir ROBERT H. HARRIS, who said that his last three years had been spent on the Cape Station, responded for the navy, and

Mr. BRODRICK, Secretary of State for War, who replied for the army and reserve forces, said that he was charged with an apology from the Commander-in-Chief, Lord Roberts, for his inability to be present, and he had been desired to express the high opinion of the Commander-in-Chief of the civilian surgeons who accompanied him in South Africa. At the present moment there certainly seemed reason for a good understanding between the military authorities and those high medical authorities who had furnished them with some seven hundred admirable recruits at a time of emergency. Undoubtedly they recognised—and he dared to say that the Army Medical Department were prepared to recognise—that with the greater demands and with the greater stress of modern times some changes were necessary, and it was the proper moment to apply those changes. He desired nothing more ardently in respect of the medical department than to secure the best civilian guidance in perfecting its arrangements. He hoped to ask very shortly some of those who could best help him in that respect from among the higher authorities of the medical profession to advise on those changes which, whether in regard to elasticity of terms or importance of position, might enable them to get the best candidates for the medical service. Still he could not help feeling that they had an organisation on which might be founded not merely something which was effective, but something which recent experience would enable them to obtain—a medical organisation for the army which would place them in the very forefront of all European nations. While the Government would willingly avail themselves of the experience of those who had come to their rescue in South Africa, he trusted that the patriotism of the medical profession would also assist them in perfecting the scheme which would give to the country the best medical organisation in the world. Mr. Brodrick then went on to deal with the events now happening in South Africa. There seemed some impression that the Government had not given to the country all the news of the war they had received. He assured them that the details sent them by Lord Kitchener in regard to the recent engagements had been published. The Secretary of State for War concluded his speech by saying that the Government were determined that nothing should be wanting on their part to induce this country to continue to exhibit that patient endurance that was necessary at that stage of the war, and that alone could bring the present operations to a satisfactory issue, and guarantee an honourable and lasting peace.

Mr. G. H. MAKINS proposed the toast of "The Army in South Africa," which was replied to by Major-General Sir IAN HAMILTON, who described how at the battle of Doornkop the medical officers were so eager to do their duty that they advanced on to the debatable ground between the armies over which the battle was raging to attend to the wounded. The dust of the plain was actually being struck up by the bullets, but these surgeons would not wait. They went on to their work of attending to the wounded, and continued on duty the whole night long. He particularly mentioned Colonel W. C. Williams, of New South Wales, in connection with this affair, and also referred to the services rendered by Mr. F. E. Freemantle.

Mr. ALFRED D. FRIPP gave the toast of "The Royal Army Medical Corps," and in the course of his remarks alluded to the hopes that were entertained of some reform being carried out in regard to the scarcity of leave, especially study leave, the frequent shifting of stations, and the official idea that every medical officer was a specialist in every branch of his profession.

SURGEON-GENERAL J. JAMESON, C.B., in replying to the toast, referred in flattering terms to the work of the civil surgeons in South Africa, and related how they all wanted to get to the front, and how most of them succeeded in doing so, and how some of them certainly got beyond the front. Referring to enteric fever, he expressed the opinion that they were bound to come to the conclusion that after all their experience, they knew as much now as they did at the beginning of the war, and no more.

THE TOAST of "The Guests" was proposed by Mr. A. A. BOWLEY, who mentioned amongst others General the Hon. H. Eaton, Mr. Langman, Sir John Furler, and Mr. Leigh Wood. Sir ROBERT ROMER and General EATON replied on behalf of the guests.

THE next item in the programme was a speech by Sir W. THOMSON in memory of those who had fallen in the war, and this was followed by the toast of "The Chairman," which was proposed by Mr. CLINTON DENT. This having been suitably acknowledged by Sir WILLIAM MAC CORMAC, terminated the official portion of the entertainment, which, however, was otherwise kept up to a very late hour.

SATURDAY, JUNE 15TH, 1901.

THE LATE DIRECTOR-GENERAL, A.M.S.

At a meeting recently held it was determined to invite Surgeon-General Jameson, C.B., to a complimentary dinner offered to him by his professional brethren.

Surgeon-General Jameson has acted as Director-General of the Army Medical Department for the past five years, and has had to discharge during that period duties involving the greatest responsibility, especially in connection with the medical requirements of the war in South Africa.

Sir William S. Church (President of the Royal College of Physicians) has consented to take the chair, and the dinner will probably take place towards the end of July. An Executive Committee has been appointed to make arrangements, and communications will be received by the Honorary Secretary, Mr. Cathbert Wallace, F.R.C.S., 75, Lambeth Palace Road, S.E.

- The proposal has been cordially accepted by:
- The President of the Royal College of Surgeons of England (Sir William MacCormac, Bart., K.C.V.O.)
 - The President of the Royal College of Physicians, Edinburgh (Dr. Fraser)
 - The President of the Royal College of Surgeons, Edinburgh (Dr. Dunsmuir)
 - The President of the Royal College of Physicians of Ireland (Sir Christopher Nixon)
 - The President of the Royal College of Surgeons in Ireland (Mr. Thomas Myers)
 - The President of the Faculty of Physicians and Surgeons in Glasgow (Dr. Finlayson)
 - The President of the General Medical Council (Sir William Turner, K.C.B.)
 - The Right Hon. Lord Lister
 - Sir Thomas Barlow, Bart., K.C.V.O.
 - Sir Douglas Powell, Bart., K.C.V.O.
 - Sir Thomas Smith, Bart.
 - Sir Joseph Farrer, Bart., K.C.B.
 - Sir Frederick Treves, K.C.V.O., C.B.
 - Sir Batty Tuke, M.P.
 - Sir Hector Cameron.
 - Sir Dove Duckworth.
 - Sir William Thomson, C.B.
 - Dr. Patrick Heron Watson.
 - Dr. Farquharson, M.P.
 - Dr. Pavy, F.R.S.
 - Mr. Alfred Willett.
 - Mr. Langton.
 - Mr. H. T. Bullin.
 - Mr. Howard Marsh.
 - Professor John Chisne, C.B.
 - Professor McCall Anderson.
 - Professor E. H. Bennett.
 - Mr. W. Watson Cheyne, C.B., F.R.S.
 - Mr. A. Bowdley, C.M.G.
 - Mr. G. Lenthal Cheate, C.B.
 - Mr. C. Stottman.
 - Mr. H. Makins, C.B.
 - Mr. John Morgan.
 - Dr. Alchin.
 - Dr. J. Anderson.
 - Dr. Bowles.
 - Mr. Alfred Cooper.
 - Dr. Shure.
 - Mr. Edmund Owen.
 - Dr. Philip Frank.
 - Mr. Reginald Harrison.
 - Professor D. J. Cunningham, F.R.S.

LAST week we stated on what appeared to be unimpeachable authority that Surgeon-General Taylor, C.B., P.M.O. of the British Forces in India, had been selected to succeed Surgeon-General Jameson, C.B., as Director-General of the Army Medical Service. We were therefore surprised on inquiry at the office in London to learn that nothing was known there as regards the intentions of the War Office, and that the retiring Director-General's opinion had not been invited upon the selection of his successor. We have, however, reason to believe that a communication has been sent to Surgeon-General Taylor, but it may possibly have taken the shape of an offer with permission to decline. We cannot congratulate Mr. Brodrick upon his management of the matter, and we venture to say that the cavalier way in which he is at present treating the officers of the Royal Army Medical Corps is not calculated to encourage others to join it.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service for June, 1901:

Distribution in the Army List for June, 1901.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals	5	3	4	—	12	—	—
Colonels	9	7	11	—	27	—	—
Lieutenant-Colonels	59	54	75	1	189	3	40
Majors	34	150	149	6	339	3	4
Captains	25	71	113	3	212	2	4
Lieutenants	47	134	14	3	298	3	—
Total	164	419	379	13	975	15	48

The total is apparently 24 more than in the May list; but it is not really so, being actually 4 fewer, through transfers.

There is an innovation in the June list; 28 officers are shown as serving under "Reserve of Officers." At first sight the explanation of this variation was not apparent; but in looking into the matter the following seems to be at least part of the explanation. All the officers so designated are on the retired list, either through pension or gratuity, and apparently under 55 years of age, and therefore liable to recall to service. They are in charge of stations at home, with the exception of a captain who is serving in South Africa.

We are unable to state the conditions under which these officers are serving, whether on full pay and allowances, with continuity of service towards pension, or whether under the retired pay appointment article of the Pay Warrant. Whether or not, they add nothing to the strength of the active service, and in no way affect the undermanning of it; for they are twice enumerated: first, in positions according to seniority on the active list; and, secondly, as retired medical officers "employed" (page 1290 *Army List*). If shown in the former it seems unnecessary to repeat their names in the latter. There may be something behind this change of which we and the public know nothing.

Beyond the above variation there is little practical change in the distribution of the officers. The home list is artificially swollen as above explained by 25; South Africa holds 6 more; other foreign stations 9 more, and the unposted 6 fewer; the removals to the seconded list are 3 more. The retired pay officers shown, however, number about the same.

THE UNPOPULARITY OF THE R.A.M.C.

Sir.—The question of the unpopularity of the Medical Corps of the army and the causes which conduce to this unpopularity is once more cropping up. Putting aside questions of pay, leave of absence, foreign service, etc., it may safely be asserted that, until the social aspect of the question is dealt with, the service will remain unpopular, and the efficiency of one of the most important branches of His Majesty's army will be seriously impaired. By social aspect of the question, I mean that the Royal Army Medical Corps should be placed on a basis of equality with other branches of the service in the matter of honours and rewards and public recognition on public and official occasions.

It would seem as if the recommendations of the various Commissions and Committees which from time to time have assembled to report on the deficiency of candidates and the working of the medical department had never been recorded, so little attention has been paid to them. The War Office Committee which assembled in 1878 showed possibly a clearer grasp of the question than any of the subsequent Commissions.

We find the following:

Paragraph 21: It can scarcely be hoped that the pecuniary attractions of the public service will rival, except perhaps at the commencement of the career, those of civil life. *Honours and distinctions must strike the soldier.*

Paragraph 22: On these grounds we think that the medical officers whose good cause will in the matter of honours, they should be associated with the combatant, rather than with the administrative services.

Have these recommendations ever been carried out? A study of the various *Gazettes* for the campaigns since 1878 will answer this question. It is one long history of neglect and depreciation of the value of medical services in war long years of brilliant services no medical officer has ever received the highest decorations of any order. As it is unjustly ruled that no medical officer can ever attain to a higher rank than that of major-general, so in practice it has been ruled that no higher decoration than a K.C.B. or K.C.M.G. can be conferred on him.

The question is being asked on all sides why the number of medical officers rewarded for their services in the South African war is so limited in proportion to the number recommended, and why amidst the shower of K.C.B.s on other branches of the service, the medical officers have been omitted from this distinction. On public occasions, whether on the parade ground or the entry of Lord Roberts into London, the Royal Army Medical Corps is conspicuous by its absence. What representative of this newly-created Royal Corps attends, on invitation, Court functions? What treatment is meted out to the King's honorary physicians and surgeons? Is there any reason why they, in the matter of Court recognition, should not be on a par with the King's aide-de-camps? These may all be questions of sentiment, but sentiment cannot be ignored when dealing with the efficiency of the medical service of the army.

The stamp of inferiority is so indelibly impressed on the medical officer of the army by those in authority, that, until it is removed, no self-respecting man will enter the service—a service which offers endless hardships and no career.

The medical service of the army has, after a long struggle, been granted army rank. Let it now be shown the consideration due to that rank, and all may yet be well.

It may be asked what practical remedies are suggested. The following would appear to me the most important:

1. The granting of Lieutenant-General's rank to the Director-General.

2. The following out of the recommendations of the War Office Committee of 1878 as regards honours and rewards.

It may be well to give this recommendation in full:

Paragraph 4.—We further recommend (as Lord Herbert's Commission also did in 1869) that in regard to honours, rewards, and good service pensions, the medical department should be judged rather by the standard for combatants than by that for non-combatants. At present, judged by such a standard, they are far below the combatant ranks in their enjoyment of the honour of the Bath, the Star of India, and of St. Michael and St. George.

If this recommendation be followed, medical officers would be eligible for the G.C.B., G.C.M.G., etc., as any other branch of the service. They would also receive their due proportion of other distinctions.

3. The placing of the P.M.O. of a command on the general staff of the command and on the staff of the general whom he should attend as other staff officers on important military functions. He is now on such occasions relegated to the flag staff while the commissariat officer rides in the staff of the general.

4. The granting of brevet rank to officers of the Royal Army Medical Corps.

5. Recognition of the Royal Army Medical Corps at Court and on State and official occasions.

6. Opening the door for the employment of medical officers who show special aptitude outside the medical department, thus giving them a career to look forward to.

One of the best governors of the Gold Coast was a medical officer, and other cases could be cited showing that when tried in other lines of official life the fact of having a medical and university education did not necessarily incapacitate a man for a non-medical appointment.

Equality in the service, and in a lesser degree, a possible career outside the service would undoubtedly attract the best class of men to join the Royal Army Medical Corps, and it is this class of man which is now wanted.—I am, etc.

Cairo, May 25th.

K. C. S. J. G. Rogers

THE TIMES, FRIDAY, JUNE 21, 1901.

THE MEDICAL SERVICE.

The medical profession in Liverpool entertained at dinner last night 11 civil surgeons lately returned from active service in South Africa. Mr. Edgar Brown presided.

Mr. R. Craig Dun described the relation of the civil medical officer to the Army Medical Corps. Referring to the absence of equipment for troops going out, he said that the medical department of the War Office had no idea of the magnitude of the work before it. He denounced the field hospital system, by which the sick and wounded had to be carried about for three weeks and live on rations served out to the Army Service Corps. He compared the military hospitals with the civil hospitals in South Africa such to the disparagement of the former. Speaking of the Hospitals Commission, he said it appeared to civil surgeons as a roaring farce, and whitewashed the whole thing, and quite rightly so, because it would have been a mistake for the general public at home to believe

that everything Mr. Borden-Coutts had said was true. It was much better they should think it was not, though as a matter of fact it was true. The Hospitals Commission had issued a private report to members of the House of Commons, and some one had told him that the Commission fully realized what the state of affairs in South Africa was, and that it was the intention of the country to see that such a state of affairs did not occur again.

British Medical Journal.

SATURDAY, JUNE 22ND, 1901.

THE R.A.M.C.

THE annual dinner of the Royal Army Medical Corps, omitted last year owing to the absence of so many officers in South Africa, was held this year at the *Hôtel Métropole*, London, on June 17th, when there was a good attendance, including many retired officers. The chair was taken by Surgeon-General Jameson, C.B., late Director-General, who, after the usual loyal toasts had been honoured, gave the health of the guests, and referred particularly to the help given to the Royal Army Medical Corps by the consulting surgeons with the South African Field Force—Sir William Mac Cormac, Sir Frederick Treves, Professor John Chiene, Mr. Watson Cheyne, Mr. Makins, and Mr. Cheate, who were all present, by Sir T. Fitzgerald (Melbourne), and by Sir William Stokes, who had given his life in the service. Sir William Mac Cormac, in response, said that he had seen the work done by the Royal Army Medical Corps in many parts of South Africa. On his return he had stated in public the high opinion which he had formed as to the character of that work. To that opinion he adhered, and it had been confirmed by the report of the Royal Commission on South African Hospitals. He had seen war before and knew what it meant to provide medical assistance to a large army in the field. He thought that much of the unfavourable criticism which had been heard was due to the fact that the critics were wanting in such experience. Sir Frederick Treves, who also responded, said that he would prefer to invert the order of things and speak rather of the host than of the guest. The civilian surgeons present had been the guests of the R.A.M.C. in South Africa, and, speaking in their names, he could say that they had been most kindly and most generously received. In the place of the friction which was foretold would occur between the army and civilian surgeons there had been the best of comradeship. Surgeon-General Jameson—an officer under whom any man would be proud to serve, and who had every detail of his department at his finger-tips—had given the civilian surgeons a good "send off." In Capetown they were met by the ever genial Colonel Stevenson, who made their paths smooth. The speaker was directed to Natal, and there he found the surgical arrangements for the campaign in every particular most admirably prepared by Colonel Sir Thomas Gallwey, who had soon learnt the gentle art of commanding, and who carried it out with spirit and success. The R.A.M.C. had been exposed to criticism; much of it was sound and salutary, but much was dangerous and not honestly meant; as an attack it was un-English. He had felt it his duty to speak of the army medical arrangements as he found them, and in the Natal campaign—of which he alone spoke—they were, as he had repeatedly observed, admirable. The department appeared to possess the faculty of developing special men for special work, and many army surgeons were engaged in work of which the surgical practitioner in England could have but little idea. The excellent administration of Colonel Gallwey was ably supported by Colonel Babbie, V.C., whose name would never be forgotten so long as the day of Colenso was remembered. There were besides such administrators as Major Mac Cormack at Durban and Major Dod at Pietermaritzburg. When it was remembered how the army surgeons worked in the field hospitals without ceasing, with perfect unselfishness and devotion, and under conditions which were always trying and often desperate, it made one flame with indignation to think that these men had received their most conspicuous recognition in unjust abuse. The corps, however, could very well allow the estimate of its work to rest with two classes of men—with the civilian surgeons, on the one hand, and with the sick and wounded who were returning to this country, on the other. These were the men who knew, and their memories would ever be filled with an admiring and kindly appreciation. The Chairman then called upon Professor John Chiene, who said that it had given him much pleasure to travel from Edinburgh to be present on that occasion, and to bear his testimony to the admirable work done, not only in administration, but also in clinical surgery and medicine, by the Royal Army Medical Corps. Surgeon-General O'Dwyer gave the health of Surgeon-General Jameson, who on rising to respond was enthusiastically received by the officers present. In a few words he expressed the deep regret with which he severed his connection with a service in which he had worked so long. He believed that the corps had every reason to be proud of the work it had done under circumstances of great difficulty in South Africa. The opinion of foreign observers was that no department of the army had done so well, and he believed that, when the whole truth was known, the public would recognise this. In carrying through the heavy work which had to be done at home, he had been ably seconded by the staff of the Director-General's Office, to whom he returned his warmest thanks.

THE INDIAN MEDICAL SERVICE.

The members of the Indian Medical Service had a very successful dinner at the Prince's Restaurant on June 13th, the chair being taken by the Director-General, Surgeon-General R. Harvey, C.B., D.S.O. From the nature of the service only retired officers and those who happen at the time to be in England on leave can attend, and the presence of some fifty representatives of the service was most satisfactory. Sir Joseph Farrer, in proposing the

toast of the sister services, referred to the comments on the Medical Service in South Africa, and expressed his conviction that, when at the close of the campaign, the conduct of the different departments of the army were dispassionately reviewed, the Medical Service would be found to have been as efficient as any. After fifty years' service he resented strongly the unmerited imputations which some had cast upon the Medical Service of the army. Sir Henry Norbury, K.C.B., Director-General, Naval Medical Service, responded for the navy, and Surgeon-General Preston, Acting Director-General, Army Medical Service, for the army. Sir Henry Norbury said that his service had no lack of medical officers who were as good as he could wish. Though they had not had much to do with the South African campaign the naval medical officers had done excellent service in China. The Chairman, in proposing the toast of the evening, that of "The Indian Medical Service," said that the campaigns in South Africa and in China had resulted in certain proposals which might have some influence on the Indian Medical Service. For himself, there were troubles to be met and solved, and they would be thoroughly and impartially considered. One thing was certain: nothing could be to the advantage of the State which was to the disadvantage of a great service such as the Indian Medical Service, and there need therefore be no fear that anything detrimental to that service would be accepted. It had been said that the service was not what it was. He did not find it so; it was still a good service; and though there had been some discontent owing to the interference with leave which the great strain created by war, plague, and famine involved, the remedies were being well considered. The Government of India was fully alive to the importance of advancing the Medical Service. He deprecated the publishing of incorrect statements, which tended to deter young men from entering a service which was well worth joining. Dr. W. S. Playfair, as a retired officer of the Indian Medical Service, proposed the toast of "The Visitors," to which Dr. Pavy responded. The entertainment was enlivened by some excellent songs and clever chalk sketches by Mr. Percy French.

THE ORGANISATION OF MEDICAL AID IN A GREAT WAR.

By W. WATSON CHEYNE, M.B., F.R.S.,

Professor of Surgery in King's College; lately Consulting Surgeon with the Field Force, South Africa.

THE suggestions contained in the report of the Hospitals Commission fall into two groups, namely: First, the improvement and the increase of the existing army medical establishment, so as to suffice for the needs of the army in times of peace or in small wars; and, secondly, the best way of supplementing the Royal Army Medical Corps in the case of a great war, where the existing establishment is insufficient.

In complying with the request of the Editor of the *BRITISH MEDICAL JOURNAL* to make some remarks on the suggestions of the Commission, I shall not go into the first group for the more important points have been pretty well threshed out and agreed upon. I shall therefore confine myself to the second question, namely, the best way of supplementing the Royal Army Medical Corps in wars for which the existing establishment is insufficient.

The necessary increase under these circumstances involves, of course, both material and personnel. As regards material, nothing need be said, because there is always a plentiful supply of tents, medicines, etc. to be obtained at home, and the only question with regard to the proper supply of material is the means of transport available.

The personnel, however, cannot be added to simply by going into a shop and ordering what is necessary. The personnel must be made up of individuals specially trained for the work required, and consists of two distinct bodies—namely, doctors and nurses.

As regards doctors, there is always a plentiful supply of young men only too eager to offer their services, and no difficulty need be feared as regards deficiency in numbers of the civilian doctors.

It is quite different as regards nurses. The custom in the Army Medical Department is to devolve the actual nursing of the sick on male orderlies under the supervision of female nurses, and it must be remembered that as trained male nurses are not much used in civil work, there is no large reserve supply available. Hence if men are to be employed in war for the nursing of the sick and wounded, large numbers of more or less untrained men must be added to the corps. The suggestion has been made that volunteer corps should be established in times of peace from which the army could be supplied, but even if such corps were established the orderlies would have to be largely recruited from men who had been trained in the army, and who, unless they took up private nursing, would very soon forget what they had learned. Practically, as there is only a very limited field in civil life for male nurses, the supply of trained nurses is certain to be inadequate, hence for efficient nursing it is necessary to fall back on women, and for my part I believe that they are, as nurses, in every way far superior to men, and that if matters could only be so arranged that they could be employed in military base hospitals as fully as in civil hospitals in peace, it would be a great advantage to the sick and wounded, while there would be no difficulty in getting an ample supply.

In attempting to provide for the emergency of a great war the main question is how to utilise the civilian auxiliaries so as to get the best results. In the present campaign in South Africa the civil surgeons were more or less mixed up with the army surgeons. Both base and field hospitals contained a certain proportion of civil surgeons, and in times of stress civil surgeons had to be sent in charge of regiments or otherwise employed in the field in the place of the trained men of the Royal Army Medical Corps. Civil surgeons were, in fact, temporarily incorporated with the Royal Army Medical Corps, and were treated as belonging to that corps. That they did their work well has been universally acknowledged.

As regards nursing, both in the field and at the base, the army system of male nurses was adhered to as far as possible, but as the supply of trained orderlies was very soon exhausted fresh orderlies were largely recruited from St. John Ambulance men and others who were imperfectly trained, and in time of stress nursing had to be done by privates in the army without any training whatever. Further, as regards these privates, it

must be remembered that they were the least efficient men in the regiment, for no officer could afford to part with his most intelligent fighting men for hospital work. Women nurses were no doubt employed in larger numbers than in times of peace, but not in any sufficient numbers to replace the orderlies and carry on active nursing as in civil hospitals.

In this campaign also the army medical resources have been added to by the establishment of special hospitals, which have been of the greatest value, but which have been run more or less on semi-military lines.

Now I think that no one who has had experience of the campaign will deny that both the officers and orderlies belonging to the Royal Army Medical Corps are eminently fitted for work in the field, more fitted for these particular duties than the average civilian, for they have been trained to that special work and have also had considerable experience of it in minor campaigns. As regards the professional attainments of the officers, individuals vary very much as they do in civil life, and as is only to be expected, owing to varying opportunities of acquiring experience in times of peace, and to the absence of any organised system of post-graduate instruction. There were, however, a number of men in the R.A.M.C. of high professional attainments, and quite equal to the best civilians. But apart from purely professional attainments, they struck me as being men exceptionally endowed with common sense and eminently fitted for work with the army in the field. If the whole of the Royal Army Medical Corps and of the trained orderlies had been free to go to the front they would have probably sufficed for the needs of the army, but to do this would have left few or none available for work at the base. At the same time the most efficient work at the front would be, in my opinion, obtained from men exclusively belonging to the Royal Army Medical Corps.

On the other hand, the more senior civilian surgeons had more professional experience and were probably on an average more qualified to treat the sick and wounded in the hospitals, but they had no knowledge of military matters and of the multifarious duties which a surgeon at the front may at any time be called upon to perform. Consequently a civilian surgeon might have to be put in a position where, quite apart from his medical knowledge, he had to exercise qualities in which he had not been trained. For example, he might be left in charge and have to supply his unit with rations, equipment, transport, etc., without knowing how to go about it. This is a somewhat risky experiment, and will not on the whole work so well as if a member of the Royal Army Medical Corps were in charge.

To put what I mean in one sentence, from my experience I should hold very strongly that the place of the men of the Royal Army Medical Corps is at the front, and that the place for the civilians is at the base. Hence I would suggest that in the case of a great war matters should be so organised that the work at the front should be done by the Royal Army Medical Corps while the work at the base is entrusted to the civilians. I do not think that the mixture of the two both at the base and at the front works well. To put a good civilian surgeon at a base hospital under a less efficient Royal Army Medical Corps man (and the Royal Army Medical officers are selected by seniority rather than by professional ability) is to lead to friction or to breed contempt of his superior officer in the mind of the civilian surgeon. Neither is favourable to good work. On the other hand, to put a civilian at the front where he is not acquainted with the various duties which may be required of him—with the method of obtaining transport, equipment, rations, etc.—is apt to irritate the army medical men in charge owing to the civilian's apparent incapacity, but in fact is his want of knowledge of the arrangements.

As regards nursing, while women naturally cannot move with the army at the front, I cannot see any possible objection to their being as fully employed at the base as in civil hospitals in London, and if this were done there would be a large number of fully-trained orderlies available to nurse the sick at the front, and there would be but little necessity to recruit the orderly staff from partially or entirely untrained men. At Capetown, Bloemfontein, Johannesburg, etc., for instance, large base hospitals could have been placed in the hands of civilians with a few army medical men attached to act as connecting links with the army; nurses could have been easily got in large numbers to supply

the places of the orderlies, and had this been done a number of efficient officers and men would have been set free for the work at the front, while the work at the base could have been carried on in a most efficient manner.

Two objections may be urged to this scheme. In the first place it may be said that the treatment of the sick and wounded must be an army medical matter, and cannot be handed over to civilians. The records of the cases must be kept and the supply of the materials must be in the hands of the military, and so on. My proposal does not involve a complete separation; I would certainly have a connecting link, and to show by example what I mean I would take as an instance the hospital I know most of, namely, the Portland Hospital, which was carried on very much on the lines I am thinking of. Everyone will agree that it was most ably managed and was a complete success; its connection with the army was fully maintained through Surgeon-Major Kilkelly. It would have been just as easy for Mr. Bowlby and Dr. Tooth to have organised and run a hospital of 500 beds or more on the lines of a civil hospital under army control as to run a hospital of 100 beds. I do not think that if the details of the organisation of these base hospitals were thought out beforehand there would be any difficulty in placing them under the care of senior civil surgeons and physicians, with a staff of junior civil medical men to do the work, and in preserving complete and cordial relations with the army. It would only require an officer, as with the Portland Hospital, and a small clerical staff to see to returns and records of cases to keep up the connection with the army.

In the second place it may be objected that by placing the large base hospitals entirely under civilians a large field for experience would be taken away from the officers of the Royal Army Medical Corps. If the Royal Army Medical Corps were fully manned this objection would certainly hold good, but the scheme which I outline has reference to the present undermanned condition of the corps. The question is how to do the best for the sick and wounded under the existing circumstances. During war the object of hospitals is not to serve as teaching institutions or as places for gaining experience, but for the treatment of the sick and wounded, and for that alone.

At the same time I do not think that by such an arrangement the Royal Army Medical Corps need be deprived of an ample field of experience. In the first place they would have full experience of the early treatment of the cases at the front; while, in the second place, arrangements might be made by which they could utilise the experience to be gained at the base hospitals. The army medical officer, when first sent out to the seat of war, could, unless pressure existed for his immediate services at the front, be temporarily attached to the base hospital for some weeks. He would thus have an opportunity of brushing up his knowledge and qualifying himself for the work which he would presently be called on to do. Indeed at the base hospital classes might be held for the benefit of those not at once drafted to the front, and for those on leave, and thus a certain amount of post-graduate teaching for the Royal Army Medical Corps might possibly be done in the civil hospitals.

My proposal, therefore, would not be to mix the civilians and the Royal Army Medical Corps together, but to keep them more or less separate, to send to the front men belonging to the Royal Army Medical Corps, to send out surgeons and physicians of high standing to take charge of the medical and surgical work at the base hospitals, and plenty of women nurses. These hospitals should be managed on civil lines, the necessary connection with the army being maintained by an army medical officer, as in the case of the Portland and some other civil hospitals during this war. Plenty of young civilian surgeons should be sent out to take up the work in the hospital under the civilian heads. It would not require a large number of senior surgeons and physicians in these hospitals: one man might easily be placed at the head of a hospital of 500 beds. He would carry on the work much as is done in the ordinary civil hospitals in German towns, where there is one surgeon or physician and a staff of assistants. If this were done there would be no necessity for the appointment of consulting surgeons and physicians as was done in this campaign. The civilian surgeons and physicians who would be placed at the heads of these large hospitals would be men of the same standing as the consulting surgeons, and they could

crossed science, knowledge, and skill exhibited by the surgeons of the Royal Army Medical Corps, and their civil colleagues. They are not the men themselves to call public attention to their work, either in this or previous wars, so that I think it behoves those who have watched and followed their work, to call public attention to it, and as the Government and the public do not give them the rewards and the credit to which they are entitled, I hope it will be some solatium for them to know that their fellow civil practitioners consider that their conduct and work has been such as well merits the commendation of, "Well done, thou good and faithful servant."

Our eulogies of the R.A.M.C. cannot be too great, nor our support and assistance to them too thorough in their fight against War Office starvation of the medical service and red-tapeism. Has any other unit of the South Africa Field Force except the R.A.M.C. been expected to carry on war service with a peace establishment? And further, with practically no reserve to draw upon (except civil ambulance organisations), to make up the wastage which occurs even in peace, let alone in war. Neither the artillery, the cavalry, or the infantry was expected to do war work with its peace establishment. Yet the R.A.M.C. was; and astonishment was shown, and abuse scattered, when it was proved to be a physical impossibility. Worse still, it was expected to do that work with really less than peace strength, for it has been well known that even before the war broke out the numbers of the R.A.M.C. were far below those authorised, even if that strength were sufficient for ordinary times. Why was that? Because the service was, and is, most unpopular, and will become more so, unless radical alterations are made by the War Office as regards fair and equal treatment, pay, privileges, etc. And unless the authorities are quick to recognise this they will soon have no R.A.M.C. left; for men already in leave it as soon as they can, and there are none to take their places.

I feel that it behoves us to recognise the injustices done to our military brethren, and to appeal to all to do what in them lies to bring about justice (for that is all that is asked) for the R.A.M.C.

AN ADDRESS

ON MILITARY SURGERY OF THE TIME OF AMBROISE PARE AND THAT OF THE PRESENT TIME.

Delivered before the East York and North Lincoln Branch of the
British Medical Association.

By C. H. MILBURN, M.B., M.S.,

President of the Branch; Surgeon to the Victoria Hospital, Hull.

Apart from the question of tetanus, however, the vast majority of cases of bullet injury seem to have run a most uneventful course. Many reasons have been advanced for this pleasing result. Mr. Smith, the civil surgeon in charge of the Surgical Division of No. 9 General Hospital, in an article in the BRITISH MEDICAL JOURNAL of April 20th, suggests the following:

1. The sterility of the bullet, owing to the heat engendered by its great rotatory velocity.
2. The purity of the atmosphere.
3. The hardened, fit condition of the men.
4. The absence of serious sores.
5. The absence of air or foreign bodies in the track.
6. The sun and the dry atmosphere, which glaze and seal up the small wound before it has had time to become contaminated.

To these, I think, should be added:

7. Promptness of dressing; this resulting from the fact that each man carries attached to his uniform a "first field dressing," which has been applied at once, either by the wounded soldier himself, or by a comrade (as witness the large number of V.C.'s awarded for such aid under fire).
8. The greater gentleness of handling and transport of injured men, owing to the greater extension of training of soldiers in "first aid." Increase of the damage is thus prevented, as there is not, as in the past, rough and unintelligent, though well-meaning, assistance given.
9. And, in my opinion, as the greatest of all, is the in-

THE COMPLIMENTARY DINNER TO SURGEON-GENERAL JAMESON, C.B.

THE complimentary dinner which it has been arranged that the medical profession shall give to Surgeon-General Jameson, as announced in the BRITISH MEDICAL JOURNAL of June 15th, will take place on Wednesday, July 24th, at the Hotel Cecil. All members of the medical profession, whether in His Majesty's service or not, who may wish to attend, are requested to send their names as early as possible to one of the Honorary Secretaries, Mr. Lenthal Cheatle, C.B., F.R.C.S., 117, Harley St., W., or Mr. Cuthbert Wallace, F.R.C.S., 75, Lambeth Palace Road, S.E. As was announced last week, the chair will be taken by Sir William Church, the President of the Royal College of Physicians, and among those who have already responded to the invitation are Lord Lister, the Presidents of the Royal Colleges of Surgeons of England, Edinburgh, and Ireland, of the Royal Colleges of Physicians in Edinburgh and Ireland, the President of the Faculty of Physicians and Surgeons in Glasgow, and the President of the General Medical Council.

THE TIMES, TUESDAY, JULY 2, 1901.

HOUSE OF LORDS.

MONDAY, JULY 1.

THE HOSPITALS COMMISSION.

THE EARL OF KILMOREY asked the Under-Secretary for War what steps the Government intended to take with reference to certain of the recommendations contained in the report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded during the South African campaign.

LORD RAGLAN said this question had already been answered in another place on June 27 by the Secretary of State for War. In that answer his right hon. friend announced the appointment of a committee to consider the whole question of the Army Medical Department. He was not in a position to add anything, and he thought it was unnecessary for him to assure their lordships again of the very great importance the Government attached to the matter.

THE TIMES, FRIDAY, JULY 5, 1901.

THE ARMY MEDICAL DEPARTMENT.

In reply to Dr. FARQUHARSON (Aberdeenshire, W.),

Lord said,--So far as on the Army Medical Department, and its proceedings are, be open to any alternative proposals. Gloucester, Forest of

mittee will be invited requirements of the alive committee, and if reference.

led advantage of render Corps with special apti- departments of practice. rmy which is likely to be future might thus be

strength of the executive ould tend also to shorten ce. At present the pro- al service is altogether ers pass three-fourths of next of their health and

with hope to the result of I have no doubt that r witnesses will be fully nesses will be heard and re canards.

CONTROVERSY.

been appointed to report e Army Medical Service. ate very briefly the main aged controversy which the medical service of

ritish army after a long instrument of war, and angements there was a ic conscience. In conse- ngements for the care of this time, a Royal Com- Mr. Sidney Herbert as titution of the medical ie of appointment of its ed their pay, promotion, n and administration of r to maintaining and imf the army at home and : medical care and treat- s, and other casualties, as a valuable document, adations made are best from the report itself : lations which we have made to hose to whom the care of the ad to direct their attention to proper application of which the tion of life in arades mainly

cal officer in the position to the great services he renders vice and opinion that weight :rmy which are necessary to tency of the troops.

£58 as a consequence of il Commission has been idical department, and if it as well as in its letter, ave since hampered the would never have arisen. ie Army Medical Depart-

ment relative rank in the army. It would appear as if military opinion of that day was inclined to look upon the

JULY 6, 1901.]

THE R.A.M.C. EXPERT COMMITTEE.

[The British Medical Journal 31

BRITISH MEDICAL ASSOCIATION. SUBSCRIPTIONS FOR 1901.

Subscriptions to the Association for 1901 became due on January 1st, 1901. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office orders should be made payable at the General Post Office, London.

British Medical Journal.

SATURDAY JULY 6TH, 1901.

THE R.A.M.C. EXPERT COMMITTEE.

We gather from the statement made by the Secretary of State for War in announcing the names of the members of "the Committee of Experts" appointed to consider the scheme which he has drawn up for the future organisation of the Army Medical Service, that it is intended that the inquiry shall be limited strictly to the Royal Army Medical Corps and Army Medical Staff, and that it will not embrace questions connected with the organisation of the medical services of the auxiliary forces. The nomination of Surgeon-General Hooper, C.S.I., President of the Medical Board, India Office, to be a member of the Committee has given rise to a very general belief that it would consider the relation of the medical service of the British army to the Indian Medical Service. This is, however, a question of great complexity, and it will not be surprising if the Committee refrains from taking it up. But as in considering the term of foreign service of officers of the R.A.M.C. many questions relating to the conditions of service and cost of living in India must arise, Surgeon-General Hooper's experience will doubtless be of great value.

The present position of the Royal Army Medical Corps is in fact one of some urgency, and the sooner the Committee reports the better from every point of view. Indeed, Mr. Brodrick, in reply to a question by Dr. Farquharson, hinted that it might be necessary to make some temporary arrangement until the Corps had been "put on a permanently good footing." The task before the Committee is no light one, and its appointment so short a time before the summer holidays must, it is to be feared, lead to some delay.

The constitution of the Committee is somewhat unusual. It does not contain any senior officer of the Army Medical Staff; it does not include any civilian member of the profession who before this war was known to have taken particular interest in army medical questions, except Professor Ogston, and it does not contain any representative teacher in the medical schools of Ireland—a most regrettable omission. Of the civilian members five have had experience during the war in South Africa. Dr. Tooth, who is Assistant Physician to St. Bartholomew's Hospital, was Physician to the Portland Hospital in South Africa, and his experience there as to the prevention of enteric fever and dysentery in South Africa, and the method of dealing with cases of these diseases, is no doubt

one reason for his selection. Sir Frederick Treves and Mr. Makins were both consulting surgeons with the army in South Africa, and the experience gained by the former during the early operations in Natal, and by the latter during Lord Methuen's advance and Lord Roberts's subsequent campaign will doubtless be of great value to the Committee. Professor Ogston of Aberdeen, spent some time in South Africa during the war in a private capacity. Although the views which he expressed on questions of re-organisation in the address which he delivered before the British Medical Association at its annual meeting at Portsmouth in 1899 were distasteful to some, there can be no sort of doubt that he has the best interests of the service at heart. He has had practical experience during two campaigns, has made a special study of the needs of a military medical service, and has an intimate knowledge of the army medical systems of Germany and France, so that his views are certain to carry great weight with the Committee. Mr. Alfred Frigg, who is Assistant Surgeon to Guy's Hospital, was chief surgeon of the Imperial Yeomanry in South Africa. We take it that we shall not be far wrong if we assume that he has been asked to serve on the Committee owing to the experience which he gained in organising that hospital in this country, in establishing it in South Africa, and in its working there. The hospital was the largest voluntary hospital sent to South Africa, and it was undoubtedly very successful. In its organisation Mr. Frigg introduced certain innovations, the most important of which were the large staff of nurses, altogether, who did admirable work, the staff of student dressers, and the appointments of specialists for eye and dental cases, and for x-ray work. Dr. Perry, who was given by Mr. Brodrick as the representative of the Senate of the University of London, was doubtless selected because as Medical Superintendent of Guy's Hospital he has an extensive experience in the management of a large civil hospital. Lieutenant-Colonel Keogh, C.B., and Major H. E. R. James, the Secretary of the Committee, are both officers of the Royal Army Medical Corps. Colonel Keogh's technical knowledge of the requirements of the corps and of the grievances of its officers and men will, we do not doubt, very materially help in involving a scheme of reform.

Mr. Brodrick, in the speech which he made last February, used the somewhat unfortunate phrase, "drastic reforms." Many reforms are needed, but we take leave to say that the only drastic reform required is in the attitude and relations of the high officials of the War Office and of the Horse Guards to the medical department of the army. This miserable conflict has gone on now for nearly half a century. Every reform which has been effected has been due not to the War Office, but to the persistent efforts of the medical profession, which with infinite patience has argued every point, proved the absolute necessity of each change, and at length succeeded in wringing it out of an unwilling and obstructive War Office. Each reform thus won, when it has been allowed fair play and has not been whittled away by the absurd jealousy of a military caste, has been followed by increased efficiency, until the medical arrangements of the numerous small wars in which the empire is engaged have become a model for other nations to imitate. In the great

Handwritten scribble at the bottom left of the page.

easily be made available for consultation in the neighbourhood in which they were stationed, or indeed they might occasionally make a round of visits to the military field hospitals in case assistance was required.

Whether consulting surgeons are employed in future or whether senior men are sent out to take full charge of the large base hospitals, it would be well that these senior civilians should be identified more or less with the Army Medical Department in times of peace. They would thus become known to the members of the Royal Army Medical Corps, and would come to be regarded as an essential portion of the department, so that when they were sent out to take up the work at the base there could be no idea on the part of the Army Medical Department of any displacement or any implication that the personnel of the R.A.M.C. were incapable of carrying on their work. These senior civilians would only be taking up the position for which they were destined in time of peace. A list would be made of those senior civilians willing to take up this position in time of war, and this list need not be large, perhaps eight or ten physicians and surgeons, and it would be revised every year. It would be of course essential that anyone on this list should be at the disposal of the Government in time of war, therefore it would be necessary to ascertain year by year whether they were willing to give up their work and go to the seat of war if necessary. The time would come when it would not be possible for some to go on duty, and then they would resign the appointment to make way for those who could.

Their connection with the army in time of peace might also be maintained in other ways; for instance, they might form the Examination Board for admission into the Army Medical Corps.

Further, in organising study leave for members of the Royal Army Medical Corps, special facilities might be given to them for attending the clinics of these civilian surgeons and physicians. Proper organisation of post-graduate study for army medical officers is a matter of great importance, and one on which much stress is laid by these officers themselves, but the full consideration of this comes under the first group of recommendations of the Commission. It is, of course, evident that there must be some arrangements made for this. It would not do just to turn the men loose and let them go anywhere.

Further, the civilians on this list might be made available for consultations in the military hospitals at home either by the patients being sent to the town in which they live, or by certain districts being assigned to each man in which he may be called upon to visit the military hospitals in cases of special difficulty.

Of course, in such a scheme a good many details would require working out, more especially as to the organisation of the hospitals—for example, to the material, tents, etc., which would need to be kept in stock and so forth; this would probably have to be left entirely in the hands of the Army Medical Department; but once the material has reached its place of destination, the actual organising of the staff and nursing arrangements would probably be best in the hands of the civilians, subject in any case to a final veto by the Army Medical Department.

lead to friction or to breed contempt of his superior officer in the mind of the civil surgeon. Neither is favourable to good work. On the other hand, to put a civilian at the front where he is not acquainted with the various duties which may be required of him—with the method of obtaining transport, equipment, rations, etc.—is apt to irritate the army medical men in charge owing to the civilian's apparent incapacity, but in fact to his want of knowledge of the arrangements.

As regards nursing, while women naturally cannot move with the army at the front, I cannot see any possible objection to their being as fully employed at the base as in civil hospitals in London, and if this were done there would be a large number of fully-trained orderlies available to nurse the sick at the front, and there would be but little necessity to recruit the orderly staff from partially or entirely untrained men. At Capetown, Bloemfontein, Johannesburg, etc., for instance, large base hospitals could have been placed in the hands of civilians with a few army medical men attached to act as connecting links with the army; nurses could have been easily got in large numbers to supply

more or less separate, to send to the front men belonging to the Royal Army Medical Corps, to send out surgeons and physicians of high standing to take charge of the medical and surgical work at the base hospitals, and plenty of women nurses. These hospitals should be managed on civil lines, the necessary connection with the army being maintained by an army medical officer in the case of the Portland and some other civil hospitals during this war. Plenty of young civilian surgeons should be sent out to take up the work in the hospital under the civilian heads. It would not require a large number of senior surgeons and physicians in these hospitals; one man might easily be placed at the head of a hospital of 500 beds. He would carry on the work much as is done in the ordinary civil hospitals in German towns, where there is one surgeon or physician and a staff of assistants. If this were done there would be no necessity for the appointment of consulting surgeons and physicians as was done in this campaign. The civilian surgeons and physicians who would be placed at the heads of these large hospitals would be men of the same standing as the consulting surgeons, and they could

creased science, knowledge, and skill exhibited by the surgeons of the Royal Army Medical Corps, and their civil colleagues. They are not the men themselves to call public attention to their work, either in this or previous wars, so that I think it behoves those who have watched and followed their work, to call public attention to it, and as the Government and the public do not give them the rewards and the credit to which they are entitled, I hope it will be some solatium for them to know that their fellow civil practitioners consider that their conduct and work has been such as well merits the commendation of, "Well done, thou good and faithful servant."

Our eulogies of the R.A.M.C. cannot be too great, nor our support and assistance to them too thorough in their fight against War Office starvation of the medical service and red-tapeism. Has any other unit of the South Africa Field Force except the R.A.M.C. been expected to carry on war service with a peace establishment? And further, with practically no reserve to draw upon (except civil ambulance organisations), to make up the wastage which occurs even in peace, let alone in war. Neither the artillery, the cavalry, or the infantry was expected to do war work with its peace establishment. Yet the R.A.M.C. was; and astonishment was shown, and abuse scattered, when it was proved to be a physical impossibility. Worse still, it was expected to do that work with really less than peace strength, for it has been well known that even before the war broke out the numbers of the R.A.M.C. were far below those authorised, even if that strength were sufficient for ordinary times. Why was that? Because the service was, and is, most unpopular, and will become more so, unless radical alterations are made by the War Office as regards fair and equal treatment, pay, privileges, etc. And unless the authorities are quick to recognise this they will soon have no R.A.M.C. left; for men already in leave it as soon as they can, and there are none to take their places.

I feel that it behoves us to recognise the injustices done to our military brethren, and to appeal to all to do what in them lies to bring about justice (for that is all that is asked) for the R.A.M.C.

AN ADDRESS

ON MILITARY SURGERY OF THE TIME OF AMBROISE PARE AND THAT OF THE PRESENT TIME.

*Delivered before the East York and North Lincoln Branch of the
British Medical Association.*

By C. H. MILBURN, M.B., M.S.,

President of the Branch; Surgeon to the Victoria Hospital, Hull.

Apart from the question of tetanus, however, the vast majority of cases of bullet injury seem to have run a most uneventful course. Many reasons have been advanced for this pleasing result. Mr. Smith, the civil surgeon in charge of the Surgical Division of No. 9 General Hospital, in an article in the *BRITISH MEDICAL JOURNAL* of April 20th, suggests the following:

1. The sterility of the bullet, owing to the heat engendered by its great rotatory velocity.
2. The purity of the atmosphere.
3. The hardened, fit condition of the men.
4. The absence of serious oozing.
5. The absence of air, or foreign bodies in the track.
6. The sun and the dry atmosphere, which glaze and seal up the small wound before it has had time to become contaminated.

To these, I think, should be added:

7. Promptness of dressing; this resulting from the fact that each man carries attached to his uniform a "first field dressing," which has been applied at once, either by the wounded soldier himself, or by a comrade (as witness the large number of V.C.'s awarded for such aid under fire).

8. The greater gentleness of handling and transport of injured men, owing to the greater extension of training of soldiers in "first aid." Increase of the damage is thus prevented, as there is not, as in the past, rough and unintelligent, though well-meaning, assistance given.

9. And, in my opinion, as the greatest of all, is the in-

THE COMPLIMENTARY DINNER TO SURGEON-GENERAL JAMESON, C.B.

THE complimentary dinner which it has been arranged that the medical profession shall give to Surgeon-General Jameson, as announced in the BRITISH MEDICAL JOURNAL of June 15th, will take place on Wednesday, July 24th, at the Hotel Cecil. All members of the medical profession, whether in His Majesty's service or not, who may wish to attend, are requested to send their names as early as possible to one of the Honorary Secretaries, Mr. Lenthal Cheatle, C.B., F.R.C.S., 117, Harley St., W., or Mr. Cuthbert Wallace, F.R.C.S., 75, Lambeth Palace Road, S.E. As was announced last week, the chair will be taken by Sir William Church, the President of the Royal College of Physicians, and among those who have already responded to the invitation are Lord Lister, the Presidents of the Royal Colleges of Surgeons of England, Edinburgh, and Ireland, of the Royal Colleges of Physicians in Edinburgh and Ireland, the President of the Faculty of Physicians and Surgeons in Glasgow, and the President of the General Medical Council.

THE TIMES, TUESDAY, JULY 2, 1901.

HOUSE OF LORDS.

MONDAY, JULY 1.

THE HOSPITALS COMMISSION.

THE EARL OF KILMOREY asked the Under-Secretary for War what steps the Government intended to take with reference to certain of the recommendations contained in the report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded during the South African campaign. LORD RAGLAN said this question had already been answered in another place on June 27 by the Secretary of State for War. In that answer his right hon. friend announced the appointment of a committee to consider the whole question of the Army Medical Department. He was not in a position to add anything, and he thought it was unnecessary for him to assure their lordships again of the very great importance the Government attached to the matter.

THE TIMES, FRIDAY, JULY 5, 1901.

THE ARMY MEDICAL DEPARTMENT.

In reply to Dr. FARQUHARSON (Aberdeenshire, W.),

ford) said.—So far as on the Army Medical e, and its proceedings are, be open to any alternative proposals, Gloucester, Forest of

mittee will be invited requirements of the alive committee, and of reference.

led-advantage of render- Corps with special apti- departments of practice. rmy which is likely to be future might thus be

strength of the executive ould tend also to shorten ce. At present the (proal) service is altogether cers pass three-fourths of next of their health and

with hope to the result of y we have no doubt that y witnesses will be fully inesses will be heard and are casarids.

CONTROVERSY.

been appointed to report e Army Medical Service. ately very briefly the main aged controversy which the medical service of

ritish army after a long instrument of war, and angements there was a ic conscience. In consequence for the care of this time, a Royal Comth Mr. Sidney Herbert as titution of the medical le of appointment of its ed their pay, promotion, n and administration of r to maintaining and imf the army at home and e medical care and treat- s, and other casualties. as a valuable document, adations made are best from the report itself:

tations which we have made to hose to whom the care of the ad to direct their attention to proper application of which the tion of life in armies mainly

cal officer in the position to the great services he renders ervice and opinion that weight, -army which are necessary to leny of the troops.

858 as a consequence of al Commission has been idical department, and if it as well as in its letter, ave since hampered the would never have arisen- ic Army Medical Depart-

ment relative rank in the army. It would appear as if military opinion of that day was inclined to look upon the

JULY 6, 1901.]

THE R.A.M.C. EXPERT COMMITTEE.

[THE BRITISH MEDICAL JOURNAL 31]

BRITISH MEDICAL ASSOCIATION. SUBSCRIPTIONS FOR 1901.

SUBSCRIPTIONS to the Association for 1901 became due on January 1st, 1901. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office orders should be made payable at the General Post Office, London.

British Medical Journal.

SATURDAY JULY 6TH, 1901.

THE R.A.M.C. EXPERT COMMITTEE.

WE gather from the statement made by the Secretary of State for War in announcing the names of the members of "the Committee of Experts" appointed to consider the scheme which he has drawn up for the future organisation of the Army Medical Service, that it is intended that the inquiry shall be limited strictly to the Royal Army Medical Corps and Army Medical Staff, and that it will not embrace questions connected with the organisation of the medical services of the auxiliary forces. The nomination of Surgeon-General Hooper, C.S.I., President of the Medical Board, India Office, to be a member of the Committee has given rise to a very general belief that it would consider the relation of the medical service of the British army to the Indian Medical Service. This is, however, a question of great complexity, and it will not be surprising if the Committee refrains from taking it up. But as in considering the term of foreign service of officers of the R.A.M.C. many questions relating to the conditions of service and cost of living in India must arise, Surgeon-General Hooper's experience will doubtless be of great value.

The present position of the Royal Army Medical Corps is in fact one of some urgency, and the sooner the Committee reports the better from every point of view. Indeed, Mr. Brodrick, in reply to a question by Dr. Farquharson, hinted that it might be necessary to make some temporary arrangement until the Corps had been "put on a permanently good footing." The task before the Committee is no light one, and its appointment so short a time before the summer holidays must, it is to be feared, lead to some delay.

The constitution of the Committee is somewhat unusual. It does not contain any senior officer of the Army Medical Staff; it does not include any civilian member of the profession who before this war was known to have taken particular interest in army medical questions, except Professor Ogston, and it does not contain any representative teacher in the medical schools of Ireland—a most regrettable omission. Of the civilian members five have had experience during the war in South Africa. Dr. Tooth, who is Assistant Physician to St. Bartholomew's Hospital, was Physician to the Portland Hospital in South Africa, and his experience there as to the prevention of enteric fever and dysentery in South Africa, and the method of dealing with cases of these diseases, is no doubt

one reason for his selection. Sir Frederick Treves and Mr. Makins were both consulting surgeons with the army in South Africa, and the experience gained by the former during the early operations in Natal, and by the latter during Lord Methuen's advance and Lord Roberts's subsequent campaign will doubtless be of great value to the Committee. Professor Ogston of Aberdeen, spent some time in South Africa during the war in a private capacity. Although the views which he expressed on questions of re-organisation in the address which he delivered before the British Medical Association at its annual meeting at Portsmouth in 1899 were distasteful to some, there can be no sort of doubt that he has the best interests of the service at heart. He has had practical experience during two campaigns, has made a special study of the needs of a military medical service, and has an intimate knowledge of the army medical systems of Germany and France, so that his views are certain to carry great weight with the Committee. Mr. Alfred Fripp, who is Assistant Surgeon to Guy's Hospital, was chief surgeon of the Imperial Yeomanry in South Africa. We take it that we shall not be far wrong if we assume that he has been asked to serve on the Committee owing to the experience which he gained in organising that hospital in this country, in establishing it in South Africa, and in its working there. The hospital was the largest voluntary hospital sent to South Africa, and it was undoubtedly very successful. In its organisation Mr. Fripp introduced certain innovations, the most important of which were the large staff of nurses, 40 altogether, who did admirable work, the staff of student dressers, and the appointments of specialists for eye and dental cases, and for x-ray work. Dr. Perry, who was given by Mr. Brodrick as the representative of the Senate of the University of London, was doubtless selected because as Medical Superintendent of Guy's Hospital he has an extensive experience in the management of a large civil hospital. Lieutenant-Colonel Keogh, C.B., and Major H. E. R. James, the Secretary of the Committee, are both officers of the Royal Army Medical Corps. Colonel Keogh's technical knowledge of the requirements of the corps and of the grievances of its officers and men will, we do not doubt, very materially help in involving a scheme of reform.

Mr. Brodrick, in the speech which he made last February, used the somewhat unfortunate phrase, "drastic reforms." Many reforms are needed, but we take leave to say that the only drastic reform required is in the attitude and relations of the high officials of the War Office and of the Horse Guards to the medical department of the army. This miserable conflict has gone on now for nearly half a century. Every reform which has been effected has been due not to the War Office, but to the persistent efforts of the medical profession, which with infinite patience has argued every point, proved the absolute necessity of each change, and at length succeeded in wringing it out of an unwilling and obstructive War Office. Each reform thus won, when it has been allowed fair play and has not been whittled away by the absurd jealousy of a military caste, has been followed by increased efficiency, until the medical arrangements of the numerous small wars in which the empire is engaged have become a model for other nations to imitate. In the great

Handwritten scribble at the bottom left of the page.

easily be made available for consultation in the neighbourhood in which they were stationed, or indeed they might occasionally make a round of visits to the military field hospitals in case assistance was required.

Whether consulting surgeons are employed in future or whether senior men are sent out to take full charge of the large base hospitals, it would be well that these senior civilians should be identified more or less with the Army Medical Department in times of peace. They would thus become known to the members of the Royal Army Medical Corps, and would come to be regarded as an essential portion of the department, so that when they were sent out to take up the work at the base there could be no idea on the part of the Army Medical Department of any displacement or any implication that the personnel of the R.A.M.C. were incapable of carrying on their work. These senior civilians would only be taking up the position for which they were destined in time of peace. A list would be made of those senior civilians willing to take up this position in time of war, and this list need not be large, perhaps eight or ten physicians and surgeons, and it would be revised every year. It would be of course essential that anyone on this list should be at the disposal of the Government in time of war, therefore it would be necessary to ascertain year by year whether they were willing to give up their work and go to the seat of war if necessary. The time would come when it would not be possible for some to do so, and then they would rest those who could.

Their connection will be maintained in the Examination Board Corps.

Further, in organising Army Medical Corps them for attending to physicians. Proper army medical officers one on which much selves, but the full, first group of recomm course, evident that t for this. It would no them go anywhere.

Further, the civilian for consultations in t the patients being sen certain districts bein may be called upon to special difficulty.

Of course, in such require working out, n the hospitals—for exam would need to be kept ably have to be left Medical Department; place of destination, nursing arrangements the civilians, subject i Medical Department.

lead to friction or to b the mind of the civil work. On the other h he is not acquainted a required of him—with equipment, rations, of men in charge owing t in fact to his want of k.

As regards nursing, with the army at the tion to their being as hospitals in London, a large number of full the sick at the front, as to recruit the orderly trained men. At Cag etc., for instance, la placed in the hands o men attached to act nurses could have been

MIL
A

Delivered

Preside

- 1. Apart majority eventful pleasing the Surgi in the B following
- 2. The by its gre
- 3. The
- 4. The
- 5. The
- 6. The up the su taminates
- 7. Pron that each dressing, wounded, large nun
- 8. The jured me soldiers i vented, as gent, though well-meaning, assistance given.
- 9. And, in my opinion, as the greatest of all, is the in-

war in which we have been engaged for the last nineteen months the medical arrangements for the army which the War Office supposed would be adequate for the task were complete, and worked admirably. But the War Office estimates of an army adequate for the task were all wrong. When it was seen that not two but five or six army corps or their equivalent were required, the War Office had to begin to improvise. It had to organise yeomanry and militia, and to call for volunteers in all departments. The medical staff for this large force had also to be improvised. No doubt mistakes were made, but useful lessons have been learnt, and we hope that one of the subjects which the Committee will consider and upon which it will make definite recommendations is the organisation which is needed to bring the Director-General's office into continuous friendly relation with the civil profession and with the great medical schools, so that in any future great war the skeleton of an organisation for supplying the civilian assistance which must always be required will be in existence.

Mr. Sidney Herbert's Commission recommended that the medical officer should be placed in a position "to ensure to his advice and opinion that weight and influence in the administration of the army which are necessary to secure the health and maintain the efficiency of the troops." To carry this into effect three main reforms were required: First, that the medical staff should be a part of the army, not an appendage to be encouraged or slighted according to the taste of a commander-in-chief, or the caprice of a general, and that its officers should have definite army rank. This reform was carried through in 1898, just forty years after the Herbert Commission reported, and we cannot conceive that any War Minister will dream of undoing the great good then achieved by Lord Lansdowne. The second reform is that the head of the medical staff of the army should be placed in a position in which he can make his voice heard effectively in the counsels of the War Office. To this end he should be a member of the Army Board, entitled to express and support his opinions on every subject involving medical or sanitary considerations. We hope that Mr. Brodrick's Committee will make a distinct recommendation on this point, and that he will carry it into effect. He will be supported by public opinion, which is thoroughly tired of the obstruction which it is well aware every reform in the medical service and in medical arrangements has always encountered from a certain section of highly-placed officials. The third reform under this head is that the principal medical officer of a force should be on the staff of the general, and in a position not only to give advice, but, subject of course to the supreme authority of the general, to see that it is carried out. This reform will be bitterly opposed. We shall be told that it is quite impracticable, that on no account must any plan be approved under which a medical officer should give orders which a combatant officer might have to obey. But in Heaven's name, why not? The country is promised that the army shall be run on business principles. Here is a case for their application. Again we say that Mr. Brodrick will have public opinion with him. The country only wants to see the work of tending the sick and wounded men of its army well done, and is heartily sick of the re-

current outcries and "scandals." It knows that wars cannot be made with rose water, but it is not satisfied that the inevitable sufferings of war should be increased to soothe the amour propre of combatant officers who do not know the A. B. C. of preventive medicine.

It will be for the Committee to consider carefully the causes which have contributed to deter young medical men from entering the army, and to devise means for rendering the service more attractive. The points to be considered will include the nature of and the necessity for the examination for admission. If retained, it should be modified and directed mainly to advanced medicine, surgery, bacteriology, and hygiene. Means should be devised to encourage those students who are ambitious to hold the office of house-surgeon or house-physician before entering the corps to become candidates; such men at the present time find themselves under a great disadvantage, since they must rank junior to others who have entered the service immediately after obtaining a registrable diploma. Means ought also to be found to reward professional excellence in officers of the corps, so that their advancement may not depend upon seniority alone, but largely upon professional and administrative merit. Whether any system of examination for promotion could be made to fulfil the necessary conditions is very open to question. It is not always the best man in the practice of his profession or in administrative work who does best at examinations, and we are disposed to believe that the system of brevet, which is already fully understood and generally followed in the combatant branch of the army, would be a better alternative.

Another question which will have to be considered by the Committee is that of pay. The pay of the junior ranks when serving at home is inadequate to act as an inducement to young men to enter the service. This difficulty has been brought into prominence by changes in the medical economy due to the institution of the five years curriculum, and to the enforcement by the General Medical Council of the regulations against the employment of unqualified assistants. Consideration ought also to be given to the pay in India, which is inadequate not only in the junior ranks, but also in the upper executive grades.

Another matter upon which definite regulations are urgently needed is with regard to "study leave." Mr. Sidney Herbert's Committee recommended that leave of absence should be granted for attendance at hospitals and medical schools, and this recommendation has been repeated again and again, but owing mainly to the undermanning of the service it has not been possible to carry it out in a systematic manner. The question is not free from difficulty, for the best solution must depend in part on the conditions of admission to the Corps, and in part on the way in which the subdivision of the United Kingdom for the organisation of army corps is carried out. Upon one point we are clear, and that is that the regulations for "study leave" must be such as to leave the officer free to choose the particular course of study he feels himself best adapted to follow, and to spend his leave in civil hospitals or teaching institutions. We do not believe that the special course of study should be combined with duty in a military hospital. If a good system of this kind could be

Continued p. 55 column 2.

THE COMPLIMENTARY DINNER TO SURGEON-GENERAL
JAMESON, C.B.

The complimentary dinner which it has been arranged that the medical profession shall give to Surgeon-General Jameson, as announced in the *BRITISH MEDICAL JOURNAL* of June 15th, will take place on Wednesday, July 24th, at the Hotel Cecil. All members of the medical profession, whether in His Majesty's service or not, who may wish to attend, are requested to send their names as early as possible to one of the Honorary Secretaries, Mr. Lenthal Cheate, C.B., F.R.C.S., 117, Harley St., W., or Mr. Cuthbert Wallace, F.R.C.S., 75, Lambeth Palace Road, S.E. As was announced last week, the chair will be taken by Sir William Church, the President of the Royal College of Physicians, and among those who have already responded to the invitation are Lord Lister, the Presidents of the Royal Colleges of Surgeons of England, Edinburgh, and Ireland, of the Royal Colleges of Physicians in Edinburgh and Ireland, the President of the Faculty of Physicians and Surgeons in Glasgow, and the President of the General Medical Council.

THE TIMES, FRIDAY, JUNE 28, 1901

HOUSE OF COMMONS.

THURSDAY, JUNE 27.

The SPEAKER took the chair at 3 o'clock.

THE ARMY MEDICAL SERVICE.

Mr. BURDETT-COUTTS (Westminster) asked the Secretary of State for War if he could now state what progress he had made with his scheme of reform of the Army medical service, when he proposed to bring it forward, and what opportunity would be afforded the House of discussing it, and if he could give any information as to the composition of the committee he proposed to appoint to advise in the matter.

Mr. BRODRICK.—In reply to this and similar questions, I beg to say I have received a number of suggestions and representations from various quarters, and a committee of experts to consider a scheme which I have drawn up for the future organization of the Army medical service will be shortly appointed. The committee will consist of the following members:—Mr. Howard H. Tooth, M.D., F.R.C.P., St. Bartholomew's Hospital; Mr. George H. Makins, F.R.C.S., 84, Thomas's Hospital; Mr. Alfred D. Frigg, C.B., F.R.C.S., Guy's Hospital; Sir F. Treves, R.C.V.D., C.B., F.R.C.S., London Hospital; Mr. Alexander Ogston, M.D., Scotland; Lieutenant-Colonel Keogh, M.D., C.B., R.A.M.C., Ireland; Mr. E. C. Perry, M.D., F.R.C.P., Senate of London University; Surgeon-General Hooper, C.S.L., President of the Medical Board, India Office; and two officers who will be named by the Commander-in-Chief to represent the Army. The secretary will be Major H. E. H. James, R.A.M.C., and I propose to take the chair of the committee myself.

Dr. FARQUHARSON (Aberdeen, W.) asked whether the committee would close its sittings before the end of the present Session?

Mr. BRODRICK.—I do not know. It is much more important that they should come to a correct conclusion than that we should hurry them in the performance of the task assigned to them.

Dr. FARQUHARSON asked if the right hon. gentleman was aware of the great difficulty of getting candidates for the Army Medical Corps which would amount to an impossibility.

Mr. BRODRICK.—I dare say the difficulty will be accentuated, but I would rather make a temporary arrangement and put the corps on a permanently good footing than be in a hurry.

Mr. BURDETT-COUTTS.—May I ask whether the list of names read contains the name of a consulting surgeon who at the time when the medical deficiencies were most distinct and most fatal in their results stated that—

The SPEAKER.—Order, order. That is an argument upon the answer. The question was whether there was to be a Commission and what were the names of those who were to act. The hon. member is not entitled to comment on the names.

The "Morning Leader" has in its column of personal notes an appreciative comment on Professor Ogston, of Aberdeen. It says, perhaps the most interesting appointment to the Committee which is to inquire into the reorganisation of the Army Medical Service is that of Mr. Alexander Ogston, M.D., the well-known Scottish surgeon. A man is seldom a prophet in his own profession, and never in the eyes of a Government department. Otherwise the collapse of the medical arrangements in South Africa might have been less complete. In July, 1899, Mr. Ogston read a paper to the British Medical Association at Portsmouth on the subject of the medical services, both in the army and the navy. He predicted what would happen in the case of an important war with remarkable accuracy, and perhaps no critic has ever been better justified by events. On that occasion Mr. Ogston outlined in detail the defects of the service, and suggested the remedies. It is well to know that there is at least one man on the Committee with a definite and matured scheme in his head. Since he read his paper, which did not receive the attention it should have, Mr. Ogston has served with the forces in South Africa, so that it will have the advantage of being modified or extended by actual experience in the field.

THE MEDICAL JOURNAL, JUNE 29, 1901.

Lieutenant-Colonel W. BARTON, M.B., V.C., C.M.G., is temporarily appointed Assistant Director Army Medical Service vice Lieutenant-Colonel W. Johnston, M.D., retired pay, who has resigned the appointment, June 28, 1901. Lieutenant-Colonel Babbie was appointed Surgeon July 26th, 1891; 1st. Lieutenant-Colonel Babbie was appointed Surgeon July 26th, 1891; and Lieutenant-Colonel from November Surgeon-Major July 26th, 1891; and Lieutenant-Colonel from November 26th, 1891. He served in the occupation of Crete in 1874-5 as Senior Medical Officer, for which he was appointed a Companion of the Order of St. Michael and St. George. He was also in the South African war in 1899-1900 and was at the battle of Colenso, being mentioned in despatches and awarded the Victoria Cross.

THE TIMES, TUESDAY, JULY 2, 1901.

HOUSE OF LORDS.

MONDAY, JULY 1.

THE HOSPITALS COMMISSION.

The EARL of KILMOREY asked the Under-Secretary for War what steps the Government intended to take with reference to certain of the recommendations contained in the report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded during the South African campaign.

LORD RAGLAN said this question had already been answered in another place on June 27 by the Secretary of State for War. In that answer his right hon. friend announced the appointment of a committee to consider the whole question of the Army Medical Department. He was not in a position to add anything, and he thought it was unnecessary for him to assure their lordships again of the very great importance the Government attached to the matter.

THE TIMES, FRIDAY, JULY 5, 1901.

THE ARMY MEDICAL DEPARTMENT.

In reply to Dr. FARQUHARSON (Aberdeen, W.),

Mr. BRODRICK (Surrey, Guildford) said.—So far as at present arranged the committee on the Army Medical Department will not take evidence, and its proceedings will be private. It will, of course, be open to any member of the committee to submit alternative proposals.

In answer to SIR C. DILKE (Gloucester, Forest of Dean),

Mr. BRODRICK said.—The committee will be invited to consider the general medical requirements of the Army. The committee is a consultative committee, and I do not propose to publish terms of reference.

worked out, it would have the added advantage of rendering it possible for officers of the Corps with special aptitudes to specialise in certain departments of practice. One of the wants of the the army which is likely to have increasing importance in the future might thus be met.

A substantial increase to the strength of the executive ranks would be necessary and would tend also to shorten foreign and increase home service. At present the proportion of foreign (chiefly tropical) service is altogether too great, and many medical officers pass three-fourths of their time abroad to the detriment of their health and their professional knowledge.

On the whole we look forward with hope to the result of the labours of the Committee, and we have no doubt that suggestions brought before it by witnesses will be fully considered. We assume that witnesses will be heard and that the rumours to the contrary are *canards*.

THE ARMY MEDICAL CONTROVERSY.

SINCE yet another Committee has been appointed to report upon another reorganisation of the Army Medical Service, it may be convenient to recapitulate very briefly the main facts in the history of the prolonged controversy which has taken place with regard to the medical service of the British army.

The Crimean war found the British army after a long peace by no means an effective instrument of war, and with regard to the medical arrangements there was a breakdown which roused the public conscience. In consequence of the defects in the arrangements for the care of the sick and wounded disclosed at this time, a Royal Commission was appointed in 1857, with Mr. Sidney Herbert as Chairman, to inquire into the constitution of the medical department of the army, the mode of appointment of its officers, the system which regulated their pay, promotion, and retirement, and the condition and administration of the army hospitals, with the view to maintaining and improving the health of all ranks of the army at home and abroad, and of providing for their medical care and treatment in cases of disease, wounds, and other casualties. The report of this Commission was a valuable document, and the objects of the recommendations made are best stated in the following paragraphs from the report itself:

We have endeavoured by the recommendations which we have made to raise the standard of attainment among those to whom the care of the health of the army is chiefly entrusted, and to direct their attention to the study of that sanitary science, on the proper application of which the prevention of sickness and the preservation of life in armies mainly depend.

We have endeavoured to place the medical officer in the position to which the dignity of his profession and the great services he renders justly entitle him, and to ensure to his advice and opinion that weight and influence in the administration of the army which are necessary to secure the health and to maintain the efficiency of the troops.

The Royal Warrant issued in 1858 as a consequence of the recommendations of the Royal Commission has been called the Magna Charta of the medical department, and if it had been acted upon in its spirit as well as in its letter, many of the difficulties which have since hampered the work of the medical department would never have arisen. The warrant gave the officers of the Army Medical Department relative rank in the army. It would appear as if military opinion of that day was inclined to look upon the

medical department as an appendage, and not an integral part of the army, and upon its officers and men as camp followers. The reforms embodied in the Warrant of 1858 were resented and to a large extent neutralised by a policy of obstruction and by slights put upon military medical officers. In 1875 Mr. Cardwell abolished the regimental system, and though this was a movement in the right direction, it was done with so little consideration as to cause a strong feeling of irritation; the regimental medical officers left the service in numbers, and matters culminated in 1879, when fifty commissions were offered and only five candidates came forward, so that no examination was held.

A new warrant was issued in 1879 under which medical officers were admitted up to the age of 32, and after ten years' service were liable to discharge with a gratuity of £1,000, a select few being retained to fill the higher ranks. This scheme proved a failure, and another warrant abolishing the "thousand-pounder" brought matters back to the old system. Incidentally the changes had inflicted a serious pecuniary loss upon medical officers serving in India, for charge money for regiments and hill stations was abolished. Again matters were brought to a crisis by the issue of a warrant in 1887 by which two kinds of rank in the army only were recognised—substantive and honorary—officers of the Army Medical Department having neither the one nor the other. Numerous protests were made, the medical schools headed by the British Medical Association took the matter up, and the Commission over which the Earl of Camperdown presided was appointed in 1889; its report was after some further agitation followed by the Royal Warrant of 1891, which gave to the officers of the army medical staff substantive rank with compound titles.

Finally in 1898 the warrant constituting the Royal Army Medical Corps, giving substantive rank in that Corps, was issued. We believe that the effect of the formation of the Royal Army Medical Corps has been an unmixing good, and that if only sufficient time is given for the army to become thoroughly accustomed to it, it will, so far as questions connected with rank in the army are concerned, be productive of the best results for the efficiency of the Corps both in peace and in war. Unfortunately its good effects had not had time fully to declare themselves before the outbreak in the autumn of 1899 of the war of South Africa. This war, developing as it did to proportions not in the least foreseen when it was commenced, has put a strain upon our military organisation which has had to be met by various expedients for obtaining officers and men in every department of the army, and the strain fell with the greatest severity upon the Royal Army Medical Corps, which had fallen far below its adequate peace footing.

ARMY MEDICAL SCHOOL, NETLEY.

PRESENTATION OF PRIZES.

THE distribution of prizes took place at the close of the summer session on Saturday, June 29th. The Earl of Northbrook, G.C.S.I., presided. In addition to the Principal Medical Officer, the professors, and the staff of the hospital and school, there were present Directors-General Preston and Harvey, Sir Joseph Fayer, Bart., Surgeon-General W. R. Hooper, C.S.I., and a large gathering of ladies and gentlemen.

The report of the session was read by Colonel McLeod, M.D., LL.D., I.M.S., Secretary to the Senate. The names of surgeons on probation belonging to the R.A.M.C. and Indian Medical Service, who, after having undergone instruction and been found qualified by examination, were recommended for commissions, are shown in the following lists, which also indicate the number of marks obtained by each, and those to whom prizes were awarded. The report bore testimony to the character and attainments of the surgeons on probation, and intimated that a new prize consisting of a bronze medal and £5 had been established by Mrs. Marshall Webb in memory of the late Surgeon-Major-General William Marshall Webb, R.A.M.C. The subject of competition selected by the Senate, to whom the choice had been entrusted by Mrs. Marshall Webb, was hospital administration—one of great importance, and peculiarly appropriate in view of the fact that Surgeon-Major-General Marshall Webb had occupied the position of Assistant Professor of Medicine in the Army Medical School, an office to which the duty belongs of giving instruction in this subject.

The prizes having been handed to the successful competitors by Lord Northbrook, he delivered a most appropriate and interesting address, in which he congratulated the prize-takers on their success, which indicated ability and application. He reminded the class that academic distinctions were not necessarily a measure and forerunner of success in the great competition of life which evoked capacities and attainments of a different kind. The prizes which they had obtained possessed a special interest and value in that they had for the most part been established for the purpose of perpetuating the memory of men who had occupied a distinguished position in life, and had been associated with the foundation, history, and working of this school. The name of Sidney Herbert, the originator of the institution, held as it ought a prominent place in the honoured list, and it was a gratification to him to recall the circumstance that he had held office as Assistant Secretary of State for War under that good man and great Minister. He was glad to observe that a new prize had been instituted in memory of the late Surgeon-Major-General William Marshall Webb, R.A.M.C., and that hospital administration had been chosen as the subject of competition. The South African war had brought into great prominence the impor-

ance of hospital administration. No question had arisen regarding the ability and devotion with which medical officers had fulfilled on the field and at the base their duties to the sick and wounded, but complaints had been raised, as they were no doubt aware, regarding the hospital arrangements at the front. Every war taught its lessons as regards military and medical administration. The Crimean war revealed great imperfections in every department of the army, and great reforms had been accomplished in consequence of the teachings of that disastrous campaign. The South African war had also evolved experiences which were now being made the subject of careful inquiry and consideration. As concerned the medical department the commencement of the war found the service seriously underequipped, a circumstance

which, he was bound to say, was not due to any neglect on the part of the medical authorities to represent the facts of the case and what they believed to be the causes. It was found difficult to supply the medical requirements of the two army corps—say 72,000 men—which it was at first considered sufficient to despatch to the seat of war. But when the army had to be increased to the equivalent of six army corps, it became a subject of wonder how medical establishments and material were supplied in sufficiency. The same spirit of patriotism which drove men to fight under the flag of the empire also impelled members of the medical profession to recruit the broken ranks of the Royal Army Medical Corps, and to take service as civil surgeons in support of and co-operation with their brethren of the army. Militia and volunteer medical officers readily responded to the call. Men left their practices and appointments for the front, and the colonies lent efficient help. Thus were obtained, as stated by Mr. Brodrick in a recent speech, "700 admirable recruits in time of need." There was no lack of workers, thanks to the patriotic response made by the medical profession to their country's call, to the sympathy which exists between all branches of that profession, and to the energetic and wise efforts of the head of the Medical Service—Surgeon-General Jameson and those acting with and under him. These public medical agencies were efficiently supplemented by the magnificent private hospitals and hospital ships which had been organised, manned and equipped through the public spirit and liberality of individuals and communities. How admirably the work of aiding and treating the sick and wounded was done might be gathered from the report of the Royal Commission, from the letters of press correspondents, officers, soldiers, and onlookers, from books which had been published, and from the goodly share of distinctions and promotions which had been conferred on medical men, military and civil, who had rendered distinguished service. Among these he would mention the names of four officers of the Royal Army Medical Corps whom the decoration of the Victoria Cross had been conferred—Lieutenant-Colonel Babbie, Captains Nickerson and Inkson, and Lieutenant Douglas. While it was beyond doubt that the medical department had done well in this campaign, imperfections and shortcomings had been pointed out which were now engaging the attention of the Secretary of State for War, who sought, in the words of a speech recently delivered at a public dinner, to make the medical department of the army the "best medical organisation in the world." As regards the purely professional teachings of the war he was not competent to speak. They had had the advantage of learning from Colonel Stevenson, C.B., who had as Principal Medical Officer on the Headquarters Staff done such excellent and distinguished service, what lessons had been taught by the war in regard to the nature and treatment of injuries caused by modern weapons and missiles. As is usual in protracted campaigns, disease had caused much more serious loss than injury, and the prevalence and fatality of enteric fever prompted a fervent hope that the labours of Professor Wright and others would result in the discovery of a prophylactic against this the chief scourge of armies in the field. Lord Northbrook concluded by making a touching reference to Queen Victoria's last visit to Netley, and expressed his conviction that her successor King Edward VII entertained the same feelings of lively interest in the institution and its inmates as had been so repeatedly manifested by our late lamented Sovereign.

Sir Joseph Fayer briefly addressed the surgeons on probation, and the proceedings terminated by a short speech by the Principal Medical Officer, Colonel Charlton, R.A.M.C., in which he dwelt on the great advantages which the Netley instruction conferred on candidates for commissions in the medical department of the army; and expressed hearty thanks to Lord Northbrook for presiding on this occasion and delivering such an able and sympathetic address.

THE COMMISSION ON THE R.A.M.C.

SIR,—I have tried to take some little trouble to urge on the Secretary of State for War the grievances of the Royal Army Medical Department. The right honourable gentleman has been good enough to assure me that he will do his very best to study the subject along with the other Commissioners, and that his desire is to make the R.A.M.C. thoroughly satisfactory and efficient.

I thoroughly believe in Mr. Brodrick's good intentions, and as he is a strong man there is every probability that at last the R.A.M.C. may hope for better days. Mr. Brodrick has allowed me to send in for the consideration of the Commission a tabulated statement of the views of those very numerous medical officers who have been good enough to communicate their opinions and suggestions to me. I trust, therefore, the little trouble we have taken in the House of Commons and out of it will bear good and useful fruit.—I am, etc.,

HOUSE OF COMMONS, July 2nd. EDWARD THOMPSON, F.R.C.S.I.

THE MEDICAL SERVICE OF THE UNITED STATES ARMY.

THE Army Act recently passed by the United States Legislature has caused great dissatisfaction among medical officers and the profession generally. At the meeting of the American Medical Association in May resolutions emphatically condemning the measure were passed. As a direct result of the Act the supply of candidates for the service has practically ceased. Surgeon-General Sternberg foretold that the provisions of the Act, by increasing the establishment in the lower ranks without a proportionate increment in the upper ranks, would keep medical men from entering the service; and his prediction has been verified by the dissolution of the Boards created to examine appli-

cants for medical commissions in the army on the ground that they have not been able to secure a sufficiency of candidates. The fatuous impolicy of framing schemes for the medical service of armies without taking into account the wishes or feelings of the class principally concerned would appear to be confined to no one country; it must therefore be innate in the official mind. History has been defined as "philosophy teaching by examples;" and for purposes of political education, contemporary events in foreign countries may be treated as history. We therefore venture to recommend Mr. Brodrick to devote some attention to the study of reorganisation as lately applied to the Medical Department of the United States Army.

We are asked to state that the complimentary dinner to be given by the profession to Surgeon-General Jameson, C.B., late Director-General Army Medical Staff, will take place at the Hotel Cecil, Strand, W.C., on Wednesday, July 24th, when Sir William Church will take the chair at 7.30 P.M. We printed in the *BRITISH MEDICAL JOURNAL* of June 15th, p. 1513, a list of some of those who intend to be present, and among those who have since intimated their intention to attend are Lord Halliburton, Colonel Sir Howard Vincent, M.P., Sir John Furley, Sir Samuel Wilks, Bart., Dr. Ball, Regius Professor of Surgery, Trinity College, Dublin; Dr. James Little, Regius Professor of Physic, University of Dublin; Surgeon-General Harvey, C.B., Director-General I.M.S.; Surgeon-General Harston, Surgeon-General Hooper, C.S.I., I.M.S.; Mr. Thomas Bryant, Mr. Pearce Gould, and Mr. A. D. Fripp, C.B.

British Medical Journal.

SATURDAY JULY 13TH, 1901.

THE R.A.M.C. EXPERT COMMITTEE.

THIS Committee, which has been enlarged by the addition of Colonel Sir James Willcocks, K.C.M.G., and Colonel Sir E. W. D. Ward, Permanent Under Secretary, met for the first time on July 5th, and again on July 8th, and will continue to meet twice a week. The Irish medical schools have made strong representations to the Secretary of State for War, pointing out the advisability of nominating a representative of these schools on the Committee, and we believe that Mr. Brodrick has expressed his willingness to accede to the request if a representative can be suggested who will undertake to attend regularly the meetings of the Committee. We understand that the Committee was at its first two meetings occupied in the consideration of the scheme drawn up by Mr. Brodrick, and that among other points the question of pay, and in particular that of pay in India, has been investigated. We referred last week to what we were then inclined to regard merely as a rumour of the effect that Mr. Brodrick did not intend that the Committee should call evidence; this rumour appeared to be completely confirmed by the tenour of Mr. Brodrick's answer to a direct question by Dr. Farquharson in the House of Commons, but we are informed that the question whether evidence should be taken or not will be left absolutely to the discretion of the Committee. We can only again express the expectation that the Committee will see the wisdom of taking evidence. The membership of the Committee is not completely representative, a fact which we believe Mr. Brodrick himself recognises, and this circumstance renders it all the more desirable that the Committee should take evidence. We believe that the British Medical Association would be prepared to tender evidence likely to be of great value to the Committee, and that the senior officers of the service believe that their experience would be likely to be of advantage to the Committee in considering many of the questions which must come before it. We have every confidence that the Committee has begun its work in the best possible spirit, and it would be a disaster if its report were to disclose that it had not considered fully any aspects of the question which are essential to finding a satisfactory solution. One essential element in success is that the wants, the feelings, and the aspirations of officers now or recently serving should be thoroughly understood, for a contented service will be the best recruiting agency.

THE TIMES, TUESDAY, JULY 16, 1901.

ARMY MEDICAL SERVICE COMMITTEE.

TO THE EDITOR OF THE TIMES.

Sir,—As one who has had a long experience in the education of surgeons, numbering amongst others those who compete for the naval and military services of the Crown, I desire to make some remarks upon the composition of the committee named by the Secretary of State for War for the purpose of investigating and reporting on the condition of the Army Medical Service.

From the way in which the committee was constituted in the House it is evidently sought to make it representative of the three divisions of the kingdom. Of the eight gentlemen who, exclusive of its president and secretary, compose the committee, five represent schools or licensing bodies in London, one in Scotland, and one in Ireland, the eighth being Surgeon-General Hooper, who presumably represents the Indian Medical Service.

It may be supposed that the purposes of this committee are to report on matters which, speaking broadly, resolve themselves under two heads.

First, as to the measures which should be taken to improve the efficiency of the Army Medical Department; and, secondly, as to what steps are likely to secure for this service that supply of recruits which late years have failed to bring forward. With regard to the first of these, which is chiefly technical, the committee will

doubtless receive a large amount of expert evidence, and, as Mr. Brodrick stated that he proposed to strengthen it by the further addition of two officers of the Army Medical Corps, it may be regarded by some as equipped for such an investigation. On this point, however, I desire to offer no remarks at present, but as regards the second I have something to say.

Those of us who have been engaged in surgical education in Dublin know that the Irish students have lost confidence in the medical service of the Army as a field for their abilities. They are tired of waiting for reforms which have either come inadequately or not come at all. They are dissatisfied with the service both as a means of living and as a field for work, and as a consequence the best men do not come forward, nor do men of any quality offer themselves in sufficient numbers. As a consequence the medical service of the Army has of late been starved, and, were it not for the patriotic spirit which moved a large number of men to volunteer as civil surgeons in connexion with the South African war, the surgical and medical work of that campaign could not have been carried on efficiently. If it can be shown that the Dublin school is the chief, or even a large, recruiting ground for the Royal Army Medical Corps, it will be admitted how suicidal is the policy of those who refuse, as the present and other Ministers of War have done, to give it at least a courteous recognition and to place on the new committee some representatives who would possess their confidence. This has not been done now, nor has adequate consideration ever been accorded to the Irishmen who form so large a part of the R.A.M.C. In 1896 my college urged on Lord Lansdowne, among other things, that some of the examiners for the Army Medical Service should be chosen from Ireland and Scotland, instead of all from London as heretofore. Yet the greatest concession we have obtained after incessant trouble has been that one examiner was appointed to represent Ireland and one to represent Scotland—Ireland, be it remembered, being the division of the kingdom which has, at all events up to a late date, supplied a larger share of the medical officers of the services than either Scotland or England.

In 1896, when, as President of the Royal College of Surgeons in Ireland, in company with other gentlemen representing licensing bodies in Ireland, I waited on the then Secretary of State for War with a view of representing to him certain changes which we deemed necessary in order to increase the popularity of the Army Medical Department, I was able to show that the great bulk of the officers of the department were drawn from the Irish schools, and particularly from the college over which I then presided. In 1893, out of 591 officers 429 had Irish qualifications. We now find that in naming this committee, one of the objects of which should be to acquire the confidence of candidates for military medical service and to increase the supply which has fallen so lamentably short in late years, Ireland is practically unrepresented. London, which contributes a comparatively small contingent to the services, has five representatives. Scotland is certainly badly treated by having only one; provincial schools in England are not considered, and Ireland is supposed to be represented by Lieutenant-Colonel Keogh, of the R.A.M.C. Has it been forgotten that it is the civilian teachers, who are in contact with the future candidates for the Army Medical Service during their undergraduate course, from whom these young men seek advice as to the wisdom of entering those services? We who are in such contact are repeatedly applied to for advice on such points as this, and it is because due to the unsatisfactory answers we have of late years been compelled to give that a dearth of candidates has resulted which seems to have practically starved the department and reduced it to a point of exhaustion.

In 1896 the bulk of the Army Medical Department was composed of Irish graduates. It would be interesting to know whether the same proportion still exists, and if not how far it has declined. But in any case I fear that, if confidence be not given to Irish students by an adequate representation of their schools on the committee which is about to sit, it is not likely that any large supply can be obtained from their ranks. It is extremely disheartening and discouraging to those amongst us who have for years been endeavouring to influence beneficial changes in the constitution of the Army Medical Department to find that the Irish schools which have been the chief feeders of the service are now left out in the cold. Lieutenant-Colonel Keogh, who is named by Mr. Brodrick specifically as representing Ireland, seems by reference to the "Medical Directory" to have been a student in Galway and at Guy's Hospital, and cannot therefore have that intimate knowledge of the feelings and wants of Irish surgeons which would render his position on the committee an efficient one. His early connexions seem to have been almost entirely in and about London. I have no doubt that he is a thoroughly capable officer who would ably represent the Army Medical Department on this committee, but to speak of him as representing Irish schools, with which he can have had no connexion except as a student, and not much then, is palpably absurd. If it be sought to continue with Irish schools and licensing bodies that connexion which has been in the past so profitable to the Army, it will be necessary to show that a fair consideration has been given to their position by an adequate representation on this and cognate committees. We who are engaged in education here know that most of the better class of Irish students shrink from competition for the Army Medical Service—in fact of late years has been no competition—and, if we are to be enabled to encourage them to come forward, we should certainly be placed in a position which would allow us to have some influence in determining their future advantages. In the interests of the Irish students, and in the greater interest of the need of the Empire which calls for their service, I appeal to those

in authority to change the methods of neglect and contempt heretofore extended to those who seek to serve them, and through them to the country of which they are citizens. We who teach them know them, they know us, and may be influenced by us; if we for them and they for themselves receive proper consideration, if this be not done, I am deeply sorry to say that, in my judgment, and that of others, the Army must look elsewhere for a sufficiency of able and competent surgeons.

I am, Sir, your obedient servant,
THORNTON STOKER, Ex-President Royal
College of Surgeons, Ireland.
8, Ely-place, Dublin.

WEDNESDAY, JULY 17, 1901.

A nursing sister writes to us from a general hospital in South Africa to remove a false impression which, she says, seems to prevail in England in regard to the needs of her fellow-workers. She says:—"We have been much amused, and, I may add, somewhat annoyed, at receiving from England a parcel of undergarments, &c., for the nursing sisters of No. — General Hospital, the result of an appeal by — (a titled lady whose name, as well as the number of the hospital, I omit). We are liberally paid by the Government while on active service, and if we want additions to our wardrobes we are perfectly able to provide them for ourselves, the means of transport being as available to us as to the charitably disposed public. We think that before such an 'appeal' was made on our behalf its authors should have inquired whether we were really fit objects for charity, and we hope your kindness in inserting this letter may save us from being the unwilling recipients of the proceeds of coffee bazaars, bazaars, &c., got up by charitable ladies to relieve the supposed necessitous condition of the sisters of the Army Nursing Service and the Army Nursing Service Reserve."

THURSDAY, JULY 18, 1901.

The complimentary dinner to be given to Surgeon-General Jameson, C.B., is to take place on Wednesday, July 24, at 7.30 for 8 o'clock, in the Hotel Cecil. Sir William Church, President of the Royal College of Physicians, will be in the chair.

FRIDAY, JULY 19, 1901.

THE ARMY MEDICAL SERVICE.

4.30 Mr. HEALY asked the First Lord of the Treasury, whether he was aware of the feeling existing in the Royal Colleges of Surgeons and of Physicians in Ireland at the failure to give the Irish faculty adequate representation on the Royal Commission on the Army Medical Service; whether he was aware that in several years the majority or a large proportion of the men joining the Army Medical Service held Irish qualifications; and, seeing that five of the Royal Commissioners represented London schools, could he explain why only one had been allotted to Ireland and one to Scotland; would he give a return of the doctors in the Indian, British, and naval services, distinguishing those holding English, Irish, and Scotch qualifications for the years 1896, 1898, and 1900; and would anything be done to increase the representation of Ireland in the composition of the Royal Commission.

Mr. BALFOUR said the members of the Commission were chosen not with a view of representing the various nationalities, but to give the Secretary of State practical assistance in reorganising the Army Medical Service. As, however, his right hon. friend had no desire to let it appear that any school was slighted, Sir William Thompson was invited to join the Commission some time ago, and there was every reason to hope that he would be induced to accept the invitation.

Clothing Regulations—Shirts for Royal Army Medical Corps.

Recruits of the Royal Army Medical Corps will in future be supplied with three instead of two flannel shirts, as part of their free kit of necessaries.

A free issue of a third flannel shirt will be made to all soldiers now serving in the Royal Army Medical Corps, including mobilized reservists.

Table 17 of the Clothing Regulations, 1898, will be amended accordingly.—A.O. 169, July 1901

British Medical Journal.

SATURDAY, JULY 20TH, 1901.

In addition to those whose names have already been announced the following have expressed their intention to be present at the complimentary dinner to Surgeon-General Jameson, late Director-General Army Medical Staff: Sir George H. Phillipson, Surgeon-General Preston, Dr. Connan Doyle, Surgeon-General Reade, Surgeon-General Martin, Surgeon-General De Renzy, Dr. H. H. Tooth, C.B., Mr. Thomas Wakley, jun., Dr. Dudley Buxton, Dr. Alfred Hillier, Dr. H. Tilley, and Mr. Woodhouse Braine. The dinner will take place on Wednesday next at the Hotel Cecil, Strand, under the chairmanship of Sir William Church, Bart. The price of the dinner ticket is 25s., and further particulars can be obtained from the Honorary Secretaries—Mr. G. Lenthal Cheatle, C.B., F.R.C.S., 117 Harley Street; and Mr. Cuthbert Wallace, F.R.C.S., 75 Lambeth Palace Road, S.E.

We understand that Mr. Brodrick has invited Sir William Thomson, of Dublin, to act upon the Army Medical Expert Committee, but that Sir William Thomson has been unable to accept owing to the times at which the meetings of the Committee are held. There is, however, we are informed, reason to believe that the difficulty will be overcome.

THE TIMES, THURSDAY, JULY 25, 1901.

DINNER TO SURGEON-GENERAL JAMESON.

A complimentary dinner was given last night at the Hotel Cecil to Surgeon-General Jameson, C.B., Director-General of the Army Medical Department, on the occasion of his retirement. Sir William Church presided, and among the others present were Sir William MacCormac, Sir Joseph Fayrer, Sir Thomas Barlow, Sir Thomas Smith, Sir Samuel Wilks, Sir John Williams, Sir Dyce Duckworth, Sir Thomas Galloway, Sir John Purley, Sir Frederick Treves, Sir Ralph Knox, Sir George Phillipson, Sir Christopher Nixon, General Dunne, Surgeon-General McD. Cuffe, Professor McCall Anderson, Mr. Robert Farquharson, M.P., Surgeon-General Muir, Major-General Russell, Surgeon-General Preston, Professor J. Chios, Professor W. W. Cheyne, Dr. Connan Doyle, Sir Lauder Brunton, Sir W. H. Bennett, Surgeon-General De Renzy, Surgeon-General Reade, Surgeon-General Martin, Professor Cunningham, and Professor W. Ross.

The toasts of "The King" and "The Queen, the Duke and Duchess of Cornwall and York, and Other Members of the Royal Family" having been given, the CHAIRMAN proposed "The Guest." In doing so he said they had met from a desire to do honour to one who had deserved well both of his profession and his country. He had served his country well in various parts of the Empire, and in 1856 was appointed Director-General of the Army Medical Department. The present war, which they now had good hopes was coming to a close, was a perfectly unique war, unprecedented in its character and difficulties. Never before had they had to meet such a foe. As to the difficulties of organizing the hospital department for South Africa the general public had no idea. The actual organization of the hospital service had to be done in South Africa, and its success was in a large measure due to the rapidity with which Surgeon-General Jameson was able to supply the material and personnel. A few months ago Surgeon-General Jameson in that room told them of the requirements that had been made upon him and that he had been able to meet them. That was strictly accurate, and the highest possible credit was due to him and his department. They all recognized that night the value of his long life spent in the service of the country, and still more the constancy with which he had stuck to his post and his work. They also wished to acknowledge the exceedingly able manner in which he kept up a good relationship between his own corps and his civilian brethren. They wished him long life and strength that he might long enjoy the leisure before him.

SURGEON-GENERAL JAMESON, who was received with loud and prolonged cheers, said he thanked them for the compliment paid to him and, through him, the Royal Army Medical Corps. He had been Director-General through a very eventful period when a strain had been put upon the medical department such as it had never borne before. Up to the present time they had received 20,000 invalids from South Africa, India, and the colonies since the beginning of the war. They were all received by them and handled by them in conjunction with, and ably assisted by, the Quartermaster-General's department. From the first to the last it was done without a single hitch. He proceeded to describe how the "miracles" had been performed, and in the course of his statement said that outside of his own corps the most useful was the St. John Ambulance Brigade, which gave them 1,000 men. It was to the Queen and Princess Christian that they were indebted for being able to send out so many female nurses. Surgeon-General Jameson went on to show the stupendous nature of the work that had been done and said that at the present time there were 21,000 beds equipped, not counting the provision made for field hospitals. He urged that critics should take care that if blame were to be apportioned it should be dealt out to those who were in fault. If in the future war was to be carried on on humanitarian principles, it would be necessary for the Medical Department to obtain a large increase of transport. He had received many flattering reports from general officers of the work that had been done. The Medical Department, however, was not on an equality with the other departments. The Director-General was not a member of the War Office Council over which the Secretary of State presided, nor of the Army Board presided over by the Commander-in-Chief, and it had happened that matters relating to his department

had been discussed in his absence and he had not known of the decisions after they had been come to. During the war no general had done better than Sir Evelyn Buller, and he had spoken in high praise of the work of his department. When the history of the war came to be written the verdict would be upheld that in no war had the sick and wounded been better treated than in the present war.

SIR WILLIAM MACCORMAC, in proposing the toast "The Public Medical Services," said that in the work of the Medical Department in South Africa they had had some things to criticize, but many things to commend, and he was surprised that there were not more things with which to find fault. The Headquarters Staff had worked early and late, and no requisition made to them at home had failed to be complied with. They had heard from the Director-General how they had overcome the difficulties, and they had not only done their best, but that best had been extremely good. No one who had not been in the country itself could know of the difficulties under which the Medical Department had laboured. They had been blamed for that for which those in other quarters were responsible, and it did seem passing strange that the Government had allowed an excellent officer to leave the Army without the customary recognition given to every one of his predecessors and without one word of commendation. SIR JOSEPH FAYRER responds.

The Daily Chronicle

THURSDAY, JULY 25, 1901.

The dinner given last night to Surgeon-General Jameson at the Hotel Cecil was nominally only a compliment to an officer who has served the country for forty-four years. But, however great those services may have been, we may be quite sure that so large and distinguished an assembly would not have been gathered to do their guest honour if the occasion had been complimentary and nothing else. As the chairman, Sir William Church, representing the whole medical profession, remarked, dinners are a part of the British Constitution; at the same time we frequently observe that they are a constitutional provision suggesting that something is wrong, and that in this form a protest is raised against the action of the authorities because no other form of protest is thought advisable. In the present instance, though little or no reference was directly made to any grievance in the speeches last night, it is pretty well recognized that in the country, the Army, and especially in the Army Medical Corps, there is a general feeling of wrong at the enforced retirement of Surgeon-General Jameson from his former position as Director-General of the Army Medical Service. It is felt that whatever may have been the deficiencies of the medical service in the war—and our readers will know that we have never attempted to make light of them—he has been made the scapegoat for the sins and omissions for which others were guilty or which were due to such faults in the system as the Director-General was powerless to avert. To prove that this may have been the case we have only to quote from the Report of the Government's own Commission on the "Care and Treatment of the Sick and Wounded in the South African Campaign," published last January. The Commissioners expressly say:—

The deficiency in the staff of the Royal Army Medical Corps before this war was not the fault of the Director-General and the staff of officers associated with him. They had for a considerable time before the outbreak urged upon the military authorities the necessity for an increase of the Corps, but for the most part without avail.

Now if the Reports of Royal Commissions are to have any value at all, those sentences amount to an acquittal on trial. Yet the Director-General is now deprived of his office. Is this another *Coivle* case? In neither instance is the public primarily concerned with the rights or wrongs of the special points in dispute. What we are all concerned with is that when judgment has once been given it should not be reversed. To condemn a man after he has once been acquitted, to deprive him of command when he has once been definitely continued in command, is neither law nor justice, as we understand those words in England. Let us remember that the main cause—we may almost say the only cause—of the breakdown in the medical department during the war was the deficiency in numbers of the R.A.M.C. That was almost the only point definitely established by the Royal Commission, and it was a point over which the Director-General had absolutely no control whatever, except in so far as he could in-

fluence the military authorities by his warnings, which were repeated and insistent. When the war came, he was compelled, as Sir William Church said, to make bricks without straw. The Army Medical establishment had been fixed for two Army Corps and two Cavalry Brigades. As the war went on, the Army was trebled, and still for every draft sent out the Army medical items had to be provided. The regular corps, the Militia, the Volunteers, the St. John Ambulance all supplied men more or less trained, and still more were wanted. Four thousand tons of hospital material were sent out; 21,000 beds were provided, or over two-thirds of all the hospital beds in London; room had to be found for 50,000 sick and wounded returning home. When a strain like that falls upon a system which, through no fault of its Director-General, has been kept habitually unfit for any strain at all, we must only wonder that the collapse was not worse, and much as we may condemn the system and those who were responsible for its inadequacy, we have not the slightest right to lay the penalty on the one man who had consistently protested against the weakness of the organisation. The R.A.M.C. must be reformed. It is absurd to expect promising surgeons to devote themselves to the Army for pay which they are obliged to supplement by their private means if they wish to keep on a level with their brother officers. Few Army surgeons will labour to maintain a high scientific standard when in middle age they can only hope for a reward which even country practitioners would laugh at. If the money we are going to throw away on the three dabbled Army Corps for home defence were devoted to the increase of numbers and pay of the R.A.M.C., so much the better for our soldiers when next we are engaged in a big war. Further than that, civilian doctors should be retained by special fees, as is done in Germany, for service in the field when called upon, and the members of the R.A.M.C. should be allowed far more opportunity for keeping in touch with modern science and practice. They are, on the whole, an excellent body of men. Again and again they have proved their devotion at the base and in the field. We are convinced that they set up to their motto, "In ardua fideliter." But when the Government dismisses their Director-General to encourage the others, we must not suppose that they will not lay the lesson to heart. Unhappily there are very significant evidences that they are doing so.

Army & Navy Gazette.

LONDON, SATURDAY, JULY 27, 1901.

SURGEON-GENERAL JAMESON.

THE dinner given on the 24th inst. to Surgeon-General Jameson by his professional brethren was in its way a manifesto. The most distinguished medical men in the kingdom headed by Sir Wm. Church, Bart., M.P., assembled to do him honour, and one of the most eminent, Sir Wm. MacCormac, spoke in very plain terms of the scant recognition received by Dr. Jameson from his official superiors of his great public services. Where the offence was cannot well be conjectured, but the fact remains that Mr. Brodrick, not only suffered the late Director-General to leave without the smallest acknowledgement, but made it plain to him that he could be spared. It is at least certain that the Royal Army Medical Corps had done its work well during the late trying period, and no one had been more conspicuously useful than its chief. In the modest speech, made by Dr. Jameson in responding to his health, he was anxious to do honour to his colleagues. The story of his department, as he told it, is, indeed, most creditable to all. The burthen laid upon it with an establishment far too weak for the business, and with but too little sympathy and support, was hard enough to bear. Yet the verdict, after all the hard things imputed to the R.A.M.C. by irresponsible witnesses, is altogether

favourable. It is pleasant to be able to repeat the words quoted by Dr. Jameson that in the opinion of the South African Hospitals Committee, the sick and wounded had never been so well looked after as in the Boer War. Gratitude has been defined as an abiding sense of favours to come. So far as we can see the Medical Department has no reason to be grateful to the authorities either for past appreciation or for what may be expected in the future. The corps has not been well used of late, and it has little hope that much will be done for it by the departmental committee presided over by Mr. Brodrick which is to look into the whole question of the supply of officers and the best means of encouraging medical students to make the Army their career.

British Medical Journal.

SATURDAY, JULY 27TH, 1901.

COMPLIMENTARY DINNER TO SURGEON-GENERAL JAMESON.

THE complimentary dinner to Surgeon-General Jameson, O.B., was held at the Hotel Cecil on July 24th, with Sir WILLIAM CHURCH, Bart., in the chair.

After the loyal toasts had been honoured, the CHAIRMAN proposed the toast of "The Guest" of the evening, and said that when a very general feeling was expressed that the long and valuable services of Surgeon-General Jameson had given to the country should be publicly recognised, it very naturally took the form of a dinner. They had met to do honour to one who had deserved well both of his profession and of the country. After describing the career of Surgeon-General Jameson, the Chairman, continuing, said that in 1856 he was appointed the Director-General of the Army Medical Department. The labours and difficulties that he had had to surmount in that department were known to all. The extreme difficulty of his position and the arduous character of his labours put him somewhat in the position of the Israelite of old, because he was asked to make bricks without straw. The present war was unique in its character and difficulties, and never before had so many men left our shores for so great a distance. When the country realised what had to be done and rose like one man to assist the Government, it was a much easier task for the Government to increase the forces of the country than it was for those whose duty it was to organise the departments which were absolutely necessary for the forces the country was ready to give. The general public had no idea of the difficulties of organising the hospital service of South Africa. Surgeon-General Jameson had said that all requirements that had been made upon him had been able to meet, and he thought it reflected the highest possible credit both upon the Surgeon-General and upon his department. They recognised by the dinner that night the value of a long life spent in the service of the country, and they recognised still more the constancy with which, amidst labours of the most difficult kind, Surgeon-General Jameson stuck to his post and did good work. As civilians they also wished to acknowledge the able manner in which he had kept up the good relationship between his own corps and his civilian brethren.

Surgeon-General JAMESON, O.B., in responding to the toast, said that he felt some difficulty in replying and in expressing in adequate terms his feelings of profound gratitude to the medical profession for the compliment they had paid him that evening, and through him the Royal Army Medical Corps. He had been Director-General during a very eventful period, when a strain was put upon the public service such as had never been put before. The medical establishment was desigmodly fixed for two army corps and two cavalry brigades, but that establishment was expended in the early months of the war and very little was left for the home hospitals. Matters developed rapidly; the army was doubled and then trebled, and with every unit that embarked a proportion of medical personnel and material had to be provided. Militia regiments were embodied, necessitating further demands upon an establishment already much impoverished, and soon there began to arrive from South Africa invalids in tens, in hundreds, and in thousands. Up to the present time they had received 50,000 invalids from South Africa in the Colony since the beginning of the war. They were all received by the department and handled by it in conjunction with and ably assisted by the Quartermaster-General's Department. Not one of those who happened to be sick on furlough hospitals, and only those who happened to be sick on furlough were admitted to civil hospitals. From first to last these arrangements were carried out without a single hitch. His critics would say, How could the department possibly look after 50,000 invalids in the condition he had described? But that was the miracle he was about to explain. The reserve of their own corps was first called out, then they enlisted and trained men as fast as they possibly could. They recalled from the Colonial stations every man that could be spared, and they had been able to send out to South Africa nearly 7,000 trained men. But a much greater effort was required, so they tapped the Militia Medical Staff Corps, and got from them 500 men. They then paid their addresses to the Volunteer Medical Staff Corps and to the Volunteer infantry brigade companies. From them they got 600 very good men. They then invited all old pensioners to return to the colours, and met with a good response; and every civilian with hospital experience that they could hear of, him they employed. The institution which was by far the most serviceable to them was the St. John Ambulance Brigade, which gave them 1,000 men. The difficulty they had was in regard to securing trained men at the beginning of the war, and the report in the Royal Commission said that this deficiency was not the fault of the Director-General nor the officers associated with him, because they had for a

considerable time before the war broke out urged upon the Government the necessity of increasing the corps, but for the most part without avail. The department had sent to Africa 4,000 tons of medicines and material, and had mobilised 150 staff and regimental units, 19 bearer companies, 28 field hospitals, 5 stationary hospitals, and 16 general hospitals. They had also prepared three advanced and two base depôts for medicines. They had also fitted out in this country two hospital ships and three hospital trains, and they had sent out men and material to enable the Principal Medical Officer to organise many more units in South Africa, where at the present time they had about 21,000 beds ready equipped, not counting the provision made in the field hospitals. When it was recollected that in the whole of London there were only 30,000 beds, including small and general hospitals and the infirmaries, he thought the magnitude of the undertaking would be appreciated. He would like to remind his critics that in regard to supply the Medical Department was only responsible for medicines and medical and surgical appliances. Food, so-called hospital comforts, wine, etc., were procured by requisition on the Army Service Corps, while all hospital equipments, such as bedding, etc., were supplied by the Ordnance Department. At Bloemfontein the Medical Department had to commandeer very freely, because for ten days after the occupation of Bloemfontein there was not a single Ordnance Store officer present there. The critics also found fault with his department for not having made sufficient sanitary arrangements in the field, and this in face of the fact that the post of Sanitary Officer had been abolished against the advice of the Medical Department. When the officers of the Royal Army Medical Corps, after superhuman efforts on their part, were exposed to criticism and to an inquiry such as had not been applied to any other branch of the Army, and exposed to blame which others should have borne, it was not surprising that in the ranks of that corps the feeling prevailed that justice had not been done: the sympathy which was denied to them by others and which found expression in the presence there that evening of those at the dinner would be all the more esteemed and valued.

Sir WILLIAM MACCORMAC, in proposing the toast of "The Public Medical Services," observed that it seemed to be a matter of course that after every war an inquiry into the medical arrangements should be held. The Royal Commission sent to South Africa had found some minor defects, but on the whole its report was most favourable. But incompetent critics were not satisfied, and the effect of the injustice with which the service had been treated was shown by the fact that there was at the present moment not a single candidate applying for admission to His Majesty's Medical Service. He thought it was impossible too say too much in the way of admiration of how Surgeon-General Jameson had met every requirement that had been made on him, and it seemed to him passing strange that the Government had allowed that man to leave the ranks of the army, not only without the customary recognition given to every one of his predecessors, but also without one word of thanks or one line of acknowledgement.

This toast was responded to by Sir JOSEPH FAYRE, who was followed by Sir THOMAS GALLWEY, who gave the toast of "The Chairman."

The names of those present were: Dr. Alchin, Lieutenant-Colonel Anderson, Professor McCall Anderson, J. Anderson, Lieutenant-Colonel Babbie, V.C., Sir Thomas Barlow, Bart., A. E. Barker, W. H. Battle, Surgeon-Lieutenant-Colonel Easton, Brigade Surgeon-Lieutenant-Colonel Beattie, F. D. Bennett, Sir W. H. Bennett, L. A. Bidwell, Dr. Barry Blacker, Major Bond, Captain Booth-Clarkson, Lieutenant-Colonel Bourke, Woodhouse Braine, Sir Lauder Branton, Thomas Bryant, Dr. Dudley Buxton, Colonel Cayley, Dr. Paul Chapman, Professor J. Chiene, A. H. Cheate, G. L. Cheate, Professor W. W. Cheyne, Sir William Church, Bart. (Chairman), Colonel Gordon Cleather, H. H. Clutton, R. W. Collum, Lieutenant-Colonel Colman, Alfred Cooper, J. Couper, R. M. Cowie, Surgeon-General McDuffie, Professor Cunningham, Clinton Dent, Surgeon-General De Renzy, Lieutenant-Colonel J. R. Dodd, Major A. Dodd, Work Dodd, Dr. Conan Doyle, Lieutenant-Colonel Drake-Brockman, Sir Dyce Duckworth, Bart., Dr. A. Duncan, General Dunne, Dr. Dunsmuir, A. Elliot, Dr. Philip Frank, Dr. Robert Farquharson, Sir Joseph Fayrer, G. Field, Dr. Finlayson, Sir John Farley, Sir Thomas Gallwey, Dr. Clement Godson, H. Norman Goode, Dr. John Hall, Harford Hartland, Dr. J. Harper, Lieutenant-Colonel Harris, E. Harrison, Surgeon-Colonel Harrison, Dr. Hawksworth, H. Herring, Dr. Hopensal Ormsby, Dr. Heron, Dr. A. Hillier, Surgeon-General Hooper, Lieutenant-Colonel Howard, R. C. Jameson, Surgeon-General Jameson, Major Jerome, Colonel Johnston, Lieutenant-Colonel Keir, C. B. Keetley, Lieutenant-Colonel Kirwan, Sir Ralph Knox, Colonel Lathford, J. Langton, Lieutenant-Colonel Leake, Captain Lewis, Dr. Ligertwood, Dr. James Little, J. MacAlister, Sir William MacCormac, Bart., Dr. Shaw-Mackenzie, Major Macpherson, G. H. Makins, Howard Marsh, Surgeon-General Marston, Surgeon-Colonel Martin, Dr. Valentine Matthews, W. E. Miles, Lieutenant-Colonel Moberley, Captain Moore, John Morgan, C. Morris, Surgeon-General Muir, H. W. Nevinson, Sir Christopher Nixon, T. W. Nunn, Dr. George Ogilvie, T. Openshaw, Edmund Owen, W. Owen, W. H. Page, Dr. Pardoe, Dr. Pavy, Dr. E. V. Poore, Deputy Inspector-General Porter, Surgeon-General Preston, Major Ratton, Surgeon-General Reade, Lieutenant-Colonel J. Reynolds, Arthur Ricketts, Dr. Frederick Roberts, Mayo Robson, W. Rose, T. L. Rogers, Major-General Russell, Captain Samman, Major B. H. Scott, J. Scharlieb, Dr. Shore, Sir Thomas Smith, Bart., Colonel Stevenson, C. Stonham, Dr. Stott, Charters Symonds, Sir Frederick Treves, Lynn Thomas, H. H. Tooth, H. A. Tom-Fairbank, Major Trewman, E. R. Turner, W. Turner, Edgecombe Venning, W. L. Wainwright, T. Wakley, jun., H. R. Walker, Cuthbert Wallace, F. C. Wallis, Dr. Washbourn, Dr. Heron Watson, Dr. Whitfield, A. Willett, Major Wilson, Sir John Williams, A. E. Wynter.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENTS.]

The Army Medical Service Committee.—Mr. Timothy Healy called the attention of the First Lord of the Treasury to the inadequate representation of Ireland on the Committee sitting on the reorganisation of the R.A.M.C., and asked for a return of the number of doctors in the Army, Naval, and Indian Services, distinguishing those holding English, Irish,

and Scotch qualifications for the years 1890, 1895, and 1900. Mr. Balfour said the members of the Committee were chosen, not with the view of representing the various nationalities, but to give the Secretary of State for War practical assistance in reorganising the Army Medical Service. As there was no desire to let it appear that any school was slighted, Sir William Thomson had been invited to join the Committee. Mr. Young elicited from the Secretary of State on Friday that there are at present 334 army medical officers who possess Irish qualifications, or 37 per cent., while 35 per cent. possess English diplomas, and 28 per cent. Scotch qualifications. In answer to Mr. Timothy Healy he added that Sir William Thomson would attend a meeting of the Committee on that day.

SATURDAY, AUGUST 3RD, 1901.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENTS.]

Promotion in the Army Medical Department.—Captain Norton asked on Tuesday why the promotions due in the Army Medical Department on the retirement of the late Director-General on June 1st had not been gazetted. Mr. Brodrick said that the organisation of the Department was not yet complete, and that the appointment might be affected by the organisation.

Hospital Beds for Wounded Officers.—General Laurie made an inquiry on this subject last week, and Mr. Brodrick replied that at Netley 16 beds were available, and that in all 75 officers had been treated there. At Herbert Hospital 2 beds were available, but none had applied to be treated there. More officers might have availed themselves of the accommodation provided in these hospitals. As regards private accommodation it was provided in some cases free of expense, owing to the generosity of private organisations. The question of providing for private medical attendance at the public expense was under consideration.

The Army Estimates.—Thursday in last week was devoted to the Army Estimates, and the medical vote was put down after the salary of the Secretary of State, in order to get a discussion on the R.A.M.C. Unfortunately the expectation was not realised, and so this year there will now be no chance of discussing medical matters. This was much regretted, but the debate on the Dawkins report on the organisation of the War Office and other questions occupied the whole evening, and the debate on Mr. Brodrick's salary was not concluded when the House rose. In the course of the evening Dr. Farquharson managed very cleverly to get in some remarks on the Committee now sitting on the R.A.M.C., and he criticised the composition of it as not quite broadly representative of the principal medical schools. He complained of the undermanning of the Army Medical Department, and claimed for the position of Director-General greater power and consideration. He especially referred to the premature retirement of, and the insufficient reward given to, the late Director-General after a brilliant career. He pointed out that any reforms which relied on civil doctors for home duties, while the army doctors were used for foreign service, would not popularise the service, and would lead to a breakdown in war time. He regarded the appointment of Sir F. Treves on the Committee as very valuable, but there ought to have been also appointed some army medical officer of long standing and experience. He specially urged that the recommendations formulated by the British Medical Association should be carefully and specially considered by the Committee of Experts before they arrived at any decision.

Typhoid among the Troops in South Africa.—In answer to Sir Walter Foster, the Secretary of State for War said that the figures were forwarded in weekly returns, and could not, therefore, be calculated for any one exact month. From returns received since June 15th, the deaths for the four weeks ended April 24th were now given as 191. For the five weeks ended May 31st the admissions were 2,300, and the deaths 326.

THE ARMY MEDICAL SERVICE.

SIR,—As requested by the Secretary of State for War, I have forwarded to him a careful synopsis of about eighty letters I have received from army medical officers all over the world suggesting various important and necessary reforms in the Royal Army Medical Corps. I have also sent forward two most exhaustive and complete reports enclosed to me by two distinguished army surgeons of high rank. The information afforded to the Secretary of State and the Commission should be useful, and I trust will be carefully studied by those who are at present engaged in a task which will either make or mar probably the most important department of His Majesty's army.—I am, etc.,
Omagh, July 27th. EDWARD THOMPSON, F.R.C.S.I.

THE COMPLIMENTARY DINNER TO SURGEON-GENERAL JAMESON.

SIR,—In the list of those who attended the above-mentioned dinner, published in the BRITISH MEDICAL JOURNAL of July 27th, my name was omitted; that I would not much mind; but, instead, there appears the fictitious name of "W. Owen," and it seems I sat under this alias by mistake. I may take this opportunity of remarking that, as one who had served in South Africa, visited a good number of the hospitals, and been present in the field, I can fully understand and appreciate the magnitude of the work which must have devolved upon the Director-General and those in authority. Never has there been a war conducted by this country so great as the present one, and, correspondingly, never have the medical arrangements been on so large a scale; and, though the campaign has been great, the medical arrangements, on the whole, I feel sure have never been surpassed in any previous war. I should think that no Director-General has had so much stress of work as Surgeon-General Jameson; and though at one time the sudden influx of patients suffering from disease, chiefly enteric, dislocated the medical arrangements—and they were inadequate—they were not very long before they were remedied, and at the present time they redound to the credit of Surgeon-General Jameson and those in charge.

Having read the report of the Royal Commission upon the

care and treatment of the sick and wounded in South Africa, I cannot, from a general point of view, but concur with their conclusions, which I consider to be just and sensible, and that almost everything was done that could reasonably be expected.

One is inclined to think that, had other matters been conducted as well as the medical, the war now would probably be at an end.—I am, etc.,
Glandover, July 24th. OWEN WILLIAMS, M.B.

THE TIMES, MONDAY, AUGUST 5, 1901.

ARMY MEDICAL SERVICE COMMITTEE.

TO THE EDITOR OF THE TIMES.

SIR,—Since you did me the honour to publish my letter on the above subject in *The Times* of the 16th July certain movements have been made, and their issue in the action of the War Office has been made evident in Parliament.

On July 18 Mr. Balfour stated, in reply to Mr. Healy, that Sir William Thomson had been asked to join the committee as representing Irish schools of medicine. This late, ungracious, and insufficient concession has, no doubt, been made owing to Mr. Healy's Parliamentary action, to the strong remonstrance addressed to the Secretary of War by the Royal College of Surgeons in Ireland, and to other factors which need not be particularized. It is, though late, and extracted rather than given, a step in the right direction, but it is not sufficient. We want a larger representation. In 1895 nearly half of the medical officers of the naval and military services of the Crown held Irish diplomas; according to the reply made by Mr. Brodrick in the House on the 19th inst. to Mr. Young, the number has now fallen to 37 per cent., the English graduates now forming 35 per cent., and the Scotch 28 per cent. Surely this is evidence out of the mouth of the responsible Minister that Ireland should be represented at least as largely as England on the committee. This is not one of those grievances often so contemptuously condemned by implication as "Irish." It has been severely commented on in various quarters of the Press, and not least strongly by the *British Medical Journal* of July 6, which speaks of the absence of a representative of the Irish schools as "a most regrettable omission."

The chief point of my former letter was to show that one of the purposes of this committee should be to give confidence to Irish students, and that this could only be done by an adequate representation by persons in whom they trust—i.e., their own teachers.

But not only do the Irish schools demand a larger consideration if they are to be enabled to send good material into the Department, but the Department itself should either have a larger representation on the committee, or the evidence of its members should be received. And yet we are told that no witnesses will be examined. This seems a fatuous arrangement. Since my letter appeared I have received a number of communications from gentlemen of position in the R.A.M.C., many of whom I know personally to be thoughtful, intelligent, and moderate men, and they all unite in one cry—that if their department is to be made more popular and attractive they should either have a stronger representation on the committee or should be called to give evidence.

There are a great number of questions to be considered and many changes to be made before the members of the R.A.M.C. can be satisfied and before their ranks can be materially recruited. These questions are in many cases highly technical, and it is not unreasonable to suppose that medical officers of different ranks in this service should be heard in evidence on these subjects.

From the tenor of the replies made in the House on June 27 and July 18 it is evident that the authorities think that the best way to recruit the service is to improve it. This is a perfectly sound argument, but I warn them that, so far as Irish schools are concerned, the distrust and dislike of the Army Medical Department is so deep-rooted, and the feeling against the way its members are treated in the service so ingrained, that, unless the recommendations of the committee are endorsed by a strong Irish element placed on it, we shall not have authority to urge our young men to join, and my good effects will be so remote that they will be more matters for philosophic conjecture than things we ourselves shall see.

There has not only been a falling off in the number of Irishmen joining the R.A.M.C., as shown by figures I have stated, but there has been a sad deterioration in quality. Our best men do not now join the service, and most of the recruits lately obtained have been admitted by nomination instead of examination (competition is dead), and have, with some exceptions, been men who could find no other openings. It has even gone to this—that men who from hereditary connexion or from other motives would naturally have joined the British or Indian Army, and who were resolute in seeking Crown employment, have gone into the Navy, and deserted the services of their fathers.

It is sad to find all this muddle where a clear course could so easily have been pursued. But what can be expected from a Government whose Ministers do not know each other's minds, and who make statements which, on the face of them, are contradictory to each other and contradictory to fact? When naming the committee, Mr. Brodrick (see *The Times* June 28) distinctly named five gentlemen as representing various London institutions; one, Mr. A. Ogston, Scotland; and Lieutenant-Colonel Keogh, R.A.M.C., Ireland. This statement of the nominations has been published by and accepted by the entire Press, medical and lay. Yet on July 19 you record Mr. Balfour, in reply to Mr. Healy, as saying that "the members of the Commission (sic) were

chosen, not with a view of representing the various nationalities, but to give the Secretary of State practical assistance in reorganizing the Army Medical Service."

Finally, Sir, we feel most strongly that the whole affair has so far been muddled. The concern we have extracted is not sufficient, and has none of the grace which would have attached to it had it been done in another way and at another time. And the worst of it all is that the authorities acted in this apparently blind way although their eyes were open, for they were fully informed as to the views held in the Irish schools about this matter. The committee is looked on with distrust by the Irish schools and by the members of the R.A.M.C., although the latter cannot come into the open and violate the tradition of the service by saying so.

Since Sidney Herbert's Commission inquired into the Army Medical Service in 1857 no less than six warrants have been issued making changes—viz., in 1858, 1873, 1879, 1887, 1891, and 1898. Now we shall, perhaps, have a seventh. But it will probably be as abortive as the rest, and the want of satisfaction within the ranks of the service, and the want of confidence in those who might join it under happier circumstances, must result in yet another investigation, and an eighth Royal warrant!

I am, Sir, your obedient servant,

THORLEY STOKER, ex-President Royal College of Surgeons in Ireland.

8, Elymore, Dublin.

TUESDAY, AUGUST 6, 1901. THE HOSPITAL QUESTION IN SOUTH AFRICA.

TO THE EDITOR OF THE TIMES.

Sir,—Before the British Medical Association, at Cheltenham, Sir William MacCormac has seen fit to revive a painful controversy with regard to the main features of which public opinion has long since come to a conclusion. I should not, therefore, trouble to answer statements which in form are merely a personal attack if the impression conveyed by them did not involve, at this moment above all others, certain obvious dangers to the cause of reform, which was the accord and more permanently important of my two great objects, and which has not yet been achieved. The words I refer to, as reported in yesterday's papers, are, "Mr. Burdett-Coutts had no idea of perspective and exaggerated everything."

The first statement is only a high-sounding phrase. If it has any meaning at all it implies that Sir William MacCormac, differing from myself, is able to turn the small end of his glasses on the spectacle of brave men dying miserable deaths from entirely unnecessary and easily preventable causes, and that he hopes at this distance of time to persuade the British, and, I may add, the colonial, public to follow his example. I do not think he will succeed, but it is my duty to do all in my power to prevent his succeeding. I turn then to the only material portion of his criticism—that by which he endeavours to create an impression of being comforting and dangerous. To meet the vague charge of having "exaggerated everything" would require a whole issue of your paper; a second number could be more than filled with the mass of new facts since ascertained similar to or worse than those I first brought forward. It will be sufficient to ask a question.

Who is it that brings this charge against me?

Sir William MacCormac went out to the war as the known and avowed champion of the Army Medical Department. He has remained its chief apologist. He was a consultant surgeon who sooner or later was bound to become a critic. He was chosen, and well chosen, by the Department. In order to make matters quite clear it should be added that, like the rest of the consultants, he was paid £5,000 a year for his professional work. The latter functions do not concern me; it is with the performance of those of critic I will briefly deal, in the public interest. From the day he landed in Cape Town he began to magnify and beland the medical arrangements of the campaign. It would be interesting to trace in detail from this point his sustained loyalty to the Department; but here again space prevents my doing him justice. I must pass to the climax of his career.

At the moment when things were at their very worst, and how bad that worst was even the report of the Commission makes tolerably plain, when thousands of sick men at Bloemfontein alone were suffering from the want of bare necessities, food, clothing, ambulances, housing, washing, nursing, and medical attendance—the two latter defects, which were the most fatal, the Commission in halting language but with unmistakable meaning charges on the Army medical authorities—at this moment Sir William MacCormac, arriving home, made the following statements. At Calais on April 28 (last year) he said:—

"Nothing that provision could suggest or that money could purchase was wanting anywhere. The supply was simply lavish. Everything was sent up with the utmost promptitude, and medical stores and comforts were always on the spot."

Two days later, at the Reform Club banquet, he stated:—

"It would not be possible to have anything better or more complete than the medical arrangements in this war."

It is the author of those two monstrous propositions who now brings a charge of exaggeration against me. In this a pot and kettle argument? For the benefit of those who think so, and in order to emphasize my reason for writing, I will carry the story a little further. Your readers will remember the immediate result of those emphatic and authoritative pronouncements—the relief of the public mind, the ebullience of self-satisfaction, the universal congratulation on "the one bright spot in the war." The Government was blinded as to the true

nature of the situation; the country was lured into a deadly calm. Two months followed, a period fraught with fatal disaster, the direct consequence of the statements I have quoted. The nation would have sprung to action and poured out its resources in relief had a suggestion of the truth reached its heart. But nothing could pierce the scaled surface of optimism under which the truth was hidden. Thousands of "letters from the front," telling each its miserable story, lay in the cottage and tenement homes of the men who would never come back. Here and there one of these would find its way into the public Press, an inarticulate cry lost in the swarming utterances of the great panjandrum of the Department.

Meanwhile little or nothing was done during those two months, while strong men dwindled and died. At the end of the first, fresh from those scenes of horror and reading suddenly the reports of the banquet, I wrote "Article IX." for *The Times*. It did not reach the public eye till the end of the second month, June 25, 1900. I struck hard at a manufactured and deadly sham and it tumbled to the ground. A million Sir William MacCormacs mouthing fine phrases about perspective, will never make me regret one word I wrote. For mark the mimed effect. Within a week of the publication of that article and the debate in the House of Commons a transformation scene, magic in its rapidity and completeness, was effected in the military hospitals in South Africa. The cable had been at work. From Pretoria to Cape Town, from Kimberley to Pietermaritzburg, the accounts are uniform. Stores were opened, or got up, or commandeered—wherever they came from they were distributed; diet sheets became something more than paper, hospital clothing was served out, orderlies stopped bullying and stealing, doctors and nurses were doubled, new hospitals were opened, a general carte blanche was given for requisitions, P.M.O.'s hustled about—in fact, there was a great to-do. The patients were at a loss to understand, until three weeks later they read the English papers. The sum of it is that of the 15,000 or 20,000 men that then lay in the military hospitals in South Africa there was not one who failed to benefit by the disclosures.

But that is not the sum total. "The greatest is behind"—the ultimate object, reform. As between Sir William MacCormac and myself, our opposing courses of action and their immediate fruits I leave the public to judge. But it must not be forgotten that the contrast reaches further and applies as closely to the question of reform as it did to the condition of the military hospitals a year ago. If the impression which Sir William MacCormac has endeavoured, with studied method, to convey to the public mind is accepted, the cause of reform is as surely lost as the lives of our soldiers were in the months of May and June. The history of the Army Medical Department for over half a century has been cyclical in the matter of reform. After each campaign there have been complaints, disclosures, commissions of inquiry, committees, and schemes of reform—all the old story of public indignation calmed by official promises. But the lesson has been lost, and lost from the same cause that threaten it now. A way was over, not "practically over" (a phrase curiously chosen nine months ago to denote a way that is practically still going on), but actually over. Then, amidst the general relief and congratulation, the soothing effect of time, and the flattering unctious of the professional apologists, the dead weight of official apathy slowly settled down on each recurrent effort, until we found ourselves once more, unprepared and unequipped, face to face with a fresh disaster.

It is for this reason that I protest in the strongest way, not for myself, but for the welfare of the Army, against the words and arguments of Sir William MacCormac and all who have been inspired and guided by him in this matter. Whether he truly represents the great medical profession, hundreds of whose members in the course of devoted service in this war have seen with their own eyes the things it is still attempted to conceal, is a matter between him and them. But I do not believe the profession at large will be led away by fine phrases about "perspective" and vague charges of "exaggeration" from the national resolve to alter once for all the state of things which has so long existed under the obsolete and obstinate department with Sir William MacCormac as its persistent champion, and which has secured to the soldiers who fight and die for us the worst medical treatment known to any community in the civilized world.

With the charge of exaggeration the speaker coupled a remark that "It was impudently that the Government Commission who inquired into the medical work in South Africa should have been stigmatized as having whitewashed the Medical Corps." No answer has ever been made by the Commission or any one else to the cold and careful analysis, accompanied by facts and figures, by which you permitted me to demonstrate to the public last February the unsatisfactory nature of the Commission's proceedings. I should not have resorted to this matter if Sir William MacCormac had not dragged it forward. I may now appeal to it for my best answer to the charge of exaggeration.

The Commission, which held its inquiry in South Africa under the management of and over ground carefully prepared by Army medical officials, occupied itself largely in examining witnesses as to my statements and actions. I was not present, and was allowed no representative at what, in this aspect, was virtually my own trial. The case was conducted on the other side. Meanwhile I was at work here for three months taking evidence voluntarily offered to me by men who had suffered or seen what I had complained of, and such that was infinitely worse than anything I had published. I offered these witnesses to the Commission. They refused to hear them. The elementary principles and the common practice of justice were violated by that refusal. After it no one has the right to accuse me of exaggeration.

This is a personal and therefore a trivial matter. But the general motive and result of what I have attacked in this letter is of far-reaching importance. It is the studied maintenance of pompous shams, which were never so powerful as at the present time, and of which this war has been fruitful; the worship of old fetiches; the creed of old shibboleths; the sleepy cement to "all the obese unchallenged old things that stifle and overlie us." These will destroy us unless we destroy them. Only thus can we hope to put our house in order, to sweep the cobwebs from the rooms, and cut away the dry rot that is eating into the foundations. Our colonies, beneath their splendid display of loyalty, are watching us with clear practical eyes and a closer knowledge than ever before. Our people at home, noble in enthusiasm and sacrifice, are determined that neither shall be wasted on varnished incompetence and departmental self-sufficiency. Not new legislation, but searching administrative reform, can fortify us against our rivals and pave our road to a new and greater era. There is a golden opportunity now, but it requires serious statesmanship.

Your obedient servant,

W. BURDETT-COUTTS.

1, Stratton-street, W., Aug. 3.

British Medical Journal.

SATURDAY, AUGUST 10TH, 1901.

ECCE ITERUM BURDETT-COUTTS!

THE inventive reporter has sometimes supplied a Prime Minister with wit and a Parliamentary orator with wisdom. But his imagination is not always so happily inspired when he puts into the mouths of speakers words which they never uttered. An instance of such misdirected inventiveness has occurred in connection with the annual meeting of the British Medical Association held last week at Cheltenham. In the Section of Army, Navy, and Ambulance, Sir William MacCormac read a short paper, largely historical, on War Surgery. Old and recent, which was followed by a brief discussion. Reports of this discussion, all obviously supplied from the same source, found their way into several of the daily papers, in which it was stated that Sir William MacCormac made an attack on Mr. Burdett-Coutts. We are assured by several gentlemen, including the President of the Section, who were present, that Mr. Burdett-Coutts's name was not mentioned either by Sir William MacCormac or by any of the speakers who took part in the discussion. The error of the reporter has given Mr. Burdett-Coutts an opportunity of appearing once more before the public in the character in which he has achieved a certain success *de scandale*. Whether Sir William MacCormac may object to Mr. Burdett-Coutts's application to himself of the remarks made about "amateur critics" who had "no idea of perspective and exaggerated everything" we know not; but for our own part we may say that, whether or not they were intended for Mr. Burdett-Coutts, they exactly fit that sensational rhetorician.

We are willing to believe that in the campaign which he has undertaken against the Army Medical Service he is animated by a spirit as lofty and as disinterested as that of Don Quixote; but he is carried even further by his enthusiasm. The Knight of the Sorrowful Countenance tilted at windmills when they came in his way; Mr. Burdett-Coutts puts them up that he may tilt at them. He actually denounces Sir William MacCormac for not having seen in South Africa what he himself saw at a later period and in a different part of the seat of war. He appears to be much aggrieved by the charge of "exaggeration." This charge, as has already been stated, was not made against him personally by anyone at Cheltenham; but we may remind him that it was made in no halting language and with unmistakable meaning by the Royal Commission against the author of statements that "in particular hospitals there were thousands of men in deadly disease," and that "thousands of men were left un-nursed," and against an accuser who brought wholesale charges of inhumanity, gross and wilful neglect and disregard for the sufferings of the sick and wounded on the part of the military authorities. And what is to be said of a writer who describes the Medical Service of the army as an "obsolete and obstinate department which has secured to the soldiers who fight and die for us the worst medical treatment known to any community in the civilized world"? This is saved from being an exaggeration of the most reckless kind only by the fact that it is a monstrous untruth. We do not accuse Mr. Burdett-Coutts of a deliberate misstatement; his offence is that, evidently knowing nothing either of medical treatment or of the exigencies of war, he presumes to speak as one entitled to be heard on the subject. We need only place against his wild words the statement of the Royal Commission that "all witnesses of experience in other wars are practically unanimous in the view that, taking it all in all, in no campaign have the sick and wounded been so well looked after as they have in this."

Another windmill of his own making which Mr. Burdett-Coutts tilts at with great fierceness is the opposition to reform which he gratuitously imputes to Sir William

VANITY FAIR.

LONDON, AUGUST 1, 1901.

MEN OF THE DAY.—No. DCCCXVII.

SURGEON-GENERAL JAMESON, M.D., C.B., Q.H.S.,
LL.D.

HE was born to a race of sportsmen four-and-sixty years ago; and when he had learned the use of rod and gun he joined the Army Medical Department, and served for eleven zealous years in Canada: where he was able to practise every kind of sport in a manner that gratified his inherited instincts. But while he pursued athletics he did not forget physically to cultivate the soldier: whom he brought to quite a high degree of health. For the days of long service helped an observant doctor to acquire a knowledge of the men's constitutions and characters that is never acquired now; and when his Regiment was struck down with yellow fever in the West Indies that knowledge was invaluable. He worked so hard with both mind and body that he very properly earned special promotion for "highly meritorious conduct"; and naturally enough thereafter he was appointed to command a Division of the English Ambulance in the Franco-German War. After that he served in India and in Egypt; and presently he was made Director-General of the Army Medical Service: so that he had the whole conduct of the hospital arrangements in the Boer War; as to which conduct a Royal Commission has found that "in no campaign have the sick and wounded been so well looked after as they have in this." He is a courteous, kindly, enthusiastic Officer, an Army Surgeon to the King, and a Knight of Grace of the Order of St. John of Jerusalem in England; who has just retired from a great Office full of honours and of academic distinctions. Last week he had a great dinner; and he wears with pride the Medal that was instituted in memory of Emperor William I.

JERU JUNIOR.



"Army Medical"

VANITY FAIR.

LONDON, AUGUST 5, 1898.

MEN OF THE DAY.—No. DCCCXXII.

*SURGEON-GENERAL JAMESON, M.D., C.B., D.H.S.,
LL.D.*

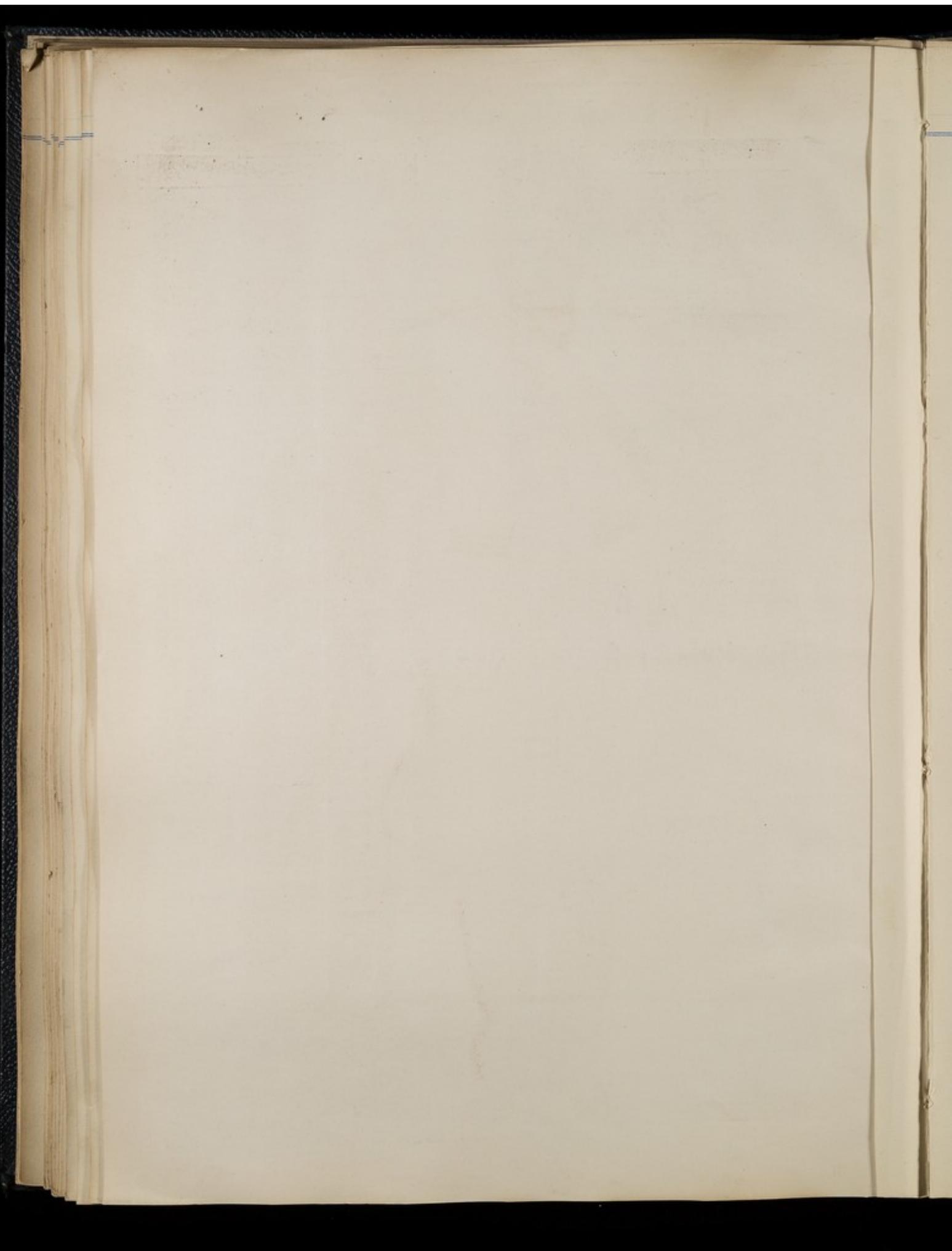
HE was born to a race of sportsmen four-and-sixty years ago; and when he had learned the use of rod and gun he joined the Army Medical Department, and served for eleven zealous years in Canada: where he was able to practise every kind of sport in a manner that gratified his inherited instincts. But while he pursued athletics he did not forget physically to cultivate the soldier: whom he brought to quite a high degree of health. For the days of long service helped an observant doctor to acquire a knowledge of the men's constitutions and characters that is never acquired now; and when his Regiment was struck down with yellow fever in the West Indies that knowledge was invaluable. He worked so hard with both mind and body that he very properly earned special promotion for "highly meritorious conduct"; and naturally enough thereafter he was appointed to command a Division of the English Ambulance in the Franco-German War. After that he served in India and in Egypt; and presently he was made Director-General of the Army Medical Service: so that he had the whole conduct of the hospital arrangements in the Boer War; as to which conduct a Royal Commission has found that "in no campaign have the sick and wounded been so well looked after as they have in this." He is a courteous, kindly, enthusiastic Officer, an Army Surgeon to the King, and a Knight of Grace of the Order of St. John of Jerusalem in England; who has just retired from a great Office full of honours and of academic distinctions. Last week he had a great dinner; and he wears with pride the Medal that was instituted in memory of Emperor William I.

JERV JUNIOR.



Messrs. Brooks, Day & Son, Ltd.

"Army Medical"



Mac Cormac. He says that "if the impression which Sir William Mac Cormac has endeavoured with studied method to convey to the public mind is accepted, the cause of reform is as surely lost as the lives of our soldiers were in the months of May and June." It might almost be thought that Mr. Burdett-Coutts is endeavouring "with studied method" to convey to the public mind that he alone has really at heart the reform of the Army Medical Service. Yet he knows, or could easily learn, that there are many just as anxious as he is for a thorough reform of the Service, and that none are more eager to see this accomplished than the officers of the Royal Army Medical Corps themselves. Sir William Mac Cormac has been active in promoting the improvement of the Service; and neither he nor any other member of the medical profession can have any other desire in regard to this question than that the truth should be made manifest and the blame for all shortcomings laid on the right shoulders.

Mr. Burdett-Coutts counts among the causes hindering reform "the flattering unctious of the professional apologist." The phrase is singularly inept, for it is from the profession itself that the demand for reform has been strongest and most insistent. Mr. Burdett-Coutts either knows nothing of the history of the Army Medical Service, or he conceals his knowledge "with studied method." It has for years past been predicted by ourselves and by others that, unless the Service were placed on a footing of efficiency, a collapse would inevitably take place under the strain of a great war. The War Office turned a deaf ear to all warnings, and it alone must bear the responsibility of any failure in the arrangements for the care of the sick and wounded which has occurred in South Africa.

We suggest to Mr. Burdett-Coutts that he would do more for the cause of reform if, instead of fighting "professional apologists," begotten of his own teeming fancy, he were to turn his attention to the muzzling of the extra-professional calumniator. He boasts that he "struck hard at a manufactured and deadly sham and it tumbled to the ground." We thank him for teaching us the words "manufactured sham," for there could be no more apt description of his endeavour to make the British public's flesh creep. This much, it may freely be admitted, he has achieved. But we are at a loss to conjecture what it is that has "tumbled to the ground"—unless it be the indictment which, with such sound and fury, he brought against a Service that has earned the praise of every competent and impartial judge.

INACCURATE REPORTING.

SIR.—I have noticed in some of the daily papers a somewhat inaccurate report of the proceedings on the reading of Sir William Mac Cormac's paper on War Surgery, Past and Present, in the Section over which I presided at Cheltenham.

I did not hear Mr. W. Burdett-Coutts, M.P., mentioned by name at all during the discussion, and certainly not by Sir William Mac Cormac, who was throughout beside me; although, of course, the individuality of the former gentleman would naturally be inferred by any listener in the discussion of charges brought against the Army Medical Service during the war by "amateur critics."

I may further mention that my own remarks, which were mild enough, apparently got mixed with those of other speakers in the discussion; for, in some reports I am made to give utterance to sentiments and criticisms I never uttered, and, indeed, repudiate.

In mitigation of such mistakes, however, I can appreciate the difficulties a Press reporter must experience in following a discursive technical discussion by many speakers, such as that in question.—I am, etc.,

W. G. DON, M.D.,
Deputy Surgeon-General (ret.), President of Section,
Navy, Army and Ambulance.

August 7th.

THE ARMY MEDICAL SERVICE.

SIR.—Yesterday I received a very important note from the Secretary of State for War—whose recent bereavement everyone so deeply deplores—informing me that the Departmental Committee on the Reform of the Army Medical Department had practically completed its labours, and had agreed on a scheme which he hoped would solve, to the satisfaction of all concerned, the present unfortunate condition of the R.A.M.C. He was good enough also to say that all the important suggestions recommended in the draft scheme submitted by me to the Committee had been adopted. This being so, and the substance of these recommendations having already appeared in the BRITISH MEDICAL JOURNAL, with many others recently added, it seems only reasonable to infer that the scheme now finally determined upon will be in every way satisfactory. It speaks volumes for Mr. Brodrick's determination and sacrifice of self in the public interests that notwithstanding the strain and mental suffering he has recently had to endure, he is back again at his work trying to solve those pressing army questions which so seriously affect imperial interests.—I am, etc.,

EDWARD THOMPSON, F.R.C.S.I.

THE TIMES, MONDAY,
AUGUST 12, 1901.

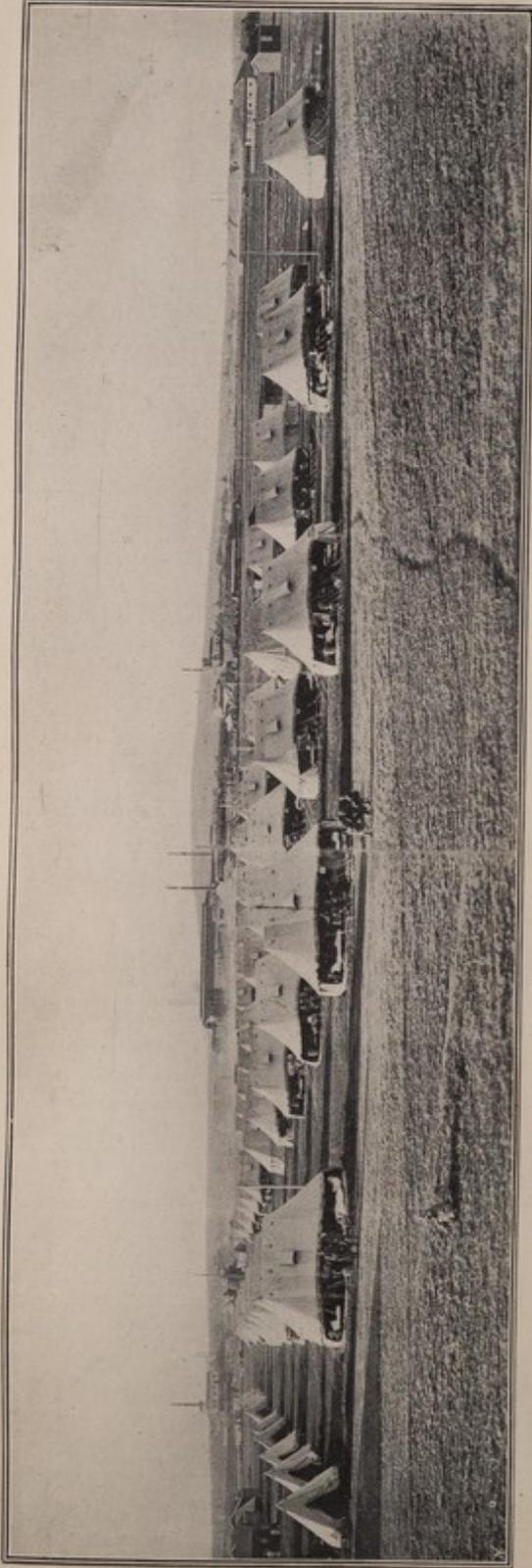
MR. BURDETT-COUTTS AND SIR W. MAC-CORMAC.—With reference to the paragraph quoted in our issue of last Friday from the *British Medical Journal*, to the effect that Sir W. MacCormac did not mention Mr. Burdett-Coutts in his speech at Cheltenham, we are asked by Mr. Burdett-Coutts to point out that Sir W. MacCormac was reported as mentioning him (Mr. Burdett-Coutts) by name in other London morning papers, though not in *The Times*, on Friday, August 2; that these reports were widely reproduced in the provincial Press, and that Mr. Burdett-Coutts's letter in answer did not appear till Tuesday, August 6, which allowed ample time for a correction of the report if Sir W. MacCormac had desired to make it.

ANNUAL MEETING.

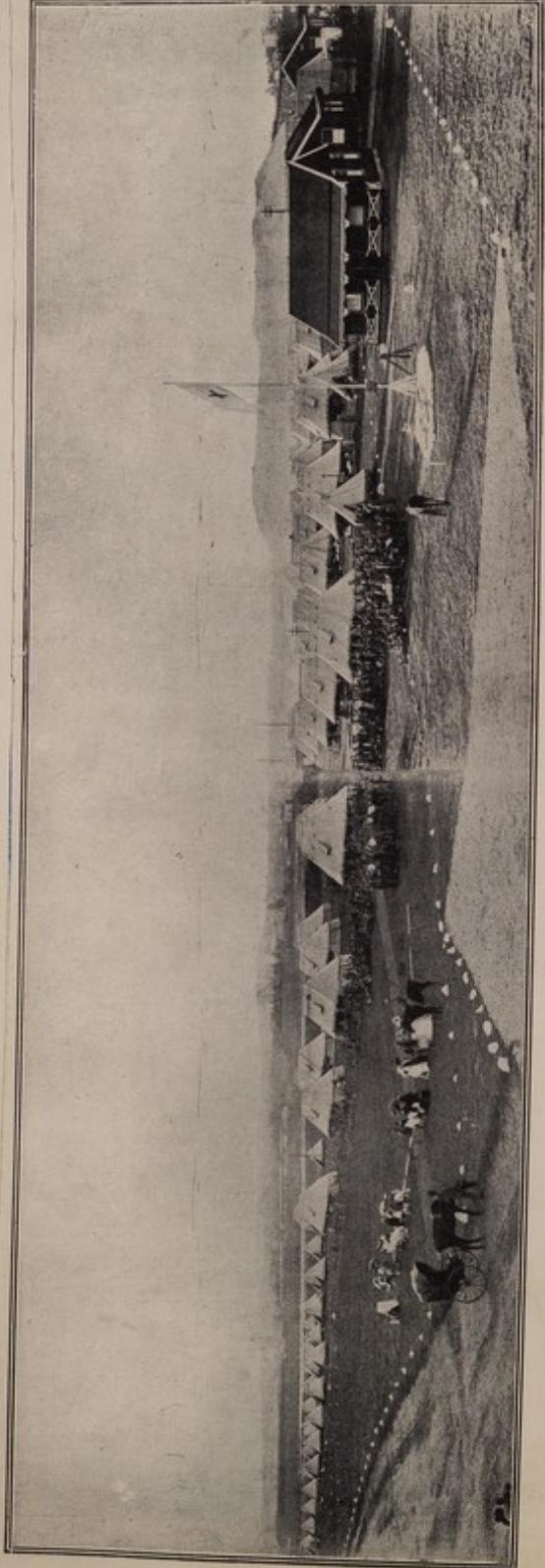
SECTION OF NAVY, ARMY, AND AMBULANCE.

SIR WILLIAM MAC CORMAC, Bart., K.C.B., K.C.V.O., at the opening of this Section on the second day read a paper entitled *Some Remarks, by way of contrast, on War Surgery, Old and New*. The first employment of chloroform on a large scale in the field in the Crimean war and its life-saving effects were alluded to, and the mortality from septicæmia, gangrene, and hæmorrhage in gunshot wounds prior to the employment of antiseptic surgery. In the Egyptian war of 1882 septicæmia in military surgery was unknown. The limited amount of local damage due to modern rifle bullets and the rapid healing of the injuries were emphasised. Primary fatal hæmorrhage was rare, while in the Crimean and Franco-German wars 20 per cent. of wounded were estimated to die from hæmorrhage on the field. The character of bullet wounds was changed, their severity diminished, as also their frequency. The soldier's antiseptic pad might comfort the wounded, but its antiseptic adequacy was doubtful. The Roentgen rays were of great service, and should abolish the probe, a source of mischief, pain, and suffering. Dr. Robert Farquharson, M.P., considered that Sir William Mac Cormac's address formed a complete vindication of the Army Medical Department and their work in South Africa. Fleet Surgeon Gilbert Kirker referred to his experiences of military surgery in the Russo-Turkish war, when he anticipated the humanity of the modern bullet wound. Among the Turks, in those days even, he witnessed femur and knee-joint wounds healing without suppuration. Surgeon-General O'Dwyer dwelt on the difficulties of attending the wounded in the very extended firing line in modern actions, and the great increase of medical personnel and transport requisite. Surgeon-General Hamilton, deprecated the use of expanding bullets. Surgeon-Major Poole stated that the effects of expanding bullets were the worst, while men had come to him apparently happy individuals who had had Mauser bullets through their heads. Surgeon-General Harvey, C.B., considered that the surgical results of the first field dressings in the Indian frontier wars had been excellent, but the fanatical Ghazi was not checked by the modern bullet, which went through him like a knitting needle through a pat of butter. He thought a stopping bullet was legitimate and necessary in conflicts with savage races to save the lives of our own men. Mr. J. W. Smith, from his experiences in South Africa, regarded the antiseptic pad as inefficient, either as an aseptic or antiseptic agent. Dr. Leigh Canney then read a paper on the Theory of Airborne Typhoid in Armies. He maintained that water was the chief means of spreading typhoid, and that dust and flies were an extremely weak medium of conveyance in armies. Surgeon-General Cuffe, C.B., remarked on the great difficulty frequently experienced in tracing the avenue of communication of enteric. Dr. J. W. Washburn also believed that enteric fever was waterborne—not airborne. Lieutenant-Colonel Giles, maintained that water distribution entirely failed to account for many outbreaks; flies and dust must be considered as possible distributors of enteric; flies were prevalent in the wet season. Dr. E. E. G. Simons furnished evidence of flyborne enteric fever from open street drains in which he had found the enteric bacillus. At the final meeting of this Section Mr. Cantlie read a paper on the formation of a Medical Cadet Corps. Medical students were not quite the right personnel for the Volunteer Medical Staff Corps, to carry stretchers and such laymen's work, they might be doing much better service and would be better organised as Medical Cadet Corps in connection with their medical schools, and such service be credited if they ultimately joined the volunteers and a pass certificate were granted, and also for the militia. They should have special consideration in nomination for entry into the Naval Medical Service, R.A.M.C., and the I.M.S., and further they might have an allowance of time towards pension or retirement according to their years of training, not that it should affect their seniority. The Volunteer Medical Staff Corps should then be transferred to laymen, with whom it was always popular. A Government medical school for training medical officers for the services had much more against it than for it, but the tendency of medical cadet corps would be to lead young medical men to desire to serve the State, in which the profession owed much in many ways. The President favoured the consideration of this proposal being referred to the War Office, as if approved and supported it would be accepted by the medical schools. Surgeon-General O'Dwyer favoured competition for entry into the public medical services. He had not found that the medical officers of volunteers were prepared for foreign service. Government had lately discouraged school cadet corps. Surgeon-General Cuffe, C.B., was opposed to nomination for the medical services. Surgeon-Lieutenant-Colonel Coates, V.M.S.C., deprecated the breaking up, as in South Africa, of detachments of the Volunteer Medical Staff Corps. He favoured nomination by the heads of medical schools for the services, with modified competition for places. Mr. Cantlie proposed, Surgeon-Lieutenant-Colonel Coates seconded, and it was agreed:

That it be a recommendation to the Council of the Association to consider whether the establishment of medical cadet corps in connection with the medical schools is feasible or desirable, and if so whether the matter should not be brought to the attention of the War Office. Mr. J. Hall-Edwards described his experiences in South Africa of Roentgen rays in military surgery in the Imperial Yeomanry Hospital. He spoke highly of the electrolytic interrupter, and recommended for military work on active service the supply of an oil engine and dynamo specially designed for x-ray work. Surgeon-General O'Dwyer dwelt on the great advantages of the Roentgen ray skiagraphs in indicating the exact injuries of discharged soldiers. In reply to questions by members of the Section, Mr. Hall-Edwards treated of bullet wounds, specially detailing illustrative cases of bullets lodged in the spinal column and neck of the femur. He subsequently exhibited lantern slides illustrating these field equipments and methods. Mr. Cuthbert Wallace, gave a lantern demonstration of the external injuries caused by bullets at long and short range he had seen in South Africa, the Mauser at short range causing wounds of exit which might be mistaken for the results of expanding bullets.



THE OFFICERS QUARTERS IN THE ELANDSFONTEIN HOSPITAL



THE MILITARY HOSPITAL AT ELANDSFONTEIN (NO. XX), OF WHICH LIEUT.-COL. TWISS IS PRINCIPAL MEDICAL OFFICER

HOSPITAL CAMPS . . .
. . . IN SOUTH AFRICA

THE BRITISH MEDICAL JOURNAL.

Aug. 17, 1901.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of medical officers according to the *Army List* for August, 1901:*Distribution in August Army List.*

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals	5	1	4	—	10	—	—
Colonels	0	7	12	—	19	—	—
Lieutenant-Colonels	18	53	75	1	147	6	15
Majors	37	155	127	3	322	3	4
Captains	89	71	111	3	274	7	4
Lieutenants	35	135	59	2	231	3	—
Total	174	422	378	8	982	23	23

Comparing the table with the list for June, the following changes are to be noted:

There is an apparent increase of 11 in the total number of medical officers, but of that number 5 belong to the reserve, while 5 have been removed to the seconded list, leaving a nominal increase of 1. All the reserve officers are employed at home, except 2 in South Africa.

But to arrive at the true available strength of the active list it is necessary to deduct the 56 seconded and reserve (retired) officers from the total, which leaves 933, or 1 more than in June.

There is an increase of 10 at home, 1 less in South Africa, and 6 more at other foreign stations, while the unposted are 4 less.

The number of retired officers of the Army Medical Service shown as employed is 97, including the 33 given in the active list, leaving 64, to which must be added 4 officers of the Militia Medical Staff, and 3 of the Indian Medical Service. There are also 2 officers of the Militia Medical Staff Corps shown as serving in South Africa.

The total number employed for August is thus as follows:

Active list	980
Retired list	97
Militia list	4
Indian list	3
Total	1,084

This, of course, is wholly exclusive of the civil surgeons employed at home and abroad, especially in South Africa.

SATURDAY, AUGUST 31, 1901.

EDUCATIONAL NUMBER.

THE ROYAL ARMY MEDICAL CORPS.

In view of the fact that the organisation of the Medical Service of the Army is now undergoing revision, it would be misleading to publish conditions of admission and statements as to pay, etc., which no longer hold good. We understand that the Committee of Experts to which Mr. Brodric submitted his scheme for the reform of the Service has finished its work, but till the result is officially made public, by Royal Warrant or otherwise, intending candidates can only be recommended to possess their souls in patience. As to the probable date of promulgation, we regret that we are not at present in a position to say anything definite.

SATURDAY, SEPTEMBER 7, 1901.

We understand that Surgeon-General Muir, C.B., Deputy Director-General of the Army Medical Service, has been offered, and has accepted, an extension of service up to December 31st. In the ordinary course he would have retired on October 4th. Surgeon-General Muir is at present absent on leave till September 24th.

THE ARMY MEDICAL SERVICE.

We understand that the scheme for the reorganisation of the Army Medical Service is ready, and has been passed by the Treasury. It only awaits the King's signature. The scheme is still in the "confidential" stage, but will probably be made public within the next two or three weeks. We are not at liberty at present to publish even an outline of the scheme, but we may say that we have reason to believe that admission to the service will be as heretofore, by competitive examination, though the nature of the examination may be somewhat modified. The pay, especially in the junior ranks, will be materially increased. In promotion the principle of selection by merit will be considerably extended. Opportunities will be given to officers to keep themselves well posted in professional knowledge, and encouragement will be given to the prosecution of work in special branches of medical science and practice. Lastly, the status of the Director-General will be more in accordance with the dignity and responsibilities of his office than has hitherto been the case, and a corresponding increase of pay will be attached to the office. The Royal Corps and the military rank and titles of its officers will be retained as they now are. On the whole, we think that a serious attempt has been made by Mr. Brodric to grapple with the problem in a spirit of determination at once to secure the efficiency of a most important branch of the public service and to meet the legitimate demands of the medical profession.

SATURDAY, SEPTEMBER 21ST, 1901.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of medical officers according to the *Army List* for September, 1901:*Distribution in September Army List.*

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals	5	1	4	—	10	—	—
Colonels	0	7	12	—	19	—	—
Lieutenant-Colonels	18	53	75	1	147	6	15
Majors	37	155	127	3	322	3	4
Captains	89	71	111	3	274	7	4
Lieutenants	35	135	59	2	231	3	—
Total	174	422	378	8	982	23	23

The changes since last month are again slight. The total number is increased by 4, but the distribution is little altered; there are 2 more at home; 4 fewer in South Africa; and exactly the same number, 38, at the other foreign stations; the unposted are 6 more, and the seconded 6 fewer; while the number of the reserve employed, 33, remains unaltered.

Deducting the reserve and the seconded, 50, from the total of 932, the real available active strength of the service is 882, or apparently 10 more than in August. The number of retired officers employed is 69.

Two officers of the Militia Medical Staff Corps are still in South Africa.

MR. BURDETT-COUTTS AND THE TREATMENT OF THE SICK.

SIR.—As one who was on duty as a surgeon in South Africa from March to October, 1900, and heard and saw much of what Mr. Burdett-Coutts described, I wish to say that in my opinion the way he has been treated is unworthy. Immediately after his letters were published an immense improvement took place in the treatment of the sick by the authorities. Most of us have relatives or friends at the front either in the regular Army or among the Volunteers. Scarcely any soldier passes through a campaign without at some time or other being in hospital, and both the soldiers who fall sick and we at home who have relations and friends at the war owe Mr. Burdett-Coutts a debt of gratitude for the better treatment which they now experience.—I am, etc.,

ALFRED R. FISKE, M.A., M.D., F.R.C.S.I.

Waterford, Aug. 19th.

THE WORK OF THE R.A.M.C. IN SOUTH AFRICA.

We have received from a well-known member of our profession an extract from a letter written by a relative who was recently severely wounded in South Africa. This tribute from a "combatant" officer of high rank to the admirable way in which our military brethren are doing their work during the present war will be read with interest. The writer says: "I never ceased to marvel at the results of the labours of the R.A.M.C. and the civil surgeons, not so much from a medical point of view—excellent as they were, as this is what one sees at home—but at the way they organised comfort and order out of chaos and scarcity in the field. As a patient I could never see how this was accomplished, as it was so well and quietly done that we saw nothing of it; but we knew and could not fail to wonder at the results, which were simply astounding under the conditions which we knew the surgeons and doctors worked under." This is the testimony of a man who has had intimate personal experience of what is going on, and such personal testimony may very well be allowed to outweigh reams of denunciatory writing founded on hearsay evidence and coloured by personal bias or wounded self-sufficiency. All through this war our bitterest critics have been men of our own race who, from motives which we do not desire to analyse, have circulated charges of brutality against our soldiers, and of callousness and incompetence against the Army Medical Service. Whenever the charges against the medical arrangements have been sufficiently detailed to permit of investigation they have been proved to be grossly exaggerated or have altogether broken down. But as a rule they have been general and indefinite. Yet they have caused acute mental distress to many of those who have had relatives wounded or sick in South Africa. The frank testimony quoted above will, we may hope, comfort those who still have sick or wounded friends with the army, or who may yet have to pass through this painful experience.

JAMESON PORTRAIT FUND.

In response to the expressed desire of many officers it is proposed to present Surgeon-General J. Jameson, M.D., C.B., K.H.S., late Director-General Army Medical Service with his portrait; and that duplicate copies should be printed for the Royal Army Medical Corps messes at Netley and Aldershot, if funds permit. Such presentation would express the high esteem in which Surgeon-General Jameson is held by his brother officers, and form a suitable recognition of his great services to the Royal Army Medical Corps, and to the Army. It was during his tenure of office that the Royal Army Medical Corps was constituted, and on that ground alone it is most desirable that his name and personality should be handed down in portrait form to future generations of army medical officers. A committee for the furtherance of this object has been formed in London, and the consent of Surgeon-General Jameson to sit for his portrait, and to nominate an artist, has been obtained. We are requested

to state that Messrs. Holt and Co., 3, Whitehall Place London, S.W., have kindly consented to receive subscriptions, which should be marked for "The Jameson Portrait Fund."

THE TIMES, FRIDAY, SEPTEMBER 27, 1901.

THE ROYAL ARMY MEDICAL CORPS.—The *Lancet* says that the report of Mr. Brodriek's committee on the reorganization of the Royal Army Medical Corps, when it appears, "will give considerable pleasure to those interested in the branch of the service concerned. The report will recommend that the Royal Army Medical Corps should be in the hands of an advisory committee, not unwieldy one, to be made up of the Director-General, certain officers of the Royal Army Medical Corps, certain civilian medical men, and certain War Office officials. The dignity of the position of the Director-General will, we hope, be preserved, while his responsibility will be lightened. Three changes will be suggested for the better scientific education of the officers of the corps. A candidate for the Royal Army Medical Corps, if on the verge of holding an appointment as house surgeon or physician, is to be allowed after passing his examination for the Royal Army Medical Corps to hold his appointment and to count the term of office as part of his military service. By this wise recommendation the Commissioners attempt to secure for the service what they may be termed the flower of the medical students. Study leave, where has always been somewhat of a farce, is to be done away with, but in its place surgeons are to be granted to large provincial or metropolitan medical centres which they can attend hospital practice and perform their duties as military surgeons as well. Lastly, but not least in importance, the pay will be increased. The Commissioners have not taken into question the Indian Medical Service at all. This service is in no way touched by these recommendations, and no amalgamation of the Royal Army Medical Corps with the Indian Medical Service appears to have been contemplated."

MONDAY, SEPTEMBER 30, 1901. REORGANIZATION OF THE ARMY MEDICAL SERVICES.

We have received for publication the Report of the Committee appointed by the Secretary of State for War to consider the Reorganization of the Army Medical Services. The committee consisted of the following members:—Mr. Brodriek, M.P. (chairman), Colonel Sir Edward Ward, K.C.B., Permanent Under-Secretary for War (vice-chairman), Major-General Sir G. de C. Morton, Colonel Sir James Willcocks, Sir Frederick Treves, Sir William Thomson, Surgeon-General Hooper, I.M.S., Lieutenant-Colonel A. Keogh, R.A.M.C., Mr. G. H. Makins, Mr. A. D. Fripp, Dr. H. Tooth, Professor A. Ogston, and Dr. E. C. Perry, with Major H. E. R. James, R.A.M.C., as secretary. The report of the committee is as follows:—

SCHEME FOR THE REORGANIZATION OF THE ARMY MEDICAL SERVICES.

ADVISORY BOARD.
1. The Royal Army Medical Corps shall be under the supervision of a Board to be termed the Advisory Board for Army Medical Services and constituted as follows:—
The Director-General, A.M.S., Chairman.
The Deputy Director-General, A.M.S., Vice-Chairman.

1 Officer, Royal Army Medical Corps, with special knowledge of Sanitation.
1 Officer, Royal Army Medical Corps, with special knowledge of Tropical Diseases.

2 Civilian Physicians appointed by the Crown on the recommendation of the Secretary of State.
2 Civilian Surgeons appointed by the Crown on the recommendation of the Secretary of State.

1 Representative of the War Office appointed by the Secretary of State.
1 Representative of the India Office appointed by the Secretary of State for India.

The Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service (for Nursing Service only).
2. To be eligible for appointment upon the Advisory Board a Civilian Physician or Surgeon shall be required to hold or to have recently held a post on the acting staff of a leading Civil Hospital in England, Wales, Scotland, or Ireland, and to be not more than 55 years of age upon first appointment.

3. A Civilian Physician or Surgeon upon the Advisory Board shall hold office for a period of 3 years, renewable upon expiration of the term of his appointment, but subject to the proviso that he shall vacate his seat on the Board upon attaining the age of 60 years. He shall receive an honorarium of £200 per annum in addition to his out-of-pocket expenses for duties performed beyond a radius of 5 miles from Charing Cross.

4. The Advisory Board shall usually meet at fortnightly intervals, and the necessary quorum for the transaction of business shall be the Chairman (or in his absence the Vice-Chairman) and two other members of the Board, of whom one must be a civilian. The Chairman (or in his absence the Vice-Chairman) shall have the right to vote, and, in case of an equality of votes, shall have a casting vote.

5. The Advisory Board shall report to the Secretary of State upon all matters concerned with medicine, surgery, sanitation, and epidemic diseases as they affect the military services.

6. The Board shall advise the Secretary of State upon the adequate provision of hospitals and upon the equipment of the same in full detail; upon the supply of drugs, appliances, stores, and medical comforts to the patients; and generally upon whatever concerns the well-being of the sick and wounded.

7. The Board shall prepare and submit to the Secretary of State a scheme for the expansion of the Service to meet the needs of war or serious epidemics, such schemes dealing with questions of ambulance and transport, the equipment of all medical units at the base and front and on the lines of communication, the supply of drugs and medical comforts, the employment in the Service of

civilian surgeons, nurses, and orderlies, and the utilization of all voluntary effort for the relief of the sick and wounded.

8. The Board shall have submitted to it, and shall report to the Secretary of State upon, all plans for new hospitals and upon standard plans for barracks and standing camps.

9. It shall be the duty of the Board to draw up a list of civil hospitals recognized as places of study for members of the Royal Army Medical Corps.

10. The Board shall also draw up a list of hospitals and nurse-training schools recognized for the purposes of the Queen Alexandra's Imperial Military Nursing Service.

11. The Board shall arrange, so far as practicable, for the annual inspection of each of the military hospitals by a Sub-Committee consisting of at least one military and one civilian member of the Board, such inspection to be usually made without notice.

12. This Sub-Committee shall ascertain and report to the Board whether the treatment of patients and the equipment of hospitals inspected be in accordance with modern medical and surgical requirements.

13. The Board may, with the permission of the Secretary of State, specially qualify Officers of the Royal Army Medical Corps or others to visit and report upon the army medical services of foreign countries.

14. The promotion of Officers or their retention in the Service will be referred to the Board for consideration before submission by the Director-General to the Commander-in-Chief.

15. The Board shall supervise the admission of candidates to the Royal Army Medical Corps and shall arrange for the examination of Officers for promotion, appointing examiners and recommending to the Secretary of State the amount of their remuneration, regard being had as heretofore to the English, Welsh, Scotch, and Irish medical schools. Except as specified in paragraph 25, examinations shall be held every 6 months at dates to be fixed by the Advisory Board. Examiners shall be appointed annually by the Advisory Board, but no examiner shall serve continuously for a longer period than 4 years. A member of the Advisory Board shall not be appointed examiner.

16. The Board shall exercise a general control over the nursing service, and, in consultation with the Nursing Board, shall submit to the Secretary of State a scheme to develop the training of orderlies as attendants upon the sick and wounded.

DIRECTOR-GENERAL.

17. The Director-General shall be appointed by the Secretary of State on the recommendation of the Commander-in-Chief, acting with the advice of the Advisory Board, and shall hold office for 5 years.

18. The Director-General shall be responsible for the administration of the Army Medical Service, the Militia Medical Staff Corps, and the Volunteer Medical Staff Corps. He shall be responsible for the distribution, promotion, discipline, and general organization of these services.

19. After reference to the Advisory Board as defined in paragraph 14, the Director-General shall bring forward to the Commander-in-Chief the names of Officers whom he may judge worthy of promotion.

20. The Director-General, in concert with the Advisory Board, shall draw up a scheme for the due provision of medical aid for the Auxiliary Forces, Militia, Yeomanry, and Volunteers.

CANDIDATE AND LIETENANT ON PROBATION.

21. A candidate for admission to the Royal Army Medical Corps shall be a British subject of unmixed European blood, not more than 28 years of age, and shall possess a regular qualification to practice. He shall produce a certificate of birth or other satisfactory proof of age, and shall furnish to the Advisory Board such evidence as may be required regarding character, conduct, professional ability, and fitness to hold a commission in the corps. Special importance shall be attached to a confidential report to be requested by the Board from the Dean or other authority of the school in which the candidate has completed his course as a medical student.

22. Subject to such arrangements as may hereafter be made, opportunities will be given for civilian surgeons over age, who have served with troops in the field, to enter the corps. Special marks, on a scale to be fixed by the Advisory Board, shall be granted to candidates who have performed medical duties with troops on active service.

23. A candidate, having fulfilled the above requirements, shall be directed to appear before the Advisory Board, who will decide whether he may be allowed to compete for a commission in His Majesty's Army.

24. After having been medically examined the candidate shall be submitted to a clinical and practical examination in medicine and surgery, the scope of which shall be defined by the Advisory Board.

25. Having gained a place in this Entrance Examination, the successful candidate shall be appointed Lieutenant on probation, and shall proceed to Netley (until other arrangements have been made) for a 2 months' course of instruction in hygiene and bacteriology, after which he shall be examined in these subjects. He will then proceed to Aldershot, where he will undergo a 3 months' course of instruction in the following subjects:—
Stretcher and ambulance drill.
Interior economy.
Military law and hospital management.

On the completion of the course he shall be examined in these subjects. The marks gained at both these examinations (provided they are not less than the 50 per cent. requisite to qualify), added to those at the entrance examination, shall decide his position on the seniority list of the corps, and he will thereupon be confirmed in his appointment as Lieutenant. The mark ratio of each of these minor examinations, to the entrance examination shall be as 1 to 8.

26. A Lieutenant on probation who fails to obtain the qualifying percentage of marks in either of these minor examinations shall be allowed a second trial at the termination of 6 months from entrance to the Service, and should he qualify will be placed at the bottom of the list. If, however, he should again fail in either examination, his appointment will not be confirmed, and he will leave the Service.

27. Should a candidate pass the entrance examination to the Royal Army Medical Corps whilst holding a resident appointment in a recognized civil hospital, or be appointed thereto, the Commander-in-Chief will permit him to take up his duties immediately after he has passed the entrance examination for the Royal Army Medical Corps, he shall be seconded for the period of such appointment, not exceeding 1 year, receiving, however, during such period no pay from Army funds, but counting his service towards pension or gratuity.

28. A Lieutenant, on completion of his course of instruction, will be attached for duty to a battalion,

regiment, or other unit, but while thus attached will also be detailed for duty in a station hospital; but this provision shall not entitle any unit to claim that a Medical Officer should be attached thereto.

29. At the end of 3 years from the confirmation of his appointment as Lieutenant he will be permitted to retire, or, if, in the opinion of the Advisory Board (based on the reports received from his Principal Medical Officer and the Commanding Officer of the unit to which he has been attached), his service has been satisfactory, he will be allowed by the Secretary of State to adopt one of the following courses:—

(a.) To continue in the Service.
(b.) To engage for a period of 7 years in the Reserve of Officers, receiving the sum of £25 per annum while so serving. An Officer who has been in the Reserve for a period of not less than 1 year or more than 3 years may be permitted by the Secretary of State on the report of the Advisory Board to return to the Active List, and if replaced on the Active List he shall be allowed to count one-third of his service in the Reserve towards promotion, pension, or gratuity.

30. Should the Officer elect to continue in the Service, he shall be attached for a period of 6 months to a recognized hospital in a centre where he has opportunities of gaining further professional knowledge by attendance at a course or courses of instruction in a civil hospital, or otherwise, as may be approved by the Advisory Board.

31. At the end of 6 months of such instruction he shall present himself for examination in medicine; surgery; hygiene and sanitation; and bacteriology and tropical diseases, 50. The percentage of the total number of marks necessary to obtain distinction shall be as follows:—
Special certificate of excellence ... 85 per cent.
1st class 80 " "
2nd " 70 " "
3rd " 60 " "

The qualifying mark in each subject shall be 40 per cent.

32. On the results of this examination an acceleration of promotion may be granted at the discretion of the Secretary of State, provided that the Officer's conduct has been satisfactory, in accordance with the following scale:—

Class in examination.	Acceleration of promotion.
Special certificate of excellence	18 months.
1st class	12 " "
2nd " "	6 " "
3rd " "	3 " "

33. An Officer who does not reach the qualifying mark in each subject shall be considered as having failed to pass the examination, and shall be placed on a supernumerary list for a period not exceeding 6 months, when he shall be required again to present himself for examination in all subjects, and if he fail a second time he shall be compulsorily retired. Service on the supernumerary list shall not count for pension, increase of pay, or promotion.

CAPTAIN.

34. When an Officer has passed the examination specified in paragraph 31 he shall be promoted Captain, and shall undergo a short course of instruction in Field Hospital work, Deaver Company drill, or allied subjects approved by the Advisory Board, and on the conclusion of the course he shall be posted to such station and duty as the Director-General may order.

35. On the completion of 6 years' service as Captain, subject to such acceleration as he may have obtained under paragraph 32, an Officer shall be allowed by the Secretary of State to adopt one of the following courses:—

(a.) To retire with a gratuity of £1,000.
(b.) To continue in the Service.

36. Should he elect to continue in the Service, an Officer, between his ninth and twelfth year of service (subject to such acceleration as he may have obtained under paragraph 32), shall be attached to a selected hospital at one of the military centres, so as to enable him to attend the practice of a recognized civil hospital for a period of 6 months, at the end of which period he will be required to present himself for examination in the following subjects:—
Medicine; surgery; hygiene and sanitation; bacteriology and tropical diseases; military law, administration and interior economy; and one special subject from the subjoined list of optional subjects, to which additions may from time to time be made by the Advisory Board:—
Bacteriology, including the preparation of anti-toxins.
Dental Surgery.
Dermatology.
Fever.
Laryngology.
Midwifery and Gynaecology.
Operative Surgery (advanced).
Ophthalmology.
Otiology.
Pediatrics.
Psychological Medicine.
Skiagraphy.

37. In this examination the relative value of the subjects expressed in marks shall be as follows:—
Medicine, 100; surgery, 100; hygiene and sanitation, 100; bacteriology and tropical diseases, 100; military law, administration and interior economy, 100; special subject, 100.

The percentage of the total number of marks necessary to obtain distinction shall be as follows:—
Special certificate of excellence ... 85 per cent.
1st class 80 " "
2nd " 70 " "
3rd " 60 " "

The qualifying mark in each subject shall be 40 per cent.

38. On the results of this examination an acceleration of promotion may be granted at the discretion of the Secretary of State, provided that the Officer's conduct has been satisfactory, in accordance with the following scale:—

Class in Examination.	Acceleration of Promotion.
Special certificate of excellence	18 months.
1st class	12 " "
2nd class	6 " "
3rd class	3 " "

39. An Officer who does not reach the qualifying mark in each subject shall be considered as having failed to pass the examination, and shall be placed on a supernumerary list for a period not exceeding 6 months, when he shall be required again to present himself for examination in all subjects, and if he fail a second time he shall be compulsorily retired. Service on the supernumerary

list shall not count for pension, increase of pay, or promotion.

40. An Officer who in the opinion of the Advisory Board has been prevented by the exigencies of the Service, or by other very special circumstances, from presenting himself for examination as required in paragraphs 33 and 36, may be provisionally promoted, subject to his passing the prescribed examination at the first available opportunity.

41. In order to encourage the study of the special subjects enumerated in paragraph 26, appointments shall be made in each Army-Corps and in such other places at home and abroad as may be approved of by the Secretary of State, of Officers below the rank of Lieutenant-Colonel who shall receive specialist pay according to the rate given in Appendix. To be qualified for appointment as specialist, an Officer must have gained at least 70 per cent. of the marks in the special subject taken in the examination mentioned in paragraph 36. Specialists may also be appointed in Public Health, if they have first qualified by obtaining a diploma recognized for registration by the General Medical Council.

No Officer shall hold more than one specialist appointment at the same time.

56. The Principal Medical Officer in each Army-Corps and in each district shall be the Staff Officer of the General Officer Commanding for all medical and sanitary services, and shall be responsible to him for the administration of all hospitals and medical stores.

57. The Principal Medical Officer shall deal with all matters in his district, and shall only refer to the Advisory Board in cases of serious doubt or difficulty.

58. Every Army-Corps shall have a completely equipped bearer company and field hospital and a proportion of other medical field units at its headquarters, in order that the Officers and men of the Royal Army Medical Corps may receive instruction and gain practical experience in the performance of field duties.

59. With the view of reducing the number of slight cases of illness in hospital, and thus providing accommodation for those of a serious nature, convalescent homes shall be established in each district to which soldiers recovering from severe illness may be sent. These homes, which are intended for men who are so far recovered as to be able to dispense with the services of nurses, shall be visited daily by a Medical Officer.

60. Medical Officers in charge of units shall be instructed to retain in barracks cases of injury or illness

APPENDIX.
PROPOSED RATES OF PAY, &c., FOR MEDICAL OFFICERS.

	Pay per annum.	Allowance, including fuel and light.	Total.
Lieutenant on Probation and Lieutenants.	£ 5 4 6	1 10 0	£ 6 14 6
Captain, i.e. after 3 years' service.	57 0 0	12 15 0	69 15 0
Captain, after 7 years' total service.	57 0 0	12 15 0	69 15 0
Captain, after 10 years' total service.	57 0 0	12 15 0	69 15 0
Major, i.e. after 12 years' total service.	63 0 0	13 15 0	76 15 0
Major, after 5 years' service as such.	45 0 0	15 12 0	60 12 0
Lieutenant-Colonel, i.e. after 20 years' service.	67 0 0	15 15 4	82 15 4
Lieutenant-Colonel, selected under paragraph 50, of the Royal Warrant (establishment of 60).	53 0 0	15 15 4	68 15 4
Colonel.	72 0 0	15 15 12	87 15 12
Surgeon-General.	Consolidated.	1,500 0 0	1,500 0 0
Director-General.	Consolidated.	1,000 0 0	1,000 0 0

The pay of Officers of the Royal Army Medical Corps below the rank of Major while serving in India shall be increased so as to bear the same ratio to the above rates for non-Indian service as at present exists.

CHARGE PAY (see paragraph 50).

Hospitals of 200 beds or more ... 10 0 per diem
 " 100 " ... 7 6 " "
 " 50 " ... 2 6 " "

SPECIALIST PAY (see paragraph 41).
 In Public Health and in any subject mentioned in paragraph 26, 2s. 6d. per diem.

DEFERRED PAY AND GRATUITIES.
 As already existing, with the following exceptions (see paragraphs 28 and 33):—
 Pay on the Reserve, £25 per annum.
 Gratuity after 3 years' service, £1,000; £2,500 after 18 years' service.

"Jameson" Portrait Fund.

In response to the expressed desire of many officers it is proposed to present Surgeon-General J. Jameson, M.D., C.B., K.H.S., late Director General, Army Medical Service, with his portrait; and that duplicate copies should be painted for the Royal Army Medical Corps Messes at Netley and Aldershot—if funds permit.

Such presentation would express the high esteem in which Surgeon-General Jameson is held by his brother officers, and form a suitable recognition of his great services to the Royal Army Medical Corps, and to the Army.

It was during his tenure of office that the Royal Army Medical Corps was constituted, and on that ground alone it is most desirable that his name and personality be handed down in portrait form to future generations of Army Medical Officers.

A Committee for the furtherance of this object has been formed in London, and the consent of Surgeon-General Jameson to sit for his portrait, and to nominate an artist, has been obtained.

Committee.

- Surgeon-General H. S. Muir, C.B., A.M.S., *President*.
- Lt.-Colonel W. G. Don, A.M.S., Honorary Deputy Surgeon-General.
- Colonel Sir T. J. Galloway, K.C.M.G., C.B., R.A.M.C.
- Colonel W. J. Charlton, R.A.M.C.
- Lt.-Colonel W. Babbie, V.C., C.M.G., R.A.M.C., *Hon. Secretary*.

Surgeon-General shall be by selection. Service in India shall not be necessary for promotion to either rank.

42. Medical Officers shall be eligible for brevet promotion in the Royal Army Medical Corps in the same manner as Officers in the other branches of the Service; and such promotion may be given either for distinguished service in the field, or for distinguished service of an exceptional nature other than in the field.

43. Junior Medical Officers shall be gazetted directly to the regiments of the Household Brigade, and shall not be attached to them from the Royal Army Medical Corps as at present.

44. By special authority of the Secretary of State Medical Officers of the Household Brigade may be appointed Colonel in the Royal Army Medical Corps if they have complied with the conditions laid down in Article 262, Royal Warrant for Pay and Promotion, or as a reward for exceptional merit on active service.

45. When an Officer is in charge of a hospital he shall receive charge pay at the rate specified in Appendix.

46. The appointment to the charge of certain selected station hospitals, to be hereafter specified by the Advisory Board, shall be for a term of not less than 3 years.

47. With the exception of Officers attached to units, appointments to a district shall, unless broken by a tour of foreign service, be for a term of 2 years.

48. Should it be necessary to move an Officer from his station for other than temporary duty at an earlier date, a report of the circumstances shall be forwarded by the Principal Medical Officer of the Army-Corps to the Director-General.

2. It does not provide such study leave as the advancing state of medical science now demands, and is likely in the future to demand even more, nor such liberal privileges in this direction as have been found necessary in the armies of other great European Powers.

3. It makes no provision for placing at the disposal of the many Medical Officers serving in remote and isolated stations abroad such information as will enable them to familiarize themselves with the advances of medical science, and as is called for in the interests of those who are placed under their care.

4. It fails to provide for Medical Officers being trained by attendance upon civilian patients in all the branches of their profession, so that they may become equally skilled with their civilian brethren, and may avoid the narrowing influences which act so injuriously upon Medical Officers who have to deal only with the treatment of soldiers and military officials.

ALEX. GUSTON.

(c) Eyesight of Recruits.

A revise of the "Test Dot Card" for testing the eyesight of recruits for the Regular Army, Militia, Imperial Yeomanry, and Volunteers has been approved and issued.—A.O. 203, September 1901.

THE ARMY AND INDIAN NURSING SERVICE.

The Committee appointed by the Secretary of State for War to consider the Reorganization of the Army and Indian Nursing Service, consisting of the same members as the Committee on the Reorganization of the Army Medical Services, has drawn up the following report:—

SCHEME FOR THE REORGANIZATION OF THE ARMY AND INDIAN NURSING SERVICE.

1. There shall be one Military Nursing Service for His Majesty's Army in the United Kingdom, India, and the Colonies, to be designated "Queen Alexandra's Imperial Military Nursing Service" (Q.A.I.M.N.S.). In this service shall be amalgamated the existing Army Nursing Service and the Indian Nursing Service.
2. Her Majesty Queen Alexandra shall be requested graciously to assume the Presidency of this Service.
3. The Nursing Service shall be under the immediate control of Her Majesty Queen Alexandra as President, and of a Nursing Board constituted as follows:—
 President.—Her Majesty Queen Alexandra.
 Chairman.—The Director-General, Army Medical Service, or an Officer nominated by him.
 Two members of the Advisory Board, Army Medical Service, of whom one shall be a civilian.
 The Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service.
 Three matrons of large civil hospitals with medical schools.
 One representative of the India Office to be appointed by the Secretary of State for India.
 Two members to be nominated by Her Majesty the President, and holding office for 3 years.
4. Upon this Nursing Board the civilian members of the Advisory Board, Army Medical Service, and the matrons of civil hospitals shall be appointed by the Crown, on the advice of the Secretary of State, and shall hold office for a period of 3 years, renewable on expiration of the term of appointment.
 A matron of a civil hospital shall receive an honorarium of £25 per annum while serving on the Board.
5. The Nursing Board, of which three shall form a quorum, shall usually meet at fortnightly intervals. The minutes of the proceedings of the Nursing Board shall be laid by the Matron-in-Chief before the Advisory Board. It shall be in the power of the Advisory Board to refer back any point to the Nursing Board for reconsideration, and in case of a divergence of opinion between the Boards, the matter in question shall be referred to the Secretary of State.
6. Subject to the general control of the Advisory Board the Nursing Board shall be responsible for:—
 (1.) Advising the Secretary of State upon the strength of the Nursing Staff of various grades requisite in each military hospital (including the hospitals for women and children attached to military stations), having regard to the character of the cases admitted, and subject to the proviso that as a general rule hospitals containing fewer than 100 beds will not be provided with a regular female nursing staff (vide paragraph 11).
 (2.) Defining the conditions under which nurses may enter the Service, the terms of their appointment, and the duties to be performed in the several grades of the Nursing Service.
 (3.) Dealing with all questions relating to the uniform and clothing allowance of the Nursing Service.
 (4.) Receiving and considering reports from Matron-in-Chief and the matrons of the various hospitals.
 (5.) Recommending to the Commander-in-Chief, for the approval of the Secretary of State, the appointment, retention, promotion, retirement, dismissal, and distribution of the members of the Nursing Service.
 (6.) Arranging for the selection and engagement of additional nurses, the organization of the requisite nursing staff, and the appointment of Principal Matrons in case of war or epidemic.
 (7.) Advising the Secretary of State upon the formation of the Nursing Reserve of the Queen Alexandra's Imperial Military Nursing Service.
 (8.) Arranging for the periodical inspection of military hospitals as regards nursing efficiency.
 (9.) Submitting to the Secretary of State, through the Advisory Board, a scheme for the organization and development in India of the Queen Alexandra's

to state that Messrs. Holt and Co., 3, Whitehall Place, London, S.W., have kindly consented to receive subscriptions, which should be marked for "The Jameson Portrait Fund."

THE TIMES, FRIDAY, SEPTEMBER 27, 1901.

THE ROYAL ARMY MEDICAL CORPS.—The *Times* says that the report of Mr. Brodrick's committee on the reorganization of the Royal Army Medical Corps, when it appears, "will give considerable pleasure to those interested in the branch of the service concerned. The report will recommend that the Royal Army Medical Corps should be in the hands of an advisory committee, not an unwieldy one, to be made up of the Director-General, certain officers of the Royal Army Medical Corps, certain civilian medical men, and certain War Office officials. The dignity of the position of the Director-General will, we hope, be preserved, while his responsibility will be lightened. These changes will be suggested as making for the better scientific education of the officers of the corps. A candidate for the Royal Army Medical Corps, if on the verge of holding an appointment as house surgeon or physician, is to be allowed after passing his examination for the Royal Army Medical Corps to hold his appointment and to count the term of office as part of his military service. By this wise recommendation the Commissioners attempt to secure for the service what may be termed the flower of the medical students. Study leave, which has always been somewhat of a farce, is to be done away with, but in its place surgeons are to be gazetted to large provincial or metropolitan medical centres which they can attend hospital practice and perform their duties as military surgeons as well. Lastly, but not least in importance, the pay will be increased. The Commissioners have not taken into question the Indian Medical Service at all. This service is in no way touched by these recommendations, and no amalgamation of the Royal Army Medical Corps with the Indian Medical Service appears to have been contemplated."

MONDAY, SEPTEMBER 30, 1901.

REORGANIZATION OF THE ARMY MEDICAL SERVICES.

We have received for publication the Report of the Committee appointed by the Secretary of State for War to consider the Reorganization of the Army Medical Services. The committee consisted of the following members:—Mr. Brodrick, M.P. (chairman), Colonel Sir Edward Ward, K.C.B., Permanent Under-Secretary for War (vice-chairman), Major-General Sir G. de C. Morton, Colonel Sir James Willcocks, Sir Frederick Treves, Sir William Thomson, Surgeon-General Hooper, I.M.S., Lieutenant-Colonel A. Keogh, R.A.M.C., Mr. G. H. Makins, Mr. A. D. Fripp, Dr. H. Tooth, Professor A. Ogston, and Dr. E. C. Perry, with Major H. E. R. James, R.A.M.C., as secretary. The report of the committee is as follows:—

SCHEME FOR THE REORGANIZATION OF THE ARMY MEDICAL SERVICES.

ADVISORY BOARD.

1. The Royal Army Medical Corps shall be under the supervision of a Board to be termed the Advisory Board for Army Medical Services and constituted as follows:—
The Director-General, A.M.S., Chairman.
The Deputy Director-General, A.M.S., Vice-Chairman.
1 Officer, Royal Army Medical Corps, with special knowledge of Sanitation.
1 Officer, Royal Army Medical Corps, with special knowledge of Tropical Diseases.
2 Civilian Physicians appointed by the Crown on the recommendation of the Secretary of State.
2 Civilian Surgeons appointed by the Crown on the recommendation of the Secretary of State.
1 Representative of the War Office appointed by the Secretary of State.
1 Representative of the India Office appointed by the Secretary of State for India.
The Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service (for Nursing Service only).
2. To be eligible for appointment upon the Advisory Board a Civilian Physician or Surgeon shall be required to hold or to have recently held a post on the acting staff of a leading Civil Hospital in England, Wales, Scotland, or Ireland, and to be not more than 55 years of age upon first appointment.
3. A Civilian Physician or Surgeon upon the Advisory Board shall hold office for a period of 3 years, renewable upon expiration of the term of his appointment, but subject to the proviso that he shall vacate his seat on the Board upon attaining the age of 60 years. He shall receive an honorarium of £200 per annum in addition to his out-of-pocket expenses for duties performed beyond a radius of 4 miles from Charing Cross.
4. The Advisory Board shall usually meet at fortnightly intervals, and the necessary quorum for the transaction of business shall be the Chairman (or in his absence the Vice-Chairman) and two other members of the Board, of whom one must be a civilian. The Chairman (or in his absence the Vice-Chairman) shall have the right to vote, and, in case of an equality of votes, shall have a casting vote.
5. The Advisory Board shall report to the Secretary of State upon all matters concerned with medicine, surgery, sanitation, and epidemic diseases as they affect the military services.
6. The Board shall advise the Secretary of State upon the adequate provision of hospitals and upon the equipment of the same in full detail; upon the supply of drugs, appliances, diets, and medical comforts to the patients; and generally upon whatever concerns the well-being of the sick and wounded.
7. The Board shall prepare and submit to the Secretary of State a scheme for the expansion of the Service to meet the needs of war or serious epidemics, such scheme dealing with questions of ambulance and transport, the equipment of all medical units at the base and front and on the lines of communication, the supply of drugs and medical comforts, the employment in the Service of

- civilian surgeons, nurses, and orderlies, and the utilization of all voluntary effort for the relief of the sick and wounded.
8. The Board shall have submitted to it, and shall report to the Secretary of State upon, all plans for new hospitals and upon standard plans for barracks and standing camps.
9. It shall be the duty of the Board to draw up a list of civil hospitals recognized as places of study for members of the Royal Army Medical Corps.
10. The Board shall also draw up a list of hospitals and nurse-training schools recognized for the purposes of the Queen Alexandra's Imperial Military Nursing Service.
11. The Board shall arrange, so far as possible, for the annual inspection of each of the military hospitals by a Sub-Committee consisting of at least one military and one civilian member of the Board, such inspection to be usually made without notice.
12. This Sub-Committee shall ascertain and report to the Board whether the treatment of patients and the equipment of hospitals inspected be in accordance with modern medical and surgical requirements.
13. The Board may, with the permission of the Secretary of State, detail specially qualified Officers of the

- regiment, or other unit, but while thus attached will also be detailed for duty in a station hospital; but this provision shall not entitle any unit to claim that a Medical Officer should be attached thereto.
20. At the end of 3 years from the confirmation of his appointment as Lieutenant he will be permitted to retire, or if, in the opinion of the Advisory Board (based on the reports received from his Principal Medical Officer and the Commanding Officer of the unit to which he has been attached), his service has been satisfactory, he will be allowed by the Secretary of State to adopt one of the following courses:—
(a.) To continue in the Service.
(b.) To engage for a period of 7 years in the Reserve of Officers, receiving the sum of £25 per annum while so serving. An Officer who has been in the Reserve for a period of not less than 1 year or more than 3 years may be permitted by the Secretary of State on the report of the Advisory Board to return to the Active List, and if replaced on the Active List he shall be allowed to count one-third of his service in the Reserve towards promotion, pension, or gratuity.

Messrs. HOLT & Co., 3, Whitehall Place, London, S.W., have kindly consented to receive subscriptions, which should be marked for "The Jameson Portrait Fund."

It has been suggested that subscriptions should in no case exceed one guinea.

W. BABTIE,

Lt.-COLONEL, R.A.M.C.,

Hon. Secretary.

18, VICTORIA STREET,

LONDON, S.W.

September, 1901.

Ser
bef
ma
J
dat
for
exa
the
res
not
exa
five
app
exa
tha
be
J
men
Boa
ted
sick
J
Sec
mea
Boa
H
adm
Med
med
He
disc
H
part
the
may
20
Boa
med
and
21
22
Med
Eur
pous
prof
of
evid
prof
the
Conf
Dea
cand
23
be
surg
in U
to b
com
trow
24
25
Boa
com
26
date
nati
be d
27
tion
terr
othe
com
while
then

28. A Lieutenant on probation who fails to obtain the qualifying percentage of marks in either of these minor examinations shall be allowed a second trial at the termination of 6 months from entrance to the Service, and should he qualify will be placed at the bottom of the list. If, however, he should again fail in either examination, his appointment will not be confirmed, and he will leave the Service.
29. Should a candidate pass the entrance examination to the Royal Army Medical Corps whilst holding a resident appointment in a recognized civil hospital, or be appointed thereto at such a date as will permit him to take up his duties immediately after he has passed the entrance examination for the Royal Army Medical Corps, he shall be seconded for the period of such appointment not exceeding 1 year, receiving, however, during such period no pay from Army funds, but counting his service towards pension or gratuity.
30. A Lieutenant, on completion of his course of instruction, will be attached for duty to a battalion,

Psychological Medicine.
Skilography.

37. In this examination the relative value of the subjects expressed in marks shall be as follows:—
Medicine, 100; surgery, 100; hygiene and sanitation, 100; bacteriology and tropical diseases, 100; military law, administration and interior economy, 100; special subject, 100.

The percentage of the total number of marks necessary to obtain distinction shall be as follows:—
Special certificate of excellence ... 85 per cent.
1st class 70
2nd " 60
3rd " 50

The qualifying mark in each subject shall be 40 per cent.

38. On the results of this examination an acceleration of promotion may be granted at the discretion of the Secretary of State, provided that the Officer's conduct has been satisfactory, in accordance with the following scale:—

Class in Examination.	Acceleration of Promotion.
Special certificate	18 months
1st class	12 "
2nd class	6 "
3rd class	3 "

39. An Officer who does not reach the qualifying mark in each subject shall be considered as having failed to pass the examination, and shall be placed on a supernumerary list for a period not exceeding 6 months, when he shall be required again to present himself for examination in all subjects, and if he fail a second time he shall be compulsorily retired. Service on the supernumerary

list shall not count for pension, increase of pay, or promotion.

40. An Officer who in the opinion of the Advisory Board has been prevented by the exigencies of the Service, or by other very special circumstances, from presenting himself for examination as required in paragraphs 33 and 36, may be provisionally promoted, subject to his passing the prescribed examination at the first available opportunity.

41. In order to encourage the study of the special subjects enumerated in paragraph 36, appointments shall be made in each Army-Corps and in such other places at home and abroad as may be approved of by the Secretary of State, of Officers below the rank of Lieutenant-Colonel who shall receive specialist pay according to the rate given in Appendix. To be qualified for appointment as specialist, an Officer must have gained at least 50 per cent. of the marks in the special subject taken in the examination mentioned in paragraph 36. Specialists may also be appointed in Public Health, if they have first qualified by obtaining a diploma recognized for registration by the General Medical Council.

No Officer shall hold more than one specialist appointment at the same time.

42. In case of an Officer desiring to engage in advanced professional study, it shall be open to the Advisory Board to recommend that special leave be granted him for a period of 6 months.

MARCONI.

43. An Officer, having completed 12 years' service (subject to such acceleration as he may have obtained under paragraphs 32 and 38), and having passed the necessary examination, shall be promoted Major, and shall continue to serve in that rank under the following conditions:—

(a.) After 3 years' service from the date of his promotion to the rank of Major, he shall be granted a higher rate of pay (see Appendix).

(b.) At the conclusion of 3 years from the date of his advancement to the higher grade (making 6 years in the rank), he shall, if his service has been satisfactory, be allowed by the Secretary of State to adopt one of the following alternatives:—

(i.) To retire on a gratuity of £2,500. (see Appendix).

(ii.) To continue in the Service.

44. Should he elect to continue in the Service, he shall, before he has completed 20 years' service (subject to such acceleration as he may have obtained under paragraphs 32 and 38), be granted 3 months' study leave, and at the end of that time be required to undergo a qualifying examination for promotion to the rank of Lieutenant-Colonel, in the following subjects:—

- (1.) Hospital organization, administration, and equipment in peace and war, including the disposal of the sick and wounded.
- (2.) Organization, administration, and equipment in war of all medical units in the field and on the lines of communication.
- (3.) The sanitation of towns, camps, troop-transports, and all places likely to be occupied by troops in peace and war.
- (4.) Epidemiology and management of epidemics, and the relations of civil law as regards infectious diseases.
- (5.) The medical history of important modern campaigns.
- (6.) The administration, command and discipline of the Royal Army Medical Corps, and of other persons who may come under the jurisdiction of an Officer of the corps.
- (7.) The duties of all ranks in the Royal Army Medical Corps.
- (8.) Recruiting and invaliding, including a knowledge of civil law as it affects lunatics in the Service.
- (9.) The relations of the medical to all other branches of the Army as defined by the various codes of regulations in force.
- (10.) The Army Medical Services of other Powers.

45. Should an Officer fail to obtain 50 per cent. of the total number of marks, he will be allowed, after an interval of 6 months and before he has completed his 20th year of actual service, to present himself again for examination. Should he fail a second time, he will be compulsorily retired on a gratuity of £2,500 or he may, by special permission of the Secretary of State, complete 20 years' service and then retire on a pension.

46. Promotion to the rank of Lieutenant-Colonel will be by selection from among those Officers who have passed the qualifying examination, and who have completed 20 years' service, subject to such acceleration as he may have obtained under paragraphs 32 and 38. If not selected for promotion within 12 months from the completion of 20 years' actual service, an officer will be permitted to remain on the pay of a Major until he completes 25 years' service, subject to acceleration, when he will be compulsorily retired on the pension of his rank (see Article 267, Royal Warrant).

HIGHER RANKS, HOSPITALS, &c.

47. During his service as Lieutenant-Colonel an Officer may be selected for a higher rate of pay under Article 362, Royal Warrant for Pay and Promotion, which rate he will retain until promotion to the rank of Colonel.

48. The promotion to the rank of Colonel and Surgeon-General shall be by selection. Service in India shall not be necessary for promotion to either rank.

49. Medical Officers shall be eligible for brevet promotion in the Royal Army Medical Corps in the same manner as Officers in the other branches of the Service; and such promotion may be given either for distinguished service in the field, or for distinguished service of an exceptional nature other than in the field.

50. Junior Medical Officers shall be gazetted directly to the regiments of the Household Brigade, and shall not be attached to them from the Royal Army Medical Corps as at present.

51. By special authority of the Secretary of State Medical Officers of the Household Brigade may be appointed Colonel in the Royal Army Medical Corps if they have complied with the conditions laid down in Article 362, Royal Warrant for Pay and Promotion, or as a reward for exceptional merit on active service.

52. When an Officer is in charge of a hospital he shall receive charge pay at the rate specified in Appendix.

53. The appointment to the charge of certain selected station hospitals, to be hereafter specified by the Advisory Board, shall be for a term of not less than 3 years.

54. With the exception of Officers attached to units, appointments to a district shall, unless broken by a tour of foreign service, be for a term of 2 years.

55. Should it be necessary to move an Officer from his station for other than temporary duty at an earlier date, a report of the circumstances shall be forwarded by the Principal Medical Officer of the Army-Corps to the Director-General.

56. The Principal Medical Officer in each Army-Corps and in each district shall be the Staff Officer of the General Officer Commanding for all medical and sanitary services, and shall be responsible to him for the administration of all hospitals and medical stores.

57. The Principal Medical Officer shall deal with all matters in his district, and shall only refer to the Advisory Board in cases of serious doubt or difficulty.

58. Every Army-Corps shall have a completely equipped bearer company and field hospital and a proportion of other medical field units at its headquarters, in order that the Officers and men of the Royal Army Medical Corps may receive instruction and gain practical experience in the performance of field duties.

59. With the view of reducing the number of slight cases of illness in hospital, and thus providing accommodation for those of a serious nature, convalescent homes shall be established in each district to which soldiers recovering from severe illness may be sent. These homes, which are intended for men who are so far recovered as to be able to dispense with the services of nurses, shall be visited daily by a Medical Officer.

60. Medical Officers in charge of units shall be instructed to retain in barracks cases of injury or illness of a trivial character, which are likely only to interfere for a few days with the soldiers' performance of his duties.

61. For the reception of such cases a barrack room shall be set aside, when available, in which they will be attended by the Medical Officer in charge of the unit. The Medical Officers will, however, as far as possible, treat light cases of illness as out-patients.

62. In small stations where no military hospitals are available arrangements may be made with the authorities of the local civil hospital for the admission thereto of cases requiring treatment as in-patients, and shall continue to serve in that rank under the following conditions:—

(a.) After 3 years' service from the date of his promotion to the rank of Major, he shall be granted a higher rate of pay (see Appendix).

(b.) At the conclusion of 3 years from the date of his advancement to the higher grade (making 6 years in the rank), he shall, if his service has been satisfactory, be allowed by the Secretary of State to adopt one of the following alternatives:—

(i.) To retire on a gratuity of £2,500. (see Appendix).

(ii.) To continue in the Service.

44. Should he elect to continue in the Service, he shall, before he has completed 20 years' service (subject to such acceleration as he may have obtained under paragraphs 32 and 38), be granted 3 months' study leave, and at the end of that time be required to undergo a qualifying examination for promotion to the rank of Lieutenant-Colonel, in the following subjects:—

- (1.) Hospital organization, administration, and equipment in peace and war, including the disposal of the sick and wounded.
- (2.) Organization, administration, and equipment in war of all medical units in the field and on the lines of communication.
- (3.) The sanitation of towns, camps, troop-transports, and all places likely to be occupied by troops in peace and war.
- (4.) Epidemiology and management of epidemics, and the relations of civil law as regards infectious diseases.
- (5.) The medical history of important modern campaigns.
- (6.) The administration, command and discipline of the Royal Army Medical Corps, and of other persons who may come under the jurisdiction of an Officer of the corps.
- (7.) The duties of all ranks in the Royal Army Medical Corps.
- (8.) Recruiting and invaliding, including a knowledge of civil law as it affects lunatics in the Service.
- (9.) The relations of the medical to all other branches of the Army as defined by the various codes of regulations in force.
- (10.) The Army Medical Services of other Powers.

45. Should an Officer fail to obtain 50 per cent. of the total number of marks, he will be allowed, after an interval of 6 months and before he has completed his 20th year of actual service, to present himself again for examination. Should he fail a second time, he will be compulsorily retired on a gratuity of £2,500 or he may, by special permission of the Secretary of State, complete 20 years' service and then retire on a pension.

46. Promotion to the rank of Lieutenant-Colonel will be by selection from among those Officers who have passed the qualifying examination, and who have completed 20 years' service, subject to such acceleration as he may have obtained under paragraphs 32 and 38. If not selected for promotion within 12 months from the completion of 20 years' actual service, an officer will be permitted to remain on the pay of a Major until he completes 25 years' service, subject to acceleration, when he will be compulsorily retired on the pension of his rank (see Article 267, Royal Warrant).

47. During his service as Lieutenant-Colonel an Officer may be selected for a higher rate of pay under Article 362, Royal Warrant for Pay and Promotion, which rate he will retain until promotion to the rank of Colonel.

48. The promotion to the rank of Colonel and Surgeon-General shall be by selection. Service in India shall not be necessary for promotion to either rank.

49. Medical Officers shall be eligible for brevet promotion in the Royal Army Medical Corps in the same manner as Officers in the other branches of the Service; and such promotion may be given either for distinguished service in the field, or for distinguished service of an exceptional nature other than in the field.

50. Junior Medical Officers shall be gazetted directly to the regiments of the Household Brigade, and shall not be attached to them from the Royal Army Medical Corps as at present.

51. By special authority of the Secretary of State Medical Officers of the Household Brigade may be appointed Colonel in the Royal Army Medical Corps if they have complied with the conditions laid down in Article 362, Royal Warrant for Pay and Promotion, or as a reward for exceptional merit on active service.

52. When an Officer is in charge of a hospital he shall receive charge pay at the rate specified in Appendix.

53. The appointment to the charge of certain selected station hospitals, to be hereafter specified by the Advisory Board, shall be for a term of not less than 3 years.

54. With the exception of Officers attached to units, appointments to a district shall, unless broken by a tour of foreign service, be for a term of 2 years.

55. Should it be necessary to move an Officer from his station for other than temporary duty at an earlier date, a report of the circumstances shall be forwarded by the Principal Medical Officer of the Army-Corps to the Director-General.

56. The Principal Medical Officer in each Army-Corps and in each district shall be the Staff Officer of the General Officer Commanding for all medical and sanitary services, and shall be responsible to him for the administration of all hospitals and medical stores.

57. The Principal Medical Officer shall deal with all matters in his district, and shall only refer to the Advisory Board in cases of serious doubt or difficulty.

58. Every Army-Corps shall have a completely equipped bearer company and field hospital and a proportion of other medical field units at its headquarters, in order that the Officers and men of the Royal Army Medical Corps may receive instruction and gain practical experience in the performance of field duties.

59. With the view of reducing the number of slight cases of illness in hospital, and thus providing accommodation for those of a serious nature, convalescent homes shall be established in each district to which soldiers recovering from severe illness may be sent. These homes, which are intended for men who are so far recovered as to be able to dispense with the services of nurses, shall be visited daily by a Medical Officer.

60. Medical Officers in charge of units shall be instructed to retain in barracks cases of injury or illness of a trivial character, which are likely only to interfere for a few days with the soldiers' performance of his duties.

61. For the reception of such cases a barrack room shall be set aside, when available, in which they will be attended by the Medical Officer in charge of the unit. The Medical Officers will, however, as far as possible, treat light cases of illness as out-patients.

62. In small stations where no military hospitals are available arrangements may be made with the authorities of the local civil hospital for the admission thereto of cases requiring treatment as in-patients, and shall continue to serve in that rank under the following conditions:—

(a.) After 3 years' service from the date of his promotion to the rank of Major, he shall be granted a higher rate of pay (see Appendix).

(b.) At the conclusion of 3 years from the date of his advancement to the higher grade (making 6 years in the rank), he shall, if his service has been satisfactory, be allowed by the Secretary of State to adopt one of the following alternatives:—

(i.) To retire on a gratuity of £2,500. (see Appendix).

(ii.) To continue in the Service.

44. Should he elect to continue in the Service, he shall, before he has completed 20 years' service (subject to such acceleration as he may have obtained under paragraphs 32 and 38), be granted 3 months' study leave, and at the end of that time be required to undergo a qualifying examination for promotion to the rank of Lieutenant-Colonel, in the following subjects:—

- (1.) Hospital organization, administration, and equipment in peace and war, including the disposal of the sick and wounded.
- (2.) Organization, administration, and equipment in war of all medical units in the field and on the lines of communication.
- (3.) The sanitation of towns, camps, troop-transports, and all places likely to be occupied by troops in peace and war.
- (4.) Epidemiology and management of epidemics, and the relations of civil law as regards infectious diseases.
- (5.) The medical history of important modern campaigns.
- (6.) The administration, command and discipline of the Royal Army Medical Corps, and of other persons who may come under the jurisdiction of an Officer of the corps.
- (7.) The duties of all ranks in the Royal Army Medical Corps.
- (8.) Recruiting and invaliding, including a knowledge of civil law as it affects lunatics in the Service.
- (9.) The relations of the medical to all other branches of the Army as defined by the various codes of regulations in force.
- (10.) The Army Medical Services of other Powers.

45. Should an Officer fail to obtain 50 per cent. of the total number of marks, he will be allowed, after an interval of 6 months and before he has completed his 20th year of actual service, to present himself again for examination. Should he fail a second time, he will be compulsorily retired on a gratuity of £2,500 or he may, by special permission of the Secretary of State, complete 20 years' service and then retire on a pension.

46. Promotion to the rank of Lieutenant-Colonel will be by selection from among those Officers who have passed the qualifying examination, and who have completed 20 years' service, subject to such acceleration as he may have obtained under paragraphs 32 and 38. If not selected for promotion within 12 months from the completion of 20 years' actual service, an officer will be permitted to remain on the pay of a Major until he completes 25 years' service, subject to acceleration, when he will be compulsorily retired on the pension of his rank (see Article 267, Royal Warrant).

47. During his service as Lieutenant-Colonel an Officer may be selected for a higher rate of pay under Article 362, Royal Warrant for Pay and Promotion, which rate he will retain until promotion to the rank of Colonel.

48. The promotion to the rank of Colonel and Surgeon-General shall be by selection. Service in India shall not be necessary for promotion to either rank.

49. Medical Officers shall be eligible for brevet promotion in the Royal Army Medical Corps in the same manner as Officers in the other branches of the Service; and such promotion may be given either for distinguished service in the field, or for distinguished service of an exceptional nature other than in the field.

50. Junior Medical Officers shall be gazetted directly to the regiments of the Household Brigade, and shall not be attached to them from the Royal Army Medical Corps as at present.

51. By special authority of the Secretary of State Medical Officers of the Household Brigade may be appointed Colonel in the Royal Army Medical Corps if they have complied with the conditions laid down in Article 362, Royal Warrant for Pay and Promotion, or as a reward for exceptional merit on active service.

52. When an Officer is in charge of a hospital he shall receive charge pay at the rate specified in Appendix.

53. The appointment to the charge of certain selected station hospitals, to be hereafter specified by the Advisory Board, shall be for a term of not less than 3 years.

54. With the exception of Officers attached to units, appointments to a district shall, unless broken by a tour of foreign service, be for a term of 2 years.

55. Should it be necessary to move an Officer from his station for other than temporary duty at an earlier date, a report of the circumstances shall be forwarded by the Principal Medical Officer of the Army-Corps to the Director-General.

APPENDIX. PROPOSED RATES OF PAY, &c., FOR MEDICAL OFFICERS.

	Pay per annum	Allowance, including sleeping, fuel and light	Total
Lieutenant on Probation and Lieutenant.	£ 4 4	0 0	£ 4 4
Captain, i.e. after 3 years' service	50 0 0	7 10 0	57 10 0
.. after 7 years' total service	57 0 0	10 15 0	67 15 0
.. after 10 years' total service	67 4 0	10 15 0	77 5 0
.. after 15 years' total service	77 0 0	10 15 0	87 15 0
Major, i.e. after 15 years' total service	400 0 0	107 12 10	507 12 10
.. after 2 years' service as such	475 0 0	107 12 10	582 12 10
Lieutenant-Colonel, i.e. after 20 years' service	547 0 0	160 15 4	707 15 4
Lieutenant-Colonel, selected under paragraph 362 of the Royal Warrant (establishment of 50)	450 0 0	160 15 4	610 15 4
Colonel	500 0 0	210 15 10	710 15 10
Surgeon-General	500 0 0	Consolidated	500 0 0
Director-General	500 0 0	Consolidated	500 0 0

The pay of Officers of the Royal Army Medical Corps below the rank of Major while serving in India shall be increased so as to bear the same ratio to the above rates for non-Indian service as at present exists.

CHARGE PAY (see paragraph 50).

Hospitals of 500 beds or more	per diem
300	10 0
100	7 6
50	5 0

SPECIALIST PAY (see paragraph 41).
In Public Health and in any subject mentioned in paragraph 26, 2s. 6d. per diem.

REFERRED PAY AND GRATUITIES.
As already existing, with the following exceptions (see paragraphs 29 and 35):—
Pay on the Reserve, £25 per annum.
Gratuity after 9 years' service, £1,000; £2,500 after 18 years' service.

THE ARMY AND INDIAN NURSING SERVICE.

The Committee appointed by the Secretary of State for War to consider the Reorganization of the Army and Indian Nursing Service, consisting of the same members as the Committee on the Reorganization of the Army Medical Services, has drawn up the following report:—

SCHEME FOR THE REORGANIZATION OF THE ARMY AND INDIAN NURSING SERVICE.

1. There shall be one Military Nursing Service for His Majesty's Army in the United Kingdom, India, and the Colonies, to be designated "Queen Alexandra's Imperial Military Nursing Service" (Q.A.I.M.N.S.). In this service shall be amalgamated the existing Army Nursing Service and the Indian Nursing Service.

2. Her Majesty Queen Alexandra shall be requested graciously to assume the Presidency of this Service.

3. The Nursing Service shall be under the immediate control of Her Majesty Queen Alexandra as President, and of a Nursing Board constituted as follows:—

President.—Her Majesty Queen Alexandra.
Chairman.—The Director-General, Army Medical Service, or an Officer nominated by him.
Two members of the Advisory Board, Army Medical Service, of whom one shall be a civilian.

The Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service.
Three matrons of large civil hospitals with medical schools.

One representative of the India Office to be appointed by the Secretary of State for India.
Two members to be nominated by Her Majesty the President, and holding office for 3 years.

4. Upon this Nursing Board the civilian members of the Advisory Board, Army Medical Service, and the matrons of civil hospitals shall be appointed by the Crown, on the advice of the Secretary of State, and shall hold office for a period of 3 years, renewable on expiration of the term of appointment.

A matron of a civil hospital shall receive an honorarium of £25 per annum while serving on the Board.

5. The Nursing Board, of which three shall form a quorum, shall usually meet at fortnightly intervals. The minutes of the proceedings of the Nursing Board shall be laid by the Matron-in-Chief before the Advisory Board. It shall be in the power of the Advisory Board to refer back any point to the Nursing Board for reconsideration, and in case of a divergence of opinion between the Boards, the matter in question shall be referred to the Secretary of State.

6. Subject to the general control of the Advisory Board the Nursing Board shall be responsible for:—

- (1.) Advising the Secretary of State upon the strength of the Nursing Staff of various grades requisite in each military hospital (including the hospitals for women and children attached to military stations), having regard to the character of the cases admitted, and subject to the proviso that as a general rule hospitals containing fewer than 100 beds will not be provided with a regular female nursing staff (vide paragraph 14).
- (2.) Defining the conditions under which nurses may enter the Service, the terms of their appointment, and the duties to be performed in the several grades of the Nursing Service.
- (3.) Dealing with all questions relating to the uniform and clothing allowance of the Nursing Service.
- (4.) Receiving and considering reports from Matrons-in-Chief and the matrons of the various hospitals.
- (5.) Recommending to the Commander-in-Chief, for the approval of the Secretary of State, the appointment, retention, promotion, retirement, dismissal, and distribution of the members of the Nursing Service.
- (6.) Arranging for the selection and engagement of additional nurses, the organization of the requisite nursing staff, and the appointment of Principal Matrons in case of war or epidemic.
- (7.) Advising the Secretary of State upon the formation of the Nursing Bessers of the Queen Alexandra's Imperial Military Nursing Service.
- (8.) Arranging for the periodical inspection of military hospitals as regards nursing efficiency.
- (9.) Submitting to the Secretary of State, through the Advisory Board, a scheme for the organization and development in India of the Queen Alexandra's

Imperial Military Nursing Service, which shall allow for adequate local control, subject to the general authority of the Nursing Board.

7. The Queen Alexandra's Imperial Military Nursing Service shall consist of—

- (1.) A Matron-in-Chief and Principal Matrons.
- (2.) Matrons.
- (3.) Sisters.
- (4.) Nurses.

8. All matrons, sisters, and nurses of the Queen Alexandra's Imperial Military Nursing Service shall be entitled to wear an appropriate badge which, by special permission only of Her Majesty the Queen, may be retained by the wearer after leaving the Service.

9. The Matron-in-Chief shall have a seat on the Advisory Board, acting as a Member of the Board whenever matters concerning the Nursing Service are under discussion, and in her absence a Principal Matron shall take her duties.

10. The Matron-in-Chief shall be the medium of communication between the Director-General and the Queen Alexandra's Imperial Military Nursing Service, in all matters connected with that Service.

11. The Matron-in-Chief shall 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 nurses under their control.

12. The Matron-in-Chief shall keep herself acquainted with the administration of the nursing service in the various military hospitals.

13. She shall submit to the Nursing Board recommendations for the appointment, promotion, retirement, dismissal, and distribution of members of the service.

14. She shall be responsible for maintaining a sufficient staff of special nurses, detailing them for duty in cases of emergency, or for service in smaller hospitals.

15. She shall present every year to the Nursing Board a scheme for the annual leave of matrons and special nurses, and shall report to the Board the arrangements made by matrons for the annual leave of sisters and nurses.

16. Amongst the duties of a matron, to be defined in detail by the Nursing Board, shall be the following—

- (1.) To recommend suitable candidates for admission to the service in accordance with the prescribed regulations.
- (2.) In conjunction with the Medical Officer in charge of the hospital to forward to the Matron-in-Chief such confidential reports with regard to the work and conduct of the nursing staff as may be required, and to make recommendations for retention, promotion, retirement, and dismissal.

(3.) To be responsible for the general nursing arrangements of the hospital, for the due performance of their duties by the sisters and nurses, and for the maintenance of good conduct, efficiency, and discipline amongst all members of the female nursing staff. In conjunction with the Medical Officer in charge of the hospital to report upon these matters at stated intervals to the Nursing Board through the Matron-in-Chief.

(4.) To exercise similar functions as regards the hospital for women and children in a station where such hospital exists.

(5.) In urgent cases to provide, where practicable, for the nursing of women and children on the married establishment.

(6.) To engage and dismiss the female servants appointed to attend upon the nursing staff, and to be responsible for their discipline, good conduct, and efficiency.

(7.) To undertake the daily inspection of the nurses' quarters to ensure that they are clean, well ventilated, and kept in good order.

(8.) To be responsible to the Medical Officer in charge of the hospital for sufficient supply, good condition, and cleanliness of the bedding and linen in the nurses' quarters and the wards under her nursing charge.

(9.) To see that proper medical and nursing attendance is provided without delay for sick members of the nursing or female domestic staff.

(10.) To arrange the annual leave of sisters, nurses, and female domestic staff, reporting thereon to the Matron-in-Chief.

17. A Principal Medical Officer shall report annually to the Nursing Board, through the General Officer Commanding, upon the conduct and efficiency of the matrons of hospitals within his district.

18. Amongst the duties of a sister in charge of a ward, to be defined in detail by the Nursing Board, shall be the following—

- (1.) To be responsible for the cleanliness, ventilation, and good order of her ward and its annexes.
- (2.) To attend the Medical Officers in their visits to the ward, and carefully to carry out their orders with regard to the diet and treatment of patients.
- (3.) To see that the nurses and orderlies perform their duties punctually and efficiently, reporting any breach of discipline or neglect of duty on the part of a nurse to the Matron, and on the part of an orderly to the Medical Officer in charge of the ward, or in his absence to a warrant or non-commissioned officer of the Royal Army Medical Corps.
- (4.) To take part in the nursing of all patients seriously ill.
- (5.) To be responsible to the Matron and Medical Officer of the ward for sufficient supply, good condition, and cleanliness of the bedding and linen, and for the personal cleanliness of the patients.

19. Amongst the conditions under which nurses may enter the Service, and the terms of their appointment (to be defined in detail by the Nursing Board) are the following—

- (1.) A candidate must be of British parentage, be between 25 and 35 years of age, and possess a certificate of not less than 3 years' training and service in medical and surgical nursing in a Civil Hospital recognized by the Advisory Board. She shall be required to satisfy the Nursing Board that as regards education, character, and social status she is a fit person to be admitted to the Queen Alexandra's Imperial Military Nursing Service.
- (2.) If provisionally accepted she shall be placed on probation for a period of 3 months, at the end of which time, if her work and conduct are reported to be satisfactory by the matrons of the hospital, she may, after having been medically examined, enter into an agreement binding herself to 3 years' service in the Queen Alexandra's Imperial Military Nursing Service, and undertaking to conform to the rules and regulations of the Service. The agreement shall be dated from the time at which the nurse was provisionally accepted, and may, on the recommendation of the Commander-in-Chief, be

terminated at any time by 3 months' notice from the Secretary of State, or in case of grave breach of discipline or misconduct, without notice.

(3.) On the expiration of her 3 years' term of service a nurse may be permitted—

- (a.) To retire from the Service.
- (b.) To continue in the Service as a staff nurse, with an agreement terminable at any time by one month's notice on either side.
- (c.) To join the staff of special nurses under the orders of the Matron-in-Chief, with an agreement terminable at any time by one month's notice on either side.
- (d.) To offer herself for promotion to the post of sister, undertaking to serve for at least one year, and afterwards under an agreement terminable at any time by one month's notice on either side.
- (e.) To enter into a fresh agreement for service, as nurse or sister in India or elsewhere abroad, for a period of 3 or 5 years, according to climate.

20. All present members of the Army and Indian Nursing Services, and members of the Army and Indian 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.

21. Any present member of the existing Services, 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 member who may decline to accept the new terms of employment shall be allowed to serve upon the terms of her present engagement.

22. PAY.

(a.) Nursing Staff—
Matron-in-Chief, £250 a year, rising by annual increments of £10 to £300, and lodging allowance.

Principal Matron in India, £230 a year, rising by annual increments of £10 to £260, and lodging allowance.

Principal matrons, £110 a year, rising by annual increments of £5 to £160.

Matrons, according to size of hospital, £70 to £100 a year, rising by annual increments of £5 to £120 to £150.

Sisters, £37 10s. a year, rising by annual increments of £2 10s. to £50.

Nurses, £25 a year, rising by annual increments of £2 10s. to £35.

(b.) Female servants—
£15 a year, rising by annual increments of £1 to £20.

23. ALLOWANCES.

(a.) Nursing Staff—
Home station, board and washing, 15s. a week.
Station abroad, board and washing, 21s. a week.
Station abroad, washing, 3s. 6d. a week.
Home station, uniform, 25 per annum.
Station abroad, uniform, 47 per annum.

(b.) Female servants—
Home and abroad, cloaks, £2 per annum.

(c.) Female servants—
Board and washing, 10s. 6d. a week.

24. Allowances at the recognized scale shall be given for India and Colonial service.

25. The regular annual leave of members of the Queen Alexandra's Imperial Military Nursing Service in Home Stations shall be as follows—
Matrons, 6 weeks.
Sisters, 5 weeks.
Nurses, 4 weeks.

Leave at stations abroad shall be granted on the military system.

26. It is desirable that all members of the Queen Alexandra's Imperial Military Nursing Service should be eligible to apply for a pension at the age of 50 years, and should be retired at the age of 55 years. Rates of pension shall be according to the scale laid down in Article 1233, Royal Warrant for Pay and Promotion.

ST. JOHN BRODRICK.
E. W. D. WARD.
G. DE C. MOITTON, Major-General.
JAMES WILCOCKS, Colonel.
FREDERICK TREVELYAN.
WILLIAM THOMSON.
W. R. HOFFER, Surgeon-General.
G. H. MARINE.
HOWARD H. TOOTH.
ALFRED D. FRIPP.
ALFRED KEOGH, Lieut.-Col., R.A.M.C.
ALEX. OSKOT.
E. C. FRERY.
H. E. E. JAMES, Major, R.A.M.C., Secretary.

We publish this morning the reports of Mr. BRODRICK's Committee on the future organization of the medical and nursing services of the Army, and it will be apparent to all who consider them that they represent a sincere endeavour to bring up these services to complete efficiency, under the guidance of the experience recently gained in South Africa, and also to remove a number of grievances, many real and some possibly of a less serious character, of which the members of the Army Medical Corps have for a long period unavailingly complained. In both services it is recommended that an element of civilian knowledge and experience should be introduced; to be provided, with regard to the Medical Corps, by placing it under the supervision of an "Advisory Board" for Army medical services, to be constituted of the Director-General and Deputy-Director-General; of two officers of the corps, one possessing a special knowledge of sanitation and the other of tropical diseases; of two civilian physicians and two civilian surgeons, to be appointed for a period of three years by the Crown on the recommendation of the Secretary of State, but who must hold or have held office

as visiting physicians or surgeons to a leading civil hospital, and must not be more than fifty-five years of age on first appointment, nor eligible to continue in office after the age of sixty; of one representative of the War Office appointed by the Secretary of State; of one representative of the India Office appointed by the Secretary of State for India; and of the Matron-in-Chief of QUEEN ALEXANDRA'S Imperial Military Nursing Service. The Advisory Board, thus constituted, will be charged with a large proportion of the duties which have hitherto devolved upon the Director-General alone; and will be called upon to report to the Secretary of State upon all matters concerned with medicine, surgery, sanitation, and epidemic diseases as they affect the military services. It will also advise upon the adequate provision and equipment of hospitals, and upon the supply of all requirements for the patients; will prepare a scheme for the expansion of the service to meet the demands of war or of serious epidemic illness; will report upon all plans for new hospitals, and upon plans for barracks and standing camps; will draw up a list of civil hospitals recognized as places of study for members of the corps and for members of the nursing service; will arrange for the regular inspection of military hospitals and for reports upon their efficiency; will consider the proposals of the Director-General with regard to the promotion of officers or their retention in the service beyond the fixed age for retirement; will regulate the admission and examination of candidates for commissions in the corps, and of officers on promotion; and will exercise a general control over the nursing service, consulting with the nursing board on a scheme for the training of orderlies as attendants upon the sick and wounded. The Matron-in-Chief will only come into consultation in respect of nursing matters, and without her the board of ten persons must always contain four civilians, and may not possibly contain two more, in the nominees of the Secretaries of State for War and for India. It is manifest that, in such a board, the elements of civilian knowledge and outside public opinion must always have free play, and will be in no danger of being thrust aside by considerations peculiar to the service itself.

The problem of how to secure for the Army a class of candidates fairly representative of the élite of the young medical practitioners of the day is one that must have occasioned the committee much anxious consideration, and which we hope it will be proved by experience that they have solved. Retaining the former age limit of 28 years, except in the case of civilian surgeons who may have served in South Africa and may be desirous to enter the corps, the first change recommended is in the character of the entrance examination, which is to be freed from all elementary or students' subjects, and from languages, and is to be a clinical and practical examination in medicine and surgery alone, against which no qualified practitioner could raise any serious objection. The successful candidates will be appointed lieutenants on probation, and will pass through a two months' course of instruction in hygiene and bacteriology and a three months' course in stretcher and ambulance drill, military economy and law, and hospital management, each followed by an examination in the work that has been done. Those who satisfy the examiners will then obtain commissions, and each will be attached for duty to a battalion, regiment, or other unit, and while thus attached will also be detailed for duty in a station hospital. An important provision will permit a candidate who is successful at the entrance examination, and who may either hold or be immediately appointed to the office of house-surgeon in a recognized civil hospital, to be seconded for the purposes of such appointment for a period not exceeding a year, receiving no pay from Army funds, but counting time towards pension or gratuity. At the end of three years from the confirmation of his appointment as lieutenant an officer who so desires will be permitted to retire from the service—a provision which will permit young medical men to make a fair trial of military life and duty, with the knowledge that they are not committing themselves to it as a career. On the other hand, an officer whose conduct has been satisfactory (in the opinion of the Advisory Board) will be permitted either to continue in the service or to engage for a period

of seven years in the Reserve of Officers, receiving the sum of £25 per annum while so serving, and capable, in certain circumstances, of being restored to the active list. The officer who continues in the service will be attached for six months to a recognized hospital in a place where he has opportunities of gaining further professional knowledge, and at the end of that time will be examined in medicine, surgery, hygiene and sanitation, bacteriology, and tropical diseases. At this examination, and at all subsequent ones, a new and very important provision will come into operation. One hundred marks will be attainable in each subject, and forty marks will be required in each as a pass standard. Between these limits the candidates will be classified. Those who obtain eighty-five marks will receive a special certificate of excellence, and save eighteen months of time in respect of eligibility for promotion to the next rank. Those who obtain eighty

marks will go into the first class and save twelve months, are seldom born full grown. With regard to the social troubles of which some members of the Army Medical Corps have complained, it is probable that no official steps could be taken for their removal. It would be useless for the War Office to prescribe a code of manners to be observed by "combatant" officers towards their medical brethren. We shall be much surprised, with regard at least to those who have served in South Africa, if it be not found that companionship in the field has removed prejudices and healed dissensions. Some of the combatant officers, it is not too much to hope, will have learned by the exposure of their own deficiencies in point of professional knowledge to appreciate the professional knowledge of others, and to remember, as SWIFT somewhere says, that it is ignorance which begets disdain. Under the new conditions it will probably be regarded as the fault of the medical officers themselves if they fail to make

themselves respected and to render their services there; and it will exercise a general control over the nursing service, which is, however, to be under the direct control of a Nursing Board, in connection with the formation of which another and separate report has been issued. These functions of the Advisory Board all relate to the routine of the army medical service. In war time and on the occasion of serious epidemics exceptional circumstances will have to be dealt with, and it is proposed that one of the first duties of the Board shall be to prepare a plan for the automatic expansion of the service to meet these emergencies. This plan will deal with questions of ambulance and transport, the equipment of all medical units at the base and front and on the lines of communication, the supply of drugs and medical comforts, the employment in the service of civilian surgeons, nurses, and orderlies, and the utilisation of all voluntary effort for the relief of the sick and wounded." With such a scheme carefully but not too rigidly drawn up, the country should be in a better state than it was two years ago to meet the contingencies involved in a great campaign.

While these changes are suggested in the governing body of the Army Medical Corps, important recommendations are made regarding the personnel of the service. All elementary or students' subjects and languages are to be eliminated from the entrance examination, which is to be made clinical and practical, and a valuable provision is that a candidate who may be successful and who may hold at the time or be immediately appointed to the office of house surgeon in a recognised civil hospital, shall be permitted to continue in such a post for a year, not receiving pay from army funds but counting time towards pension or gratuity. At the end of three years the young lieutenant will either elect to continue in the service, or, if he finds military life not to his taste, go into the reserve for seven years, receiving £25 a year. Ample opportunity is thus given to a young man to make up his mind, and in entering the army he will not feel that he has relinquished all hope of returning to civilian practice. Similarly provision is made for the voluntary retirement of captains and majors with gratuities of £1000 and £2500 respectively. Perhaps the most important innovation is the introduction of promotion by merit. The lieutenant who chooses to remain in the corps at the end of his three years of experimental service must pass an examination, and if he makes more than 85 per cent. his promotion will be accelerated by 18 months, if more than 90 per cent. by 12 months, and so on. This provision applies to all subsequent examinations also, and it should do something to encourage men of talent to enter a service where hitherto advancement has been a matter of years and not ability. A considerable increase of pay in all ranks of the service is proposed, a lieutenant receiving from the first £325 10s a year. While an attempt is made in the scheme to keep the army medical department abreast of the medical profession generally, Professor Ogston holds that much greater facilities should be given to medical officers to attend civilian patients, and thus to benefit by wider experience than is to be got in military hospitals. There is a great deal of truth in Professor Ogston's argument, for the narrowing influences which have had such a detrimental effect upon the efficiency of the army medical service, and have left it in the backwater of medical progress, cannot be too strongly guarded against. The dire mortality among our troops in South Africa by disease has also impressed Professor Ogston, as it cannot fail to have impressed anyone who like him had an opportunity of witnessing the ravages wrought by enteric, and he holds that the scheme of the Committee should have included the establishment of a sanitary corps, whose special duty would be to see to sanitary measures in peace or war. On the whole, however, the Committee has done its work well. The proposed reforms have been carefully thought out, and, even though they be but an instalment of what some might wish to see, they should do much to raise the status and enhance the efficiency of the army medical service.

OFFICE MEMORANDUM No. 363.

The following information is circulated for Office use only.

E. W. D. WARD.

WAR OFFICE,
12th October 1901.

I.

WAR OFFICE COUNCIL.

The Secretary of State has directed that in future the War Office Council shall be constituted as follows:—

President.

The Secretary of State for War.

Members.

The Commander-in-Chief.
The Parliamentary Under Secretary of State.
The Permanent Under Secretary of State.
The Financial Secretary.
The Quarter-Master-General.
The Inspector-General of Fortifications.
The Director-General of Ordnance.
The Adjutant-General.
The Director-General of Mobilization and Military Intelligence.
The Director-General, Army Medical Department (for medical and sanitary questions).
The Secretary of the Council.

And such other members of the Staff of the War Office as may be specially summoned from time to time.

- In the absence of the Secretary of State, the Commander-in-Chief will act as President.
- The Council will meet on Mondays, unless otherwise ordered, at 12 o'clock, in the Secretary of State's room.
- The Council will discuss such matters as may be referred to it by the Secretary of State and any question brought before it by

have been framed upon a liberal scale, but also to have been dictated by careful study of the wants of the service, and of the places at which the shoe has been felt to pinch by some of those who have hitherto worn it. The majority of the suggestions seem, indeed, to be so excellent that it may be hoped that they will be taken into consideration by the Admiralty, with a view to the establishment of some similar system, with such modifications as may be necessary for the improvement of the medical service of the Navy, and for the removal of difficulties or grievances which have arisen in connexion with it. It will be seen that two members of the committee have taken exception to the scheme on certain points. The objections of SIR WILLIAM THOMSON refer to details of comparative unimportance; and those of PROFESSOR OGSTON may perhaps be met by saying that all the recommendations are in the right direction, and that hereafter, if necessary, they may be amended by the light of experience. Schemes, like other things, even professors them-

two being physicians and two surgeons, who have recently held or hold posts on the staffs of leading civil hospitals anywhere in the country and who are not above 55 years of age upon first appointment to the Board. This provision will, it is hoped, serve to keep the controlling power in the army medical service in constant touch with the profession at large. The duties of the Advisory Board are detailed at considerable length. It will advise the Secretary for War on all matters connected with the health of the army; it will report upon all plans for hospitals and upon standard plans for barracks; it will draw up a list of civil hospitals recognised as places of study for members of the Army Medical Corps; it will make surprise inspections of hospitals; it will ascertain whether the equipment and treatment in these hospitals is in accordance with modern medical and surgical requirements; it will detail officers to visit foreign armies and study the medical

THE Free Press.

TUESDAY, OCTOBER 1, 1901.

The Committee appointed by the Secretary of State to consider the reorganisation of the Army Medical Corps, which has been discussed with interest by those who are concerned with the movement for reform in the medical services, has received such an amount of support from the South African War, as formulated by the Committee, arrived at with practical effect that the scheme does not seem to be a good one. First, however, it may be noted some of the general ideas of reorganisation drawn up by the Committee. An Advisory Board, which will advise the Secretary for War on all matters connected with the health of the army; it will report upon all plans for hospitals and upon standard plans for barracks; it will draw up a list of civil hospitals recognised as places of study for members of the Army Medical Corps; it will make surprise inspections of hospitals; it will ascertain whether the equipment and treatment in these hospitals is in accordance with modern medical and surgical requirements; it will detail officers to visit foreign armies and study the medical

individual members. In order that a précis may be prepared, notice of the matters for discussion, together with the office papers on the subject, should reach the Secretary not later than the Wednesday evening before each meeting.

5. Records of the proceedings will be kept, and copies will be supplied to each member.

II.

Permanent Executive Committee of the War Office.

6. With the object of co-ordinating the business of the office and of ensuring that combined action may be taken in matters affecting more than one department, the Secretary of State has approved the formation of an Executive Committee, consisting of the following :—

- | | |
|--|--------------------|
| The Permanent Under Secretary of State,
or, in his absence, | } <i>Chairman.</i> |
| The Assistant Under-Secretary of State. | |
| The Deputy Adjutant-General, or, in his absence, an Officer selected by the Adjutant-General. | |
| The Assistant Quarter-Master-General, or Officer selected by the Quarter-Master-General. | |
| A Deputy Inspector-General of Fortifications, or an Officer selected by the Inspector-General of Fortifications. | |
| The Deputy Director-General of Ordnance, or an Officer selected by the Director-General of Ordnance. | |
| An Officer of the Mobilization Section of the Department of the Director-General of Military Intelligence. | |
| The Deputy Accountant-General, or an Assistant Accountant-General. | |
| The Deputy Director-General, Army Medical Department, or an Officer selected by the Director-General. | |
| The Assistant Director of Contracts. | |
| The Secretary of the War Office Council, who will act as Secretary of the Executive Committee. | |

7. All important questions will be brought before the Committee in order that combined action may be taken when the subject concerns more than one department.

8. It will be the duty of the representative of each department in which a subject is initiated, or to which a subject has been referred in its initial stages, to state briefly to the Committee the steps which his department is about to take and he will also bring to the notice of the Committee any important development which may arise in a matter in which action has commenced. The Committee will discuss the course to be pursued, and the representative of each department will be responsible for reporting subsequently to the Committee the progress of the action decided upon.

9. The Chairman will bring to the notice of the Committee any cases in which it appears that there has been delay in connection with the completion of a subject.

10. A record of the proceedings will be kept by the Secretary for submission by the Permanent Under Secretary to the Secretary of State. Copies will be supplied to all departments of the office.

11. The Committee will meet in Room 48 in War Office, Pall Mall, on Tuesdays and Fridays at 12 o'clock.

III.

Special Departmental Committees.

12. The Secretary of the War Office Council and Executive Committee will carry out the necessary arrangements for the formation of special committees approved by the Secretary of State, and will report from time to time to the Permanent Under Secretary of State the progress made by each. Papers containing the reports of Committees will be marked, in the first instance, to the Secretary, War Office Council, &c., and will be eventually p.a. by him.

IV.

The Secretary of State has appointed Mr. Brade to be Secretary of the War Office Council and Permanent Executive Committee.

V.

The Army Board.

The constitution and duties of the Army Board will remain as at present, subject to the following alterations, which have been approved by the Secretary of State :—

(a.) The Director-General, Army Medical Department, will be a member.

(b.) In addition to its present duties, the Board will be charged with the consideration of—

- (1.) The annual estimates prepared by heads of departments and the allocation of the sums allotted for military purposes.
- (2.) The establishments of officers and men of the Regular, Militia, Yeomanry, and Volunteer Forces
- (3.) Any important subject which the Commander-in-Chief or the head of a military department may desire to bring forward for discussion.

(c.) The Board will meet at such dates as may be fixed by the Commander-in-Chief.

Imperial Military Nursing Service, which shall allow for adequate local control, subject to the general authority of the Nursing Board.

7. The Queen Alexandra's Imperial Military Nursing Service shall consist of—

- (1.) A Matron-in-Chief and Principal Matrons.
- (2.) Matrons.
- (3.) Sisters.
- (4.) Nurses.

8. All matrons, sisters, and nurses of the Queen Alexandra's Imperial Military Nursing Service shall be entitled to wear an appropriate badge which, by special permission only of Her Majesty the Queen, may be retained by the wearer after leaving the Service.

9. The Matron-in-Chief shall have a seat on the Advisory Board, acting as a Member of the Board whenever matters concerning the Nursing Service are under discussion, and in her absence a Principal Matron shall take her duties.

10. The Matron-in-Chief shall be the medium of communication between the Director-General and the Queen Alexandra's Imperial Military Nursing Service, in all matters connected with that Service.

11. The Matron-in-Chief shall 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 nurses under their control.

12. The Matron-in-Chief shall keep herself acquainted with the administration of the nursing service in the various military hospitals.

13. She shall submit to the Nursing Board recommendations for the appointment, promotion, retirement, dismissal, and distribution of members of the service.

14. She shall be responsible for maintaining a sufficient staff of special nurses, detaching them for duty in cases of emergency, or for service in smaller hospitals.

15. She shall present every year to the Nursing Board a scheme for the annual leave of matrons and special nurses, and shall report to the Board the arrangements made by matrons for the annual leave of sisters and nurses.

16. Amongst the duties of a matron, to be defined in detail by the Nursing Board, shall be the following:—

- (1.) To recommend suitable candidates for admission to the service in accordance with the prescribed regulations.
- (2.) In conjunction with the Medical Officer in charge of the hospital to forward to the Matron-in-Chief such confidential reports with regard to the work and conduct of the nursing staff as may be required, and to make recommendations for retention, promotion, retirement, and dismissal.
- (3.) To be responsible for the general nursing arrangements of the hospital, for the due performance of their duties by the sisters and nurses, and for the maintenance of good conduct, efficiency, and discipline amongst all members of the female nursing staff. In conjunction with the Medical Officer in charge of the hospital to report upon those matters at stated intervals to the Nursing Board through the Matron-in-Chief.
- (4.) To exercise similar functions as regards the hospital for women and children in a station where such hospital exists.
- (5.) In urgent cases to provide, where practicable, for the nursing of women and children on the married establishment.
- (6.) To engage and dismiss the female servants appointed to attend upon the nursing staff, and to be responsible for their discipline, good conduct, and efficiency.
- (7.) To undertake the daily inspection of the nurses' quarters to ensure that they are clean, well-ventilated, and kept in good order.
- (8.) To be responsible to the Medical Officer in charge of the hospital for sufficient supply, good condition, and cleanliness of the bedding and linen in the nurses' quarters and the wards under her nursing charge.
- (9.) To see that proper medical and nursing attendance is provided without delay for sick members of the nursing or female domestic staff.
- (10.) To arrange the annual leave of sisters, nurses, and female domestic staff, reporting thereon to the Matron-in-Chief.

17. A Principal Medical Officer shall report annually to the Nursing Board, through the General Officer Commanding, upon the conduct and efficiency of the matrons of hospitals within his district.

18. Amongst the duties of a sister in charge of a ward, to be defined in detail by the Nursing Board, shall be the following:—

- (1.) To be responsible for the cleanliness, ventilation, and good order of her ward and its annexes.
- (2.) To attend the Medical Officers in their visits to the ward, and carefully to carry out their orders with regard to the diet and treatment of patients.
- (3.) To see that the nurses and orderlies perform their duties punctually and efficiently, reporting any breach of discipline or neglect of duty on the part of a nurse to the Matron, and on the part of an orderly to the Medical Officer in charge of the ward, or in his absence to a warrant or non-commissioned officer of the Royal Army Medical Corps.
- (4.) To take part in the nursing of all patients seriously ill.
- (5.) To be responsible to the Matron and Medical Officer of the ward for sufficient supply, good condition, and cleanliness of the bedding and linen, and for the personal cleanliness of the patients.

19. Amongst the conditions under which nurses may enter the Service, and the terms of their appointment (to be defined in detail by the Nursing Board) are the following:—

- (1.) A candidate must be of British parentage, be between 25 and 35 years of age, and possess a certificate of not less than 3 years' training and service in medical and surgical nursing in a Civil Hospital recognized by the Nursing Board. She shall be required to satisfy the Nursing Board that as regards education, character, and social status she is a fit person to be admitted to the Queen Alexandra's Imperial Military Nursing Service.
- (2.) If provisionally accepted she shall be placed on probation for a period of 3 months, at the end of which time, if her work and conduct are reported to be satisfactory by the matron of the hospital, she may, after having been medically examined, enter into an agreement binding herself to 3 years' service in the Queen Alexandra's Imperial Military Nursing Service, and undertaking to conform to the rules and regulations of the Service. The agreement shall be dated from the time at which the nurse was provisionally accepted, and may, on the recommendation of the Matron-in-Chief, be

terminated at any time by 3 months' notice from the Secretary of State, or in case of grave breach of discipline or misconduct, without notice.

(3.) On the expiration of her 3 years' term of service a nurse may be permitted—

- (a.) To retire from the Service.
- (b.) To continue in the Service as a staff nurse, with an agreement terminable at any time by one month's notice on either side.
- (c.) To join the staff of special nurses under the orders of the Matron-in-Chief, with an agreement terminable at any time by one month's notice on either side.

(d.) To offer herself for promotion to the post of sister, undertaking to serve for at least one year, and afterwards under an agreement terminable at any time by one month's notice on either side.

(e.) To enter into a fresh agreement for service, as nurse or sister in India or elsewhere abroad, for a period of 3 or 5 years, according to climate.

20. All present members of the Army and Indian 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 Commanding Officer whose decision shall be final.

21. Any present member of the ex is not retained in the Queen Alexandra's Imperial Military Nursing Service, may be recom of one month's pay for each year of s entitled to a pension; and any memb to accept the new terms of eng allowed to serve upon the terms of be ment.

22. PAY.

(a.) Nursing Staff—
Matron-in-Chief, £250 a year, increments of £30 to £300, since.

Principal Matron in India, £22 annual increments of £10 to allowances.

Principal matrons, £110 a year increments of £5 to £160.

Matrons, according to size of ho a year, rising by annual incre to £150.

Sisters, £37 10s. a year, rising by of £2 10s. to £50.

Nurses, £25 a year, rising by of £2 10s. to £35.

(b.) Female servants—
£15 a year, rising by annual to £20.

23. ALLOWANCES.

(a.) Nursing Staff—
Home station, board and washing Station abroad, board and wash Station abroad, washing, 3s. 6d.
Home station, uniforms, £5 per a Station abroad, uniforms, £7 per Home and abroad, cloaks, £2 per

(b.) Female servants—
Board and washing, 10s. 6d. a w

24. Allowances at the recognized a for Indian and Colonial service.

25. The regular annual leave of mem Alexandra's Imperial Military Nursin Stations shall be as follows:—

Matrons, 6 weeks.
Sisters, 5 weeks.
Nurses, 4 weeks.

Leave at stations abroad shall be g tary system.

26. It is desirable that all memb Alexandra's Imperial Military Nursin eligible to apply for a pension at the s should be retired at the age of 55 pension shall be according to the Article 1233, Royal Warrant for Pay at St. JOHN BRODRICK.

E. W. D. WARD,
G. DE C. MORTON, Major-Gen
JAMES WILCOCKS, Colonel.

FREDERICK THREVS,
WILLIAM THOMSON,
W. R. HOOVER, Surgeon-Gen
G. H. MANNING,
HOWARD H. TOOTIE,
ALFRED D. PREPP,
ALFRED KROGH, Lieut.-Col.,
ALEX. ORSTON,
E. C. PERRY,
H. E. R. JAMES, Major, R.A.

We publish this morning the BRODRICK's Committee on the f tion of the medical and nursing Army, and it will be apparent t sider them that they represent a sincere endeavour to bring up these services to complete efficiency, under the guidance of the experience recently gained in South Africa, and also to remove a number of grievances, many real and some possibly of a less serious character, of which the members of the Army Medical Corps have for a long period unavailingly complained. In both services it is recommended that an element of civilian knowledge and experience should be introduced; to be provided, with regard to the Medical Corps, by placing it under the supervision of an "Advisory Board" for Army medical services, to be constituted of the Director-General and Deputy-Director-General; of two officers of the corps, one possessing a special knowledge of sanitation and the other of tropical diseases; of two civilian physicians and two civilian surgeons, to be appointed for a period of three years by the Crown on the recommendation of the Secretary of State, but who must hold or have held office

as visiting physicians or surgeons to a leading civil hospital, and must not be more than fifty-five years of age on first appointment, nor eligible to continue in office after the age of sixty; of one representative of the War Office appointed by the Secretary of State; of one representative of the India Office appointed by the Secretary of State for India; and of the Matron-in-Chief of QUEEN ALEXANDRA'S Imperial Military Nursing Service. The Advisory Board, thus constituted, will be charged with a large proportion of the duties which have hitherto devolved upon the Director-General alone; and will be called upon to report to the Secretary of State upon all matters concerned with medicine, surgery, sanitation, and epidemic diseases as they affect the military services. It will also advise upon the adequate provision and equipment of hospitals, and upon the supply of all requirements for the patients; will prepare a scheme for the expansion of the service to meet the demands of war.

LONDON:
PRINTED FOR HIS MAJESTY'S STATIONERY OFFICE,
BY HARRISON AND SONS,
PRINTERS IN ORDINARY TO HIS MAJESTY.
[D 1365-6860]

each will be attached for duty to a battalion, regiment, or other unit, and while thus attached will also be detailed for duty in a station hospital. An important provision will permit a candidate who is successful at the entrance examination, and who may either hold or be immediately appointed to the office of house-surgeon in a recognized civil hospital, to be seconded for the purposes of such appointment for a period not exceeding a year, receiving no pay from Army funds, but counting time towards pension or gratuity. At the end of three years from the confirmation of his appointment as lieutenant an officer who so desires will be permitted to retire from the service—a provision which will permit young medical men to make a fair trial of military life and duty, with the knowledge that they are not committing themselves to it as a career. On the other hand, an officer whose conduct has been satisfactory (in the opinion of the Advisory Board) will be permitted either to continue in the service or to engage for a period

of seven years in the Reserve of Officers, receiving the sum of £25 per annum while so serving, and capable, in certain circumstances, of being restored to the active list. The officer who continues in the service will be attached for six months to a recognized hospital in a place where he has opportunities of gaining further professional knowledge, and at the end of that time will be examined in medicine, surgery, hygiene and sanitation, bacteriology, and tropical diseases. At this examination, and at all subsequent ones, a new and very important provision will come into operation. One hundred marks will be attainable in each subject, and forty marks will be required in each as a pass standard. Between these limits the candidates will be classified. Those who obtain eighty-five marks will receive a special certificate of excellence, and save eighteen months of time in respect of eligibility for promotion to the next rank. Those who obtain eighty marks will go into the first class and save twelve months; those who gain seventy into the second class and save six months; those who gain sixty into the third class and save three months. We cannot follow out these provisions in detail, but they are fully set forth in the report itself, and they seem to make at least some provision for the removal of the old complaints that skill and knowledge had but little influence upon the rate of promotion. Under the system now to be inaugurated young men of high professional qualifications will be able to enter the Army with the knowledge that, in doing so, they are neither pledging themselves irrevocably to a career nor entering upon an engagement which will unduly consume the time which might be devoted to building up a practice; while, if they should choose to remain in the service, they may be confident that their attainments cannot fail to carry them over the heads of those who are less capable. The long-standing demand for what has been described as "study leave" will be in effect complied with by the regulations governing the examinations prior to promotion; and a very important part of the scheme is that of the establishment for this purpose, as soon as possible, of a Medical Staff College, in connexion with a large military hospital in London, from which every form of special teaching, if not afforded within its walls, will be readily accessible. For the next few years, presumably, officers will have to be attached for "study leave" to the existing civilian medical schools; but an appendix to the general report shows the lines on which the proposed Staff College should be constituted, and the committee are said to have been of opinion that no time should be lost in providing it.

The report further recommends a considerable increase of pay to all ranks of the corps, so that a lieutenant will receive from the first £323 10s. a year, and the director-general £2,000. In addition to this there is to be a grant of charge pay for hospitals, ranging from ten shillings to two and sixpence per day, according to the number of beds, and there is also to be an addition of two and sixpence a day for officers who qualify in one of certain special branches of knowledge enumerated in the report. The retired pay and gratuities are unaltered, except for the £25 a year in the Reserve and for additional gratuities of £1,000 and of £2,500, for retirement after nine and eighteen years' service respectively. These concessions appear not only to have been framed upon a liberal scale, but also to have been dictated by careful study of the wants of the service, and of the places at which the shoe has been felt to pinch by some of those who have hitherto worn it. The majority of the suggestions seem, indeed, to be so excellent that it may be hoped that they will be taken into consideration by the Admiralty, with a view to the establishment of some similar system, with such modifications as may be necessary for the improvement of the medical service of the Navy, and for the removal of difficulties or grievances which have arisen in connexion with it. It will be seen that two members of the committee have taken exception to the scheme on certain points. The objections of SIR WILLIAM THOMSON refer to details of comparative unimportance; and those of PROFESSOR OGSTON may perhaps be met by saying that all the recommendations are in the right direction, and that hereafter, if necessary, they may be amended by the light of experience. Schemes, like other things, even professors them-

selves, are seldom born full grown. With regard to the social troubles of which some members of the Army Medical Corps have complained, it is probable that no official steps could be taken for their removal. It would be useless for the War Office to prescribe a code of manners to be observed by "combatant" officers towards their medical brethren. We shall be much surprised, with regard at least to those who have served in South Africa, if it be not found that companionship in the field has removed prejudices and healed dissensions. Some of the combatant officers, it is not too much to hope, will have learned by the exposure of their own deficiencies in point of professional knowledge to appreciate the professional knowledge of others, and to remember, as SWIFT somewhere says, that it is ignorance which begets disdain. Under the new conditions it will probably be regarded as the fault of the medical officers themselves if they fail to make their knowledge respected and to render their position secure. With good education, good manners, a fair field for the display of superior attainments, and the savoir faire which, even if not inborn, should in some degree be acquired by commerce with the world, the members of the Medical Corps will have only themselves to blame if their position should be less comfortable than they could desire. They can hardly expect any further concessions from the State, and must now be prepared to show that they can make the best of their position, and can justify the grounds on which its improvement has been accorded. We have only space to mention, in conclusion, that the control of the nursing service, like that of the medical, will be vested in a board, of which HER MAJESTY QUEEN ALEXANDRA will be president, and which will be composed of the Director-General of the Medical Department or his nominee, two members (one a civilian) of the Advisory Board of the Army, the Matron-in-Chief, three matrons of large civil hospitals with medical schools, one representative of the India Office to be appointed by the Secretary of State, and two members to be nominated by HER MAJESTY for a period of three years.

THE Aberdeen Free Press.

ABERDEEN, TUESDAY, OCTOBER 1, 1901.

The report of the Committee appointed by Mr Brodrick to consider the reorganisation of the army medical services which has been issued, will be perused with interest by those who have followed the movement for reform which, in regard to this as to other branches of our military system, has received such an impetus from the lessons of the South African war. The scheme formulated by the Committee has been arrived at with practical unanimity, only two members—Sir William Thomson and Professor Ogston—taking exception to the report. The latter's criticisms are rather to the effect that the scheme does not go far enough than that it is not a good one so far as it goes. First, however, it may be of interest to note some of the general features of the plan of reorganisation drawn up by the Committee. An Advisory Board, to supervise the service, is proposed, and on it, in addition to four officers of the Royal Army Medical Corps, will be four civilians, two being physicians and two surgeons, who have recently held or hold posts on the staffs of leading civil hospitals anywhere in the country and who are not above 55 years of age upon first appointment to the Board. This provision will, it is hoped, serve to keep the controlling power in the army medical service in constant touch with the profession at large. The duties of the Advisory Board are detailed at considerable length. It will advise the Secretary for War on all matters connected with the health of the army; it will report upon all plans for hospitals and upon standard plans for barracks; it will draw up a list of civil hospitals recognised as places of study for members of the Army Medical Corps; it will make surprise inspections of hospitals; it will ascertain whether the equipment of and treatment in these hospitals is in accordance with modern medical and surgical requirements; it will detail officers to visit foreign armies and study the medical

services there; and it will exercise a general control over the nursing service, which is, however, to be under the direct control of a Nursing Board, in connection with the formation of which another and separate report has been issued. These functions of the Advisory Board all relate to the routine of the army medical service. In war time and on the occasion of serious epidemics exceptional circumstances will have to be dealt with, and it is proposed that one of the first duties of the Board shall be to prepare a plan for the automatic expansion of the service to meet these emergencies. This plan will deal "with questions of ambulance and transport, the equipment of all medical units at the base and front and on the lines of communication, the supply of drugs and medical comforts, the employment in the service of civilian surgeons, nurses, and orderlies, and the utilisation of all voluntary effort for the relief of the sick and wounded." With such a scheme carefully but not too rigidly drawn up, the country should be in a better state than it was two years ago to meet the contingencies involved in a great campaign.

While these changes are suggested in the governing body of the Army Medical Corps, important recommendations are made regarding the personnel of the service. All elementary or students' subjects and languages are to be eliminated from the entrance examination, which is to be made clinical and practical, and a valuable provision is that a candidate who may be successful and who may hold at the time or be immediately appointed to the office of house surgeon in a recognised civil hospital, shall be permitted to continue in such a post for a year, not receiving pay from army funds but counting time towards pension or gratuity. At the end of three years the young lieutenant will either elect to continue in the service, or, if he finds military life not to his taste, go into the reserve for seven years, receiving £25 a year. Ample opportunity is thus given to a young man to make up his mind, and in entering the army he will not feel that he has relinquished all hope of returning to civilian practice. Similarly provision is made for the voluntary retirement of captains and majors with gratuities of £1000 and £2500 respectively. Perhaps the most important innovation is the introduction of promotion by merit. The lieutenant who chooses to remain in the corps at the end of his three years of experimental service must pass an examination, and if he makes more than 85 per cent. his promotion will be accelerated by 18 months, if more than 80 per cent. by 12 months, and so on. This provision applies to all subsequent examinations also, and it should do something to encourage men of talent to enter a service where hitherto advancement has been a matter of years and not ability. A considerable increase of pay in all ranks of the service is proposed, a lieutenant receiving from the first £323 10s a year. While an attempt is made in the scheme to keep the army medical department abreast of the medical profession generally, Professor Ogston holds that much greater facilities should be given to medical officers to attend civilian patients, and thus to benefit by wider experience than is to be got in military hospitals. There is a great deal of truth in Professor Ogston's argument, for the narrowing influences which have had such a detrimental effect upon the efficiency of the army medical service, and have left it in the backwater of medical progress, cannot be too strongly guarded against. The dire mortality among our troops in South Africa by disease has also impressed Professor Ogston, as it cannot fail to have impressed anyone who like him had an opportunity of witnessing the ravages wrought by enteric, and he holds that the scheme of the Committee should have included the establishment of a sanitary corps, whose special duty would be to see to sanitary measures in peace or war. On the whole, however, the Committee has done its work well. The proposed reforms have been carefully thought out, and, even though they be but an instalment of what some might wish to see, they should do much to raise the status and enhance the efficiency of the army medical service.

THE TIMES, THURSDAY, OCTOBER 3, 1901. THE MEDICAL SESSION.

ST. THOMAS'S HOSPITAL.

At the opening of the session of the medical school of St. Thomas's Hospital, yesterday, the prizes for the winter session of 1900-1 were distributed to the successful students by Major-General Sir Ian Hamilton, who delivered an address on the new scheme for the reorganization of the Royal Army Medical Corps. Dr. J. Galsdonk Walwright, treasurer of the hospital, presided, and there was a large company of ladies and gentlemen present.

The CHAIRMAN, in opening the proceedings, said that St. Thomas's Hospital had a history which went back several centuries. He held in his possession, as a treasurer of the hospital, a deed as old as the reign of Stephen. The efforts of the governors of the institution were directed towards making it one of the most proficient and best provided hospitals in the country. They were at present increasing the accommodation in the operating theatre and the rooms for nurses. They had also found that the accommodation in the ophthalmic and casualty departments needed extension owing to the large numbers of patients who applied for aid at the hospital. The East-end was generally regarded as the poorest part of London, but the districts of Southwark, which were served by the hospital, were considered by those who knew both places well as being poorer than Whitechapel. They were honoured that day by the presence of Sir Ian Hamilton, fresh from South Africa, where he had done his duty to his King and country. (Cheers.) While at the front Sir Ian Hamilton had met several doctors from St. Thomas's Hospital engaged in the arduous work of succouring the sick and wounded soldiers. (Cheers.)

Dr. H. G. THURNEY, dean of the medical school, introduced the leading prize-winners to Sir Ian Hamilton. He mentioned that Mr. G. Y. Worrall, of Southampton, who won the first prize, the entrance science scholarship of £150, and a certificate of honour, had died in the hospital two months ago of consumption. The University scholarship of £50 and a certificate of honour were won by Mr. W. L. Harcourt, of Barnet.

After the prizes had been distributed,

Sir Ian Hamilton, who was received with cheers, thanked the company for their exceedingly kind reception. When he was first asked to distribute the prizes October 2 seemed a date so infinitely remote that if he had been invited in equally charming terms to have his head cut off he probably would have consented. (Laughter.) And it was almost needless to remark, parenthetically, that if a man wished to have his head cut off readily and effectively St. Thomas's Hospital was just the very place he would come to. (Laughter.) Since that moment of weak acquiescence his War Office duties had occupied him so exclusively that it was only for the last day or two that the shadow of the ordeal with which he was now face to face had fallen across his path. During the last few days he had just had time to scribble the address at odd moments and to wonder how he could have been so reckless as to accept the invitation of the governors of the hospital, when his only equipment for the task had been that warm sympathy and admiration for the medical profession which was felt by all soldiers who had seen active war. (Cheers.) War was a great test of character. Amidst the intensely artificial surroundings of modern civilization they meted out to a man of letters for years and not find out what he or she really was. How could they tell if even their nearest friend was greedy or self-denying when there was no real test? (Laughter.) During a siege he had seen an insufficiency of food passed round to six men, and when the plate came to the fifth man there was already nothing on it. (Laughter.) Such a bunch of manners would not be possible in St. Thomas's Hospital, but that that only meant that there were men among them who had not yet been found out. (Laughter.) Soldiers who had seen a certain amount of service recognized the genuine article among those who served with them during such trying periods, and it was because he was one of those who had seen doctors in the field that he had overcome his natural timidity; had stuck to his engagement, and was there that day. (Cheers.)

THE ROYAL ARMY MEDICAL CORPS.

What he wished to speak about principally was the new scheme for the reorganization of the Royal Army Medical Corps which had just been published. Since the old days when they rejoiced in regimental doctors—halcyon days to his thinking—days undisturbed by any tuckering or recommitments, except possibly on occasional passages of arms, vulgarly known as a tiff, between Mrs. Major Brown and Mrs. Surgeon-Major Smith (laughter), the Army Medical Corps had survived, but the only thing that had been found, but difficulties and unpleasantness had on the whole so predominated over advantages that he thought the men who had risked all and had entered the organization had shown by that action alone that they possessed good stout hearts and sanguine dispositions. (Laughter and cheers.) Now at last these sanguine dispositions were to receive their justification; for he did hope and believe that the new scheme of Army Medical reorganization would produce a happy corps—and not only a happy corps, but a corps which would possess such very exceptional opportunities for study, and so much freedom in the contrast of its services, that it should attract to it many of the brightest young intelligences of the Anglo-Saxon world; many of that class, indeed, to whom he had the honour of presenting prizes that day. It had been objected, perhaps not without reason, by that enthusiastic military reformer—the Morning Post—that the public had been favoured with no preliminary remarks setting forth the objects which the committee had in view by establishing the new scheme. It is never too late to mend, and he would state those objects there, not authoritatively, but to the best of his belief. The objects were—(1) To retain as much of the existing system as was good and to substitute for that which was had certain fundamental principles upon which the genius of civil and medical administration could construct; (2) to offer to the medical profession itself the power to produce such a system of medical aid in peace and war as would bring to the soldier all the benefits which modern science provided

for his civil brother; (3) to offer to the military physician, the military surgeon, and the military sanitarian the fullest opportunities of perfecting themselves in their various crafts; (4) generally, the revivification of a corps which, in matters purely professional, had fallen upon evil times. Let them read the scheme, read well between the lines, and recollect that it was but a framework, and they would, he was confident, understand its scientific possibilities in sympathetic lands. There, of course, came the rub. The heads must be sympathetic and kindly, and not only the hands of the War Office, but those of the Government of India. In all this, they must hope for the best, for hope was first cousin to faith, and faith, as they knew, was capable of removing even mountains. There was something not in this scheme, something which could not, indeed, find a place in any scheme. It was something which characterized the medical profession perhaps, above all other professions. The highest ambition of a scientific man was to be able to do something for science. To his thinking, the scheme afforded opportunities of adding to the store of scientific knowledge now being accumulated. (Cheers.) The officer of the medical corps, would, he trust, be able in the future to take that place in the scientific world which was open to all comers who were worthy of it. (Cheers.) So much for the general scope and intentions of the scheme.

DETAILS OF THE NEW SCHEME.

With regard to details, he desired to be permitted to begin at the beginning, which in England now, as in China, invariably meant not "the Heaven and the Earth," as in the first chapter, first verse, of Genesis, but an examination. (Laughter.) Now examinations, being the national craft of the moment, it was really too much to expect that the scheme should not have a succession of examinations as one of its under features. He detested the present style of examination himself as much as any student; so all he would say for the scheme in this connection was that the endeavour seemed to have been to make those tests as little harmful as possible to the brain, character, and physique of the victims. (Laughter and cheers.) Instead, therefore, of the present excruciating examinations in the medical and kindred sciences, there would be in the future a clinical and practical examination, designed to select the best all-round practical men; men who had profited most from their ward and laboratory work. Such an examination would, it was expected, encourage the experienced and advanced student, and deter the inexperienced, merely bookish person, possessed of a crammed, superficial knowledge which, as they all knew, evaporated in the twinkling of an eye. (Laughter.) A novel idea on a river; one moment being the period of examination, when it dashed with its transient gleam the spectated orb of the crabbed examiner. (Renewed laughter.) As Military Secretary he was supposed to be primarily responsible for the education of our young combatant officers; and he should indeed be proud if at the close of his tenure he could say he had done something to approximate the class of examination undergone by them to that now proposed for the medical department. Once the examination had been negotiated there would be higher pay to start with, and higher pay all along the line to look forward to. The student soul was, he knew, not specially susceptible to such considerations, but still his brother Boots—and there were many aprons of that nationality amongst them—would, he was sure, thoroughly appreciate that part of the scheme. (Laughter and cheers.) Indeed, not only was higher pay to be granted, but the charge of hospitals. It was little short of a scandal that under what he might now call the late system a young officer should have to spend money out of his own pocket if he wished to have his hospital arrangements properly up to the mark. As a result the charge of a hospital, instead of being eagerly desired, was sometimes considered an actual disadvantage. All this would now be put right by the very handsome charge allowance provided for under the new scheme. They would observe that there were examinations for each step in rank, on the same principle as in other branches of the service. He had confessed his dislike for examinations. But there were only little ones, as the recent girl said in "Middlemarch." (Laughter.) The pass "marks were not high; but the examination for the preliminary courses would be of such a practical nature that opportunities for distinction by capable, as distinguished from merely clever, men would be obtained. These distinctions were not empty ones. They carried with them solid advantages of special promotion on a fixed scale. They should note also that advancement without examination or for war service was also provided for. The idea was to reward merit and reward should be given in proportion commensurate with capability, and not merely with seniority. (Cheers.) He felt that that sentence would arouse applause in the House of Commons. (Laughter.) They had applauded it, so that they, too, must believe it. He hoped it was all right. But custom, prejudice, the fair sea, rose up to frustrate the aspirations of the ingenious legislator, and with that intention in view they could only go on hoping for the best. (Laughter.) Then there was the question of study leave. The R.A.M. Corps had persistently asked for study leave, and had not got it. They begged for bread and they were offered rod facings. (Laughter and cheers.) The authorities had now repented, and in their repentance meant to go one better. They were going to make their officers take study leave *salutis causa*. They would not permit the officers to study the female form divine in ball rooms, or the proudest disease at Aberdeen, or broken arms and legs with the Ward Union at Dublin (laughter), but they would concentrate them at centres where their studies would be supervised and directed. Thus, not only would the young officers benefit by getting rid instead of sham study, but Lord Roberts through his staff would get to know their qualities more thoroughly, which might possibly tend to prevent for the future a bacteriological being detailed to cut off arms and legs, and a brilliant surgeon having to investigate the intermarriages and baptisms of hospitals. (Laughter.) They might be inclined to say that, there seemed to be a great deal of study and very little about this so-called study leave; and if they did think so, no doubt there was something to be made out of it. (Laughter.) When he was a student he used to think there was nothing like playing upon the guitar. (Laughter.) Now he knew that real hard work was the only thing really worth anything—*salutis causa*. (Cheers.)

THE MILITARY HOSPITALS.

He knew they were glad for the sake of our Army and its health, to see that the military hospitals were to be in future equipped in every way so as to rival the best hospitals in the world, and also that the scientific apparatus so necessary now for successful treatment of disease would be liberally provided. Nothing that the resources of science could suggest would be wanting to place in the hands of the Royal Army Medical Corps instruments and appliances to cope with the problems

that they might encounter. (Cheers.) All these were vast changes; some of them indeed were fundamental in their character; but a greater one still was, perhaps, to be found in the fact that, for the first time, eminent members of the civil medical profession would be given a voice in the direction of the fortunes and conduct of the Royal Army Medical Corps. The wisdom of this step might be questioned by the timid. It might seem, and indeed it was, in the highest-degree propitious for him to express an opinion; but after all he had come there to express opinions. (Hear, hear.) He was at a dinner of civil surgeons recently, and a finer, more intellectual assortment of heads he had never seen in any other class of assembly. (Laughter and cheers.) He spoke under correction there, but he believed the inside of a cranium usually corresponded more or less exactly with the outside. (Laughter.) If that was so, why, then, he thought they need have no fear. He held himself that it was far more important for the Royal Army Medical Corps to stand shoulder to shoulder and arm in arm with their civilian brethren than it was for them to be very extra spit and polish military officials. He was being transferred into a Doctor of Laws the other day at the Glasgow University, and he sat next an eminent foreigner who was going to be similarly honored. He asked the foreigner, "Do you in your country make your generals Doctors of Law?" He laughed and replied, "Oh, dear, no; our generals would not deign to accept such a mere civilian badge of honour as a cap and gown. Naturally, therefore, we do not offer it to them." (Laughter.) There was something very wise, of course, in being elected, but he thought it was preferable to be a citizen first and a soldier afterwards. Similarly, he ventured, though with some tepidation, to say he thought the Royal Army Medical Corps would do better to be happiest and strongest as he thought they would find out themselves under the new scheme, by being no narrow caste, but a body of men passing freely to and from the great medical profession to which in the first instance they belonged. (Cheers.) He hoped he had said nothing to deter some of the students from coming to the Army. Their representatives had many warm friends in the combatant ranks; friends who got more generous and stronger as the war gave more and more prominence to the splendid devotion of the Royal Army Medical Corps. (Cheers.)

Dr. SHARKEY, in moving a vote of thanks to Sir Ian Hamilton, said that in the past the Army Medical Service had not attracted the best men; but in the scheme which Sir Ian Hamilton had expressed were representative of the feelings of the War Office towards the service he believed that in the future a different state of things would prevail.

Mr. THOMAS, a governor, seconded the vote of thanks, which was carried. The company then separated.

FRIDAY, OCTOBER 4, 1901. THE CHURCH CONGRESS.

BRIGHTON, Oct. 3.

THE CHURCH AND THE ARMY.

At the morning sitting in the Corn Exchange the appointed subject was "The work of the Church in the Army." The vicar of Brighton presided.

The CHAPLAIN-GENERAL read the first paper and enforced the peculiar responsibility of the Church for the condition of the Army. In the estimate of the present position of the Army, he pointed out that the Church of England, 68 per cent.; Roman Catholic, 18; Presbyterian, 7; Wesleyan, 5. The returns of nationalities showed that nearly 50 per cent. of the British Army were of Scotch and Irish origin in the latest returns was—Church of England, 68 per cent.; Roman Catholic, 18; Presbyterian, 7; Wesleyan, 5. The returns of nationalities showed that nearly 50 per cent. of the British Army were of Scotch and Irish origin in the latest returns was—Church of England, 68 per cent.; Roman Catholic, 18; Presbyterian, 7; Wesleyan, 5. The returns of nationalities showed that nearly 50 per cent. of the British Army were of Scotch and Irish origin in the latest returns was—Church of England, 68 per cent.; Roman Catholic, 18; Presbyterian, 7; Wesleyan, 5.

It had shown that beneath all the external respect of God there had been an inward response to His loving entreaties. There had been increased responsiveness and self-restraint and self-control under provocation. The wounded had been cheered, patient, and unselfish under many privations. In South Africa Jesus Christ had had a chance with these men. The Church must make it possible for the soldier to have in peace the virtues he had in war, some less military and some more. The Church must be in touch with the military authorities must heartily co-operate and personal influence must be utilized. This terrible and cruel war had had its end, but it had been in the end a great blessing to all military minds that soldiers must be made to understand their own peculiar dangers and needs. The Church must always demand this. It would be fatal to all good work in the Army to lessen or abolish the Chaplain Department. Clergy, however, should in work among soldiers by acting as fathers, not as priests. He dreaded a military spirit taking possession of Christ's ambassadors. He differed from some chaplains, whom he respected, in this matter, but he must be true to his own convictions. A chaplain had what was called relative rank given him; that decided his quarters, allowances, &c., but it was not real rank, it did not give a right to any military title. He had been grieved and amazed during this war by reading letters from the Rev. Major So-and-so. This attempt to copy the style and manner of combatant officers was most objectionable. He was glad to be able to say most emphatically that the highest authorities in the Army agreed with him in holding that any attempt to become a combatant officer was wrong. A certain uniform was sanctioned for chaplains; it was not compulsory, and he scarcely ever saw a chaplain dressed in it. He hoped, even in war, some less military traits might be adopted for all clerics in the future. He trusted when this war was over and the soldiers returned to their usual garrisons, the Church would send her best and most powerful missionaries to visit the soldiers. The Church had in the Army a most fruitful field in which to influence the democracy of the nation.

Miss VIOLET BROOKS-HUNT testified from her experiences in South Africa of the value of the chaplain's work and influence among the soldiers in South Africa. She had been noble though not showy work. She had known five chaplains take 33 services on one Sunday, besides attending to 5,000 sick men in hospital, so that they had no time to do besides preaching. She agreed with the Chaplain-general that the officer-chaplain ought not to exist, one type of which used to pop his head into the hospital tents at a certain camp and say, "Any desperate cases here for the chaplain?"

of the civilians has been beguiled. They have had little or no experience of the wiles of officialdom, and throughout the report they show an engaging but unbusiness-like disposition to trust to the good will and good faith of the authorities. The Indian Government, in particular, has shown itself absolutely unworthy of trust in these matters. It has obstinately refused to grant the demands of medical officers in regard to pay in defiance of all promises and pledges of the War Office, and it will doubtless set this scheme at naught as it has set others, unless a warrant is drawn up in terms which cannot be evaded.

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1901.

Subscriptions to the Association for 1901 became due on January 1st, 1901. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office orders should be made payable at the General Post Office, London.

British Medical Journal.

SATURDAY, OCTOBER 5TH, 1901.

THE MEDICAL SERVICE OF THE ARMY.

It would almost appear as though, in choosing the time for making public Mr. Brodrick's scheme for the reorganisation of the army medical services, the War Office had counted on securing a favourable verdict from the general press before the medical journals had time to express an opinion. It may be well, therefore, to remind Mr. Brodrick that this is not a matter in regard to which popular suffrage is of any value. His scheme may be blessed with a universal chorus of praise from the press, but the approval of the whole British public will count for nothing if the scheme fails to find acceptance from the medical profession. We think this reminder of what we should have deemed a sufficiently obvious fact not altogether superfluous, since the *Times* states, with the Podsnapian finality characteristic of it, that medical officers of the army "can hardly expect any further concessions from the State." Our contemporary seems to speak with the responsibility of inspiration; therefore—although in medical matters it is not always happily inspired—it may be worth while to point out that there is not, nor has there ever been, any question of "concessions." The question has all along been as to the conditions under which members of the medical profession would consent to serve in the army, and the whole trouble has arisen from the fact that the Secretary of State after another has misconceived the situation. Misled by their advisers, military and official, they have assumed that these conditions could be dictated by them, whereas the medical profession is in a position to demand its own terms. From this fatal official blindness even the present "heaven-born" Secretary of State was at one time by no means free, as was shown by certain jests, as ponderous as they were impolitic, about the titles of medical officers. That this defect in his mental vision has been thoroughly removed even now we are not prepared to say; but we have much pleasure in acknowledging that he has produced a scheme which, on the whole, shows evidence of an honest desire to meet at once the requirements of the public service and the legitimate demands of the medical profession. That the desire has found imperfect fulfilment is scarcely to be wondered at in view of the complexity of the problem with which Mr. Brodrick had to deal, and the manifold practical difficulties that stand in the way of its satisfactory solution. But the mere fact that the desire to deal with these difficulties in a

fair spirit has made itself manifest in official quarters deserves recognition.

The scheme, though a somewhat lengthy document, is in fact little more than a rough ground plan; the details in nearly every direction have yet to be thought out, and until this has been done no final opinion on its merits can be formed. The foundation stone of the structure is the recommendation that "the Royal Army Medical Corps shall be under the supervision" of an Advisory Board consisting of the Director-General, the Deputy Director-General, two officers of the corps possessing special knowledge, one of sanitation, the other of tropical diseases; two civilian physicians, and two civilian surgeons appointed by the Crown on the representation of the Secretary of State; one representative of the War Office, and one of the India Office, with the Matron-in-Chief of the Nursing Service for matters relating to that service. Of this Board the Director-General is to be chairman; in his absence the Deputy Director-General will preside. The Board is to meet once a fortnight, the necessary quorum being three, one of whom must be a civilian; the chairman is to have a casting vote. This arrangement seems to secure for the head of the medical service a just preponderance in the counsels of the Board; while in the persons of the civilian members it provides for an adequate representation of the most advanced medical and surgical thought and experience of the day. The fossilisation of the civilian element is guarded against by the provision that the physicians and surgeons selected should be in touch with one of the great teaching hospitals, and should not have declined too far into the vale of years. The constitution of the Advisory Board from a theoretical point of view could scarcely be improved upon; but if it is to succeed as a piece of administrative machinery the right men must be chosen to work it. In particular much will depend on the civilian element whose function it will mainly be to keep the organisation of the medical services up to the highest standard of professional knowledge. It is a pity therefore that the remuneration of the civilian members of the Board has been fixed at so low a figure as practically to exclude all but London men. It is only fair that Scotland and Ireland, which supply so large a proportion of officers, and the English and Welsh provincial schools, should from time to time be represented on the Board.

We are a little puzzled as to what is to be the exact position of the Board. The Royal Army Medical Corps is to be under its "supervision," and this supervision is to extend over the whole range of the medical administration of the army, from the admission of candidates to the preparations for the care of the sick and wounded in a great war. It is, however, according to the terms of the scheme only an "Advisory" Board; and as far as we can see there is nothing to prevent a masterful Secretary of State from treating its recommendations with the contempt that some of his predecessors have shown for the recommendations of Royal Commissions, and even for Royal Warrants. Is it intended that the Advisory Board shall be something more than a Greek chorus offering opinions on things in general which it has no power to enforce? We have it on the great authority of Lord Wolsley that medical advice is a good thing—when it is

company at an anchorage, to be responsible for attendance on accidents and emergencies in all during the ordinary leave hours of the day, such arrangement being at the option of the senior officer present and not so far an Admiralty regulation. Another point demanding attention is that it would appear that naval, unlike army, medical officers are not considered competent to decide on the physical fitness of men for further service, but an executive officer is associated with them as President of the Board of Survey; some recognise their inability to determine such questions, while others, we are told, take a different view, however absurd this may appear.

OCTOBER 3, 1901.

is found that after a certain fetter to the mind. They a to the educational system out, to the age of graduation average is about twenty-age of twenty-eight no salt troubles himself ions. If he has the love of own researches and tries to f knowledge in his depart- se is not in him nothing can student and never will be. hirties and take their places fication begins. Those who make their mark in their ve up the habit drop behind. professions the question as to be, what degree did he take? no one asks about degrees; what has he done? And done something are many ho in their examination pushed. This is the spirit in one lives are given to know- are regarded. If Sir IAN ft the foremost men of his is of science and of literature as of a scheme for examina- at intervals up to the age enture to predict that he like unanimity of reprobation. The idea of the advance- study leave" at fixed periods examinations is to the minds of of men of science an our great physicians and ourselves? By unremitting the daily companion of their e set out in the committee's ed parody of the system of introduced into the Army. r must pass an examination captain, to major, and, we development, to lieutenant- does not advance know- that every officer when the awn near takes leave and to a crammer in order to be tion. He then throws away xt promotion is approaching. cement of knowledge, but a gainst utter ignorance. Know- does not advance, and those en like Sir IAN HAMILTON, way with their blood and examinations. An Army can e the other professions, y competition pure and as there are armies and ill be picked out for promo- officers, whatever the nominal d men are honest and know no better plan. Competent their subordinates by holding testimonials, but by seeing f there are good judges he head they will en- do good work. In military oventive to officers to learn

in the army medical service. The senior service must of necessity be "levelled up," the source of candidates being identical for the navy, army, and Indian medical services. Some writers suggest that the naval medical service is boycotted at the medical schools. We have no reason to think such is the case, but qualified medical men contemplating joining the navy, on obtaining from the Admiralty the terms offered, quickly discover that they cannot secure their "market price" in these days, and on inquiry from their acquaintances or friends in the service the information they receive must often help to deter them from entering. There has never been any desire among naval medical officers to obtain executive titles such as admiral or commander, while those of captain or lieutenant would be erroneous, confusing and misunderstood in questions of relative rank with the sister service. Our attention has been drawn to the subject of "medical guards," which permit the medical officer of one ship, when others are in

whole theory and practice of examinations is that they mark the close of the period of qualifying study. The student at the completion of his course satisfies his teachers and governors that he has attended with profit, and is ready to be emancipated, and to guide his future studies himself. He becomes a master of arts or a doctor of science; he is qualified henceforth to teach others. The best modern educational systems aim at training up the student to intellectual independence; his final examination is supposed to mark the stage when he has the intellectual as well as the moral responsibility of a man. After that he is capable of pursuing knowledge without leading strings. This is the

their profession is constant inspection by the superior officer set over them. That is the reason why we welcomed the announcement that Army Corps were to be formed.

We have endeavoured to explain more fully than was possible on Monday why we think that the weak point of the Army Medical scheme lies in the minute regulation of a course of examinations carried on into middle life. If we succeed in convincing soldiers like Sir IAN HAMILTON we shall be compensated for the regret which is caused to us by even the appearance of controversy with any of the officers who have at heart the improvement of the Army, emulating in this the

asked for. We presume the Secretary of State means to ask for advice, since he has provided himself with the means of obtaining it; but what guarantee is there that he will take it? And what will happen if he refuses to take it? A Member of Parliament may indeed call upon a Minister for an explanation as Owen Glendower called spirits from the vasty deep; but will he get anything more satisfactory than an official answer?

A weak Board would be as clay in the hands of the Secretary of State, and as the selection of its members mainly rests with him, he could secure a sufficient degree of plasticity. Except such honour as may be supposed to attach to the position, there is no particular inducement to men of the kind needed to join the Board. 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.

But even with an ideal Advisory Board the fact remains that it has no power of making itself felt. It can "advise" and "supervise," but it cannot enforce. The want of any means of ensuring that the recommendations of the Advisory Board shall at any rate receive the careful consideration of the Secretary of State is a fundamental defect in the scheme. It could easily be remedied, however, by giving the Director-General *ex-officio* a seat on the Army Board, his authority being, of course, limited to medical affairs. Until this is done the Royal Army Medical Corps will never hold the position in the army that should rightfully belong to it, and the good intentions displayed in the Report will remain barren of fruit.

We can only glance here at one or two other points in the scheme which seems to us open to criticism. The full text of the report of the Committee, together with that of the report on Army nursing, is printed in this issue of the *BRITISH MEDICAL JOURNAL*, and has been so arranged that it can be detached if desired. We trust that it will be studied by those who take an interest in a subject of great importance. We shall be glad to have their opinions on its clauses and on the measure as a whole.

A point that must strike everyone who knows anything of the needs of the service is the absence of any provision for the strengthening of the corps up to its proper standard. It is indeed provided that the Board shall prepare and submit to the Secretary of State a scheme for the expansion of the Service to meet the needs of war or serious epidemics; but that is another matter. We have shown over and over again that the corps on its peace footing is utterly insufficient for the proper discharge of its duties, and that owing to this cause officers cannot get the amount of leave necessary to enable them to refresh their knowledge, or even to keep them in health. There is no recognition of this fact in the report, and it may perhaps be conjectured that the Committee, composed as it was for the most part of civilians, was led to believe that the service is not undermanned. This is a dangerous delusion. The service cannot do its duty satisfactorily with less than 1,200 officers; at present, with all the strain of a protracted war on its resources, its strength is below 1,000. There are no new men coming in, and, although none are at present allowed to leave, as

soon as the war is over most of those who can claim their retirement will do so. How is this vast deficit to be made good?

An effort has been made in the scheme to attract candidates. The entrance examination has been modified in such a way that it will no longer be necessary for a candidate who knows his work to go through the hands of a "coach;" and there is some encouragement to men of the house-surgeon class to enter. Both of these are steps in the right direction, but a serious defect in the scheme is the overburdening of officers with examinations after they have entered the Service. Till he reaches a haven of rest in the rank of lieutenant-colonel, the officer of the Royal Army Medical Corps will in future spend almost as large a proportion of his life in being examined as a Chinese mandarin. If by good luck he can gain three years' acceleration in his promotion, on the other hand, with bad luck, he runs several risks of losing his commission. At this time of day the point need not be laboured that it is not the best men who succeed best at the examination table. The long vista of examinations to be passed is enough to deter many a man who would make a first-rate officer from entering what might not inaptly be designated a Medical Mandarin Corps. Is it certain that even with the higher pay now offered a sufficient number of men of the right sort will be found? We doubt it, for the service has, through the perversity of the War Office, and the slanders of notoriety hunters, got such a bad name that the army will still, we fear, have only the second choice.

The only provision for a reserve is an arrangement by which a man who wishes to leave the service at the end of three years may engage for a period of seven years in the reserve of officers, receiving £25 while so serving. This seems a very precarious reserve to depend upon unless it be assumed that a very large proportion of the men who enter will get tired of the service in three years. Such an assumption appears to show that the Committee itself is a little doubtful of the value of its own scheme. Of what should be the backbone of a reserve, the Militia medical officers, nothing is said beyond a vague reference to a scheme to be drawn up by the Director-General in concert with the Advisory Board "for the due provision of medical aid for the auxiliary forces, Militia, Yeomanry, and Volunteers."

A most important point relative to Indian pay is left so obscure that we cannot flatter ourselves that we have accurately caught its drift. It is stated that "the pay of officers of the Royal Army Medical Corps below the rank of Major, while serving in India, shall be increased so as to bear the same ratio to the above rates [that is, the new rates of pay, see p. 1030] for non-Indian service as at present exists." This appears to mean that the Indian pay is merely to be levelled up so as to maintain the same proportion that now exists between Indian and non-Indian pay. This is not at all what is required. What is wanted is that the pay and allowances of medical officers serving in India shall be increased so as to equalise or make them fairly approximate to the scale of pay received by combatant officers in that country. There is not a word in the scheme to show that the rates of charge-pay to be granted apply to India. This is one of the many evidences of civilian handiwork which the report bears on its face. We fear that here and elsewhere the innocence

of the civilians has been beguiled. They have had little or no experience of the wiles of officialdom, and throughout the report they show an engaging but unbusiness-like disposition to trust to the good will and good faith of the authorities. The Indian Government, in particular, has shown itself absolutely unworthy of trust in these matters. It has obstinately refused to grant the demands of medical officers in regard to pay in defiance of all promises and pledges of the War Office, and it will doubtless set this scheme at naught as it has set others, unless a warrant is drawn up in terms which cannot be evaded.

It has been impossible here to do more than deal with a few of the principal points in the scheme. Much remains for future consideration, in particular Professor Ogston's memorandum criticising the shortcomings of the scheme, more especially in relation to sanitation. Detailed criticism of other points, also, is at present impossible, as in many of the most vital parts of the scheme—for example, the remedy for the undermanned condition of the service, the scope and subjects of the entrance examination, the hospitals and schools where medical officers are to prepare for their examinations, the constitution and organisation of the Military Hospital and Medical Staff College, the establishment of which is recommended—there are as yet no details to criticise. Although, as we have said, we believe that Mr. Brodrick has approached his task in a spirit of conciliation towards the medical profession, his rule is after all only temporary. But the War Office is permanent, and a long experience has taught us a profound distrust of all its works and ways. Till a scheme of reorganisation of the Army Medical Services, complete in every detail, is before us we can only advise young men to think twice, and even three times, before they enter a service in which official promises have, constantly and systematically, been broken, and even Royal Warrants have been treated as dead letters.

THE COMMITTEE ON THE ARMY MEDICAL SERVICE.

Sir,—I have read carefully the report of Mr. Brodrick's Committee on the Reorganisation of the Army Medical Services, published in the *Times* of September 30th.

Amongst other points the following seem to demand notice:

1. The authority of the Director-General is lowered.
2. His rank, which should have been raised, is unaltered. (But, perhaps, this is to be dealt with separately.)
3. The provisions with regard to civilians imply an expected professional inferiority of the army medical officers.
4. Satisfactory study-leave is not provided for. To require an officer to do his usual work, and at the same time profitably to attend the clinical practice of a recognised civil hospital is not reasonable.
5. The life of the average officer is to be a long struggle with examinations, where failure to pass after nearly twenty years service may mean practically ruin. Between eighteen and twenty years service, it is proposed that "should he fail a second time he will be compulsorily retired on a gratuity of £2,500, or he may, by special permission of the Secretary of State, complete twenty years service and then retire on a pension." He will be a bold man who enters the Service if this proposal is carried into effect. Examinations for senior officers acquired a very sinister significance some years ago.
6. Pay in India, for the junior ranks, is to bear the same ratio to the proposed pay that it now does to the present pay.—I am, etc.,

W. GORDON.

THE MEDICAL SERVICE OF THE ROYAL NAVY.

IN THE BRITISH MEDICAL JOURNAL of September 7th and 14th, as on former occasions, we drew attention to the great and increasing dissatisfaction existing among the medical officers of the navy, both in the senior and junior ranks, and instanced several causes of the same. The *Times* of September 30th, in its leading article on the new scheme for the reorganisation of the army medical services, remarks: "The majority of the suggestions seem, indeed, to be so excellent that it may be hoped that they will be taken into consideration by the Admiralty, with such modifications as may be necessary for the improvement of the medical service of the navy, and for the removal of difficulties or grievances which have arisen in connection with it." These difficulties and grievances are illustrated by the failure of the naval medical department to recruit a sufficiency of medical candidates, and we have endeavoured to summarise numerous representations which we have received from naval medical officers. The recent notification in the *Gazette* of the appointment by nomination of a surgeon to Haslar Hospital for instruction is an official indication of the failure to secure candidates for the senior service by competition as has been the rule for more than a quarter of a century past. History once more repeats itself, and reform originates in the army medical service. The senior service must of necessity be "levelled up," the source of candidates being identical for the navy, army, and Indian medical services. Some writers suggest that the naval medical service is boycotted at the medical schools. We have no reason to think such is the case, but qualified medical men contemplating joining the navy, on obtaining from the Admiralty the terms offered, quickly discover that they cannot secure their "market price" in those days, and on inquiry from their acquaintances or friends in the service the information they receive must often help to deter them from entering. There has never been any desire among naval medical officers to obtain executive titles such as admiral or commander, while those of captain or lieutenant would be erroneous, confusing and misunderstood in questions of relative rank with the sister service. Our attention has been drawn to the subject of "medical guards," which permit the medical officer of one ship, when others are in

company at an anchorage, to be responsible for attendance on accidents and emergencies in all during the ordinary leave hours of the day, such arrangement being at the option of the senior officer present and not so far an Admiralty regulation. Another point demanding attention is that it would appear that naval, unlike army, medical officers are not considered competent to decide on the physical fitness of men for further service, but an executive officer is associated with them as President of the Board of Survey; some recognise their inability to determine such questions, while others, we are told, take a different view, however absurd this may appear.

THE MORNING POST, THURSDAY, OCTOBER 3, 1901.

The students who have won prizes at St. Thomas's Hospital had yesterday the good fortune to receive them from the hands of Sir IAN HAMILTON, a general for whose brilliant services in peace and war we have often had occasion to express our admiration. It was a happy thought which associated one of the best representatives of the Army with one of the great institutions for the alleviation of the sufferings of the poor and for the advancement of surgical and medical science. The occasion is of good augury both for the hospitals and for the Army Medical Service, and we hope it may become a precedent. Sir IAN HAMILTON took the opportunity to give some account of the new scheme for reorganising the Army Medical Service and of supplementing the official report which we published and attempted to explain on Monday. We pointed out the difficulty which embarrassed our efforts to grasp the full purport of the scheme—the fact that the committee's report plunged at once into detail without giving any general introduction or recapitulation, and Sir IAN HAMILTON filled up the gap by setting forth the aims of the committee. They wished to give the medical profession power to produce a system of medical aid in peace and war that would bring to the soldier all the benefits of modern science, and they wished at the same time to offer physicians, surgeons, and sanitarians the fullest opportunity of perfecting themselves in their crafts. It would hardly be possible better to set forth what should be the aims of a military medical organisation. Sir IAN HAMILTON has set before his comrades of the Army Medical Corps the true ideals of their service, and we could wish that the sentences we have quoted from his speech might be printed on the first page of every text-book and book of regulations issued to the corps.

The feature of the committee's report which surprised us was the great proportion of space which it gave to setting out an elaborate system of examinations. Sir IAN HAMILTON evidently thinks that we were not quite fair to the scheme, and he devoted a good part of his speech, as reported, to this part of the subject. The burning zeal which inspires him for the efficiency of the Army, and with which we should wish to be equally fired, makes it due to him that we should try to convince him that our surprise was genuine and well founded. The examination system is not a new invention. It has been at work in the Universities for three-quarters of a century, and in the public services for fifty years, while in the Army it is of much more recent introduction. An examination is primarily a means by which a teacher can test the progress of young pupils; its true function is an aid to the instruction of students in the stage of adolescence. Modern practice has substituted written examinations for the dissertations and disputations which in old days were the exercises preliminary to a university degree. A later development has been the use of examinations as competitive tests for the award of prize scholarships and fellowships and for admission to the public service, while at the same time non-competitive examinations are used as tests of the training of young men seeking to enter the learned professions—those of the law and of medicine. The whole theory and practice of examinations is that they mark the close of the period of qualifying study. The student at the completion of his course satisfies his teachers and governors that he has attended with profit, and is ready to be emancipated, and to guide his future studies himself. He becomes a master of arts or a doctor of science; he is qualified henceforth to teach others. The best modern educational systems aim at training up the student to intellectual independence; his final examination is supposed to mark the stage when he has the intellectual as well as the moral responsibility of a man. After that he is capable of pursuing knowledge without leading strings. This is the

theory. In practice it is found that after a certain age examinations are a fetter to the mind. They are useful as auxiliaries to the educational system up to a certain point, to the age of graduation, which on the average is about twenty-three. After the age of twenty-eight no student worth his salt troubles himself with further examinations. If he has the love of study he carries on his own researches and tries to advance the bounds of knowledge in his department. If the impulse is not in him nothing can implant it; he is not a student and never will be. As men pass into the thirties and take their places in life a fresh classification begins. Those who continue to study make their mark in their subject; those who give up the habit drop behind. Thus in the learned professions the question as to a man of thirty may be, what degree did he take? But of a man of forty no one asks about degrees; the question is, what has he done? And the men who have done something are many of them those who in their examination days were not distinguished. This is the spirit in which among men whose lives are given to knowledge examinations are regarded. If Sir IAN HAMILTON will consult the foremost men of his own age in the pursuits of science and of literature and ask their opinions of a scheme for examinations to be repeated at intervals up to the age of forty-five, we venture to predict that he will find something like unanimity of reprobation for any such project. The idea of the advancement of science by "study leave" at fixed periods to be followed by examinations is to the minds of serious students or of men of science an absurdity. How do our great physicians and surgeons make themselves? By unremitting study or research as the daily companion of their practice. The scheme set out in the committee's report is a misapplied parody of the system of examinations recently introduced into the Army. In the Army an officer must pass an examination before promotion to captain, to major, and, we believe, since the latest development, to lieutenant-colonel. The system does not advance knowledge. Its result is that every officer when the era of promotion draws near takes leave and goes for three months to a crammer in order to be prepared for examination. He then throws away his books until the next promotion is approaching. This is not the advancement of knowledge, but a miserable insurance against utter ignorance. Knowledge in the Army does not advance, and those who have it are men like Sir IAN HAMILTON, who have made their way with their blood and their wits, not by examinations. An Army can never be quite like the other professions, where men rise by competition pure and simple. So long as there are armies and officers the officers will be picked out for promotion by their superior officers, whatever the nominal system, and if the head men are honest and know their business there is no better plan. Competent men do not judge of their subordinates by holding examinations nor by testimonials, but by seeing them at work. If there are good judges of the work at the head they will encourage the men who do good work. In military language the proper incentive to officers to learn their profession is constant inspection by the superior officer set over them. That is the reason why we welcomed the announcement that Army Corps were to be formed.

We have endeavoured to explain more fully than was possible on Monday why we think that the weak point of the Army Medical scheme lies in the minute regulation of a course of examinations carried on into middle life. If we succeed in convincing soldiers like Sir IAN HAMILTON we shall be compensated for the regret which is caused to us by even the appearance of controversy with any of the officers who have at heart the improvement of the Army, emulating in this the

example of the COMMANDER-IN-CHIEF. We sometimes fear that even the best of them are entangled in the web of what is called "the system," and are tated, like HERCULES, to struggle in vain with the shirt of NESSUS. We believe we rightly interpret public feeling when we say that the nation considers the improvement of the Army to be an urgent matter, and doubts whether the process need be so slow as to outside observers it appears, even when all allowance is made for the absence in South Africa of so many able men. Take the case of the Army Medical Service. There has been a large committee; there is an elaborate report; there is to be a new committee called an Advisory Board, and then the SECRETARY OF STATE for WAR is to consider and decide. Would not NAPOLEON in such a matter have sent for one great soldier, one great medical man, and one great representative of scientific education; have given them the object in view in the words we have quoted from Sir IAN HAMILTON; and would he not have received their scheme in a week and introduced it next day?

THE TIMES, TUESDAY,
OCTOBER 8, 1901.

THE REFORM OF THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE TIMES.

Sir,—I hope you will allow me to make some comments on the Government's scheme of reform of the Army Medical Service. It is the issue of a long and arduous campaign, and those who do most of the fighting have a claim to be heard in the hour of victory. But that is a phrase, and nothing more. For never was a result so disappointing or a victory so barren.

A scheme of reform! The title is the one used by all critics and commentators since the report appeared last week. Is it not the most egregious misnomer of all that this war has produced? If the country is deluded into the belief that the Army Medical Service has been reformed, is it not adding one more to the many dangerous shams from which we have already suffered so terribly, and which if not unmade will assuredly bring new and worse disaster?

The scheme reforms two defects, and two only; one satisfactorily, the other indifferently well. These I will deal with later. At present it is essential to make it clear that in all other respects this is no scheme of reform at all, but a scheme of shoddy—politely called "delegation"—of reform to a future body. Even this weighty function has been imperfectly performed. Of all the numerous and varied defects and deficiencies which contributed to the medical catastrophe last year, and which are left in statu quo by the scheme, only a moiety are enumerated by the committee for the future consideration of the Advisory Board. The rest are not mentioned. No practical means are suggested whereby patent evils which have greatly agitated the public mind are to be averted in a future campaign, and we are presented with a scheme of reform or reorganization of the Army Medical Service which leaves it unreformed and un-reorganized. It is very important to make this point clear, although I regret for many reasons that it devolves upon me to do so. It is imperative if the nation is not to sink into another long and lethal sleep, such as has marked the cyclole history of the Army Medical Service after every attempt at reform since the Crimea. The welfare of the Army is the safety of the nation; and in such a matter no political or personal considerations should lead any man to deviate from what seems to him the path of duty.

The scheme starts on a wrong basis, or at least on a singularly narrow one. It seems to assume that the Army medical breakdown proceeded from the inferior scientific status of the Army doctor, a very important matter, I admit. But was this the cause? Not at all, or in only a small degree. There were other causes altogether, and far more important ones—the want of foresight, elasticity, organized power of expansion, the want of framework, and of anything to put in it, the want of system, the confusion of its integral parts, its helplessness to harness valuable adjuncts from without; the want of personnel, doctors, nurses, orderlies; the want of matériel, hospitals, equipment, clothing, food, all which defects, with many others, have been left unreformed in this so-called scheme of reform. The matter will be made more clear by the following list, which gives priority to those defective or missing parts of the system which would be sources of expansion in war time:—

Things Left Unreformed.

1. The Militia Medical Staff Corps; the Militia Reserve trained in medical duties; the Volunteer Medical Staff Corps.—These three bodies, important both in peace and in war, are not reformed or touched by the scheme. They are not even "delegated" to the Advisory Board. They are handed over to the Director-General to reform, or more accurately to create, and then to administer, without reference to the Advisory Board.

2. Medical Aid for the Auxiliary Forces, Militia, Yeomanry, and Volunteers.—All this is at present in a most hazy and disorganized condition. The importance of these forces to the country, as demonstrated by this war, is the measure of their need of a thoroughly organized medical service. What will be thought in thousands of English homes of a "scheme of reform"

which reforms nothing, organizes nothing, provides nothing in the shape of medical aid for the Yeomanry and Volunteers? It is all left again to the Director-General, but this time "in concert with the Advisory Board." But it is left undone.

3. An Army Medical Reserve.—There is none in the scheme. It will hardly be contended that the thin reserve, formed of a few lieutenants of three years' service who are not able to make up their minds whether they are going to stay in the R.A.M.C. or not, supplies a reliable body of medical men to draw from in case of war needs. Consequently we go forward without any Army Medical Reserve.

4. Employment of Civilian Doctors in War-time.—This vitally important matter and others of the same kind are crowded into a single clause and consigned, without instruction, advice, or suggestion, to the future body. Why? This committee was competent to deal with them. Its members had worked with civilian doctors in the hospitals of this war. Such questions as the strained relations between Army and civilian doctors which occurred at No. 8 General Hospital at Bloemfontein, and of which the P.M.O. of South Africa stated in evidence that he thought "the friction would go on until the machine stopped"; questions of age, qualifications, temporary rank (now given to a competent civilian doctor in order to place him under a possibly incompetent Army doctor); all these should surely have been considered and decided on by a competent committee such as this, fresh from the scene of action. The registration of civilian doctors, properly selected, to be ready for war has been suggested by some, to take the place of their hasty and haphazard collection by advertisement as practiced in this war. There is not a word about all these things in the scheme.

5. Employment of Civilian Nurses.—This question, with many much-debated points involved in it, is left entirely to a future body to settle.

6. Employment of Civilian Orderlies.—The last remark applies here also. There is no mention at all of the St. John Ambulance Society or other bodies from which great numbers of orderlies have been obtained for this war; no comment on the importance of practical in addition to theoretical training, and no plan for their improvement in this respect; no suggestion for the future.

The last three heads have a special importance for the taxpayer. A well thought out and thoroughly organized scheme of medical expansion from civilian sources is an economic necessity for a country which cannot possibly maintain in peace time an Army Medical Service equal to the demands of a great war. What are we to say, then, from an economic as well as a medical point of view, of a scheme of reform which does not touch the subject?

7. Voluntary Civilian Hospitals.—Every one knows the splendid part played in this war by voluntary hospitals organized by individual energy and provided by both public and private philanthropy. But every one does not know the difficulties they had to contend with at first, the obstinacy, jealousy, red tape, and petty obstruction of a Department which afterwards went down on its knees to obtain more of them. They were at first rigorously confined to the position of "sections" of a general hospital at the base. Suddenly they were left free to be self-contained hospitals at the front. Which ought they to be in the future? The status of the R.A.M.C. officer attached to a voluntary hospital and his relation to the civilian medical staff was a vexed question. Why has it not been solved? The committee, although it contained at least two senior members of voluntary hospitals, is absolutely silent on these and all other points connected with them. In a single line it delegates the question of "voluntary effort" to a future body.

This, too, is an economic question for the country, not only in the relief given to the State by voluntary hospitals, but in the model they supply for expansion by the Department to meet the needs of war. If the great military hospitals at the base had been turned into civil hospitals in this war, retaining a certain military element for purposes of discipline and the regimental status of patients, the Army medical staff—doctors, nurses, and orderlies—could have been set free to go up to the front, their proper place. Such a system carried out by and at the expense of the State would be far less costly than one which permanently swells the Army Medical Service; for the cost would be limited to the duration of the war. But the plan requires the careful consideration of just such a body as this committee. It is not mentioned in the scheme, and the whole lesson of the voluntary hospitals is lost.

8. The Red Cross Society.—What has become of the "National Society for Aid to the Sick and Wounded in War," commonly called the Red Cross Society? This well-known organization has long existed in England, as in all other great countries, mainly for the purposes of war-time. For reasons which it would take too long to examine, it had sunk from the position it might and should have occupied, as a powerful and trusted medium between the people and the State, the compass of philanthropic and official differences, the depository as once of public anxiety and public confidence with regard to the treatment of the sick and wounded, into a mere antechamber of the Department. In this capacity it took credit for some of the great voluntary efforts already referred to, which were suggested, organized, and carried out by private individuals. The society itself created nothing and organized nothing at home. In the campaign, for all practical purposes, it became a supplementary supply store to make up the shortages of the Army Service Corps and the Ordnance Department in their normal inventories of matériel. Its only attempt at any higher function resulted in throwing the valuable local philanthropic agencies at Cape Town

into a state of confusion and discontent, from which they were barely rescued by the tact and energy of a casual visitor. In the course of its decadence the Red Cross Society had become very closely allied to the department, and in South Africa its operations brought the two in constant contact. It received large contributions from generous individuals at home. For both reasons its status in relation to the department and the public and its possibilities of usefulness in future wars should have been considered and decided on by this committee, which was qualified to act, and assumed to be acting, in the public as well as the departmental interest. Is it or is it not to stand as the great national agency for voluntary aid in war time? It is nowhere mentioned in the scheme.

I will now mention a few matters which, although as important for war as for peace time, are not so closely connected as the preceding with expansion.

9. Army Medical Orderlies.—It is hard to have to condemn a class when it contains many brave, honest, and devoted individual members; but the revelations with regard to hospital orderlies were confirmed even by the Royal Commission. They must have been very bad indeed to force that negative body to recommend that a small separate Commission should be sent out to South Africa at once to investigate the matter. The evil practices of the orderlies were due to inherent bad tons, bad training, bad discipline. What is more important is that they were a tradition in the service, pass Mr. Balfour, who was surprised and pained at the statement, and said it was "without foundation," when "all the information that had reached him, from whatever source, showed that the soldiers appreciated the unvarying kindness of the orderlies." In this war they robbed, they slept, they got drunk, they neglected their duties, they ate and drank the medical comforts, they stole the stores and sold them to the patients and pocketed the proceeds. All this, I suppose, is what is called a "matter of detail," and therefore left over to the future body, without any recognition of the evils or any examination of their causes, and with only a clause in the nursing scheme that breaches of duty and discipline are to be reported by the nursing sister of a ward to the medical officer in charge. But is it a matter of detail? Careful nursing is even more important than medical science. However great an increase of female nursing be adopted, male orderlies will always have to do a great part of the work in military hospitals. To have failed to deal with the whole question of Army medical orderlies as *found*, the class from which they are recruited and method of recruiting, their qualifications and rates of pay, their examinations, promotions, and rewards, is to my mind the most glaring blot on any scheme of Army medical reform. It is almost with amazement that one sees two close-printed columns of careful and generous provisions for the improvement of the Army doctor and nothing for the Army orderly.

10. Dependence on Other Departments.—The Army Medical Service depends for transport and supplies on the Army Service Corps and for all equipment on the Ordnance Department. It has nothing but medicines of its own. In a campaign the ordinary supplies will probably always have to come from the Army Service Corps; but it seems absurd that special and medical foods and comforts, hospital equipment, from tents down to tooth-brushes, hospital clothing, and many things which concern solely the treatment and care of the sick, should have to be obtained from other departments. It involves red tape, obstruction, uncertainty, and delay. There is, further, the much-discussed question whether and how far the medical service is to have its own transport. These are matters not only of practice, but of principle, involving the self-dependence, autonomy, and freedom of the service. A committee which contained representatives of all three departments, and others who were familiar with the working of the present system in war time, was exactly the body to settle such vexed questions once for all. Under those circumstances, it is almost needless to say that they are not mentioned in the "Scheme of Reform."

11. Initiative—Commandeering.—This, again, is a question of principle as well as practice. The medical service in a campaign has responsibility without power. To some extent and in some cases the breakdown of last year was directly traceable to this cause. The whole position of a medical officer in charge, say, of an isolated hospital, his relation to combatant, Army Service Corps, and transport officers, is a question of military policy. What should be its limitations, how far he should be free to use his own initiative and resource in organizing his hospital and providing for the wants of his patients, whether he should be allowed to commandeer or not are exactly the matters in which a layman's opinion should be tempered by that of a committee of experts largely military in its composition. They do not mention the subject.

12. A Stationary Hospital System.—So far as war-time is concerned, nothing needs such a thorough reorganization as our system of stationary hospitals, which, where an Army has a predefined route of advance, should be established in any available building. We have really no system at all properly so called, no specially designed light equipment, beds, tents, or other matériel, suitable for the purpose. This great committee might have laid down some instructions as to a system, and left the choice of equipment to a standing sub-committee. It does not mention either specifically, unless the general clause (6) leaving everything connected with the provision of hospitals to a future body may be taken in that light. But is this reform or reorganization?

I forbear to make separate heads of tents, ambulances, and such things, lest they should be called insignificant details. The ambulances caused unmitigated suffering. The old model of heavy tent, which was persistently sent out long after its usefulness was apparent, diminished the

hospital accommodation up country by nearly one-half—a very serious matter. Could we not have had at least some suggestion on the subject from this committee of experts in tents and ambulances? It is of great importance in war, where transport is always a difficulty.

13. Capacity of Hospitals.—Much has been written and argued about the proper limit to the number of patients in a military hospital, whether, for instance, two hospitals of 200 beds would be better or worse than one hospital of 320, the present number fixed for a "general" hospital. Could the many eminent medical men on this committee give no guidance for the future on such a question, for war-time as well as peace? There is none in the scheme.

The list I have given is far from complete, but it is sufficient for the purpose. The matters contained in it and the suggestion concerning them, here briefly summarized, I brought to the notice of the authorities and the public long before this committee was constituted, and before the report of the Royal Commission. The latter body, in spite of its partial inquiry and its feeble report, was constrained to urge many of them on the Government as requiring "immediate reference." They contain the real causes of the medical disaster of this war, and of its certain recurrence in any future one. They are matters of principle and policy, both military and medical, which imperatively demanded the consideration and decision of just such a committee as that which has now dispersed without touching any one of them. Many of these matters are not even mentioned; the rest are left to a future body.

What is the explanation of this bewildering fiasco? The committee was in the main admirably chosen. It was, perhaps, too purely professional in character—it lacked a certain element which is best indicated by the common remark on the Bloemfontein catastrophe, that if a good business manager of any big firm could have taken on the contract of the sick and wounded the latter would have been 50 times better off than they were. With that exception the committee was broad and comprehensive enough. It contained men of conspicuous ability, representatives of all departments connected with Army medical affairs, civilian surgeons and doctors; above all, many men who were fresh from a war experience, who had seen all the parts of the system working and their results, and who must have thought over many remedies for their defects. No such competent body is likely to be brought together again, and no "advisory board," however constituted, can possibly bring to bear on the task of reform the independence, breadth of view, experience, and ability possessed by this committee. Why have they left nine-tenths of that task undone?

Is it because they were busy men appointed late in the season, and no adequate provision was made to continue their services until they had finished the work before them? But Mr. Brodriek stated explicitly in the House (June 27):—"I think it is much more important that they should come to a correct conclusion than that we should hurry them in the task assigned to them." We paid a consultant surgeon £3,000 a year to go about saying the Army Medical Service in this war was "absolutely perfect." Was it not worth while to pay a dozen men at that rate, for two years if necessary, to reform it? Or was the committee, sitting under a Secretary of State, forthwith gripped in the vice of departmentalism and left no option but that process of "delegation" which has marked the course of this question throughout. The Government delegated it to a Royal Commission, the Royal Commission delegated it to a committee of experts, the committee of experts delegate it to a future body, the "advisory board." It still remains to be done; do not let us deceive ourselves about that. But it is impossible to suppose that this committee voluntarily arrived at this last most lame and impotent conclusion.

What, then, is the cause, and who is to blame for it? I am sorry to have to give the answer in the words of the Secretary of State for War. "A committee of experts to consider the scheme which I have drawn up for the future organization of the Army Medical Service will shortly be appointed." (House of Commons, June 27). The scheme then is the scheme of the Government, laid before the committee by the responsible Minister, and amended no doubt by the committee; but not the committee's scheme. No doubt they are satisfied with what is contained in it. Will they take the responsibility for what it does not contain?

I would naturally wish to do more ample justice than space permits to what is actually accomplished by the scheme; if for no other reason because it carries into effect principles which I was the first in this controversy to urge and have never ceased to press forward. Insistence on the civilian professional element in Army medical affairs aroused the early and bitter hostility of the old department; that element is now well represented on the advisory board. A strenuous appeal for female nursing in military hospitals met with the same reception; the principle is now granted. The only thing that was treated with favour was a careful exposition (in one of my earliest articles) of the unfair conditions under which the Army doctor had to work, the obstacles to his scientific improvement, the need of higher pay, more privileges, and promotion by merit rather than seniority. These defects are fairly well remedied by the scheme, which is practically monopolized by this subject. It has been so fully discussed that I will only point out one or two curious flaws.

An elaborate scheme of examinations (five in number, and continued up to 29 years' service) has been laid down for future Army doctors. But what is to happen to the existing service? Are the present R.A.M.C. officers—many of them with several years' service and excellent practical ability—to undergo these rigorous examinations? If not, where, or rather when, does the

scientific improvement of the corps come in? It is now, I believe, full strength—970. Even if all the surgeon-generals are retired in the natural course in 18 months, the great mass will still remain. It will take ten or 15 years at least to leave it with the new scientific element. Another question—What is to be the relation of a new scientific lieutenant or captain to an old unscientific major or lieutenant-colonel? At present the major comes into a ward and alters the captain's prescription, the lieutenant-colonel the major's, and so on. What is to happen in the future? It is obvious that these are not matters of detail, but of principle. A scheme which, however elaborate, makes no provision for them, cannot be called satisfactory, even "as far as it goes."

I leave to others to judge of the advisability of carrying examinations as a test of practical merit so far forward in a medical man's career. Certainly many civilian practitioners of great ability and assured position would ridicule the idea of their career depending on a book examination after 12 years' practice, or any examination at all after 20 years. There is an alternative method; but this is not the place to describe it.

The obvious intention of the scheme is to produce a good general practitioner; there is nothing to induce a man of marked scientific merit to stay in the corps. This may be unavoidable; but there is added to it a needless obstacle to the scientific attainments of senior officers being made available for the patients. There is no provision for relieving or divesting such officers of purely administrative work. The latter is rather encouraged, by occupying the chief places in the final examination. A P.M.O. of a general hospital, which is one of the prizes of the service, must still perform the duties of a housekeeper to the exclusion of pure medical work. This one of the greatest faults of the present system, which I long ago carefully illustrated from the best military hospital in South Africa, remains unreformed. There is an easy remedy, but it cannot be discussed here.

The nursing scheme is elaborate in detail and embodies one principle I have always contended for, that the nursing service should be as far as possible self-contained and self-governed, the responsibility for conduct and discipline being confined to female authority. Here it runs up through nursing sisters, matrons, principal matrons, and a matron-in-chief, until it reaches the advisory board, which is a mixed body. There is no specific provision for this principle being carried out in a campaign, where it is most needed. In this war it would have saved infinite trouble and inconvenience. But there is a more remarkable omission from the nursing scheme. Nowhere is it stated or suggested what the strength of the nursing service is to be, nor is any instruction given to the future body as to what amount of female nursing a hospital is to have. At present the manual says eight nurses to 520 patients. Can it be claimed that the principle of female nursing is accepted when there is no specific review or reform of a regulation which for 50 years has been allowed to blot out the memory of Florence Nightingale from the records of the War Office?

Such, then, is the scheme of reform which we are asked to accept as a satisfactory solution of a long and anxious controversy and as a fulfilment of the promises made by the Government and the high hopes engendered by the scope and character of the committee. It improves the scientific status and pay of the Army doctor, but leaves the improvement unappreciable for another decade or more. It provides for a nursing service, but does not create it. It enumerates some matters requiring reform and omits more, but it leaves all to a future body. It constitutes that future body, but it does not tell us when reform will be accomplished, or what it will be.

The scheme does little or nothing of itself to avert in the future such disasters as wrung our hearts last year. It does not look to war. It proceeds on the basis that reforms directed to war time are of less importance than those designed for peace. It is a curious argument to apply to a service whose raison d'être is war, one of which war is the only real test, and one which completely broke down in the war that is still going on. Reform was primarily demanded in war, by war, for war. Such reform can only be obtained by dealing practically with those parts of the organization out of which great and palpable evil has arisen, and no scheme which leaves its work undone or leaves it to some one else to do has any right to be called or considered a scheme of reform or reorganization.

A great opportunity has been lost. It is said that the process of reform is to be continuous in the hands of a future body. That means that the whole matter is "reserved," and the further impact of public opinion avoided. The committee we know; the "future body" we do not know. It may be heaven-born; but we cannot watch its proceedings, or measure its progress, or criticize its work. All we now see is that it will have heavy administrative and supervising duties to perform, that the non-official members are offered remuneration which places an unjust strain on their patriotism, and that for the purposes of a great constructive task it cannot possess the varied ability and fresh experience of the committee. In my judgment the committee should be reappointed, should include the advisory board, and proper provision should be made for its sitting until the work is done. Then the real scheme of reform can be presented to the public.

Some one says "the controversy is closed." In the same way the war is practically over. Not a Commander-in-Chief, nor even a Lord Chancellor, can convince us of the fact. And no official utterance will persuade a watchful public opinion that there is any more reform in this scheme than there is peace in South Africa.

I am, Sir, your obedient servant,
W. BURDETT-COUTTS,
1, Stratton-street, W., Oct. 7.

TO THE EDITOR OF THE TIMES.

Sir,—With reference to the report of Mr. Brodriek's Committee, published in *The Times* of the 50th ult., and your article thereon, permit me to say that, in the opinion of a number of senior medical officers well qualified to judge, the scheme, though containing some good points, as it now stands will not, we believe, meet with the approbation of the profession, and, consequently, will not attract the necessary number of good class candidates. I cannot review the report as a whole, but will, with your permission, allude to a few of the principal points.

In the first place, no provision has been made for a substantial increase to the executive ranks; it is generally admitted that a strength of 1,200 is the very lowest that will enable officers to have a fair share of home service and the necessary study leave. The "right to retire" on £1 a day after 29 years' service (which has been regarded as our Magna Charta) will be taken away, and an officer of close on 20 years' service, perhaps 48 years of age, or even more, may find himself, when too old to commence private practice, thrown on the world with a gratuity of £2,500 (equal to £100 a year if carefully invested), with generally a wife and family to support and educate. Including the entrance there are no fewer than seven compulsory examinations to be passed before the completion of 20 years' service; and if an officer fails in any of them he may have to undergo eight, nine, or even ten examinations before he attains the rank of lieutenant-colonel. I would also point out that no modern language is included in the entrance examination, a most regrettable omission. It will be observed that a lieutenant must serve three years before being allowed to go through a special course of six months as a preliminary to his examination for the rank of captain—i.e., three years and six months' service before the examination, yet in the appendix it specifies that he will draw the pay of a captain after three years' service. Again, there is nothing done to raise the pay of the senior executive rank in India (old brigade surgeons), who will apparently continue to draw only Rs.1,150 as lieutenant-colonels of five to ten years' standing, though lieutenant-colonels of infantry will draw Rs.1,450, and those of cavalry far more. No provision either has been made for "charge pay" in India, though from 2s. 6d. to 10s. a day is granted everywhere else. To make the R.A.M.C. attractive, the rates of pay and allowances for all ranks in India must be clearly defined in black and white, a precaution absolutely necessary when dealing with that Government. Cryptic statements as to pay in India bearing a ratio to that granted at home will certainly not be satisfactory.

The Director-General's position is minimized by the appointment of the Advisory Board; but this might have been balanced by his being placed, *ex officio*, on the Army Board with the rank of lieutenant-general, before which he could lay the opinions of the Advisory Board and point out the necessity for or the value of its recommendations. The inspection of all military hospitals by two members of the Advisory Board (surprise visits) will place the P.M.O. of districts in a most unenviable position, and will raise up an *impetoria* in *imperio* that will never work in practice. There are many other points worthy of consideration, but I have said enough to show that in the opinion of those qualified to judge the scheme will require considerable modification before it will be accepted by the medical profession.

You say that "they (the medical officers) can hardly expect any further 'concessions' from the State, and must now be prepared to show that they can make the best of their position and can justify the ground on which its improvement has been accorded." You appear to have quite lost sight of the fact that those so-called "concessions" have not been made to the present officers of the R.A.M.C., but to the medical profession generally, with a view to attracting a supply of eligible well-educated candidates. To talk of "concessions" in such a sense is a misnomer; it is simply a case of "supply and demand." If the medical schools accept the new terms (which I very much doubt) the candidates will be forthcoming; but if they do not further "concessions" must be granted, or, as I should prefer to put it, the conditions of service must be such that well-educated young medical men will accept commissions in His Majesty's Army.

Your obedient servant,
J. B. HAMILTON, Surgeon-General, R.P.
J. U. S. Club, Oct. 3.

TO THE EDITOR OF THE TIMES.

Sir,—I have read with the greatest interest the report on the above subject, published in your issue of to-day. The report as a whole shows that a strenuous effort is being made to improve the conditions of the service and to attract a better type of candidate than that offering during the past decade. The arrangements suggested for encouraging study and holding out hope of reward to the more capable and energetic call for nothing but praise.

I have no desire to seem unduly critical; but, as many of the pupils of the Irish medical schools will look to me for advice in their choice of a career, I feel it my duty to draw attention to certain features of the scheme which in their present form will deter men from entering the service.

For example, Paragraph 35 states that an officer on completion of six years' service as captain (nine years in all) may either elect (a) to retire with a gratuity of

£1,000 or (b) to continue in the service. If he elects to continue in the service, some time during the next three years he has to submit himself to a searching examination, failure in which, after two trials, necessitates his compulsory retirement. Now comes the important question, on what terms does he retire? Is he still eligible to receive the gratuity of £1,000, or is he dismissed from the service without compensation? To this all-important question the published scheme gives no answer. Let us put ourselves for a moment in the position of a captain who has completed nine years' total service and has to make his choice between the two alternatives. On the one hand is the solid sum of £1,000, with which, as capital, he can either buy a practice or start in one of the colonies. On the other is the risk that if he fails he is practically ruined, somewhere between the ages of 32 and 36, and has to begin the battle of life all over again. Can any one doubt for a moment that 50 per cent. of the men will take their bonus and leave the service? No ordinary man will lay £1,000 to nothing on his passing an examination.

Again, paragraph 43 subsection (b) states, *inter alia*, that the candidate, after passing his examination for major, shall, if his service has been satisfactory, be allowed to adopt one of the following alternatives:—(a) To retire on a gratuity of £2,500; (b) to continue in the service. Now this paragraph, when analysed, simply means that an officer after 15 years' service, being then about 42 years of age, probably impaired in health by foreign service, is liable to be dismissed with a bonus of £2,500. Now £2,500 at 42 years of age will purchase an annuity of £150 a year. Contrast this with the present state of affairs. After 21 years' service, only three years more than that specified in paragraph 43, an officer on retirement is entitled to a pension of £365 yearly, more than double that held out to him in the new scheme. Surely this is not an inducement to good men to enter the service.

It may be, of course, that my interpretation of these two clauses is erroneous; but, if it is not, I do not exaggerate when I say that they are absolutely fatal to the scheme. I know something of examinations and of candidates at them, and my experience is that no one is more nervous at examinations than the medical man of some years' standing. He never can do himself justice, and his nervousness is not likely to be diminished by the thought that his whole future, and that of those dear to him, may depend upon the whim of an examiner. Knowing this as he does, will he be attracted to the service by a scheme bristling with examinations? The examinations in question will be either a reality or a sham. If the former, a considerable number of men will be cast upon the world at a time when they are not capable of beginning the struggle all over again. If the latter, it will be merely another item of expense put upon the long-suffering taxpayer.

I regret very much having to appear as a hostile critic in the matter. There are so few careers at home open to young Irishmen that the prolonged closure of what used to be one of our most popular outlets is a very serious matter for all interested in medical education in Ireland. I confess I had looked forward with the utmost hopefulness to seeing a satisfactory scheme evolved by the committee. It is, therefore, with the utmost regret and disappointment that I am forced to say that I do not believe this scheme will attract a good class of men to the depleted ranks of the Royal Army Medical Corps.

With apologies for the length of this letter, the importance of the subject dealt with being my only excuse,

I am your obedient servant,

THOMAS MYLES, President Royal College of Surgeons in Ireland.

September 29.

STANDARD. 8th Oct. 1901.

We publish this morning a letter in which Mr. BURDETT-COURTS reviews at considerable length the outcome of the labours of the Committee to whose Report on the Reorganisation of the Army Medical and Nursing Services we have already drawn attention. He is concerned, it will be seen, not so much to criticise the recommendations actually put forward as to protest against their limited character. He does not find fault with what is proposed, but complains that a vast number of subjects—pertinent, no doubt, to the matter referred for consideration—have not been settled once for all in precise detail. Mr. BURDETT-COURTS would have had more chance of obtaining a sympathetic hearing if he had distinguished more carefully between the public aspects of an extremely grave question and the part which he has personally played in its controversial treatment. It must be hoped, however, that none who take a serious interest in the efficiency of the provision made for the health of our soldiers in time of Peace and the care of sick and wounded in War will be deterred by the mere length of his strictures from the duty of dispassionate perusal. They will not, we think, command general assent, but they are stimulating to thought. If he writes with a certain bias, and without any initial aptitude for a self-imposed task, he has devoted himself with much assiduity to the examination of the question, and, partially at least, has watched the operation—at a critical time—of the system which has now to be remodelled. Few would question the sincerity of his motives; though he is himself painfully aware that the views

with which he is personally identified have not been confirmed by the men who, as experts of the highest distinction, are entitled to speak with conclusive authority. He remains an ATHANASIAN—inspired by zeal rather than learning, and is, apparently, ready to take up his parable against the world, as represented not only by the SECRETARY OF STATE for WAR, but by the deliberate judgment of the medical profession in this country. He acknowledges that the Committee was "admirably chosen," and that, but for the absence of a typical business man, it was "broad and comprehensive enough." He is even moved to confess that it contained, above all, many men who were fresh from "War experiences, who had seen all the parts of the system working and their results, and who must have thought over many remedies for the defects." Yet he dismisses the elaborate finding of this admittedly competent tribunal as a mere mockery of reform. Apparently he is conscious that he has to offer some explanation of their alleged failure. How comes it that the most accomplished physicians and soldiers of proved competence have missed the vital truth that has been revealed to Mr. BURDETT-COURTS? They were invited, he says, to consider a Scheme which the SECRETARY OF WAR had drawn up for the future organisation of the Army Medical Service, and they did not go beyond the mandate. That is to say, the members were content to amend a ridiculously inadequate draft, and to send it out over their signatures as a mature Scheme of Reform.

It is a pity that Mr. BURDETT-COURTS did not confine himself to submitting for consideration his own catalogue of omitted features and allow them to stand upon their merits. There is much good sense in some of his remarks; but they leave unimpaired the general value of the Report as a solid contribution to the cause of Army Reorganisation. The recommendations of the Committee embody, at all events, changes which have been consistently advocated by unobtrusive yet well qualified authority long before the amateurs rushed in with their exaggerated accounts of hospital mismanagement. The problem of the Army Medical Corps had a two-fold aspect. It was imperative, on the one hand, to enlist in more ample numbers the better class of trained students, and, on the other, to give them more liberal opportunities of qualifying themselves after appointment for the duties that might arise in the range of their clinical practice. There could be no finer testimony to the general spirit of the medical profession than the proved fact that these two elements were interdependent—that the best way to attract the flower of the rising generation was to make their career in the Army one in which they could continuously improve upon the basis of knowledge and skill that they brought with them from the Schools. At the root of the disabilities under which the young Army doctors lay, and of the resulting unpopularity of the Service, was the insufficiency of their numbers. This—though no one would gather the fact from Mr. BURDETT-COURTS'S letter—is to be corrected by the addition of one hundred and twenty officers to the strength of the Corps. By this expansion the strain of foreign service will be reduced, and the desired opportunities for study at home will be obtained. Officers are to have the power of perfecting their professional attainments by attendance at post-graduate courses in civil hospitals. By making appointments to stations less precarious than now, the frequency of moves will not press so heavily on men of limited means. Pay is to be increased on a scale which satisfies the leaders of medical education in the country. Encouragement is given to officers who have proved qualified to pursue special lines of work, and advancement will go with proficiency. In the same way, the Nursing Services are to be reorganised and placed under the control of a Board, of which the QUEEN is to be President, and to which the matrons of large civil hospitals that have medical schools attached will belong. This brings us to what is material in Mr. BURDETT-COURTS'S array of grievances. It will be remembered that at the head of the reforms recommended by the Committee is the constitution (for the Army Medical Service) of an Advisory Board, which contains a large civilian element, just as the Nursing Board includes expert ladies. In both cases, it is left to these bodies to work out detailed schemes for the various administrative requirements that arise

in practice. We may illustrate this policy by reference to the suggestions made by the Royal Commission on the Care and Treatment of the Sick and Wounded during the South African Campaign. It will be admitted that if any process of inquiry could force into the most searching light the defects of Departmental organisation, it would be that which had as its immediate subject the sufferings of our soldiers in the hospitals hastily established for their reception after Lord ROBERTS'S exhausting march from the Modder River to Bloemfontein.

Sir ROBERT ROMER and his colleagues found the number of surgeons too few. We have seen that they are to be greatly increased. There were no regulations whereby qualified doctors and trained orderlies could be rapidly obtained from outside with a view to supplement the ordinary staff in the event of a great War, and for ensuring a prompt supply of all hospital and other equipment. Mr. BURDETT-COURTS'S Committee has expressly charged the Advisory Board with the function of preparing a scheme. This is not enough for Mr. BURDETT-COURTS. He must have it cut and dried under the hand of the Committee itself. MISERERE must spring fully panoplied from the brain of the Departmental JOKER. He imagines, it would seem, that to leave a work of the kind to be carried out thoughtfully by persons who must be continuously and intimately in touch with the facts is but a device for shirking a complete settlement. Public opinion is on the alert just now, by-and-by it will be quiescent; so we are asked to believe that a Minister of the Crown, to whom no one has ever dared to impute want of courage or conviction, clutches at the chance of evading the demands of the nation. That is not a view that will commend itself to an impartial judgment. The Advisory Board will exist for the purpose of shaping plans designed, as far as human foresight avails, to meet any probable emergency. Nor do we fear that the needs of the Militia, Volunteers, and Auxiliary forces will be overlooked. The constitution of the Advisory Board and of the Nursing Board is all that could be desired by anyone conversant with the details of hospital and sanitary practice for the Army at home or abroad. To its members may confidently be committed the task of elaborating arrangements in accordance with the principles laid down by the Committee. But to taunt men like General MORTON and Sir WILLIAM THOMPSON with scamping their work of inquiry because they did not frame an approved design of ambulance waggons or make revised and abbreviated forms of periodical Returns an integral part of their Report is a class of criticism which does not carry conviction. We are quite sure that whatever is good in the Red Cross Society or in Voluntary Civilian Hospitals will be duly recognised and utilised under the Reformed Scheme. It is not open to reproach because it does not provide by anticipation for every possible contingency, and leaves, to those who accept a special obligation in the matter, full discretion to adapt their methods to the ascertained needs of the Army.

THE MORNING POST.
TUESDAY, OCTOBER 8, 1901.
ARMY EXAMINATIONS.

TO THE EDITOR OF THE MORNING POST.

SIR,—Many young men go up and pass their literary examination and are afterwards refused by the medical officers. This seems very hard after months' study, to say nothing of the expense to their parents. I am aware the reason the medical examination follows the literary is in order that the doctors may not have the trouble of examining men whom the board often reject; might I therefore, suggest to obviate this that the medical examination should precede the literary, and that each candidate should pay £1, which should amply repay the medical officer's trouble?—Yours, &c., JAMES FLETCHER.

24, Piccadilly, Oct. 7.

See reply p. 78.

PALL MALL GAZETTE.

TUESDAY EVENING, OCTOBER 8, 1901.

OVERDOING IT.

HAVING bottled up his indignation for more than a week Mr. BURDETT-COUTTS has uncorked the vial of his wrath, and inundated therewith the Report of Mr. BRODRICK'S Committee on the Army Medical and Nursing Services. "A great opportunity has been lost:" thus uncompromisingly does the scheme stand condemned. And how criminal the mistake has been, may be gathered from such incidental remarks as "one of the faults of the present system, which I long ago illustrated from the best military hospital in South Africa, remains unreformed:" and "the nursing scheme embodies one principle I have always contended for." With all due respect to Mr. BURDETT-COUTTS, who is an honest critic, though often quite wide of the mark, we cannot take him at precisely his own valuation. Amateurishness marks the whole of his long letter to the papers, and that not by any means well-informed. Let us take one amazing statement; that the proper place of nurses is at the front. The veriest smatterer in military affairs knows perfectly well that if they were at the front they would be at once a danger and an encumbrance. Even at a station hospital, ten or may be fifty miles away on the lines of communication, let us say, they would be an embarrassment, because such a position is always liable to be surprised by the enemy. Our wounded, it will be remembered, had to be left to the mercies of the Boers when we retreated from Dundee. If YULE'S march had been hampered by the presence of a nursing staff, it would simply have courted the disaster it so narrowly escaped. No, the proper place for nurses is at the base hospital. Get your sick and wounded down there with all speed, and provide a sufficient number of sisters and their subordinates to contend with a sudden inrush of patients. But if the Army Medical Staff were to take Mr. BURDETT-COUTTS'S advice and send up small bodies of nurses to follow the troops, it would commit the most lamentable of blunders for more reasons than one. The real point to be discovered about that portion of the Report is how far it will ensure that the patients at the base have proper care. The Manual informs Mr. BURDETT-COUTTS that eight nurses are assigned to 520 beds. Strictly speaking, the total should be eight with a superintendent, but we need not insist upon that correction. What we should like to bring home to him is that the War Office, in the course of the campaign, doubled the number of nurses at each base hospital. It now stands at eighteen; and we believe that, under Mr. BRODRICK'S scheme, the intention is that a nurse should be detailed for every ten patients. Mr. BURDETT-COUTTS cannot be excused, at any rate, of raising an exaggerated outcry upon the most inadequate information.

Apart from blunders in fact, Mr. BURDETT-COUTTS seems to have misconceived the whole purport of the Report. According to him Mr. BRODRICK'S Committee have merely tried to shift the responsibility they inherited from SIR ROBERT ROMER'S Commission on to the new Advisory Board. This is surely the strangest of delusions. Any public service imaginable must have direction of some sort. The Advisory Board has been established for that purpose; and by introducing a strong civilian and medical element, and placing it in touch with the other Government Departments, the War Office have done their best to banish old fogydom from its composition. Mr. BURDETT-COUTTS, however, rises to supreme heights of indignation because its duties and powers have not been defined down to the most minute detail. We are glad that Mr. BRODRICK'S Committee had the good sense to refrain from throttling it with the red-tape which its denouncer ridicules in another part of his letter. The Medical Staff College will be far more efficient if slowly elaborated than if irrevocably regulated on paper. The correlation of volunteer with professional effort must, in the same way, be worked out on careful design. The Report, besides, had for its chiefest aim the avoidance of the necessity of falling back upon civilians, who are bound, however

patriotic, to be practically untrained. The Army Medical Corps will, accordingly, be increased by 120 officers; the service will be made more attractive by higher pay and increased opportunities for "study leave," and promotion is, so far as may be, to go with professional skill. We may admit, with Mr. BURDETT-COUTTS, that the examination-ladder does not always conduct a man to acknowledged merit in his calling. That general criticism applies, however, to nearly every conceivable livelihood for a gentleman; the Army, the Bar, the Church, and all of them. Mr. BURDETT-COUTTS also raises a valid objection to the scheme when he contends that the new scientific school of military surgeon will have some difficulty in shaking down under the old rough-and-ready practitioner. But that is an argument against all reform, whereas Mr. BURDETT-COUTTS vociferates in the same breath that the so-called reform is a sham. The Army Medical Service will attract a better class of man as vacancies occur, and they must come in the course of nature. Even Directors-General are not immortal. We are afraid, then, that Mr. BURDETT-COUTTS has covered columns of the daily Press to little real purpose. As with his exposure of the hospital shortcomings at Bloemfontein, he has overstated his case. The public will do justice against random faultfinding even to the War Office.

THE TIMES, WEDNESDAY, OCTOBER 9, 1901.

THE BRITISH RED CROSS SOCIETY AND THE WAR.

TO THE EDITOR OF THE TIMES.

Sir,—There is one paragraph in the letter from Mr. Burdett-Coutts, headed "The New Reform Scheme," published in your columns this morning, to which you will perhaps allow me to take exception. In a reference to the Red Cross Society (paragraph 8) Mr. Burdett-Coutts remarks that "its only attempt at any higher function resulted in throwing the valuable local philanthropic agencies at Cape Town into a state of confusion and discontent from which they were barely rescued by the tact and energy of a casual visitor."

It is not necessary for me to defend the British Red Cross Society; but I must protest against a statement so misleading as the above. I do not know who the "casual visitor" may be; but, having acted during several months as Chief Commissioner of the British Red Cross Society in South Africa, I feel it a pleasant duty again to state publicly that the two principal local agencies—the Good Hope Society and the Durban Women's Patriotic League—with their various branches, not only performed splendid work independently, but that, in conjunction with the society I had the honour to represent, they have acted in regard to the sick and wounded as one homogeneous body.

I am quite willing to produce for the information of any one interested in the matter official and unofficial documents which prove the excellent and harmonious relations which have not ceased to exist between the above-named home and colonial societies.

I am, Sir, your obedient servant,
October 8. JOHN FURLEY.

THE TIMES, FRIDAY, OCTOBER 11, 1901.

THE REFORM OF THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE TIMES.

Sir,—I have just read Mr. Burdett-Coutts's letter on the above subject in *The Times* of to-day, and the same impression is made upon me as by his previous letters—viz., that in his endeavours to improve a service he cannot avoid painful personalities and statements which must cause much heartburning to many men who have nobly served their country, and to those who, like myself, know what good work they have done, because there are some black sheep amongst them.

What right has Mr. Burdett-Coutts to state that "we paid a consultant surgeon £5,000 a year to go about saying the Army Medical Service in this war was absolutely perfect"?

Whatever that consultant stated he believed; and I can only imagine that Mr. Burdett-Coutts did not mean to make such a charge against an honourable man as his writing conveys.

Then with regard to the medical offences in paragraph 9, could any more cruel general charge be made against them? Why does he not give at least an approximate statement of how many were found guilty of the practices named by him, and the sources from which he obtained his information?

I would like to comment on many points of the "Scheme of Reform" (which I hope may be reformed before becoming law); but I might mention that, if a P.M.O. of a district in a case of serious doubt is to refer to the Advisory Board (which meets once a fortnight), it seems to me that the position of the Director-General is

resort to a nominal quantity; and I would finally add, if it seriously contemplated to do away with the medical school at Netley Hospital and replace it by a Medical Staff College in or near London? Such is the impression conveyed to me by paragraph 66 of the report.

I am, Sir, your obedient servant,
A. B. R. MYERS, Brigade-Surgeon Lieutenant-Colonel.
83, Gloucester-street, S.W., Oct. 5.

British Medical Journal.

SATURDAY, OCTOBER 12TH, 1901.

THE REPORT OF THE COMMITTEE ON ARMY MEDICAL REORGANISATION.

We have received a large number of communications with reference to the report, published in the last issue of the *BRITISH MEDICAL JOURNAL*, of the Committee appointed by the Secretary of State for War to consider the reorganisation of the Army Medical Services.

The following memorandum, written by a correspondent of wide experience, states briefly some of the main defects of the scheme, to some of which other correspondents also direct attention:

1. *The Position of the Secretary for War.*
The first point that strikes one is the pity that Mr. Brodric was himself President of the Committee. It seems to destroy his power of being a judge. He has now rendered it difficult to suggest any better scheme without coming into direct conflict with his own. It is probably without precedent in the history of War Office inquiries of this kind for the Secretary of State for War himself to preside at such Committees.

2. *The Disappearance of the D.G.A.M.S.*
Practically the D.G. A.M.S. as a personal factor in the R.A.M.C. disappears. There is a heterogeneous Committee which seems to have power to overrule the man whom the service and the nation holds responsible. The P.M.O. of an Army Corps will be by far a more independent individual than the D.G.A.M.S. Apparently in despair at finding a man Mr. Brodric has flung everything into the hands of a Committee, which can never be either praised, blamed, or kicked! Let us ask ourselves this single question, When in any future war failures occur whom shall the nation hang? The elimination of Lord Roberts from the War Office, although still holding the post of Commander-in-Chief, would be an analogous change on the military side.

3. *Omission of a Sanitary Civilian Adviser on the Advisory Board.*
This is a great omission. The health officer of a great city or borough would be of great use on the Board. This is a fatal omission. The Medical Service is largely a preventive sanitary service, and this side of its work—always the weakest side—is ignored, instead of being greatly strengthened by one or more able civilian authorities.

4. *The Home Pay Rates are a Distinct Improvement.*
The *bonus* of the nut is the better pay—but here there is a distinct omission, namely, no better pay is given to the Colonel's rank—that is, the average District P.M.O. always underpaid up to date. He draws far less pay than a colonel on the staff, and infinitely less pay than a colonel on the staff Royal Engineers. Thus:
Medical Colonel on the staff yearly, £250.
Colonel on the staff, £200.
Difference against Medical Colonel, £50 per annum.

It is of primary importance that this glaring defect be remedied. It is to be noted as of fundamental importance that the grave problem of Indian pay rates is not dealt with logically and categorically. It is hopeless to hand over the R.A.M.C. to the mercy of the Indian authorities, and the definite mandate of the Imperial Parliament is needed to compel the proposed home pay rate to be made the rate in India plus local rank allowances. If this is not done failure to secure contentment will automatically result.

5. *The Examination after Three Years Service.*
The examination proposed is impracticable—the young officers are always on foreign service at this period of their life—and it would be impossible to carry out the suggested scheme. But an examination for promotion to captain confined to medico-military routine questions—the organisation of hospitals, the duties of R.A.M.C. officers, and such like—is quite feasible, and could be held anywhere over the Empire, to the great benefit of the young officers' efficiency as R.A.M.C. officers as to their duties as officers.

6. *Attackment of Young M.O.'s to Units.*
This is a most doubtful experiment and no real boon to the unit or to the M.O. It is sure to result in any amount of questionable and bad "take-leave" cases.

Oct. 12, 1901.

ARMY MEDICAL

REORGANISATION.

The British Medical Journal 1167

the medical profession in itself and of itself may be expected to exercise. On the whole, the scheme does not meet with favour in the profession or service as far as I can judge, and will, I fear, diminish rather than increase the attractiveness and efficiency of the Royal Army Medical Corps.

A senior officer sends us the following criticisms:

Advisory Board—Duties (Paragraph 5).
This Board cannot report effectively on plans, etc., of barracks and hospitals, as there will be no sanitary engineer on the Board to discuss matters. An eminent civil sanitary engineer should form part of the Board. The Royal Engineers know little or nothing about such things.

Director-General A.M.S. Duties (Paragraph 15).
As the *BRITISH MEDICAL JOURNAL* has pointed out unless he has a voice and vote on the War Office Board that decides questions, the Director-General will have very little influence, and his exclusion will vitiate the position of every principal medical officer. A general will say, as he now does, why should my principal medical officer expect a different position on my staff to that conceded to the head of his branch at the War Office.

Lieutenants—Regimental Duty (Paragraph 25).
To attach a medical officer to a regiment will impair his efficiency, by the example of the idle and stupid officer (vide South African war). It will cause two interests to spring up in the medical service, the regimental and departmental; as was the case formerly. It will destroy the doctor's independence as the sanitary adviser of the commanding officer, for if the doctor wants to live at peace and obtain his promotion he must be careful not to put forward a proposal to which the commanding officer objects. He ought to be as independent of the commanding officer as the civil medical officer of health ought to be of slum landlords and jerry-builders. It is doubtful if any combatant officer can report fairly on a doctor, for if the latter does his duty they must often be at loggerheads.

Principal Medical Officer Army Corps (Paragraph 50).
The King's regulations should be so worded that a general cannot evade treating his P.M.O. in the same manner as other officers on his staff. The P.M.O. should perform his duties on the same lines as the representative of the Army Service Corps (A.A.G.B.) now does. This would give the P.M.O. proper executive power under the general's order. As other officers on his staff, he would sign "by order" for all orders of a medical or sanitary nature. It is stated that the Army Service Corps was very successful in South Africa. Why? Because the officers had received a military training, were able to maintain discipline, and had ample executive power on the staff of general and commanding officers. They issue orders to others "by order." The P.M.O. does not. The orders he ought to issue are issued to all others outside his departments by the A.A.G., A.A.G.(B.), or the C.R.E.

Charge Pay, etc. (Appendix).
The pay of a lieutenant-colonel in charge of a corps of 300 beds added to his pay and allowances will be £987 5s. 4d. against the pay and allowances (£933 10s. 10d.) of his commanding officer—a colonel R.A.M.C. This is not just or conducive to discipline and good service.

General.
Stress should be laid on the necessity of selecting officers of highly developed military instincts, with a good knowledge of military law and inferior economy of troops to act as staff officers of the R.A.M.C. at headquarters, and as officers at the depot and training school, Aldershot. Such officers are available, but they are not always selected for those posts.

Another correspondent, of junior rank, but of wide practical experience, writes:

The more I read and think over this extraordinary scheme the worse I think it. The only bright features in it are the fact that it simplifies the competitive examination, and that it suggests improved and really adequate rates of pay.

The great blot on the scheme are—the introduction of an Advisory Board, the absurd scheme of repeated examinations,

and the failure to cope with the need of an adequate establishment, and burking of the question how so much foreign service as now exists is to be overcome.

The introduction of an Advisory Board is a retrogression to the old Medical Board of the Venetians to Crimean days—a system which landed us into the disgraceful episodes of the Walcheren and other expeditions of the early years of the last century. It would remove all direct responsibility from the shoulders of the Director-General or Secretary of State or any individual. No one can be broken for mistakes, as the plea will at once be put forward that the Board did it—now we know what Boards are—simply units with no soul to save and no body to kick.

As to the rest of the scheme, its dominant note is "inquisition." Nothing but examination and inducements to men to become mere "muggers" of books and players with test tubes and other experiments *in vitro*, instead of being practical men at the bedside and in the field. The whole scheme breathes distrust of the individual, and imposes a series of inquisitory tests which will result in the evolution of a state worse than the service has ever known even in its blackest times. As an instance of how impractical the scheme is, note the fact that a man after three years' service, if he elects to remain in the corps, is to go to a hospital for six months, etc. Who is going to do foreign duty? Nearly every junior of that standing must be abroad, with a worldwide empire such as ours is. I defy any roster to be kept under such a scheme, and pity the administration having to work it. Moreover, I doubt whether, notwithstanding this pay, young men will commit themselves to a career marked by such "breakers" as are strewn along their future course.

If the Committee had simply confined its attention to the granting of decent pay and the obtaining of an adequate establishment, the rest would have evolved itself. The corps is full of men keen and eager enough to improve their professional knowledge, but simply blocked by want of facilities to do so, owing to so much foreign service and inability to obtain leisure leave.

Dr. Edward Thompson (Omagh), M.P. for North Monaghan, writes:

The report of the Committee on Army Medical Reform is a very important document, and requires the most careful consideration of the medical profession and intending medical candidates. If it is carefully studied it will be found very defective in many important particulars.

For instance, the method of government—partly military and partly civilian—will seriously injure the reputation of the corps as a department of the army. The addition of the civilian element should not be necessary, neither should the head of the nursing army service have a seat on such a Board.

The Director-General of the medical corps is to have his salary increased, but no mention is made of his future rank, neither is he to have a seat on the Army Board or direct access to the Secretary of State and Commander-in-Chief.

No mention is made of the position the Royal Medical Corps is to hold in the army, as judged by the place it should occupy in the *Army List* next to the other two scientific corps—namely, the Royal Engineers and Royal Artillery. This is really an important matter, because it would once for all solve most of the social troubles which make life in the army for doctors uncomfortable.

Again no mention is made of the actual increase in the number of officers of the corps, nor of the leave to which a medical officer has a right.

The reference to Indian pay and allowances is also unsatisfactory, and that this is one of the most serious of army medical grievances is admitted by everyone.

Another grave defect is the retention of special medical officers for the Guards. On no account should this be permitted; it opens the door to favoritism and creates a corps within a corps.

The regulations as regards examinations seem to me very complicated. As you truly remark, a man may be a first-rate surgeon or physician and no good at all at examinations. I knew a candidate who got first place many years ago for the navy, and he could not diagnose the simplest case or apply most ordinary splints or bandages.

reduced to a minimal quantity; and I would finally ask, is it seriously contemplated to do away with the medical school at Netley Hospital and replace it by a Medical Staff College in or near London? Such is the impression conveyed to me by paragraph 66 of the report.

I am, Sir, your obedient servant,
A. B. R. MYERS, Brigade-Surgeon Lieutenant-Colonel,
43, Gloucester-street, S.W., Oct. 9.

British Medical Journal.

SATURDAY, OCTOBER 12TH, 1901.

THE REPORT OF THE COMMITTEE ON ARMY MEDICAL REORGANISATION.

We have received a large number of communications with reference to the report, published in the last issue of the *BRITISH MEDICAL JOURNAL*, of the Committee appointed by the Secretary of State for War to consider the reorganisation of the Army Medical Services.

The following memorandum, written by a correspondent of wide experience, states briefly some of the main defects of the scheme, to some of which other correspondents also direct attention:

1. The Position of the Secretary for War.

The first point that strikes one is the pity that Mr. Brodric was himself President of the Committee. It seems to destroy his power of being a judge. He has now rendered it difficult to suggest any better scheme without coming into direct conflict with his own. It is probably without precedent in the history of War Office inquiries of this kind for the Secretary of State for War himself to preside at such Committees.

2. The Disappearance of the D.G.A.M.S.

Practically the D.G. A.M.S. as a personal factor in the R.A.M.C. disappears. There is a heterogeneous Committee which seems to have power to overrule the man whom the service and the nation holds responsible. The P.M.O. of an Army Corps will be by far a more independent individual than the D.G.A.M.S. Apparently in despair at finding a man Mr. Brodric has flung everything into the hands of a Committee, which can never be either praised, blamed, or kicked! Let us ask ourselves this single question, When in any future war failures occur whom shall the nation hang? The elimination of Lord Roberts from the War Office, although still holding the post of Commander-in-Chief, would be an analogous change on the military side.

3. Omission of a Sanitary Civilian Adviser on the Advisory Board.

This is a great omission. The health officer of a great city or borough would be of great use on the Board. This is a fatal omission. The Medical Service is largely a preventive sanitary service, and this side of its work—always the weakest side—is ignored, instead of being greatly strengthened by one or more able civilian authorities.

4. The Home Pay Rates are a Distinct Improvement.

The kernel of the nut is the better pay—but here there is a distinct omission, namely, no better pay is given to the Colonel's rank—that is, the average District P.M.O. always underpaid up to date. He draws far less pay than a colonel on the staff, and infinitely less pay than a colonel on the staff Royal Engineers. Thus:

Medical Colonel on the Staff yearly, £593.

Colonel on the Staff, £490.

Colonel on Staff Royal Engineers, £465.

Difference against Medical Colonel, £29 per annum.

It is of primary importance that this glaring defect be remedied. It is to be noted as of fundamental importance that the grave problem of Indian pay rates is not dealt with logically and categorically. It is hopeless to hand over the R.A.M.C. to the mercy of the Indian authorities, and the definite mandate of the Imperial Parliament is needed to compel the proposed home pay rate to be made the rule in India plus local rank allowances. If this is not done failure to secure contentment will automatically result.

5. The Examination after Three Years Service.

The examination proposed is impracticable—the young officers are always on foreign service at this period of their life—and it would be impossible to carry out the suggested scheme. But an examination for promotion to captain confined to medico-military routine questions—the organisation of hospitals, the duties of R.A.M.C. officers, and such like—is quite feasible, and could be held anywhere over the Empire, to the great benefit of the young officers' efficiency as R.A.M.C. officers as to their duties as officers.

6. Attachment of Young M.O.'s to Units.

This is a most doubtful experiment and no real boon to the unit or to the M.O. It is sure to result in any amount of que-

1108 The British Medical Journal

CONTRACT MED

There are many good points in the Committee's report, but certainly many defects which will have to be corrected if the medical service of the army is to be made really popular and attractive to the best men in the junior ranks of the medical profession. I feel sure of Mr. Brodric's good intentions, but of course he lacks the experience necessary to show him clearly what is the root evil destroying the popularity of the R.A.M.C.; to find this out he and his Committee should have courted the evidence of representative army medical officers. I rather hesitate to take on my own shoulders the responsibility of criticising the Committee's report. I have, however, written to Mr. Brodric, pointing out many objectionable features in the Committee's report, which if corrected will, I believe, ensure a real and satisfactory reform of the Medical Department of the army. In the meantime, I agree with your views that intending candidates should think once and twice, and even a third time, before they definitely decide on so arranging their affairs that they shall devote the best part of their lives to service in the R.A.M.C.

Lieutenant-Colonel (Retired) writes:

I have read with pleasure your able leader of October 9th, criticising the reorganisation of the R.A.M.C., every word of which I endorse.

The elaborate scheme of examinations is superfluous. The scheme attacks the quality, whereas the real question is how to obtain the numbers. "To use the old adage: If you desire hare soup, 'First catch your hare.'" It is the undermining of the corps for years that has brought about the present unsatisfactory state, and this has been approved by those in authority for the sake of economy, believing that in case of war civilian medical officers could always be obtained.

In South Africa all went right with the First Army Corps in General Buller's troops, but when a sudden call was made for more troops who were hustled out anyhow, the necessary medical equipment had also to be hurriedly improvised, whereas if army corps were organised units all the medical equipment would have been forthcoming. R.A.M.C. officers have great responsibility, but no authority, during peace time; consequently, in war time they are stranded. Compare the authority of an officer in a regiment or other corps, or those medical officers who took out private hospitals to South Africa.

The first remedy is to increase the numbers by offering better inducements all round, better pay, balancing home and foreign service, the extension to India of the R.A.M.C. orderlies, and a separate system of supply for food stuffs, transport, and ordnance for equipping hospitals, etc. Until these are accorded to, all medical arrangements fall into insignificance during war when compared with the urgent appeals of the fighting portion of the army.

THE ARMY MEDICAL SERVICE AND THE PROPOSED REORGANISATION.

It is not surprising to learn that young medical men who may be disposed to turn to the army as a career are bewildered by the report of Mr. Brodric's Committee, and in doubt as to the exact position of affairs at the present moment. They are, however, in this respect no worse off than others of more experience in the ways of the War Office; indeed, the greater the experience the greater seems to be the uncertainty. All that can be said for the present is that things are as they were before, and that the examinations for admission to the service are suspended. Inquiry at the office of the Director-General of the Army Medical Service shows that absolutely nothing is known there beyond what is contained in the Committee's report, which was published in full in the *BRITISH MEDICAL JOURNAL* of October 4th, pp. 1025 to 1032. No new scheme of organisation can take effect until promulgated in a Royal Warrant. There are good points in the scheme, and it may eventually become the basis of a satisfactory warrant, but the serious deficiencies and ambiguities pointed out last week, and those stated at length in the communications from experienced correspondents published at p. 1105, render it certain that it must undergo many modifications before any such warrant can issue. We are informed that a meeting of the Subcommittee of the Parliamentary Bills Committee of the British Medical Association, which presented the provisional report, published in the *JOURNAL* on May 4th, 1901, will be held shortly, and that it is proposed to draw up a report on the scheme of Mr. Brodric's Committee for presentation to the Council of the Association at its next meeting.

THE TIMES; TUESDAY, OCTOBER 15, 1901.

SIR W. MACCORMAC ON THE ARMY MEDICAL SERVICE.

Sir William MacCormac yesterday performed the ceremony of opening the new building of the post-graduate college of the West London Hospital, Hammersmith-road, W. There were present, among others, Dr. Donald Hood (in the chair), Mr. Alfred Cooper, Mr. Reginald Harrison, General Corrie, Mr. C. B. Kestley, Mr. P. Swinford Edwards, Mr. Stephen Paget, Mr. L. A. Bidwell (dean of the college), Colonel Hensley, I.M.S., Colonel Gray, I.M.S., Dr. E. A. Samsel, Dr. Seymour Taylor, Dr. A. E. Garrod, Colonel Silcock, I.M.S., Admiral Haad, Canon White, and Major Macpherson, R.A.M.C.

Dr. Hood, in opening the proceedings, said that the post-graduate teaching in connexion with that hospital was a plant of a few years' growth, and it could not but be a matter for congratulation that it had taken such a firm hold and was flourishing so vigorously. (Cheers.)

SIR W. MACCORMAC, who was received with cheers, said that, in response to the kind wish of several of the staff of that post-graduate college, he was going briefly to address them that afternoon on the opening of their new session and the inauguration of their new school building. He determined to accept the invitation as affording an evidence of the importance he attached to the sort of work which was being carried on in that place. If medicine were a progressive science, those who practised it might not stand still. They must ever continue to learn incessantly if they would not be hopelessly left behind; and in an institution like that the opportunity was given. The teachers themselves knew best perhaps how much there was to learn. They were the first to bear of the advances made by others, and they made advances themselves. All their knowledge in a school like that they placed at the disposal of those who came to seek it, and there could be no question how great the advantages were. The staff of the West London Hospital was young and energetic, and might well be congratulated on the progress it had made. Some 20 years ago, mainly through the energy of their senior surgeon, Mr. Kestley, the West London Medical-Chirurgical Society was instituted. Medical men in London knew what a great success the society had proved. It numbered now some 500 members, and possessed a medical journal of its own. Many years ago there was some question of establishing a complete medical school; but the plan was, fortunately, thought abandoned, since there were a sufficient number of such institutions in London, and the cost to the smaller schools of teaching subjects like chemistry, anatomy, and physiology was practically prohibitive.

THE POST-GRADUATE SCHOOL.

The much more promising project of a post-graduate school subsequently took shape, and from small beginnings consisting in the delivery of weekly lectures without any clinical advantages had now achieved a very considerable success. And here he would say a word of congratulation to Mr. Bidwell more especially, as he had borne the brunt of the work from the start as secretary of the school. A feature in that school was that it was reserved exclusively for qualified medical men. Unqualified students were not taught by their side, as in most places; nor, indeed, would the same class of teaching be suitable for both. The wards and hospital practice were open to all the post-graduates. Special clinical lectures were given, lectures were daily delivered in the lecture-rooms, and classes of instruction in various special subjects had been formed, limited in each instance to ten persons, who could thus readily acquire the knowledge they desired. All this had been proved to be of great service to a large number of general practitioners of London and the suburbs, and to country medical men as well, who found the opportunity of doing occasional hospital work useful and agreeable. Many officers of the Navy and Army had availed themselves of the opportunities there afforded, and had freely expressed their appreciation of them. He believed, too, among the students were to be found a certain number of qualified men from the colonies, from America, and other countries, who were glad to benefit themselves by the special instruction they could there obtain. He had been informed that a considerable number of the medical officers serving in South Africa had previously attended the post-graduate instruction there, and had written in terms of grateful acknowledgment of the value it proved to them. Nearly all of these officers had attended without having previously obtained any leave from their ordinary duties, which had to be attended to. Some of them had come three or four times a week from places like Aldershot, Chatham, and Woolwich at much personal inconvenience to themselves, and several naval medical officers, during their leave abroad, had also attended, to their great credit and professional seal be told. He thought he had said enough in explanation of the aims and work of that post-graduate school, with which he cordially sympathized, and there was small doubt that the need for it would be more and more recognized, not only in the medical element of our public services, for whom study leave in the near future would be, he trusted, a recognized institution, but for civil practitioners as well.

THE MEDICAL OFFICERS AND THE WAR.

He had mentioned the praiseworthy energy and self-denial of medical officers of the Army in devoting their leisure time to study there. It was only what he would expect; and when the medical history of the war came to be written, he felt very confident that justice would be done to the medical officer, who had displayed on that occasion, as on others, a complete devotion to duty and a complete self-sacrifice. He accomplished much, and in an admirable manner, under restrictions and difficulties which it was very hard adequately to appreciate; and the results accomplished would bear the most favorable comparison to those of any other war or expedition, and, as we had recently seen in China, to the medical services of other nations. The war had done one most excellent thing; it had caused the generals and commanding officers to see with their own eyes what medical officers did; and there had been many strongly commendatory reports sent home, while very generally a greater sympathy and appreciation had been shown by the combatant ranks for the work of their medical brethren, and as that very distinguished general, Sir Ian Hamilton, had publicly stated at the recent presentation of the

Thomas's Hospital, "I hope," he remarked in concluding, "I have said nothing to detract from the students from coming into the Army. Your representatives have many warm friends in the combatant ranks, friends who get more numerous and stronger as the war gives more and more prominence to the splendid devotion of the Royal Army Medical Corps." Doubtless there were many things capable of improvement, and towards this the Secretary of State's committee had made recommendations which would, when properly developed and carried out, be hoped, prove of such advantage. They should remember, however, that much of the distress of which they heard was inevitable; it depended not only on the state of war, but on the conditions under which the war was carried out in South Africa, the immense area of the field of operations, the long and difficult transport, and the undermanned condition of the medical service itself. That the medical requirements were fulfilled so well as they certainly had been under most trying difficulties was a matter for congratulation, for surprise almost, and not reproach. As one of the great London daily papers said in regard to the manner in which the medical staff as a whole acquitted itself in the face of the tremendous responsibility which they had suddenly to face, Lord Justice Lomer and his colleagues on the Commission had vindicated the high reputation of the Army Medical Corps. If there were failures in some instances to give the sick and wounded all the comforts and assistance which under less trying conditions they would have received, the cause was the pressure of circumstances which baffled the devotion of the medical officers. There were, as there must always be, instances here and there of defective knowledge and resource and cases of incompetence; but they were happily few in number. The Army Medical Department was certainly not responsible for the fact that its numbers were too few, and that the war assumed proportions the magnitude of which was never dreamed of by any one. It was a good thing that public attention had been drawn to the matter, for the earnest desire of them all must be to place the public medical service of our country in the most efficient condition possible.

THE NEED FOR A MILITARY HOSPITAL IN LONDON.

He trusted the changes promoted by the Secretary of State might have the effect of drawing young men of good quality and promise in sufficient numbers into the service. To his thinking it possessed many and great attractions, and when the results of hard work and legitimate ambitions were duly recognized these attractions should be greatly enhanced. He wished some means could be devised for removing the Army Medical School from its isolated position at Netley and to bring its staff and its students to London, where they would feel the constant stimulus of competition and of criticism, and be made free to benefit by the unrivalled teaching and clinical opportunities which that great city afforded. They had only to think of the great general hospitals, those, too, for the eye, the skin, the nervous system, for diseases of women and of children, to realize that. There was, in fact, only one difficulty, that of turning those vast resources to account. He believed if a great military hospital and school of the most modern and complete type were established in London, and a body of teachers similar to that of the Kaiser Wilhelm Institute in Berlin, where post-graduate instruction of the Army medical officers was most complete, were appointed in connexion with it, a more widely-reaching influence would be exerted for the improvement and advancement of the Medical Department of our Army than any other single measure could accomplish. It would enable a considerable proportion of the Army medical officers to keep in touch with the scientific work of the London schools, as a number of officers could be attached for duty to such an institution and would yet have time to pursue special study. Cases of interest and importance might be sent to the hospital from the military hospitals in parts of the country, just as patients were at present drafted into civilian hospitals in the metropolis; and Netley Hospital could still be used for the reception of invalids from abroad, who numbered in ordinary times about 3,000 annually. Of course, this or any other suggested improvement in the Army Medical Department depended on the ability of the authorities to fill up the vacancies in the department and to create a medical corps of sufficient number. But were this accomplished a considerable number of medical officers would in succession be able to pass through this central establishment and reap the advantages of what would in effect be a post-graduate course of instruction. Lastly, and of great importance, this scheme would probably be the means of effecting a closer relationship between the military and civilian members of the profession. In the South African war the services of civilian practitioners were largely unavailing. They could not doubt that that would be the case in any future war, and a scheme might be readily devised by which increased opportunities would be given to medical officers while in London of availing themselves of the immense clinical resources of the metropolis. He concluded by declaring the new lecture theatre open, and wishing to God that the West London Hospital and Post-graduate School all possible prosperity and success in the enhanced opportunities they afforded for the further prosecution of the valuable work which had already borne such excellent fruit. (Cheers.)

On the motion of Mr. KESTLEY, a vote of thanks was passed to Sir William MacCormac for his presence and his address; and a vote of thanks was also accorded to Mr. Bidwell, the Dean of the college, for his energetic work in connexion with that institution.

ARMY MEDICAL SERVICE REFORM.

TO THE EDITOR OF THE TIMES.

Sir,—In your issue of to-day Mr. Burdett-Coutts makes a vigorous attack on the recommendations of the War Office Committee for reorganization of the Army Medical Corps. Perhaps you will allow an official answer, founded on evidence gained while in the employ of the committee, from one who, as a civil surgeon, had only too vivid an experience of the defects of the Army Medical Corps in South Africa, and who takes an entirely contrary view of the report in question.

This report, we are told, is "a dangerous sham," and the scheme of reform "starts on a wrong basis." Let us first notice, therefore, that the committee responsible for the sham was, in Mr. Burdett-Coutts's words, "in the main admirably chosen." Of its 12 members seven were prominent representatives of large medical schools, six of whom had taken a leading part in medical work in South Africa, while the seventh is well known as a hospital administrator. One of these members has for

several years past been the most ardent and best-informed critic of Army medical administration. The corps itself was represented by an officer recognized alike by civilian and military doctors in South Africa as a most enthusiastic and able advocate of reform; whilst combatant officers had on the committee two such fine and enlightened soldiers as Sir James Willcocks and Sir Gerald Morton; the Indian Medical Service was represented, Sir Edward Ward was vice-chairman, and Mr. Beodrick himself took the chair throughout the sittings of the committee. The fact that such a committee signed the report is, to my mind, a far stronger indication of the proper principles of reform than Mr. Burdett-Coutts's statement that their scheme "starts on a wrong basis." Will the committee, he asks, take the responsibility for what it does not contain? Undoubtedly they have taken this responsibility.

The method of reform adopted by the committee is plain. A column and a half of your valuable space is occupied with a bare enumeration by Mr. Burdett-Coutts of the "things left unreformed," a list which, in the main, will be endorsed by all who have seen the R.A.M.C. put to the test; not least by the officers of the corps, and most of all, probably, by the able experts gathered together on this committee. Many of these suggested reforms, such as the medical organization of the auxiliary forces, are impossible of solution so long as the medical labour market is disorganized by the needs of the war, which has requisitioned a number of civilian doctors equal to one and a-half year's total output from the medical schools. Many deal with matters on which public medical opinion is at present in a state of chaos. Most of them require lengthy deliberation and a thorough knowledge of all needs of the service both in peace and war. The committee obviously faced these facts without shrinking. It would take two years, they may well have said, to settle all these points. They could not expect Sir William Thomson from Dublin, Professor Ogston from Aberdeen, and others to attend throughout that time. It was far better to strike at the root of the evil and to strike at once while the iron was hot, to lay down what may be called a permanent constitution for the corps which shall ensure not only a prompt but a permanent and progressive attitude of reform.

This permanent attitude of reform is, to my mind, ensured in the advisory board thus constituted. The composition of the board is laid down on lines very similar to those of the committee itself; and, in fact, this very board, to which Mr. Burdett-Coutts pays little notice, is simply the committee crystallized out for permanent work. The mantle of Elijah is fallen on Eliab. Surely this is a far wiser method of securing reform on the innumerable questions raised by Mr. Burdett-Coutts than any hard and fast scheme that could possibly be laid down by a temporary body of experts.

Mr. Burdett-Coutts's arguments, in fact, depend upon the possibility of securing the services of this committee for the vast work he would impose upon them; and he proposes that Mr. Brodric should bribe Sir Frederick Treves, Mr. Makins, and their colleagues at a rate of £5,000 a year to continue their deliberations. It is needless to point out first, that our great surgeons have duties and responsibilities from which no bribe could draw them; in the second place, that, under such conditions, they would be severing connexion with the medical schools, an evil against which the advisory board is carefully guarded; and, thirdly, that Mr. Burdett-Coutts's whole conclusion results in the one suggestion that the committee should be reappointed to include the advisory board; that is, in other words, that a few additional members be added to the advisory board—a suggestion which, if the services of some of the best men be secured for this body, is obviously futile.

The committee, it appears, then, have effected a permanent reform in the management of the Army Medical Corps. But they have done more than this. They have very materially lightened the labours of their successors on the advisory board by a broad reform of the personnel of the service. Inefficiency in any organization is essentially dependent on inefficient personnel. For years past, both within and without the corps, the one cry of the medical profession has been for commensurate rules to promote the efficiency of its officers. Many will agree with Mr. Burdett-Coutts that most of the avoidable grievances enumerated in his list of "things left unreformed" are mainly the direct or indirect result of inefficiency either in the executive or administrative ranks of the corps. The committee have seen this, and have in the most ample way remedied the defects, inasmuch that the remodelled service, in the words of the *Letter* of last week, "opens up a fine field to the young practitioner." The points to which Surgeon-General Hamilton and Mr. Thomas Myles refer in their letters, published to-day, are capable of a beneficial interpretation and had best be dealt with, if you will permit it, in a further letter.

Thirdly, the committee have laid down the broad outlines for the establishment of a nursing service to be governed, in the same way as the Medical Corps, by a well-arranged nursing board. The scheme "provides for it," writes Mr. Burdett-Coutts; "it does not create it." Surely he must know that no report of a committee can ever create anything new in His Majesty's Services. The report provides for an efficient nursing service. The Royal warrant will create it. To recapitulate, therefore, the committee have provided for what seems to them the efficient future administration of the corps, for an efficient personnel, for an efficient nursing service. The secondary questions are left for solution to the advisory and nursing boards. On these bodies depend all our hopes for the future of the Army Medical Service. If good appointments be made to this board without delay, the public verdict can hardly fail to be—"So far, so good."

It will be to many eyes a source of deep regret that Mr. Burdett-Coutts has spoiled his reputation as a

...to be a medical quantity and I would really say, it is not only contemplated, but it is being done at the school at Netley Hospital and replace it by a Medical Staff College in or near London? Such is the impression conveyed to me by paragraph 6 of the report.

I am, Sir, your obedient servant,
A. R. B. MYERS, Major-Surgeon (Retired), Colonel, 45, Gloucester-road, S.W., Oct. 14.

THE TIMES, TUESDAY, OCT. 14, 1902. SIR W. MACCORMACK ON THE ARMY MEDICAL SERVICE.

Sir William MacCormack recently performed a course of spending the new building of the post-graduate college of the West London Hospital, Hammersmith-road, W. There were present, among others, Dr. Donald Hood (in the chair), Mr. Alfred Cooper, Mr. Reginald Horsley, General Coates, Mr. C. E. Bentley, Mr. E. Stanford Edwards, Mr. Stephen Page, Mr. L. A. Bell (Dean of the college), Colonel Bentley, Mr. E. Colson, Mr. J. M. S., Dr. H. A. Sanderson, Dr. Seck, Mac-

...and is probably impossible to carry out. Questions of these subscriptions, based subscriptions, due to be performed by a young officer (member of army routine, including foreign service, existing between unit C.O.) and chief of the station hospital all these notions are sure to result—and what is the gain on the credit side—simply nil. For we deny that the scheme, the increasing leave of absence, the want of thorough military training amongst many of the young constant officers, so far from acting as a stimulus on a young medical officer, may, on the contrary, have an injurious effect on a well-paid and, it is to be hoped, the well-worked young medical officer of the future. The constant side of the army is apparently to be placed in direct touch, not with our best and most efficient officers, but with young men just "cutting their teeth" in the army and largely ignorant of its routine.

The British would do Indian Medical Service. By reducing the Netley training to two months a blow is given to the Netley system, and as young I.M.S. men do not go to Aberdeen a change is made in the training of the R.A.M.C. and the I.M.S. officers. This is a pity, particularly as the I.M.S. officers will not have the examination at 21 years service, and will apparently be sent out into their military work with but two months training of any kind.

St. Francis' College, Netley. The great training school that Sidney Herbert and Florence Nightingale toiled to create is being quietly shunted or allowed to die of inanition. Nothing is said of its reform, and indeed the study time there is reduced to two months. Netley has been allowed to go to grief in the past—to become a "Sleepy Hollow," to be partly buried in the paralysis and failure of the central administration of the medical service; but all this was and is provokable, and in one year of reorganised and definite government it could again begin to influence the medical service for good—that is, as a training school and depot in the country for young military men on joining the army, corresponding to what Chatham is to the Royal Engineers. Thus for Netley can do good work, and thus far only.

What is needed in addition to Netley is a central staff college for the higher training and post-graduate teaching, not of young men going into the service, but of those who about their eighth year of service and about their fifteenth or sixteenth year require to go through a regular course of instruction of some months' duration in the whole range of professional military medicine in its fullest sense. The needs and the interests of young men joining a corps like the R.A.M.C. are apart from the needs and interests of the older officers, who after foreign service in distant Colonies and in India need post-graduate and staff-teaching for their greater responsibilities.

London and London only can be utilised for such a centre, where under disciplined teaching at the staff colleges at Camberley senior officers can receive post-graduate teaching under specially paid and specially selected teachers.

Charge Day for Hospitals. This is sure to cause much wince-pulling and discontent, and will be very difficult to carry out. Apparently a sanitary officer who, by his devotion to duty, keeps an army "fit," is to be paid less than a doctor who controls a hospital and treats men who should never have been sick.

A secretary to a P.M.O. or an officer doing responsible staff work is not to get staff pay, but 50 per cent is to go to the medical officer of a large hospital.

The reason why the charge of a large military hospital is to-day so onerous is that there is a deficiency of trained subordinates, reliable clerks, and above all an able executive medical officer under the medical officer in charge to relieve him of routine administrative duties. If any official needs extra pay it is that proposed executive officer.

The General Tenacity of the Recommendations. The general tenacity is evidently confined in the ability to find a personal rate for the A.M.S., and the taking shelter in a Board. Imagine the wince-pulling—the social influences that are the curse of our army—and the deadlock in all power to promote or retard advancement of individuals, whose fate

has to be decided by a Board as constituted. If ever a reign of mediocrity is to be the rule it will not be introduced. The failure to develop the sanitary side, and to throw back all the M.O.'s on surgery and medicine as curative doctors is pitiable. While the South African war has brought into most painful prominence the sanitary shortcomings of our army organisation the whole drift of the recommendations is to drive army medical officers into hospitals to learn to treat men that should never have been sick at all. The hands of the clock have been turned back fifty years by such proposals as those now put forward, and a Committee largely composed of non-sanitarians has produced exactly the report expected from it. This weakness of the report is entirely the result of the composition of the Committee, which did not include any member of the R.A.M.C. of any senior standing or acquainted by his service with the wants of the medical service. No doubt the whole of the recommendations will need large modifications. The pay alone will survive.

An officer of long Indian experience writes: There are some good things in the scheme: (1) The increase of pay in its best feature, and perhaps it is had rested there it would have provided all the necessary attraction, and other reforms might have been left to administrative evolution; (2) the simplification of the entrance examination and the restriction of it to clinical and practical subjects are excellent steps; (3) the various provisions for hospital study and service are sound, and the closer bond established between the profession and service; (4) the rewards for special study and qualification are good; (5) the partial reversion to the regimental system will probably establish a better feeling between combat and medical officers; (6) the reduction of clerical labour will, if realised, be a grand reform. But the scheme has some glaring blots: (1) The system of "promotion by merit" is unsound. If marking as a result of examination were a true and thorough test of professional competence and merit, it would still be a source of sorrow and of "easy, hallowed, halcyon, and all unchangeableness" in the service; but, as you know, there are men in the profession and service who do not system of examination, such as can represent or appraise, and the man who is able to teach and study will pass over the head of the slow and the indolent, and still of the doctor, and be superior in the ward and at the bedside. Promotion is not to depend on work as judged by supervision, as in every other institution and business, but on artificial standards applied by examination. This Chinese system will convert the service into an oligarchy. (2) Following out the same idea apparently, the education in the army medical school is to consist of crude cramming. "Lecturers on probation" are to be sent for a two months course of hygiene and bacteriology. Where are they to get instruction in the essence and speciality of their business—namely, military surgery and medicine? They cannot go to civil schools, and even as regards bacteriology they will only learn the subject in books. They will have no responsible charge of patients, and opportunities of learning clinical bacteriology, which for the great majority of them is the sort of bacteriology which they ought to learn, will be denied them. The system set up by this scheme will tend to drive men from the hospital and bedside to the laboratory and library. (3) The uncertain tenure of employment and liability to dismissal at every stage of service will create a feeling of restlessness, and the examinations will be a sword of Damocles, causing perpetual irritation, which cannot fail to hinder and distract content and calm devotion to duty. The very useful sentiments of *esprit de corps* and harmonious co-operation will be lessened or extinguished by the continual competition which the scheme institutes. (4) The "Advisory Board," though it is highly lauded by the Times and some other papers, seems an assembly sort of instrument, and will rob the Director-general of responsibility, initiative, and influence. Government by means of a Medical Board was tried in India and found wanting. (5) The whole thing is founded on a principle of distrust rather than trust, and the main line seems to be to force merit and efficiency by a system of artificial inequality, rather than encourage that spontaneous effort which will

the medical profession to itself and of itself may be expected to exercise. On the whole, the scheme does not meet with favour in the profession or service as far as I can judge, and will, I fear diminish rather than increase the attractiveness and efficiency of the Royal Army Medical Corps.

A senior officer sends us the following criticisms: Address Board—Duties (Paragraph 27). This Board cannot report effectively on plans, etc., of barracks and hospitals, as there will be no sanitary engineer on the Board to discuss matters. An eminent civil sanitary engineer should form part of the Board. The Royal Engineers know little or nothing about such things.

Director-General (A.M.S. Table (Paragraph 27). As the BATHING MEDICAL JOURNAL has pointed out men have a voice and vote on the War Office Board that decides questions, the Director-General will have very little influence, and his elevation will vitiate the position of every principal medical officer. A general will say, as he now does, why should my principal medical officer, except a different position on my staff to that conceded to the head of his branch at the War Office.

Lieutenants—Departmental Duty (Paragraph 29). To attach a medical officer to a regiment will impair his efficiency, by the example of the rifle and winged officer (old South African war). It will cause two interests to spring up in the medical service, the regimental and departmental; and will be the case formerly. It will destroy the doctor's independence as the sanitary adviser of the commanding officer, for if the doctor wants to live at ease and obtain his promotion he must be careful not to put forward a proposal to which the commanding officer objects. He ought to be an independent commanding officer at the civil medical officer of health, ought to be of sign lambs and grey builders. It is desirable if any complainant officer can report fairly on a doctor, for if the latter does his duty they must often be at headquarters.

Principal Medical Officer Army Corps (Paragraph 30). The King's regulations should be so worded that a general cannot evade treating his P.M.O. in the same manner as other officers on his staff. The P.M.O. should perform his duties on the same terms as the representative of the Army Service Corps (A.S.C.) now does. This would give the P.M.O. proper executive power under the general's orders. As other officers on his staff, he would sign "by order" for all orders of a medical or sanitary nature. It is stated that the Army Service Corps officers had received a military training, were able to maintain discipline, and had some executive power on the staff of general and commanding officers. They issue orders to others "by order." The P.M.O. does not. The orders he ought to issue are issued to all others outside his departments by the A.A.C., A.A.G.(R.), or the C.R.E.

Charge Day, etc. (Appendix). The pay of a lieutenant-colonel in charge of a corps of 200 beds added to his pay and allowances will be 500 per cent. against the pay and allowances (250 per cent.) of his commanding officer—a colossal R.A.M.C. This is not just or conducive to discipline and good service.

General. Stress should be laid on the necessity of selecting officers of highly developed military instincts, with a good knowledge of military law and interior economy of troops to act as staff officers of the R.A.M.C. at headquarters, and as officers at the depot and training school, Aldershot. Such officers are available, but they are not always selected for those posts.

Another correspondent, of junior rank, but of wide practical experience, writes: The more I read and think over the extraordinary scheme the more I think it. The only bright feature in it are the fact that it simplifies the competitive examination, and that it suggests improved and really adequate rates of pay.

The great blot on the scheme are the introduction of an Advisory Board, the absurd scheme of repeated examinations,

and the failure to cope with the need of adequate establishment, and barking of the question how so much foreign money is to be spent. The introduction of an Advisory Board is a retrogression to the old Medical Board of the Peninsula to Victorian days—a system which landed us into the disgraceful episodes of the "Yulshere and other expeditions of the early years of the last century. It would remove all direct responsibility from the shoulders of the Director-General or Secretary of State or any individual. No one can be looked for mistakes, as we know what Boards are—simply units with no soul to serve and no body to kick.

As to the rest of the scheme, its dominant note is "inquisition." Nothing but examination and inducements to men to become mere "mangers" of books and papers with test tubes at the bedside and in the field. The whole scheme breathes tests which will result in the evolution of a state worse than the service has ever known even in its blackest times. As an instance of how impractical the scheme is, note the fact that a man after three years' service, if he elects to remain in the corps, is to go to a hospital for six months, etc. Who is going to do foreign duty? Nearly every man of that standing must be abroad, with a worldwide empire such as ours, in a daily spy route, to be kept under such a scheme, and pity the administration having to work it. Moreover, I doubt whether, notwithstanding this, any young man will commit themselves to a career marked by such "breakers" as are strewn along their future career.

If the Committee had simply confined its attention to the granting of decent pay and the obtaining of an adequate establishment, the rest would have evolved itself. The corps is full of men keen and eager enough to improve their professional knowledge, but snappy bludgeoned by want of facilities to do so owing to so much foreign service and inability to obtain leisure hours.

Dr. Edward Thompson (Omagh), M.P. for North Monaghan, writes: The report of the Committee on Army Medical Reform is a very important document, and requires the most careful consideration of the medical profession and interested medical candidates. If it is carefully studied it will be found very defective in many important particulars. For instance, the method of government—partly military and partly civilian—will seriously impair the reputation of the corps as a department of the army. The addition of the civilian element should not be necessary, neither should the head of the training army service have a seat on the Board.

The Director-General of the medical corps is to have his salary increased, but no mention is made of his future rank, neither is he to have a seat on the Army Board or direct access to the Secretary of State and Commander-in-Chief.

No mention is made of the position the Royal Medical Corps is to hold in the army, as implied by the place it should occupy in the Army List next to the other two medical corps—namely, the Royal Engineers and Royal Artillery. This is really an important matter, because it would open for all active men of the medical service which make life in the army for doctors uncomfortable.

Again no mention is made of the actual increase in the number of officers of the corps, nor of the leave to which a medical officer has a right.

The reference to Indian pay and allowances is also unsatisfactory, and that this is one of the most serious of army medical grievances is admitted by everyone.

Another grave defect in the details of special medical officers for the Guards. On no account should this be permitted; it opens the door to favouritism and creates a corps within a corps.

The regulations as regards examinations seem to me very complicated. As you truly remark, a man may be a first class surgeon or physician and no good at all examinations. I fancy a candidate who got first place many years ago for the netley would not diagnose the simplest case or apply most ordinary splints or bandages.

and the failure to cope with the need of adequate establishment, and barking of the question how so much foreign money is to be spent. The introduction of an Advisory Board is a retrogression to the old Medical Board of the Peninsula to Victorian days—a system which landed us into the disgraceful episodes of the "Yulshere and other expeditions of the early years of the last century. It would remove all direct responsibility from the shoulders of the Director-General or Secretary of State or any individual. No one can be looked for mistakes, as we know what Boards are—simply units with no soul to serve and no body to kick.

As to the rest of the scheme, its dominant note is "inquisition." Nothing but examination and inducements to men to become mere "mangers" of books and papers with test tubes at the bedside and in the field. The whole scheme breathes tests which will result in the evolution of a state worse than the service has ever known even in its blackest times. As an instance of how impractical the scheme is, note the fact that a man after three years' service, if he elects to remain in the corps, is to go to a hospital for six months, etc. Who is going to do foreign duty? Nearly every man of that standing must be abroad, with a worldwide empire such as ours, in a daily spy route, to be kept under such a scheme, and pity the administration having to work it. Moreover, I doubt whether, notwithstanding this, any young man will commit themselves to a career marked by such "breakers" as are strewn along their future career.

If the Committee had simply confined its attention to the granting of decent pay and the obtaining of an adequate establishment, the rest would have evolved itself. The corps is full of men keen and eager enough to improve their professional knowledge, but snappy bludgeoned by want of facilities to do so owing to so much foreign service and inability to obtain leisure hours.

Dr. Edward Thompson (Omagh), M.P. for North Monaghan, writes: The report of the Committee on Army Medical Reform is a very important document, and requires the most careful consideration of the medical profession and interested medical candidates. If it is carefully studied it will be found very defective in many important particulars. For instance, the method of government—partly military and partly civilian—will seriously impair the reputation of the corps as a department of the army. The addition of the civilian element should not be necessary, neither should the head of the training army service have a seat on the Board.

The Director-General of the medical corps is to have his salary increased, but no mention is made of his future rank, neither is he to have a seat on the Army Board or direct access to the Secretary of State and Commander-in-Chief.

No mention is made of the position the Royal Medical Corps is to hold in the army, as implied by the place it should occupy in the Army List next to the other two medical corps—namely, the Royal Engineers and Royal Artillery. This is really an important matter, because it would open for all active men of the medical service which make life in the army for doctors uncomfortable.

Again no mention is made of the actual increase in the number of officers of the corps, nor of the leave to which a medical officer has a right.

The reference to Indian pay and allowances is also unsatisfactory, and that this is one of the most serious of army medical grievances is admitted by everyone.

Another grave defect in the details of special medical officers for the Guards. On no account should this be permitted; it opens the door to favouritism and creates a corps within a corps.

The regulations as regards examinations seem to me very complicated. As you truly remark, a man may be a first class surgeon or physician and no good at all examinations. I fancy a candidate who got first place many years ago for the netley would not diagnose the simplest case or apply most ordinary splints or bandages.

...we had mostly men in China, to the medical service of other nations. The war had done me more mischief than I had done the general and commanding officers to see with their own eyes who medical officers did, and there had been many strongly commensurate reports seen here, which very generally a greater sympathy and appreciation had been shown by the commandants for the work of their medical brethren, as they were distinguished general, Sir Ian Hamilton, had not been at the moment, since distribution of St.

practical reformer by his recent criticisms. I am one of many who believe that it was largely owing to his vigorous presentation of the case for reform that reform has been undertaken by the Government. It was disappointing, therefore, when the Hospitals Commission issued their report, to find him taking up an almost personal attitude of animosity and hostile criticism, instead of seizing hold of the many opportunities it afforded to establish his main contention. It is still more disappointing now to find him denouncing on such narrow-minded lines the most thoughtful and politic report of this, as he terms it, admirably chosen committee.

I am, Sir, yours faithfully,
FRANCIS E. PERMANTLE, M.B., M.R.C.P.
22, Moore-street, E.W., Oct. 5.

THE MORNING POST.

(MONDAY, OCTOBER 16, 1901.)

ARMY EXAMINATIONS.

TO THE EDITOR OF THE MORNING POST.

SIR,—A correspondent in your issue of Tuesday calls attention to the circumstance that candidates for admission to Woolwich or Sandhurst are not examined as to their medical fitness until they have passed their literary examination. There certainly does not appear to be any reason why candidates should not be medically examined immediately before instead of immediately after the literary examination, and if this were desirable one need not fear that the Secretary of State would consider the additional trouble to the doctors to which your correspondent refers. This system, however, would not satisfy parents, who, on their sons being found physically unfit, complain that the money spent on their education for the Army has been thrown away, and who fear that a lad who has been examined and pronounced fit two or three years before appearing for the literary examination may during those years develop a disability disqualifying him for military service. If a forecast of the lad's chance is desired before he commences his special studies it is not necessary to have a military doctor's opinion, as the physical requirements of a candidate are published, and a civil medical practitioner can therefore give a judgment. If, nevertheless, it is desired to have a military medical opinion, the regulations provide for its being obtained on payment of a fee of 2s., and it may interest your correspondent and others to know that this money goes to the Treasury, and not into the pockets of the medical officers who form the Medical Board, and who are required to perform this extra duty gratis.—Yours, &c.,
Oct. 12, 1901. W. Johnston, M.D.

THE TIMES, FRIDAY, OCTOBER 18, 1901.

Our Simla Correspondent telegraphs that Surg.-Gen. Taylor will leave India on November 30, having been appointed Director-General of the Royal Army Medical Corps under Mr. Brodric's scheme.

THE ARMY MEDICAL BOARDS.

TO THE EDITOR OF THE TIMES.

SIR,—We have recently heard of the scandalous way in which the Yeomanry were passed for service in South Africa by the Army Medical Boards, and that hundreds have been sent back as "medically unfit." This, we are told, is to be "inquired into." May I suggest that the general conduct of our Army Medical Boards be inquired into at the same time? I have personal experience of their utter incompetency, which, with your permission, I would relate. My son, an officer in an infantry regiment, was wounded in one of the early actions in the war. He was shot in the head. The principal medical officer in the South African hospital certified it to be "a slight scalp wound." He lay in hospital for two months without any operation, and it was not until one of the great consulting surgeons from England saw him that his skull was discovered to be fractured, and he was trephined and lauded home. Immediately on his arrival in England he was ordered to appear before a Medical Board. He did so, but was unable to present the principal medical officer's report on his case from South Africa. It did not arrive for three months. The Medical Board's examination of his case consisted of a little pleasant conversation across a table, and he was certified "to be fit for duty at home or abroad." Closely following this report came an order from the War Office for him to join his regiment at Aldershot "forthwith." A fortnight's duty there killed him. How can such cruel incompetency be adequately described? Hitherto I have held my peace and said nothing, but when we know that this blundering policy still goes on it behoves one to speak. Recently three cases have come to my knowledge which, without such fatal consequences, still show the same method of supreme foolishness. A Volunteer officer returned from South Africa with the men of his company and reported himself. When asked his name he gave it, with the details of his service. He was told that his name was not as stated, and, in spite of his denial, he was dismissed under another name. A soldier reported himself as having suffered from sunstroke and invalided for that reason. He was informed that it was dysentery for which he had been invalided (there were two men of the same name), and, in spite of his explanation and expostulation, he was curtly told that dysentery was his complaint, and as such it was entered.

Lastly, a civil surgeon found his health breaking down in England shortly after the war commenced, and was recommended to go to South Africa. He volunteered, was accepted, worked in the hospitals there for a time, and his health was re-established. He returned home and

was awarded a handsome pension "on account of injury done to his health in South Africa."

These are all cases known to me, and I think they ought to be published, in the hope that they will strengthen the demand for a drastic reform of the War Office and the Royal Army Medical Corps.

Your obedient servant,
AN INDIGNANT SUFFERER.

British Medical Journal.

SATURDAY, OCTOBER 19TH, 1901.

NOTES ON THE REORGANISATION OF THE ARMY MEDICAL SERVICE.

By A.M.S.

Advisory Board.—There is a looseness in the wording of this paragraph, and it is doubtful if the Committee were aware that surgeon-generals are officers of the Army Medical Service, but not of the Royal Army Medical Corps. It would appear that the two army medical officers who may be appointed to the Advisory Board must not hold a higher rank than that of colonel. Thus Colonel J. L. Notter, late Professor of Hygiene at Netley, would be excluded on attaining his next step of rank now due, while other surgeon-generals, all specially selected and possessing wide knowledge of tropical disease, would likewise be excluded.

Appointment of Civil Members.—The civilian physicians and surgeons are required to hold or have recently held a post on the acting staff of a leading civil hospital. It is presumed, therefore, that they are in the enjoyment of lucrative practices. It is apparently expected of them that for £200 a year they will devote much time to the public service of their country. It is not surprising that Sir William Thomson enters a protest. While performing duties beyond a radius

of four miles from Charing Cross the civil members will receive, in addition to their salary, out-of-pocket expenses. £1 a day railway and cab fares is the usual rate allowed.

Duties.—The nature of the work is defined and embraces practically the consideration of army medical matters in peace and war throughout the Empire. It is not made clear in Paragraph 7 if the Advisory Board is to undertake the duties hitherto performed by the Mobilisation Committee, the Army Sanitary Committee, the Central British Red Cross Committee, and the Medical Promotion Board. All of these have representatives from the medical branch of the War Office. The Advisory Board will consider all plans for new hospitals and upon standard plans for barracks and standing camps which may be submitted. Submitted by whom? By the Inspector-General of Fortifications or Army Sanitary Committee? A report by the Advisory Board is to be submitted to the Secretary of State, but the Secretary of State is not an expert on plans, and naturally he will refer the subject to his advisers. Buildings and sites for camps are matters pertaining to the Quartermaster-General's Department and Fortification Branch, but the Quartermaster-General is also *ex officio* President of the Army Sanitary Committee, and he may already have given approval to the plans submitted. The Quartermaster-General and Inspector-General of Fortifications will therefore act, first, as pleaders, and, secondly, as judges.

The annual inspection of each of the military hospitals by a subcommittee, consisting of at least one military and one civilian member, forms part of the duties. It is well that the civilian member should clearly understand what he is about to undertake. In the various military districts in the United Kingdom there are 138 military hospitals, ranging from Colechester and Cork to Inverness. At the annual inspection of hospitals in the North-Western District the Principal Medical Officer used to spend more than half his days on the railway; that record is likely to be beaten by some of the civilian members of the Advisory Board.

It may, no doubt, be advantageous in some instances to obtain the views of eminent civilians on army medical matters, although their previous training and professional knowledge as experts on disease will not help greatly to good administration. The main advantages which the Advisory Board will possess over the Director-General acting alone will be that his opinion as influencing public opinion is not so likely to be disregarded by the War Office in the future as it has been too often the case in the past, when the Director-General's opinion was over-ruled. Against that advantage is the delay that must occur in the performance of the current work of the office. There will be numerous instances when the Director-General will be compelled to act on his own initiative, without awaiting the consent of his colleagues on the Board.

It has long been advocated by the medical profession that the Royal Army Medical Corps should be constituted on the lines of the Royal Engineers. Mr. Brodric knocks that idea on the head. I wonder what would be said by Royal Engineer officers were the Inspector-General of Fortifications ordered to be associated with an advisory board of eminent civilian engineers? Yet if public opinion counts for anything the necessity for such a course is fully as great for the Royal Engineers as it is for the Army Medical Service.

The present war has put an unprecedented strain upon all branches of the Army, but criticism has been directed mainly to the medical side. The evidence given before the South African Hospitals Commission was not wanting in detail, and in the voluminous report published there is not a single instance of maladministration recorded against the late Director-General or the officers associated with him. Any shortcomings were proved to be due to the want of appreciation by the War Office officials of the advice given them. Mr. Brodric is an adroit politician, and no one knows better the effect of drawing a red herring across the scent.

Examinations for Promotion.—As regards the examination for promotion there appears to be a new departure intended. The Board of Examiners, on which the English, Scotch, and Irish schools were represented, were employed at the entrance examination, but not for promotion. For the latter a London physician and a London surgeon examined on their particular subjects, while questions regarding regulations, interior

certain to be costly to the State without any compensating advantage whatever. For three years and six months while he is preparing for his examination for promotion his services cannot be utilised generally. He will continue to be practically a probationer, while his seniors will be grilling in the plains of India or trekking in South Africa, without a chance of escape except through sickness. It is presumed, also, that the rules will apply to all lieutenants now serving, many of whom are abroad. If so, they will have to be recalled without the possibility of being relieved by others.

Examination for Major.—The examination for promotion to the rank of major will be attended by difficulties whenever the officer happens to be abroad, where facilities do not exist for preparation. If he be rejected twice he will be compulsorily retired, apparently without any gratuity, but it seems he can retire with a gratuity if he prefers to do so without examination.

India.—Previous service in India is no longer required for promotion to the rank of colonel and surgeon-general. This is an unfortunate change introduced apparently to benefit the medical officers of the Guards.

Conclusion.—From the foregoing, it is manifest that a medical officer's success in life will depend upon the quality of the examination he is capable of passing. The period given him to attend civil hospitals is a boon, but any one with experience of a system of examinations will condemn it as harassing in the highest degree, moreover it will prove useless for the purpose intended, namely, to make the officer a better practitioner. When a man's future depends upon the successful accomplishment of any particular work, he naturally will turn to the person who can help him the best, and as an aid to pass an examination he will not be found in the hospitals, but with the grinder, besides the capacity to answer questions well is but a poor test of efficiency in a public service.

The scheme as drawn out is crude in the extreme, and almost every paragraph shows the hand of the amateur in administration. The one thing, the most urgent, and upon which every improvement, every reform hangs, is an increase of the personnel of the corps, and that is not referred to. Increase of pay will not compensate for a starved service.

THE SCHEME FOR THE REORGANISATION OF THE ARMY MEDICAL SERVICE.

SIR.—It is to be hoped that all those who believe in the possibility of preventing a large proportion of the diseases which, under present arrangements, are responsible for the majority of deaths in warfare, will unite in endeavouring to promote the formation of a sanitary corps in the army, as advocated by Professor Ogston.

In the "exceptions" to the scheme recorded by Professor Ogston he places the following first:

It does not provide for a sanitary corps consisting of officers specially charged with the duty of carrying out proper sanitary measures in peace and war, and a staff of men trained to ensure the requisite measures being carried into effect.

The people of this country—both medical and non-medical—are generally under the impression that the sanitary organisation of our army has kept pace with the times, and has developed as our knowledge of scientific and practical hygiene has developed.

The people of this country would do well if they were to inquire carefully into the question whether this is the case or not. Unfortunately, it is no easy matter for the civilian to obtain information with regard to the forces at work, and the *modus operandi* of military routine.

A study of such information as is available reveals the fact that during the last twenty years or more, instead of an advance, a most deplorable and disastrous retrograde movement has taken place so far as organisation in army sanitary work is concerned. Many of the admirable reforms introduced as a result of the stern teachings of the Crimean war have practically been nullified.

The chiefs of the sanitary and the statistical departments and also the sanitary officers of army corps and divisions which were established after that war were abolished nearly twenty years ago. Since that time, apparently, influences have been constantly at work to kill out the sanitary initiative of the medical service, and "to drive army medical officers into hospitals to learn to treat men who should never have been sick at all."

The inevitable consequences of this retrogression are tragically demonstrated in the long list of deaths from disease during the South African campaign. The army was despatched practically without any sanitary staff.

It would be difficult to persuade any civilian experienced in sanitary science that a large proportion of those "deaths from disease" could not have been prevented.

But, let it be clearly understood, with the present sanitary organisation—or rather absence of organisation—a number of deaths from preventable disease, greater than that from bullet and sword, must be expected in all our campaigns.

For the prevention of disease, such as enteric fever, in warfare, a well-organised scheme, careful and well-considered preparation beforehand, and sufficient transport are absolutely necessary; and, above all, an efficient sanitary corps. The creation of a sanitary corps need not involve any innovation. If the old appointments of chief sanitary officer, and sanitary officers of divisions be reinstated, with expert medical officers to assist where required, and a staff of men trained in the details of sanitary work, the sanitary corps is formed.

A very important section of this corps would be a "water corps," whose sole business should be to search for pure water supplies, to purify the water (if necessary) by boiling or filtering, and to transport and distribute the water to the combatants.

The answer given by military authorities to such a proposal as the above is usually "impossible." It is difficult to realise why it should be impossible. Without a specialised sanitary corps we must always expect a large amount of preventable disease in warfare. The measures necessary for the prevention of disease will absorb all the time and energies of the sanitary corps, and cannot be carried out by the medical officers of a service already undermanned and overworked.

A study of the scheme does not reveal any provision made for securing that when the sanitary officer advises his recommendations shall be recorded and receive due consideration, and that the responsibility of neglecting his recommendation shall be laid upon the proper official.

The proposed instruction in hygiene and bacteriology is quite inadequate. Let it be granted that military

surgery and medicine form by far the largest subjects of study for the army medical officer. Yet he must in all cases be more or less a sanitary expert. If his recommendations on hygienic subjects are to be of use and to receive consideration his knowledge of hygiene must have before all things a sound foundation. A sound practical knowledge of the elements of hygiene and bacteriology cannot be obtained with less than six months assiduous study and instruction. This amount should certainly be the minimum required before qualification as a lieutenant, instead of the two months recommended in the scheme.

All sanitarians will regret the conspicuous absence of provisions in the scheme for developing sanitary organisation in the army, and for remedying the glaring defects which at present exist.

Nor does the constitution of the "Advisory Board" give assurance that the all-important and much-needed reforms will be sufficiently advocated, unless the "one officer of the R.A.M.C., with special knowledge of sanitation," be one of high rank, large experience, and great influence, and unless one of the "civilian physicians" be a recognised expert and authority in sanitary science.—I am, etc.,

London, W., Oct. 15th. CHRISTOPHER CHILDS, M.D., D.P.H.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of medical officers on the Active List according to the Army List for October, 1901: Distribution in October Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Seconded.	Reserve of Officers.	Remarks.
Surgeon-Generals ...	4	1	3	—	8	—	—	
Colonels ...	4	2	8	1	15	4	—	
Lieutenant-Colonels ...	66	53	30	1	150	4	26	
Majors ...	40	137	112	2	291	3	4	
Captains ...	80	31	117	3	231	4	4	
Lieutenants ...	37	140	26	—	203	8	—	
Total ...	379	413	337	7	1,136	29	34	

There is an increase in the total numbers of 11, but the distribution is little altered beyond an increase of 13 in South Africa. The unposted are 7 fewer, the seconded 5 more, and 5 more of the reserve of officers is employed. Deducting the unposted (presumably on sick leave) 7, the seconded 22, and the Reserve employed 24, the number of really available officers is reduced to 871. Excluding the Reserve, there are 67 retired officers employed. It will be observed that there are only 8 surgeon-generals (excluding one acting as Director-General), one having died.

THE TIMES. OCTOBER 21, 1901.

WAR OFFICE REFORM.

We have received the following from the War Office:—

I. WAR OFFICE COUNCIL.

The Secretary of State has directed that in future the War Office Council shall be constituted as follows:—

President—
The Secretary of State for War.
Members—
The Commander-in-Chief.
The Parliamentary Under-Secretary of State.
The Permanent Under-Secretary of State.
The Financial Secretary.
The Quartermaster-General.
The Inspector-General of Fortifications.
The Director-General of Ordnance.
The Adjutant-General.
The Director-General of Mobilisation and Military Intelligence.
The Director-General, Army Medical Department (for medical and sanitary questions).
The Secretary of the Council.

And such other members of the Staff of the War Office as may be specially summoned from time to time.

2. In the absence of the Secretary of State, the Commander-in-Chief will act as President.

3. The Council will meet on Mondays, unless otherwise ordered, at 12 o'clock, in the Secretary of State's room.

4. The Council will discuss such matters as may be referred to it by the Secretary of State and any question brought before it by individual members. In order that *provis* may be prepared, notice of the matters for discussion, together with the office papers on the subject, should reach the Secretary not later than the Wednesday evening before each meeting.

5. Records of the proceedings will be kept, and copies will be supplied to each member.

II.

Permanent Executive Committee of the War Office.
6. With the object of co-ordinating the business of the office and of ensuring that combined action may be taken in matters affecting more than one department, the Secretary of State has approved the formation of an Executive Committee, consisting of the following:—

The Permanent Under-Secretary of State, or, in his absence, the Assistant Under-Secretary of State, Chairman.

The Deputy Adjutant-General, or, in his absence, an Officer selected by the Adjutant-General.

The Assistant Quartermaster-General, or Officer selected by the Quartermaster-General.

A Deputy Inspector-General of Fortifications, or an Officer selected by the Inspector-General of Fortifications.

The Deputy Director-General of Ordnance, or an Officer selected by the Director-General of Ordnance.

An Officer of the Mobilisation Section of the Department of the Director-General of Military Intelligence.

An Officer of the Intelligence Section of the Department of the Director-General of Military Intelligence.

The Deputy Accountant-General, or an Assistant Accountant-General.

practical reformer by his recent criticisms. I am one of many who believe that it was largely owing to his vigorous presentation of the case for reform that reform has been undertaken by the Government. It was disappointing, therefore, when the Hospitals Commission issued their report, to find him taking up an almost personal attitude of aimless and hostile criticisms, instead of setting bold of the many opportunities it afforded to establish his main contention. It is still more disappointing now to find him denouncing on such narrow-minded lines the most thoughtful and politic report of this, as he terms it, admirably chosen committee.

I am, Sir, yours faithfully,
FRANCIS E. FLEMANTLE, M.B., M.R.C.P.
22, Moorcoot-street, S.W., Oct. 5

was awarded a handsome pension "on account of injury done to his health in South Africa."
These are all cases known to me, and I think they ought to be published, in the hope that they will strengthen the demand for a drastic reform of the War Office and the Royal Army Medical Corps.
Your obedient servant,
AN INDIGNANT SUFFERER.

British Medical Journal.

SATURDAY, OCTOBER 19th, 1901.

NOTES ON THE REORGANISATION OF THE ARMY MEDICAL SERVICE.

By A.M.S.

Advisory Board.—There is a looseness in the wording of this paragraph, and it is doubtful if the Committee were aware that surgeon-generals are officers of the Army Medical Service, but not of the Royal Army Medical Corps. It would appear that the two army medical officers who may be appointed to the Advisory Board must not hold a higher rank than that of colonel. Thus Colonel J. L. Notter, late Professor of Hygiene at Netley, would be excluded on attaining his next step of rank now due, while other surgeon-generals, all specially selected and possessing wide knowledge of tropical disease, would likewise be excluded.

Appointment of Civil Members.—The civilian physicians and surgeons are required to hold or have recently held a post on the acting staff of a leading civil hospital. It is presumed, therefore, that they are in the enjoyment of lucrative practices. It is apparently expected of them that for £200 a year they will devote much time to the public service of their country. It is not surprising that Sir William Thomson enters a protest. While performing duties beyond a radius

economy, military law, etc., were framed by experienced Army medical officers.

Admissions to the Service.—The proposed regulations governing admissions into the service indicate little change, save that importance will be given to a confidential report from the dean or other authority of a medical school. In the large schools, such as the Edinburgh School, such reports are likely to be extremely vague as regards conduct. The giving of commissions to civil surgeons over age who have served with troops in the field is a custom which existed during the Crimean war, and has been exercised in many instances during the Boer war, but without examination. A surgeon who has proved his worth on active service might well have been excused the necessity of an examination and approval of the Advisory Board. The conditions destroy the benefits intended. The power formerly given to the governing bodies of medical schools to nominate candidates has apparently been withdrawn. That power was never exercised save in the case of a dearth of candidates. The nominees have been reported by the Netley professors as quite equal professionally to the average candidate received by open competition, and superior socially. It would perhaps have been more expedient to have awaited the success of the present scheme before cutting off a supply which in the present juncture has proved exceedingly useful.

Army Medical School.—The course of instruction at Netley for a surgeon on probation for the Home and for the Indian Service was the same and lasted four months; in future it will be for two months only for the King's service. It remains to be seen whether or not the India Office is prepared to curtail the length of the course at Netley for their candidates, if not the professors will be in placed in the awkward position of having to deliver a complete course of lectures to one set of candidates and a modified course to another. Such an arrangement at best will be exceedingly unsatisfactory and was only had recourse to during this war through the urgent need of personnel.

Home Surgeons and Home Physicians.—Certain inducements to enter the service are held out to men whilst holding a resident appointment in a recognised civil hospital, but here again, like King Charles's head, the examination appears. Home surgeons and physicians have neither the time nor inclination to appear for examinations, and as most of them have been prisoners of their schools a recommendation from their hospitals should be considered as a sufficient guarantee of their worth.

Attachment to Units.—The paragraphs having reference to the attachment of lieutenants to units gives no information regarding the period of attachment, nor is it stated whether or not the unit is stationed at home or abroad, but, judging by paragraphs 29 and 30, it would appear that they will remain at home for at least three years and six months. In India and the Colonies there are many medical officers whose tour of foreign service has expired, and who require relief. It has been possible during the last two years by hurrying lieutenants through their training to send them abroad to meet urgent demands. That source of supply will cease, India must get her proportion. Where are they to come from? There is, I fear, little hope of soon being able to spare officers from South Africa, and after the hard work and privation incidental to war it is not probable that many will be physically fit to begin a fresh tour of service in India.

Reserve.—It is in accordance with all experience that an officer having once joined the Service intends to make it his future career, and if his services prove satisfactory he will be permitted by the scheme to do so, or be given permission to retire on engaging for a period of seven years in the reserve, receiving £25 a year while so serving. There is nothing to show that he will be permitted to resign his commission voluntarily. That is a condition which I think few will be willing to accept. Liability to recall will exercise a serious effect upon individuals. If they purchase a practice or enter into partnership £25 a year is a small sum to receive for undergoing the risk of the forfeiture of the money invested. During the present war there have been many instances of civil surgeons who, out of a sense of patriotism, volunteered their services, but subsequently begged to cancel their engagements on account of the non-arrival of the money they were making. The proposed regulation is likely to prove injurious to the lieutenant and

THE MORNING POST.

(MONDAY, OCTOBER 14, 1901)

ARMY EXAMINATIONS.

TO THE EDITOR OF THE MORNING POST.

Sir,—A correspondent in your issue of Tuesday calls attention to the circumstance that candidates for admission to Woolwich or Sandhurst are not examined as to their medical fitness until they have passed their literary examination. There certainly does not appear to be any reason why candidates should not be medically examined immediately before instead of immediately after the literary examination, and if this were desirable one need not fear that the Secretary of State would consider the additional trouble to the doctors to which your correspondent refers. This system, however, would not satisfy parents, who, on their sons being found physically unfit, complain that the money spent on their education for the Army has been thrown away, and who forget that a lad who has been examined and pronounced fit two or three years before appearing for the literary examination may during these years develop a disability disqualifying him for military service. If a forecast of the lad's chance is desired before he commences his special studies it is not necessary to have a military doctor's opinion, as the physical requirements of a candidate are published, and a civil medical practitioner can therefore give a judgment. If, nevertheless, it is desired to have a military medical opinion, the regulations provide for its being obtained on payment of a fee of 2s., and it may interest your correspondent and others to know that this money goes to the Treasury, and not into the pockets of the medical officers who form the Medical Board, and who are required to perform this extra duty.—Yours, &c.,
Oct. 12, 1901. W. Johnston M.D.

See p. 74

THE TIMES, FRIDAY, OCTOBER 18, 1901.

Our Simla Correspondent telegraphs that Surg-Gen. Taylor will leave India on November 26, having been appointed Director-General of the Royal Army Medical Corps under Mr. Brodick's scheme.

THE ARMY MEDICAL BOARDS.

TO THE EDITOR OF THE TIMES.

Sir,—We have recently heard of the scoundrels way in which the Yeomanry were passed for service in South Africa by the Army Medical Boards, and that hundreds have been sent back as "medically unfit." This, we are told, is to be "inquired into." May I suggest that the general conduct of our Army Medical Boards be inquired into at the same time? I have personal experiences of their utter incompetency, which, with your permission, I would relate. My son, an officer in an infantry regiment, was wounded in one of the early actions in the war. He was shot in the head. The principal medical officer in the South African hospital certified it to be "a slight scalp wound." He lay in hospital for two months without any operation, and it was not until one of the great consulting surgeons from England saw him that his skull was discovered to be fractured, and he was trephined and invalided home. Immediately on his arrival in England he was ordered to appear before a Medical Board. He did so, but was unable to present the principal medical officer's report on his case from South Africa. It did not arrive for three months. The Medical Board's examination of his case consisted of a little pleasant conversation across a table, and he was certified "to be fit for duty at home or abroad." Closely following this report came an order from the War Office for him to join his regiment at Aldershot "forthwith." A fortnight's duty there killed him. How can such cruel incompetencies be adequately described? Hitherto I have held my peace and said nothing, but when we know that this blundering policy still goes on it behoves me to speak. Recently three cases have come to my knowledge which, without such fatal consequences, still show the same method of supreme foolishness. A Volunteer officer returned from South Africa with the men of his company and reported himself. When asked his name he gave it, with the details of his service. He was told that his name was not as stated, and, in spite of his denial, he was dismissed under another name. A soldier reported himself as having suffered from sunstroke and invalided for that reason. He was informed that it was dysentery for which he had been invalided (there were two men of the same name), and, in spite of his explanation and expostulation, he was curley told that dysentery was his complaint, and as such it was entered.

Lastly, a civil surgeon found his health breaking down in England shortly after the war commenced, and was recommended to go to South Africa. He volunteered, was accepted, worked in the hospitals there for a time, and his health was re-established. He returned home and

practical reformer by his recent criticisms. I am one of many who believe that it was largely owing to his vigorous presentation of the case for reform that reform has been undertaken by the Government. It was disappointing, therefore, when the Hospitals Commission issued their report, to find him taking up an almost personal attitude of aimless and hostile criticisms, instead of setting bold of the many opportunities it afforded to establish his main contention. It is still more disappointing now to find him denouncing on such narrow-minded lines the most thoughtful and politic report of this, as he terms it, admirably chosen committee.

I am, Sir, yours faithfully,
FRANCIS E. FLEMANTLE, M.B., M.R.C.P.
22, Moorcoot-street, S.W., Oct. 5

THE MORNING POST.

(MONDAY, OCTOBER 14, 1901)

ARMY EXAMINATIONS.

TO THE EDITOR OF THE MORNING POST.

Sir.—A correspondent in your issue of Tuesday calls attention to the circumstance that candidates for admission to Woolwich or Sandhurst are not examined as to their medical fitness until they have passed their literary examination. There certainly does not appear to be any reason why candidates should not be medically examined immediately before instead of immediately after the literary examination, and if this were desirable one need not fear that the Secretary of State would consider the additional trouble to the doctors to which your correspondent refers. This system, however, would not satisfy parents, who, on their sons being found physically unfit, complain that the money spent on their education for the Army has been thrown away, and who forget that a lad who has been examined and pronounced fit two or three years before appearing for the literary examination may during these years develop a disability disqualifying him for military service. If a forecast of the lad's chance is desired before he commences his special studies it is not necessary to have a military doctor's opinion, as the physical requirements of a candidate are published, and a civil medical practitioner can therefore give a judgment. If, nevertheless, it is desired to have a military medical opinion, the regulations provide for its being obtained on payment of a fee of 2s., and it may interest your correspondent and others to know that this money goes to the Treasury, and not into the pockets of the medical officers who form the Medical Board, and who are required to perform this extra duty.—Yours, &c.,
Oct. 12, 1901. W. Johnston M.D.

See p. 74

THE TIMES, FRIDAY, OCTOBER 18, 1901.

Our Simla Correspondent telegraphs that Surg-Gen. Taylor will leave India on November 26, having been appointed Director-General of the Royal Army Medical Corps under Mr. Brodick's scheme.

THE ARMY MEDICAL BOARDS.

TO THE EDITOR OF THE TIMES.

Sir.—We have recently heard of the scoundrels way in which the Yeomanry were passed for service in South Africa by the Army Medical Boards, and that hundreds have been sent back as "medically unfit." This, we are told, is to be "inquired into." May I suggest that the general conduct of our Army Medical Boards be inquired into at the same time? I have personal experiences of their utter incompetency, which, with your permission, I would relate. My son, an officer in an infantry regiment, was wounded in one of the early actions in the war. He was shot in the head. The principal medical officer in the South African hospital certified it to be "a slight scalp wound." He lay in hospital for two months without any operation, and it was not until one of the great consulting surgeons from England saw him that his skull was discovered to be fractured, and he was trephined and invalided home. Immediately on his arrival in England he was ordered to appear before a Medical Board. He did so, but was unable to present the principal medical officer's report on his case from South Africa. It did not arrive for three months. The Medical Board's examination of his case consisted of a little pleasant conversation across a table, and he was certified "to be fit for duty at home or abroad." Closely following this report came an order from the War Office for him to join his regiment at Aldershot "forthwith." A fortnight's duty there killed him. How can such cruel incompetencies be adequately described? Hitherto I have held my peace and said nothing, but when we know that this blundering policy still goes on it behoves one to speak. Recently three cases have come to my knowledge which, without such fatal consequences, still show the same method of supreme foolishness. A Volunteer officer returned from South Africa with the men of his company and reported himself. When asked his name he gave it, with the details of his service. He was told that his name was not as stated, and, in spite of his denial, he was dismissed under another name. A soldier reported himself as having suffered from sunstroke and invalided for that reason. He was informed that it was dysentery for which he had been invalided (there were two men of the same name), and, in spite of his explanation and expostulation, he was curtly told that dysentery was his complaint, and as such it was entered.

Lastly, a civil surgeon found his health breaking down in England shortly after the war commenced, and was recommended to go to South Africa. He volunteered, was accepted, worked in the hospitals there for a time, and his health was re-established. He returned home and

was awarded a handsome pension "on account of injury done to his health in South Africa."

These are all cases known to me, and I think they ought to be published, in the hope that they will strengthen the demand for a drastic reform of the War Office and the Royal Army Medical Corps.

Your obedient servant,
AN INDIGNANT SUFFERER.

British Medical Journal.

SATURDAY, OCTOBER 19TH, 1901.

NOTES ON THE REORGANISATION OF THE ARMY MEDICAL SERVICE.

By A.M.S.

Advisory Board.—There is a looseness in the wording of this paragraph, and it is doubtful if the Committee were aware that surgeon-generals are officers of the Army Medical Service, but not of the Royal Army Medical Corps. It would appear that the two army medical officers who may be appointed to the Advisory Board must not hold a higher rank than that of colonel. Thus Colonel J. L. Notter, late Professor of Hygiene at Netley, would be excluded on attaining his next step of rank now due, while other surgeon-generals, all specially selected and possessing wide knowledge of tropical disease, would likewise be excluded.

Appointment of Civil Members.—The civilian physicians and surgeons are required to hold or have recently held a post on the acting staff of a leading civil hospital. It is presumed, therefore, that they are in the enjoyment of lucrative practices. It is apparently expected of them that for £200 a year they will devote much time to the public service of their country. It is not surprising that Sir William Thomson enters a protest. While performing duties beyond a radius

economy, military law, etc., were framed by experienced Army medical officers.

Admissions to the Service.—The proposed regulations governing admissions into the service indicate little change, save that importance will be given to a confidential report from the dean or other authority of a medical school. In the large schools, such as the Edinburgh School, such reports are likely to be extremely vague as regards conduct. The giving of commissions to civil surgeons over age who have served with troops in the field is a custom which existed during the Crimean war, and has been exercised in many instances during the Boer war, but without examination. A surgeon who has proved his worth on active service might well have been excused the necessity of an examination and approval of the Advisory Board. The conditions destroy the benefits intended. The power formerly given to the governing bodies of medical schools to nominate candidates has apparently been withdrawn. That power was never exercised save in the case of a dearth of candidates. The nominees have been reported by the Netley professors as quite equal professionally to the average candidate received by open competition, and superior socially. It would perhaps have been more expedient to have awaited the success of the present scheme before cutting off a supply which in the present juncture has proved exceedingly useful.

Army Medical School.—The course of instruction at Netley for a surgeon on probation for the Home and for the Indian Service was the same and lasted four months; in future it will be for two months only for the King's service. It remains to be seen whether or not the India Office is prepared to curtail the length of the course at Netley for their candidates, if not the professors will be in placed in the awkward position of having to deliver a complete course of lectures to one set of candidates and a modified course to another. Such an arrangement at best will be exceedingly unsatisfactory and was only had recourse to during this war through the urgent need of personnel.

Home Surgeons and Home Physicians.—Certain inducements to enter the service are held out to men whilst holding a resident appointment in a recognised civil hospital, but here again, like King Charles's head, the examination appears. Home surgeons and physicians have neither the time nor inclination to appear for examinations, and as most of them have been prisoners of their schools a recommendation from their hospitals should be considered as a sufficient guarantee of their worth.

Attachment to Units.—The paragraphs having reference to the attachment of lieutenants to units gives no information regarding the period of attachment, nor is it stated whether or not the unit is stationed at home or abroad, but, judging by paragraphs 29 and 30, it would appear that they will remain at home for at least three years and six months. In India and the Colonies there are many medical officers whose tour of foreign service has expired, and who require relief. It has been possible during the last two years by hurrying lieutenants through their training to send them abroad to meet urgent demands. That source of supply will cease. India must get her proportion. Where are they to come from? There is, I fear, little hope of soon being able to spare officers from South Africa, and after the hard work and privation incidental to war it is not probable that many will be physically fit to begin a fresh tour of service in India.

Reserve.—It is in accordance with all experience that an officer having once joined the Service intends to make it his future career, and if his services prove satisfactory he will be permitted by the scheme to do so, or be given permission to retire on engaging for a period of seven years in the reserve, receiving £25 a year while so serving. There is nothing to show that he will be permitted to resign his commission voluntarily. That is a condition which I think few will be willing to accept. Liability to recall will exercise a serious effect upon individuals. If they purchase a practice or enter into partnership £25 a year is a small sum to receive for undergoing the risk of the forfeiture of the money invested. During the present war there have been many instances of civil surgeons who, out of a sense of patriotism, volunteered their services, but subsequently begged to cancel their engagements on account of the non-arrival of the money they were making. The proposed regulation is likely to prove injurious to the lieutenant and

The Deputy Director-General, Army Medical Department, or an Officer selected by the Director-General.

The Assistant Director of Contracts.
The Secretary of the War Office Council, who will act as Secretary of the Executive Committee.

7. All important questions will be brought before the Committee in order that combined action may be taken when the subject concerns more than one department.

8. It will be the duty of the representative of each department in which a subject is initiated, or to which a subject has been referred in its initial stages, to state briefly to the Committee the steps which his department is about to take and he will also bring to the notice of the Committee any important development which may arise in a matter in which action has commenced. The Committee will discuss the course to be pursued, and the representative of each department will be responsible for reporting subsequently to the Committee the progress of the action decided upon.

9. The Chairman will bring to the notice of the Committee any cases in which it appears that there has been delay in connexion with the completion of a subject.

10. A record of the proceedings will be kept by the Secretary for submission by the Permanent Under-Secretary to the Secretary of State. Copies will be supplied to all departments of the office.

11. The Committee will meet in Room 48 in War Office, Pall-mall, on Tuesdays and Fridays at 12 o'clock.

III.

Special Departmental Committees.

12. The Secretary of the War Office Council and Executive Committee will carry out the necessary arrangements for the formation of special committees approved by the Secretary of State, and will report from time to time to the Permanent Under-Secretary of State the progress made by each. Papers containing the reports of Committees will be marked, in the first instance, to the Secretary, War Office Council, &c., and will be eventually closed by him.

IV.

The Secretary of State has appointed Mr. Brade to be Secretary of the War Office Council and Permanent Executive Committee.

V.

The Army Board.

The constitution and duties of the Army Board will remain as at present, subject to the following alterations, which have been approved by the Secretary of State:—

(a) The Director-General, Army Medical Department, will be a member.

(b) In addition to its present duties, the Board will be charged with the consideration of—

(1) The annual estimates prepared by heads of departments and the allocation of the sums allotted for military purposes.

(2) The establishments of officers and men of the Regular, Militia, Yeomanry, and Volunteer Forces.

(3) Any important subject which the Commander-in-Chief or the head of a military department may desire to bring forward for discussion.

(c) The Board will meet at such dates as may be fixed by the Commander-in-Chief.

THE WESTMINSTER GAZETTE.

OCTOBER 22, 1901.

THE ARMY MEDICAL.

We published some little time ago a *résumé* of what was understood to be the recommendations of the Committee which, under the chairmanship of Mr. Brodrick, has been considering the question of the conditions of service in the Royal Army Medical Corps. The recommendations of this report do not appear to have met with favour from the medical profession at large. It is understood (writes a correspondent, who, we hope, is not poking fun at the medical profession) that recommendations on the following general lines would have more closely met the wishes of the profession.

1. Candidates for service in the Army Medical not to be required to pass any examination, but to be appointed on nomination by the different medical schools.

2. Nominations of these schools to receive at once the rank of captain with pay at the rate of one pound daily. In cases where the mortality among their patients does not exceed ten per cent. per annum from all causes, the percentage being calculated on the total number of men who have been under their charge, medical officers will receive an annual bounty of £500. This will supply a great inducement, now lacking, to serious professional study.

3. Medical officers not to be required to remain on foreign service for a longer time than may be convenient to them individually, for it is felt that a serious injury to their professional efficiency may arise from their being retained against their will in a climate which, for any reason, does not suit them.

4. Every year of foreign service to count as two years of service for the purpose of determining pension, &c.

5. Officers to be encouraged to visit Paris and Vienna at least once in every four years, in order to avail themselves of the opportunity of studying the system of treatment at the medical schools in those cities. Officers thus serving at either of the above-mentioned cities to be quartered at the British Embassy, and to be treated with every social consideration. If they can speak the language so much the better.

6. Officers will be promoted to major at the end of five years' service, one year of foreign service counting as two, as above explained.

7. After five years' service in the rank of major, officers will be promoted to lieutenant-colonel, and will in like manner be promoted from grade to grade at the end of successive periods of five years. Each officer will be required to certify in writing that he considers himself fitted for promotion. It is felt that this regulation will prove an effectual bar to the promotion of the unfit. The pay and allowances of all ranks above that of captain will be precisely double that of the mere combatant officer.

8. Medical officers will not be required to treat women or children, with the exception of the wives and children of such officers as may desire to avail themselves of their services. Civilian practitioners will be employed to take medical charge of women

and children. Medical officers may volunteer for this duty, in which case they will be paid £1 annually for each woman and child who has been on the strength of the garrison during the year.

9. At the expiration of fifteen years' service, reckoned as above explained, a medical officer shall be entitled to retire with a gratuity of £5,000. At the expiration of twenty years' service he will be given the option of retiring with a gratuity of £6,000 or of receiving a gratuity of £3,000 and remaining in the service.

10. At the expiration of thirty years' service he shall be entitled to a gratuity of £10,000, and shall receive a baronetcy.

11. Whenever a medical officer is placed in charge of a hospital, he shall receive charge pay at the rate of 5s. a day if the number of beds be under a hundred; of 10s. a day in all other hospitals.

12. Should he qualify in the use of the Roentgen rays, as a specialist in surgery, or any of the special branches into which medicine may be divided, he shall receive a step in honorary rank, carrying with it the command of troops.

13. All medical officers will be inspected annually in sword exercise and in drill.

14. Medical officers will wear the same uniform as officers of the Headquarter Staff.

15. Medical officers will be *ex-officio* members of the Army and Navy and Naval and Military Clubs.

THE BRITISH MEDICAL JOURNAL.

Oct. 26, 1901.

WAR OFFICE REFORMS.

The Secretary of State for War has issued a memorandum directing the constitution of a War Office Council and a permanent Executive Committee of the War Office, and directing that the Director-General, Army Medical Department, shall be a member of the Army Board. This last reform has been long desired and advocated by the Medical Service. The Director-General will in future be a member of the War Office Council for medical and sanitary questions, and will thus be in the position of a member with a vote, and not merely in that of an adviser. This Council will meet once a week, and will discuss matters referred to it by the Secretary of State, who is to be its President, as well as questions brought before it by individual members. The Deputy-Director-General, Army Medical Department, or an officer selected by the Director-General, is to be a member of the Permanent Executive Committee of the War Office, which will meet twice a week under the chairmanship of the Permanent Under-Secretary, and it will be the duty of the representative of a department in which a subject is initiated, or to which a subject has been referred in its initial stages, to state briefly to the Committee the steps which his department is about to take; it will also be his duty to bring to the notice of the Committee any important development which may arise in a matter in which action has been commenced. The Committee will discuss the course to be pursued, and the representative of each department will be responsible for reporting subsequently to the Committee the progress of the action decided on. The same official (Mr. Brade) is to be the Secretary of the War Office Council and of the Permanent Executive Committee, and he will be responsible for the formation of Special Departmental Committees. We believe that the constitution of these bodies and the appointment of the Director-General to the War Office Council and to the Army Board, and of a representative of his department to the Permanent Executive Committee, are proofs that the Secretary of State for War is sincerely desirous that army medical reforms shall be real and not illusory. Such being the case, we earnestly trust that he will be in no hurry to translate into a Royal Warrant the recommendations of the Committee on the reorganisation of the Army Medical Service. There are some good features in their report, but, on the other hand, as has been pointed out in the *BRITISH MEDICAL JOURNAL*, some of the proposals are impracticable, while others are, for various reasons which we have indicated, objectionable. One of them is of itself of such a character as to ensure the failure of the scheme if it were adopted in its present crude form. This is the life-long entanglement of a future army medical officer in a network of examinations, one effect of which would be to deprive him of any feeling of security as to eventually receiving a pension. Men of the class desired cannot be expected to accept such conditions. Many of those who are sincerely desirous of army medical reforms foresee that the great danger of the present moment is the hasty adoption of any scheme which may prove unacceptable to candidates for commissions, and that we may thus once again have a scheme which will fail to fulfil the first and essential condition, which is to attract a sufficient number of men of the kind required for the Army Medical Service.

THE NEW DIRECTOR-GENERAL, A.M.S.

The King has been pleased to approve the appointment of Surgeon-General W. Taylor, M.D., C.B., to be Director-General Army Medical Service. Surgeon-General Taylor entered the service as Assistant-Surgeon in 1864, became Surgeon March 1st, 1873; Surgeon-Major September 30th, 1870; Brigade-Surgeon February 5th, 1880; Surgeon-Colonel March 10th, 1895, and Surgeon-Major-General March 25th, 1896. Soon after joining the department in 1865 he went to Canada. He returned to England in 1869, and in 1870 was gazetted to the Royal Artillery. In 1873 he went out to India, and in 1877 served with the Jowaki Afreedee Expedition, for which he received the medal. After a short service in England he returned to India in 1882 (Bombay Presidency), and in 1885 he was appointed surgeon to Sir Frederick Roberts, who was then Commander-in-Chief in India. In 1885-86 he served on the staff of the Commander-in-Chief in India during the Burmese Expedition, and was mentioned in despatches. He served also with the Hazara Expedition in 1888, and in the Burmese campaign of 1888-89. In 1893 he was

appointed to headquarters in London, but in the following year was attached to the headquarters of the Japanese Army during the Japan and China War. In 1895 he was Principal Medical Officer of the Ashanti Expedition under Sir Francis Scott, and for his services on this occasion he was made Surgeon-Major-General. In 1896 he was appointed Professional Assistant to the Director-General, but two years later was appointed Principal Medical Officer to the forces in the Soudan Campaign, under Sir Herbert Kitchener in that year; he was present at the battle of Khartoum, was mentioned in despatches, and received the C.B. with other honours. In 1899 he was appointed Principal Medical Officer to the British Army in India, which appointment he now vacates. Last August he was appointed Honorary Physician to the King. Lieutenant-Colonel A. Keogh, M.D., C.B., will become Deputy-Director-General, with the temporary rank of Surgeon-General on the retirement on December 31st next of Surgeon-General H. Skey Muir, C.B. Lieutenant-Colonel Keogh entered the service in 1880; he was promoted Brigade-Surgeon-Lieutenant-Colonel in 1890. He had charge of a general hospital during the war in South Africa in 1899-1900, was mentioned in despatches, promoted to be Lieutenant-Colonel, and nominated a Commander of the Order of the Bath. He was a member of the committee which recently reported on the Reorganisation of the Army Medical Service.

"STAFF PAY" IN THE R.A.M.C.

Sir,—If the principle of special pay for special work is to be the rule in the R.A.M.C., then I think a great omission has been made in the proposed scheme by not granting extra pay to medical officers in charge of officers—women and children—such as hold office in our larger garrisons. I have no hesitation whatever in saying that the weak point in our unification system has been the absolute want of sympathy and care exhibited in the way officers have been chosen to carry out these important duties. Not only have officers without special fitness been given these posts, but they have further been expected to do the work without any extra remuneration whatever. A more injurious omission could not have been made, for before everything it was advisable to care for the soldier's wife and child, and the officer and his family. I could not tell all the cases which have come before me where real grievances existed with the persons concerned in these matters, and the urgent necessity that exists for reform. To expect a medical officer to carry out these trying and anxious duties without extra pay was always a mistake, and unless the subject is generously dealt with will always remain to handicap the "unification" idea. The very existence of the R.A.M.C. as an independent body has been threatened far more by hostile criticism "across the walnuts and the wine" of the mess tables of the army on this account than by any friction in actual working of the hospitals. I feel sure that the afternoon tea-table stories and opinions of the officers' wives in a garrison have done more to render the medical service unpopular in the army than most people imagine, and always on this account, namely, the want of efficient medical care of officers and their families.

I would pay the doctors that do this work well. It is they who need the 10s. 6d. per diem staff pay, as also a brougham and horses from the State. We need to select our best men, to specialise them for family practice, and to pay them handsomely. This once done we should hear far less than is now the case of the grievances of the officer, his wife and family, and the soldier's wife and family against the existing system.

In India all such posts command good pay (amounting to £10) extra per mensem in the larger garrisons. In England and in the tropical colonies not one penny extra allowance is given, and this grave omission has cost the military officer and his family much money, and with the result that there is a distinct physical basis for the unpopularity of unification, namely, the financial loss it entails on the married people of all ranks in the service.

I trust Mr. Brodick will see fit to grant to all these appointments a special staff salary varying from 3s. to 10s. 6d. per diem. Never was there a more needed expenditure nor a cheaper economy in the long run.—I am, etc.,

October 15th.

STAFF PAY FOR SPECIAL WORK.

SATURDAY, NOVEMBER 2ND, 1901.

THE REORGANISATION OF THE ARMY MEDICAL SERVICES.

Sir,—The report of Mr. Brodick's Committee for the Reorganisation of the Army Medical Services has called forth a great amount of criticism. Much of this criticism is appreciative and generous, and much of it that is hostile is full of valuable suggestions for amendment. Among those, however, who condemn the scheme with such a thoroughness as marked the cursing of the jockdaw of Rheims are some who have evidently imbibed the principle that the Army Medical Service can do nothing but evil all the days of its life, and must, even in its attempts at reform, be influenced by a kind of original sin.

There are others who condemn the report *in toto* because they disapprove of certain matters of detail contained therein, or base their condemnation upon the omission of details with which the Committee could have, in a general report, no possible concern.

There has been indeed a disposition in many quarters to appraise the scheme upon a consideration of isolated particulars which, although important in themselves, are insignificant when compared with the general principles upon which the plan suggested in the report is founded. These general principles have been by many critics totally disregarded, and have been by others made subservient to matters of secondary import.

I should be glad to be allowed to draw attention to the main bases upon which the scheme is founded, lest they be lost sight of in the numerous side issues which are being raised.

In the first place, it may be pointed out that the subject is a very vast one, and that the report provides no more than a framework upon which it is hoped that a system of reconstruction may be based. It has no pretence to be a scheme complete in all details.

I think my civilian colleagues on the Committee will agree with me that the attitude of the Secretary of State in presenting the scheme was not that of a Minister granting concessions

under pressure, but that of a Minister who was earnestly desirous of establishing an Army Medical Service which should attract candidates of the best type, which should offer them every inducement to remain in the service, and at the same time to make advance in the work of their profession, and fit themselves for the increasing responsibilities of their office. Above all was the desire that the Medical Department should be made absolutely efficient, should be made worthy of the great army with which it is associated, and should aim at becoming the best medical service of which any country could boast.

The principal features of the scheme are as follows:

1. The R.A.M.C. is to be under the supervision of an Advisory or Consulting Board, composed of six army officers and four civilians. The Director-General, however, remains "responsible for the administration of the Army Medical Services," and is "responsible for the distribution, promotion, discipline, and general organisation of these services."
2. A very substantial increase in the *personnel* of the R.A.M.C. is rendered necessary.
3. The pay is increased, and is raised to a standard more in accord with the pecuniary prospects of a medical man in civil practice at the present time.
4. Liberal opportunities for study are given, while the increase in the corps will obviously give each officer a less share of foreign service.
5. Advancement in the service is by professional merit in distinction to the plan of advancement by seniority. The most speedy promotion falls to the best medical officer.
6. Charge pay is granted, and an increased rate of pay is given to those officers who qualify and are employed in certain special branches of medicine and surgery.
7. The establishment of a military hospital and medical staff college for the training of officers of the R.A.M.C. is strongly urged.

The most vigorous objections to the plan laid down in the report are directed to three matters: (1) The Advisory Board; (2) the system of examinations; and (3) certain questions of pay.

I.

The utility of the Advisory Board has called forth great diversity of opinion. Those who think the institution of such a Board most admirable are equal in numbers to those who condemn it absolutely. Considering the very wide range of subjects which must come within the purview of those who are responsible for the administration of the medical services of the army it would seem that an Advisory Board is almost a necessity. It is an Advisory Board and not an Executive Board. The Executive rests with the Director-General. There is nothing in the report to justify the comment of one critic that under the new scheme "the Director-General as a personal factor in the R.A.M.C. practically disappears," nor is there any basis for the suggestion that the Board is the outcome of a mistrust in the Executive. It would not be difficult to show that an Advisory Board such as is suggested would greatly strengthen the hands of those who are charged with the varied responsibilities of administration. Those who condemn the Board under the impression that promotions are made by it should read paragraphs 14, 18, and 19 of the report, in which it is clearly laid down that the Director-General is "responsible for promotion."

II.

The system of examinations has led to much adverse comment. It is the purpose of these examinations to make promotion in the Service dependent upon professional ability and to grant the fullest advantages to the officer who does his best to keep his medical and surgical knowledge abreast of the times, and who has taken the pains to master some speciality in practice. After receiving his commission, an officer under the new scheme undergoes three examinations in the place of two which formerly existed, one of which has sunk into abeyance. So great an alteration has been made in the entrance examination that it has ceased to be the vexatious and irritating test it was. All the examinations are intended to be practical and as far as possible by *visé* *voce*.

The system of testing proficiency by examination is—and always has been—open to considerable question. This applies not only to these particular tests but to all medical examinations. The powers that be have, however, not yet devised any method other than that of examination whereby the entrance of a candidate into the profession can be determined or his fitness for the higher grades decided. In many hospitals the selection even of house surgeons is by examination.

Indeed at present no other means presents itself which could be regarded as just and adequate except the testing by examination, and it is noteworthy that those who object to such testing in the case of the Army Medical Service have suggested no substitute measure. No one has recommended that promotion should depend upon "confidential reports," and I imagine that no one could be found who would defend that unjust and objectionable system.

It must be remembered that while mere promotion is by an examination which tests the officer's capabilities as a professional man, the selection of officers for special appointments rests with the Director-General, who will no doubt be influenced by evidence of special fitness in those eligible for such appointments.

The examination which has excited most comment is that for promotion to the rank of Lieutenant-Colonel. This must be passed before the officer has completed twenty years' service and as a preparation for it a period of three months' study is granted.

The examination does not deal with medicine or surgery, or with any allied science. It is concerned solely with the very administrative work which the officer will—if promoted—be called upon to carry out. Among the subjects are the following: Hospital organisation, administration, and equipment in peace and war; the sanitation of towns, camps, troop transports, etc.; epidemiology and the management of epidemics; the duties of all ranks in the R.A.M.C. (It is probable that no great stress would be placed upon two of the subjects, namely, the medical history of important campaigns, and the army medical services of other Powers).

The candidate is required to obtain 50 per cent. of the total number of marks. If he fails he is allowed to present himself for a second examination at the end of six months. If he again fails to obtain 50 per cent. of marks he is "compulsorily retired on a gratuity of £2,500, or he may, by special permission of the Secretary of State, complete twenty years

service and then retire on a pension."

While every possible consideration should be shown to any officer who has been in the service for nearly twenty years, it can scarcely be considered a hardship if, before he is raised to a position involving very responsible duties, he should be asked to give evidence of a minimal knowledge of the matters appertaining to those duties. Moreover, should it become evident—after two trials—that he does not possess that knowledge, it would hardly be right to promote him to a post in the qualifications for which he has shown himself hopelessly lacking.

No man competent to undertake the duties of the higher rank could object to the examination. The incompetent man naturally would object to it.

III.

On the subject of pay I am not competent to speak. I would only say that from a comparison of the proposed rate with that now in vogue it would appear that the increase is substantial and generous. It is possible that the scale will need amendment in certain directions, and it is possible also that the much cherished "right" to retire after twenty years service on £1 a day has not been so entirely overlooked as some who have written on this subject suppose.—I am, etc.,

Wimpole Street, W., Oct. 26th.

FREDERICK TREVES.

THE TIMES, SATURDAY, NOVEMBER 2, 1901.

THE REORGANIZATION OF THE ARMY MEDICAL SERVICES.

TO THE EDITOR OF THE TIMES.

Sir,—The report of Mr. Brodick's committee for the reorganization of the Army Medical Services has called forth a great amount of criticism. Much of this criticism is appreciative and generous, and much of it that is hostile is full of valuable suggestions for amendment. Among those, however, who condemn the scheme with such a thoroughness as marked the cursing of the jackdaw of Rheims are some who have evidently imbibed the principle that the Army Medical Service can do nothing but evil all the days of its life, and must, even in its attempts at reform be influenced by a kind of original sin.

There are others who condemn the report in toto because they disapprove of certain matters of detail contained therein, or base their condemnation upon the omission of details with which the committee could have, in a general report, no possible concern.

There has been, indeed, a disposition in many quarters to appraise the scheme upon a consideration of isolated particulars which, although important in themselves, are insignificant when compared with the general principles upon which the plan suggested in the report is founded. These general principles have been by many critics totally disregarded, and have been, by others, made subservient to matters of secondary import.

I should be glad to be allowed to draw attention to the main bases upon which the scheme is founded lest they be lost sight of in the numerous side issues which are being raised.

In the first place it may be pointed out that the subject is a very vast one and that the report provides no more than a framework upon which it is hoped that a system of reconstruction may be based. It has no pretence to be a scheme complete in all details.

I think my civilian colleagues on the committee will agree with me that the attitude of the Secretary of State in presenting the scheme was not that of a Minister granting concessions under pressure, but that of a Minister who was earnestly desirous of establishing an Army Medical Service which should attract candidates of the best type, which should offer them every inducement to remain in the service, and at the same time to make advance in the work of their profession and fit themselves for the increasing responsibilities of their office. Above all was the desire that the Medical Department should be made absolutely efficient, should be made worthy of the great Army with which it is associated, and should aim at becoming the best medical service of which any country could boast.

The principal features of the scheme are as follows:—

1. The R.A.M.C. is to be under the supervision of an advisory or consulting board, composed of six Army officers and four civilians. The Director-General, however, remains "responsible for the administration of the Army Medical Services" and is "responsible for the distribution, promotion, discipline, and general organization of these services."

2. A very substantial increase in the personnel of the R.A.M.C. is rendered necessary.

3. The pay is increased and is raised to a standard more in accord with the pecuniary prospects of a medical man in civil practice at the present time.

4. Liberal opportunities for study are given, while the increase in the corps will obviously give each officer a less share of foreign service.

5. Advancement in the service is by professional merit in distinction to the plan of advancement by seniority. The most speedy promotion falls to the best medical officer.

6. Charge pay is granted and an increased rate of pay is given to those officers who qualify and are employed in certain special branches of medicine and surgery.

7. The establishment of a military hospital and medical staff college for the training of officers of the R.A.M.C. is strongly urged.

The most vigorous objections to the plan laid down in the report are directed to three matters—(1) the advisory board; (2) the system of examinations; and (3) certain questions of pay.

1. The utility of the advisory board has called forth great diversity of opinion. Those who think the institution of such a board most admirable are equal in numbers to those who condemn it absolutely. Considering the very wide range of subjects which must come within the purview of those who are responsible for the administration of the medical services of the Army, it would seem that an advisory board is almost a necessity. It is an advisory board and not an executive board. The executive rests with the Director-General. There is nothing in the report to justify the comment of one critic that under the new scheme "the Director-General as a personal factor in the R.A.M.C. practically disappears," nor is there any basis for the suggestion that the board is the outcome of a mistrust in the executive. It would not be difficult to show that an advisory board, such as is suggested, would greatly strengthen the hands of those who are charged with the varied responsibilities of administration. Those who condemn the board under the impression that promotions are made by it should read paragraphs 14, 18, and 19 of the report, in which it is clearly laid down that the Director-General is "responsible for promotion."

2. The system of examinations has led to much adverse comment. It is the purpose of these examinations to make promotion in the service dependent upon professional ability, and to grant the fullest advantages to the officer who does his best to keep his medical and surgical knowledge abreast of the times and who has taken the pains to master some speciality in practice. After receiving his commission an officer under the new scheme undergoes three examinations in the place of two which formerly existed, one of which has sunk into abeyance. So great an alteration has been made in the entrance examination that it has ceased to be the vexatious and irritating test it was. All the examinations are intended to be practical, and, as far as possible, by viva voce.

The system of testing proficiency by examination is—and always has been—open to considerable question. This applies not only to these particular tests, but to all medical examinations. The powers that be have, however, not yet devised any method other than that of examination, whereby the entrance of a candidate into the profession can be determined or his fitness for the higher degrees decided. In many hospitals the selection even of house surgeons is by examination.

Indeed, at present, no other means presents itself which could be regarded as just and adequate except the testing by examination, and it is noteworthy that those who object to such testing in the case of the Army Medical Service have suggested no substitute measure. No one has recommended that promotion should depend upon "confidential reports," and I imagine that no one could be found who would defend that unjust and objectionable system.

It must be remembered that, while mere promotion is by an examination which tests the officer's capabilities as a professional man, the selection of officers for special appointments rests with the Director-General, who will no doubt be influenced by evidence of special fitness in those eligible for such appointments.

The examination which has excited most comment is that for promotion to the rank of lieutenant-colonel. This must be passed before the officer has completed 20 years' service, and as a preparation for it a period of three months' study is granted.

The examination does not deal with medicine or surgery or with any allied science. It is concerned solely with the very administrative work which the officer will—if promoted—be called upon to carry out. Among the subjects are the following:—"Hospital organization, administration, and equipment in peace and war." "The sanitation of towns, camps, troop transports, &c." "Epidemiology and the management of epidemics." "The duties of all ranks in the R.A.M.C." (It is probable that no great stress would be placed upon two of the subjects—viz., "The medical history of important campaigns" and "The Army Medical Services of other Powers.")

The candidate is required to obtain 50 per cent. of the total number of marks. If he fails he is allowed to present himself for a second examination at the end of six months. If he again fails to obtain 50 per cent. of marks he is "compulsorily retired on a gratuity of £2,500, or he may, by special permission of the Secretary of State, complete 20 years' service and then retire on a pension."

While every possible consideration should be shown to any officer who has been in the service for nearly 20 years it can scarcely be considered a hardship if, before he is raised to a position involving very responsible duties, he should be asked to give evidence of a minimal knowledge of the matters appertaining to those duties. Moreover, should it become evident—after two trials—that he does not possess that knowledge it would hardly be right to promote him to a post in the qualifications for which he has shown himself hopelessly lacking.

No man competent to undertake the duties of the higher rank could object to the examination. The incompetent man naturally would object to it.

3. On the subject of pay I am not competent to speak. I would only say that, from a comparison of the proposed rate with that now in vogue, it would appear that the increase is substantial and generous. It is possible that the scale will need amendment in certain directions, and it is possible also that the much cherished "right" to retire after 20 years service on £1 a day has not been so entirely overlooked as some who have written on this subject suppose.

I have the honour to remain, yours faithfully,
FREDERICK TREVES.

No. 6, Wimpole-street, W.

THE TIMES, WEDNESDAY, NOVEMBER 6, 1901.

WAR OFFICE ADMINISTRATION.

NEW ORDER IN COUNCIL.

(From the London Gazette.)

At the Court at Saint James's, the 4th day of November, 1901.

PRESENT.

The King's Most Excellent Majesty in Council.

Whereas it is expedient to define the duties of the principal Officers who may hereafter from time to time under the Secretary of State for War be charged with the administration of the departments of the Army;

Now, therefore, His Majesty, by and with the advice of His Privy Council, is pleased to order, and it is hereby ordered, that subject to such regulations as may be made by the Secretary of State for War, the Officers hereinafter named shall be charged with the duties herein assigned to them.

I.—DUTIES OF THE COMMANDER-IN-CHIEF.

The Commander-in-Chief shall exercise general command over His Majesty's Military Forces at home and abroad, shall issue "Army Orders," and hold periodical inspections of the troops.

He shall be the principal adviser of the Secretary of State on all military questions, and shall be charged with the control of the departments of the Adjutant-General, Director-General of Mobilization and Military Intelligence, and Military Secretary, and the general supervision of the other military departments of the War Office.

He shall be charged with the general distribution of the Army at home and abroad, and with the selection and proposal to the Secretary of State for War of fit and proper persons to be recommended for commissions in the Regular Forces and of fit and proper Officers, whether of the Regular or Auxiliary Forces, for promotion, for staff and other military appointments, and for military honours and rewards.

In the absence of the Commander-in-Chief the Senior Officer of the Headquarters Staff shall act for him.

(a.) The Adjutant-General's Department.

The Adjutant-General shall be charged, under the control of the Commander-in-Chief, with the discipline, military education, and training of the Officers, Warrant Officers, non-commissioned Officers and men of the Regular and Reserve Forces, Militia, and Yeomanry of the United Kingdom, and of the Volunteer Force of the United Kingdom when subject to military law or when assembled for training, exercise, inspection, or voluntary military duty:

With matters relating to the general efficiency of the Army, and the effective strength of its units;

With the allocation of the troops to their respective duties;

With patterns of clothing and necessaries, and with the maintenance of returns and statistics connected with the personnel of the Army;

With enlisting, men for and discharging men from the Regular and Auxiliary Forces;

With annually submitting proposals to the Commander-in-Chief for the establishments for all the above services.

(b.) The Department of the Director-General of Mobilization and Military Intelligence.

The Director-General of Mobilization and Military Intelligence shall, under the control of the Commander-in-Chief, be charged with the preparation and maintenance of detailed plans for the Military Defence of the Empire and for the organization and mobilization of the Regular and Auxiliary Forces;

With the preparation and maintenance of schemes of offensive and defensive operations; the collection and distribution of information relating to the military geography, resources, and armed forces of foreign countries, and of the British Colonies and possessions.

(c.) The Military Secretary's Department.

The Military Secretary shall, under the control of the Commander-in-Chief, deal with appointments, promotions, and retirements of Officers of the Regular and Auxiliary Forces, the educational qualifications required from candidates for commissions in the Army, and is charged with the administration of the educational establishments.

II.—THE QUARTERMASTER-GENERAL'S DEPARTMENT.

The Quartermaster-General, under the supervision of the Commander-in-Chief, shall be charged with supplying the Army with food, forage, fuel, and light, and quarters, with land and water transport, conveyance of stores, and provision of remounts; with the movement of troops, and with the distribution of their barrack stores and equipment; with administering the Army Service Corps, the Pay Department, the Veterinary Department, and the establishments employed on the above Services. He shall submit proposals for the Annual Estimates for the above Services, and shall advise the Secretary of State on all questions connected with the duties of his department. He shall make such inspections as may be necessary to secure the efficiency of the Services under his control.

III.—DEPARTMENT OF THE INSPECTOR-GENERAL OF FORTIFICATIONS.

The Inspector-General of Fortifications shall, under the supervision of the Commander-in-Chief, be charged with the selection of sites for barracks, ranges, and manoeuvring grounds, with the construction and maintenance of fortifications, barracks, and store buildings, and the inspection of Ordnance Factory buildings and Engineer stores; with military railways and telegraphs and Engineer stores; with the purchase of land and the custody of War Office lands and unoccupied buildings; with advising as to the design and issue of Royal Engineer and submarine mining stores. He shall submit proposals for the Annual Estimates for Engineer Services, including Engineer stores, and shall advise as to the general distribution of the Corps of Royal Engineers, and as to the appointment of Officers to, or their removal from, responsible positions in connection with works. He shall advise on all questions relating to the technical instruction of the Corps of Royal Engineers, and shall make such inspections as may be necessary to test the professional training of Officers and men of the Corps, and to secure the efficiency of the Services under his control. He shall advise the Secretary of State on questions connected with the duties of his department.

IV.—DEPARTMENT OF THE DIRECTOR-GENERAL OF ORDNANCE.

The Director-General of Ordnance shall, under the supervision of the Commander-in-Chief, be charged with supplying the Army with warlike stores, except Engineer stores, equipment, and clothing; with the direction of the Ordnance Committee and Manufacturing Departments of the Army; with dealing with questions of armament, of patterns of inventions, and designs, and with the inspection of all stores, except Engineer, Medical, and Veterinary stores, whether supplied by the Manufacturing Departments or by contractors. He shall administer the Army Ordnance Department and Army Ordnance Corps, and shall make such inspections as may be necessary to secure the efficiency of the Services under his control. He shall submit proposals for the Annual Estimates for the above Services, and shall advise the Secretary of State on questions connected with the duties of his departments.

V.—DEPARTMENT OF THE DIRECTOR-GENERAL, ARMY MEDICAL DEPARTMENT.

The Director-General, Army Medical Department, shall, under the supervision of the Commander-in-Chief, be charged with the administration of the Medical Establishments of the Army and of the Royal Army Medical Corps, with dealing with sanitary questions relating to the Army, with the preparation of medical and sanitary statistical returns, and with the supply of medical stores to the Army. He shall advise the Secretary of State as to the general distribution of the Royal Army Medical Corps, as to the appointment of Officers to, or their removal from, responsible positions therein, and on all other matters connected with his department. He shall make such inspections as may be necessary to ensure the efficiency of the Services under his control, and shall submit proposals for the Annual Estimates for the Medical Services.

VI.—THE FINANCIAL SECRETARY'S DEPARTMENT.

The Financial Secretary shall be charged—

With financially reviewing the expenditure proposed to be provided in the Annual Estimates for Army Services, and with compiling those Estimates for submission to Parliament;

With financially reviewing any proposals for new expenditure, or for any proposed redistribution of the sums allotted to the different sub-heads of the votes for Army Services;

With seeing that accounts of all expenditure of cash and stores are correctly and punctually rendered; with auditing and allowing all such expenditure, and recording the same under its proper head of Service in the annual account for Parliament; with issuing all warrants for the payment of moneys; with making all imposts to accountants and others;

With the financial control of the Manufacturing Departments of the Army, and with controlling and recording all contracts for Army Services;

And with advising the Secretary of State on all questions of Army expenditure.

And His Majesty, by and with the like advice, is further pleased to direct that the Order in Council of the seventh March, one thousand eight hundred and ninety-nine, defining the duties of the Principal Officers under the Secretary of State for War charged with the administration of the Departments of the Army, be revoked.

And the Right Honourable St. John Brodrick, one of His Majesty's Principal Secretaries of State, is to give the necessary directions herein accordingly.

A. W. FRITHOF.

*Compare
Order in
Council of
21 Nov. 1875*

British Medical Journal.

SATURDAY, NOVEMBER 9th, 1901.

THE REAL "CRUX" OF THE R.A.M.C.

SIR,—As no evidence was called by the recent Commission on the R.A.M.C., and no senior member of that service was on the Committee, it behoves medical officers to bring such points to notice in your columns as were omitted to be fully dealt with by the Commission. I desire to say that, in my opinion, the crux of the R.A.M.C. is "India," and I desire to impress this on Mr. Brodricke. India breaks down our health, weakens our technical efficiency, and greatly handicaps the financial solvency of the R.A.M.C.

Other Army Staff Departments and India.

The English Commissariat Service (now the Army Service Corps) does not serve in India, neither does the Army Ordnance Department, neither does the Army Pay Department, nor yet the Chaplains Department. Hence these various English staff corps escape the killing grind which is ruining our R.A.M.C. service, namely, excessive, trying, and underpaid service in India. We are thus a truly imperial service everywhere throughout the whole empire plus India, while other army staff corps escape India, and the local Indian Service does not take imperial service out of India. We are thus practically under a dual control, and suffer greatly in consequence.

The "Burden of Empire."

Because of this excessive burden of duty, no ripple of war or sickness anywhere in the Empire, including especially India, but weighs us down, exhausts our strength, keeps back our professional efficiency, and greatly impoverishes us by unceasing and expensive moves and under-payment. We need the most considerate and sympathetic government to compensate for such services, and such consideration we never receive; but especially, and above all other places in India, where our position is lamentably bad, and entirely from preventable reasons, which any strong English War Minister who cared and knew could stop.

The Bias and Prejudice of Indian Administrators.

We are medical men hired by the English War Office on a distinct contract or engagement for pay, allowances, and pension. The English War Office in its dealings with the R.A.M.C. so far as India is concerned, is a mere "Sergeant Kite, all ribbons and lies"—a misleading recruiting sergeant. We are invited on certain terms into the service, and then, like the hiring soldiers of some German prince in the last century, we are handed over, bound hand and foot, to the local Indian governing body to deal with as they choose during our unceasing Indian service. This is the real crux.

The War Minister of England, who acted as our recruiting sergeant in England, practically disowns us, takes no real interest in our just and lawful claims on the Indian Government, uses no Imperial influence to get justice done as while in India, and this treatment and this injustice to a greater extent than any other grievance whatsoever accounts for our paucity in recruits and our generally unsatisfactory state. By our Indian service our health is undermined and our efficiency is handicapped, but in addition we are deprived in all ranks of the service of the English pay equivalent promised us by the English War Minister.

The reason why we, alone of all English army staff corps, serve in India is that we went there in olden days, when we were regimental officers with our regiments. Up to the Mutiny time we had only some 20,000 English troops in India; now we have 75,000, and we are shipped off to India to care for these men, to the number of nearly 400 officers, and while there we are denied actual justice in our pay and prospects. This is the point to be dealt with by Mr. Brodricke. If tomorrow, by a new and liberal warrant, Mr. Brodricke gets recruits for the R.A.M.C., in three years again the supply will cease—not from any great inherent drawback to the service, but because, with practically half our corps serving in India, we while there are paid at the pay rates of 1858, ignoring all the many warrants issued in 1861-66, 1873, 1879, and 1901.

The "Crawford Convention."

When unification, with its large reduction of medical officers, was introduced into India in the early Eighties, the management of that introduction was in the hands of the late Sir Thomas Crawford, then P.M.O. in India. He reduced the establishment, sacrificed the horse allowance, greatly increased the work of each individual medical officer, greatly minimized the chance of leave, broke down in consequence the physical health of the medical officers, later on increased their stay in India to six years instead of five, and assuredly ruined in a marked degree the Medical Corps. While all the Indian departments draw staff pay and special emoluments for technical work as departmental officers, the R.A.M.C. were and are kept on regimental pay, have no staff salary, and are heavily overburdened by anxiety, overwork, and loss of leave. The "burden of empire" rests in a killing degree on the R.A.M.C. in India, and largely through Dr. Crawford's settlement when P.M.O. in India.

The Indian Medical Service.

If the R.A.M.C. did not exist and India had to enlist her 75,000 English soldiers in the English labour market, she would have to pay far better wages to these soldiers, and give far better terms to her doctors, who after five years in India would come home on furlough to recoup their health, to get rest, to improve their professional efficiency by visiting post-graduate and foreign schools, and not as we do, to begin next day after landing, the grind of home duty in English garrisons. This, then, is our grievance. We are "sweated" in India, underpaid, get little or no leave, and when tired, ague stricken, and exhausted are flung out of India to begin work at once in England, and in two years again to be sent back to the Indian treadmill to have health and hope killed in us, and the War Minister of England is to blame. These facts are indisputable, but we have had no statesman-doctor since Muir died to achieve justice for us. Years ago in India he told me, when the twelve years time promotion for surgeons-major became the rule, that "India did not pay her fair share of the cost of the medical service of the British troops." I entirely agree, and since Muir's day things have got worse and not better owing to the masses of young soldiers now in India, and the ravages of typhoid and the unceasing wars.

While the R.A.M.C. is thus decimated in India, the Indian Medical Service is absolutely unsympathetic towards us—spends its time in doctoring Sepoy soldiers who are rarely ill, or in civil appointments comfortable, well paid, and leading up to just pensions and rewards. We have an anxious time with that English soldier on whose bayonet point English rule in India still exists, and that soldier and ourselves are underpaid and unsympathetically treated by the Indian governing class.

Until some statesman sees this clearly, not only will the R.A.M.C. be discontented and enfeebled, but that English army to which the R.A.M.C. officer belongs will also be difficult to recruit, largely on account of that excessive foreign service India entails.

The burden of empire lies heavily on our shoulders. We must accompany our comrade soldiers wherever they serve, but it should be on just terms that we serve in India and not as now on unjust ones. We belong to a politically powerless profession, and hence largely our inability to move the governing parties. Had we political power, in a year or two all our grievances would be redressed.—I am, etc.

October 2nd.

INDIA IS THE CRUX.

THE TIMES, WEDNESDAY, NOVEMBER 13, 1901.

THE REORGANIZATION OF THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE TIMES.

SIR,—The pressing importance of this subject may be my excuse for some reflections upon the letter of Sir Frederick Treves which appeared in your columns of November 2. In respect to the proposals of Mr. Brodricke's committee taken as a whole my opinion is no great matter, certainly it is less valuable than that of Sir Frederick Treves; but in respect of certain of them severally it is well that opinions of experienced persons in civil medicine should be known, perhaps for their conversion. If so, in spite of Sir Frederick's protest, partial criticisms must be admitted. Few, very few, persons are competent to weigh the proposals as a whole; certainly I am not able to do so; and I rather resent Sir Frederick's assumption that if the general principles of this or any scheme appear to be sound its secondary principles or features should be accepted in silence. Suffice it to say that on the threshold some content would surely arise as to the relative rank of the principles involved. Indeed I fail to discover from Sir Frederick's letter his own order of them. I gather rather that he does not support the scheme on any such comparison of one principle of it with another, but that he attributes soundness to the majority of its principles. If this be his judgment I do not contest it. In the formulation of a scheme such as this there can scarcely be an order of its principles; the scheme is a collection of practical rules, unsoundness in any one of which may prevent success. In a practical scheme, as in a system of mechanics, there is no great or little; failure may lie hid in its smallest part. There are, no doubt, dispensable parts and parts which are indispensable; but this comparison is one for the Secretary of State himself, and not for any outside critic.

I desire to add my testimony to that of Sir Frederick Treves:—

That the attitude of the Secretary of State . . . was not that of a Minister granting concessions under pressure, but that of a Minister who was earnestly desirous of establishing an Army Medical Service which should attract candidates of the best type, which should offer them every inducement to remain in the service, and at the same time to make advance in the work of their profession.

Concerning the advisory board I will say nothing; my opinion herein is worth no more than that of any other man of affairs.

That the R.A.M.C. must be increased in numbers may be taken as now well proven.

As regards the pay, certain influential persons tell me that a substantial increase is a very important condition of any new scheme; I dare say it is. However, as I shall say presently, I do not regard this as one of the cardinal points of reform.

That advancement shall be by professional merit as opposed to advancement by seniority is already, I think, provided—at any rate on paper; and the establishment or the enlargement both of the means of study and practice, and of time grants to officers for the proper use of them, are measures of primary value. That on his qualification the education of a physician is finished, as is that of a girl on leaving her boarding-school, is an old superstition.

I will venture now to dwell more at length upon the side or sides of the subject on which my opinion and experience ought to be of some special value; wherein at any rate my opinions are likely to tell upon others. I will dwell upon the causes of the present unpopularity of the R.A.M.C., and, secondly, upon the series of examinations set forth in the new scheme.

First, as to the causes of this recent unpopularity of the service. Of the degree of this unpopularity I have personal knowledge. During some eleven years of my occupancy of the Chair of Physic in Cambridge I have had at least one intimate conversation with each one of, say, 80 or 90 medical graduates per annum at the end of his course. A considerable part of the final exercises is completed at personal and individual interviews; and candidates for the highest

degrees usually give me still more of their society before leaving Cambridge. At these interviews I chat over with each candidate his work, his hopes, and his prospects; and I listen with much interest to his opinions on medical education and kindred subjects. A few men will talk of entering the Naval Medical Service; more than a few will discuss the attractions of the Indian; but of these thousand past interviews I have no recollection even of one in which the graduate gave a moment's consideration to the career of the Army Medical Service. To dissuade from entering this service I should regard as a disloyal act in a Regius Professor; but, indeed, the service is rarely mentioned to me, and is mentioned only to be summarily rejected. I have not an Army and Navy List at hand, but in that list I should expect, from what I know of our men, to find a fair number of our graduates in the Indian Medical Service, a few in the Navy, and none at all in the Army.

Welcome as all increase of pay will be, the small pay is not the objection most promptly made to the Army Medical Service by the men who graduate here. Some of them are not without private resources; a pleasant sphere of social life and a good field for scientific work would count with many men for more than the pay. If, because the social advantages of the service are less than they used to be, the more interesting men avoid it, we seem to be lost in a vicious circle. Happily, there is a way to resolve the vicious circle, and to make the service, which now too often fails to attract well-bred and intelligent men, more attractive to them. This way is not by a manipulation of titles or uniforms, but by making it an opening for the development of work and for those opportunities of experience in our profession which to us who love it are the greatest of all rewards.

Now can it be said that the R.A.M.C. has a working system that offers such a sphere to intellectual and earnest men? May I be forgiven if I venture to ask if the very contrary may not be said of it; if it be not true, as it was put by one of our advanced students, some time in the service, that there is no provision for advanced medical work, no opportunities for investigating disease on modern lines, and "you get sat upon if you attempt it." True or untrue, it is my duty to report that such is the state of opinion among the younger men here; true or untrue, the belief is laid broadly and deeply that the service is not only indifferent to scientific work, but that it regards men who gladly would work on higher lines as flighty and troublesome. Let an officer ask for some such instrument of modern medicine as is to be found in the wards of any good county hospital, and a commotion will spread from base to apex of the official pyramid, and the disturber of the peace will get a black mark to his name. Without forgetting that there are many able and intelligent officers in the senior ranks of the service, with some of whom I have the honour of friendship, I am convinced nevertheless that not only is the provision for the better kind of work withheld, but that the spirit which should encourage it in the junior ranks is wanting also. Without this spirit valuations of instruments of precision would be of little use.

How is this spirit to be awakened and nourished? Partly, I suppose, by the proposed Medical Staff College and Hospital (and, I presume, laboratories), partly by an encouragement and "promotion of officers who show a special fitness for the higher appointments" (I see nothing about special aptitudes for research such as have been manifested of late by men like Major Ronald Ross), and partly by an elaborate scale of examinations!

Sir Frederick Treves may well betray some uneasiness when he has to play the champion of the examination fetish; never perhaps more pedantically to be worshipped than in the ritual proposed by this new scheme. The unlucky candidate, who has already passed his civil examinations, is to begin again at once on his candidature for the R.A.M.C.; and he has to do

under the shadow of examinations until he rises to lieutenant-colonel—i.e., after receiving his commission he has to undergo three more examinations. Well may Sir Frederick admit that this part of the scheme has received "much adverse comment." I hope the adverse comment may never cease. And what are Sir Frederick's main defences of this peculiarly British piece of pedantry? That these examinations will make promotion dependent upon professional ability; that some examinations are necessary (and, therefore, examinations are good at all seasons and for all purposes); that "the incompetent man would be the only object," and so forth. Now I am a dealer in examinations; my experience of them may be compared even with that of Sir Frederick himself. I preside over and take my full share in medical examinations here twice a year; I examined in like manner for some years in Oxford, and again at the Royal College of Physicians. How much examining this means I dare not compute. My opinion of examinations is that in medicine, wherein the State has to insist upon certain qualifications, a partly mechanical system seems inevitable; but that in all other respects, whether in medical or in other spheres, examinations are not adequate tests and are often positively misleading. To come closer to the matter, examination becomes, on the whole, less adequate and more fallacious as the age of the examinee increases. The broad and simple lines of early education lend themselves to a test of little refinement. But with the development of the individual characters, and with fuller freedom of investigation, often it may be on unfamiliar paths, the rude test of the examination system, which must be made uniform and more or less mechanical, is a very coarse rake indeed for separating the finer from the coarser stuffs. In some hospitals, says Sir Frederick, "even house surgeons are elected by examinations." The house surgeon is a youth of 22 to 23 years of age; Sir Frederick does not tell us that, out of Laputa, the honorary staffs of hospitals are thus selected, or King's Counsel, or Judges, or schoolmasters, or Bishops, or heads of public departments. Many of us, I speak at least for myself, would have been conspicuous in our absence from public posts had examination been the gate of entrance.

About the age of 21 to 25 the examination test begins to fall seriously. Of this I have a means of judgment almost unique. For our degree of M.B. there are, as our late invaluable colleague Sir Frederick Treves will remember, full tests by examination. He and others like himself have helped us to make these tests as practical as possible. In our mark lists we have the places of every candidate as obtained by this method; but before graduation an original thesis has to be written, and an act or discussion kept upon it, of which acts I keep a file. Now the order of results in the two methods is curiously different, and I have observed that the order of the thesis is a far truer guide to the subsequent careers of the candidates than that of the examination.

One of Sir Frederick's arguments in favour of this monstrous examination business is rather a quaint one. "The powers that be have not yet devised any method other than that of an examination . . . whereby fitness for the higher degrees can be tested." Surely a very British bewilderment. Muddle on with second-best methods rather than rack one's brains to think out something better. There are alternatives in plenty. I will indicate a few, off-hand and incoherently, as follows:—Those embodying results of personal work. Reports of professors, or other superiors, on courses of instruction—a method which is used systematically in many Universities and works admirably. Performance of scientific, practical, or organizing work at home or in the field under supervision and in a given time. Reference by the candidate to works or articles published by himself. None of these methods crams, trims, or drills the man as examination schedules do; nor do they cramp and formalize the teaching as does that baneful creature, "the external examiner." The very time, indeed, when teachers are beginning to realize the mischievous encroachments of the examination system is the very time chosen by Pall-mall to put forth the most grotesque of its pretensions.

I have duly considered the safeguards and the elaborate plausibilities of Sir Frederick Treves's ideal examination; but one who has been a chairman of examinations for more than ten years knows too well what is apt to become of them, as routine hardens into habit and men find it easier than freedom.

I am, Sir, your obedient servant,
T. CLIFFORD ALLEBUTT.
St. Radegunda, Cambridge, Nov. 6.

**THE TIMES, MONDAY,
NOVEMBER 18, 1901
ARMY MEDICAL SERVICES
ADVISORY BOARD.**

We have received the following from the War Office:—

The Secretary of State for War has selected the following as the Chairman, Vice-Chairman, and members of the Advisory Board for the supervision of Army Medical Services:—

Chairman.—The Director-General Army Medical Service, Surgeon-General William Taylor, C.B., A.M.S., M.D., C.M.

Vice-Chairman.—The Deputy-Director-General, Surgeon-General (temporary) Alfred Henry Keogh, C.B., A.M.S., M.D.

Members.—Major R.A.M.C. (Expert in Sanitation), Major Wm. Grant Macpherson, R.A.M.C., M.A., M.B., C.M., D.Ph. Camb.; Officer R.A.M.C. (Expert in Tropical Diseases), Lieutenant-Colonel David Bruce, R.A.M.C., M.D., C.M.

Civilian Members.—Dr. Charles Bent Ball (Ireland), M.D., F.R.C.S. (Ireland), F.R.C.S. (England); Alfred Downing Fripp, Esq., C.B., C.V.O., F.R.C.S., &c.; Dr. Jas. Galloway (Scotland), M.A., M.D., F.R.C.S., F.R.C.P.; Dr. Edwin Cooper Perry, M.A., M.D., F.R.C.P.; Sir Frederick Treves, C.B., K.C.V.O., F.R.C.S. Representative of the War Office.—Colonel W. A. Dunne, C.B., Assistant Quartermaster-General.

Representative of the India Office.—To be nominated hereafter.

The Matron in Chief, Q.A.I.M.N.S.—To be nominated hereafter.

Note.—The permanent constitution of the Board will differ from the above in having only four civilian members instead of five. The larger number is required at the outset in consequence of the heavy initial work necessitating a larger number of meetings than will be necessary later.

**ROYAL NAVY AND ARMY MEDICAL SERVICES.
THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.**

The following is the distribution of medical officers employed on the Active or Reserve List according to the Army List for November, 1901:

Distribution in November Army List.

Rank	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Seconded.	Reserve of Officers.	Remarks.
Surgeon-Generals	4	8	3	—	15	—	—	
Colonels	9	5	10	—	24	—	—	
Lieutenant-Colonels	61	61	88	—	210	3	—	
Majors	41	131	119	—	291	—	—	
Captains	29	80	114	—	223	—	—	
Lieutenants	30	170	58	—	258	—	—	
Total	184	435	383	11	1013	3	33	

Compared with the October list, there is a diminution of 6 in the total establishment employed. There is a small decrease in the numbers abroad and a slight increase in the numbers at home. Deducting those seconded and the reserve employed, 53, the total available active list is 945. There is still one surgeon-general short of the establishment, the total, including the acting director-general, being 9.

It is interesting to note the present approximate incidence of foreign service in the various ranks:—
Surgeon-Generals (about) 66 per cent.
Colonels 77
Lieutenant-Colonels (not reserve) 71
Majors 82
Captains 85
Lieutenants 85

From this it appears that about 58 per cent. of the administrative ranks are serving abroad, and no less than 82 per cent. of the executive ranks. Of course the war is accountable for this state of things.

But, looking to normal times, it is easy to see that, if the recommendations of the Committee were fully adopted, by which lieutenants could not well be sent abroad, then the incidence of foreign service on the other executive ranks would be made formidable and disproportionate indeed.

The problem of a workable foreign service roster must be calculated out in any practicable scheme of army medical reconstruction or reform.

**THE TIMES, TUESDAY,
NOVEMBER 19, 1901.
EXAMINATIONS FOR THE R.A.M.C.**

TO THE EDITOR OF THE TIMES.

Sir,—With reference to Dr. Clifford Allebutt's excellent letter in *The Times* of to-day, will you kindly allow me to give an instance of the "examination craze" that took place some years ago?

In 1884 it suddenly struck the authorities to examine medical officers for the rank of "brigade surgeon," and, as one of the senior surgeon-majors, it fell to my lot to be examined in the first batch.

Three of us (the late Surgeon-General Gore, Surgeon-Major Scott, and myself) sat down in the office of the Surgeon-General in Dublin Castle to undergo this test, which consisted in a number of papers on a great variety of subjects; it took us two days, at eight hours a day, to answer the questions. But the point of the joke—if joke it could be called—lay in the fact that the united ages of the three examinees totalled up 150 years. We had 76 years' service between us, two out of the three were grandfathers, and the third had a grown-up son in the medical profession.

The proposed examination for the rank of lieutenant-colonel will very nearly come up to this, as during the past few years several of the men admitted to the R.A.M.C. have been 21 years of age, and 31+13=44, at which age it is proposed to hold the final examination, and which, if not passed, may deprive the unfortunate officer of his pension of £1 a day, receiving a gratuity in lieu of £2,500, equal to about £100 a year.

J. B. HAMILTON, Surgeon-General, R.P.
211, Cromwell-mansions, S.W., Nov. 13.

British Medical Journal.

SATURDAY, NOVEMBER 23RD, 1901.

THE REFORM OF THE ARMY MEDICAL SERVICE.

It is now more than six weeks since the scheme for the reorganisation of the medical services of the army drawn up by Mr. Brodrick's Committee of Experts was made public, and both the army and the profession are still waiting to know what is to happen. The document was, on the face of it, a scheme and nothing more; and one reason given for the choice of the time of its publication was that it might be fully criticised by members of Parliament in their autumnal deliverances to their constituents. As far as we have seen, however, members have treated the matter with profound indifference. The general press has indeed given a perfunctory approval to the scheme, but in well-informed quarters it has been condemned with singular unanimity. As may be seen from the letters of Surgeon-General Hamilton and Dr. Gordon, and the extracts from a mass of correspondence received from India, which are published elsewhere, the more it is looked at the less it is liked. We understand that a meeting of the Committee of Experts was called last week to consider the criticisms which have been made on their work, and the result of their deliberations will be awaited with interest. In the meantime, the situation is somewhat perplexing to the non-official intelligence. No Royal Warrant has been issued; the scheme has not even been formally adopted: it is, therefore, not altogether plain under what dispensation the medical service of the army is now living.

Yet, although the whole plan of reform is still in so nebulous a condition, the Secretary of State for War has already selected the members of the Advisory Board, which itself exists, strictly speaking, only in the condition of a Platonic "archetypal idea." The names of the gentlemen selected will be found at page 1546. Of the personal fitness of the military members there can be no doubt. The civilian members are all men of distinction in their several ways, but it is a curious illustration of the incorrigible unwisdom of the War Office in its handling of medical matters, that there is not among them one who is recognised as an authority on sanitation. When the Secretary of State requires advice on surgical points, on questions of dermatology, or on the management of civil hospitals, he could not possibly have better counsellors than he has chosen. But those matters, important as undoubtedly they are, form after all a very small, and it may be added a very subordinate, part of the work which the Advisory Board will have to do, if it is to be of any use. The most important function of the Army Medical Service not only in peace, but in war, is the prevention of disease among troops. That, much more than the treatment of wounds or of skin diseases, is the most urgent problem in every campaign. We take leave to say that in ignoring this plain fact Mr. Brodrick has been ill-inspired, and this initial mistake is not of happy augury for the success of his plan of reform.

We must repeat that the service and the profession will be glad to know as soon as possible the exact state of affairs. The Royal Army Medical Corps is urgently in need of officers, and till some definite pronouncement is made no candidates will come forward. It must be clear to Mr. Brodrick and his advisers that the scheme in its present form will not do. The Secretary of State for War is understood to be a masterful man, and he may attempt to impose it by *force majeure*. If he does so, we can only warn him that the last state of the service which he wishes to reform will be worse than the first, and he will have added one more to a long record of failures.

CORRESPONDENCE.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

SIR,—I have hitherto refrained from fully expressing my views on this astonishing document because I hoped that by this time some authoritative statement would have been made by the Committee of the British Medical Association, which has been considering it. Now, however, a letter from abroad convinces me that in the absence of any such statement, and with Sir Frederick Treves's mistaken communication before us, I should do wrong to withhold my opinion. It may be but little that an individual member of the profession can do to help those of his brethren who cannot help themselves, but perhaps the statement of conclusions deliberately arrived at by one who has given considerable attention to the question of army medical reform during the past eight years may not be without effect at the present very serious juncture.

In stating my opinion I shall do so unreservedly, because I believe the occasion calls for frankness, and I cheerfully leave the good sense of the profession to decide whether I speak unfairly or at random.

The Scheme is Unworkable.

The first thing that strikes one about the scheme embodied in this report is the amazing incapacity of which it is the evidence. It is slovenly and incomplete. It reflects no credit on those medical men who signed it without protest, and makes evident the fact of their want of knowledge of the subject. Acquainted only with one aspect of the case, as civilian surgeons at the seat of war, they did not possess the leisure requisite to inquire into essential details, the mastery of which can only be gained by devotion of much time and labour. The two of the civilian members of the Committee who dissented from its provisions were just the two best qualified to speak on the subject. The scheme as it stands is simply unworkable, if indeed one can call it a "scheme" at all. It is a jumble of good, bad, and indifferent, in which trivialities are emphasised and essentials omitted.

But the discredit of such a production does not attach to the medical profession. The scheme was not prepared by the profession: the profession had not even a share in drawing it up. The Committee was appointed to consider a scheme already prepared, and the functions of the medical members of the Committee would appear to have been limited to graceful acquiescence.

The Secretary of State for War had before him ample information on the much-needed reforms compiled by medical men. He appears not to have used it. He was offered the evidence of medical men who have devoted much time and labour to the subject. He refused to receive it. To him therefore attaches the responsibility for this wonderfully bad piece of work. How serious that conclusion is will be generally recognised, but there is another aspect of the question which will probably be considered to be more serious still.

The Scheme is not in accordance with the distinct previous Understanding.

On reading the report, it at once strikes one as curious that so many reforms are advocated which have never been asked for, and that so many changes which have been asked for are not even alluded to, whilst it is absolutely startling that such a provision should have been inserted as that referring to failure in the examination after eighteen years service.

This provision is so extraordinary that one cannot but question the mental attitude of its originator. As it stands, this provision must obviously wreck the whole scheme. That is a matter of common sense. No sane man will enter a service where such unfair possibilities may ruin an honourable and arduous career. If applied to a new generation of army medical officers it will be highly inequitable. If made retrospective it will be absolutely iniquitous. But to a War Office which made a scapegoat of its Director-General for its own shortcomings, all things are possible.

It has been said that this scheme has been drawn up in order to give England a good Army Medical Service. I am sorry to say that I do not believe it. If one reads it on that understanding it is incomprehensible. But there is another

tact, temper, zeal, knowledge of men and how to deal with them, the power of enforcing respect and discipline, equitation, knowledge of hospital routine, military law, and many other things go to form a successful military surgeon.

It does not at all follow that because a man successfully passes the Fellowship examination of the Royal College of Surgeons, he could organise a field hospital or command a bearer company; yet the smart youngster who can score 85 per cent. of marks is to be given eighteen months seniority and will supersede men older and more experienced who may have lost the facility for answering questions in an examination.

The Army Medical Service has been cursed by examinations for years, and the worst of it was there was no finality, and no one ever knew when some new test would not be sprung on him. As an instance, in 1884 an examination for the rank of brigade-surgeon was suddenly brought out. As one of the then senior surgeon-majors, it fell to my lot to be in the first batch to undergo the test. Three of us (the late Surgeon-General Gore, Surgeon-Major H. Scott, and myself) had to sit in the principal medical officer's office in Dublin Castle for two days to answer all kinds of questions on all kinds of subjects, from bilge water in ships to the amount of jam and bacon to be put on board boats going up the Nile, with military law thrown in as a makeweight. The united ages of these three examinees totalled up nearly 150 years, our service came to 76 years, two of the three were grandfathers, and the third had a grown-up son in the medical profession. The moral of the tale has to come. When that examination was held, I was forty-third Surgeon-Major on the list, and in the ordinary course I could not have expected promotion for from one and a-half to two years whereas I received it in eight months. Out of the 43 but 11 were promoted, 32 either having refused the examination or having failed. Now I know that several of those who were not promoted were far better men than some of those who were, but at the age of 50 the examination facility had passed away, and bilge water and bacon presented difficulties they could not grapple with.

Pension.
It may be said the new proposed examinations will not include such aged men. Let us see. A considerable number of the officers commissioned during the past two years have been 30 and even 31 years of age, and it is specially stated that

THE TIMES, TUESDAY,
NOVEMBER 28, 1901

Dec. 14, 1901.]

SIR WILLIAM MACCORMAC.

[The British Medical Journal 1771

OBITUARY.

SIR WILLIAM MACCORMAC, BART., K.C.B., K.C.V.O.,
Consulting Surgeon to St. Thomas's Hospital; late President of the
Royal College of Surgeons of England.

THE hand of death has closed all too early on one of the most striking personalities of the profession. To the life work of few men of our calling has it been given to cover so wide a field as was the case in that of Sir William MacCormac. A prominent figure in every professional event for the last thirty years, he passed quietly away on Wednesday, December 14th, at Bath, perhaps happily removed from the sounds of the great city in which so many of his battles had been fought and so many of his triumphs won.

Born in 1836, the eldest son of Dr. Henry MacCormac of Belfast, he received his education in the Royal Belfast Institution, in Dublin and in Paris, while later a considerable time was spent in the study of surgery in Berlin. He became B.A., M.A., M.Ch., and D.Sc. *honoris causa* of the Queen's University in Ireland and received its gold medal. He subsequently became a member of the Senate of the Queen's University, an Hon. M.D. and M.Ch. of the University of Dublin, and a Fellow of the Royal College of Surgeons in Ireland. In 1871 he was admitted *ad eundem* a Fellow of the Royal College of Surgeons of England. In the year 1881 he received the honour of knighthood as a recognition of his services as Honorary Secretary General to the International Medical Congress held in London in August of that year. In 1897 he was created a baronet, and in the same year received the appointment of Surgeon in Ordinary to the then Prince of Wales. In 1898 he received at the hands of Her late Majesty Queen Victoria the honour of knighthood of the Royal Victorian Order in recognition of services rendered to H.R.H. the Prince of Wales, upon whom he attended when the Prince had received a serious injury to his knee. In 1901 the Knighthood of the Bath was conferred upon him in recognition of his services as Consulting Surgeon to the South African Field Force. He was an honorary member of the Imperial Military Academy of Medicine in St. Petersburg, and honorary member or Fellow of many other foreign medical and surgical societies. He was also an Officer of the Legion of Honour, Commander of the Orders of the Dannebrog of Denmark, the Crown of Italy, and the Takovo of Serbia. He held the Orders of the Crown of Prussia, St. Iago of Portugal, North Star of Sweden, Ritter Kreuz of Bavaria, Merit of Spain, and of the the Medjidieh of Turkey.



At the Belfast Royal Infirmary he was successively Surgeon and Consulting Surgeon. He held the similar offices at St. Thomas's Hospital, London, successively from the year 1871 until the time of his death; also the Chair of Surgery for twenty years. He also held the post of Consulting Surgeon to the French, Italian, and Queen Charlotte's Hospitals in London. He was Surgeon-in-Chief to the Anglo-American Ambulance in the Franco-German War in 1870-71; Chief-Surgeon to the National Aid Society during the Turco-Serbian Campaign of 1876 and Consulting Surgeon to the South African Field Force 1899-1900. He was at various times examiner in the Queen's University in Ireland, the London University, the Royal College of Surgeons of England and for His Majesty's Naval, Army, and Indian Medical Services.

He was a member of the Council of the Royal College of Surgeons of England from the year 1883 until his death, Bradshaw Lecturer in 1891, Hunterian Orator in 1899, and President of the College for the unprecedented period of five successive years from 1896 onwards.

It is impossible to relate in detail the events of a career so full of action as that of Sir William MacCormac. It will therefore perhaps be of most interest briefly to consider those events of his life which chiefly determined his success, a success entirely dependent on his own unaided energies and largeness of view.

Of these the first may be said to have been the wise action of his father in sending William MacCormac to complete his education in France, and the time subsequently spent in study in Germany. Thus he became a linguist and thoroughly acquainted with the broad lines upon which such surgeons as von Langenbeck were developing the modern practice of surgery. A mutual affection at this time sprang up between teacher and pupil which was ended only by the death of von

Langenbeck in 1886. This was the period of development at Berlin of the brilliant generation of surgeons in Germany, of whom Billroth and von Eschmarch may perhaps have been the most prominent figures, and with one and all of whom MacCormac's association was firm and lasting. From this commencement emanated the international reputation gained by MacCormac, and the power of organising successfully such future movements as the International Medical Congress of 1881, or the Centenary celebration of the Royal College of Surgeons in 1900.

The next great step was his migration from Belfast to London. Success as a student at Dublin and abroad, an early appointment to the hospital and university of his native town would have been sufficient to satisfy many men, but MacCormac belonged to that sturdy and energetic type of

the department contented and the schools satisfied.

1. Let the R.A.M.C. be increased to at least 1,200 executive officers, and let this proposed increase be officially notified.
2. On each return of a medical officer from foreign service, let him be granted three months study leave on full pay and allowances, including travelling allowance, the officer being required to give proof that he has honestly utilised the time in post-graduate courses or other special classes.
3. Increase the pay at home and in the Colonies as proposed, but that of colonels and surgeon-generals requires further consideration.
4. Let it be clearly stated (both in rupees and sterling) what the pay of all ranks in India will be, also what

ability; but the creation of the Advisory Board is absolutely destructive of any such principle; and when one contemplates the constitution of the Board one stands dismayed at the idea of any useful work ever being carried out by such a body. I hesitate to differ from Sir Frederick Treves, but the opinion expressed by the critic he quotes is exactly the one generally held. "The D.G. as a personal factor in the R.A.M.C. practically disappears." The Director-General is only the Chairman of the Board, and may at any time be out-voted; where then, comes in his "responsibility?"

To myself, an officer of 35 years' experience in the A.M.S. the scheme as it stands seems hopelessly unworkable, and it

HARVEY.—On the 1st Dec. at FISHA, SWEDEN—GENERAL ROBERT HARVEY, C.B., B.S.O., F.R.C.P., LL.D., Director-General of the Indian Medical Service, eldest son of the late Dr. Alexander Harvey, Regius Professor of Materia Medica in the University of Aberdeen. [101]

British Medical Journal.

SATURDAY, NOVEMBER 23RD,

THE REFORM OF THE ARMY MEDICAL SERVICE.

It is now more than six weeks since the reorganisation of the medical services of the Army by Mr. Brodric's Committee of Experts has been made public, and both the Army and the public are waiting to know what is to happen. The face of it, a scheme and nothing more; a given for the choice of the time of it was that it might be fully criticised of Parliament in their autumnal deliverances. As far as we have seen, how have treated the matter with profound indignation, and the general press has indeed given a perfum to the scheme, but in well-informed quarters it has been condemned with singular unanimity seen from the letters of Surgeon-General Dr. Gordon, and the extracts from a mass of correspondence received from India, which are published more it is looked at the less it is liked. We have a meeting of the Committee of Experts next week to consider the criticisms which have come on their work, and the result of their deliberations awaited with interest. In the meantime, it is somewhat perplexing to the non-official in the Royal Warrant has been issued; the scheme has been formally adopted: it is, therefore, not a question of what dispensation the medical service is now living.

Yet, although the whole plan of reform is nebulous a condition, the Secretary of State has already selected the members of the Advisory Board which itself exists, strictly speaking, only in the name of a Platonic "archetypal idea." The names of the men selected will be found at page 1546. The fitness of the military members is in question in their several ways, but it is a curiosity of the incorrigible unwisdom of the War Office in handling of medical matters, that there is not one who is recognised as an authority on any of the Secretary of State requires advice on questions of dermatology, or on the management of the civil hospitals, he could not possibly have chosen. But those matters as undoubtedly they are, form after all a very subordinate part of the work of the Advisory Board will have to do, if it is to perform the most important function of the Army Medical Service, not only in peace, but in war, is the prevention of every campaign. That, much more than the wounds or of skin diseases, is the most urgent every campaign. We take leave to say that this plain fact Mr. Brodric has been ill-informed in his initial mistake is not of happy augury for his plan of reform.

We must repeat that the service and the public are glad to know as soon as possible the results of the affairs. The Royal Army Medical Corps need of officers, and till some definite programme made no candidates will come forward. It is to Mr. Brodric and his advisers that the present form will not do. The Secretary of State is understood to be a masterful man, and he will impose it by *force majeure*. If he does so, warn him that the last state of the service will be worse than the first, and that he has added one more to a long record of failures.

CORRESPONDENCE.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

1772 THE BRITISH MEDICAL JOURNAL.

SIR WILLIAM MACCORMAC.

[DEC. 14 1901.]

Northern Irishmen to whom the whole world appears as the most fitting field of action, and throwing up all, after an excellent start, he came to the metropolis of the empire. Here he at first dropped but a passing anchor. The outbreak of the Franco-German war found him thirsting for active work and fame, and he at once set out for Paris and placed his services at the disposal of the French military authorities. Of his work on that occasion he has himself given us a modest and interesting account in his book, *Notes and Recollections of an Ambulance Surgeon*, mainly a collection of communications which first appeared in the BRITISH MEDICAL JOURNAL. Suffice it here to say that this established a reputation that secured for him on his return a position in one of those close boroughs, a large London hospital and medical school.

The appointment as Assistant Surgeon at St. Thomas's Hospital in 1871 marked the commencement of a second period in his career. Now he began to further develop his powers as a clinician and teacher, and to gain a reputation as a London surgeon. The thoroughness with which he threw himself into his work, and his rapid assimilation of all that was good in the traditions and associations of his adopted school, rapidly effaced any feeling that he had come from without, and from this time forward he was a St. Thomas's man in every thought and action, and was so regarded by every member of the school. He joined the school in some respects at a fortunate moment both for himself and it, the interregnum due to the abandonment of the building in the Borough being followed by what may well be considered a new start in life for the school. All the strength of his energetic nature was put forth in his efforts to elevate the science and art of surgery, to educate his pupils, and to bring the work of the hospital under the eyes of the profession both at home and abroad. To these efforts no small part of the success of the school in its new home may be traced, and no member of the staff took a more hearty interest in everything pertaining to its welfare. At first teacher of practical surgery, in 1873 he became full surgeon and was appointed Lecturer on Surgery, a chair which he always delighted to remember had once been occupied by Sir Astley Cooper, and which he filled with conspicuous success. On his retirement in 1894, he was elected Consulting Surgeon and a governor of the hospital, and Emeritus Lecturer on Surgery in the school.

Strenuous work at the hospital and school, together with numerous contributions to the deliberations of the London Societies and periodical literature, absorbed the next eight years. One special meeting, however, must be mentioned, as it well illustrates MacCormac's power of turning op-

portunity to good account. On December 3rd, 1879, the South London Division of the Metropolitan Branch of the British Medical Association held a meeting at St. Thomas's Hospital, when MacCormac gave an address on the Present State of Antiseptic Surgery. After the address a discussion and adjourned discussion took place, in which Mr. Bryant, Mr. Macnamara, Mr. Barwell, Sir Spencer Wells, Sir Thomas Smith, Mr. T. Holmes, Lord Lister, Mr. John Wood, Mr. Jonathan Hutchinson, Sir James Paget, Mr. Lund, Dr. Newman, Mr. Knowsley Thornton, and Mr. Marrant Baker took part. It is difficult to estimate how great an effect this meeting and discussion had in the crystallisation and concentration of opinion in London on this, at that time, still undecided topic. The address and

discussion, together with an appendix showing the results attributable to the introduction of antiseptic methods, was published as a book, which met with general recognition from the profession both at home and abroad, and was translated both into French and Italian.

In 1879 he was appointed Honorary Secretary General to the International Congress to be held in 1881. This Secretaryship may be regarded as the third important event in MacCormac's London career, for whatever individual merit may have been due to other actors in it, to him alone belonged the inception of what the Congress ought to be and should be as an actual aggregation of international medical science of the day. Strong Committees aided him in his labours, and helped him in the difficult task of steering the ship through the rocks and shoals which attend such a great occasion. At the meeting, Paget, Savory, and Lister, Gull, Jenner, and Andrew Clark met the prominent men of every country; here such men as Koch and Pasteur met on neutral ground, and enjoyed an opportunity of personal intercourse and exchange of opinions such as had not been afforded before. The occasion of this Congress has been referred to by the biographer of the President as one of the great events of Sir James Paget's life, and the same may be said of MacCormac. At this period he solidified, concentrated, and enlarged his friendships with Continental and American contemporaries, and showed himself to his compatriots not only as a surgeon and teacher, but as a leader of men. The success of the meeting did in fact result from the broadness of view and the energy with which its organisation was conducted, and the mainspring of the organisation was MacCormac.

From this period onward his private work engrossed more and more of his time, but he in no way allowed it to interfere

with military law thrown in as a makeweight. The united ages of these three examiners totalled up nearly 150 years, our service came to 75 years, two of the three were grandfathers, and the third had a grown-up son in the medical profession. The moral of the tale has to come. When that examination was held, I was forty-third Surgeon-Major on the list, and in the ordinary course I could not have expected promotion for from one and a-half to two years whereas I received it in eight months. Out of the 43 but 11 were promoted, 22 either having refused the examination or having failed. Now I know that several of those who were not promoted were far better men than some of those who were, but at the age of 50 the examination facility had passed away, and bilge water and bacon presented difficulties they could not grapple with.

Pension.
It may be said the new proposed examinations will not include such aged men. Let us see. A considerable number of the officers commissioned during the past two years have been 30 and even 31 years of age, and it is specially stated that

THE TIMES, TUESDAY,
NOVEMBER 22, 1901

DEC. 14, 1901.]

SIR WILLIAM MAC CORMAC.

THE BRITISH MEDICAL JOURNAL 1773

with his public duties in the profession. Important services were rendered to the Army Medical Department in 1883 on the occasion of a committee appointed by the Secretary of State for War to inquire into the work of the medical department during the Egyptian campaign, services which obtained the appreciation and gratitude not only of the medical service of the army, which has always held him in high esteem, but also of the profession in general. The Presidency of the Medical Society of London was held by him in 1888-89, and he was President of the Metropolitan Branch of the British Medical Association in 1890-91.

During this period many important medical papers were written, and also his work on operative surgery, always a subject of absorbing interest in his life work. He was elected to the Council of the Royal College of Surgeons of England in 1883; he became in 1887 a member of the Court of Examiners, later a Vice-President, and in 1896 reached the zenith of his professional ambitions in being appointed President, an appointment to which he was re-elected five times, an occurrence unique in the annals of the College. His services in this position are briefly chronicled below; hence no further mention of them need be made here.

Although the sketch above given may seem a sufficiently comprehensive record for a professional life, to it must be added a few words regarding Mac Cormac's services as a military surgeon. His experience in the Franco-German campaign bred in him a deep and lasting love for this form of surgery, founded not so much on a spirit of adventure as on a feeling that war afforded the greatest opportunity for prompt action and an unlimited opportunity for aiding his fellow-men. The experience then gained was recorded in the book of recollections already referred to, and after its publication he was always regarded as an eminent authority on the subject.

It is interesting to note that Mac Cormac on this occasion was deeply impressed with the value of female nurses at the seat of war, and consideration of the remarks on page 86 of his *Notes and Recollections of an Ambulance Surgeon* might have saved the occurrence of some of the difficulties which arose in the earlier days of the present campaign. The book, however, is not the only lasting memorial of his surgical work in the campaign, as he also made a most interesting collection of gunshot fractures which now form a valuable part of the contents of the museum at St. Thomas's.

A second opportunity in the same field was afforded in 1876, when as Surgeon-in-Chief of the National Aid Society with Lord Wantage he proceeded to the seat of war in Serbia. Here he was present at the battle of Alexinatz, and took part in the disposal of surgeons—mostly his own pupils—and stores, etc., to the armies of both the Turks and Servians. After his return home he continued to take an active part in the work of the Stafford House Committee until the end of the campaign.

Mac Cormac's last entrance into the arena of war is fresh in the memory of all, and naturally was of more engrossing interest to him than all, since his own countrymen were those affected. When the project of sending out consulting surgeons to the war was broached, Mac Cormac—at although at his mature age he might well have hesitated—at once placed his unrivalled experience at the disposition of his country, and on November 3rd, 1899, at a week's notice, sailed, accompanied by his old pupil, Mr. Makins, for Capetown. A large assembly of the past and present members of his old school bid him God-speed from the platform of Waterloo Station, and a circumstance of no little interest and gratification to him was the presence on the platform of Sir John Furley, Dr. P. Frank, and Dr. Bewitt, three of the veterans with whom he had been associated in the Franco-German campaign. Mac Cormac's work in South Africa may be briefly summarised in his own words:

I have accomplished a great deal—I am myself astonished how much during the four and a-half months I was in the country. I have visited all the hospitals in Natal and in Cape Colony, and have seen the working of the field hospitals at the front—where I have been four times—the hospitals and hospital trains along the lines of communication, and the base hospitals. To make the experience complete I have been a patient in hospital myself with a short attack of dysentery which was sufficiently unpleasant and painful.

While in South Africa he showed himself to be an old

campaigner in his ready capacity to suit himself to the surroundings and the life of the soldier on active service. None the less his illness and the hardships and exposure he encountered made a lasting mark upon his constitution.

It was remarkable to note his popularity with Tommy Atkins, who was quick to recognise the public spirit and patriotism of the great London surgeon. A word from Mac Cormac was sufficient to soothe many an aching brow and heart on the treeless veld or in the temporary hospital. The proudest remark of a severely-wounded man's mother at home was "that he had been seen by Sir W. Mac Cormac." His old habit of recording his observations and convictions was kept up, and many interesting letters were sent to the profession at home by the medium of the *Lancet*; while, on his return to England, some of his experiences were embodied in addresses to the Medico-Chirurgical Society, the annual meeting of the British Medical Association, etc. Her late Majesty Queen Victoria honoured his return by an invitation to dine at Osborne, and his services receive a generous meed of public appreciation.

As a surgeon, while his field throughout life embraced the whole area included in the work of a general surgeon to a large hospital, like the masters of olden times he disliked the tendency to specialisation beyond the limits found necessary in the working of a general hospital. On the other hand his special attention was often diverted in one direction or another as the advance of surgical technique opened up fresh opportunities for the improvement of the treatment of any particular class of case. His earliest love was the study of fractures and dislocations, then he was an ardent exciser of joints, later plastic surgery, especially by the method of Thiersch, with transplantation of flaps, occupied his attention, again, he was an early and enthusiastic ovariotomist, the operation which did most to encourage and advance abdominal surgery of all kinds, and no doubt led up to his brilliantly successful sutures of the ruptured urinary bladder in 1886. His rapid adoption of any new method worthy of trial had a powerful and far-reaching effect on the school with which he was connected, while no new instrument or appliance escaped his watchful eye without trial. Operative technique had a great attraction for him; he developed his own manipulative skill in a remarkable manner to those who had the opportunity of watching his professional progress, and a considerable portion of his time was devoted to writing a book on operative surgery, which his premature death has left unfinished.

As a teacher Mac Cormac was deservedly popular with his pupils. In each he took a kindly individual interest, an interest unbroken by their qualification and removal to a sphere of their own and often marked by substantial help through the exertion of his great and widespread influence without the walls of the school. A very remarkable demonstration of the respect and affection with which he was regarded was offered by the dinner given to him in 1899 by the house-surgeons to St. Thomas's Hospital during his tenure of office as surgeon, at which with five unavoidable exceptions and the defects due to death, the whole number of these gentlemen gathered from every part of the United Kingdom to do him honour.

His lectures were designed to furnish his class with the most recent and approved views on surgical subjects, tempered with his own personal experience. He took great pains to make a summary of these, a printed copy of which was handed to each member of the class, often abundantly illustrated with original drawings and specimens. His experience as a teacher made him a good examiner, and this the more as a result of the interest he took in the candidates and the real pleasure he had in the work. He held many appointments of this nature during his professional career, and in one and all he gained the respect of the candidates who had an invariable confidence in his fairness and consideration.

In the wards of the hospital he was beloved by the nursing staff, while his patients held him in the highest estimation. In his private practice he was equally successful in retaining the respect and friendship of his patients, and the public estimation in which he was held was marked in 1898 by his summons to attend the Prince of Wales.

Mac Cormac was an industrious literary worker, but his writings are for the most part scattered through numerous

...points most likely to make the department contented and the schools satisfied.

1. Let the R.A.M.C. be increased to at least 1,200 executive officers, and let this proposed increase be officially notified.
2. On each return of a medical officer from foreign service, let him be granted three months study leave on full pay and allowances, including travelling allowance, the officer being required to give proof that he has honestly utilised the time in post-graduate courses or other special classes.
3. Increase the pay at home and in the Colonies as proposed, but that of colonels and surgeon-generals requires further consideration.
4. Let it be clearly stated (both in rupees and sterling) what the pay of all ranks in India will be, also what

...of the principle of individual responsibility; but the creation of the Advisory Board is absolutely destructive of any such principle; and when one contemplates the constitution of the Board one stands dismayed at the idea of any useful work ever being carried out by such a body. I hesitate to differ from Sir Frederick Treves, but the opinion expressed by the critic he quotes is exactly the one generally held. "The D.G. as a personal factor in the R.A.M.C. practically disappears." The Director-General is only the Chairman of the Board, and may at any time be out-voted; where then, comes in his "responsibility?" To myself, an officer of 35 years' experience in the A.M.S. the scheme as it stands seems hopelessly unworkable, and I

HARVEY.—On the 3rd Dec. at Fife, Surgeon-General ROBERT HARVEY, C.B., D.S.O., F.R.C.P., LL.D., Director-General of the Indian Medical Service, eldest son of the late Dr. Alexander Harvey, Regius Professor of Materia Medica in the University of Aberdeen. 1901.

SATURDAY,

THE REFORM

It is now more than six months since the reorganisation of the profession was set on foot by Mr. Brodrick's Committee, and both the public and the profession are waiting to know what the face of it, a scheme given for the choice of Parliament in the constituents. As far as the general press has in the scheme, but been condemned with seen from the letters Dr. Gordon, and the ex-received from India, more it is looked at the meeting of the Council week to consider the on their work, and the awaited with interest, somewhat perplexing Royal Warrant has been formally adopted under what dispensat is now living.

Yet, although the nebulous a condition already selected the which itself exists, sta of a Platonic "archet men selected will be fitness of the mi doubt. The civilian tion in their several of the incorrigible handling of medical one who is recognised the Secretary of State on questions of der civil hospitals, he sellers than he has of as undoubtedly they may be added a very the Advisory Board w The most important f not only in peace, but among troops. That wounds or of skin dis every campaign. W this plain fact Mr. Br initial mistake is not his plan of reform.

We must repeat the be glad to know as affairs. The Royal need of officers, and made no candidates v to Mr. Brodrick and present form will not is understood to be s to impose it by force warn him that the la to reform will be w added one more to a l

1774 THE BRITISH MEDICAL JOURNAL.

SIR WILLIAM MAC CORMAC.

[Dec. 14, 1901.

Transactions of societies, and periodicals. Three books alone were published, but each has exerted considerable influence on the subjects of which it treats: *The Notes and Recollections of an Ambulance Surgeon*, on military surgery; the *Antiseptic Surgery* on the early growth and adoption of the system; while the work on *Surgical Operations* has been widely read by surgeons and students. For many years the project of writing a system of surgery was a fond one with him, but his busy life, stood in the way of the fulfilment of this desire. He accomplished the labour of accumulation, but for the secondary work of arrangement and editing sufficient leisure could never be found in view of his multifarious engagements. The failure to accomplish this coveted task, however, in no way diminished his appetite for reading surgical literature, and until his death he kept himself thoroughly abreast not only with English, but also Continental and American advance.

His massive frame, fine open countenance, genial smile, and courtly bearing are familiar to all, and such was his unbounded hospitality and generosity that few men's homes were known to such a large circle of friends and acquaintances. An habitual early riser he succeeded in getting a great part of his work done before others were stirring, and this custom stood him in good stead on many occasions when his duties were almost unnegotiable. His habits of work were perhaps never more sorely tried than in the preparations for the Congress of 1881. During the last six weeks Mac Cormac himself started with daylight while some of his staff left 13, Harley Street in time to post the letters by the 3 A.M. mail, and this at the end of some twenty months of arduous preparation which had been of so engrossing a nature as to oblige him for a short part of the period to delegate a large portion of his hospital work to others. The meeting over he set to work with unabated ardour at the task of editing the 2,370 pages of the *Transactions*, which in their three languages appeared complete within a period of six months of the termination of the meeting.

He was an impatient holiday maker, always anxious to return to his work and professional interests and the only real holidays he ever enjoyed were those taken on the sea which he loved, and which the conditions of travel did not allow to be broken short. None the less he was a charming travelling companion, enjoying to the full scenery and art, and wonderfully successful in throwing himself into the spirit of the land in which he found himself, and adopting the customs of the people. During his lifetime, beyond his war service, he travelled very widely in Europe and twice in America, and there were few important places or art treasures with which he was not familiar. He was a good draughtsman, and at one time worked with the brush to some effect, but want of time prevented him from ever giving prolonged attention to this relaxation.

As a youth he was of athletic tendencies; later in life he always retained a liking and felt the need of physical exercise. He was very fond of walking, took a fleeting affection to the bicycle, and at times played tennis and rowed; of late years he became an enthusiastic golfer, and was a familiar figure on the links at Mitcham and Deal. He was a great lover of animals; throughout his whole life a dog was his constant companion, and his last dog Bruno became almost as well known a public character as his master, accompanying him almost everywhere. This love of animals probably prevented him from ever becoming an ardent sportsman, and he disliked much the sight of a falling bird, but he was fond of fishing, and spent several holidays in Scotland and Ireland in that pursuit.

He dearly loved his own home, and this strong affection to his habitual surroundings was, perhaps, one of the chief elements in his dislike to a long holiday. At 13, Harley Street he was seen at his very best, surrounded by his collection of pictures, etchings, and bronzes. Together with Lady Mac Cormac, he exercised the most generous hospitality to all: colleagues, pupils, and members of his profession from all quarters of the globe constantly assembled there, sometimes in a formal party, the more intimate in quiet social gatherings, and Mac Cormac gave of his best and welcomed all with a heartiness that will never be forgotten. Those who were privileged to enjoy his hospitality often met

from time to time the most distinguished members of the profession from either side of the Atlantic, and not only the seniors, but many of those visiting this country prior to making a start in life, for Mac Cormac never looked upon an introduction given to him as a pure formality necessitating merely a permission to visit his wards with him.

His friendships were many and varied, but perhaps the most striking characteristic of them was the loyalty with which he held to the friends of his youth. Some of these, as the late Lord Russell of Killowen, had attained to the highest spheres, others had found life a more thorny or at any rate a less successful path, but to all William Mac Cormac was the same, and the history of his many kindnesses and generosity remains hidden as he wished it to be. Again, although a vigorous he was a generous opponent, and many an open difference in a short time was forgotten or even became a bond of union between him and those whose opinions were opposed to his. A man of great ambition and rigid determination there were few schemes on which he set his heart in which he did not succeed, but this success never altered his kindly nature and proved of equal importance to his friends for whose benefit the influence he obtained never ceased to be exercised. Large of frame and wide in his ideas, successful in his career, it was kindness and generosity of nature which above all characterised his life, and the loss of which will be most missed in his death.

In spite of his fine physical development, Mac Cormac was never a typically strong man, and his habits of periodical inordinate work, and his frequent disregard of precautions in this respect which would have been observed by a man more careful of his own health, no doubt accounted for his premature death. During his life he had some severe illnesses. An attack of erysipelas in 1879, which rapidly turned his hair to grey, and a serious attack of pneumonia followed by empyema in 1886, both made marks upon his constitution.

Characteristic of the man and his determination was his decision to offer his services in the present war, and when there, the strain to which he exposed his health. When at Capetown, prior to his return home, his friends were much distressed by his appearance, but hoped that the sea voyage home—always a good influence on him—would thoroughly repair the effects of the hard life he had been leading in South Africa. After an apparent return to his usual health, however, a gradual loss of strength and activity set in, noted at first by his intimate associates, but for the last few weeks of a rapid nature.

Sir W. Mac Cormac married the daughter of the late Mr. John Charters, who survives him, but he leaves no family. No notice of his life could be complete without a mention of the lady who has been associated with all his joys and sorrows. No human insight can realise the influence of her constant support and sympathy on his anxious and stirring career; enough to say that no man ever made a happier choice or was more blessed by it in his subsequent life, and with the sorrow for his loss felt by Mac Cormac's wide acquaintance, their heartfelt sympathy goes out to his widow.

We are indebted to Mr. REGINALD HARRISON for the following notes: By the death of Sir William Mac Cormac the surgical profession has lost, at a comparatively early age, one of its most prominent and well-known representatives. He may with truth be said to have been a many-sided man, for he occupied various offices, the duties of which he fulfilled with no ordinary distinction and credit, and, if his life had been prolonged, it is possible he might have added even further lustre to his career.

Sir William Mac Cormac's association with the Royal College of Surgeons was a long, useful, and distinguished one, and the announcement of his sudden death was received by his colleagues of the Council and the official staff of the College with feelings of much sorrow and regret. He was elected a member of the Council in 1883, and re-elected in 1891. His period of service on the Council would have expired in 1899, but, as he was at the time and subsequently President, he remained on the Council, in accordance with the terms of the charter, until the expiration of his office. He proposed retiring from the Council in July next, and thus would have completed nineteen years' service, during five of which he occupied the Presidential chair. He had been a

with military law thrown in as a makeweight. The united ages of these three examinees totalled up nearly 150 years, our service came to 76 years, two of the three were grandfathers, and the third had a grown-up son in the medical profession. The moral of the tale has to come. When that examination was held, I was forty-third Surgeon-Major on the list, and in the ordinary course I could not have expected promotion for from one and a-half to two years whereas I received it in eight months. Out of the 43 but 11 were promoted, 32 either having refused the examination or having failed. Now I know that several of those who were not promoted were far better men than some of those who were, but at the age of 50 the examination facility had passed away, and bilge water and bacon presented difficulties they could not grapple with.

It may be said the new proposed examinations will not include such aged men. Let us see. A considerable number of the officers commissioned during the past two years have been 30 and even 31 years of age, and it is specially stipulated that

THE TIMES, TUESDAY, NOVEMBER 26, 1901.

DEC. 14, 1901.]

OBITUARY.

[The Indian Medical Journal, 1775

member of the Court of Examiners for ten years, from 1887, as well as the Dental Board for a shorter period. In 1893 he delivered the Bradshaw Lecture, choosing for his theme "Sir Astley Cooper and his Surgical Work." In 1899, in the presence of the Prince of Wales—now King Edward VII—and a distinguished audience, he delivered the Hunterian Oration. This record includes the more important positions he held in connection with the College.

In various other ways, however, he added largely to the fame and influence of the College. In the doing of this he was never tired, not only in giving the most diligent attention to all the well-recognized business and traditions of the College and the high office he held, but also in furthering them.

The association of the City of London with the medical profession in May, 1898, when the Lord Mayor received the Presidents of the two Royal Colleges as his principal guests, was an important occasion during Sir William Mac Cormac's period of office. It was on this occasion Lord Lansdowne announced that all the reforms asked for by the Army Medical Department and the profession had been granted, and that the Queen herself had graciously consented to the new corps being styled the Royal Army Medical Corps. This recognition of the Colleges and the profession by the City of London gave Mac Cormac great satisfaction and pleasure, and there can be no doubt that his personality contributed to bring this about. The occasion was a distinct success, and he, as chief representative of the Royal College of Surgeons, had reason to be proud of it. His continuance in office as President for the unprecedented period which included a fifth year was distinctly creditable to his colleagues on the Council in view of the approaching centenary of the College in 1900. Mac Cormac was, so to speak, made for such an occasion. His knowledge of men of all ranks, and his influence over them when required, was in itself a forecast of success. His labour and power of organisation, with much attention to detail, never ceased for many months before the ceremonies took place. His ideas, plans, and modes of approach, even when he was thousands of miles away on the serious service of his country, during the anxious half-year which almost immediately preceded the function, came with the regularity of the mail or the swiftness of the wire to those at home who represented him in this business. These College Committees carefully considered, but seldom revised.

Thus, did Mac Cormac prepare the College for its centennial, and saw the function carried through without a flaw, to the credit of his country and his profession in all parts of the world. In his address of welcome to the centenary and his biography of the Masters and Presidents of the College who had preceded him, he has left behind a permanent record of his fitness for the high position he thus occupied which hitherto is unique in the history of the College.

Sir William's public appearances at Congresses at home, abroad, and in America were numerous, and though not possessing the silver tongue of Paget, his utterances were invariably on the side of good sense and manners, and were listened to with the attention and consideration they deserved. Even as on a recent festive occasion when there was some confusion of tongues, and with a voice somewhat enfeebled by his African labours and sickness, he had no difficulty in securing a warm reception and patient hearing.

In Sir William Mac Cormac, the Royal College of Surgeons of England has lost one who never allowed an opportunity to pass him of adding to its usefulness and increasing its well-earned renown.

The funeral took place on December 9th at Kensal Green Cemetery in a vault in the central avenue in the presence of a large number of friends and representatives of scientific societies and other associations with which he was connected. The first part of the burial service was said at St. Peter's, Vere Street, this was choral, and in addition to two hymns, Spohr's anthem, "Blest are the departed," from the *Last Judgment*, was sung. As the coffin was being carried up the aisle the organist played "O rest in the Lord," and during its conveyance back to the hearse the "Dead March" from *Saul*. The officiating clergyman, both at the church and cemetery, was the Rev. W. Page Roberts, Canon of Canterbury and incumbent

of St. Peter's. The nave and aisles of the church were filled to their utmost capacity and a large number of persons were in the galleries, so that it would not be possible for us to give a list of those present; but it may be mentioned that His Majesty the King was represented by General Godfrey Clerk; and the French and German Ambassadors, the Army Medical Department, the Naval Medical Service, and the British Medical Association sent representatives. Deputations also attended from the Royal Colleges of Physicians and Surgeons and St. Thomas's, the French and Italian Hospitals, and the Irish Medical Schools and Graduates' Association. Viscount Duncannon, Viscount Knutsford, Lord Lieter, Sir Norman Lockyer, Sir Squire Bancroft, Mr. Peter Reid, Mr. Wainwright, and Mr. Trimmer were also present, and medical friends and colleagues too numerous to mention. There were so many wreaths and floral tributes that it required two hearsees in addition to the one containing the coffin to convey them.

SURGEON-GENERAL ROBERT HARVEY, C.B., D.S.O., M.D., LL.D., F.R.C.P. Director-General Indian Medical Service.

THE announcement of the death of this distinguished officer, which we had the sorrow of making last week, will have been a source of surprise and regret to many friends in Great Britain. During recent years he has visited this country on several occasions, and when he left London not many weeks ago seemed to be in his usual health, and as usual full of energy. His death, which occurred at Simla, was due, we are informed, to peritonitis, but information as to the cause of his fatal illness has not reached us.

Robert Harvey was born in the year 1842. His father, Dr. Alexander Harvey, was Professor of Materia Medica in the University of Aberdeen. The son studied medicine at Glasgow and Aberdeen, and obtained the degree of M.B. (with honours) and C.M. from the Aberdeen University in 1863 at the age of 21. He subsequently, in 1883, took the degree of M.D., and in 1895 his Alma Mater conferred upon him the degree of LL.D. In 1882 he became a Member, and in 1894 a Fellow, of the Royal College of Physicians of London.

In 1864, after filling the appointment of Resident Medical Officer of the Birmingham Lying-in Hospital, since replaced by the Birmingham Lying-in Charity, he entered the Army Medical Service, and proceeded to Netley. On the opening of the Indian Medical Service in 1865 he passed the examination and was allowed with several others to count his Netley tour and examination, the combined result of both examinations placing him third on the list—Kenneth MacLeod being first and James Cleghorn second. Proceeding to India he took part in the Booran war of 1865-66, for which he obtained a medal and clasp. He subsequently served in Central India in medical charge of the Central India Horse and as Agency Surgeon at Bhurtpur. In 1871 he volunteered for the Lushai expedition, and had charge of a base hospital. His services were acknowledged in despatches and he obtained a clasp. He was appointed Civil Surgeon for Simla in 1876, and served for a short time as Sanitary Commissioner in Bengal, and on the retirement of Dr. Edmondston Charles was appointed Professor of Midwifery in the Calcutta Medical College and Obstetric Physician to the College Hospital. He rapidly obtained a large practice in Calcutta, and was popular and successful as a family practitioner and consultant. He superintended the building and furnishing and fitting of the magnificent Eden Hospital for Women and Children, and acquired a high reputation for kindness and skill, especially in his own speciality. In 1891 he accepted promotion to the administrative grade, and relinquishing practice applied himself diligently and successfully to the duties of military and civil administration; serving successively as Principal Medical Officer of the Miranzai and Hazara expeditions in 1891 and the Isazi expedition of 1892. He obtained two clasps, was mentioned in despatches, and received the D.S.O. and C.B. for his services. He subsequently filled the offices of Inspector-General of Civil Hospitals, Bengal, and Surgeon-General of the Panjab Command, and on the retirement of Surgeon-General Cleghorn became Director-General of the Indian Medical Service and Sanitary Commissioner with the Government of India.

It on- See- bly un- L.C. ust the own I.C. s of my. uth on- ated n in r to is a ed- een the uth de- k of the is it oth also uch ay- an The san ble ty" any Sir for, Geo- ous ore and the our now ons r is he are, then ter-

, but No body and actor this ll be rd if hi

s is onsi duty: our the creation of the advisory board is absolutely destructive of any such principle; and when one contemplates the constitution of the Board one stands dismayed at the idea of any useful work ever being carried out by such a body. I hesitate to differ from Sir Frederick Treves, but the opinion expressed by the critic he quotes is exactly the one generally held. "The D.G. as a personal factor in the R.A.M.C. practically disappears." The Director-General is only the Chairman of the Board, and may at any time be out-voted; where then, comes in his "responsibility?" To myself, an officer of 35 years' experience in the A.M.S. the scheme as it stands seems hopelessly unworkable, and I

- the department contented and the schools satisfied. 1. Let the R.A.M.C. be increased to at least 1,200 executive officers, and let this proposed increase be officially notified. 2. On each return of a medical officer from foreign service, let him be granted three months study leave on full pay and allowances, including travelling allowance, the officer being required to give proof that he has honestly utilised the time in post-graduate courses or other special classes. 3. Increase the pay at home and in the Colonies as proposed, but that of colonels and surgeon-generals requires further consideration. 4. Let it be clearly stated (both in rupees and sterling) what the pay of all ranks in India will be, also what

HARVEY.—On the 1st Dec. at Simla, ROBERT GENERAL ROBERT HARVEY, C.B., D.S.O., F.R.C.P., LL.D., Director-General of the Indian Medical Service, eldest son of the late Dr. Alexander Harvey, English Professor of Materia Medica in the University of Aberdeen.

SATURDAY, 7

THE REFORM

It is now more than six months since the reorganisation of the medical profession was set on foot by Mr. Brodrick's public, and both the public and the waiting to know what the face of it, a scheme given for the choice of Parliament in the constituents. As far as have treated the matter in the general press has in to the scheme, but been condemned there seen from the letters of Dr. Gordon, and the received from India, more it is looked at in a meeting of the Council week to consider the on their work, and the awaited with interest, somewhat perplexing. Royal Warrant has been formally adopted under what dispensat is now living.

Yet, although the nebulous condition already selected the which itself exists, the of a Platonic "archet men selected will be fitness of the mid doubt. The civilian tion in their several of the incorrigible handling of medical one who is recognised the Secretary of State on questions of der civil hospitals, he sellers than he has ch as undoubtedly they may be added a very the Advisory Board. The most important f not only in peace, but among troops. That wounds or of skin dis every campaign. W this plain fact Mr. B initial mistake is not his plan of reform.

We must repeat th be glad to know as affairs. The Royal need of officers, and made no candidates v to Mr. Brodrick and present form will not is understood to be s to impose it by force warn him that the la to reform will be w added one more to a

1776 [The British Medical Journal]

OBITUARY.

[Dec. 14, 1904.]

Surgeon-General Harvey's life thus presents three phases: professional, sanitary, and administrative, and he took part in addition, both in an executive and administrative capacity, in five military expeditions. He was a type of the Indian medical officer—ready to turn his hand to any work which promised fruitful occupation and distinction, and ardent in the execution of that work whether purely professional or otherwise. He filled a great variety of important offices, and always with advantage to the Government and the public, and credit to himself.

Harvey was a man of kindly disposition, hospitable, genial, and true. He had a high sense of fidelity, friendship, honour, and duty. His intellect was bright and ready, but he was lacking in originality and original initiative. He has, therefore, left no scientific or professional work which will remain as an accession to medical science. He had good powers of exposition, was a fluent lecturer and a facile writer. He contributed many interesting and useful papers to current medical literature, and as the head of the Indian Medical Service encouraged men to work. He also keenly promoted scientific institutions and labours. The Sanitary Reports issued by his office were of exceptional merit. In their preparation he was ably assisted, but the credit of selecting and supervising his assistants and their work is due to him. In administration he was sympathetic and sensible, and he did not spare himself; working hard with cheerfulness and enthusiasm, often under physical difficulties connected with defective eyesight and delicate health.

WILLIAM DOBIE, M.D., J.P.

The death of Dr. Dobie of Keighley has removed from the profession one whose influence extended far beyond the town in which he lived. He was a Scot of the best type—shrewd, intellectual, cultured, and both widely and deeply read. Although he loved and admired Nature in all her moods, his passion was for books. He was a ripe Shakespearean scholar, a critical student of Carlyle, a lover of Burns and Scott, and had an intimate acquaintance with everything concerning the sisters Brontë. He had a fund of dry humour, which was always kindly, excepting when he was exposing a sham, and then it was caustic and direct. As a writer he has not left much behind him, only stray papers in the medical journals, and occasional letters and articles in the lay press. As a poet he had no mean skill, and it is a matter for regret that he did not allow himself more expression in this direction. Enthusiastic in his profession, and thorough in his methods of examination, he was yet intensely human, and never allowed the disease to obscure the patient.

The influence he exerted upon his fellow-townsmen may be gathered from the following quotation from the *Keighley News*:

The funeral was remarkable for the rallying of all classes, parties, and sections of the community to one spot, united by the common sentiment of affection and respect to the deceased. The first service was conducted in Devonshire Congregational Church by his minister and close personal friend, the Rev. E. Pringle. At the Nonconformist Chapel in the cemetery, Mr. Pringle again conducted the ceremony. But he was assisted by the Rev. R. J. Palmer, Rector of Keighley, and the Lord's Prayer was led by the Rev. Dr. Strauss, Chief Rabbi from Bradford, also a personal friend of the deceased. Quite a large number of Church of England clergymen, and their presence served to accentuate the fact that Dr. Dobie did not belong to a sect or a section, but to the whole community.

Dr. Dobie was born at Langholm, Dumfriesshire, on November 21st, 1814. He was originally intended for the Church, but turned aside for medicine, and studied at Edinburgh. After obtaining the diploma of L.R.C.S. Edin. in 1864 he commenced his medical career at Temple Sowerby, near Penrith; in 1867 he removed to Keighley, where he succeeded to the practice of Dr. Alleyne Nicholson. In 1869 he became L.R.C.P. Edin. and in 1876 M.D. St. And. When two years ago the Borough Commission was formed at Keighley Dr. Dobie was one of the first to be made a justice of the peace. At the first meeting of the Bench after his death the Chairman, Alderman Brigg, made a speech, from which we quote the following:

Dr. Dobie has been a most valued member of this Bench. His long training in the diagnosis of physical disease enabled him to apply in a similar manner his intellect to the windings of the criminal mind; he was also, by

his training and experience, admirably qualified to sift conflicting testimony and to apportion due weight to each witness, and in particular were his advice and presence here beneficial, when cases were brought before us in which medical testimony was adduced, or in which the complainant was suffering from some ailment or disease produced by ill-treatment.

Dr. Dobie was one of the founders of the Keighley Hospital and remained on the active staff for nearly a quarter of a century. He resigned early in 1900, when he was appointed consulting physician. He was latterly a Vice-President of the Deaf and Dumb Mission, having been formerly for many years one of its honorary physicians. Those who know Dr. Dobie best loved him most; he was never a self-seeker but invariably kept a high ideal before him; he was a generous opponent and a warm friend, kind to the poor and courteous to all. His death leaves a gap in the profession which will not be readily filled.

The following letter from Professor Clifford Allbutt speaks for itself:

"I scarcely know how to answer your request for some appreciation of my late friend William Dobie of Keighley. Not very long ago on a public occasion we met, and had a long and cordial talk together. I thought him looking a little worn and pale, but presumed it to be no more than the marks which the hand of time writes on the faces of us all. No rumour of his serious illness reached me, or I should have asked leave to visit him; and now the shock of the news of his death leaves me little able at present to think calmly on his memory.

"William Dobie was one of those men of whom, happily for our own land, there are many—if few be so excellent as he—who, too modest to display the high attainments and qualities of character of which they can hardly be unaware, full of resources within themselves, always deeply interested in the problems and culture of mankind, devoted to the discharge of the duties and humanities of the hour, fortified by a keen sense of humour against the petty rivalries and bickerings of the world, and by strong common sense against its narrow fads and gusty fashions, form what has been well called 'the backbone of the country.' It is the sturdy rectitude of such men which leaves the society in which they move, and which keeps us all steady in times of stress. Beneficent in his calling, rich in the stores of his mind and of his library, strong and comprehensive in mind, and cultivated in literature and in philosophy as many Scotchmen are, for William Dobie the *fallentis semita vitæ* brought fall content. I never heard a hint from him that a wider sphere or more personal distinction would have had any charm for him.

"The fruit of this serene and thoughtful life was apparent in his conversation even on matters which in the mouths of a subject seemed to be, Dobie would enrich it with some touch of wisdom or brighten it with some touch of wit or humour. His passing reflections on our common friends and on their doings lost nothing in kindness for their shrewdness of tact and insight. So it was that no work was more of a holiday to me than a call to meet Dobie, and the long half hour's talk in his brougham as we climbed slowly the hills of the Worth Valley.

"Well do I remember those times and regret them, yet, in the midst of my regrets, cannot but smile as I recall our ever new remorse as we would find ourselves at the patient's door with all the story of him to begin. Once or twice Dobie thus took counsel with me on personal vexations due to the thoughtlessness or blunders of others, for I feel sure that no one would wittingly have caused him annoyance. On one such occasion especially I learned, what I expected to learn, the depths of his charity and unselfishness.

"In his profession his knowledge was very wide, and in practice he was full of resources; this everyone knew. I may add that he had a strong grip of the scientific principles of medicine, and would at times surprise me by his brief and effective criticism of new researches in physiology or of pathology. This power he owed in great part, no doubt, to natural ability and current reading, but not a little to the excellent general and scientific education which he brought with him from Edinburgh into Yorkshire.

"But I must add no more to these notes, the miserable inadequacy of which none knows so well as the writer."

with military law thrown in as a makeweight. The unuse ages of these three examinees totalled up nearly 150 years, our service came to 76 years, two of the three were grandfathers, and the third had a grown-up son in the medical profession. The moral of the tale has to come. When that examination was held, I was forty-third Surgeon-Major on the list, and in the ordinary course I could not have expected promotion for from one and a-half to two years whereas I received it in eight months. Out of the 43 but 11 were promoted, 32 either having refused the examination or having failed. Now I know that several of those who were not promoted were far better men than some of those who were, but at the age of 50 the examination facility had passed away, and bilge water and bacon presented difficulties they could not grapple with.

Pension.
 It may be said the new proposed examinations will not include such aged men. Let us see. A considerable number of the officers commissioned during the past two years have been 30 and even 35 years of age, and it is specially stipulated that civil surgeons who have served in the war may be admitted even if over the limit of age. Thus we see 30 + 18 (the time of service for the final examination) = 48, and though this may be the limit, there will be a large proportion of officers of 45 and over. Officers who fail may have a second trial before they complete twenty years service, and mark what follows. *Should he fail a second time he will be compulsorily retired on a gratuity of £2,500*, though by the special permission of the Secretary of State he may be allowed to complete twenty years service and then retire on a pension. The amount of pension is not mentioned—it may be £200 or it may be £365 a year—but the fact remains that the right to retire on £1 a day after twenty years service is taken away, and the unfortunate officer who fails to pass has to take £2,500, equal to, say, £100 a year, or trust to the mercy of the Secretary of State to grant him a pension that will enable him to live. It is rather amusing to read in Sir Frederick Treves's final remarks that "it is possible also that the much-cherished right to retire after twenty years service on £1 a day has not been so entirely overlooked as some who have written on the subject suppose." This, in racing parlance, would be called "hedging," but the man who trusts to it will have himself to blame if he finds himself "compulsorily retired" on a gratuity, though he may through the mercy of the Secretary of State be granted a pension.

Charge and Special Pay.
 In paragraph 6, Sir Frederick makes allusion to the grant of "charge pay" and increased pay for special qualifications, both most excellent innovations.

A Medical Staff College.
 In No. 7 mention is made of the establishment of a "military hospital and medical staff college" for the training of officers of the R.A.M.C., but when will this be carried out? Nearly ten years ago, when Principal Medical Officer of the Home District, in common with many of my predecessors, I urged the necessity for a new Guards Hospital in place of the three old rabbit warrens situated in the back slum called Rochester Row. I believe a new hospital is now being built at Millbank, but when will it be finished and ready for use? If we see the new proposed hospital and staff college this time ten years we shall be lucky, as, when the present excitement dies down, the question will be quietly shelved by the Financial Department.

Home Service of Junior Officers.
 Before I conclude I wish to draw attention to a most fatal blot in the scheme, namely, the keeping at home of all the junior officers till they complete four years service and pass the examination for the rank of captain. It is actually intended to retain all these junior officers (I have this on the authority of Sir F. Treves) for four years at home, that is after entrance some six months at Netley and Aldershot, then three years attached to a station hospital and a regiment, then a six months course at a civil hospital, in all four years, before the examination for the rank of captain.

The effect of this will be an accumulation of all the lieutenants R.A.M.C. in the United Kingdom, and putting down the entries at fifty per annum as a minimum (probably they will be far more if the schools accept the new warrant, as not only has the "waste" of the service to be made good, but the increase of strength will have also to be considered) there will at the end of four years be an accumulation of at least 200 lieutenants at home.

What is to become of the roster? It is evident that it will be completely dislocated, and as the captains return from foreign service they will have to go abroad again after a few months. Will not this make confusion worse confounded, and intensify the very mischief this scheme is supposed to reform? These lieutenants, it is stated, are to be attached to regiments. Where will the regiments be found even if two or three are attached to each corps at home? Again, this system of dual control will never work. One lieutenant will like his hospital work, and will, where possible, live at the R.A.M.C. mess. Another will prefer a regimental life, and will play the commanding officer off against the principal medical officer for all he is worth. The commanding officer will find it necessary to have "his" medical officer present when going round barracks, visiting the married quarters, etc., and a telephone message will be sent to the officer in charge of the hospital, just before visiting hour, to say Lieutenant Jones is required by the commanding officer in barracks, leaving the patients in his charge to be looked after by some medical officer who knows nothing about them. This may seem a far-fetched statement, but I have seen similar things happen in the old regimental days, and in the Crimea it was a cause of much administrative friction.

The Dangers of Uncertainty.
 I think I have said enough to show that, though this new scheme has good and liberal points, there are many others that require revision—in fact, the whole thing must be recast before it will be accepted by the medical schools.

The service requires rest. It has been worried and harried by reformers, both military, civil, and medical, till the officers composing it know not where to turn or what will happen next. Uncertainty as to a man's future takes all energy out of him, and he only looks forward to the day he can retire on a pension.

Recommendations.
 Briefly I consider the following points most likely to make the department contented and the schools satisfied.

1. Let the R.A.M.C. be increased to at least 1,200 executive officers, and let this proposed increase be officially notified.
2. On each return of a medical officer from foreign service, let him be granted three months study leave on full pay and allowances, including travelling allowance, the officer being required to give proof that he has honestly utilised the time in post-graduate courses or other special classes.
3. Increase the pay at home and in the Colonies as proposed, but that of colonels and surgeon-generals requires further consideration.
4. Let it be clearly stated (both in rupees and sterling) what the pay of all ranks in India will be, also what

THE TIMES, TUESDAY,
 NOVEMBER 26, 1901.

ARMY MEDICAL SERVICES ADVISORY BOARD.

TO THE EDITOR OF THE TIMES.

Sir,—I read this morning that in this department "a matron-in-chief" is to be appointed on the board, and, as I have previously noticed, I believe that three other women are to be "advisers" also. May I say how earnestly many of us desire to see similar appointments made in another State department—the Local Government Board? When the subject of nursing the sick has become the chief and most important of the duties of the Poor Law, I venture to ask if it is unreasonable to demand that at least some women should be consulted on matters which have always been considered their especial province? I have long urged an increase of qualified women inspectors, but I add this request as one still more urgent and far-reaching.

Your obedient servant,
 LOUISA TWining (Vice-President of the Workhouse Nursing Association).
 Kensington, Nov. 18.

British Medical Journal.

SATURDAY, NOVEMBER 30TH, 1901.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

Sir.—The letter of Sir Frederick Treves demands reply. It is clear that he is anxious to remove misapprehensions concerning the new scheme, and to show that the War Office earnestly desires to meet A.M.S. requirements in a thoroughly sound way. But unhappily his defence rests on a not unnatural ignorance of the real inner necessities of the R.A.M.C. and of military exigencies generally. In the corps a very just irritation is felt at the prominent position accorded in the scheme to the examinations. Only one inference can be drawn from this feature—namely, that the officers of the R.A.M.C. are deemed so ignorant that only by a constant series of examinations may they be rendered fit for service in the army.

It has been assumed that the history of the corps in South Africa has demonstrated such a degree of professional incompetence that in future this can only be overcome by repeated examinations; and so the new scheme provides for seven in eighteen years. This assumption is not complimentary to the medical officers, nor is it even commonly just, for it is a concession to the groundless clamour raised by Mr. Bardett-Goutts, whose value as a faithful critic has long since been discounted in your columns and elsewhere. Amongst the many R.A.M.C. officers who have served since 1899 in South Africa it is not denied that there were some whose professional attainments were not of a high order; but the bulk of them were skilful, experienced, conscientious servants of the State, and the new scheme has shocked them, indicating as it does the diminished appreciation in which they are held both by the Secretary of State and by their civil confidants who occupied so large a place on the Committee.

The system of examinations ruins the scheme, as no such system could ever produce the best men. Sir Frederick says "it is the purpose of these examinations to make promotion in the service dependent upon professional ability." The answer to this is obvious. The best surgeon or physician who ever lived might easily make one of the most unsuitable officers the R.A.M.C. ever had. Sound "professional ability" is always necessary in the A.M.S., but it is only one of many essentials. An officer who is only a "good doctor" to use Sir Redvers Buller's phrase, may be a very useless administrator, and no examination in the world can indicate the possession of the qualities necessary for the latter. The multifarious duties required from the medical officer demand much more than is contained in the term "professional ability," and when one acquainted with the corps realises the nature of the work demanded from the R.A.M.C. officers in all parts of our empire, it is easy to understand the contempt that is now openly expressed for the elaborate system of examinations devised by the Secretary of State's Committee.

Sir Frederick condemns "confidential reports;" there is nothing in the new scheme to show that these are to be abolished; in fact, their retention, unsatisfactory as they are, is a necessity; and all that they need is a radical modification to make them very useful records indeed as regards the determination of an officer's fitness for promotion.

Sir Frederick claims support for the Advisory Board, but it is extremely unlikely that this will be accorded. No other branch of the army is ruled by such a body. Paragraphs 5 to 16 of the scheme defines its duties, and under Paragraph 17 even the appointment of the Director General himself is to be subject to its advice. From this it will easily be realised what in future his position will be and from the range of duties under the control of the Board it is clear that his unfettered action on any single branch of his work is henceforth impossible.

We have thought that the tendency of the time was in favour of an extension of the principle of individual responsibility; but the creation of the Advisory Board is absolutely destructive of any such principle; and when one contemplates the constitution of the Board one stands dismayed at the idea of any useful work ever being carried out by such a body. I hesitate to differ from Sir Frederick Treves, but the opinion expressed by the critic he quotes is exactly the one generally held. "The D.G. as a personal factor in the R.A.M.C. practically disappears." The Director-General is only the Chairman of the Board, and may at any time be out-voted; where then, comes in his "responsibility?"

To myself, an officer of 35 years' experience in the A.M.S. the scheme as it stands seems hopelessly unworkable, and it

HARVEY.—On the 1st Dec. at 10.30, Surgeon-General HARVEY, G. R., D.S.O., F.R.C.S., D. Director-General of the Indian Medical Service, eldest son of the late Dr. Alexander Harvey, Regius Professor of Materia Medica in the University of Aberdeen. 1001.

Pension.

It may be said the new proposed examinations will not include such aged men. Let us see. A considerable number of the officers commissioned during the past two years have been 30 and even 31 years of age, and it is specially stipulated that civil surgeons who have served in the war may be admitted even if over the limit of age. Thus we see 30 + 18 (the time of service for the final examination) = 48, and though this may be the limit, there will be a large proportion of officers of 45 and over. Officers who fail may have a second trial before they complete twenty years service, and mark what follows. *Should he fail a second time he will be compulsorily retired on a gratuity of £2,500*, though by the special permission of the Secretary of State he may be allowed to complete twenty years service and then retire on a pension. The amount of pension is not mentioned—it may be £200 or it may be £365 a year—but the fact remains that the right to retire on £1 a day after twenty years service is taken away, and the unfortunate officer who fails to pass has to take £2,500, equal to, say, £100 a year, or trust to the mercy of the Secretary of State to grant him a pension that will enable him to live. It is rather amusing to read in Sir Frederick Treves's final remarks that "it is possible also that the much-cherished right to retire after twenty years service on £1 a day has not been so entirely overlooked as some who have written on the subject suppose."

This, in racing parlance, would be called "hedging," but the man who trusts to it will have himself to blame if he finds himself "compulsorily retired" on a gratuity, though he may through the mercy of the Secretary of State be granted a pension.

Charge and Special Pay.

In paragraph 6, Sir Frederick makes allusion to the grant of "charge pay" and increased pay for special qualifications, both most excellent innovations.

A Medical Staff College.

In No. 7 mention is made of the establishment of a "military hospital and medical staff college" for the training of officers of the R.A.M.C., but when will this be carried out?

What is to become of the roster? It is evident that it will be completely dislocated, and as the captains return from foreign service they will have to go abroad again after a few months. Will not this make confusion worse confounded, and intensify the very mischief this scheme is supposed to reform? These lieutenants, it is stated, are to be attached to regiments. Where will the regiments be found even if two or three are attached to each corps at home? Again, this system of dual control will never work. One lieutenant will like his hospital work, and will, where possible, live at the R.A.M.C. mess. Another will prefer a regimental life, and will play the commanding officer off against the principal medical officer for all he is worth. The commanding officer will find it necessary to have "his" medical officer present when going round barracks, visiting the married quarters, etc., and a telephone message will be sent to the officer in charge of the hospital, just before visiting hour, to say Lieutenant Jones is required by the commanding officer in barracks, leaving the patients in his charge to be looked after by some medical officer who knows nothing about them. This may seem a far-fetched statement, but I have seen similar things happen in the old regimental days, and in the Crimea it was a cause of much administrative friction.

The Dangers of Uncertainty.

I think I have said enough to show that, though this new scheme has good and liberal points, there are many others that require revision—in fact, the whole thing must be recast before it will be accepted by the medical schools.

The reform requires rest. It has been worried and harried by reformers, both military, civil, and medical, till the officers composing it know not where to turn or what will happen next. Uncertainty as to a man's future takes all energy out of him, and he only looks forward to the day he can retire on a pension.

Recommendations.

Briefly I consider the following points most likely to make the department contented and the schools satisfied.

1. Let the R.A.M.C. be increased to at least 1,200 executive officers, and let this proposed increase be officially notified.
2. On each return of a medical officer from foreign service, let him be granted three months study leave on full pay and allowances, including travelling allowance, the officer being required to give proof that he has honestly utilised the time in post-graduate courses or other special classes.
3. Increase the pay at home and in the Colonies as proposed, but that of colonels and surgeon-generals requires further consideration.
4. Let it be clearly stated (both in rupees and sterling) what the pay of all ranks in India will be, also what

THE TIMES, TUESDAY, NOVEMBER 26, 1901.

ARMY MEDICAL SERVICES ADVISORY BOARD.

TO THE EDITOR OF THE TIMES.

Sir,—I read this morning that in this department "a matron-in-chief" is to be appointed on the board, and, as I have previously noticed, I believe that three other women are to be "advisers" also. May I say how earnestly many of us desire to see similar appointments made in another State department—the Local Government Board? When the subject of nursing the sick has become the chief and most important of the duties of the Poor Law, I venture to ask if it is unreasonable to demand that at least some women should be consulted on matters which have always been considered their especial province? I have long urged an increase of qualified women inspectors, but I add this request as one still more urgent and far-reaching.

Your obedient servant,
LOUISA TWining (Vice-President of the
Workhouse Nursing Association).

Kenington, Nov. 18.

British Medical Journal.

SATURDAY, NOVEMBER 30TH, 1901.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

Sir,—The letter of Sir Frederick Treves demands reply. It allows will be given, especially for charge of hospitals, travelling allowance, etc. Let there be no mistake on this point and let the warrant clearly show all details.

5. Let all lieutenants proceed on foreign service as soon as they pass the examinations at Netley and Aldershot. No examination is required, as now proposed, on professional subjects before promotion to captain, but it should be certified that the lieutenant thoroughly understands military law, knows his drill, and is fit for an independent charge.

6. Between the ninth and eleventh years of service each captain should be granted six months special leave to attend a large general hospital, and at the end of that time let him pass an examination, such as that proposed, before being granted the rank of major. Let this include all subjects, professional and departmental, and, if thought advisable, give officers who make high marks and are well reported on, some special promotion. After this let all examinations cease, but let promotion to the rank of lieutenant-colonel be granted only when officers are thoroughly well reported on by principal medical officers and general officers commanding.

7. Let the "right to retire" at twenty years service on £1 a day be made absolute, subject of course to good conduct.

8. Officers not likely to be fit for administrative duties should be retired at twenty years service, and those who are not selected for the special position of one of the fifty senior lieutenant-colonels should be retired at twenty-five years service on the extra pension.—I am, etc.

J. B. HAMILTON,

Crownwell Mansions, S.W., Nov. 25th. Surgeon-General (retired).

"It is the purpose of these examinations to make promotion in the service dependent upon professional ability." The answer to this is obvious. The best surgeon or physician who ever lived might easily make one of the most unsuitable officers the R.A.M.C. ever had. Sound "professional ability" is always necessary in the A.M.S., but it is only one of many essentials. An officer who is only a "good doctor," to use Sir Redvers Buller's phrase, may be a very useless administrator, and no examination in the world can indicate the possession of the qualities necessary for the latter. The multifarious duties required from the medical officer demand much more than is contained in the term "professional ability," and when one acquainted with the corps realises the nature of the work demanded from the R.A.M.C. officers in all parts of our empire, it is easy to understand the contempt that is now openly expressed for the elaborate system of examinations devised by the Secretary of State's Committee.

Sir Frederick condemns "confidential reports;" there is nothing in the new scheme to show that these are to be abolished; in fact, their retention, unsatisfactory as they are, is a necessity; and all that they need is a radical modification to make them very useful records indeed as regards the determination of an officer's fitness for promotion.

Sir Frederick claims support for the Advisory Board, but it is extremely unlikely that this will be accorded. No other branch of the army is ruled by such a body. Paragraphs 5 to 16 of the scheme defines its duties, and under Paragraph 17 even the appointment of the Director-General himself is to be subject to its advice. From this it will easily be realised what in future his position will be and from the range of duties under the control of the Board it is clear that his unfettered action on any single branch of his work is henceforth impossible.

We have thought that the tendency of the time was in favour of an extension of the principle of individual responsibility; but the creation of the Advisory Board is absolutely destructive of any such principle; and when one contemplates the constitution of the Board one stands dismayed at the idea of any useful work ever being carried out by such a body. I hesitate to differ from Sir Frederick Treves, but the opinion expressed by the critic he quotes is exactly the one generally held. "The D.G. as a personal factor in the R.A.M.C. practically disappears." The Director-General is only the Chairman of the Board, and may at any time be out-voted; where then, comes in his "responsibility?"

To myself, an officer of 35 years' experience in the A.M.S. the scheme as it stands seems hopelessly unworkable, and it

HARVEY.—On the 1st Dec. at Simla, Surgeon-General ROBERT HARVEY, C.B., D.R.O., F.R.C.P., LL.D., Dower-General of the Indian Medical Service, eldest son of the late Dr. Alexander Harvey, Regius Professor of Materia Medica in the University of Aberdeen. 1901.

Pension.

It may be said the new proposed examinations will not include such aged men. Let us see. A considerable number of the officers commissioned during the past two years have been 30 and over 31 years of age, and it is specially stipulated that civil surgeons who have served in the war may be admitted even if over the limit of age. Thus we see 30 + 15 (the time of service for the final examination) = 45, and though this may be the limit, there will be a large proportion of officers of 45 and over. Officers who fail may have a second trial before they complete twenty years service, and mark what follows. *Should he fail a second time he will be compulsorily retired on a gratuity of £2,500*, though by the special permission of the Secretary of State he may be allowed to complete twenty years service and then retire on a pension. The amount of pension is not mentioned—it may be £200 or it may be £365 a year—but the fact remains that the right to retire on £1 a day after twenty years service is taken away, and the unfortunate officer who fails to pass has to take £2,500, equal to, say, £300 a year, or trust to the mercy of the Secretary of State to grant him a pension that will enable him to live. It is rather amusing to read in Sir Frederick Treves's final remarks that "it is possible also that the much-cherished right to retire after twenty years service on £1 a day has not been so entirely overlooked as some who have written on the subject suppose."

This, in racing parlance, would be called "hedging," but the man who trusts to it will have himself to blame if he finds himself "compulsorily retired" on a gratuity, though he may through the mercy of the Secretary of State be granted a pension.

Charge and Special Pay.

In paragraph 6, Sir Frederick makes allusion to the grant of "charge pay" and increased pay for special qualifications, both most excellent innovations.

A Medical Staff College.

In No. 7 mention is made of the establishment of a "military hospital and medical staff college" for the training of officers of the R.A.M.C., but when will this be carried out?

Nearly ten years ago, when Principal Medical Officer of the Home District, in common with many of my predecessors, I urged the necessity for a new Guards Hospital in place of the three old rabbit warrens situated in the back slum called Rochester Row. I believe a new hospital is now being built at Millbank, but when will it be finished and ready for use? If we see the new proposed hospital and staff college this time ten years we shall be lucky, as, when the present excitement dies down, the question will be quietly shelved by the Financial Department.

Home Service of Junior Officers.

Before I conclude I wish to draw attention to a most fatal blot in the scheme, namely, the keeping at home of all the junior officers till they complete four years service, and pass the examination for the rank of captain. It is actually intended to retain all these junior officers (I have this on the authority of Sir F. Treves) for four years at home, that is after entrance some six months at Nottley and Aldershot, then three years attached to a station hospital and a regiment, then a six months course at a civil hospital, in all four years, before the examination for the rank of captain.

The effect of this will be an accumulation of all the lieutenants R.A.M.C. in the United Kingdom, and putting down the entries at fifty per annum as a minimum (probably they will be far more if the schools accept the new warrant, as not only has the "waste" of the service to be made good, but the increase of strength will have also to be considered) there will at the end of four years be an accumulation of at least 200 lieutenants at home.

What is to become of the roster? It is evident that it will be completely dislocated, and as the captains return from foreign service they will have to go abroad again after a few months. Will not this make confusion worse confounded and intensify the very mischief this scheme is supposed to reform? These lieutenants, it is stated, are to be attached to regiments. Where will the regiments be found even if two or three are attached to each corps at home? Again, this system of dual control will never work. One lieutenant will like his hospital work, and will, where possible, live at the R.A.M.C. mess. Another will prefer a regimental life and will play the commanding officer off against the principal medical officer for all he is worth. The commanding officer will find it necessary to have "his" medical officer present when going round barracks, visiting the married quarters, etc., and a telephone message will be sent to the officer in charge of the hospital, just before visiting hour, to say Lieutenant Jones is required by the commanding officer in barracks, leaving the patients in his charge to be looked after by some medical officer who knows nothing about them. This may seem a far-fetched statement, but I have seen similar things happen in the old regimental days, and in the Crimea it was a cause of much administrative friction.

The Dangers of Uncertainty.

I think I have said enough to show that, though this new scheme has good and liberal points, there are many others that require revision—in fact, the whole thing must be recast before it will be accepted by the medical schools.

The service requires rest. It has been worried and harried by reformers, both military, civil, and medical, till the officers composing it know not where to turn or what will happen next. Uncertainty as to a man's future takes all energy out of him, and he only looks forward to the day he can retire on a pension.

Recommendations.

Briefly I consider the following points most likely to make the department contented and the schools satisfied.

1. Let the R.A.M.C. be increased to at least 1,200 executive officers, and let this proposed increase be officially notified.
2. On each return of a medical officer from foreign service, let him be granted three months study leave on full pay and allowances, including travelling allowance, the officer being required to give proof that he has honestly utilised the time in post-graduate courses or other special classes.
3. Increase the pay at home and in the Colonies as proposed, but that of colonels and surgeon-generals requires further consideration.
4. Let it be clearly stated (both in rupees and sterling) what the pay of all ranks in India will be, also what

THE TIMES, TUESDAY, NOVEMBER 26, 1901.

ARMY MEDICAL SERVICES ADVISORY BOARD.

TO THE EDITOR OF THE TIMES.

Sir,—I read this morning that in this department "a matron-in-chief" is to be appointed on the board, and, as I have previously noticed, I believe that three other women are to be "advisers" also. May I say how earnestly many of us desire to see similar appointments made in another State department—the Local Government Board? When the subject of nursing the sick has become the chief and most important of the duties of the Poor Law, I venture to ask if it is unreasonable to demand that at least some women should be consulted on matters which have always been considered their especial province? I have long urged an increase of qualified women inspectors, but I add this request as one still more urgent and far-reaching.

Your obedient servant,
LOUISA TWining (Vice-President of the
Workhouse Nursing Association).

Kenington, Nov. 18.

British Medical Journal.

SATURDAY, NOVEMBER 30TH, 1901.

is certain to prove anything but attractive to would-be candidates. The reforms needed in the A.M.S. could have been obtained so much more easily, that it is difficult to understand why such cumbersome machinery has been erected. The Committee, we know, have desired to find a remedy for existing evils, but have failed simply from the want of that special knowledge which could alone give the key to the puzzle.—I am, etc.
November 26th.
E. F.

irritation is felt at the prominent position accorded in the scheme to the examinations. Only one inference can be drawn from this feature—namely, that the officers of the R.A.M.C. are deemed so ignorant that only by a constant series of examinations may they be rendered fit for service in the army.

It has been assumed that the history of the corps in South Africa has demonstrated such a degree of professional incompetence that in future this can only be overcome by repeated examinations; and so the new scheme provides for seven in eighteen years. This assumption is not complimentary to the medical officers, nor is it even commonly just, for it is a concession to the groundless clamour raised by Mr. Burdett-Coutts, whose value as a faithful critic has long since been discounted in your columns and elsewhere. Amongst the many R.A.M.C. officers who have served since 1899 in South Africa it is not denied that there were some whose professional attainments were not of a high order; but the bulk of them were skilful, experienced, conscientious servants of the State, and the new scheme has shocked them, indicating as it does the diminished appreciation in which they are held both by the Secretary of State and by their civil confidants who occupied so large a place on the Committee.

The system of examinations ruins the scheme, as no such system could ever produce the best men. Sir Frederick says "it is the purpose of these examinations to make promotion in the service dependent upon professional ability." The answer to this is obvious. The best surgeon or physician who ever lived might easily make one of the most unsuitable officers the R.A.M.C. ever had. Sound "professional ability" is always necessary in the A.M.S., but it is only one of many essentials. An officer who is only a "good doctor," to use Sir Redvers Buller's phrase, may be a very useless administrator, and no examination in the world can indicate the possession of the qualities necessary for the latter. The multifarious duties required from the medical officer demand much more than is contained in the term "professional ability," and when one acquainted with the corps realises the nature of the work demanded from the R.A.M.C. officers in all parts of our empire, it is easy to understand the contempt that is now openly expressed for the elaborate system of examinations devised by the Secretary of State's Committee.

Sir Frederick condemns "confidential reports;" there is nothing in the new scheme to show that these are to be abolished; in fact, their retention, unsatisfactory as they are, is a necessity; and all that they need is a radical modification to make them very useful records indeed as regards the determination of an officer's fitness for promotion.

Sir Frederick claims support for the Advisory Board, but it is extremely unlikely that this will be accorded. No other branch of the army is ruled by such a body. Paragraphs 5 to 16 of the scheme define its duties, and under Paragraph 17 even the appointment of the Director-General himself is to be subject to its advice. From this it will easily be realised what in future his position will be and from the range of duties under the control of the Board it is clear that his unfettered action on any single branch of his work is henceforth impossible.

We have thought that the tendency of the time was in favour of an extension of the principle of individual responsibility; but the creation of the Advisory Board is absolutely destructive of any such principle; and when one contemplates the constitution of the Board one stands dismayed at the idea of any useful work ever being carried out by such a body. I hesitate to differ from Sir Frederick Treves, but the opinion expressed by the critic he quotes is exactly the one generally held. "The D.G. as a personal factor in the R.A.M.C. practically disappears." The Director-General is only the Chairman of the Board, and may at any time be out-voted; where then, comes in his "responsibility?"

To myself, an officer of 35 years' experience in the A.M.S., the scheme as it stands seems hopelessly unworkable, and it

HARVEY.—On the 1st Dec. at Rank, Surgeon-General
ROBERT HARVEY, G.R., D.S.O., F.R.C.S., F.R.C.P., F.R.D., Director-General
of the Indian Medical Service, eldest son of the late Dr. Alexander
Harvey, Regius Professor of Materia Medica in the University of
Aberdeen. 1901.

SATURDAY, DECEMBER 7TH, 1901.

REORGANISATION OF THE ARMY MEDICAL SERVICE.
WITH many communications commenting on the new scheme we have also received a large bundle of letters addressed to and forwarded to us by Dr. Thompson, M.P., from which we propose to give extracts in a subsequent issue. He has also favoured us with the following letter:

SIR,—I send a few of the more important letters which I have received from army medical officers. There is no necessity to urge upon your readers and the medical profession in these islands their great importance. Neither should it need much pressure to request that they should receive the very earnest attention of the War Secretary and the heads of the Army Medical Department. All my correspondents with one voice condemn the report of the Commission, and warn the authorities that if a warrant is issued based on the Committee's report the result must be to make the position of the R.A.M.C. far worse than it was originally. I have taken the liberty of writing several times to Mr. Brodric and have conveyed to him the wishes of officers who have been good enough to communicate with me. I have before stated I believe in Brodric, and feel certain that it is his desire to make the R.A.M.C. what it should be, namely, thoroughly efficient. The letters I enclose for your perusal will clearly demonstrate the great initial mistake which was made in not allowing the army medical officers to choose their own representatives on the Committee; and, secondly, in not taking evidence of representative medical officers. The result has been a report which in many particulars, unless amended, will prove a dismal failure. Some months ago I published in the *BRITISH MEDICAL JOURNAL* a scheme of army medical reform, suggested to me by correspondence with a very large number of army surgeons. Without exception this scheme has been accepted as most satisfactory by every officer who has written to me; of course it was merely a skeleton scheme, but it could have been made the basis of a thorough and lasting reform, as it remedied all the grievances, both social and otherwise, the army surgeon complained of. In criticising the Committee's report, exception is taken by all my correspondents or most of them:

1. To the Advisory Board; several officers from India pertinently ask, How would the corps of Royal Engineers like to have their military affairs controlled by an Advisory Board half civilian and half military? This Board will never work, and should be made an exclusively Military Board or else abolished altogether.
2. To the total absence of the reforms necessary to improve the social position of the officers of the Army Medical Service by ranking their corps next to the other scientific corps of the army.
3. To the abolition of the pension of £1 per diem after twenty years service, which is looked upon by every officer in the service as the one privilege they desire most earnestly to see retained.
4. To the harassing series of examinations necessary to secure promotion.
5. To the absence of sufficient notice of the difference in the Indian pay of the medical and combatant officer.
6. To the retention of a special and necessarily favoured corps of medical officers for the Guards. This is really a very serious matter, and, if the recommendation of the War Office Committee is retained, will cause in the future no end of friction, jealousy, and ill-will.
7. To the absence of recommendations as regards regular leave.
8. To the indefiniteness of the recommendations as regards the future strength of the corps.
9. To the absence of a distinct understanding that the director-general shall rank as a lieutenant-general.
10. Many of my correspondents have an affection for Netley, and prefer it to any new home in London or elsewhere. They ask—and very reasonably—Why not make Netley thoroughly up to date? It can easily be done, and the situation is far better and more healthy for officers who have seen active service than any hospital in or near London.

There are many other minor objections contained in the letters which have reached me, but if those I have referred to are remedied the Army Medical Service will have good reason to remember with affection and respect the efforts the War Secretary is making to place their corps on a satisfactory basis. Sir Frederick Treves—a name held in the highest respect throughout these countries and the world—has lately written an important letter to the *Times*, recommending the Army Medical Service as a fitting career for our young surgeons. I am afraid he has not properly gauged the strength of the objections held by officers of the R.A.M.C. to the Committee's recent report, or else he has failed to grasp the effect this almost universal condemnation of the scheme by those most interested will be certain to have on intending candidates. Sir F. Treves has clearly great influence with the War Secretary. I trust he will use it in pressing on his attention the matters referred to in this letter.

Believe me, faithfully yours,

EDWARD THOMPSON, F.R.C.S.I.

Omagh, Nov. 25th.

THE REFORM OF THE ARMY MEDICAL SERVICE.
IMMEDIATELY after the publication of Mr. Brodric's scheme for the reorganisation of the medical services of the army, we expressed the opinion¹ that although the good intentions of its framers were manifest, they had been very imperfectly fulfilled. Some of the principal defects in the scheme were indicated, and criticisms from those best acquainted with the practical working of the Army Medical Service were invited. In response to this invitation we have received a vast number of letters from officers at home and abroad. Owing to the very large demands on the space of the *JOURNAL* made during the last few weeks by matters belonging to the sphere of general medical politics, it has been impossible to do more than present the concentrated essence of these communications. What has been published, however, is abundantly sufficient to show that the scheme has been received by the Army Medical Service with a feeling of bitter disappointment and, indeed, dismay. For this—as may be gathered from our previous article on the

subject—we were prepared; and we hope that the unanimous condemnation of the scheme by the men best qualified to judge of its merits will awaken Mr. Brodric from the enchanted sleep into which he seems to have been thrown by the spells of his Committee of Experts, aided by the lullabies of otiose laudation sung by an ill-informed press.

We have reason to believe that the scheme is no longer an unembodied idea, but, with one or two alterations in points of detail, has already taken concrete shape in a Royal Warrant shortly to be issued. Mr. Brodric has not hitherto shown any particular disposition to take advice; but in the interests alike of the army and of the nation we appeal to him to pause before he asks the King to set his sign manual to a document which will at best fail to secure the immediate purpose for which it is intended, and at worst may hopelessly alienate the medical profession from the service of the army.

As there is still time, and, we believe, opportunity for reconsideration before the final step is taken, the objections which have been brought against the scheme may be briefly recapitulated.

The fundamental objection to the scheme is that, as was to be expected from its origin, it is unworkable. Whether Mr. Brodric himself is to be regarded as its "onlie true begetter," or whether it is the intellectual offspring of the Committee, it betrays in its whole framework the hand of the amateur. Indeed in all his recent dealings with the medical service of the army the Secretary of State for War would appear to have taken as his guiding principle a mistaken interpretation of Hamlet's maxim, "The hand of lesser experience hath the daintier sense." His Committee of Experts was composed mainly of civilians whose only experience of the medical service of the army was gained in the course of a few months' work with the forces under altogether exceptional conditions. Of the duties of medical officers in the ordinary course of their service they could know nothing, and evidently did not trouble to inquire. Mr. Brodric declined to avail himself of information offered him by the British Medical Association and by officers whose long service made them really "experts" in the matter. He even disdained to take counsel with the official heads of the Army Medical Service. Is it any wonder, therefore, that the scheme, like certain plans of campaign that have been heard of, is plausible on paper, but from a practical point of view simply futile?

For instance, it is to be the duty of the Advisory Board to make annual inspections of the military hospitals; How is this to be done in India and the Colonies? No one doubts the public spirit of the distinguished civilian physicians and surgeons on the Board; but will they always be willing to go to any part of an empire on which the sun never sets?

Again, the officers of the Royal Army Medical Corps are for the first eighteen years of their service to be under what John Knox would have called a "monstrous regiment" of examiners. This alone is enough to wreck the scheme. It is a fact beyond all question that the great attraction of the service has hitherto been the practical certainty of earning the right, after twenty years of service, to a pension of £1 a day. It cannot be too clearly understood by the Secretary of State for War that if this right is taken away, as the wording of the scheme seems to imply, he will never get men to enter the service. What is a gratuity of £2,500 to a man of, say 47, who has spent the best years of his life under conditions which tend to make him disinclined, if not unfit, for private practice? We have made inquiries as to the amount payable to an insurance office of good standing that would secure him a life annuity of £365, and we find that on the basis of the average expectation of life the sum would be about £5,000, and in some offices nearly £6,000. Mr. Brodric's scheme invites men to put their fate to the touch at a time when their future career should be well assured. Examinations, as Professor Clifford Allbutt has well pointed out, are the worst possible test of the fitness of a man of mature age for official promotion. When non-collegiate students were a new feature of university life, the playful undergraduate fancy evolved a vision of a child running to its mother with the doleful news, "Oh, mama! papa's plucked again!" This imaginary scene is likely, if Mr. Brodric's scheme is adopted, to become a dismal reality in the medical service of the army, and in not a few cases, we fear, it will be a "grandpapa" that will be plucked. The system of promotion by examination is likely to give all the highest posts to officers versed perhaps in the wiles of bacteria, but not necessarily possessing administrative capacity or the power of handling men.

The system of promotion by merit, as determined by examination, set forth in the scheme is all very well in theory, but it will work out curiously in practice. This may be illustrated by a few concrete instances taken from the *Army List*. Let us assume that a major of February 2nd, 1895, obtains an acceleration of six months; he will gain an increase of

pay (as lieutenant-colonel) six months earlier than he otherwise would have done; but he will not gain a single place, because the date of the batch above him is August 4th, 1895, while the date of his batch is six months and two days later. On the other hand if a major of August 1st, 1897, gains six months acceleration he will go over the heads of 35 of the batch before him. The last man in the first batch referred to might go to the top of the batch, while the first man cannot improve his position at all. Of men who do get over the batch above them, some can go over only five seniors, while others may go over forty or fifty; it all depends on the size of the batch above them. One officer may gain 18 months acceleration by examination at 3 years service, while another may gain 18 months at 10 years. He would therefore be entitled to promotion (by selection) to lieutenant-colonel at 17 years

SIR.—As the accuracy of my statement placing the pay and "advantages" of a surgeon-general at home as high as £1,480 a year has been questioned, will you kindly permit me to give the following figures, as supplied to me from an official source:

	£	s.	d.
Daily pay	...	...	...
Lodging allowance	...	...	...
Stable	...	...	...
Servants	...	...	...
Fuel and light	...	...	...
Forage	...	...	...
Total (daily)	£1 15 0		

This multiplied by 365 equals £1,400 13s. 9d. Each surgeon-general is allowed two soldier grooms, to whom he pays about £1 a month each, or, say, £24 a year. Civilian grooms cost at least £1 18s. a week each, which amounts to 104 guineas, or £109 4s. a year; deducting the £24 paid to the soldier grooms leaves a net balance of £85 4s. to credit, which added to £1,400 13s. 9d. makes a total of £1,485 17s. 9d. per annum. The proposed pay of a surgeon-general is £1,500 a year, from the whole of which income tax has to be deducted, and this leaves the surgeon-generals £15 17s. 9d. a year to the bad; but as in the summer months there is a small reduction in the fuel and light allowance, I showed the loss to be about £10 a year for the new over the old rates.

As regards the rates of pay in India, the following table gives the new rates of home pay converted into rupees at 1s. 4d.:

	Home.	Under 5 years	India.
Lieutenant under 5 years	Rs. 400	...	Rs. 500
Captain over 5 years	...	...	...
...

by which it will be seen that lieutenants and captains will draw less pay in that country than at home. Majors and junior lieutenant-colonels are fairly well paid, but the 50 senior selected lieutenant-colonels (of whom 17 are on the Indian Establishment) will draw but Rs. 1,150 against Rs. 1,450, the pay of all infantry lieutenant-colonels.—I am, etc.

J. B. HAMILTON,
Surgeon-General R.F.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following is the distribution of medical officers employed on the Active or Reserve Lists according to the Army List for December, 1901:

Distribution in December Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals	5	2	3	—	10	—	—
Colonels	10	6	20	1	37	4	—
Lieutenant-Colonels	60	60	27	2	150	2	24
Majors	43	120	117	2	282	1	—
Captains	30	82	111	4	227	5	4
Lieutenants	21	140	59	2	222	2	—
Total	169	410	358	11	948	21	28

The total is exactly the same as last month, but there are slight changes in the distribution; there is 1 fewer at home, 4 fewer in South Africa, and 3 more at other foreign stations. Deducting the seconded and reserve, the total effective active list is 943.

There is still 1 surgeon-general short of the establishment. The number of retired pay officers employed remains practically unaltered.

SATURDAY, DECEMBER 28TH, 1901.

INDIA.

The Report of Mr. Brodrie's Committee on the Reorganisation of the Army Medical Service.—Effect on other Medical Services.

THE report of the Committee on the Army Medical Service has been received with very mingled feelings in India. The increase of the pay of the junior ranks and the granting of charge pay to the senior ones is sufficiently liberal to go a very long way towards removing the principal grievance of the service, and in itself would probably have been effectual in attracting the right stamp of recruits. Unfortunately these concessions have been to a great extent, if not entirely, neutralised by the absurd system of frequent re-examinations, and still more by the abolition of the certainty of a pension after twenty years' service or promotion to the rank of lieutenant-colonel with its pay. The Committee cannot have much faith in the quality of the candidates it expects to obtain if it considers it necessary to re-examine them in such subjects as medicine and surgery within three years of their entry into the service, nor would it serve any useful purpose to test them once more in sanitation, bacteriology, and tropical diseases at such an early

period if the four months course at Netley was not to be cut down to the ridiculous period of two months. The attempt to create a reserve of junior officers is all right as far as it goes, but it is considered that the regulation to readmit from the reserve within three years will only gather in the failures in civil practice—a not altogether desirable thing. Another difficulty will be that officers will not be available for foreign service until after their examination for the rank of captain in the middle of their fourth year, while formerly they might be sent abroad at an earlier period. The examination for the rank of major is already in force, but it is considered doubtful if the mark system in these examinations will work quite fairly or is the best way to ensure the rapid promotion of the most practically efficient men, for some will be much more favourably placed for studying for the examination than others. However, by far the most objectionable feature of the scheme is the series of regulations concerning promotion to the rank of lieutenant-colonel. Under these rules any officer who fails twice in the examination in the miscellaneous assortment of subjects laid down loses all right to any pension whatever, which is only granted by special permission of the Secretary of State. Now it is well known that the mainstay in the attractions of the service has always been the pension of £1 a day after twenty years service, and the taking away of this right will, in the opinion of those best qualified to judge, probably more than counteract the attractions of the increased rates of pay. Just as bad is the provision that, even after running the whole gauntlet of examinations, including that for promotion to the rank of lieutenant-colonel, the unfortunate officer is neither sure of

such promotion, nor even of the pay of the rank unless specially selected for promotion from among those qualified, so that even if all the obstacles of the race are successfully surmounted, all that can be counted on is the pay of a major and the pension of that rank after 21 years service. Under such conditions it will be surprising if many men remain in the corps longer than the three years qualifying for the reserve or a longer period for a gratuity, and that these terms will have to be modified before contentment and well-competed-for examinations are once more the order of the day.

But there is another point of view from which this scheme is of great interest in India, and that is the question of what will be the effect of the enhanced rates of pay proposed for the R.A.M.C. on that of the other medical services. The failure of the navy to secure the required candidates by competitive examination will undoubtedly necessitate the offer of an increased rate of pay. No less urgent is the case of the Indian Medical Service as shown by the shortage of qualified candidates in February last, and the generally recognised grave discontent in the service. Matters will now be brought to a crisis, for the increased pay in the junior ranks, and the charge allowances in the senior now proposed, will actually raise the pay of the R.A.M.C. officers to higher rates than that of the I.M.S. both in the first five years and in the senior ranks of major and lieutenant-colonel, and leave practically no difference between them during the few remaining years in the rank of captain. As all services which spend their whole time in India are paid at a higher rate than similar services which spend much of their time in England, it is evident that the pay of the I.M.S. will have to be very substantially raised in order to secure the number and stamp of men hitherto obtained. This will also raise the question of the pay in civil employ; the reduced rate of pay given for much harder work in the civil branch, based on the long-explored fiction that this is more than made up by private practice, will have to be remedied. The market value of young medical men has been greatly enhanced recently by the five years curriculum and the suppression of unqualified assistants, and this fact must be recognised by the State by the granting of more liberal pay. No time should be lost in meeting this demand in no niggardly way if the Naval and Indian Medical Services are to be saved from the depletion and paralysis which, as the experience of the R.A.M.C. eloquently testifies, are easier to prevent by timely prophylaxis than to cure by carefully-considered and well-meant, if drastic, remedies.

Military Books. (A.O. 134 of 1901.)

1. Placed on sale, and added to the list issued with A.O. 134 of 1901:—

	s.	d.
Finborough Rifle Range, Bye Laws	...	0 1
Volunteers, Efficiency; Regulations respecting the Conditions of, for Officers and Volunteers	0 1	—
Physiology, Elementary, for Army School Teachers, Handbook of. By Major H. E. Deane, Royal Army Medical Corps	...	0 1

SATURDAY, DECEMBER 14TH, 1901.

SATURDAY, DECEMBER 7TH, 1901.

REORGANISATION OF THE ARMY MEDICAL SERVICE. With many communications commenting on the new scheme we have also received a large bundle of letters addressed to and forwarded to us by Dr. Thompson, M.P., from which we propose to give extracts in a subsequent issue. He has also favoured us with the following letter:

Sir,—I send a few of the more important letters which I have received from army medical officers. There is no necessity to urge upon your readers and the medical profession in these islands their great importance. Neither should it need much pressure to request that they should receive the very earnest attention of the War Secretary and the heads of the Army Medical Department. All my correspondents with one voice condemn the report of the Commission, and warn the authorities that if a warrant is issued based on the Committee's report the result must be to make the position of the R.A.M.C. far worse than it was originally. I have taken the liberty of writing several times to Mr. Brodrick and have conveyed to him the wishes of officers who have been good enough to communicate with me. I have before stated I believe in Brodrick, and feel certain that it is his desire to make the R.A.M.C. what it should be, namely, thoroughly efficient. The letters I enclose for your perusal will clearly demonstrate the great initial mistake which was made in not allowing the army medical officers to choose their own representatives on the Committee; and, secondly, in not taking evidence of representative medical officers. The result has been a report which in many particulars, unless amended, will prove a dismal failure. Some months ago I published in the *Barrister Medical Journal* a scheme of army medical reform, suggested to me by correspondence with a very large number of army surgeons. Without exception this scheme has been accepted as most satisfactory by every officer who has written to me; of course it was merely a skeleton scheme, but it could have been made the basis of a thorough and lasting reform, as it remedied all the grievances, both social and otherwise, the army surgeon complained of. In criticising the Committee's report, exception is taken by all my correspondents or most of them.

1. To the Advisory Board; several officers from India pertinently ask, How would the corps of Royal Engineers like to have their military affairs controlled by an Advisory Board half civilian and half military? This Board will never work, and should be made an exclusively Military Board or else abolished altogether.
2. To the total absence of the reforms necessary to improve the social position of the officers of the Army Medical Service by ranking their corps next to the other scientific corps of the army.
3. To the abolition of the pension of £1 per diem after twenty years service, which is looked upon by every officer in the service as the one privilege they desire most earnestly to see retained.
4. To the harassing series of examinations necessary to secure promotion.
5. To the absence of sufficient notice of the difference in the Indian pay of the medical and combatant officer.
6. To the retention of a special and necessarily favoured corps of medical officers for the Guards. This is really a very serious matter, and, if the recommendation of the War Office Committee is retained, will cause in the future no end of friction, jealousy, and ill-will.
7. To the absence of recommendations as regards regular leave.
8. To the indefiniteness of the recommendations as regards the future strength of the corps.
9. To the absence of a distinct understanding that the director-general shall rank as a lieutenant-general.

to. Many of my correspondents have an affection for Netley, and prefer it to any new home in London or elsewhere. They ask—and very reasonably—Why not make Netley thoroughly up to date? It can easily be done, and the situation is far better and more healthy for officers who have seen active service than any hospital in or near London.

There are many other minor objections contained in the letters which have reached me, but if those I have referred to are remedied the Army Medical Service will have good reason to remember with affection and respect the efforts the War Secretary is making to place their corps on a satisfactory basis. Sir Frederick Treves—a name held in the highest respect throughout these countries and the world—has lately written an important letter to the *Times*, recommending the Army Medical Service as a fitting career for our young surgeons. I am afraid he has not properly gauged the strength of the objections held by officers of the R.A.M.C. to the Committee's recent report, or else he has failed to grasp the effect of this almost universal condemnation of the scheme by those most interested will be certain to have on intending candidates. Sir F. Treves has clearly great influence with the War Secretary. I trust he will use it in pressing on his attention the matters referred to in this letter.

Believe me, faithfully yours,
EDWARD THOMPSON, F.R.C.S.I.

Omagh, Nov. 18th.

THE REFORM OF THE ARMY MEDICAL SERVICE.

IMMEDIATELY after the publication of Mr. Brodrick's scheme for the reorganisation of the medical services of the army, we expressed the opinion that although the good intentions of its framers were manifest, they had been very imperfectly fulfilled. Some of the principal defects in the scheme were indicated, and criticisms from those best acquainted with the practical working of the Army Medical Service were invited. In response to this invitation we have received a vast number of letters from officers at home and abroad. Owing to the very large demands on the space of the *Journal*, made during the last few weeks by matters belonging to the sphere of general medical politics, it has been impossible to do more than present the concentrated essence of these communications. What has been published, however, is abundantly sufficient to show that the scheme has been received by the Army Medical Service with a feeling of bitter disappointment and, indeed, dismay. For this—as may be gathered from our previous article on the

subject—we were prepared; and we hope that the unanimous condemnation of the scheme by the men best qualified to judge of its merits will awaken Mr. Brodrick from the enchanted sleep into which he seems to have been thrown by the spells of his Committee of Experts, aided by the lullabies of otiose laudation sung by a ill-informed press.

We have reason to believe that the scheme is no longer an unembodied idea, but, with one or two alterations in points of detail, has already taken concrete shape in a Royal Warrant shortly to be issued. Mr. Brodrick has not hitherto shown any particular disposition to take advice; but in the interests alike of the army and of the nation we appeal to him to pause before he asks the King to set his sign manual to a document which will at best fail to secure the immediate purpose for which it is intended, and at worst may hopelessly alienate the medical profession from the service of the army.

As there is still time, and, we believe, opportunity for reconsideration before the final step is taken, the objections which have been brought against the scheme may be briefly recapitulated.

The fundamental objection to the scheme is that, as was to be expected from its origin, it is unworkable. Whether Mr. Brodrick himself is to be regarded as its "omne true begetter," or whether it is the intellectual offspring of the Committee, it betrays in its whole framework the hand of the amateur. Indeed in all his recent dealings with the medical service of the army the Secretary of State for War would appear to have taken as his guiding principle a mistaken interpretation of Hamlet's maxim, "The hand of lesser experience hath the daintier sense." His Committee of Experts was composed mainly of civilians whose only experience of the medical service of the army was gained in the course of a few months' work with the forces under altogether exceptional conditions. Of the duties of medical officers in the ordinary course of their service they could know nothing, and evidently did not trouble to inquire. Mr. Brodrick declined to avail himself of information offered him by the British Medical Association and by officers whose long service made them really "experts" in the matter. He even disdain to take counsel with the official heads of the Army Medical Service. Is it any wonder, therefore, that the scheme, like certain plans of campaign that have been heard of, is plausible on paper, but from a practical point of view simply futile?

For instance, it is to be the duty of the Advisory Board to make annual inspections of the military hospitals; How is this to be done in India and the Colonies? No one

service if he had passed his examination, but he may not go up for that examination until he has 18 years service!

There are equally curious anomalies in the matter of pay. We have already said that the increase of pay in the junior ranks is on a fairly liberal scale. This statement, however, must be taken as referring only to officers serving at home and in the Colonies. In India the pay of lieutenants and captains will actually be less than it is at home. Again, although the consolidated pay of surgeon-generals looks imposing, the £1,500 a year they will draw under the scheme will, when they have paid income tax on the total sum, leave them rather worse off than they are with their present pay and allowances. If the scheme is not to be an utter failure, it is essential that the Indian Government should enter into a definite agreement, from which it cannot by any official sophistry recede, securing to the medical officers of the army lent to it by the War Office a rate of pay on the higher scale allowed to all other branches of the service, with charge pay in addition.

Other serious defects in the scheme are those pointed out by Professor Ogston, especially in regard to sanitation. The medical service of the army is first of all a sanitary corps. Medicine and surgery are comparatively speaking of secondary importance in time of peace. Hence the proposal that civilian consultants should be appointed is unnecessary, particularly in view of the fact that the service is to be encouraged to produce specialists for itself. This proposal is one of the many manifestations of the vein of suspicion as to the professional efficiency of the Corps that runs through the report of the Committee.

The scheme, as we have said, is full of good intentions, but the service and the profession have learnt by experience that the War Office cannot be trusted to carry out the good intentions of would-be reformers. We are practically invited to leave everything to the Advisory Board, and all will be well. To speak plainly, however, the War Office has played the "confidence trick" so often that we put no trust in vague assurances; before we can conscientiously advise young men to enter the service we must have the full details of the proposed reorganisation before us in black and white. The best thing Mr. Brodrick can do is to refer the whole scheme to a really expert committee, in which the administrative heads of the Army Medical Service shall be included. To the fact that they have been jealously kept aloof from any share in the

pay (as lieutenant-colonel) six months earlier than he otherwise would have done; but he will not gain a single place, because the date of his batch above him is August 4th, 1895, while the date of his batch is six months and two days later. On the other hand if a major of August 1st, 1897, gains six months acceleration he will go over the heads of 35 of the batch before him. The last man in the first batch referred to might go to the top of the batch, while the first man cannot improve his position at all. Of men who do get over the batch above them, some can go over only five seniors, while others may go over forty or fifty; it all depends on the size of the batch above them. One officer may gain 18 months acceleration by examination at 3 years service, while another may gain 18 months at 10 years. He would therefore be entitled to promotion (by selection) to lieutenant-colonel at 17 years

SIR,—As the accuracy of my statement placing the pay and "advantages" of a surgeon-general at home as high as £1,480 a year has been questioned, will you kindly permit me to give the following figures, as supplied to me from an official source:

	£	s.	d.
Daily pay	—	—	2 12 0
Lodging Allowance	—	—	0 11 6
Stable	—	—	0 1 9
Servants	—	—	0 3 0
Post and light	—	—	0 4 3
Forage	—	—	—
Total (daily)	—	—	67 0 0

This multiplied by 365 equals £1,400 13s. 9d. Each surgeon-general is allowed two soldier grooms, to whom he pays about £1 a month each, or say, £24 a year. Civilian grooms cost at least £1 1s. a week each, which amounts to 104 guineas, or £109 4s. a year; deducting the £24 paid to the soldier grooms leaves a net balance of £85 4s. to credit, which added to £1,400 13s. 9d. makes a total of £1,485 17s. 9d. per annum. The proposed pay of a surgeon-general is £3,500 a year, from the whole of which income tax has to be deducted, and this leaves the surgeon-generals £15 17s. 9d. a year to the bad; but as in the summer months there is a small reduction in the fuel and light allowance, I showed the loss to be about £10 a year for the new over the old rates.

As regards the rates of pay in India, the following table gives the new rates of home pay converted into rupees at 1s. 4d.:

	Home.	India.
Lieutenant under 3 years	Rs. 404	Under 5 years — Rs. 320
Captain over 3 years	— 474	— 390
Major	— 506	Over 10 — — 500
Lieutenant-colonel	— 572	— 500

by which it will be seen that lieutenants and captains will draw less pay in that country than at home. Majors and junior lieutenant-colonels are fairly well paid, but the 50 senior selected lieutenant-colonels (of whom 17 are on the Indian Establishment) will draw but Rs. 1,150 against Rs. 1,450, the pay of all infantry lieutenant-colonels.—I am, etc.

J. B. HAMILTON,
Surgeon-General R.F.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following is the distribution of medical officers employed on the Active or Reserve Lists according to the Army List for December, 1901:

Distribution in December Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals	5	1	3	—	9	—	—
Colonels	60	60	88	—	208	4	—
Lieutenant-Colonels	60	60	88	—	210	5	24
Majors	43	129	197	—	369	3	4
Captains	29	89	114	—	232	5	4
Lieutenants	31	140	59	—	230	8	—
Total	111	419	388	11	929	25	32

The total is exactly the same as last month, but there are slight changes in the distribution; there is 1 fewer at home, 4 fewer in South Africa, and 5 more at other foreign stations. Deducting the seconded and reserve, the total effective active list is 943.

There is still 1 surgeon-general short of the establishment. The number of retired pay officers employed remains practically unaltered.

SATURDAY, DECEMBER 28TH, 1901.

INDIA.

The Report of Mr. Brodick's Committee on the Reorganisation of the Army Medical Service.—Effect on other Medical Services.

The report of the Committee on the Army Medical Service has been received with very mingled feelings in India. The increase of the pay of the junior ranks and the granting of charge pay to the senior ones is sufficiently liberal to go a very long way towards removing the principal grievance of the service, and in itself would probably have been effectual in attracting the right stamp of recruits. Unfortunately these concessions have been to a great extent, if not entirely, neutralised by the absurd system of frequent re-examinations, and still more by the abolition of the certainty of a pension after twenty years' service or promotion to the rank of lieutenant-colonel with its pay. The Committee cannot have much faith in the quality of the candidates it expects to obtain if it considers it necessary to re-examine them in such subjects as medicine and surgery within three years of their entry into the service, nor would it serve any useful purpose to test them once more in sanitation, bacteriology, and tropical diseases at such an early

period if the four months course at Netley was not to be cut down to the ridiculous period of two months. The attempt to create a reserve of junior officers is all right as far as it goes, but it is considered that the regulation to readmit from the reserve within three years will only gather in the failures in civil practice—a not altogether desirable thing. Another difficulty will be that officers will not be available for foreign service until after their examination for the rank of captain in the middle of their fourth year, while formerly they might be sent abroad at an earlier period. The examination for the rank of major is already in force, but it is considered doubtful if the mark system in these examinations will work quite fairly or is the best way to ensure the rapid promotion of the most practically efficient men, for some will be much more favourably placed for studying for the examination than others. However, by far the most objectionable feature of the scheme is the series of regulations concerning promotion to the rank of lieutenant-colonel. Under these rules any officer who fails twice in the examination in the miscellaneous assortment of subjects laid down loses all right to any pension whatever, which is only granted by special permission of the Secretary of State. Now it is well known that the mainstay in the attractions of the service has always been the pension of £1 a day after twenty years service, and the taking away of this right will, in the opinion of those best qualified to judge, probably more than counteract the attractions of the increased rates of pay. Just as bad is the provision that, even after running the whole gamut of examinations, including that for promotion to the rank of lieutenant-colonel, the unfortunate officer is neither sure of

such promotion, nor even of the pay of the rank unless specially selected for promotion from among those qualified, so that even if all the obstacles of the race are successfully surmounted, all that can be counted on is the pay of a major and the pension of that rank after 25 years service. Under such conditions it will be surprising if many men remain in the corps longer than the three years qualifying for the reserve or a longer period for a gratuity, and that these terms will have to be modified before contentment and well-competed-for examinations are once more the order of the day.

But there is another point of view from which this scheme is of great interest in India, and that is the question of what will be the effect of the enhanced rates of pay proposed for the R.A.M.C. on that of the other medical services. The failure of the navy to secure the required candidates by competitive examination will undoubtedly necessitate the offer of an increased rate of pay. No less urgent is the case of the Indian Medical Service as shown by the shortage of qualified candidates in February last, and the generally recognised grave discontent in the service. Matters will now be brought to a crisis, for the increased pay in the junior ranks, and the charge allowances in the senior now proposed, will actually raise the pay of the R.A.M.C. officers to higher rates than that of the I.M.S. both in the first five years and in the senior ranks of major and lieutenant-colonel, and leave practically no difference between them during the few remaining years in the rank of captain. As all services which spend their whole time in India are paid at a higher rate than similar services which spend much of their time in England, it is evident that the pay of the I.M.S. will have to be very substantially raised in order to secure the number and stamp of men hitherto obtained. This will also raise the question of the pay in civil employ; the reduced rate of pay given for much harder work in the civil branch, based on the long-explored fiction that this is more than made up by private practice, will have to be remedied. The market value of young medical men has been greatly enhanced recently by the five years curriculum and the suppression of unqualified assistants, and this fact must be recognised by the State by the granting of more liberal pay. No time should be lost in meeting this demand in no niggardly way if the Naval and Indian Medical Services are to be saved from the depletion and paralysis which, as the experience of the R.A.M.C. eloquently testifies, are easier to prevent by timely prophylaxis than to cure by carefully-considered and well-meant, if drastic, remedies.

Military Books. (A.O. 184 Dec 1901.)

1. Placed on sale, and added to the list issued with A.O. 184 of 1901:—

	s.	d.
Finborough Rifle Range, Bye Laws	—	0 1
Volunteers, Efficiency; Regulations respecting the Conditions of, for Officers and Volunteers	0	1
Physiology, Elementary, for Army School Teachers, Handbook of, By Major H. E. Deane, Royal Army Medical Corps	—	0 1

SATURDAY, DECEMBER 14TH, 1901.

SATURDAY, DECEMBER 28TH, 1901.

British Medical Journal.

SATURDAY, JANUARY 4TH, 1902.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

By ROBERT FARQUHARSON, M.D.,
M.P. for West Aberdeenshire.

I.

I AM not a thick-and-thin supporter of Mr. Brodrick's scheme, nor do I damn it with or without faint praise, because the more I look at it the more I am convinced that in its conception and its somewhat confusing details it is fundamentally and radically wrong.

Far better results might have been attained by a wide development of the *status quo ante*, including better pay, position, and authority for the Director-General, and more liberal remuneration for the medical officer, with increased numbers and facilities for private and professional leave, and, if possible, some betterment of his relations to his social environment. Out of these simple materials I believe that a Warrant might have been constructed, which would have inspired confidence instead of suspicion, and, by maintaining the traditions of the service, would have rendered unnecessary the drastic changes which disturb the sentiment of many old-fashioned people like myself.

Coming now to details, I entirely agree with those critics who point out that under the new dispensation a very serious blow will be struck at the prestige and power of the Director-General. It is true that he is now to be a member of the Army Board, and that is a distinct gain; and Paragraph 18 of the Committee's report would seem to show that in some administrative respects he is to be supreme. But in spite of this, it will be difficult to convince the military-medical mind that he is to be anything more than the mere head of an Advisory Board, whose opinion he may take, and whose consent he must obtain before he can say or do anything definite. In the days of his supreme and undivided authority, when his word was law and there was practically no appeal from his decision, all his best qualities were brought out, and a really strong man was usually found to be equal to the occasion. But now his responsibility is to be weakened and diluted, the very points on which immediate advice or decision are most urgently needed must now be talked over with his advisers, who only meet once a fortnight; and not only will he be regarded as merely the mouth-piece of others, but I can foresee a copious crop of delays and worries, and friction from the deliberations of the body over which he is to preside.

Here let me say quite definitely and decidedly that I entirely fail to see the necessity for the infusion of the civilian element into our future military medical deliberations. Their counsel and advice may be of the highest occasional value, and the surgical skill of the surgeons who went out to South Africa was highly appreciated by the army doctors and their patients; but to make them supreme over military arrangements, of which they can practically know nothing, to let them supersede old and experienced officers in hospital inspection, and, above all, to enable them to interfere in any way with the treatment of the sick, is to place a strain upon ordinary human nature which assuredly it cannot bear. If it is really necessary to have such a Board, would it not be better to compose it solely of experienced army surgeons, who have served or are serving, so as to give the Director-General a body of advisers something like what he has now on a smaller scale, or more elaborately after the pattern of the India Council, on whose advice the Secretary of State partly relies?

But it is claimed for the Advisory Board that it is representative, and yet it is quite clear that it is not representative enough. Sir W. Thomson has very properly demanded more seats for the various corporations and medical schools of the United Kingdom, and other protests will soon follow. And if this were granted what would be the inevitable result? A huge unwieldy body representing varied and occasionally conflicting interests, where Irish grievances will jostle Scottish rights, and where the predominant partner, England, may expect to have an occasional look in; where Guy's will contend with Bart's, where promotion may be hoped for by canvassing and international interest, and where at least so much debating facility may be attained as to make this newly-constituted body a serious rival as a variety entertainment to the House of Commons or the General Medical Council.

I can quite understand the necessity for some very definite alteration in our present system, if it can be shown that it has worked badly in the past, and given rise to confusion and failure at home and abroad. But although I have heard and read most of the severe criticisms on the medical conduct of the war, I have seen no successful attempt to disparage the services of the late Director-General. He has been most unfairly pitched overboard, to help the labouring Government ship over the waves of popular clamour; but it is on record that he pointed out early and often the dangerous undermanning of his department, and predicted disaster from it, and his dispositions and arrangements for the medical campaign have never, so far as I know, been called in question. Nor have I ever heard that any of his predecessors have failed in the successful discharge of their duty; and therefore I think I am entitled to say that no real case has been made out for the absolute break-up of a system which, considering some remediable limitations, has worked so well and smoothly in the past.

Now this new Warrant, for I suppose we shall some day see it appear in official form, is the bait by which the best and most finished article turned out of our medical schools is to be caught. Let us be under no illusions on this point. The men who take most advantage of their training, pass high on the honours list, and hold resident appointments, naturally have professional ambitions, and will look out for opportunities of gratifying them. They wish to become hospital physicians and surgeons, or to conduct general practices in the country where they can enjoy a good social position and vary the responsibility of practice by sport or other kinds of outdoor enjoyment, or they may get Colonial appointments or go into a public health career, where a fair income is the reward of interesting and responsible work.

Now what has an army life to offer in competition for this? An assured income undoubtedly, or at least partially

assured, for dotted along nearly the entire course of his professional career grim ordeals stand in his way which he must face or retire into private life, and let intending candidates specially note that instead of the old and unrestricted right to retire on £1 a day after twenty years, the attainment of this period of service is marked by the stern necessity of passing a qualifying examination for promotion in ten different subjects, including law, history, and a bewildering mass of details which will rack the brains of the examinee, and test the ingenuity of the crammer, to whom he will necessarily fly for relief. Never forget the wise words of Dr. Clifford Allbutt, who, speaking out of the fulness of experience, tells us that the sponge-like faculty of rapidly saturating the brain with miscellaneous knowledge, to be squeezed out at examination times, is not possessed equally by all, and is lessened or even lost as time goes on. After twenty years' hard service in all parts of the world, where few, if any, facilities are provided for professional improvement, the military medical officer is to be called on to submit to a test

WAR OFFICE, JAN. 7, 1902.

ARMY MEDICAL SERVICE.—Lieut. Colonel A. Keogh, M.D., C.B., Royal Army Medical Corps, to be Deputy Director-General, and to have the temporary rank of Surgeon-General whilst so employed, vice Surgeon-General H. S. Muir, M.D., C.B., whose period of service in that appointment has expired.

ROYAL ARMY MEDICAL CORPS.—Temporary Major C. Stoddart, C.M.S., Surgeon-Captain (Honorary Imperial Yeomanry), is granted, on relinquishing the appointment of Officer in Command and Chief Surgeon Imperial Yeomanry Field Hospital, the honorary rank of Major in the Army, with permission to wear the uniform of the Corps.

JAN. 11, 1902.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

By ROBERT FARQUHARSON, M.D.,
M.P. for West Aberdeenshire.

II.

LET me next draw attention to one or two points in the report in which more information is needed. First regarding the specialist appointments. These are to be given on the strength of an examination in which 70 per cent. of marks have been obtained. But does this indicate more than the capacity to assimilate and reproduce the contents of some popular textbook, and is no evidence of further training to be required? And when the captain or major is labelled with the qualification to treat the eye or the skin, or to pull teeth or inspect drains, how is this exceptional skill to be maintained in full working order in the absence of opportunities for its practical use. And is this superior guild of practitioner to condescend to ordinary work in the intervals of special, or are they to be kept in reserve to be turned loose upon hospitals and stations in occasional need of their help?

I am next rather perplexed at the suggestion in Paragraph 3 that a military hospital and medical staff college should be constituted without delay. It seems to me that the early lessons of discipline and *esprit de corps* can be perfectly well learnt at Netley, where candidates will have the additional advantage of seeing chronic cases of wounds and tropical diseases which are sent there from abroad, and the idea of a military hospital must be founded on the delusion that there is any essential difference between the diseases of civil and military life. Under the short service system, the army doctor has to keep in health and to treat young, picked, sound men, free of course from degenerative changes and subject largely to enthetic disease, the most serious developments of which are held over until he retires into private life, and to various acute disorders affecting the chest and throat, acute rheumatism and occasionally the exanthemata, and these, with attendance on the women and children of the station, will partially meet the suggestive, though at this stage slightly obscure, exception made in Paragraph 4 of my friend, Professor Ogston's, very practical protest.

I must confess also to feeling much surprise that any experienced army surgeon should have authorised the suggestion to treat soldiers as out patients. Any student of human nature in general and of Tommy Atkins in particular should, I think, have foreseen the complications and difficulties to which this must give rise.

Finally, and perhaps this ought to have come first, I do not quite understand the machinery by which a prospective candidate obtains his nomination, nor do I like the system as much as the old competition, at once the rule and the glory of our English life, which places practically every career and opportunity within the reach of all competent people. It seems to me like taking a step backwards to substitute for the open door free to all, and the earlier passage through which was creditable to the student and his school, a plan by which the young fellows who can attain the favourable notice of their deans are to be shoved ahead of those more retiring or less attractive people, who have been unable to press to the front in the crowd of a big university or hospital.

If Government apologists were asked their reasons for immersing prospective candidates in this hotch-potch of civil and military ingredients, I presume their answer would be that they hoped in this way to get into sympathetic touch with the medical schools, and persuade good men to join the service. I should indeed be rejoiced if I thought this were likely to come about. My impression is that the newly-fledged practitioner is pretty wide-awake and capable of taking care of himself, and that unless the terms offered seem to be fairly satisfactory he will not be persuaded to go against his better judgment even by the advice of his teachers; and I hope I am not too cynical when I hint that he may look with some suspicion on the persuasions of the Advisory Board, who after all must be regarded as the paid official defenders of a system which they themselves have helped to create.

Let me add that as these recommendations have to be worked into practical shape by this ubiquitous and all-embracing Board, it is safe for qualified medical men to take the shilling before they know definitely what their future conditions of service are to be.

It is an old story to tell once more why the Army Medical Department has fallen away from its old position of

Introduction of a Service Dress (Regular Forces and Militia).

Army Order 10 of 1902.

1. His Majesty the King having been graciously pleased to approve of the introduction of a service dress for wear by the Army, the following instructions are promulgated for the guidance of all concerned.

2. The principle adopted has been to provide the soldier—

(a) With a full or ceremonial uniform (which is also to be worn with a cap for walking out); and

(b) With a universal service dress suitable for wear at home and abroad.

3. For the present these instructions are not to be considered applicable to the Household Troops or Militia, to units serving in India, to local forces, or the West India Regiment, except where otherwise stated.

4. During the transition period and for some time after the introduction of the service dress, it will not be possible to secure complete uniformity; it is necessary in the public interest that this should be recognized by commanding officers, in order to render the introduction of the change as little wasteful as possible.

5. The service dress will first be supplied to units returning from South Africa, but in special cases the Secretary of State may designate other units to be placed on the new scales.

6. The new scales of clothing consequent on the introduction of a service dress are detailed in Apps. B and C, and will apply to the units referred to in para. 5. The periods of wear of certain articles at present worn have been altered in the new scales; such of these articles as may be actually in wear when a unit is brought on the new scale will be required to last the shorter period only.

7. New issues (except in the case of first issues to recruits) will count for wear from the next anniversary of the soldier's enlistment day, when extra wear compensation from the date of issue will be credited. Compensation is not payable on the first introduction of new articles on account of any delay which may occur in issue.

8. A soldier who has been brought up under the new scales of issue, and afterwards transferred to a unit clothed under other scales, will continue on the new scale.

9. The Regulations for the Demobilization of Troops Mobilized for Service in South Africa, promulgated by A.O. 118 of 1901, will be considered as modified by these instructions as far as the clothing of units brought under the new scale is concerned.

10. When a unit is brought on the new scales of clothing, any regimental stocks of new personal clothing, or new and part-worn public clothing, not included in these scales will be transferred, under instructions of the General Officer Commanding, to Regular or Militia units on the present scales.

11. Greatcoats and cloaks of the present pattern will continue to be worn. When stocks admit, they will be replaced by the new pattern greatcoats, but 20 per cent. of the present pattern garments in each unit will be retained in addition for use of guards.

12. Until the stock of leather leggings is reduced, they will continue to be worn by dismounted services in place of puttees.

13. Haversacks will only be worn when actually required for use; white or khaki haversacks and khaki mess-tin covers will continue in use by units until the obsolete patterns are used up.

comfortable
weather
wear in

articles of

weighing
more open
and thus
light to the
light pattern
for all ranks.

the dis-
closed by a
holes are
Side slits
back, &c.,

perforated
ventilation
opening up

open with
at bottom
at the ankle

A spur
closed from
fastened
to ease
of use.

with the
the boot,
the strap
may be
of brown
lining of

personal

14. A description of the service dress is given in App. A.

15. Serviceable drab-serge clothing, cord pantaloons, and puttees, will be retained in wear as part of the service dress by units returning from abroad, until reported unserviceable by garrison boards and replaced.

16. Units (excepting Household Troops, but including Militia) which revert to the present scales of clothing on return from abroad will retain in store any serviceable drab-serge clothing, cord pantaloons, or puttees, for utilization when the unit is brought on the service dress scales.

Such articles brought home by Household Troops will be disposed of regimentally. Serviceable felt hats will be returned to the Royal Army Clothing Department by all units returning from abroad.

17. The service dress will not be supplied to reservists who are to be demobilized, and articles shown as "extra on enlistment" will be supplied to recruits only.

18. Until the stock of worsted caps is used up, recruits fitted out under the new scales will receive 1 worsted cap and 1 cap comforter instead of 2 of the latter. Worsteds caps will not be supplied as a sea kit issue to men who have been brought on the new scales.

19. Men of dismounted services supplied under the present scales with cotton or calico drawers will continue to receive the same instead of woollen drawers until stocks are exhausted.

Canvas Clothing.

20. Canvas clothing will be supplied (at a date to be notified later) to Regular Forces and Militia (all ranks under that of sergeant) for wear on fatigues and duties likely to damage uniform clothing, and by recruits at drill. It should be fitted loosely so as to enable it to be worn over uniform. It will not be supplied to men who within 12 months have received a blue or green serge recruits' suit. When the general stock of the recruits' suits has been used up, canvas suits will be supplied instead to recruits.

The 9 sizes of the canvas clothing are shown in App. E.

Full Dress.

21. Consequent on and in connection with the introduction of the service dress, the following alterations are made in the full dress of the Regular Forces:—

(i.) Chevrons and badges of rank will be worn on both arms after a date which will be notified later.

(ii.) Alterations have been sanctioned in the patterns of tunics of—

Royal Field Artillery.

Royal Garrison Artillery.

Infantry of the Line (except Highlanders and Rifles), but the existing stock of tunics must be used up, and the different patterns worn side by side until the change is gradually completed.

(iii.) Scarlet, blue, or black serge or tartan frocks will, except in North America, take the place of the tunic for full dress at stations abroad.

(iv.) The stripes of trousers of Royal Artillery, Royal Engineers, and Military Police will be sewn on the garment instead of being let into it.—A.O. 10, January 1902, page 20.

comfortable
weather
wear in

articles of

weighing
more open
and thus
light to the
light pattern
for all ranks.
The dis-
posed by a
holes are
Side slits
back, &c.,

perforated
ventilation
opening up

men with
bottom
at the ankle
A spur
ed from
fastened
to ease
ital.

with the
the boot,
the strap
may be
of brown
lining of

personal

DESCRIPTION OF THE SERVICE DRESS.

1. The service dress is designed with a view to furnishing a comfortable uniform, light enough to be worn on service abroad, and in warm weather at home, and also, with the addition of warm underclothing, for wear in winter at home.

2. The following is a general description of the various articles of public clothing :—

Public Clothing.

(a.) *Greatcoats.*—Made of rainproofed drab-mixture cloth, weighing about 27 ounces per yard, 54 inches wide, the material being of more open texture than the blue and grey greatcoat cloths at present in use, and thus more easily folded. The coats are made in six sizes, corresponding to the six groups of sizes in Appendix D, are unlined, of the same general pattern for mounted and dismounted services, and of the same quality for all ranks. The coats for mounted services are made larger in the skirt than the dismounted pattern; detachable capes are not worn, being replaced by a short cape with shoulder flaps attached to the coat, and the armholes are made large to facilitate the garment being put on and taken off. Side slits are provided to enable the wearer to get at his pockets, haversack, &c., and there is an adjustable waist strap at the back.

(b.) *Head-dress.*—A hat of thick felt with wide brim, the sides perforated about $\frac{3}{4}$ inch from the top with two rows of ventilating holes. Ventilation is also provided at the head band, and clips are provided for fastening up the brim.

The design of this hat is registered.

It will be worn at stations abroad only.

(c.) *Leggings mounted services.*—Made of brown leather, to fasten with brass removable studs down the front, just clear of the shin bone; the bottom of the legging in front is cut away to give freedom in walking with the ankle boot, the space being covered by the shield worn on the spur strap. A spur rest is provided on each side of the legging which is thus prevented from riding up, being kept in place by the spur. The studs should be fastened and unfastened several times before the legging is first worn in order to ease the stud holes. These leggings are at present considered experimental.

(d.) *Spurs.*—The pattern provisionally approved for wear with the leggings, mounted services, and which can also be worn with the knee boot, is furnished with a stud on the inside, the object being to render the strap passing under the foot removable or adjustable, so that the spur may be readily adjusted above the spur rests on the leggings. Straps are of brown leather, and are worn with a brown leather shield to cover the opening of the leggings in front.

3. The following is a general description of the various articles of personal clothing :—

THE UNIVERSITY OF CHICAGO

Personal Clothing.

(a.) *Jacket.*—Made of a drab mixture serge, weighing from 18 to 20 ounces per yard, 54 inches wide, in 18 sizes (*see* Appendix D), corresponding to the even numbers of the size roll for kersey and tweed frocks, affording a minimum of 5 inches spare over the breast measurement (tailor's measure) of the soldier. It has a turned-down roll collar, shoulder rifle patches, two patch breast pockets with pleats, two strong side pockets of drabbette with flaps, and is pleated slightly at the waist; the waist pleats may be loosened when necessary. It has also a wide false pleat down the centre of the back, and the shoulder straps are removable. It may be made smaller at the waist, regimentally, by a pleat at each side to the necessary extent, as shown in the sealed pattern, but, being a loose fitting garment, very little fitting alteration should be necessary, and on no account is the garment to be made to fit closely.

(b.) *Trousers.*—Made of drab-mixture tartan, weighing about 22 ounces per yard, 54 inches wide, in 18 sizes (*see* Appendix D), corresponding to the even numbers of the present size rolls for cloth and tweed trousers, but 1 inch larger in the waist and considerably looser in the breech and at the knee. The Trousers are cut narrow as they approach the ankle and are made short, just reaching the top of the ankle boot; they are not to be worn in public without leggings or puttees.

(c.) *Titles, badges of rank, &c.*—The titles of units are embroidered on different grounds, as shown below, in order that arms of the service may be more readily distinguished—

- Cavalry—Blue letters on yellow ground.
- Royal Artillery—Red letters on blue ground.
- Royal Engineers—Blue letters on red ground.
- Infantry—White letters on red ground.
- Army Service Corps—Blue letters on white ground.
- Royal Army Medical Corps—Cherry letters on white ground.
- Army Ordnance Corps—Red letters on white ground.
- Army Pay Corps—Yellow letters on white ground.

The wearing of any other colour on the service jacket is strictly forbidden.

The title is embroidered on a curved strip, and will be worn on the upper arms of jackets and greatcoats, about 1 inch from the arm seam of the former, and just clear of the shoulder flap on the latter garment. The battalion number of Infantry regiments, embroidered in the same colours as the titles, will be worn on a separate patch close under the title. Titles, &c., will be sewn on regimentally.

Chevrons and badges of rank of special colour and material will be worn on both arms. Crowns will be worn by colour-sergeants in place of colours. Collar badges will not be worn.

Buttons are of gilding metal, which, when not polished for some time, assumes a dull colour matching the material.

(d.) *Cardigan waistcoat.*—Knitted in brown wool with button front, and intended to be worn in cold weather at home and in North America, either with or without the woollen jersey which forms part of the soldier's kit.

(e.) *Drawers.*—These are made of Shetland worsted yarn, and are issuable for wear in cold weather to dismounted services at home, in North America, and to European troops at Wei-Hai-Wei.

(f.) *Cap, fatigue, Comforter.*—Knitted in brown wool, and can be used as a stable or fatigue cap, and as a neck wrap with the service jacket.

(g.) *Puttees.*—These will take the place of leggings in dismounted services as soon as the reduction of stock of the latter permits, Serge puttees will be issued so long as the stock lasts.

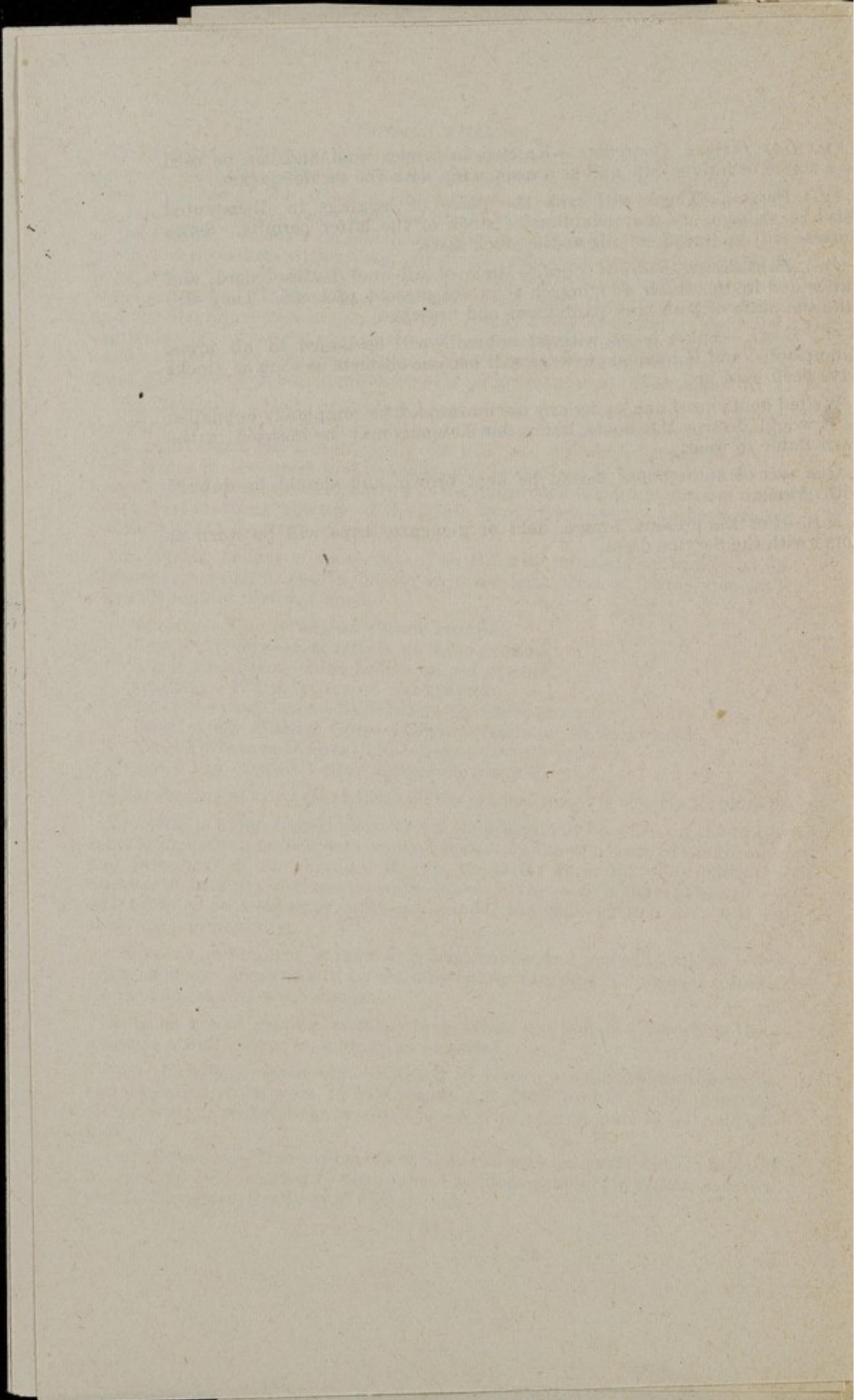
(h.) *Pantaloon, Bedford Cord.*—Made of all-wool Bedford cord, and cut wider in the thigh and breech than the present patterns. They will take the place of both cord pantaloons and breeches.

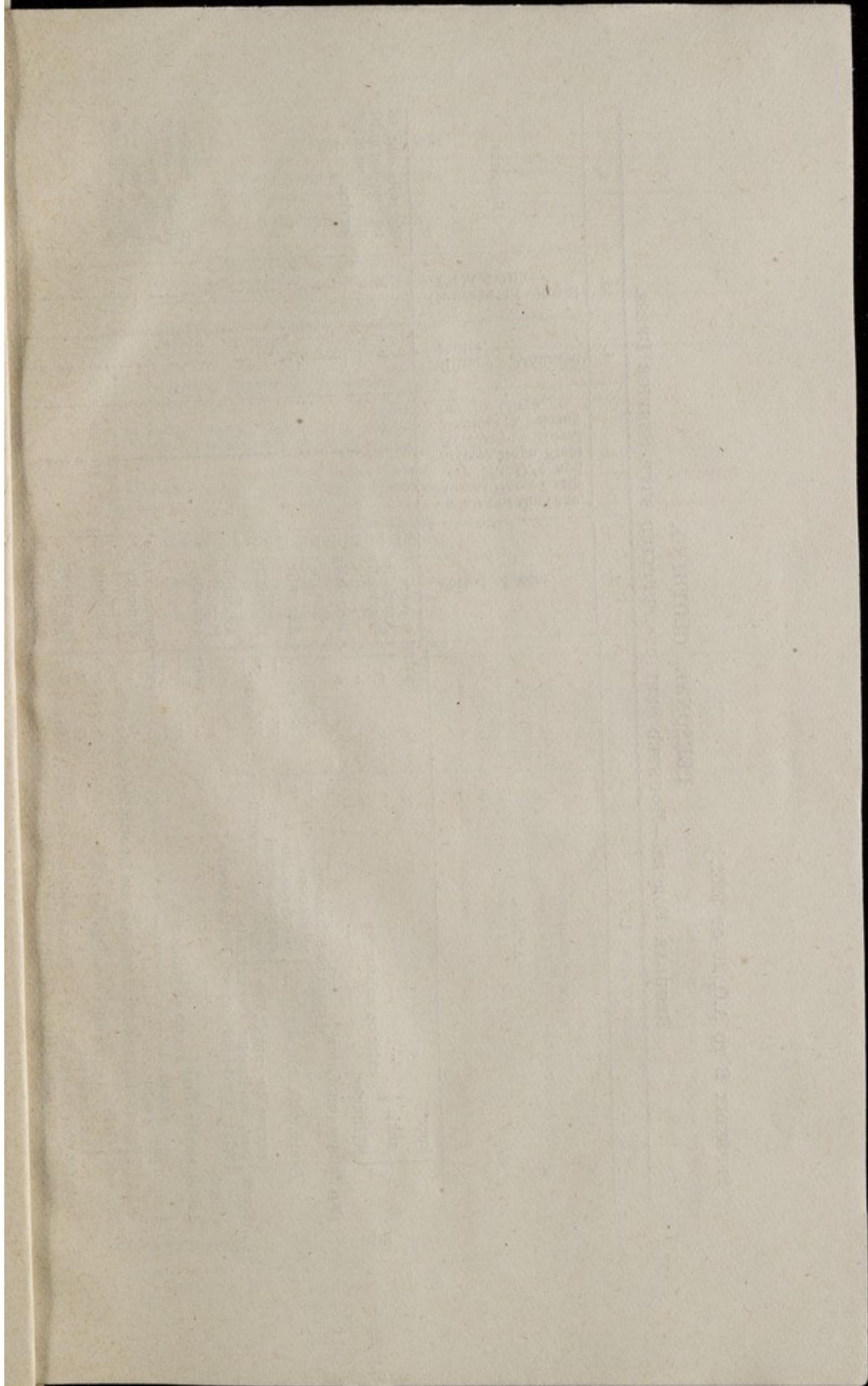
(i.) *Boots.*—Ankle boots without hobnails will be issued to all arms. Clump-soled and hobnailed patterns will become obsolete as soon as stocks have been used up.

Welted boots must not, under any circumstances, be completely hobnailed as it would destroy the boots, but a few hobnails may be inserted in the parts liable to wear.

One pair of ankle boots should be kept brown, and should be dubbed with grease.

N.B.—For the present, forage, field or glengarry caps will be worn at home with the Service dress.





APPENDIX B TO A.O. 10 OF 1902.]

PERSONAL CLOTHING.

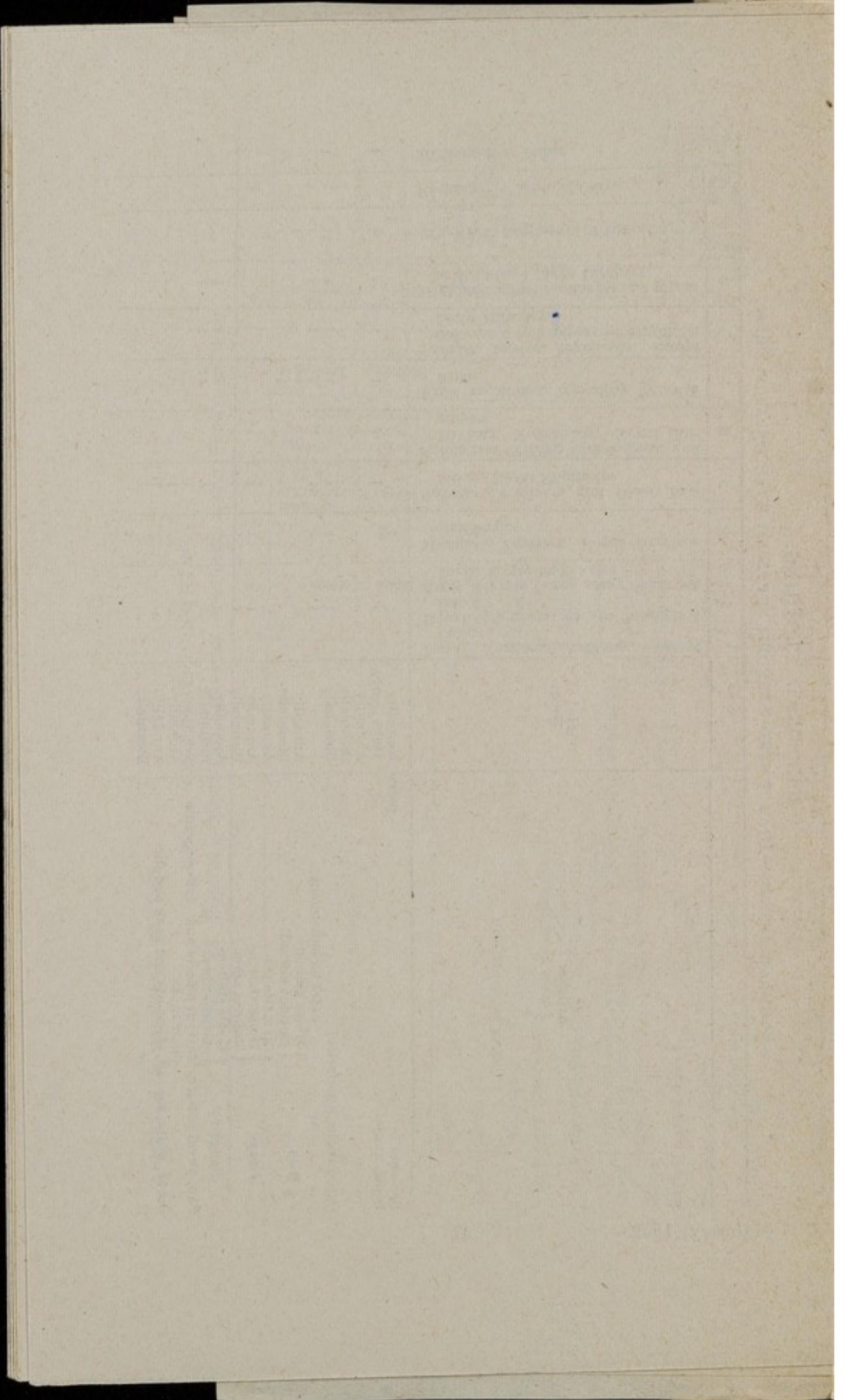
REGULAR FORCES.—MOUNTED SERVICES SUPPLIED WITH SERVICE DRESS.

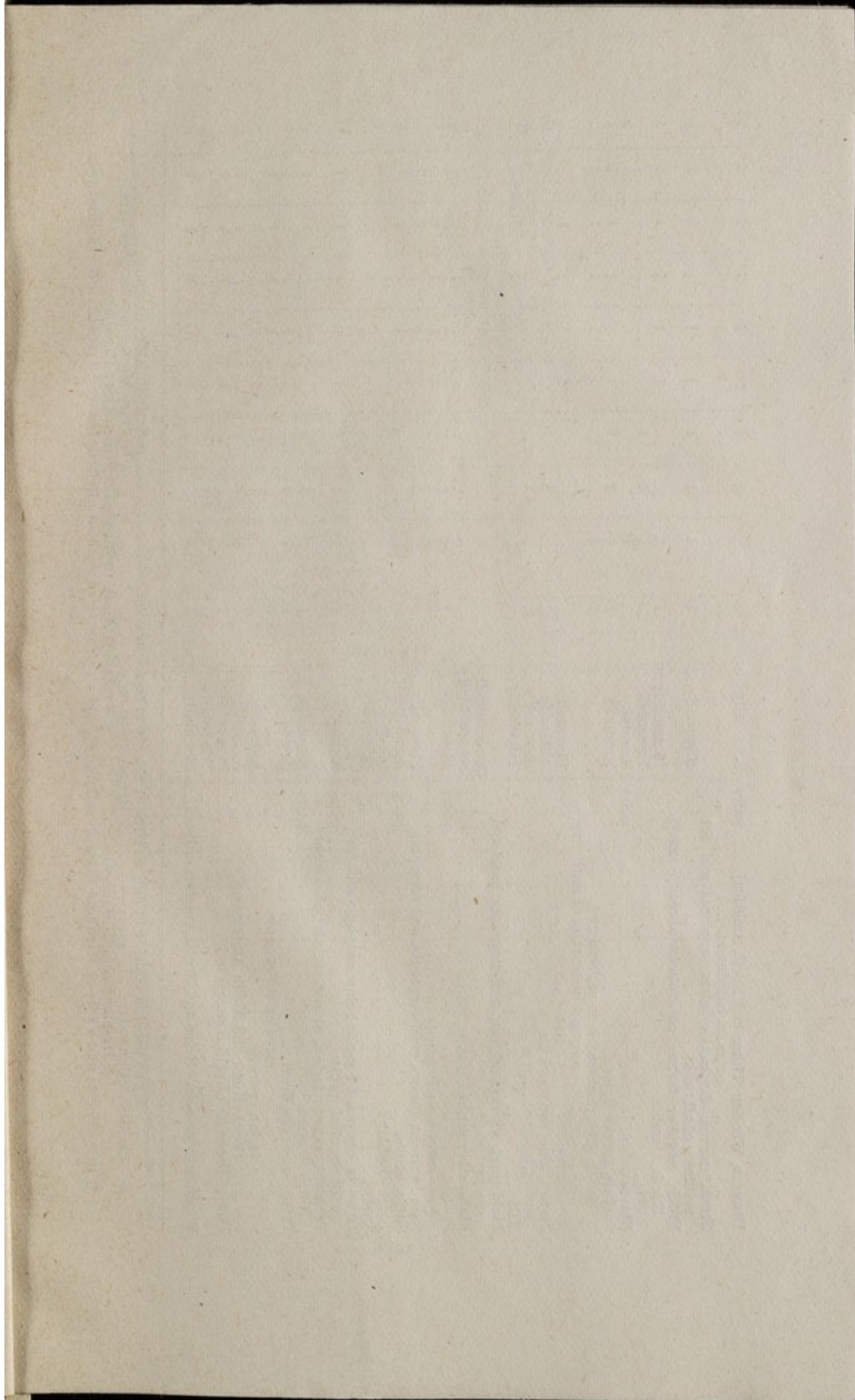
1.		2.		3.		4.		5.		6.	
Articles.		Period of wear.		Cavalry of the Lane, Royal Horse Artillery N.C.O.'s and drivers, Royal Artillery; Royal Engineers, Army Service Corps.		Military Mounted Police.		Grenadiers of Royal Field Artillery.		Remarks.	
Boots {	knee* ...	...	...	1	8 years	1	1	1	1		*Recruits not to be supplied until after 6 months' service.
ankle {	... extra on enlistment	...	...	1	Annually	1	1	1	1		
Wellington {	... extra on enlistment	...	...	1	Biennially	1	1	1	1		
Cap, fatigue (comforter) {	... extra on enlistment	...	...	1	Biennially	1	1	1	1		
forage, with chin strap {	... extra on enlistment	...	...	1	"	1	1	1	1		
	... { all stations	...	...	1	Annually	1	1	1	1		
	... { Home stations	...	...	1	"	1	1	1	1		
	... { stations abroad	...	...	1	Biennially	1	1	1	1		
Frock {	canvas, for ranks below sergeant, and for artificers of all ranks	...	...	1	"	1	1	1	1		
coat, bandmaster (Cavalry only)	...	...	...	1	Annually	1	1	1	1		
serge (abroad only, except North America)	...	...	...	1	18 monthly	1	1	1	1		
Gloves	... pairs	...	...	1	Annually	1	1	1	1		
Jacket, service dress {	... extra on enlistment	...	...	1	"	1	1	1	1		
	... { cloth	...	...	1	Quadrennially	1	1	1	1		
	... { cord	...	...	1	Annually	1	1	1	1		
Trousers {	canvas for ranks below sergeant, and for artificers of all ranks	...	...	1	"	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	Biennially	1	1	1	1		
Tunic (or dress jacket, R.H.A.)	... (Home stations and North America only)	...	...	1	Biennially	1	1	1	1		
w waistcoat, cardigan.	... (Home stations and North America only)	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { service dress	...	...	1	"	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		
	... { service dress	...	...	1	18 monthly	1	1	1	1		
	... { cloth	...	...	1	Biennially	1	1	1	1		
	... { extra after 6 months' service	...	...	1	"	1	1	1	1		

PERSONAL CLOTHING.

REGULAR FORCES—DISMOUNTED SERVICES SUPPLIED WITH SERVICE DRESS.

1.		2	3	4	5	6	7	8	9	10	11	12		
Articles.		Period of Wear.	Royal Garrison Artillery, except Column 4.	Royal Engineers except Columns 5 and 6.	Army Service Corps Army Ordnance Corps, Army Pay Corps.	Mountain Division, Royal Garrison Artillery.	Submarine Miners and Coast Battalion, Royal Engineers.	Submarine Mining Storekeepers and Military Mechanists, Royal Engineers.	Rifle regiments, including Scottish Rifles.	Scottish trewd regiments, except Column 7 and pipers of Highland Light Infantry.	Highland kilted regiments and pipers of Highland Light Infantry.	Other Line regiments of Infantry.	Royal Army Medical Corps.	Military Foot Police.
Breeches	...	Annually	1	1	1	1	1	1	1	1	1	1	1	1
Boots, ankle	...	Half-yearly	1	1	1	1	1	1	1	1	1	1	1	1
"	...	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	...	Biennially	1	1	1	1	1	1	1	1	1	1	1	1
Cap fatigue (comforter)	...	Biennially	1	1	1	1	1	1	1	1	1	1	1	1
"	extra on enlistment	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	Home stations	Biennially	1	1	1	1	1	1	1	1	1	1	1	1
"	stations abroad	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	all stations	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	Home stations	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	stations abroad	Biennially	1	1	1	1	1	1	1	1	1	1	1	1
"	Home stations	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	stations abroad	Triennially	1	1	1	1	1	1	1	1	1	1	1	1
"	Home stations	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	stations abroad	Annually	1	1	1	1	1	1	1	1	1	1	1	1
Cap, naval pattern, warrant officers and other ranks	...	Annually	1	1	1	1	1	1	1	1	1	1	1	1
"	...	Annually	1	1	1	1	1	1	1	1	1	1	1	1
Cover, white, for cap, sergeants and rank and file	...	Biennially	1	1	1	1	1	1	1	1	1	1	1	1
"	...	Biennially	1	1	1	1	1	1	1	1	1	1	1	1

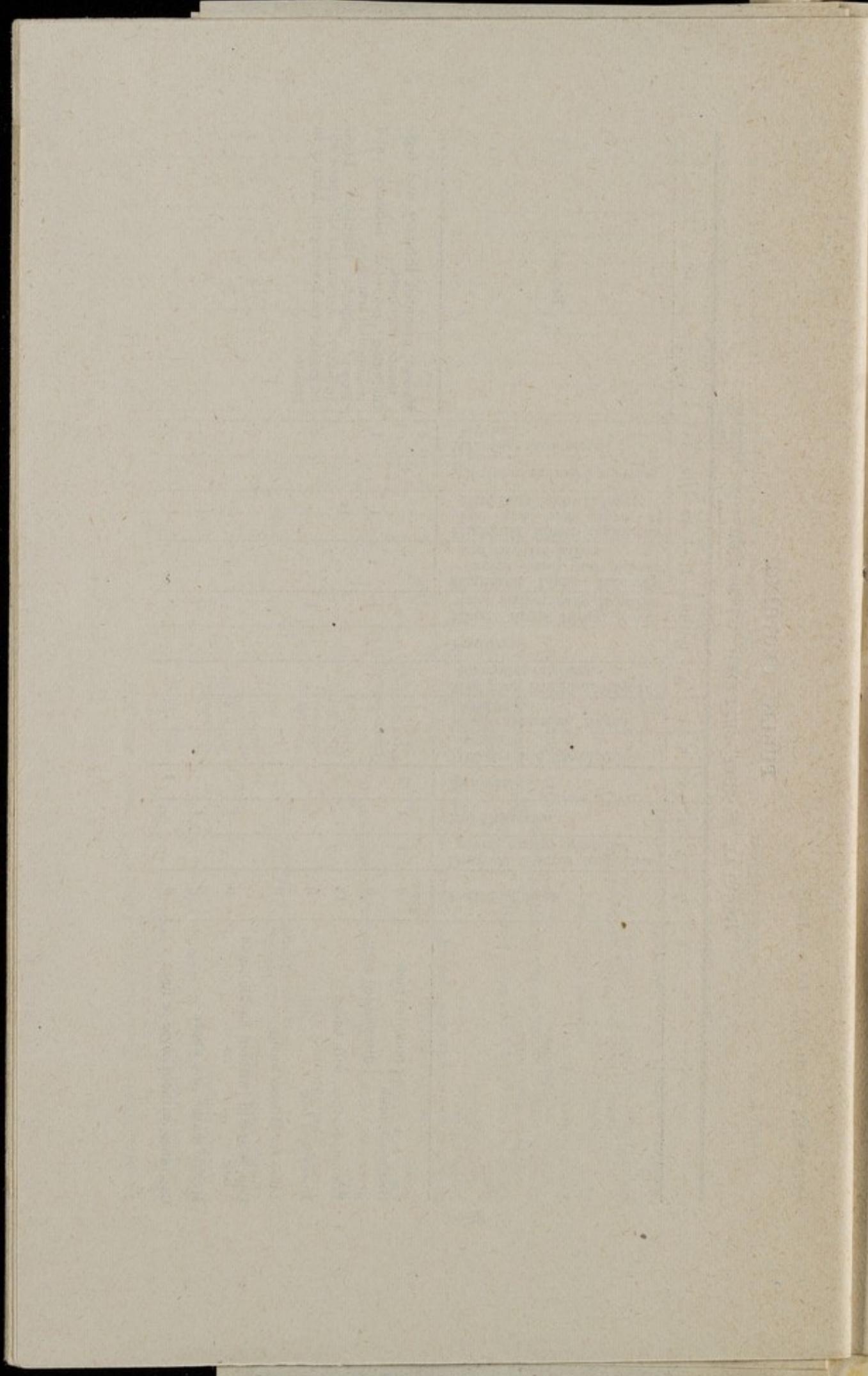


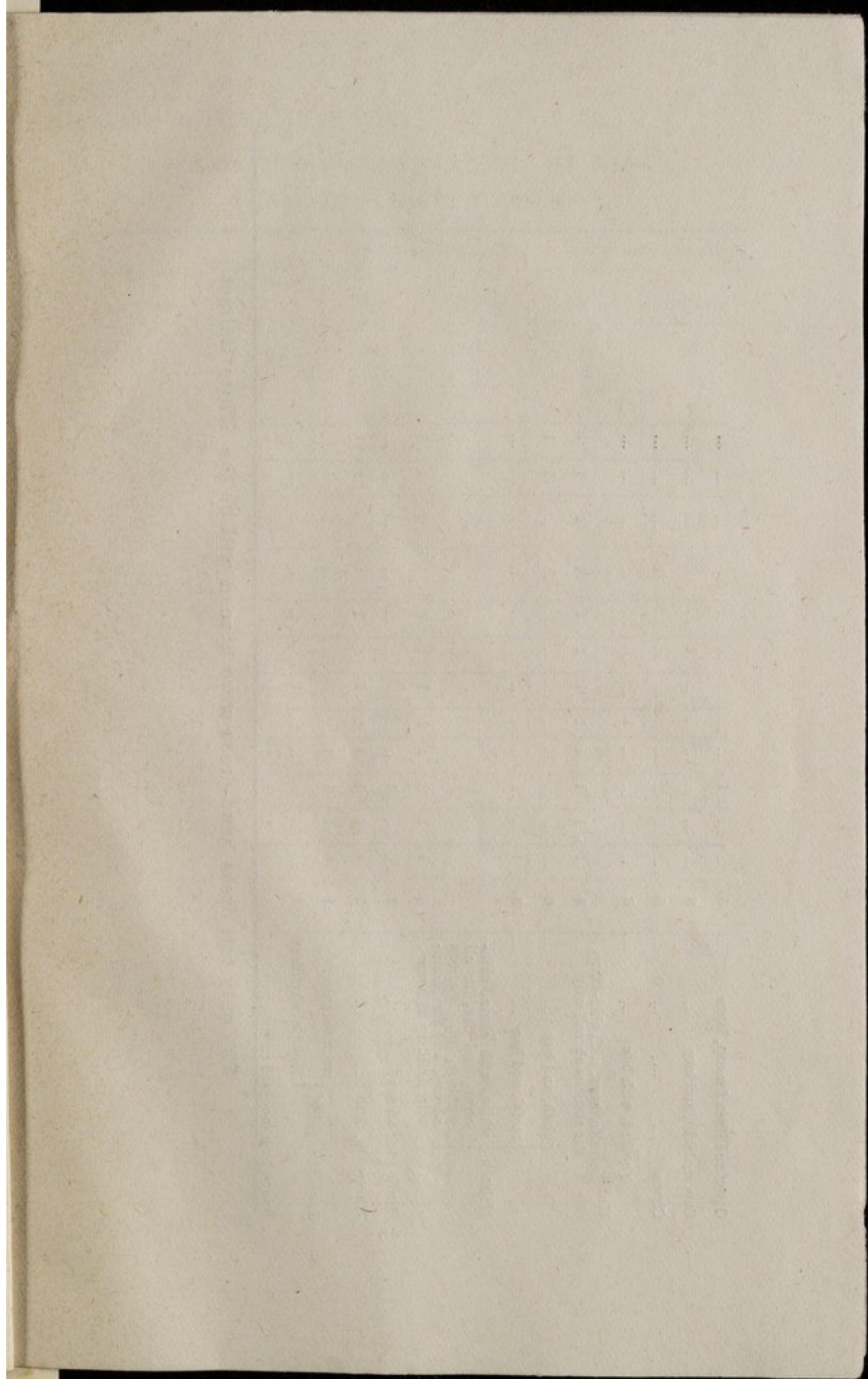


PUBLIC CLOTHING.
REGULAR FORCES SUPPLIED WITH SERVICE DRESS.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Remarks.
Articles.	Period of wear.	Dragoon Guards and Dragoons, except column 4.	2nd Dragoons.	Lancers.	Hussars and Royal Horse Artillery.	Master Gunners, Royal Artillery.	Mountain Division, Royal Garrison Artillery.	Fusiliers.	King's Royal Rifles, Royal Irish Rifles, Rifle Brigade.	Highland Light Infantry (except band and pipers) and Scottish Rifles.	Highland kilted regiments and band and pipers of Highland Light Infantry.	All other mounted services.	All other dismounted services.		
Greatcoat, drab { mounted men ... dismounted men ...	5 years	1	1	1	1	1	1	1	1	1	1	1	1	1	
Bonnet, feather, with badge	5	...	...	...	...	1	1	...	...	...	1*	...	...	...
Busby and bag	12	...	...	...	1	...	...	...	1	...	...	...	...	...
Lines for Hussar busby	6	...	...	...	1	...	...	...	...	...	...	...	...	...
Cap, bearskin (without hackle), and bag	3	...	...	...	1	...	...	...	...	...	...	...	...	...
Hackle feather, for above	9	...	1	...	...	...	...	...	...	...	...	...	...	...
Cap lance, without cover or lines	3	...	1	...	...	...	...	...	...	...	...	...	...	...
Cap lance, without cover or lines	6	...	...	1	...	...	...	...	...	...	...	...	...	...

Except mounted infantry and regimental transport. Including mounted infantry and regimental transport. *Except pipers, Highland Light Infantry. An annual allowance will be granted for keeping the bonnet in repair.





JACKETS, SERGE DRAB MIXTURE, ALL RANKS,
UNIVERSAL SERVICE DRESS.

Height.	Number on size ticket.	Breast measure of		Waist measure of	
		Man.	Jacket.	Man.	Jacket.
ft. in.		in.	in.	in.	in.
5 3 and 5 4	2	32	37	29	33
	4	33	40	29	36
	6	34 35 36 37	42	30 31 31 32	37
5 5 and 5 6	8	34	40	30	36
	10	35 36 37	42	31 31 32	37
	12	38 39	44	33 34	39
5 7 and 5 8	14	35	41	31	36
	16	36 37 38	43	31 32	38
	18	39 40	45	33 34 35	40
5 9 and 5 10	20	36	42	32	37
	22	37 38 39	44	32 33	39
	24	40 41	46	34 35 36	41
5 11 and 6 0	26	38	44	33	39
	28	39 40 41	46	34 35	41
	30	42 43	48	36 37 38	43
6 1 and 6 2	32	39	45	34	40
	34	40 41 42	47	35 36 37	42
	36	43 44	49	38 39	44

STATE OF NEW YORK
IN SENATE
January 15, 1907.

No.	Name	Residence	Profession
1	John A. ...	...	...
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

TROUSERS, TARTAN DRAB MIXTURE, UNIVERSAL SERVICE
DRESS. ALL RANKS.

Height	Number on size ticket	Length		Size round			
		Side seam	Leg Seam	Waist		Breech	
				of man	of trousers	of man	of trousers
ft. in.		in.	in.	in.	in.	in.	in.
5 3 and 5 4	2	41	29	28	29	32	36
	4			28		33	
				6	41	29	29	31	34	38
30	35						
5 5 and 5 6	8	43	30½	30	32	36	40
	10			30		37	
				12	43	30½	31	34	38	42
32	39						
5 7 and 5 8	14	44½	31½	30	31	35	39
	16			30		36	
				18	44½	31½	31	33	37	41
32	38						
5 9 and 5 10	20	46	32½	33	35	39	43
	22			34		40	
				24	46	32½	31	32	36	40
31	37						
5 9 and 5 10	20	46	32½	31	32	36	40
	22			31		37	
				24	46	32½	32	34	38	42
33	39						
5 9 and 5 10	20	46	32½	34	36	40	44
	22			34		41	
				24	46	32½	35	36	41	44
35	41						

5 11 and 6 0	26	} 47½	33½	32	} 34	38	} 42					
	28			33		39						
	30			34		40						
6 1 and 6 2	32	} 49	34½	35	} 36	41	} 44					
	34			36		42						
	36			37		} 38		42	} 46			
				38				39		43		
								33		} 35	39	} 43
								34			40	
35	41											
36	36	} 37	37	} 45								
	37		42									
38	38	} 39	39	} 47								
	44		43		44							

SIZES OF CANVAS SUITS.

Frocks.

Height		Number on size ticket	Breast measure		Waist measure	
			of man	of frock	of man	of frock
ft. in.	ft. in.		in.	in.	in.	in.
5 3 and	5 4	00	37	43	32	38
5 5 „	5 6	0	39	45	34	40
5 7 „	5 8	1	38	44	34	40
		2	40	46	36	42
5 9 „	5 10	3	39	45	35	41
		4	41	47	37	43
5 11 „	6 0	5	42	48	38	44
		6	44	50	40	46
6 1 „	6 2	7	44	50	39	45

Trousers.

Height		Number on size ticket	Length of side seam	Length of leg seam	Waist	
					of man	of trousers
ft. in.	ft. in.		in.	in.	in.	in.
5 3 and	5 4	00	42	29	31	32
5 5 „	5 6	0	43½	30½	33	34
5 7 „	5 8	1	45	32	33	34
		2	45	32	35	36
5 9 „	5 10	3	47½	33½	34	35
		4	47½	33½	36	37
5 11 „	6 0	5	50	35	37	38
		6	50	35	39	40
6 1 „	6 2	7	51½	36½	38	39

that have surely strayed from my lady's manicure case. Bright little forceps that would not be out of place on the Marquis of —'s dressing table.

THE RETURN OF CONSCIOUSNESS

You need not watch the operation unless you care to, but it is much less terrible to watch than to think about. Not enough light. One of the surgeons leaves the table and touches a string at the wall. A green blind that covers the sky-light springs noiselessly up, and you see—everything. It is good to watch these hands, probing, fingering, pressing. To see the busy little forceps slipping in and out of the red wreckage, and each time triumphantly and unfailingly reappearing with something that is much better outside. How quickly it is all done! Before you can get your thoughts consecutively marshalled, the arm has been fixed. Wires and needles and ugly little bulldog forceps clinging tightly. Then—"Sponge, orderly." Then white wool, and pink wool, and blue bandages, and a quick cleaning up of what the lady novelist calls "tell-tale stains," and then, consciousness for Private Atkins.

Consciousness that comes gently, heralded by much bad language addressed to somebody at the Crystal Palace, who refuses to let him get into a first-class railway carriage. Open your eyes, Private Atkins, it is all over. The apathetic gentlemen have put on their coats again, and are even more apathetic than ever. The white-haired colonel with the smiling red face is talking to you, Atkins. How rude of you to go on stumbling threats against this fantastic enemy of yours—a phantom enemy conjured up by the crystal fluid in the little bottle. Then Atkins recovers, and is surprised that it's all over, and the colonel wipes his hands and says, "Come along and look over the hospital," for the colonel is very proud of his hospital, as well he might be. As for me, I do not see that he need go outside his operating-room to find subject matter for pride, if the possession of the best qualities of hand and eye and heart be such.

EDGAR WALLACE.

THE STANDARD.

LONDON, MONDAY, JANUARY 20.

Colonel W. L. Gubbins, Royal Army Medical Corps, formerly Assistant Director of the Army Medical Service, and lately serving in South Africa, has been appointed Principal Medical Officer of the Home District.

British Medical Journal.

SATURDAY, JANUARY 25TH, 1902.

THE REORGANIZATION OF THE ARMY MEDICAL SERVICE.

We hope that the Secretary of State for War will soon be invited to say categorically when the new warrant reorganizing the medical service of the army will be promulgated. The document we understand is ready, and we have reason to believe that it embodies most of the alterations which we pointed out to be necessary. The idea of keeping lieutenants at home for the first four years of their service has been abandoned—in fact, all the officers of that rank have been ordered to hold themselves in readiness for foreign service at a moment's notice. The Mandarin-like principle of promotion by examination has also, we believe, been virtually abandoned. For promotion to the rank of captain officers will have to pass an examination in drill and general knowledge of their duties, but not in medical subjects. There will be only one examination in professional knowledge after entrance—namely, that for major—and this will include the subjects (administration, etc.) set down in the scheme for lieutenant-colonel. Failure in this examination will entail compulsory retirement on a gratuity, but as this will be after only nine to ten years' service, it cannot be seriously contended that it will ruin a man's career. From the rank of lieutenant-colonel upwards promotion is to be by strict selection. No officer is to be promoted to the rank of surgeon-general who is at present older than 57. This will exclude several valuable officers, among them Colonel Stevenson, C.B. We hope, however, that this distinguished officer will be given the option of retaining his chair at Netley. It is believed that the inspection of treatment in military hospitals by the Advisory Board will be abandoned. The pension of £1 a day after twenty years' service is assured. All the more objectionable features of the scheme have therefore been removed, while there remain three great improvements on previous warrants, namely, that the Director-General of the Service has a seat on the Army Board; that he will have the support of an Advisory Board, which, working directly under his control, will strengthen his hands, and that the scale of pay is generally raised. The only point which seems to be still left somewhat doubtful is the Indian pay. This, however, is a matter of vital importance, and we feel it our duty to warn Mr. Brodrick that unless the strictest guarantee is provided that the Indian Government will not be allowed to play fast and loose with this question, the new warrant will not be accepted by the profession. There must be no "understandings" which only lead to misunderstandings and dissatisfaction; there must be a definite engagement in black and white, to which the Indian Government must be compelled to adhere. We think the Subcommittee of the British Medical Association, whose report is published elsewhere, is to be congratulated on the result of its labours, and for ourselves we venture to

claim a share in helping to create and direct the force of opinion in the service and in the profession which the War Office has at last been induced to take into account.

The amendment having been put from the Chair was carried by 17 for to 5 against, and on being put as a substantive motion was declared carried.

THE PUBLIC HEALTH BILL.

It was proposed by Dr. GROVES, seconded by Dr. H. E. DIXON, and resolved:
That the Council be advised to assent to the reintroduction, in the coming session of Parliament, of the Public Health Bill.

REORGANIZATION OF THE ARMY MEDICAL SERVICE.

The following is the report of the Subcommittee of the Parliamentary Bills Committee on the scheme of Mr. Brodrick's Committee for the reorganization of the Army Medical Service. It was adopted by the Committee on January 14th, and approved by the Council of the Association on the following day.

1. The Subcommittee appointed by the Council of the British Medical Association to consider the proposals of the Committee nominated by the War Office to report on the reorganization of the Army Medical Service have considered, primarily, the broad question, whether the new scheme is calculated to improve the service, either as regards numbers or the efficiency of officers, as follows:

I.—Bearing of the Recommendations on the Supply of Candidates.

2. They regret to report that, while in their opinion some of the recommendations may increase the supply of candidates, there are others, condemned by independent critics, which will deter a good class of candidates from coming forward for commissions.

Among the acceptable recommendations are those bearing on increase of pay proper, on charge pay, special pay, leave for study, and promotion to the higher ranks through some other means than mere seniority.

The proposals to which exception is taken are chiefly in connection with what appears to be an unreasonable and unnecessary sequence of examinations, which shall not only determine advancement, but continuance in the service; and that failure to pass one of them, after eighteen years' service, may not only lead to loss of that service, but to forfeiture of pension.

3. They feel assured that young medical men who have just completed a long, expensive, and severe curriculum of study and examination will not face a lifetime of further examinations.

4. It is the proposed examinations and risks to pension which have called forth strong protests from some of the leaders of the medical profession as well as the unanimous condemnation by present and past army medical officers whose opinions cannot be disregarded, and whose verdict is certain to strongly influence intending candidates for the Royal Army Medical Corps.

It must also be noted that no such examinations are considered necessary for officers of the Naval and Indian Medical Services.

II.—The Advisory Board.

5. The Subcommittee note that the formation of a mixed military and civil Advisory Board to control an important branch of the service is an innovation in the army, the effect of which on discipline and efficiency it is difficult to foresee.

6. They do not think the relation of the Board either to the Secretary of State for War or to the Director-General of the Army Medical Service is satisfactory. Its direct access to the Secretary of State on matters on which the members and the Director-General may disagree, cannot be conducive to the due authority and responsibility of the latter. They consider that all recommendations of the Board should reach the Secretary of State through the Director-General, who could attach his comments thereto.

7. Though appreciating the advantages of inspection, they do not think that it is consistent with the tradition of effectiveness which, in the opinion of the Subcommittee, has hitherto obtained in military hospitals, that visits "without notice" to military hospitals by members of the Board should be made, and believe that they would tend to lower the

THE ORGANIZATION OF THE VOLUNTEER MEDICAL SERVICE.

The following letter has been addressed to the Secretary of State for War by the Volunteer Medical Association:

Sir.—It having been notified to the Council of the Volunteer Medical Association that the Secretary of State for War "would be pleased to receive any proposition the Council desired to submit in reference to the Volunteer Medical Service, and that such proposition will be placed before the Advisory Board for its consideration," the Council has the honour to submit the following:

1. It is desirable that the Volunteer Medical Service should be assimilated to and affiliated with the Army Medical Service in the same way as the various volunteer corps are assimilated to and affiliated with their territorial units, the officers of such service retaining their present position in connection with regiments or corps, with the exception of the brigade-surgeon, who should be on the staff of the brigade only.

2. A volunteer medical officer should be attached to the office of Director-General Army Medical Service as Staff Officer Volunteer Medical Service, and a representative of volunteers should have a seat on the Advisory Board for all matters affecting the Volunteer Medical Service.

3. As a rule, volunteer medical officers join the service later in life than other volunteers (probably about the age of 30), and with one or two small exceptions they are the only volunteers whose professional education gives them the technical knowledge and fits them at once to perform their duties; under these circumstances, it is suggested that the length of service for promotion should be as in the Royal Army Medical Corps, and not as in the Volunteer Service. This should apply to all branches of the Volunteer Medical Service.

4. The present titles are somewhat cumbersome, notably that of brigade-surgeon-lieutenant-colonel. These should be

brought into line with the regular service, up to and including the rank of colonel. Further, medical officers of departmental corps—Artillery, Engineers, Medical Staff Corps, etc.—should have equal chances of promotion with those of infantry.

5. Each regiment should be provided with proper equipment as laid down for the regular forces, and the medical officer should be instructed how and when to draw it on mobilization, and facilities should be given to enable medical officers to make themselves acquainted with its details and use. The attention of commanding officers should be drawn to the regulation placing two men per company—which it is desirable to retain, and these should be at the disposal of the medical officer—who should be responsible for their proper instruction as stretcher-bearers.

6. On mobilization, all the medical officers of a regiment except the senior, or one of the others nominated by him and approved by the commanding officer, shall be at the disposal of the senior medical officer of the command for hospital or other duty, and proper provision should be made for the equipment of field hospital and bearer companies, including transport.

7. The Council also ventures to call attention to the last paragraph in the Report of the Departmental Committee at the War Office of November, 1888, which was approved by the then Secretary of State for War. It says: "It came out in evidence that the medical officers of the volunteer force were 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."

I have the honour to be, Sir,

Your obedient servant,

JOHN J. DE Z. MARSHALL,

Hon. Sec.

Volunteer Medical Association,
20, Hanover Square, W.

THE
Aberdeen Free Press

ABERDEEN, WEDNESDAY, JAN. 29, 1902.

HOUSE OF COMMONS.

TUESDAY.

The Speaker took the Chair shortly after 3 o'clock.

COMMISSIONS IN THE ROYAL ARMY MEDICAL CORPS.

Mr EUGENE WASON (for Dr Farquharson) asked the Secretary for War whether he could inform the House when the last examination took place for commissions in the Royal Army Medical Corps; how many vacancies there were, and how many candidates competed for them; and whether, to encourage the flow of candidates from the medical schools, he would quickly produce the Royal warrant founded on the recommendation of his Committee.

Mr BRODRICK—The last examination was in February, 1901, when 22 appointments were offered and ten candidates competed. The Royal warrant will shortly be published.

British Medical Journal.

SATURDAY, FEBRUARY 1ST, 1902.

THE REORGANIZATION OF THE ARMY MEDICAL SERVICE.

SIR.—I take it for granted that your reference to the new warrant for the reorganization of the R.A.M.C. is derived from an authentic source; if so, I agree with you in thinking that the British Medical Association is to be congratulated on the efforts it has made to mitigate the errors into which Mr. Brodrick's Committee had fallen in their reorganization scheme. I am, however, far from thinking that a warrant such as you refer to will accomplish the desired purpose. You may recall to mind the fact that in the recommendations of the Association which were adopted on April 17th last it was stated that in the opinion of the Council "in order that our British and Indian soldiers may in time of peace and of war be kept in the best possible physical condition, that is, in health and fitness to perform their duty, it is necessary they should be under the care of a single medical service with one portal of admission. There can be no doubt that the efficiency of such a service would be increased, especially surgical efficiency, by allowing the officers, in a proper proportion and for fixed periods, to be placed in charge of civil stations in India. Appointments of this kind would lead to increased emoluments, and give officers so disposed opportunities for distinguishing themselves in their profession, such as it is often difficult to obtain in the ordinary work of military hospitals."

As far back as 1865 I had expressed a decided opinion as to the necessity that existed for an amalgamation of the British and Indian Medical Services, and in the year 1870 I was sent for on two occasions by the then Viceroy of India, Lord Northbrook, to confer with him on this subject. The scheme adopted by the Viceroy in Council in 1881 was strongly in favour of amalgamation of such a nature as not seriously to interfere with the officers of either service. The War Office, with certain modifications, adopted this scheme, and stated their belief that any difference between the home and Indian Governments could easily be remedied by the appointment of a Committee to remove apparent obstacles. It seems only possible by means of such an amalgamation to avoid friction between the administration of the services, and to overcome the perpetual removal of medical officers from one station in India to another, often entailing much expense, perpetual discomfort, and hopeless confusion to all concerned. Further than this, "no warrant in future can be complete without the financial concurrence of the Government of India."

Lastly, in the draft report of our Committee the following paragraph, in which I fully concur, was inserted, no reference having been made in the report issued by Mr. Brodrick's Committee "to one of the most serious evils of the service, namely, undermanning, which is largely responsible for its unpopularity." Unless this defect is overcome there "is no prospect of improvement either in the number or quality of candidates for the R.A.M.C., without which a rehabilitation of the Army Medical Service is impracticable."—I am, etc.,
GROSVENOR ST., W., JAN. 27th. N. C. MACNAMARA.

INDIAN MEDICAL SERVICE.

COLONEL R. FRANKLIN, C.B.E., Honorary Physician to the King, is promoted to be Surgeon-General, January 1st. From the same date he is appointed Director-General India Medical Service, to succeed the late Surgeon-General Harvey. Surgeon-General Franklin will reach the age of 60 in April, 1904, but will be eligible for an extension of his present appointment. Surgeon-General Franklin joined the department as Assistant-Surgeon, April 1st, 1869. He was appointed a Companion of the Order of the Indian Empire in 1896, and Honorary Physician to the late Queen in 1897; he has, however, no war record in the Army Lists.

THE MEDICAL SERVICES OF WEST AFRICAN COLONIES AND PROTECTORATES.

FORMATION OF A "WEST AFRICAN MEDICAL STAFF."

We are informed by Mr. Chamberlain, Secretary of State for the Colonies, that it has been decided to amalgamate the medical services of the British West African Colonies and Protectorates into a single service, to be known as the West African Medical Staff. The salaries and other conditions of service of the medical officers have been revised in connexion with the scheme of amalgamation. Particulars of the appointments are contained in a Colonial Office paper entitled *Information for the use of Candidates for Appointments in the West African Medical Staff: Colonial Office, African (West), No. 678*. The main provisions are as follows:

The services amalgamated are those of the Gambia, Sierra Leone, the Gold Coast, Lagos, Southern Nigeria, and Northern Nigeria. All the medical officers for the service will be selected by the Secretary of State for the Colonies, and will be on one list for employment and promotion.

Salary and Allowances.

The grades and salaries for medical officers are shown in the following table:

Grades.	Gold Coast, Southern Nigeria, Northern Nigeria.			Sierra Leone, Lagos.		
	Minimum Salary.	Annual Increment.	Maximum Salary.	Minimum Salary.	Annual Increment.	Maximum Salary.
Principal Medical Officer	£ 1,000	£ 50	£ 1,500	£ 800	£ 50	£ 1,000
Deputy Principal Medical Officer	700	50	800	—	—	—
Senior Medical Officers	500	50	700	500	50	700
Medical Officers	400	50	500	400	50	500

The grades and salaries of the establishment on the Gambia are at present under consideration.

The allowances are as follows:

- (1) *Duty Pay*.—A deputy principal medical officer or senior medical officer will receive duty pay at the rate of £100 a year while acting for the principal medical officer. Duty pay at the rate of £50 a year will also be paid (1) to each deputy principal medical officer or senior medical officer while employed in Asiatic or the northern territories of the Gold Coast; and (2) to not more than two officers of either of these ranks in Northern Nigeria, when similarly employed in outlying districts, at the discretion of the High Commissioner.
- (2) *Horse or Haremuck Allowance*.—An allowance of 5s. 6d. a day will be paid to every medical officer for personal conveyance while on duty at his station for any period during which he was required by Government to keep, and has actually kept, a horse, carriers, etc., for the purpose.
- (3) *Transport of Stores*.—The Government will carry free of cost a reasonable amount of stores for every medical officer, the amount in each case being fixed by the local government.
- (4) *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.
- (5) *Field or Bush Allowance*.—An allowance of 5s. a day will be paid to all medical officers, whatever their rank, while employed in the field or bush, away from recognised stations. Officers, while in receipt of this allowance, will not be entitled to any repayment or allowance under (6) above.
- (6) *Allowance 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 will be given free rations, or an allowance of 5s. a day in lieu of rations. While in receipt of these allowances, medical officers will not be entitled to any repayment or allowance under (4) and (5) above.
- (7) *Outfit Allowance*.—An allowance of £12 will be paid to every medical officer on first appointment for the purchase of camp outfit (see under "Outfit.")

Leave of Absence, Passages, Etc.

Medical officers will be in general subject to the Colonial Regulations, Chapter XVIII, the main rules in which are:
1. The ordinary term of residential service is one year, followed by leave with full pay during the voyages to and from England, and for four or to two months in England, according as the officer is returning or not.
2. An officer detained beyond the year receives additional leave, with

Applications for Appointments.

Applicants must be of European parentage, and between 25 and 35 years of age. Preference will be given to unmarried candidates. Passages for wives and children are not provided by the Government; houses for them are rarely available, and except in the case of an officer dying on active service, no provision is made by the Government for a widow or orphans. The higher grades of the service will usually be filled by promotion from the lower. Candidates may express a preference for a particular Colony or Protectorate, but are liable to be posted in the first instance, or transferred afterwards, to any other Colony or Protectorate.

All applications, which must be accompanied by a general statement of qualifications and a certificate of birth, must in the first place be addressed, in writing, to the Assistant Private Secretary to the Secretary of State, Colonial Office, Downing Street, London, S.W., to whom intending candidates should apply for a copy of the pamphlet here quoted.

Instruction in Tropical Medicine.

Every candidate selected for appointment will, unless the Secretary of State decides otherwise, be required to undergo a course of instruction of eight weeks, either at the London School of Tropical Medicine, Royal Victoria and Albert Dock, E., or at the Liverpool School of Tropical Medicine, University College, Liverpool. The cost of the tuition fees, board, and residence, amounting to £30 17s. 4d., 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. Half-pay begins from the date of embarkation.

that have surely strayed from my lady's manure case. Bright little forceps that would not be out of place on the Marquis of —'s dressing table.

THE RETURN

You need care to, but to think all surgeons is at the wall light spring thing. It is flogging, slipping in time trimm with some quickly it thoughts on been fixed. dog forceps orderly." blue bandage the lady not consciousness. Conscious much had in Crystal Palace first-class Private Army men have more apathy with the sun. How rude against this enemy conjure. That it's all and says, "gital," for as well he need go just matter qualities of

THE LONDON
Colonel of the Corps, form Medical Service Africa, has Officer of the

British J

SATURDAY THE REORGANIZATION

We hope that the Secretary will say categorically the medical service. The document, we reason to believe alterations which. The idea of keeping years of their service the officers of that themselves in reading notice. The Mandate examination has also For promotion to the pass an examination their duties, but not be only one examination—namely, the subjects (administrative lieutenant-colonel. Failure in this examination will entail compulsory retirement on a gratuity, but as this will be after only nine to ten years' service, it cannot be seriously contended that it will ruin a man's career. From the rank of lieutenant-colonel upwards promotion is to be by strict selection. No officer is to be promoted to the rank of surgeon-general who is at present older than 57. This will exclude several valuable officers, among them Colonel Stevenson, G.B. We hope, however, that this distinguished officer will be given the option of retaining his chair at Netley. It is believed that the inspection of treatment in military hospitals by the Advisory Board will be abandoned. The pension of £1 a day after twenty years' service is assured. All the more objectionable features of the scheme have therefore been removed, while there remain three great improvements on previous warrants, namely, that the Director-General of the Service has a seat on the Army Board; that he will have the support of an Advisory Board, which, working directly under his control, will strengthen his hands, and that the scale of pay is generally raised. The only point which seems to be still left somewhat doubtful is the Indian pay. This, however, is a matter of vital importance, and we feel it our duty to warn Mr. Brodrick that unless the strictest guarantee is provided that the Indian Government will not be allowed to play fast and loose with this question, the new warrant will not be accepted by the profession. There must be no "understandings" which only lead to misunderstandings and dissatisfaction; there must be a definite engagement in black and white, to which the Indian Government must be compelled to adhere. We think the Subcommittee of the British Medical Association, whose report is published elsewhere, is to be congratulated on the result of its labours, and for ourselves we venture to

claim a share in helping to create and direct the force of opinion in the service and in the profession which the War Office has at last been induced to take into account.

status and authority of principal medical officers of army corps, or of districts, and of medical officers in charge of the hospitals; such visits would undermine confidence in officers and soldiers in the professional competency of their own medical officers, under whose medical care, nevertheless, they must remain whether at home or abroad, in quarters or in the field.

8. More especially do they deem that the proposal to report on treatment by members of the Board requires reconsideration; any interference with the treatment of patients in hospital they think ill-advised; it would be considered "unprofessional" in civil life, and would deter well-qualified medical men from accepting service under such humiliating conditions.

9. Such visits also seem incompatible with the decentralized autonomy to be conferred on an Army Corps in all its branches, and to conflict with the authority and responsibility, both of the General Officer in command of the Army Corps and of his Principal Medical Officer, who would necessarily be of high rank.

10. That the Committee are of opinion that Scotland, which supplies many officers to the service, is entitled to have a direct representative on the Advisory Board.

III.—Medical Services Auxiliary Forces.

11. The Subcommittee strongly urge that "the due provision for medical aid for the Auxiliary Forces, Militia, Yeomanry, and Volunteers" (Para. 20) should be speedily formulated, and published for the criticism of those interested, before being put into operation.

IV.—Examinations.

12. The Subcommittee see no need whatever for an examination before promotion to the rank of captain.

13. The option of retirement after three years' service would tend to dislocate administration, and would probably not be popular, because registration would involve seven years in a reserve, with a merely nominal retaining fee, and thereby heavily handicap any one engaging in or forming partnerships in civil practice.

14. The limited semi-attachment of lieutenants to military units (Para. 25) is chiefly a question of establishment and expense, as has been pointed out by successive Director-Generals ever since the unification of the department in 1872. It would prove an impossibility with the present establishment of officers, especially as the retention of lieutenants at home for four years would seriously dislocate the foreign service roster.

15. The Subcommittee consider that the only examination after admission should be for promotion to the rank of major, which should be made a test examination, embracing all that would qualify for subsequent promotion to the highest rank. Officers who fail after two chances might be retired on gratuity, but with no subsequent liability of recall to service.

16. During the six or eight years in the rank of major ample opportunities would certainly be afforded of forming a decision as to whether the officer should receive further promotion, and should this be denied he should be so informed at the end of eighteen years' service, and compulsorily retired after twenty years' service on £1 a day. The knowledge that such selection would be exercised would be the best incentive to good work in the rank of major.

17. They consider that the proposed examination for lieutenant-colonel, together with the penalties attached to failure, should be wholly set aside; the similar examination, for the now obsolete rank of brigade-surgeon, proved so vexatious, that Lord Camperdown's Commission, after due evidence, recommended it should be "dispensed with."

18. Accelerated promotion would probably be sufficiently effected by brevets for distinguished conduct in the field or for special eminence in professional work, but without the ordeal of an examination.

V.—Pay and Pensions.

19. The Subcommittee consider no scale of pay which does not embrace India can possibly be accepted, because no less than between three and four hundred Army Medical Officers are constantly serving in that country. The Indian Government not having recognised the financial portions of successive medical Royal Warrants, no Warrant in future can be

complete without the financial concurrence of that Government.

20. Pensions must be inviolate; otherwise all confidence will be destroyed and the service wrecked.

VI.—Leave for Study.

21. The Subcommittee suggest it is desirable that leave for study should be granted before each step of executive rank after that of captain.

VII.—Concluding Remarks.

22. Among other points in the Reorganisation Report which in the opinion of the Subcommittee requires careful reconsideration is the proposal to treat trivial cases in barracks (Para. 60-61). It has often been tried in the past history of the army, and has invariably been found subversive of discipline. It is not likely to be accepted by commanding officers.

23. Disappointment must be expressed that reference has not been made in the Report to one of the most serious evils of the service, namely, undermanning, which is largely responsible for its unpopularity. The intended increase in the establishment of the officers of the Royal Army Medical Corps should be publicly notified with as little delay as possible.

49, Strand, W.C.
December 14th, 1904.

THE ORGANIZATION OF THE VOLUNTEER MEDICAL SERVICE.

The following letter has been addressed to the Secretary of State for War by the Volunteer Medical Association:

Sir.—It having been notified to the Council of the Volunteer Medical Association that the Secretary of State for War would be pleased to receive any proposition the Council desired to submit in reference to the Volunteer Medical Service, and that such proposition will be placed before the Advisory Board for its consideration, the Council has the honour to submit the following:

1. It is desirable that the Volunteer Medical Service should be assimilated to and affiliated with the Army Medical Service in the same way as the various volunteer corps are assimilated to and affiliated with their territorial units, the officers of such service retaining their present position in connection with regiments or corps, with the exception of the brigade-surgeon, who should be on the staff of the brigade only.

2. A volunteer medical officer should be attached to the office of Director-General Army Medical Service as Staff Officer Volunteer Medical Service, and a representative of volunteers should have a seat on the Advisory Board for all matters affecting the Volunteer Medical Service.

3. As a rule, volunteer medical officers join the service later in life than other volunteers (probably about the age of 30), and with one or two small exceptions they are the only volunteers whose professional education gives them the technical knowledge and fits them at once to perform their duties; under these circumstances, it is suggested that the length of service for promotion should be as in the Royal Army Medical Corps, and not as in the Volunteer Service. This should apply to all branches of the Volunteer Medical Service.

4. The present titles are somewhat cumbersome, notably that of brigade-surgeon-lieutenant-colonel. These should be

brought into line with the regular service, up to and including the rank of colonel. Further, medical officers of departmental corps—Artillery, Engineers, Medical Staff Corps, etc.—should have equal chances of promotion with those of infantry.

5. Each regiment should be provided with proper equipment as laid down for the regular forces, and the medical officer should be instructed how and when to draw it on mobilization, and facilities should be given to enable medical officers to make themselves acquainted with its details and use. The attention of commanding officers should be drawn to the regulation placing two men per company—which it is desirable to retain, and these should be at the disposal of the medical officer—who should be responsible for their proper instruction as stretcher-bearers.

6. On mobilization, all the medical officers of a regiment except the senior, or one of the others nominated by him and approved by the commanding officer, shall be at the disposal of the senior medical officer of the command for hospital or other duty, and proper provision should be made for the equipment of field hospital and bearer companies, including transport.

7. The Council also ventures to call attention to the last paragraph in the Report of the Departmental Committee at the War Office of November, 1888, which was approved by the then Secretary of State for War. It says: "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."

I have the honour to be, Sir,
Your obedient servant,
JOHN J. DE Z. MARSHALL,
Hon. Sec.

Volunteer Medical Association,
40, Hanover Square, W.

THE
Aberdeen Free Press

ABERDEEN, WEDNESDAY, JAN. 22, 1902.

HOUSE OF COMMONS.

TUESDAY.

The Speaker took the Chair shortly after 3 o'clock.

COMMISSIONS IN THE ROYAL ARMY MEDICAL CORPS.

Mr. EUGENE WATSON (for Dr. Farquharson) asked the Secretary for War whether he could inform the House when the next examination took place for commissions in the Royal Army Medical Corps; how many vacancies there were, and how many candidates competed for them; and whether, to encourage the flow of candidates from the medical schools, he would quickly produce the Royal warrant founded on the recommendation of his Committee.—The last examination was in February, 1901, when 22 appointments were offered and ten candidates competed. The Royal warrant will shortly be published.

British Medical Journal.

SATURDAY, FEBRUARY 1ST, 1902.

THE REORGANIZATION OF THE ARMY MEDICAL SERVICE.

SIR,—I take it for granted that your reference to the new warrant for the reorganization of the R.A.M.C. is derived from an authentic source; if so, I agree with you in thinking that the British Medical Association is to be congratulated on the efforts it has made to mitigate the errors into which Mr. Brodrick's Committee had fallen in their reorganization scheme. I am, however, far from thinking that a warrant such as you refer to will accomplish the desired purpose. You may recall to mind the fact that in the recommendations of the Association which were adopted on April 17th last it was stated that in the opinion of the Council "in order that our British and Indian soldiers may in time of peace and of war be kept in the best possible physical condition, that is, in health and fitness to perform their duty, it is necessary they should be under the care of a single medical service with one portal of admission. There can be no doubt that the efficiency of such a service would be increased, especially surgical efficiency, by allowing the officers, in a proper proportion and for fixed periods, to be placed in charge of civil stations in India. Appointments of this kind would lead to increased emoluments, and give officers so disposed opportunities for distinguishing themselves in their profession such as it is often difficult to obtain in the ordinary work of military hospitals."

As far back as 1869 I had expressed a decided opinion as to the necessity that existed for an amalgamation of the British and Indian Medical Services, and in the year 1890 I was sent for on two occasions by the then Viceroy of India, Lord Northbrook, to confer with him on this subject. The scheme adopted by the Viceroy in Council in 1881 was strongly in favour of amalgamation of such a nature as not seriously to interfere with the officers of either service. The War Office, with certain modifications, adopted this scheme, and stated their belief that any difference between the home and Indian Governments could easily be remedied by the appointment of a Committee to remove apparent obstacles. It seems only possible by means of such an amalgamation to avoid friction between the administration of the services, and to overcome the perpetual removal of medical officers from one station in India to another, often entailing much expense, perpetual discomfort, and hopeless confusion to all concerned. Further than this, "no warrant in future can be complete without the financial concurrence of the Government of India."

Lastly, in the draft report of our Committee the following paragraph, in which I fully concur, was inserted, no reference having been made in the report issued by Mr. Brodrick's Committee "to one of the most serious evils of the service, namely, undermanning, which is largely responsible for its unpopularity." Unless this defect is overcome there "is no prospect of improvement either in the number or quality of candidates for the R.A.M.C., without which a rehabilitation of the Army Medical Service is impracticable."—I am, etc.,
GROSVENOR ST., W., Jan. 19th. N. C. MACNAMARA.

INDIAN MEDICAL SERVICE.

COLONEL B. FRANKLIN, C.B.E., Honorary Physician to the King, is promoted to be Surgeon-General, January 1st. From the same date he is appointed Director-General Indian Medical Service, to succeed the late Surgeon-General Harvey. Surgeon-General Franklin will reach the age of 60 in April, 1904, but will be eligible for an extension of his present appointment. Surgeon-General Franklin joined the department as Assistant-Surgeon, April 1st, 1869. He was appointed a Companion of the Order of the Indian Empire in 1897, and Honorary Physician to the late Queen in 1894; he has, however, no war record in the Army Lists.

full pay for ten or five days, according as he is returning or not in respect to each completed month beyond twelve.

1. If invalided before the end of the first year the leave with full pay is for the voyage and for ten or five days in respect of each completed month according as he is returning or not.

2. "Return leave" is leave granted on the understanding that the officer will return, and any pay drawn in respect of such leave is liable to be retained if he does not return.

3. Leave may be extended for a limited period with half or no pay on the ground of illness.

4. Free passages are given to all officers granted leave as above, and also on first appointment, and half pay is given during the voyage out on first appointment.

A copy of Chapter XVIII of the Colonial Regulations can be obtained free on application to the Colonial Office. It is also contained in the annual *Colonial Office List* (Messrs. Harrison and Sons, 59, Pall Mall; 10s. 6d.).

General Conditions of Engagement.

Every medical officer, unless exempted on account of previous colonial service or other reason, is engaged on probation for one year from the date of his arrival in West Africa, but if found not qualified for efficient service in West Africa the Governor or High Commissioner, subject to the confirmation of the Secretary of State, will have power to cancel his appointment at any time within the year, and a free passage back will be granted at the discretion of the Governor or High Commissioner. At the end of the year of probation the officer may be confirmed in his appointment, but unless so confirmed the appointment will cease at the end of the year.

Private Practice.

All medical officers, except the principal medical officer in each Colony or Protectorate, will be allowed to take private practice provided that it does not interfere with the faithful and efficient performance of their official duties, and that it will be 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.

Instruments and drugs and all medical appliances are supplied by the Government.

Camp outfit must be taken by every medical officer, who will receive an allowance of £12. It is added as a general rule it is desirable to take out as little as possible, but as circumstances vary the newly-appointed officer should, if possible, consult some one who has recently been on the Coast, and the Colonial Office will be ready to place him in communication with some officer at home on leave of absence who will be able to advise him.

Uniform.

The question of uniform for officers of the West African Medical Staff is under consideration, but a uniform is prescribed for medical officers in common with other civil officers in Northern and Southern Nigeria, and particulars can be obtained from the Colonial Office.

Pensions and Gratuities.

Intending candidates can obtain full particulars from the Colonial Office, but the following is a summary:

Age.—On attaining the age of 20 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.

Invalids.—If invalided after a minimum of seven years service he is qualified for a pension at the same rate, if before completing seven years he is qualified for a gratuity not exceeding three-fourths of a month's salary for each six months of service, provided that he has been confirmed in his appointment and is recommended by the Governor or High Commissioner for a gratuity.

Gratuities.—At the end of nine years service, of which not less than six must have been residential, an officer of the West African Medical Staff will be permitted to retire with a gratuity of £1,000; at the end of twelve years, of which not less than eight must have been residential, with a gratuity of £1,250; but all claims to pension are forfeited on the receipt of such gratuity.

In calculating the amount of these pensions and gratuities, leave of absence without salary is not counted, but leave with one-half salary is counted as one-half.

Applications for Appointments.

Applicants must be of European parentage, and between 25 and 35 years of age. Preference will be given to unmarried candidates. Passages for wives and children are not provided by the Government; houses for them are rarely available, and except in the case of an officer dying on active service, no provision is made by the Government for a widow or orphans. The higher grades of the service will usually be filled by promotion from the lower. Candidates may express a preference for a particular Colony or Protectorate, but are liable to be posted in the first instance, or transferred afterwards, to any other Colony or Protectorate.

All applications, which must be accompanied by a general statement of qualifications and a certificate of birth, must in the first place be addressed, in writing, to the Assistant Private Secretary to the Secretary of State, Colonial Office, Downing Street, London, S.W., to whom intending candidates should apply for a copy of the pamphlet here quoted.

Instruction in Tropical Medicine.

Every candidate selected for appointment will, unless the Secretary of State decides otherwise, be required to undergo a course of instruction of eight weeks, either at the London School of Tropical Medicine, Royal Victoria and Albert Docks, E., or at the Liverpool School of Tropical Medicine, University College, Liverpool. The cost of the tuition fees, board, and residence, amounting to £30 17s. 4d., 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. Half-pay begins from the date of embarkation.

Equipment—Wearing of Valise to be discontinued.

1. Dismounted troops (exclusive of Foot Guards) now equipped with valise equipment will discontinue wearing the valise on all occasions in future. The valises will be retained on charge till further orders.
2. Such articles of necessaries as may be required by men mounting guard will be carried in the haversack.
3. The necessary amendments will be made in the King's Regulations and Orders for the Army.—A.O. 31, February 1902.

SATURDAY, FEBRUARY 23RD, 1902.

The Royal Army Medical Corps and the New Warrant.—The Secretary of State for War does not apparently contemplate at present giving a day for the discussion of the new Warrant, for when Sir John Tuke asked on Tuesday last if an early opportunity would be given for debating the Warrant, his reply was that he was not yet in a position to say when the vote for the Medical Establishment would be brought forward. Mr. Black later in the day asked for the appointment of a professor from one of the Scotch Universities upon the Army Advisory Board, but Mr. Brodrick said that every care had been taken to make it representative—that Dr. Galloway was appointed to represent Scotland, and that three of the military members had been connected with Scottish medical schools.

THE HEADQUARTERS STAFF OF THE ARMY MEDICAL SERVICE.

Sir,—One of the most urgent questions in the Army Medical Service is to try and secure for it an efficient headquarters staff. The following officials are, I consider, needed if such an aim is to be secured.

1. *Director-General, Army Medical Service.* that is to say, the Surgeon-General of the Army responsible as now for all the whole medical service.

2. *His Private Secretary and Aide-de-Camp.*—An officer of the R.A.M.C. attached as a personal staff officer to the Director-General Army Medical Service in the same way that an A.D.C. is allowed to the Inspector-General of Fortifications. Very essential, and asked for by all officers of the R.A.M.C.

3. *Intelligence Officers.*—At least two of our ablest men should be attached to the office of the Director-General Army Medical Service as "intelligence-officers." There are eighteen such officers for army intelligence and two are requisite for the medical service. A former head of the Army Intelligence Department assured me that he felt the want of medical representatives very much. The absence of such officers has always been the great want of the Director-General's office.

4. *An Inspector-General of Hospitals.*—An officer with this title is needed to be increasingly on the move through the three kingdoms and the Mediterranean and Egyptian stations, inspecting hospitals, and advising as an authority in all hospital matters. Hurred visits by the Director-General Army Medical Service are of little use, as he has not the time to make a thorough inspection, and unless such inspections be thorough and educative in their character they are of little use.

5. *An Assistant Military Secretary.*—An officer with this title is needed to hold the personal documents of all medical officers, and to deal with promotions, nominations for appointments, and also technical education and examination questions in the R.A.M.C. He should be at least a Colonel R.A.M.C., and be one of our most trusted men. The above five officers constitute the Director-General's immediate and special entourage, and I cannot see how he can do efficient work without such a staff.

Quite separate from the above group come another important series of officials.

6. *The Deputy Director-General.*—This official has grown up in a haphazard and irregular way from the head of the medical branch of the office, as remodelled by Sidney Herbert in 1858. He has been a kind of "jack of all trades"—a factotum dealing with a mass of questions, all needing special knowledge; and in addition, and most wrongly, he is a permanent member of the Medical Board on sick and wounded officers, an exhausting duty from which he should be at once relieved. He also in the past set the papers for examination of officers of the R.A.M.C. in military administration, law and hospital organisation, a matter entirely for specialists in these vital matters. His real duty is to co-ordinate the opinions and decisions of the various departmental staff officers I now proceed to name, and act as Deputy in the Director-General's absence.

7. *Assistant Adjutant-General and Deputy Assistant Adjutant-General of R.A.M.C., with its Militia, Volunteers, and all classes of Reserves or Civil Contingents for War Work.*—An officer of colonel's rank is much needed, with a senior officer as his assistant to deal with these matters, and either he himself or the junior member should be specially in touch with the Volunteer Medical Services and all Reserves. The whole medical service cries aloud for more senior officers for these and many other of the headquarter appointments.

8. *Director of the Medical Branch of the Office and his Assistant.*—To deal with purely medical professional matters, tropical disease, medical records, vaccination, medical attendance. To preside at medical Boards, invaliding, and to be a specialist physician at headquarters. A much-needed official.

9. *Director of the Surgical Branch of the Office and his Assistant.*—Similar to above, but dealing with surgery, venereal disease, ophthalmology, recruiting, the presidency of invaliding Boards on surgical cases, and to be surgical specialist at headquarters, and to keep touch with surgical progress throughout England.

10. *Director of Hospital Administration and Organization in Peace and War, with Assistant.*—The "one thing needful" above all others in the medical headquarter office is a skilled specialist in the organization of all military hospitals, personnel, fabric, stores, administration, field organizations, bearer companies, field hospitals, stationary hospitals, general hospitals, hospital ships, diets, stoppages, equipment, stores; in fact all the details in which we still are very babies in knowledge. No officer below the rank of brigadier surgeon is needed in this branch, nor would be in any other headquarter office.

11. *Directors of Stores and Equipment.*—Two officers needed in this branch, the germ of a medical store department. Who can deny the need of these specialized officers?

12. *Directors of Sanitation and Statistics.*—Last, but of primary importance, come these officers. The former "statistical officer" was abolished in Mr. Childers's régime in 1881, and resulted in a real blow to the efficiency of that branch office. Let us now replace this official, and let him have an assistant.

With a staff as above it may be possible to control and organize an important service like the medical service of the army. I cannot see how the "efficiency" for which Lord Rosebery and all of us ask can be achieved with less.

The Intelligence Army Head Quarter Staff number 15 officers; the Engineer Head Quarter Staff are some 17 officers; the Ordnance and Ordnance Committee Staff are nearly the same; how then can five officers, often very young men indeed, attempt to deal with medical service matters efficiently, and be as they ought to be—a final court of appeal in all matters of justice, scientific efficiency, and all that goes towards readiness for duty in peace or war?

By recruiting these officers mainly from officers who had learned their work in the District or Army Corps Medical Staff some certainly might be assured as to efficiency and previous knowledge of the work they undertake.—I am, etc.,
January 23rd. [S. Evans] I. V. R. C.

EXAMINATIONS AND THE R.A.M.C.

THE inaugural address delivered at the opening of the present session at the Cork South Infirmary by Professor Henry Corby contains an interesting comment on the proposed alterations in the conditions of the army medical service with regard especially to the suggested increase in the number of examinations. It could well be understood, he pointed out, that the Commissioners when considering their report saw the necessity for holding out inducements to the army medical officers to keep pace with the progress of medical science. The army medical officer at present had not the same incentive as the civil practitioner to read current medical literature and to avail himself of the most recent improvements and developments of medical science. If the civil practitioner should not take advantage of all his opportunities he was bound to be left behind in the race, but from a pecuniary point of view it made little difference to the army medical officer. The Commissioners were, in Professor Corby's opinion, to be commended for endeavouring to rectify this state of affairs in the army. But had they gone the right way about it? Examinations were very useful for students who mainly on pretty equal terms, and whose information was mainly theoretical. But no system of examination that had been devised could adequately gauge the exact value of the resourcefulness and promptness of the accomplished surgeon in dealing with the grave and unexpected difficulties arising in the course of a serious operation, when hesitancy would mean defeat for the surgeon and death for the patient. Neither was it possible to appraise in marks as between two medical men, say, twenty years in practice, the knowledge each had gained as the result of patient comparison of facts, careful observation of symptoms, and prolonged clinical study of the protean forms presented by disease. It can, indeed, never be too much emphasized that the amount of information a person is able to put on paper in an examination is no standard of his fitness for having charge over the lives of men.

Militia and Volunteer Artillery—Change of designation.

His Majesty the King has been graciously pleased to direct that, in consequence of the abolition of Divisions in the Royal Garrison Artillery, the Militia and Volunteer Artillery shall in future be designated as follows:—

Former designation.	New designation.
Militia Field Artillery	Royal Field Artillery (Militia).
Militia Artillery (formerly affiliated to the Divisions of Royal Garrison Artillery)	Royal Garrison Artillery (Militia).
Volunteer Artillery (formerly affiliated to the Divisions of Royal Garrison Artillery)	Royal Garrison Artillery (Volunteers).

A.O. 27, February 1902, page 14.

* Issued as a Special A.O., dated 12th January, 1902.

STANDARD.

FEBRUARY 12, 1902.

AND VOLUNTEER MILITIA STAFF CORPS.

(LONDON GAZETTE.)

OFFICE, FEB. 1.

NATION OF CORPS AND TITLES OF OFFICERS.

in of the valuable service

Militia Medical Staff Corps

and Volunteer Medical Staff Corps during the War in South Africa, His Majesty the King has been graciously pleased to approve the following changes in the designations of the Corps and in the titles of the Officers:—

Former Designation of Corps.	New Designation of Corps.
Militia Medical Staff Corps	Royal Army Medical Corps (Militia)
Volunteer Medical Staff Corps	Royal Army Medical Corps (Volunteers)

Former Title of Officers.	New Title of Officers.
Honorary Commandant	Honorary Colonel.
Honorary Surgeon-Colonel	
Honorary Surgeon Lieutenant Colonel Commandant	Honorary Lieutenant Colonel Commandant.
Honorary Surgeon Lieutenant Colonel	
Surgeon Major	Major.
Surgeon Captain	Captain.
Surgeon Lieutenant	Lieutenant.

This announcement published also in Army Order 28 (February) 1902.

LONDON, WEDNESDAY, FEBRUARY 19.

HOUSE OF COMMONS.

ARMY MEDICAL SERVICE.

Dr. THOMPSON asked the Secretary for War if, before the issue of the promised Royal Warrant for reform of the Royal Army Medical Corps, he would carefully consider the objections raised, both by the Officers of the Royal Army Medical Corps and the Medical Service to the recommendations of the late Departmental Commission, as regards examinations for promotion; and if he would make such alterations as would limit these examinations to the real requirements of the service—viz., for promotion to the ranks of Major and Lieutenant Colonel, as suggested by the Sub-Committee appointed by the Council of the British Medical Association to consider the reform of the Army Medical Service.

Mr. BRODRICK.—The only examinations in purely professional subjects will be those of Major and Lieutenant Colonel. The examination of Lieutenants for the rank of Captain will be in corps and service duties only.

W
v
it
Th
re
all
Th
ye
th
th
no
ex
Fo
pa
th
be
en
sul
lie
col
aft
col
of
sel
gee
set
C.)
is
is
ho
pe
Al
th
im
Di
Be
wl
hi
Th
do
vit
Br
th
gla
wi
be
sta
on
Go
Sul
ref
the

Books, Maps, Forms, &c.

Military Books.

1. Books placed on sale, and added to the list issued with A.O. 134 of 1901:—

Chirology, Manual of. By M. Louis Hughes. (Edited by Major W. Dick, Royal Army Medical Corps)... .. A.O. 42, February 1902, 0 3

in medicine and surgery, but also in the various special departments will be forthcoming. A professional staff with numerous assistants, will be appointed from the R.A.M.C., while the Staff College will afford opportunities for the education of...

FEBRUARY 22ND, 1902.

trolling the entire regular and auxiliary army medical services is required. In the second place, such central authority should be so organized as to be in harmony with the cardinal features of future War. In striving for the first, "I.V.R.C." efficiently considered the second; but y, for, as pointed out by the Sub-committees of Mr. Brodrick's Committee, guards inspections, etc., too much of interference with the due autonomy of regiments. As every one who is at all conversant with the administration knows, the adjustment between headquarter control and local initiative is delicate. It is, however, a quarter staff ought to be much to be published elsewhere in this issue, written out by a correspondent whose name is him in an exceptionally favourable independent opinion on the sub-

FEB. 22, 1902.]

ARMY MEDICAL REORGANIZATION.

[The British Medical Journal, 437]

An Address

ON THE REORGANIZATION OF THE ARMY MEDICAL SERVICE.

Delivered at the Annual Meeting of the Dublin Branch of the British Medical Association.

By C. B. BALL, M.D., M.A., F.R.C.S.,

Regius Professor of Surgery in the University of Dublin; Member of the Advisory Board, Army Medical Service.

THE British Medical Association, the Dublin Branch of which is assembled here to-day, is a power that year by year, as it is increasing in numbers and becoming more thoroughly representative of the entire profession, is making itself more widely felt upon all questions in which the interest of medical men are involved, no matter to what branch of the profession they belong. The annual meetings of the Association at large and of the Branch meetings afford opportunities for discussion of questions which at the time are engaging our thoughts, while our JOURNAL now, with a circulation of upwards of 21,000 copies weekly, affords publicity not alone to the deliberations of members at these annual meetings, but also, through its correspondence columns, to the views of individuals on questions of contemporary interest. The wide space allotted by the JOURNAL to the purely scientific matters connected with our profession enables members, if they will only read their weekly issue, to keep themselves informed of the progress of our great profession in all its branches. In choosing a subject upon which to address you to-day, I thought the suggested reorganization of the Army Medical Service in which our Association has taken such a wide interest, was the one to which public attention is at present most markedly attracted, and more particularly, possibly, to us in Ireland, as the army has always been a career favoured by our young Irish graduates in medicine. Upon turning to the Army List published last month, some interesting, and to me somewhat unexpected, facts were revealed. In the first place, the total number of officers from the Director-General to the last-joined lieutenant of the R.A.M.C., is 987, or over 100 more than the full strength of the corps before the war, not including the large number of civilians at present doing temporary duty at home and in South Africa. This large surplus must, however, to some extent be discounted by the fact that it includes 50 officers of the reserve, and that resignations have been interrupted during the progress of the war; but, even allowing for these, it will probably be found at the termination of hostilities that the corps is considerably above its normal strength, and not in the depleted state that many of the critics would have us believe. That a permanent increase of the strength for the future is necessary is, however, fully recognized.

THE SCHOOLS AND THE SERVICE.

When we come to investigate the schools from which the officers have come into the service, as evidenced by the Medical Register, or in some cases by Churchill's Medical Directory for last year, we find the following interesting details—Officers whose qualifications are all Irish, 352; officers whose qualifications are all English, 305; officers whose qualifications are all Scotch, 221; officers whose qualifications are obtained in more than one division of the United Kingdom, of whom 32 have at least one Irish qualification, 100; officers whose qualifications are not to be found in the Medical Register or Churchill's Medical Directory, 1901, 9-987. (This last item is made up chiefly of recently-joined lieutenants.) It will thus be seen that Ireland has sent into the service a considerably larger number of officers than either England or Scotland. When, however, we come to see the proportion of the different nationalities in the various ranks of the corps, some further interesting particulars are brought to light. The present Director-General has Scotch qualifications: Of 8 Surgeons-General, 75 per cent. have Irish qualifications; of 27 Colonels, 77.7 per cent. have Irish qualifications; of 206 Lieutenant-Colonels, 48.8 per cent. have Irish qualifications; of 284 Majors, 35.1 per cent. have Irish qualifications; of 227 Captains, 24.2 per cent. have Irish

qualifications: of 234 Lieutenants, 37.6 per cent. have Irish qualifications. It will thus be seen that amongst the higher ranks the Irishmen largely predominate, whilst amongst the lower ranks there is a marked falling off in the number of those who possess qualifications from the Irish licensing bodies. A study of these figures shows, in the first place, that Irish graduates have been in the past highly successful in obtaining the highest ranks in their profession, but I fear it also proves that of recent years the service has not been so popular upon this side of the water as it used to be.

LORD LANSDOWNE'S REFORMS.

During the time Lord Lansdowne was Secretary of State for War he upon several occasions showed the keen interest which he took in the welfare of the Army Medical Department, and many and important reforms undoubtedly suffered grievance from his notice. At that time students who were brought under his notice. At that time students who obtained their qualifications in Ireland found it absolutely necessary to go for some months to a grinder in London if they desired to obtain a good place at the entrance examination, the character of the London examination being different and in some respects, I believe, inferior to that to which they had been accustomed in Ireland. Upon this matter Professor D. J. Cunningham, of Dublin University, was placed upon the Examination Board. Again, in January, 1898, a deputation organized by the British Medical Association, and upon which I had the honour of representing Dublin University, waited upon Lord Lansdowne, and urged what undoubtedly at the time was the greatest grievance of which the medical officer complained—the want of substantive rank in the army, and the formation of the Army Medical Staff into a Royal Corps. These reforms were shortly afterwards granted, and it was quite evident, from the way in which the Secretary of State for War received and spoke to the deputation, that he was much in earnest in his desire to remove all reasonable causes of complaint and render the service again attractive to a good class of young medical men.

THE DEARTH OF CANDIDATES.

But since these changes were made, the market price of medical men has gone up, and the question of pay, which three or four years ago was not really complained of, except during service in India, has become a prominent one; the marked increase which has taken place in the salaries to the assistant and locum tenens of the general practitioner naturally drew attention to the pay of the army when he had abundant opportunities of being employed with fair remuneration in civil practice. As has been frequently pointed out, this dearth, and consequently enhanced value, of newly-qualified practitioners is due largely to the abolition of unqualified assistants in general practice, and to the prolongation of the course of study to five years, which so greatly adds to the cost of production of the qualified practitioner; but a cause of a more temporary character which has been much overlooked is the fact that the change from four to five years' curriculum practically obliterated an entire year's supply of graduates, a loss which was felt for several years, as the five-years students gradually blended with the old four-years men.

MR. BRODRICK'S COMMITTEE.

The present war has directed attention to the army doctor again, and the Secretary of State for War has approached the question in a broad and statesman-like spirit, and appointed a Committee to inquire into the entire question of reorganization of the corps, upon which Sir William Thomson ably represented Irish interest. The report of this Committee has now been before the public sufficiently long for its propositions to be thoroughly well criticized and discussed. I propose, therefore, to review some of its more important features. First, as to increased pay: The proposals made by the Reorganizing Committee in this respect seem to have met with universal commendation. Formerly a lieutenant on probation at Netley received 5s. a day, a sum insufficient to pay his necessary expenses, and when he obtained his commission he received £200 a year with allowances. Under the new suggested scheme he will receive £250 a year, both

[2147]

OF THE MILITIA AND VOLUNTEER MEDICAL CORPS.

Royal Warrant, in the designations of Volunteer Medical Staff Corps to Army Medical Corps, Militia, and so on, will, we have reason to believe, be service generally, and considered a distinction. The change is declared to be of the "valuable services" of these g the war in South Africa, and will in popularity and efficiency. The old officers of these corps now give any titles of an "honorary" kind, is retained between the regular and in so far that the titles of active and of the latter honorary, that such a well won and gracious ally ultimately be extended to all auxiliary forces; in which case the compound titles would exist among the Household Troops. The retention among these officers was, of course, the prejudices—or, shall we say, obs; but it is very unlikely they will red, but will disappear with the em. The concession in question is closer union and sympathy which about between the regular and e Empire, mainly by a process of which cannot but rejoice the hearts

QUESTIONS IN PARLIAMENT.

[LORNEY CORRESPONDENT.]

Army Medical Stores.—Mr. Charles Hobk why no definite provision was made veterinary and medical stores in the Council of November 4th, 1901, while nec and engineer stores was specially vetary of State for War stated, in reply, veterinary and medical stores was care Veterinary Department and the Army orders of the Quartermaster-General A.M.S., who were charged with the case of the Director-General of ed with the provision of warlike stores, r a specific distinction between the in- vey purely engineer stores, the respon- of which rests with the Inspectors, and that of warlike stores belonging army for which the Director-General ble.

Y, MARCH 1ST, 1902.

Medical Corps.—In answer to a question Thompson, in which it was suggested day in the issue of the new warrant of the Indian Government towards the ord George Hamilton stated that no ed by the Government of India, nor dlate the pay and allowances of the branch of the army. The pay of ing in India was increased somewhat favourably with that of most other Various questions relating to the is were engaging the attention of the and he hoped shortly to receive and dations.

ATTENTION FOR THE VOLUNTEER MEDICAL STAFF CORPS.

many letters from volunteer medical subject that I venture to ask you to in we are not included in the recent order is because we are all regimental medical officers, and so follow the custom of the various regiments of Guards, and so enjoy (?) compound rank. The authorities believe it is more popular with the medical officers to wear regimental than departmental uniform. I am in favour of providing that directly a regimental medical officer is gazetted he should become an officer in the R.A.M.C.V. and wear departmental uniform; he is then easily recognizable, and has one uniform for either regimental or departmental duties. I shall be glad if all volunteer medical officers will send me a postcard with "agree" or "not agree," also stating name and regiment. I will tabulate the answers, publish, and place the result before the Under-Secretary of State for War.—I am, etc.,

F. B. GILES.

Brig-Surg.-Lt. Col., S. M. O. Volunteer Ambulance School of Instruction, Bletchley, Bucks, Feb. 26th.

and vast strides in sanitary science and preventive medicine, the staff is very considerably weaker than it was forty years ago. It is surely unnecessary to emphasize such a situation. What should be done? To revert to the staff of 1858, good as it was, would not meet the requirements of the altered circumstances of the present day; and, therefore, a strengthening and rearrangement of it on existing lines would seem the most practicable course. "I.V.R.C.," we fear, asks for more than the War Office is likely to grant, although that does not detract from the value of his general thesis. Curiously enough, he ignores the existence of the "Advisory Board," which, of course, is as its name indicates, advisory and consultative—scarcely administrative, unless indirectly, and not at all executive; for if it attempted the latter function it would certainly soon come to grief. Two objects must be kept in view in considering this problem. In the first place, a sufficient headquarter staff for directing and con-

Equipment—Wearing of Valise to be discontinued.

1. Dismounted troops (exclusive of Foot Guards) now equipped with valise equipment will discontinue wearing the valise on all occasions in future. The valises will be retained on charge till further orders.
2. Such articles of necessaries as may be required by men mounting guard will be carried in the haversack.
3. The necessary amendments will be made in the King's Regulations and Orders for the Army.—A.O. 31, February 1902.

SATURDAY, FEBRUARY 8TH, 1902.

The Royal Army Medical Corps and the New Warrant.
The Secretary of State for War does not apparently contemplate at present giving a day for the discussion of the new Warrant, for when Sir John Tuke asked on Tuesday last if an early opportunity would be given for debating the Warrant, his reply was that he was not yet in a position to say when the vote for the Medical Establishment would be brought forward. Mr. Black later in the day asked for the appointment of a professor from one of the Scotch Universities upon the Army Advisory Board, but Mr. Brodric said that every care had been taken to make it representative—that Dr. Galloway was appointed to represent Scotland, and that three of the military members had been connected with Scottish medical schools.

THE HEADQUARTERS STAFF OF THE ARMY MEDICAL SERVICE.

Sir,—One of the most urgent questions in the Army Medical Service is to try and secure for it an efficient headquarters staff. The following officials are, I consider, needed if such an aim is to be secured.

1. *Director General, Army Medical Service*, that is to say, the Surgeon-General of the Army responsible as now for all the whole medical service.

2. *His Private Secretary and Aide-de-Camp*.—An officer of the R.A.M.C. attached as a personal staff officer to the Director-General Army Medical Service in the same way that an A.D.C. is allowed to the Inspector-General of Fortifications. Very essential, and asked for by all officers of the R.A.M.C.

3. *Intelligence Officers*.—At least two of our ablest men should be attached to the office of the Director-General Army Medical Service as "intelligence officers." There are eighteen such officers for army intelligence and two are requisite for the medical service. A former head of the Army Intelligence Department assured me that he felt the want of medical representatives very much. The absence of such officers has always been the great want of the Director-General's office.

4. *An Inspector-General of Hospitals*.—An officer with this title is needed to be unceasingly on the move through the three kingdoms and the Mediterranean and Egyptian stations, inspecting hospitals, and advising as an authority in all hospital matters. Hurdled visits by the Director-General Army Medical Service are of little use, as he has not the time to make a thorough inspection, and unless such inspections be thorough and educative in their character they are of little use.

5. *An Assistant Military Secretary*.—An officer with this title is needed to hold the personal documents of all medical officers, and to deal with promotions, nominations for appointments, and also technical education and examination questions in the R.A.M.C. He should be at least a Colonel R.A.M.C.,

five officers, special staff work with quite so important as

6. *The I* in a haphazard branch of 1858. He dealing with ledger; an member of an exhaust. He also in of the R.A. organisati matters. decisions of the various departmental staff officers I now proceed to name, and act as Deputy in the Director-General's absence.

7. *Assistant Adjutant-General and Deputy Assistant Adjutant-General of R.A.M.C., with its Militia, Volunteers, and all classes of Reserves on the medical Contingents for War Work*.—An officer of colonel's rank is much needed, with a senior officer as his assistant to deal with these matters, and either he himself or the junior member should be specially in touch with the Volunteer Medical Services and all Reserves. The whole medical service cries aloud for more senior officers for these and many other of the headquarter appointments.

8. *Director of the Medical Branch of the Office and his Assistant*.—To deal with purely medical professional matters, tropical disease, medical records, vaccination, medical attendance. To preside at medical Boards, invaliding, and to be a specialist physician at headquarters. A much-needed official.

9. *Director of the Surgical Branch of the Office and his Assistant*.—Similar to above, but dealing with surgery, venereal disease, ophthalmology, recruiting, the presidency of invaliding Boards on surgical cases, and to be surgical specialist at headquarters, and to keep touch with surgical progress throughout England.

10. *Director of Hospital Administration and Organization in Peace and War, with Assistant*.—The "one thing needful" above all others in the medical headquarter office is a skilled specialist in the organization of all military hospitals, personnel, fabric, stores, administration, field organizations, bearer companies, field hospitals, stationary hospitals, general hospitals, hospital ships, diets, stoppages, equipment, stores; in fact all the details in which we still are very babies in knowledge. No officer below the rank of brigade surgeon is needed in this branch, nor would be in any other headquarter office.

11. *Directors of Stores and Equipment*.—Two officers needed in this branch, the germ of a medical store department. Who can deny the need of these specialized officers?

12. *Directors of Sanitation and Statistics*.—Law, but of primary importance, come these officers. The former "statistical officer" was abolished in Mr. Childers's régime in 1881, and resulted in a real blow to the efficiency of that branch office. Let us now replace this official, and let him have an assistant.

With a staff as above it may be possible to control and organize an important service like the medical service of the army. I cannot see how the "efficiency" for which Lord Rosebery and all of us ask can be achieved with less.

The Intelligence Army Head Quarter Staff number 18 officers; the Engineer Head Quarter Staff are some 17 officers; the Ordnance and Ordnance Committee Staff are nearly the same; how then can five officers, often very young men indeed, attempt to deal with medical service matters efficiently, and be as they ought to be—a final court of appeal in all matters of justice, scientific efficiency, and all that goes towards readiness for duty in peace or war?
By recruiting these officers mainly from officers who had learned their work in the District or Army Corps Medical Staff some certainty might be assured as to efficiency and previous knowledge of the work they undertake.—I am, etc.,
January 31st. [S. Ewart] I. V. R. C.

EXAMINATIONS AND THE R.A.M.C.

The inaugural address delivered at the opening of the present session at the Cork South Infirmary by Professor Henry Corby contains an interesting comment on the proposed alterations in the conditions of the army medical service with regard especially to the suggested increase in the number of examinations. It could well be understood, he pointed out, that the Commissioners when considering their report saw the necessity for holding out inducements to the army medical officers to keep pace with the progress of medical science. The army medical officer at present had not the same incentive as the civil practitioner to read current medical literature and to avail himself of the most recent improvements and developments of medical science. If the civil practitioner should not take advantage of all his opportunities he was bound to be left behind in the race, but from a pecuniary point of view it made little difference to the army medical officer. The Commissioners were, in Professor Corby's opinion, to be commended for endeavouring to rectify this state of affairs in the army. But had they gone the right way about it? Examinations were very useful for students who started on pretty equal terms, and whose information was mainly theoretical. But no system of examination that had been devised could adequately gauge the exact value of the resourcefulness and promptness of the accomplished surgeon in dealing with the grave and unexpected difficulties arising in the course of a serious operation, when hesitancy would mean defeat for the surgeon and death for the patient. Neither was it possible to appraise in marks as between two medical men, say, twenty years in practice, the knowledge each had gained as the result of patient comparison of facts, careful observation of symptoms, and prolonged clinical study of the protean forms presented by disease. It can, indeed, never be too much emphasized that the amount of information a person is able to put on paper in an examination is no standard of his fitness for having charge over the lives of men.

THE STANDARD.

FEBRUARY 12, 1902.

MILITIA AND VOLUNTEER MEDICAL STAFF CORPS.

(FROM THE "LONDON GAZETTE.")

WAR OFFICE, FEB. 1.

CHANGE OF DESIGNATION OF CORPS AND TITLES OF OFFICERS.

In consideration of the valuable services rendered by the Militia Medical Staff Corps and Volunteer Medical Staff Corps during the War in South Africa, His Majesty the King has been graciously pleased to approve the following changes in the designations of the Corps and in the titles of the Officers:

Former Designation of Corps.	New Designation of Corps.
Militia Medical Staff Corps	Royal Army Medical Corps (Militia)
Volunteer Medical Staff Corps	Royal Army Medical Corps (Volunteers).
Former Title of Officers.	New Title of Officers.
Honorary Commandant	Honorary Colonel.
Honorary Surgeon Colonel	Honorary Lieutenant Colonel Commandant.
Honorary Surgeon Lieutenant Colonel Commandant	Honorary Lieutenant Colonel.
Surgeon Colonel	Major.
Surgeon Major	Captain.
Surgeon Captain	Lieutenant.
Surgeon Lieutenant	

This announcement published also in Army Order 28 (February) 1902.

LONDON, WEDNESDAY, FEBRUARY 19.

HOUSE OF COMMONS.

ARMY MEDICAL SERVICE.

Dr. THOMPSON asked the Secretary for War if, before the issue of the proposed Royal Warrant for reform of the Royal Army Medical Corps, he would carefully consider the objections raised, both by the Officers of the Royal Army Medical Corps and the Medical Schools to the recommendations of the late Departmental Commission, as regards examinations for promotion; and if he would make such alterations as would limit these examinations to the real requirements of the service—viz., for promotion to the ranks of Major and Lieutenant Colonel, as suggested by the Sub-Committee appointed by the Council of the British Medical Association to consider the reform of the Army Medical Service.

Mr. BRODRICK.—The only examinations in purely professional subjects will be those of Major and Lieutenant Colonel. The examination of Lieutenants for the rank of Captain will be in corps and service duties only.

W
v
i
n
T
r
e
a
l
T
i
y
e
t
h
n
c
e
x
F
p
s
t
h
e
n
s
u
l
i
c
o
a
f
c
o
o
f
s
e
g
e
C
h
e
i
s
h
p
A
t
h
i
n
D
B
w
h
l
T
d
v
i
B
t
l
g
l
w
b
e
s
t
e
r
G
S
t
r
e
t

Equipment—Wearing of Valise to be discontinued.

- 1. Dismounted troops (exclusive of Foot Guards) now equipped with valise equipment will discontinue wearing the valise on all occasions in future. The valises will be retained on charge till further orders.
- 2. Such articles of necessaries as may be required by men mounting guard will be carried in the haversack.
- 3. The necessary amendments will be made in the King's Regulations and Orders for the Army.—A.O. 31, February 1902.

The Intelligence Army Head Quarter Staff number 18 officers; the Engineer Head Quarter Staff are some 17

SATURDAY, FEBRUARY 23RD, 1902.

The Royal Army Medical Corps as The Secretary of State for War does plate at present giving a day for the Warrant, for when Sir John Tuke asks early opportunity would be given for his reply was that he was not yet in a the vote for the Medical Establishment ward. Mr. Black later in the day ask of a professor from one of the Scotch Army Advisory Board, but Mr. Brodr had been taken to make it representa was appointed to represent Scotland, military members had been connected schools.

THE HEADQUARTERS STAFF OF SERVICE.

Sir,—One of the most urgent Medical Service is to try and secure quarters staff. The following official if such an aim is to be secured.

1. Director General, Army Medical the Surgeon-General of the Army is the whole medical service.

2. His Private Secretary and Aide the R.A.M.C. attached as a pers Director-General Army Medical Serv an A.D.C. is allowed to the Inspect ions. Very essential, and asked I R.A.M.C.

3. Intelligence Officers.—At least should be attached to the office of th Medical Service as "intelligence offi such officers for army intelligence i the medical service. A former head Department assured me that he f representatives very much. The sh always been the great want of the I

4. An Inspector-General of Hospitals title is needed to be unceasingly o three kingdoms and the Mediterane inspecting hospitals, and advising hospital matters. Hurried visits Army Medical Service are of little time to make a thorough inspection tions be thorough and educative i of little use.

5. An Assistant Military Secretar title is needed to hold the personal officers, and to deal with promotions ments, and also technical educati tions in the R.A.M.C. He shoul R.A.M.C., and be one of our most lve officers constitute the Direct special courses, and I cannot see work without such a staff.

Quite separate from the above portant series of officials.

6. The Deputy Director-General,— in a haphazard and irregular way fr branch of the office, as responsible 1885. He has been a kind of "jack dealing with a mass of questions, ledge; and in addition, and most a member of the Medical Board on s an exhausting duty from which he He also in the past set the papers f of the R.A.M.C. in military admini organisation, a matter entirely for matters. His real duty is to co-decisions of the various departm proceed to name, and act as Deput absence.

7. Assistant Adjutant-General and General of R.A.M.C., with its M chains of Reserve or Civil Comde officer of colonel's rank is much o as his assistant to deal with the himself or the junior member sh with the Volunteer Medical Servi whole medical service cries aloud these and many other of the headq 8. Director of the Medical Branch ant.—To deal with purely medi tropical disease, medical records, tendance. To preside at medical be a specialist physician at head official.

9. Director of the Surgical Branch ant.—Similar to above, but deals disease, ophthalmology, recruiting ing Boards on surgical cases, and headquarters, and to keep touz throughout England.

10. Director of Hospital Admini Peace and War, with Assistant — above all others in the medical be specialist in the organization of al necessary measures, person nel, fabric, stores, administration, field organizations, bearing companies, field hospitals, stationary hospitals, general hospitals, hospital ships, diets, stoppages, equipment, stores; in fact all the details in which we still are very babies in knowledge. No officer below the rank of brigade surgeon is needed in this branch, nor would be in any other headquarter office.

11. Directors of Stores and Equipment.—Two officers needed in this branch, the germ of a medical store department. Who can deny the need of these specialized officers?

12. Directors of Sanitation and Statistics.—Last, but of primary importance, come these officers. The former "statistical officer" was abolished in Mr. Childers's régime in 1881, and resulted in a real blow to the efficiency of that branch office. Let us now replace this official, and let him have an assistant.

With a staff as above it may be possible to control and organize an important service like the medical service of the army. I cannot see how the "efficiency" for which Lord Rosebery and all of us ask can be achieved with less.

ARMY MEDICAL REORGANIZATION.

[Feb. 22, 1902.

as a probationer and lieutenant, with allowances valued at £73 10s., making a total of £343 a year, increased at the end of three years' service to £379 15s. 2d., and so on through the higher ranks there is a liberal increase provided for; but, besides the actual pay, the officer is building up during his service a substantial sum either in the way of gratuity or pension, while in the higher ranks provision is made for widows and children of officers who die during their period of service. The deferred pay under the new scheme will be at the rate of a gratuity of £1,000 after nine years' service, £2,500 after eighteen years' service, and a pension of £1 per day after twenty years' service. The pension will be subsequently augmented according to rank and length of service as previously provided for. Owing to the wording of the report of the Reorganizing Committee it was thought that if the officer failed to pass the examination recommended for promotion to the rank of lieutenant-colonel before he reached twenty years' service, he might be compulsorily retired upon the gratuity of £2,500, without the option of completing his twenty years' service, and so becoming under existing rules entitled to a pension of £3 per day. This possibility excited widespread dissatisfaction amongst the officers of the R.A.M.C.; in fact, it was the one subject in the report upon which disapproval appeared to be quite unanimous. I am enabled, however, to state upon authority that it was never intended to deprive officers of the right to this pension, even if they failed to pass the suggested examination for promotion to lieutenant-colonel. Besides the pay above alluded to, officers who qualify as specialists in any one of the comprehensive list of subjects will be entitled to an additional 2s. 6d. per day, while those in charge of hospitals will be entitled to extra pay, varying from 10s. per day if the hospital contains 300 beds, down to 2s. 6d. if it contains only 30 beds. The question of increased pay whilst serving in India, which has long been a grievance, what, it is hoped, be satisfactorily settled by the Indian Government, but no statement to that effect has as yet been made. The necessity of periods of study leave has long been urged, and its importance admitted by the authorities, but hitherto the exigencies of the service have prevented its being granted to the extent which is undoubtedly required.

The Reorganizing Committee recommended that after three years' service, and before promotion to the rank of captain, the officer is to be "attached for a period of six months to a recognized hospital in a centre where he has opportunities of gaining further professional knowledge by attendance at a course or courses of instruction in a civil hospital or otherwise, as may be approved by the Advisory Board," and upon completion of six years as captain he shall be afforded a further similar period of six months at a centre where he may have facilities for attending courses at a recognized civil hospital. In case of an officer desiring to engage in advanced professional study, it shall be open to the Advisory Board to recommend that special leave be granted him for a period of six months. Another recommendation of the Committee that has met with approval is that promotion to the higher ranks is to be made through some other means than mere seniority. That officers should be encouraged to devote themselves to the acquiring of professional knowledge, and that they should know that work done in this direction will be rewarded by accelerated promotion, appears to me to be the most essential reform if the army is to be looked on as a career which will attract a good class of men. That the present arrangement is not satisfactory is an admitted fact. No doubt amongst the officers of high rank are many who take a keen interest in encouraging young officers under them to occupy themselves with scientific pursuits, and where good work has been done, to modify such to headquarters by confidential report or otherwise; but that the contrary is also sometimes true is notorious, and the energetic young officer finds anything but encouragement from his superiors, and soon learns that the way to reach the higher ranks is to have nothing said against him, but otherwise to do as little as possible. A good many years ago a house-meaning by an example. A good many years ago a house-surgeon that we had at Sir Patrick Dunn's Hospital entered the army as a surgeon; he was one of the very best men we ever had at the hospital, extremely hardworking, keen about his business, and thoroughly devoted to his profession. Shortly afterwards he was stationed at Dublin, and he devoted

all his spare time to work at medicine and allied science; he took several higher qualifications upon distinguished answering at his examinations, and occupied himself largely with the higher branches of analytical chemistry in the laboratory of Trinity College. While so engaged he brought down some samples of food supplied to soldiers, and found more than one instance of serious adulteration, which he reported to his superior officer, with the result that he was called before the colonel and told to mind his own business, and leave things that did not concern him alone. Shortly afterwards he proceeded on foreign service, and upon his return I asked him how he was getting on. He replied, "Splendidly; I do my clinical work; I spend about half an hour in the morning looking at two or three patients, and never do anything further of professional work, and have no doubt but that now I am in a fair way to promotion." All the energy and keenness for work had been driven out of him by want of encouragement. Poor fellow, he was shortly afterwards murdered in China. It is only in the nature of things that men who have risen to the executive rank simply by living long enough, and having nothing said against them, are not the most likely to encourage and stimulate young officers to hard work at their profession.

THE MULTIPLICITY OF EXAMINATIONS.

The report of the Reorganizing Committee shows that this subject has been very fully considered, and suggestions have been made that a series of examinations should be held immediately preceding each step of promotion to the rank of lieutenant-colonel, failure to qualify at any of which, after a second trial, will lead to compulsory retirement from the service; while, upon the other hand, brilliant answering at the earlier examinations will lead to acceleration of promotion of from three to eighteen months, according to the percentage of marks obtained. This suggestion of examinations up to the eighteenth year of service has been very adversely commented on by officers and others, and it is probable that when the warrant appears certain changes will be made. The verdict of the profession at large, which is fully endorsed by the public, is that if the service is to be made attractive to young graduates, and thoroughly efficient for the important duties it has to discharge, professional merit must be acknowledged, and lead to accelerated promotion. But how is this to be done? By examination say some, and if the examination is the right sort there is much to recommend it; but if it should be carried out in the form of a student's examination, which is to be passed, not by so many months' grinding for this special purpose, but rather by one conducted on a definite principle by examiners, whose duty it must be to find out what use the candidate has made of the opportunities of purely professional work he has had at his disposal, and to what special scientific branches he has most devoted himself—if carried out in this way it has the great advantage of uniformity, and is much more satisfactory than the alternative of relying upon reports sent to the Director-General from all parts of the world by superior officers, which vary enormously according as to whether the superior officer with whom the subaltern is serving happens to be a man of enlightened scientific mind, or one whose only idea is to carry out what is contained within the four corners of the regulations.

A MEDICAL STAFF COLLEGE.

A suggestion which has been made by the Reorganizing Committee, but which has received little notice from the critics, appears to me one of the most important of all; it is the establishment in London of a large military hospital with Staff College attached. This hospital will differ from Netley more for acute cases of illness and accident, such as are met with in the great civil hospitals, the invalids returned from abroad and cases of chronic illness being largely treated elsewhere. The supply of cases will come from the London garrison, the soldiers' wives and families, War Office employes, and, in cases of accident and emergency, civilians. Recruits who are ineligible for admission to the army in consequence of hernia, varicose veins, varicocele, and other similar conditions will be taken in order to undergo operation that they may qualify for enlistment. In this way it is thought that an abundant supply of clinical material, not only

ARMY MEDICAL SERVICE.

Dr. THOMPSON asked the Secretary for War if, before the issue of the promised Royal Warrant for reform of the Royal Army Medical Corps, he would carefully consider the suggestions raised, both by the Officers of the Royal Army Medical Corps and the Medical Students to the recommendations of the late Departmental Commission, as regards examinations for promotion; and if he would make such alterations as would limit these examinations to the real requirements of the service—viz., for promotion to the ranks of Major and Lieutenant-Colonel, as suggested by the Sub-Committee appointed by the Council of the British Medical Association to consider the reform of the Army Medical Service.

Mr. BRODRICK.—The only examinations in purely professional subjects will be those of Major and Lieutenant-Colonel. The examination of Lieutenants for the rank of Captain will be in corps and service duties only.

W
vi
in
Tr
re
al
Th
ye
th
th
nc
ex
F
pa
th
be
en
su
le
co
af
co
of
se
ge
se
C
be
is
ht
pe
Al
th
in
D
w
hi
T
di
vi
B
th
pl
w
be
at
Ge
St
re
th

FEBRUARY 22ND, 1902.

in medicine and surgery, but also in the various special departments will be forthcoming. A professional staff, with numerous assistants, will be appointed from the R.A.M.C., while the Staff College will afford opportunities for the training of lieutenant probationers and also of officers, for periods of study and practical work during their term of service. As this hospital will be in London, it will be under the eye of the Director General, and a very much more correct judgement of the professional capabilities of officers can be obtained during their periods of service at this hospital than can possibly be done by any system of examination or reports of individual superior officers. I believe all fair-minded people will admit that the work done by this Committee, at the instigation of Mr. Brodrick, is an honest and broad-minded endeavour to place the R.A.M.C. in the position which we all wish to see it occupy. What are the prospects likely to attract young graduates into the service? Men likely to get appointments on the staff of general and special hospitals other than the post of house-surgeon are not likely to seek the army as a career; but, as contrasted with country private practice, except in favoured districts, it appears to present many solid advantages, more particularly so when compared with the miserably hard and underpaid lives which so many dispensary doctors in Ireland lead. The officer of the Royal Army Medical Corps commences with a fair salary; he sees the world, and if, after a few years, he desires to settle down into private practice, he can retire upon a gratuity probably considerably in excess of any sum he could have saved if he were engaged in civil practice for the same period; while after twenty years he can retire on a pension of £1 per day, and, if he so desires, start in any branch of the profession he may wish. The distinguished position which Mr. R. F. Tobin holds as a hospital surgeon and clinical teacher shows what can be done by a man determined to work, even after he has spent twenty years in the service. To those to whom distinctions and decorations are an attraction, it may be interesting to know that six officers of the R.A.M.C. hold the K.C.M.G., sixteen the C.B., twenty-five the C.M.G., and twenty-nine the D.S.O.

THE DRAWBACKS OF THE SERVICE.

There are many men who are fond of their work, but who hesitate to enter the army, as it affords—in time of peace, at any rate—so little scope for practical work. That this is to some extent true is an undoubted fact, and it is one of the great difficulties that the service has to contend with—a difficulty which, to some slight extent at any rate, will be diminished by the establishment of the large hospital in London. But even if the opportunities of practical medicine and surgery may be small, there are always opportunities of doing good work in hygiene, bacteriology, and, on foreign service, tropical disease, or other similar subjects in which a really sound scientific reputation may be made. It is only necessary to mention the names of Lieutenant-Colonel Bruce, F.R.S., of the Royal Army Medical Corps, the discoverer of the cause of Malta fever, and of horse sickness in South Africa; or of Major Ross, late of the Indian Medical Service, whose work on the relation of mosquitoes to malaria is notorious, to show that medical officers in the army have opportunities of scientific research in some directions far greater than can be enjoyed by their civilian brethren, and that amongst the officers are to be found men capable of utilizing those opportunities to the utmost, and of gaining, not only for themselves but for the service to which they belong, a well-merited scientific reputation.

THE HEADQUARTER STAFF OF THE ARMY MEDICAL SERVICE.

The letter of "I.V.R.C." in the BRITISH MEDICAL JOURNAL of February 8th (page 362) on strengthening and reorganizing the headquarter staff of the Army Medical Service, bears on a problem which should find prompt and concurrent solution with the development of any scheme of reform in the executive of that service. It is, indeed, vital to a rehabilitation of the service, and was so regarded in the recent reports of the Subcommittee appointed by the Council of the British Medical Association, which declared that in "numbers" the staff of the Director-General was "hardly compatible with due efficiency." To those familiar with the varying stages in the long-drawn-out evolution of the Army Medical Service during the past half-century, it would seem that the Committee had no need to qualify its opinion, but could boldly have asserted that the present staff was not sufficiently numerous to carry out the work with true efficiency. In pre-Crimean days the staff of the Director-General was little else than that official himself and a few civilian clerks; but there was then a second Director-General of the "Ordnance." But, when the great peace came to an end in 1854, headquarter army medical administration was found utterly unequal to the strain of war, and the result was disastrous to the health and efficiency of the army. The headquarter staff was entirely remodelled by Sidney Herbert's Commission in 1858, with a vastly increased establishment, which worked well for a quarter of a century. Then, under complacent Director-Generals, came a whittling down; so that now, notwithstanding a great increase in the strength of the army, much improvement in equipment and organization, and vast strides in sanitary science and preventive medicine, the staff is very considerably weaker than it was forty years ago. It is surely unnecessary to emphasize such a situation. What should be done? To revert to the staff of 1858, good as it was, would not meet the requirements of the altered circumstances of the present day; and, therefore, a strengthening and rearrangement of it on existing lines would seem the most practicable course. "I.V.R.C." we fear, asks for more than the War Office is likely to grant, although that does not detract from the value of his general thesis. Curiously enough, he ignores the existence of the "Advisory Board," which, of course, is as its name indicates, advisory and consultative—scarcely administrative, unless indirectly, and not at all executive; for if it attempted the latter function it would certainly soon come to grief. Two objects must be kept in view in considering this problem. In the first place, a sufficient headquarter staff for directing and con-

trolling the entire regular and auxiliary army medical services is required. In the second place, such central authority should be so organized as to be in harmony with the principles of devolution and decentralization which we are assured are to be the cardinal features of future War Office organization. In striving for the first, "I.V.R.C." has, perhaps, not sufficiently considered the second; but he is in good company, for, as pointed out by the Subcommittee, the recommendations of Mr. Brodrick's Committee itself savoured, as regards inspections, etc., too much of centralization and interference with the due autonomy of Army Corps and Districts. As every one who is at all conversant with army administration knows, the adjustment of the balance between headquarter control and local autonomy is as difficult as it is delicate. It is, however, clear that the headquarter staff ought to be much strengthened, and we publish elsewhere in this issue (p. 490) a scheme drawn out by a correspondent whose long experience places him in an exceptionally favourable position to form an independent opinion on the subject.

THE NEW TITLES OF THE MILITIA AND VOLUNTEER MEDICAL CORPS.

The changes, under Royal Warrant, in the designations of the former Militia and Volunteer Medical Staff Corps to those of the Royal Army Medical Corps, Militia, and Volunteers respectively, will, we have reason to believe, be well received in the service generally, and considered a step in the right direction. The change is declared to be in acknowledgement of the "valuable services" of these auxiliary corps during the war in South Africa, and will doubtless enhance their popularity and efficiency. The old compound titles of the officers of these corps now give place to plain, military titles of an "honorary" kind, so that a distinction is retained between the regular and auxiliary forces, in so far that the titles of the former are substantive and of the latter honorary. It is not improbable that such a well won and gracious Royal concession may ultimately be extended to all medical officers of the auxiliary forces; in which case the sole remnant of the compound titles would exist among the medical officers of the Household Troops. The retention of compound titles among these officers was, of course, a mere concession to the prejudices—or, shall we say, privileges? of the Guards; but it is very unlikely they will ever again be conferred, but will disappear with the existing holders of them. The concession in question is one more evidence of the closer union and sympathy which the war has brought about between the regular and auxiliary forces of the Empire, mainly by a process of levelling up—a process which cannot but rejoice the hearts of all patriotic men.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENT.]

The Inspection of Army Medical Stores.—Mr. Charles Hobhouse inquired last week why no definite provision was made for the inspection of veterinary and medical stores in the (War Office) Order in Council of November 4th, 1901, while the inspection of ordnance and engineer stores was specially provided for. The Secretary of State for War stated, in reply, that the inspection of veterinary and medical stores was carried out by officers of the Veterinary Department and the Army Medical Corps, under orders of the Quartermaster-General and the Director-General A.M.S., who were charged with the duty of inspection. In the case of the Director-General of Ordnance, who is charged with the provision of warlike stores, it was necessary to draw a specific distinction between the inspection of those which were purely engineer stores, the responsibility for the quality of which rests with the Inspector-General of Fortifications, and that of warlike stores belonging to other branches of the army for which the Director-General of Ordnance is responsible.

SATURDAY, MARCH 1ST, 1902.

The Royal Army Medical Corps.—In answer to a question put on the paper by Dr. Thompson, in which it was suggested that a cause for the delay in the issue of the new warrant resided in the attitude of the Indian Government towards the army medical officers, Lord George Hamilton stated that no proposal had been refused by the Government of India, nor made to them to assimilate the pay and allowances of the R.A.M.C. to any other branch of the army. The pay of officers of the corps serving in India was increased somewhat in 1897, and compared favourably with that of most other branches of the service. Various questions relating to the organization of the corps were engaging the attention of the Government of India, and he hoped shortly to receive and consider their recommendations.

THE NEW DESIGNATION FOR THE VOLUNTEER MEDICAL STAFF CORPS.

SIR.—I have had so many letters from volunteer medical officers upon the above subject that I venture to ask you to publish this. The reason we are not included in the recent order is because we are all regimental medical officers, and follow the custom of the various regiments of Guards, and so enjoy (?) compound rank. The authorities believe it is more popular with the medical officers to wear regimental than departmental uniform. I am in favour of providing that directly a regimental medical officer is gazetted he should become an officer in the R.A.M.C.V. and wear departmental uniform; he is then easily recognizable, and has one uniform for either regimental or departmental duties. I shall be glad if all volunteer medical officers will send me a postcard with "agree" or "not agree," also stating name and regiment. I will tabulate the answers, publish and place the result before the Under-Secretary of State for War.—I am, etc.,

P. E. GILES,

Brig.-Surg.-IA, Col., S. M. O. Volunteer Ambulance School of Instruction, Bletchley, Bucks, Feb. 24th.

*perfect nonsense**see p. 97.*

5. Officers and Soldiers Wearing Spectacles.
Officers and soldiers of the Regular Forces are permitted to wear spectacles or glasses on or off duty. This Order does not apply to the eyesight tests of candidates for commissions and recruits on enlistment.—A.O. 43, March 1902.

THE ARMY ESTIMATES, 1902-3.

THE Estimates for the ensuing year afford the usual detailed information under each head of expenditure; and if, in their magnitude, not very exhilarating reading for the taxpayer, are yet, no doubt, framed, according to official language, with "due regard to economy and efficiency."

Mr. Brodrick explains, in a lucid "Memorandum," that the huge total of nearly £91,000,000 for 1901-2 had fallen to £69,300,000 for 1902-3. This has been effected by a small saving of £375,000 in the ordinary services, and by the enormous saving of £23,230,000 in general war charges, for which 30,000 fewer men are voted.

"Vote 2," "Medical Establishments, Pay, etc." shows a total of £1,025,000 this year, against £1,088,000 last year, showing a saving of £63,000, which, however, requires explanation. There is really an actual increase of £92,700 in pay, etc., against a saving of £156,300. The saving, however, is more apparent than real, being made up of a true saving of £56,300 in medicines, etc., and sundry so-called appropriations; and a nominal saving of £100,000, which was voted last year, for a yet but partially attained "reorganization of the Army Medical Services," and which, as explained, is now spread over various appropriate votes as a matter of accounting.

The total estimated pay of the regular Army Medical Service is £360,500, against £324,500 last year, an increase of £36,000, part of which is, we suppose, to be accounted for by an increase of 67 executive medical officers shown in these estimates (page 40).

The total officers on the medical establishments is placed this year at 1,045, against 978 last year; but the true effective strength of active medical officers in this total only comes out on analysis. From the total of 1,045 must be deducted, first, 88 "acting medical officers," but better known as retired medical officers employed on £150 a year, plus retired pay; secondly, 5 medical officers of Indian native battalions at colonial stations; thirdly, 35 quartermasters R.A.M.C. These deducted leave a total of 917 active medical officers; but genuine deductions do not stop here. A further deduction of 335, borne on the Indian Establishment, whose pay is not provided for in these estimates, must be made; which reduces the true effective strength of active medical officers for all duties at home, and in the colonies and dependencies other than India, and for all relieving, including Indian reliefs, to that at best even here we cannot halt, for, from the latter number at least, 5 or 6 per cent. should be deducted for officers seconded or sick, and therefore immediately non-effective, at least for all purposes of foreign reliefs.

Under the lengthened heading "Pay of Civilian Medical Practitioners, Militia Medical Officers, and Medical Officers of Military Prisons, including Extra Fees for Visits and Medical Bills," etc., the large sum of £264,000 is voted, showing an increase over last year of £10,000. No official information is given as to the numbers of civil medical men employed on army duties, whether on consolidated pay or by contract.

The "Pay, etc., Army Nursing Service" amounts to £126,100, an increase on the year of £24,500, almost equal to that for medical officers; but the establishment of nurses has been increased from 87 to 230. The war has increased this vote by £100,000.

At page 40 there is a curious little vote of £2,100, entitled "Payments to Dentists at London and Aldershot, and to Civilian Members and Clerical Staff of the Advisory Board for Army Medical Services." It would have been interesting to have had some particulars as to the way in which this mixed vote is allocated, how much to the dentists and how much to the members and to the "clerical staff" of the Advisory Board.

The strength of the Royal Army Medical Corps, non-commissioned officers and men is shown as 3,045; and the pay, including extra pay, amounts to £114,000—an increase of £10,000.

The "cost of medicines," etc., is given at £160,000 against £216,000 last year. A few other medical items spread over the votes for clothing, army medical school, headquarter staff, etc., give a total of £30,358.

While these votes in the aggregate thus show large and even liberal provision for army medical services during the stress of the war, they also, we think, point a broad moral—that, sooner or later, there is no escaping inevitable and legitimate army medical expenditure. An undermanned and ill-equipped medical service in peace only ends in providing, by wasteful expenditure, an improvised and untrained scratch service in war. There is no saving in the end—nothing but waste and inefficiency. As we have already remarked, liberal as these estimates are, we yet fail to find any real grappling with the central evil of the army medical system—an undermanned regular service.

THE STANDARD, SATURDAY, MARCH 1, 1902. HOUSE OF COMMONS.

ARMY MEDICAL DEPARTMENT.

Mr. BRODRICK, replying to Sir J. TRICE, said—
The Warrant bearing on the reconstruction of the Army Medical Department will be issued before the Estimates for the Department are considered by the House.

MARCH 8, 1902.

BEARER-COMPANY OR FIELD AMBULANCE?

Sir,—I ask space for the following remarks:

1. *Change of Title of Bearer Company.*—I propose that the title of bearer company now used in our army be changed to "field ambulance." The former title ignores the technical duties required from the officers and men of such a company, and tends to lower the professional efficiency of the unit. A "bearer" may be an untrained man, but a member of a "field ambulance" should be a trained first-aid giver. In the French army the bearer company is called the "ambulance divisionnaire," and in the German Army the "medical (sanitary) detachment." In neither is the rather brutal word "bearer" pushed forward to designate the unit.

2. *Advantages of the Change.*—So long as you call the unit by the bad title I now propose to abolish it seems to limit the duties at all times to carrying wounded—only this and nothing more. But there must always in war be periods of inaction in a fighting sense when little or no wounded need be carried. During these periods a bearer company may remain inactive, but when you call it a "field ambulance" you introduce the function of treatment of special classes of

disease, and the field ambulance becomes a hospital not so comfortable as a field hospital, but still perfectly able to care for ordinary cases or convalescent patients.

3. *The Title of "Regimental Stretcher Bearers."*—Following the same lines, the title of "stretcher bearers" in use for regimental ambulance men could be changed to regimental ambulance section, and the individual men to ambulance men or ambulancers; and the ambulance wagon, which now alone bears the distinctive word "ambulance" in our army, would be then more clearly recognized as a wagon of the field ambulance, and perhaps be drawn closer to the medical service in peace as in war. This compromise seems to me better than the proposal to link together the field hospital and the bearer company into a single unit, which some persons are now proposing. Of course there will always be a difficulty in co-ordinating the work of the three field hospitals and the two bearer companies of a division in the field until, as in the well-organized Swiss medical service, the five units are loosely grouped into what is practically a medical "divisional battalion" under a senior lieutenant-colonel, who commands the whole under the administrative supervision of the colonel on the staff who is principal medical officer of the division. This lieutenant-colonel has an adjutant as his assistant, and greatly relieves the principal medical officer of the division, who is thus able to attend to sanitary or general duties. For the past fifteen or sixteen years I have been advocating this change of title.

GEORGE EVATT.

THE MEDICAL SERVICE OF THE NEW ARMY CORPS.

THE special Army Order of March 4th in connexion with Mr. Brodrick's speech of the same date on introducing the Army Estimates fairly launches the War Office scheme of devolution of powers in the new Army Corps. The Order states that the Principal Medical Officer of the corps will be attached to the staff of the general officer commanding it; but we cannot say whether that is the same as being "on" the staff of the general, and thus acting as an integral part of it. He is to be the "responsible adviser" of the general "on all points connected with the health, the sanitary arrangements, and the medical institutions of the troops"; by which latter must be meant the hospitals, bearer and other ambulance arrangements, etc. The position and responsibilities of the Principal Medical Officer will be such as the Subcommittee of the British Medical Association recommended they should be so as to limit headquarter interference; at all events, visits of inspection "without notice" can hardly take place by delegates from the War Office without interfering with the position and responsibilities of the officers of the corps. We observe that Mr. Brodrick in his speech spoke somewhat enigmatically about keeping medical officers in the same quarters for two years, and of giving them "a home" by attaching them to a battalion; we shall be anxious to see by what means this is to be carried out, and what class of medical officers are to be so attached.

MARCH 10, 1902.

THE EXAMINATION OF RECRUITS FOR THE IMPERIAL YEOMANRY.

Dr. FARQUHARSON on Tuesday asked the Secretary of State for War whether the enlistment of the Imperial Yeomanry was carried out by officers of the R.A.M.C. or by private practitioners, and whether a circular was issued to the effect that there was no need to reject men for minor defects, and whether these instructions were seen and sanctioned by the Director-General of the Army Medical Department. Mr. Secretary Brodrick, in reply, said that in consequence of the number of officers of the R.A.M.C. in South Africa and abroad, local practitioners had been employed, and instructions were issued to modify the requirements if the men were found free from all disease that would be likely to interfere with the efficient performance of duty. He was unable to learn whether the instructions had been sanctioned by the late Director-General.

INVALIDING IN THE IMPERIAL YEOMANRY.

As we expected, Mr. Brodrick was able to assure the House, in reply to Dr. Farquharson's question, that the Army Medical Service was in no way responsible for the alarming number of men of the Imperial Yeomanry invalided from South Africa for structural and organic physical defects which could not have escaped the eye of any experienced observer. Ostensibly in consequence of the absence from England of so many of the R.A.M.C., but really, we believe, for quite different reasons, the examination of these men was entrusted to civilian medical practitioners residing at convenient distances, and not familiar with the details of the standard required for "regulars." In the printed instructions which were issued to those concerned in Yeomanry enlistment, there was a paragraph which stated that there was no need to reject men for minor defects and deformities, as the standard need not be so high as for regulars. There was no attempt to give any approximate guide to the amount of laxity to be exercised at the discretion of the medical examiner, even if he might happen to be acquainted with the requirements of the regular army. If he happened to be ignorant of these requirements, the clause would seem to provide an ample excuse for unlimited discretion, and, if the blame is attributable to any one, it should rest on those who were responsible for the printed instructions and not on the medical examiner. At the same time, however, it must be admitted that some of these surgeons seemed to be infected too much with the general spirit of laxity, and literally sent out the halt and the maimed and the blind to do battle with their country's foes. With regard to the printed instructions Mr. Brodrick says he cannot find out whether the late Director-General saw and approved these instructions before they were issued. We have great pleasure in supplying the information, with which, strange to say, the War Office cannot supply him. The Director-General was never consulted; he had no hand in the wording of the paragraph above referred to, nor was his advice or opinion asked as to the physical standard of Yeomanry recruits. Nor was he instructed to detail any officers of the R.A.M.C. to examine them until a

RESERVE OFFICERS.

370. On the completion of three 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 seven years, and while so serving he shall receive pay at the rate of £25 a year.

371. A member of the Army Nursing Service Reserve, called up for duty, shall receive pay at the rate of £40 a year. If appointed to a higher position than that of sister, she shall receive the pay of such higher grade.

MEDICAL OFFICERS OF THE REGIMENT OF HOUSEHOLD TROOPS.

4. The following shall be substituted for Articles 362 to 365—

Appointment.

362. A Major or Lieutenant Colonel of Our Royal Army Medical Corps may, on the nomination of the Lieutenant 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.

363. A Surgeon Major shall be eligible for promotion to the rank of Surgeon Lieutenant Colonel on completing 20 years' service (see Article 362), provided that he has previously qualified in such manner as may be prescribed by Our Secretary of State.

Exchanges.

365. 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.

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

Table with 2 columns: Rank and Pay (£ s. d.). Rows include Brigade Surgeon Lieutenant Colonel (15 0 0), Surgeon Lieutenant Colonel (10 0 0), Surgeon Major (1 3 6), and After three years' service (1 0 0).

General Regulations.

368. In all matters not provided for by Articles 362 to 367 and 555 to 560, 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. 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 £ s. d. 1 0 0. 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 three years, or Brigade Surgeon Lieutenant Colonel of the Household Troops 1 10 0. Under 20 years' service 1 7 6. After 20 years' service 1 10 0. After 25 years' service 1 0 0. After 30 years' service 1 0 0.

Major or Surgeon Major of the Household Troops 1 0 0. After 20 years' service 1 0 0. After 25 years' service 1 0 0. After 30 years' service 1 0 0.

Major or Captain—Gratuity. After five years' service in the rank of Captain £1000. After ten years' service, if the officer was commissioned before the date of this Order Warrant, 1250. After three years' service in the rank of Major, or, if the officer was commissioned before the date of this Order Warrant, after 15 years' service 1300. After six years' service in the rank of Major, or, if the officer was commissioned before the date of this Order Warrant, after 15 years' service 2500. Surgeon Lieutenant Colonel or Surgeon Major of the Household Troops—1300. After 15 years' service 2500.

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 three 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 LICHTATION OR PERIOD OF SERVICE.

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 Order Warrant 57. Colonel, promoted to the rank before the date of this Order 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 six 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.

DIRECTOR GENERAL, ARMY MEDICAL SERVICE—Yearly. After three years' service as Director General—£1125. With 30 years' service 1125.

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.

(c) RETIREMENT ON ACCOUNT OF MEDICAL UNFITNESS.

559. 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.

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; or, if he receives 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.

SCALE OF RETIRED PAY.

DIRECTOR GENERAL, ARMY MEDICAL SERVICE—Yearly. Under three years' service as Director General, and after not less than 20 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, 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 twelve 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 305, as Our Secretary of State shall determine according to the merits of the case.

QUARTERMASTERS.

563. The retirement of quarter-masters shall be governed by the regulations laid down in Articles 520, 531, 532, and 534.

Given as Our Court at St. James's, this 24th day of March, 1902, in the 2nd year of Our Reign—

By His Majesty's command, Sr. JOHN BACON, 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 October 1, 1899, may be allowed to reckon such service towards retired pay and gratuity.

ROBERT, R.M., Commander-in-Chief.

FRIDAY, MARCH 28, 1902. NURSING IN THE ARMY.

QUEEN ALEXANDRA'S NEW SERVICE.

The following Royal Warrant was last night issued from the War Office:

Whereas H.M. Whereas We deem it expedient to further provide for the nursing services of Our Army; Our will and pleasure is that an Imperial Military Nursing Service, to be designated the "Queen Alexandra's Imperial Military Nursing Service," and comprising Our Army Nursing Service, shall be established, and the regulations contained in the Warrant of Our late Royal Mother, dated October 26, 1900, shall be amended as follows—

1. The following shall be inserted after Article 621:

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

APPOINTMENT.

622a. Appointments as nurses in Our Queen Alexandra's Imperial Military Nursing Service shall be given to persons duly qualified under regulations approved by Our Secretary of State.

622b. The pay of Our Queen Alexandra's Imperial Military Nursing Service shall be as follows—

Table with 3 columns: Rank, Initial Rate, Annual Increment, Maximum. Rows include Matron-in-chief (20 0 0), Principal matron (15 0 0), Matron (10 0 0), Sister (7 10 0), Nurse (5 0 0).

A matron may be granted charge pay at a rate not exceeding £30 a year, according to the magnitude of her charge.

623. A member of the Army Nursing Service Reserve, called up for duty, shall receive pay at the rate of £40 a year. If appointed to a higher position than that of sister, she shall receive the pay of such higher grade.

622c. Pay may be issued in advance for a period not exceeding one month, prior to embarkation for service abroad.

622d. The pay of the female servant appointed to attend on the nursing sisters at Netley and Woodwich shall be £25 a year, and at other hospitals £15 a year, rising by annual increments of £1 to £30 a year.

PAY DURING LEAVE OF ABSENCE.

623. Pay during ordinary leave of absence may be granted in each financial year for the following periods—

Table with 2 columns: Rank and Period. Rows include Matron-in-chief (6 weeks), Principal matron (6 weeks), Matron (6 weeks), Sister (4 weeks), Nurse (4 weeks).

Pay may be granted for accumulated leave of absence during service at a station abroad.

623c. 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.

(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.

623d. Service as a nursing sister at a military hospital is 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.

623e. A member of Our Queen Alexandra's Imperial Military Nursing Service may retire voluntarily on pension on attaining the age of 55, and shall be compulsorily retired at the age of 55.

623f. If pensioned on account of disability, one year of service in a tropical climate may count as two years towards pension.

623g. She shall be entitled to retire on pension after ten 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.

623h. 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 623c.

623i. The pension shall be calculated on the rate of pay at the time of retirement, and shall, after 10 years' service, be 50 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.

623j. If disabled in the service, after 5 but not under 10 years' service, such rate of pension below that fixed in Article 623i shall be granted, as may be determined by Our Secretary of State. If she has served for less than 5 years when disabled, she shall receive a gratuity, to be determined in like manner.

623k. A member of Our Queen Alexandra's Imperial Military Nursing Service retired under Article 623e 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 623c.

623l. In cases where a member of Our Queen Alexandra's Imperial Military Nursing Service is pensioned for a disability not permanently disabling 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.

623m. 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.

623n. A member of the Army Nursing Service Reserve who has been called up for duty abroad, on the cessation of her employment, from causes beyond her own control, receive a gratuity of £50, provided that the principal Medical Officer under whom she has been employed certifies that she has rendered satisfactory service. If her employment has extended beyond one year, she shall be granted, under the same conditions, a further gratuity, for each year or part of a year of further service, at the rate of £10 a year; if the service is given at home, and of £20 a year if given abroad. If a member of the reserve relinquishes her employment for reasons not satisfactory to our Secretary of State, she shall forfeit her title to a gratuity. Article 371, and Articles 991 to 996, 1227 to 1228a, are hereby cancelled.

It is Our further will and pleasure that the following shall be substituted for paragraph 620 of the Regulations for the Allowances of Our Army—

620. 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 £8 0 0
 " " " " at home 8 0 0
 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.

The provisions of this paragraph will apply to members of the Army Nursing Service Reserve when called up for duty.

Given at Our Court at St. James's, this 27th day of March, 1902, in the 2nd year of Our Reign.
 By His Majesty's Command,
 ST. JOHN BUCKNELL.

The nursing board for the new service will be constituted as follows:—President, Her Majesty the Queen; vice-president, the Countess Roberts; chairman, the Director-General Army Medical Service, or, in his absence, Surgeon-General A. Keogh, C.B.; two members of the advisory board, Sir F. Treves, K.C., V.O., C.B., and Major W. G. Macpherson, Royal Army Medical Corps; matron-in-chief, Miss S. Brown (temporary); two matrons of civil hospitals, Miss Gordon and Miss Mook; representative of the India Office, to be named later by the Secretary of State for India; two members to be nominated by Her Majesty, Viscountess Downe and Hon. Sydney Holland.

* Service Dress for Officers. Army Order 42 of 1902.
 All officers gazetted to Army commissions (Household

We understand that Major Bruce Morland Skinner, R.A.M.C., has been appointed Secretary to the Advisory Board for Army Medical Services. Under the Royal Warrant just issued this appointment carries with it additional pay of £100 a year.

MARCH 29, 1902.

THE NEW ARMY MEDICAL WARRANT.

The British Medical Journal 787

BRITISH MEDICAL ASSOCIATION.
 SUBSCRIPTIONS FOR 1902.

Subscriptions to the Association for 1902 became due on January 1st, 1902. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office orders should be made payable at the General Post Office, London.

British Medical Journal.

SATURDAY, MARCH 29TH, 1902.

THE NEW ARMY MEDICAL WARRANT.

The new Warrant of the Army Medical Service, the promulgation of which has been so anxiously expected, was signed by His Majesty the King on March 24th. The text is published at page 813 of this number of the BRITISH MEDICAL JOURNAL. It must be admitted that on first reading it is a somewhat disappointing document, for there is no reference to be found in it to several of the points as to which definite information is most eagerly looked for by the Service and by young members of the profession who are thinking of the army as a possible career. The details as to the various examinations to be passed for entrance and promotion are not yet forthcoming. Nothing is said as to any projected increase in the strength of the Royal Army Medical Corps, and the vital question of Indian pay is not touched upon. The explanation of this latter omission is, we understand, that in a legislative sense India lies outside the scope of Royal Warrants. The regulations as to examinations, with which the question of study leave is bound up, will, we believe, be published at once. The provision of a remedy for the present undermanned condition of the Corps, and the proposal that junior officers should for the first few years of their service be attached to regiments are, we presume, among the matters which are left to the discretion of the Secretary of State for War. It will be noted, further, that no mention is made of the Advisory Board, which has been in active existence for some months. That body, in fact, would appear to resemble the Cabinet, which theoretically has no place in the British Constitution.

It is impossible here to give a critical analysis of the Articles of the Warrant. And until the fullest information has been furnished as to matters not dealt with in the Warrant, it would be rash, and might be misleading, to express a definitive judgement on the value of the scheme of reorganization of the Army Medical Services as a whole. All that can profitably be done at the present stage is to give a rapid summary of the more important points of the document before us. For the sake of convenience we follow the order of the Warrant, though the Articles might have been more logically arranged.

As regards rank, the Director-General is to be the equal of a Lieutenant-General, instead of a Major-General as heretofore. But this advance in title only partially expresses the higher position in the military hierarchy to

which the Director-General has been raised. He is now placed on an absolutely equal footing with the heads of departments on the headquarters staff. In the *Monthly Army List* for March the office of the Director-General of the Army Medical Service is printed in the same type as is used for those of the Director-General of Mobilization and Military Intelligence, the Adjutant-General to the Forces, the Quartermaster-General to the Forces, the Inspector-General of Fortifications, and the Director-General of Ordnance. This question of typography may appear trivial, but to the military mind the promotion from "pearl" to "long primer" has a world of meaning. The Director-General is now a member of the War Office Council, and also of the Army Board. The head of the Army Medical Service has now, therefore, a position in the army corresponding to the dignity of his office and to his responsibility. This in itself constitutes a reform of the most far-reaching importance.

Passing next to the other end of the scale of rank we are able to state positively, as has already been intimated in the BRITISH MEDICAL JOURNAL, that the entrance examination is to be confined to clinical medicine and surgery. By this means it is hoped to secure a class of sound practical men, likely to make efficient officers, who would be deterred from offering themselves as candidates by disinclination to go through the drudgery of getting up the details of anatomy, physiology, and other elementary subjects. The commissions of officers entering the service are in future to bear the date of their appointment as lieutenants on probation; this means that the time spent at Netley will be reckoned towards promotion, so that an officer may attain the rank of captain on the completion of three years and a-half service. In accordance with the principle of attracting a class of men who have hitherto been to a large extent kept out by the inelastic rules previously in force, candidates who at the time of passing the entrance examination hold or are about to hold resident appointments in civil hospitals may be seconded for the period during which they hold such appointments. The interminable vista of examinations for promotion which was so objectionable a feature in the scheme drawn up by Mr. Brodrick's "Committee of Experts" has been reduced to limits which need not terrify a well-trained medical officer, even if he has little taste for the "bookish theorick." For promotion to Captain a test in knowledge of the administrative duties of a medical officer is required. For promotion to Major an examination must be passed in medicine, surgery, hygiene, bacteriology, and one special subject selected by the candidate. If an officer passes this examination "with distinction" his promotion to the rank of Lieutenant-Colonel will be accelerated by a period varying from three to eighteen months; this period of service will count towards the pension to which the officer becomes entitled on retirement. For promotion to Lieutenant-Colonel an examination in military law and other administrative subjects must be passed. Beyond the rank of Lieutenant-Colonel promotion will be entirely by selection, or for distinguished service in the field.

A novel and very important point in the new warrant is that officers of the R.A.M.C. are now eligible for promotion to brevet rank as a reward for special service. Hitherto this

blue cloth.
 Buffoon.—Gliding metal, say "die struck," not "mounted." Regimental patterns.

370. On the completion of three 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 seven 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 one year, and not more than three 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 332 to 335—

332. A Major or Lieutenant Colonel of Our Royal Army Medical Corps may, on the nomination of the 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.

333. 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 authority on the medical establishment of the brigade.

334. 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 337.

335. 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.

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

Table with 2 columns: Rank and Pay (£ s. d.). Rows include Brigade Surgeon Lieutenant Colonel (115 0), Surgeon Lieutenant Colonel (110 0), Surgeon Major (105 0), and After three years' service as such (100 0).

337. A medical officer of Our Household Troops shall be eligible for extra pay under the provisions of Articles 357 and 358.

338. In all matters not provided for by Articles 332 to 337 and 355 to 358, 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 355 to 364—

(a) VOLUNTARY RETIREMENT. CONDITIONS OF RETIREMENT. 355. An Officer of Our Army Medical Service, or a Medical Officer of Our Royal Malta Artillery, may be permitted to retire, in any rank, such retirement pay to be deemed expedient by Our Secretary of State.

356. A Major or Captain of Our Army Medical Staff, or a Surgeon General, or a Surgeon Major of Our Royal Army Medical Corps, or a Surgeon Lieutenant Colonel of Our Household Troops, shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Surgeon General (220 0), Surgeon Major (110 0), and Surgeon Lieutenant Colonel (105 0).

357. A Surgeon Lieutenant Colonel, after having been in receipt of the increased pay allowed by Article 336 for three years, or a Surgeon Major of Our Household Troops, or a Surgeon Lieutenant Colonel of the Household Troops, shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Major or Surgeon Major of the Household Troops (140 0), and Surgeon Lieutenant Colonel (105 0).

358. A Major or Captain of Our Household Troops shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Major or Captain (1200), and After five years' service in the rank of Captain (1250).

359. A Major or Captain of Our Household Troops, or a Surgeon Major of Our Royal Army Medical Corps, or a Surgeon Lieutenant Colonel of Our Household Troops, shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Major or Captain (1200), and After five years' service in the rank of Captain (1250).

360. A Surgeon Major of Our Household Troops, or a Surgeon Lieutenant Colonel of Our Household Troops, shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Surgeon Major (1100), and After five years' service in the rank of Major (1150).

361. A Surgeon Lieutenant Colonel of Our Household Troops, or a Surgeon Major of Our Royal Army Medical Corps, or a Surgeon Lieutenant Colonel of Our Household Troops, shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Surgeon Lieutenant Colonel (1050), and After five years' service in the rank of Lieutenant Colonel (1100).

362. A Surgeon Major of Our Household Troops, or a Surgeon Lieutenant Colonel of Our Household Troops, shall be eligible for retirement on the following conditions—

Table with 2 columns: Rank and Retirement Pay (£ s. d.). Rows include Surgeon Major (1100), and After five years' service in the rank of Major (1150).

shall be compulsory at the following ages—

Table with 2 columns: Rank and Age. Rows include Surgeon General (60), Colonel (57), and 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 six 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.

559. SCALE OF RETIRED PAY. DIRECTOR GENERAL, ARMY MEDICAL SERVICE.—Yearly. After three years' service as Director General—£1125. With 30 years' service—£1125.

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.

(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 date of his discharge from the date on which he

622a. The pay of Our Queen Alexandra's Imperial Military Nursing Service shall be as follows—

Table with 4 columns: Rank, Initial Rate, Annual Increase, and Maximum Rate. Rows include Matron-in-chief (39), Principal matron (180), Matron (120), Sister (50), and Nurse (55).

A matron may be granted charge pay at a rate not exceeding £30 a year, according to the magnitude of her charge.

622b. A member of the Army Nursing Service Reserve, called up for duty, shall receive pay at the rate of £40 a year. If appointed to a higher position than that of enter, she shall receive the pay of such higher grade.

622c. Pay may be issued in advance for a period not exceeding one month, prior to embarkation for service abroad.

622d. The pay of the female servant appointed to attend on the ranking 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. 622e. Pay during ordinary leave of absence may be granted in each financial year for the following periods—

Table with 2 columns: Rank and Period. Rows include Matron-in-chief (6 weeks), Principal matron (6), Matron (6), Sister (5), and Nurse (4).

Pay may be granted for accumulated leave of absence.

system of promotion, which exists in the combatant ranks of the army, has been unknown in the Royal Army Medical Corps; hence a man could not be promoted for distinguished service except by passing over the heads of a certain number of officers, and thus inevitably creating a feeling of dissatisfaction among them. It is also satisfactory to note that in the case of an officer of the Royal Army Medical Corps regard may be had to "distinguished service of an exceptional nature other than in the field," which may be held to qualify for selection for promotion to the rank of Colonel. Promotion to the rank of Surgeon-General is to be made from Colonels by selection or in recognition of distinguished service in the field.

In regard to pay, the proposals made in Mr. Brodrick's scheme have been generally adhered to. It will be noted that the titles of the Headquarters Staff have been altered so as to assimilate them to those of the corresponding officers in the other departments of the War Office. The Surgeons-General are not to receive consolidated pay as originally proposed. The increase of pay in all the other ranks except that of Colonel remain substantially as recommended. It may be mentioned that a brevet Major gets 2s. a day in addition to his captain's pay. Officers who qualify as "specialists" in obstetrics, ophthalmology, laryngology, and so forth receive 2s. 6d. a day in addition to the pay of their rank. Charge pay is given as in the scheme, but with this important modification, that it is to be drawn by officers in charge of a general or other hospital or of a division of a general hospital. The Senior Officer of the Medical Service with an army in the field will receive charge pay in accordance with the magnitude of his charge.

As regards retirement, the Director-General is appointed for a term of three years, which may be specially extended for a further period not exceeding two years. Surgeons-Generals are compulsorily retired at the age of 60; Colonels, if promoted to the rank on or after the date of the Warrant, at 57, or if before, at 60; other officers at 55. A Major must retire on completion of twenty-five years' service, or if he fails to qualify for promotion, after twenty years. This provision safeguards the pension of £1 a day to which so much importance is justly attached by the service. It was the ambiguity as to this essential point that more than anything else made Mr. Brodrick's original scheme unacceptable. Officers who do not qualify for promotion to the rank of Captain or Major at the proper time are to be placed on the supernumerary list till they succeed in doing so; if they fail after six months' service on the supernumerary list they are to be compulsorily retired. The rates of retired pay of the various ranks and of gratuities to officers of the rank of Major are set forth in the Warrant; the only remark that need be made is that a gratuity of £1,000 is given after five years' service in the rank of Captain, making the total period required to qualify for the gratuity a little more than eight years.

These are the main features of the new Warrant. Our view of it may be conveyed in a paraphrase of the opinion of Falstaff's doctor about the fat knight's water. For the Warrant itself, it is a good Warrant—as far as it goes; but all depends on the spirit in which it is administered by the War Office. We have said that it is good "as far as it goes"; but it must be admitted that it

does not go very far. Before we can honestly say that the Medical Service of the Army in its reorganized condition offers a fair career to young men who have in them the capacity for achieving professional success, we must have definite assurances that the strength of the Corps will be raised to a degree sufficient to allow a reasonable amount of leave to all officers, and that the long-standing grievance as to Indian pay will be removed. In this matter no vague promises, no optimistic trust in official statements will serve. The Indian Government, if it cannot be compelled by Royal Warrant to be equitable to medical officers, must have force majeure applied to it in some other way. Mr. Brodrick may take it from us that no scheme of reorganization of the Medical Services of the Army will be accepted by the profession which does not include provisions for the removal of this gross injustice—provisions that cannot by any official shuffling or obstinacy be evaded.

THE GENERAL MEDICAL COUNCIL AND "MEDICAL AID."

NEARLY FOUR months have now elapsed since the condemnation by the General Medical Council of the methods employed by the National Medical Aid Society in its business at Great Yarmouth, and already it is possible in some degree to take stock of the situation thus produced. In general terms it may be said that the events of this interval have confirmed the first impression of the very important influence which that decision was likely to have in improving the status of the medical men chiefly concerned, and their capacity for professional usefulness. From various quarters we hear of practitioners escaping from their bondage to this and similar commercial organizations, and therefore from those openly hostile or strained relations with the general body of the profession in which they had been placed. An excellent example of the good thus accruing is afforded by the movement in Norwich in the direction of local unity.

As our readers may have seen from the report published last week, success has been rapidly attained, the former officers of the Medical Aid Society are brought into amicable relations with the general body of medical practitioners, and the members of the public directly interested share appreciably in the benefits.

It would not be right, however, to affect to ignore the fact that the action of the General Medical Council in the Yarmouth, as also in the Birmingham, case has been made the subject of some unfavourable comments in the lay press and in Parliament. The criticisms are due to a want of acquaintance with the constitution and nature of the General Medical Council, the reasons on which its decisions were based, and the spirit animating the profession in its opposition to such institutions as the Birmingham Consultative Institute and the National Medical Aid Society.

It has been said that these decisions of the General Medical Council were instances of "trades-unionism," that the matters involved were mere questions of "medical etiquette," that the Council was not justified in applying such a term as "infamous" to the conduct of the practitioners concerned, that these practitioners were being

Nursing Service. A special allowance for the provision of clothing will also be granted, except to the matron-in-chief, at the following rates:—

W
vii
im
TI
re
all
TI
ye
th
no
ex
Pa
th
be
en
su
lie
co
of
of
se
se
C.
is
hc
pe
Al
in
D
B
w
hi
T
d
w
B
th
pl
w
be
st
on
G
Su
G
th

A&C'S
STATIONERY DEP'T
101, VICTORIA ST. S.W.

