

Report and evidence taken by the Committee appointed to enquire into the pay, status, and conditions of service of the medical officers of the army : with evidence concerning the Indian Service and some of the more important appendices. April 1890.

Contributors

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REPORT AND EVIDENCE

TAKEN BY THE

COMMITTEE APPOINTED TO ENQUIRE

INTO THE

PAY, STATUS, AND CONDITIONS OF SERVICE

OF

MEDICAL OFFICERS OF THE ARMY,

WITH

EVIDENCE CONCERNING THE INDIAN [SERVICE AND SOME OF THE MORE
IMPORTANT APPENDICES.

G.B. War off
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APRIL 1890.

LONDON:

PUBLISHED AT THE OFFICE OF
THE BRITISH MEDICAL ASSOCIATION, 429, STRAND,

By Permission of the Secretary of State for War.

REPORT AND EVIDENCE

TASKS OF THE

COMMITTEE APPOINTED TO ENQUIRE

INTO THE

PAY, STATUS, AND CONDITIONS OF SERVICE

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EVIDENCE CONCERNING THE INFLUENCE OF THE MORE IMPORTANT APPENDICES

LONDON 1880

LONDON: PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION, 113, STRAND, BY PERMISSION OF THE SECRETARY OF STATE FOR INDIA.

INSTRUCTIONS FOR THE COMMITTEE.

WAR OFFICE,
5th March 1889.

My Lord,

Adverting to the letter from this office of the 21st January, inviting your Lordship to preside on a Committee of Enquiry as to the Pay, Status, and Conditions of Service of Medical Officers of the Army and Navy,* I am directed by Mr. Secretary Stanhope to state more fully, for your information, the circumstances under which the enquiry has become necessary.

In 1888, the Select Committee on Army Estimates in their Third Report state that they are of opinion that the whole question of the pay of the Medical Service in all its ranks, the number of Medical Officers employed, and the periods of retirement, require the immediate consideration of the Secretary of State. The question of the number of Medical Officers employed has been considered by Mr. Stanhope, and it will not therefore be necessary to trouble you on this point; but Mr. Stanhope is desirous that your Committee should fully investigate and report on the other questions thus raised by the Committee of the House of Commons.

The question of the status of these Officers raises the question of the rank of the Medical Officers viewed in relation to their combatant brethren. In December 1886 a Royal Warrant abolished relative rank in the Army, under which theretofore Medical Officers of the several grades had had precedence and allowances relatively with certain combatant grades, and substituted a classified schedule to regulate the allowances to be received by all Officers of the Army and its departments.

The new Warrant left the Medical Officers "ranking as" those combatant Officers with whom previously they had ranked relatively. It made no pecuniary difference whatever, and the contention of the War Office has always been that it made no practical difference to the Medical Officers. The question has, however, been repeatedly raised in Parliament during 1887 and 1888, and is one on which Mr. Stanhope will be glad if the Committee will express an opinion.

Lastly, Mr. Stanhope is desirous that the Committee should consider a correspondence which has taken place between this Office, the India Office, the Admiralty, and the Society of Apothecaries, as to the admission of Licentiates of the last-named body to compete for commissions on the Medical Staff.

I am, &c.,
RALPH THOMPSON,

The Earl of Camperdown,

&c., &c.

* The evidence regarding the Medical Department of the Royal Navy may be consulted by referring to the original report; it is omitted from the following pages, as there appears to be no contentious matter between the Officers of this Service and the Government.

EXTENSION OF SERVICE OF SURGEONS-GENERAL.

WAR OFFICE,
21st June 1889.

My Lord,

I am directed by Mr. Secretary Stanhope to refer, for the consideration of the Committee on the Medical Staff, over which your Lordship presides, a suggestion which has been made by the Director-General of the Army Medical Département that, subject to disallowance by the Secretary of State in any case where extension is considered disadvantageous to the State, Surgeons-General should be permitted to continue in the Service up to the age of 62 years, which is the age for the retirement of Major-Generals, with whom Surgeons-General rank. He does not propose to extend the age for the service of Deputy Surgeons-General beyond 60 years.

This proposal is supported by His Royal Highness the Commander-in-Chief, who points out that at present considerable difficulty is found in obtaining Surgeons-General who have three years to serve (and so are eligible for appointments as Principal Medical Officer at large stations abroad), without passing over Deputy Surgeons-General who are otherwise eligible for promotion.

Such extension of service would produce a slight economy in retirement; but, on the other hand, there would probably be some retardation in promotion.

The question of efficiency involved is for the Committee.

I have, &c.,

RALPH THOMPSON,

The Earl of Camperdown,

&c., &c.

MEMBERS OF THE COMMITTEE.

The Right Hon. the Earl of CAMPERDOWN, *Chairman.*

Surgeon-General T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.

GEORGE C. T. BARTLEY, Esq., M.P.

Lieutenant-Colonel E. T. D. COTTON, M.P.

Major-General Sir WILLIAM CROSSMAN, K.C.M.G., M.P.

Rear-Admiral C. F. HOTHAM, C.B., R.N.

N. C. MACNAMARA, Esq., F.R.C.S. and F.R.C.S.I.

Sir HERBERT E. MAXWELL, Bart., M.P.

R. H. HOBART, C.B., *Secretary.*

REPORT.

Sir,

In accordance with the request contained in your letters of the 21st January and 5th March 1889, we submit our Report as to Status, Pay, and Conditions of Service of the Medical Officers of the Army and Navy.

Our proceedings have been materially shortened, owing to the large quantity of evidence and other public information already existing upon the subjects of our enquiry.

We have had the advantage of perusing the evidence taken before the Select Committees of the House of Commons on Army and Navy Estimates in the years 1887 and 1888.

With reference to the Army, we have had before us the report and proceedings of Mr. Thompson's Committee, appointed in 1878, by the Secretary of State for War, to which frequent reference will be found in our report.

PART I.—ARMY.

1. FULL PAY.

The present rates of full pay were established by the Royal Warrant of 1879, which carried out the recommendations made by Mr. Thompson's War Office Committee of 1878. The insufficiency of the pay was proved to be one of the causes of the deficiency of candidates at that time for entry into the Army.

The reasons for the changes made in 1879 will be found in the Report of the Committee of 1878; and, having made such enquiry as has been in our power, we find no reason to differ from the conclusions then arrived at.

The rates of pay are adequate, and the Medical Officers are contented with them; there is nothing to show that the pay is extravagant, while the evidence which we have received leads us to doubt, whether, if lower rates were offered, the same class of Medical Officers would be obtained.

Sir R. Thompson, having seen the recommendations of his Committee in operation, considers that the rates of pay have not proved excessive.

None of the witnesses who have appeared before the Committee have suggested the possibility of reducing the present rates of pay. We have made careful enquiry from those persons whom we thought most likely to be able to suggest reductions, but without any success.

2. RETIREMENT.

The large proportion of retired to active Officers has of course attracted our attention. In the Army Estimates for 1889-90, excluding Quarter-Masters, 493 retired Officers are provided for against 915 Officers on the Active List, and the calculation made by the Actuaries of the War Office is, that the Retired List will, under the present system, amount to three-fourths of the Active List under normal conditions. It follows from this that the number of Officers now on the Retired List is less than it must be expected to become with the present establishment.

The large number of retired Officers is owing to two causes; first, the compulsory age of retirement, 60 for Surgeons-General and Deputy Surgeons-General, and 55 for the executive ranks; and, secondly, to the right which every Medical Officer has to retire after 20 years' service.

As the age for compulsory retirement in the executive ranks is fixed with reference to the age at which a Surgeon is fit to serve in a campaign, we do not see our way to propose any change here.

With reference to the administrative Officers, it has been pointed out that they are often physically fit to serve after 60, and our attention has been specially directed to the public disadvantage which has arisen from Surgeons-General being unable to proceed to India on duty, owing to their near approach to their age of retirement. We do not see any reason why Surgeons-General should not continue to serve until the age of 62.

It is obvious that our recommendation must involve very careful selection for promotion to the highest ranks.

The right to retire after 20 years' service is one of the inducements which was given by the War Office in 1867. This right is much valued by Medical Officers, and has been used to a considerable extent. It must, however, be remembered that many who have thus retired have merely substituted this mode for that of retirement on the certificate of a Medical Board on the ground of health. As these Officers are liable, until they attain the age of 55, to be recalled to serve in the event of a national emergency, they form an important Army Medical Reserve.

We submitted a case to the Actuaries of the War Office with a view of seeing what advantage would accrue to the State by the postponement of the right to retire to 25 years. Their report is that the total result would be as nearly as possible the same, inasmuch as the full pay vote would be raised by a sum almost identical with the diminution of the retired pay vote.

We fear that the Accountant-General of the Army is correct in assuming that the non-effective medical charge must always be proportionally heavy. We are unwilling, without very strong reason, to recommend any alteration in the conditions of service which were laid down in 1879; but without altering the conditions of retirement or the rates of retired pay, more service may fairly be required from Medical Officers. With this view we recommend that a careful enquiry be made into the establishments of the station hospitals at home and abroad, and that the Medical Officers in charge of them should be required to take a fair share of the executive duty.

A certain term of service should be required from Officers after promotion to a higher rank before they are permitted to retire upon the rates attaching to the higher rank, except in cases of permanent ill health contracted in and by the Service. Surgeons-General and Deputy Surgeons-General should serve in those ranks for at least two years, and Brigade-Surgeons as such for three years.

It appears to us, however, that the financial saving must be effected chiefly by limiting, as much as possible, the establishment of Officers, and by requiring a sufficient amount of work from every Officer. At small home stations, where experience shows that, as a general rule, there is not more than two or three hours' ordinary daily work for the Medical Officer in charge of the troops, civil practitioners should be employed where practicable.

3. RANK, TITLE.

With regard to the questions of rank and title, the Medical Officers of the Army, and especially the younger Officers, are not contented with their present position. Their discontent is not of recent origin, although it was only manifested after the appearance of the Royal Warrant of 1877, which omitted all reference to, and so by implication abolished relative rank. The abolition of relative rank enabled Medical Officers to say, with a certain amount of logical correctness, that they now have no rank in the Army; relative rank, which they contend was the only rank they ever held, having disappeared. The Royal Warrant of 1877 was however the occasion rather than the cause of the complaint of the Medical Officers. They admit that there never was any real substance attaching to the term relative rank; they admit, moreover, that the restoration of relative rank would not satisfy their grievance. Nobody contends that, with regard to pay and all other practical questions, the Royal Warrant of 1887 affected Medical Officers prejudicially; nor did it alter the precedence of Medical Officers in relation to other Officers of the Army.

The grievance of the Medical Officers of the Army appears to us to have originated in great part from the abolition of the regimental system. Formerly the Medical Officer was part of his regiment just as in the Royal Navy, where no complaint on this score exists, he is now part of the complement of his ship.

Owing to the absence of connection between the Medical Officer and any special corps and the frequent changes of duty, the Medical Officer has fallen apart from the Army in a professional sense, and is not unnaturally more disposed to feel that he is not part of the Service.

Dealing first with the question of title as distinguished from command, it may be stated that a considerable number of the Medical Officers of the Army desire military titles and definite military rank. Some of them wish to have Army titles pure and simple, all reference to the medical profession being omitted. The majority, however, of the medical witnesses who have appeared before us are in favour of a double title, in which the professional designation would be combined with the corresponding Army title—such as Surgeon-Lieutenant, Surgeon-Captain, &c. The older Officers do not desire a change themselves, but they represent that the desire is general among the younger Officers of the Service.

With regard to command, it does not appear to us that, with sensible Officers, there ought to be any difficulty in working the present rules. A comparatively small number of Medical Officers consider that it would be desirable to give to Medical Officers command over soldiers outside the Medical Staff Corps, or not specially attached to a medical establishment for duty.

We are of opinion that no good reasons have been given for conferring pure Army titles on Medical Officers. An Army title by itself would be displeasing to a large number of Medical Officers of the Army, and apparently to the general feeling of those of the Navy.

We think too that it is essential, for the dignity of the Army Medical Service, that it should plainly appear that they are members of their eminent profession.

So far as the title of Medical Officers is concerned, and their corresponding Army rank, we think that everything that can be done to make that clear ought to be done. The Queen's Regulations, the Army Pay Warrant, and the War Office List ought all to be explicit on the point, and ought all to correspond.

We are of opinion that, in the Queen's Regulations and Army Pay Warrant, it should be stated that the Officers of the Army Medical Department shall hold the following military ranks with relative Army ranks, a table of which we append. We recommend that relative Army rank, the abolition or omission of which has immediately caused the present discontent, should be restored in the following manner:—

Present Title: "Medical Staff."	Proposed Rank and Title: "Royal Medical Staff."	Relative Army Rank.
Surgeon-General	Surgeon-General	Major-General.
Deputy Surgeon-General ..	Surgeon-Colonel	Colonel.
Brigade Surgeons, and Surgeons-Major now ranking as Lieutenant-Colonels.	Surgeon Lieutenant-Colonel	Lieutenant-Colonel.
Surgeon-Major	Surgeon-Major	Major.
Surgeon	Surgeon-Captain. This rank to be given after three years' service as Surgeon-Lieutenant.	Captain.
"	Surgeon-Lieutenant	Lieutenant.

The first 50 Surgeons Lieutenant-Colonel should have the pay and allowances now attaching to Brigade Surgeons. The remainder of the Surgeons Lieutenant-Colonel should have the pay and allowances now attaching to Surgeons-Major ranking as Lieutenant-Colonel. Surgeons Lieutenant-Colonel not being in the first 50 on the list should retain their right to retire after 20 years' service.

The proposed ranks and titles should respectively correspond with and be

equivalent to the Army ranks and titles of Major-General, Colonel, Lieutenant-Colonel, Major, Captain, and Lieutenant, in all respects and for all purposes except that of military command, which last shall appertain to Medical Officers only in hospitals and when on duty with Officers and men of the Medical Staff Corps or attached to it for duty.

We recommend that Surgeons hereafter entering the Service should hold the rank and title of Surgeon-Lieutenant ranking with Lieutenants, during the first three years of service.

The military rank and the relative Army rank of a Medical Officer should be stated on his Commission.

In preparing Royal Warrants the official representatives of all classes of Officers affected should be duly consulted before anything is done which alters, in any way, military status or position.

4. SERVICE.

Our attention has been directed by several of the witnesses, including His Royal Highness the Commander-in-Chief, to the very frequent changes in the stations and duties of Medical Officers of the Army. It has been represented to us that these changes are a necessary consequence of the present system of station hospitals, and that any system of detailing Medical Officers of the Army for a fixed period to special duties would necessitate an increase of the Medical Staff. This question is one of administration, on which, without experience, it is not possible to pronounce a definite opinion; but we cannot believe that the station hospital system necessarily entails so grave a defect. A plan should be devised whereby Medical Officers of the Army should not be changed from one duty to another so frequently as is the case at present; and we are of opinion that it would be an advantage to all concerned if, without reverting to the regimental system, a Medical Officer were on first appointment attached for a definite term to a regiment, or other administrative unit, as has been recommended by His Royal Highness and several other witnesses.

When Medical Officers are on leave in consequence of disease contracted in and by the Service, we consider that they ought to be entitled to the same privileges as combatant Officers, as recommended in 1878 by Mr. Thompson's Committee, paragraphs 33, 34.

5. FOREIGN SERVICE.

The Medical Officers complain that the proportion which foreign service bears to home service has a constant tendency to increase. The tour of foreign service has been lengthened recently by a year, being now six years instead of five years. We are of opinion that the term of continuous service abroad of Medical Officers should not exceed five years, unless in cases of emergency.

We observe that a considerable number of home appointments—no less than 71—are held at the present time by retired Medical Officers, who, for this purpose, are recalled to active employment, and receive as remuneration a salary of 150*l.* a-year in addition to their retired pay. The employment of retired Officers in this manner produces some economy, because, although the remuneration of the retired Officers does not largely differ from the full pay of the Officers on the active list whose place is thus filled, no augmentation is made in the retired pay of the Medical Officer when he reverts to retirement.

Although, as a temporary measure, the employment of retired Officers may not be undesirable on the ground of economy, it seems to us objectionable on all other grounds, and we strongly deprecate the practice. In the first place, the employment of retired Officers on active duty, under normal circumstances, is wrong in principle. Unless the fixed establishment is too small the active Officers ought to be able to supply all the requirements of the Service. Secondly, it cannot be right to confer upon retired Officers such desirable appointments. If a large number of home appointments are given to retired Officers, it is obvious that a temptation is offered to retire at the earliest possible moment, while a prolongation of foreign service must impose an additional strain upon the health of the Officers on full pay.

6. SERVICE IN INDIA.

Medical Officers have complained to us that the advantages in pay and allowances granted to them under recent Warrants when serving at Home or in the Colonies, have not been extended to them when serving in India.

Sir Thomas Crawford expresses the views of every one of the witnesses we have examined, when he remarks that, "I think it is a great pity to make these financial distinctions. The small financial saving to the Government of India is no compensation for the dissatisfaction which this distinction creates." We, therefore, think it advisable that, so far as practicable, the regulations which obtain as regards pay and allowances at Home should extend to Officers serving in India.

We are of opinion that when a Royal Warrant is in preparation which will affect Officers paid by the Government of India, the India Office should have an opportunity of considering the terms of the Warrant before it is issued.

7. ADMISSION INTO THE SERVICE.

The medical witnesses have almost without exception stated that, in their opinion, it would be an advantage if a certain number of vacancies were offered to medical men who have filled the office of house surgeon or physician at hospitals recognised by the General Medical Council without examination.

The power to admit in this manner is already possessed by the Secretary of State for War under Art. 332 of the Royal Warrant of 1887; but up to the present it has not been exercised.

We think that in this manner a certain number of desirable Medical Officers might be obtained. House physicians and surgeons of large hospitals must necessarily be men who can with confidence be entrusted with responsible duties, and if candidates of this description were nominated by the medical schools, at the invitation of the Director-General of the Army Medical Department and with the approval of the Secretary of State for War, we consider that the exercise of this alternative mode of appointment would be found beneficial.

We recommend that the commissions of Officers entering the Army Medical Department shall, as in the case of the Royal Navy and the Indian Medical Service, date from the time they enter the Service, and not as at present from the time of leaving Netley.

In the course of our enquiry, we have examined the correspondence which has taken place between the India Office, War Office, and Admiralty, with the Society of Apothecaries of London as to the admission of Licentiate of the last-named body to compete for commissions on the Medical Staff.

Until the passing of the Medical Act of 1886, the license of the Society of Apothecaries of London though registrable, and therefore entitling the holder to practise, implied examination in medicine only. It has been the rule of the public departments above mentioned, to require candidates presenting themselves for examination to produce separate certificates of proficiency in surgery and in medicine, in the form of two separate diplomas or University degrees.

The Medical Act of 1886 prevented, for the future, registration on a single qualification, and thus ensured that no medical man should be able to practise unless he possessed a diploma qualifying him in surgery and midwifery, as well as in medicine.

The Society of Apothecaries of London took all possible steps to comply with the Act, by making application to the Royal Colleges of Physicians and Surgeons and to the Universities for permission to combine with them in their joint examinations, but their request was refused. The Society then, in compliance with the Act, applied to the General Medical Council to appoint special examiners in surgery to enable them to grant diplomas, and this was accordingly done in June 1888.

Their present examination in medicine is conducted by experienced examiners appointed by the Society; that in surgery by examiners appointed by the General Medical Council, and both examinations are under the supervision of Inspectors appointed by the General Medical Council.

Their diploma, therefore, implies a competent knowledge in medicine,

surgery and midwifery, and confers upon the holder a complete qualification, and a license to practise in all the above subjects.

It is true that the license of the Society of Apothecaries is not regarded in the medical profession, even under the new conditions, as equal to the licenses of the Royal Colleges. It is however equally true that the former is accepted by the State as a proof of competent medical and surgical knowledge, and that it entitles the holder to practise.

Inasmuch as the State regards the Licentiate of the Society of Apothecaries as a competent physician and surgeon, it would seem that, without some strong reason, the State can hardly refuse to admit the same individual to the examination for entry into the Public Medical Service. The fundamental change made by the Act of 1886 appears to have been scarcely appreciated by those who think that the license of the Society of Apothecaries by itself is an insufficient certificate for candidates.

We agree with the opinions expressed on this subject by Mr. Marshall, the President of the General Medical Council, and have to report, that in our opinion, there is no good reason for requiring candidates to produce at the entry examination a second diploma besides that of the Society of Apothecaries, if obtained under the conditions of the Act of 1886.

8. EXAMINATIONS FOR PROMOTION.

We recommend that the examination for promotion from the rank of Surgeon to that of Surgeon-Major should be conducted by a mixed Board of Examiners; those in medicine and surgery being chosen from outside the medical service. This would entail some additional cost, but the examination, if altered as we propose, would be more satisfactory to the Officers, and also more beneficial to the Service. No medical degree, diploma, or other certificate of higher knowledge ought to exempt Officers from this examination.

We recommend that examination for promotion to the ranks above that of Surgeon-Major be dispensed with.

In promoting to the ranks of Brigade Surgeon, Deputy Surgeon-General and Surgeon-General, a preference should be given to Officers who have distinguished themselves by service in the field, in hospital, in epidemics, or in original research.

We suggest that greater inducements should be held out to Medical Officers to improve themselves in the knowledge of their profession, and to keep themselves in touch with the constantly recurring developments of medical science.

We propose 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 either in attending a properly approved course of lectures, or in attendance at some large civil hospital, and further, that greater facilities should be given to Medical Officers for obtaining diplomas and high degrees in Medical Schools, or in the Universities, during their service in the Army.

9. SHORT SERVICE.

We cannot concur in a proposal that has been before recommended, which suggested the desirability of permitting a certain number of Medical Officers to enter the Army for a short term of service. The proposal was that these Medical Officers, after five or six years' service, should receive a gratuity of 500*l.* on leaving the Army. It seems to us obvious that a young Medical Officer on joining at 24, must of necessity be comparatively inexperienced, and that for the first year or two he is really learning his profession, and gradually becoming more efficient. We think that at about 29 to 30 he has gained much experience, and we cannot recommend a system, which at that age virtually would bribe him to leave the Army, and would supply his place by a young Medical Officer of 24. Such a system, if largely carried out, would, with reason, be objected to by the Army, as tending to place it almost permanently in the hands of Medical Officers of the least experience.

[In the following pages the evidence concerning the Medical Department of the Royal Navy is omitted, as no difference of opinion seems to exist as to the status of Officers in that service.]

PART II.—ROYAL NAVY.

The position of Medical Officers and the conditions of their service have been frequently under review at the Admiralty. The Order in Council of 1870, which effected considerable changes in the numbers and status of Medical Officers, has been altered by Order in Council of 1st April 1881, which was founded on the report of an Admiralty Committee, presided over by Rear-Admiral Hoskins in 1880.

We are glad to be able to state that the Medical Service of the Navy is, so far as we can see, in a satisfactory and contented condition. There is an adequate supply of good and well-qualified candidates for entry into the Service. The witnesses who have appeared before us have not brought forward any complaints. Relative rank which regulates the position of Medical Officers of the Navy is well understood, and, so far as we can learn, the Officers are satisfied in all respects with their pay and their position in the Service.

10. ESTABLISHMENT.

The establishment of Medical Officers of the Navy has been reduced considerably in numbers in recent years. The Inspectors and Deputy Inspectors-General of Hospitals and Fleets were fixed at 16 in 1870, at which number those ranks still remain. The various grades of Surgeons were fixed at 460 in 1870, and were reduced to 400 in 1881; at present the number on the active list is 372.

11. PAY.

The present rates of full pay, half pay, and retired pay, were established in consequence of the Report of Admiral Hoskins' Committee of 1880, and we do not propose any alteration.

12. SERVICE.

At the present time there is only one examination for promotion, that from the rank of Surgeon to Staff Surgeon, after which Officers are promoted by seniority to Fleet Surgeons, and then to the administrative ranks by selection. Of this system of promotion we approve.

We recommend that Inspectors of Hospitals and Fleets should not be compulsorily retired before the age of 62.

We recommend that Naval Officers should have opportunities from time to time, as the needs of the Service will allow, of improving themselves by professional and scientific study. This recommendation will also be found in the Report of Admiral Hoskins' Committee.

13. DOCKYARDS.

Since 1887, a saving has been effected in the dockyards of about 1,500*l.* to 1,700*l.*, and the Medical Director-General reports that the reduction cannot be carried further consistently with safety and efficiency.

14. YARMOUTH.

Yarmouth Hospital, which could accommodate 400 ordinary patients, at present contains lunatic patients only, 35 Officers and 107 men. The hospital costs about 10,000*l.* a-year, from which must be deducted the payments made by, and on behalf of, the inmates, about 5,000*l.*

Yarmouth Hospital is the only Naval Hospital on the East Coast, and being besides in a very healthy locality, we recommend that it be retained.

We are, however, of opinion that it ought to be utilized more fully, and we would urge the attention of the Admiralty to this matter.

15. RETIREMENT.

As regards the period of voluntary retirement, which is now after 20 years' service afloat, we do not recommend any alteration, taking into account the fact that the 20 years must have been served on full pay which may actually represent a considerably longer period, time on half pay not reckoning. As regards the retirement on gratuity after 8 and 12 years' service, there has at present been no opportunity of judging how this scheme will affect the retired list, and with our present knowledge we are not in a position to recommend any alteration.

We have the honour to be,

Sir,

Your obedient Servants,

(Signed)

CAMPERDOWN.*

HERBERT EUSTACE MAXWELL.

W. CROSSMAN.*

CHAS. F. HOTHAM.*

T. GRAHAM BALFOUR.*

N. C. MACNAMARA.*

E. T. D. COTTON.

GEORGE C. T. BARTLEY.*†

R. H. HOBART, *Secretary.*

31st July 1889.

To the Secretary of State for War.

*† *Vide Dissents, pages xiii. to xvi.*

DISSENTS.

1a. RETIREMENT.

I regret that, in my opinion, the recommendations in this part of the report do not go far enough. At present the non-effective branch of the Army Medical Department costs about 57 per cent. as much as the effective branch. The total cost of the effective Army Medical Service of 1889-90 was 297,220*l.*, while the total cost of the non-effective in the same year was no less than 161,639*l.* I feel sure that Parliament will not long allow this to continue, nor does it seem reasonable that it should. For there to be 493 retired Medical Officers to 915 active Medical Officers is, on the face of it, out of all proportion, and according to the Actuaries of the War Office, the number on the Retired List will, under the present system, increase until it numbers 76 for every 100 Medical Officers on the Effective List. I agree that Surgeon-Generals should not retire till 62 instead of 60; and I further recommend that Brigade-Surgeons should continue till 57 instead of 55; and that in all the grades the higher retiring pension should not be granted unless the Officer has served three years in that higher grade.

I cannot also agree in maintaining the right to retire after 20 years' service, that is at about 44 years of age. In no other branch of the public service is a man of 44 allowed to retire on a large pension except for bad health, and the very large number of retired Medical Officers relative to the number in the Service is of itself evidence that but few of them are broken down in health at that age. I venture to think that the Actuaries of the War Office are not correct in their estimate that it will make little or no difference in the cost whether the Officers retire after 20 or 25 years' service. If the number in the upper ranks is not increased, it is clear that it is more costly to retire them after 20 years than after 25 years. An Officer retires after 20 years with 365*l.* pension, and a young Officer is appointed on 200*l.* and allowances 87*l.*, total cost to the country of 652*l.*, whereas if the older and more experienced Officer remains, not only are his more valuable services retained at the prime of life, but his pay and allowances amount to 620*l.*, showing an actual saving of 32*l.* per Officer who remains. Further than this, the rates of the cost between effective and non-effective is materially influenced. For each Medical Officer who retires at 44, and whose place is taken by a young Officer of 24, no less than 365*l.* is added to the non-effective, and the effective is reduced by 343*l.*, the difference in the pay between the effective Officer of 44 (620*l.*) and the effective Officer of 24 (287*l.*). If the Officer of 44 remains in the Service, nothing is of course added to the non-effective, and the whole of the salary, 620*l.*, remains on the Effective List. The result per Officer may be summarized as follows:—If he leaves at 44, cost to the country 652*l.*, divided into effective 287*l.*, non-effective 365*l.* If he remains, total cost to the country 620*l.*, divided into effective 620*l.*, non-effective nil. I think that the age of 44 is much too young to allow a Medical Officer in health to retire. I would recommend that for future appointments the time be 30 years, or until 55 years of age. This would much reduce the relative cost of non-effective to effective, and at the same time secure to the Army in the executive ranks of the Medical Department men of the greatest experience.

(Signed) GEORGE C. T. BARTLEY.

1b. RETIREMENT.

I dissent from the recommendation that "at small stations, where experience shows that, as a general rule, there is not more than two or three hours' ordinary daily work for the Medical Officer in charge of the troops, civil practitioners should be employed where practicable." The most important duty of an Army Medical Officer is to keep the men under his charge healthy and efficient, and the more successful he is in doing so, the less apparent will be the amount of "ordinary daily work." His chief duty consists in

keeping a vigilant supervision over all matters bearing upon the health of the men, and cannot be measured by the time supposed to be required for ordinary daily work. If the recommendation were carried out to any appreciable extent, it would also tend materially to increase the proportion of foreign to home service, which is already complained of as too great.

(Signed) T. GRAHAM BALFOUR.

2. RANK, TITLE.

We regret that we cannot agree with the part of the report relating to rank and titles, and would substitute the following:—

With regard to the questions of rank and title, many of the Medical Officers of the Army, especially among the younger Officers, are not contented with their present position. Their discontent is not of recent origin, although it was only manifested after the appearance of the Royal Warrant of 1887, which omitted all reference to, and so by implication abolished relative rank. These Officers say that the abolition of relative rank deprived them of any rank whatever in the Army; relative rank, which they contend was the only rank they ever held, having disappeared. The Royal Warrant of 1887 was, however, the occasion rather than the cause of the complaint of the Medical Officers. They state that there never was any real substance attaching to the term relative rank; they admit, moreover, that the restoration of relative rank would not satisfy their grievance. Nobody contends that, with regard to pay and all other practical questions, the Royal Warrant of 1887 affected Medical Officers prejudicially; nor did it, so far as we can see, alter in any way their rank or status.

The grievance of the Medical Officers of the Army appears to us to have originated in great part, if not entirely, from the abolition of the regimental system. Formerly the Medical Officer was part of his regiment just as in the Royal Navy (where no complaint on this course exists), he is now part of the complement of his ship.

Owing to the absence of connection between the Medical Officer and any special corps, and the frequent changes of duty, the Medical Officer has fallen apart more and more from the Army in a professional sense, and is not unnaturally more disposed to feel that he is not part of the Service.

Dealing first with the question of title as distinguished from command, it may be stated that a considerable number of the Medical Officers of the Army desire military titles and definite military rank. Some of them wish to have Army titles pure and simple, all reference to the medical profession being omitted. Many of the medical witnesses who have appeared before us are in favour of a double title, in which the professional designation would be combined with the corresponding Army title—such as Surgeon-Lieutenant, Surgeon-Captain, &c. It is stated, however, that very few of the older Officers desire a change themselves, though the desire is general among the younger Officers of the Service; but the fact that from 1880 to 1887, when the last competition took place, 885 qualified candidates presented themselves for 493 appointments, and the number of applicants in proportion to vacancies was greater during the four years ending 1887, as compared with the four years ending 1883, would seem to indicate that the Service was growing in popularity with the profession rather than the reverse. The discontent, therefore, among the younger members of the Service, is the less reasonable, as they have recently entered the Service, and were fully acquainted with the conditions under which they entered.

To confer pure Army titles on Medical Officers would be displeasing to a large number of Medical Officers of the Army, and to the Army generally.

We see no reason why any alteration should be made in the existing medical titles.

We are more inclined to this view, as any change in the titles of the Medical Officers of the Army would entail a change in the titles of the Medical Officers of the Navy, which would be most distasteful to all ranks of the Naval Service, including the Medical Officers themselves.

With regard to command, it does not appear to us that, if the Regulations are carried out, there ought to be any difficulty in working the present rules.

A comparatively small number of Medical Officers consider that it would be desirable to give to Medical Officers command over soldiers outside the Medical Staff Corps, or not specially attached to a medical establishment for duty.

We are doubtful whether that, so far from increasing what may be called the outside duties of Medical Officers by giving them more Army rank and command, however limited, it would not be better rather to revert to the system when they were relieved from such duties, and their attention confined to those higher duties of their profession, namely, the care of the sick and wounded, and the sanitary condition of the Army.

A continual agitation for a change of position, rank, and status, among those who have entered the Service on distinct terms, and which many other competent candidates were willing and anxious to accept, is to be regretted, and likely itself to create discontent.

We think if it were clearly laid down by a statement from the War Office, that there would be no change in the Army rank and status, and a distinct recognition made of the relative rank and its pecuniary and other advantages, that any discontent that may have grown up owing to the continual changes would soon be allayed.

So far as the title of Medical Officers is concerned, and their corresponding Army rank, we think that everything that can be done to make that clear ought to be done. The Queen's Regulations, the Army Pay Warrant, and the War Office List ought all to be explicit on the point, and ought all to correspond.

The Medical rank, and the relative Army rank of a Medical Officer, should be stated on his Commission.

We recommend that Surgeons hereafter entering the Service should rank with Lieutenants during the first three years of service.

We would recommend that the suggestions of His Royal Highness the Commander-in-Chief, as to placing all young Medical Officers during their first years of service with regiments, should be carefully considered and, if possible, carried out, by which, to some extent, the advantages of the old regimental system would be acquired.

We think too that it is essential, for the dignity of the Army Medical Service, and for the advantage of the Service generally, that it should plainly appear that they are members of their eminent profession, and that they should bear on their uniform some distinguishing badge, such as the Geneva cross; at present their dress so closely resembles that of other branches of the Service that mistakes are often made.

In preparing Royal Warrants, the official representatives of all classes of Officers affected should be duly consulted before anything is done which alters, in any way, military status or position.

(Signed) W. CROSSMAN.
CHAS. F. HOTHAM.
GEORGE C. T. BARTLEY.

3. SHORT SERVICE.

We cannot agree with the paragraph of the report relating to short service.

Although we do not consider that it would be desirable to have a large proportion of the Medical Officers serving under a system of short service, we are of opinion that it would be advantageous to enter a certain number of Officers for that service. The principle has been approved by the existing experiment of a 10 years' system, which, however, has so far proved a failure, possibly for the reason that, after 10 years' service in the Army, it is rather late to commence private practice.

Some of the witnesses have suggested, and we concur with them, that young medical men might be willing to join the Army for a term of five or six years, if they received a gratuity on leaving at the end of the term.

From a financial point of view considerable economy would be effected by carrying out such a proposal. We recommend a grant not exceeding 500*l.* for Officers retiring after six years' service, retaining also the present right to retire with a gratuity of 1,000*l.* after 10 years' service. Comparing this with the present rates and conditions of retirement, the Actuary at the War Office states that the country would gain to the extent of nearly 500*l.* in each case.

The chief advantage of such a system would be that these Officers, who would be young men, would be available for foreign service during the whole of their term in the Army. The increasing unpopularity, and the increasing length of foreign service is one of the chief difficulties of the Army Medical Service of the future. The system we advocate is that which is now in force in the Naval Medical Department, Officers in that Service being permitted to retire with a gratuity of 8, 12, and 16 years' full pay service.

It should not necessarily follow that a short service Officer must leave the Army at the expiration of his term. If he wishes to remain, and if the Director-General of the Army Medical Department is of opinion that it would be advantageous that he should do so, he might continue in the Service on the same terms as other Officers.

(Signed) CAMPERDOWN.
N. C. MACNAMARA.

LIST OF WITNESSES.

ALISON, General, Sir Archibald, G.C.B.; BARKER, Surgeon, F. R.; BEATTIE, Brigade Surgeon, J. F., M.D.; BULLER, Major-General, Sir Redvers H., K.C.B., K.C.M.G., V.C., Quarter-Master-General; CAMBRIDGE, H.R.H. the Duke of, K.G., Commander-in-Chief; CLARKE, Brigade Surgeon, A.; CRAWFORD, Sir Thomas, M.D., K.C.B., Q.H.S., Director-General of the Army Medical Department; DAVIES, Surgeon, A. M.; DON, Deputy Surgeon-General, W. G., M.D.; HARMAN, Major-General, Sir G. B., K.C.B., Military Secretary; JOHNSON, Lieutenant-General, A. B., C.B.; JOHNSTON, Surgeon-Major, W., M.D.; KNOX, Ralph H., Esq., C.B., Accountant-General, War Office; MACKINNON, Surgeon-General, W., C.B., Director-General of the Army Medical Department; MADDEN, Surgeon-General, C. D.; MARSHALL, John, Asc. F.R.C.S., F.R.S., LL.D., President, General Medical Council; MOORE, Norman, Esq., M.D., St. Bartholomew's Hospital; MOUAT, Surgeon-General, J., C.B., Q.H.S., V.C.; PEARCE, Walter, Esq., M.D., M.R.C.P., St. Mary's Hospital; POYNTER, Surgeon, G. F.; ROBINSON, Denham, Esq., Actuary, War Office; STEWART, General, Sir Donald M., Bart., G.C.B., G.C.S.I.; THOMPSON, Sir Ralph W., K.C.B., Permanent Under Secretary of State for War; UPTON, James R., Esq., Clerk of the Society of Apothecaries of London; WOLSELEY, General, Viscount, K.P., G.C.B., G.C.M.G., Adjutant-General.

EXTRACTS
FROM
MINUTES OF EVIDENCE
TAKEN BEFORE
THE SPECIAL COMMITTEE APPOINTED TO INQUIRE INTO
THE
PAY, STATUS, AND CONDITIONS OF SERVICE
OF
MEDICAL OFFICERS OF THE ARMY,
AT THE WAR OFFICE, PALL MALL,

Monday, 25th March, 1889.

FIRST DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair.*

MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.

SIR HERBERT E. MAXWELL, BART., M.P.

REAR-ADMIRAL C. F. HOTHAM, C.B.

SURGEON-GENERAL T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.

N. C. MACNAMARA, Esq., F.R.C.S.

R. H. HOBART, Esq., C.B., *Secretary.*

SIR THOMAS CRAWFORD, K.C.B., M.D., *examined.*

1. *The Chairman.* You are Director-General of the Army Medical Department?—Yes.

2. Your attention has been called, before Committees of the House of Commons in 1887 and 1888, to the large amount of the cost of the Medical Service?—Yes.

3. And you have made certain recommendations to the Committees of the House of Commons for reducing that cost?—Yes; I made certain suggestions which, if carried out, seemed to me calculated to reduce the non-effective vote, without interfering with the Warrant regulating the pay and retired pay of the medical officers.

4. Am I correct in stating that the recommendations which you made were—firstly, that you would employ retired medical officers so far as possible; secondly, that you would make all medical officers on the active list liable to foreign service; and, thirdly, that you would transfer to private practitioners all smaller charges, so far as possible?—Yes; generally, that is correct.

5. Those were your chief recommendations, I think?—Yes.

6. Let us first of all take the Estimates for the year 1889-90, which have just been laid upon the table of the House of Commons. In those Estimates, have any arrangements been made for putting your proposals in force?—Yes. A summary of the recommendations, and the extent to which they have been carried out, is stated in a memorandum which I beg to hand in.

7. Will you read the memorandum to the Committee, if you please?—It is to the following effect: "Memorandum.—In conformity with the report of the Committee on Medical Establishments, approved by His Royal Highness the Commander-in-Chief, and the Secretary of State for War, the reduction in numbers of the full pay Medical Officers for 1889-90 has been fixed at 52 less than in Estimates for 1888-89. As a partial set off against this reduction 25 Medical Officers on retired pay have been employed with an allowance of 150*l.* a year in addition to their

retired pay, and any further requirements will be met by the employment of civil practitioners as may be found necessary. Three posts for full pay Medical Officers under Vote 14 have also been transformed into appointments for retired officers. The full pay establishment for the year 1888-89 having fallen below its strength—at this date it is 25 under the authorised number—13 of the 25 retired pay appointments above-mentioned have already been called into existence, and the remainder will be filled up early in the coming financial year. The surplus over the reduced establishment, fixed by Estimates 1889-90 will be absorbed as casualties occur, their places being taken by civilians as required. It is anticipated that by the 1st of April this surplus will be 25, for 10 of whom vacancies by superannuation alone will occur during 1889-90. Other casualties from death, sickness, or voluntary retirement will, of course, hasten this absorption." (*Vide* Appendix No. 1, p. 111.)

8. Can you give me the numbers of each grade fixed for your establishment in these estimates?—They are stated in Vote 4, page 32 of this year's estimates. For last year, 1888-89, the full pay establishment was, exclusive of those employed in India, 643; including those employed in India, 978. For 1889-90, the totals are, exclusive of India, 615; and including India, 950.

9. Is there a fixed establishment of surgeons for each grade, or is the establishment altered according to the numbers required in each year?—With regard to the junior ranks, the grades of medical officers up to Surgeon-Major, ranking with Lieutenant-Colonel, are regulated by length of service; after that they are regulated by a fixed establishment. Brigade Surgeons and Deputy Surgeons-General and Surgeons-General are regulated by a fixed establishment; the junior grades are regulated by the length of service.

10. There are 50 Brigade Surgeons, are there not?—There are 50; 51 for 1889-90.

11. Will you explain to me what you mean by "the surplus over the reduced establishment, fixed by estimates 1889-90, will be absorbed as casualties occur"? I thought that at the present time you were under your establishment number?—Yes, we are at the present time under our established number for this current year, which terminates on the 31st of March; but on the establishment taken for the year commencing on the 1st of April we shall be over our establishment by the balance of the 52 still unabsorbed, namely, about 26. I think since that memorandum was written two or three vacancies have occurred.

12. Vote 4 shows a saving of 5,400*l.*, and Vote 19, which is the other vote which it is necessary to take into consideration, shows an increase of about 4,000*l.*, I think, for the medical establishment. 195,000*l.* you are taking for this year 1889-90, as against 191,000*l.* in 1888-89?—Yes.

13. So that virtually the two votes balance the votes of last year; there is a saving of 5,000*l.* on one vote and an increase of 4,000*l.* on the other?—Yes.

14. Can you explain to me how it is that employing, as you are doing, a number of retired officers with a small allowance in lieu of full pay there is not a larger saving on those two votes taken together?—The difference between employing retired officers at 150*l.* a year and officers on full pay is a difference between the 150*l.* and the pay of a Surgeon on entering the service because reductions are necessarily made by stopping the supplies. A surgeon's pay is 200*l.* a year with allowances; so that the actual difference in money is 50*l.* a year in each officer's case, with the balance of the allowance saved.

15. But at the same time the retired officer who is employed actively is removed from Vote 19 and the entire cost of his services is placed on Vote 4?—Yes.

16. Therefore there ought to be a corresponding diminution on Vote 19?—But the increments and the decrements of Vote 19 depend upon the number of officers coming up for retirement as contrasted with

the number of officers who cease to draw retired pay on death; so that if there be a large number of officers in the Senior grades of the service approaching the date at which they would be Superannuated, of course the retired pay vote will be augmented in proportion to the number of such officers placed upon it.

17. There is a foot note at the end of Vote 19 "By the employment of 71 Medical officers with Salaries provided by Vote 4, this Vote is relieved of a charge of 39,936*l.*" I infer from that, that if this arrangement of yours had not been made, instead of Vote 19 being 195,000*l.* as it is it would have been in round numbers 234,000*l.*?—Yes, provided that the 71 officers mentioned there had been retained on the Retired Pay List. But I think perhaps the note seems to require explanation. There are actually now 83 appointments held by retired officers and Militia, but the whole of these appointments have not been created in this year; 54 existed in 1887 for example; so that the actual decrease on this Vote caused by the employment of retired officers is the retired pay drawn by 25 not by 71 for this year.

18. So that therefore the relief of 39,000*l.* is not a relief that occurs entirely during this year, but simply a portion of it representing the pay of those 25 officers?—Quite so.

19. Do you see your way to any further reductions in the number of medical officers?—I am afraid I do not, if the Service is to be kept anything like efficient. Indeed, if I might express my own opinion, I think we have gone already a little too far in that direction.

20. Would you tell me how?—The instructions for the guidance of the branches which deal with the Establishments laid down by the Secretary of State are based with regard to the Medical Department on the requirements of two army corps. The requirements, medically speaking, of two army corps have been estimated on the supposition that the whole of the appointments in the front of the advanced depôts are to be held by medical officers in the Service. But with regard to all those duties in the lines of communication, and at the base of operations, and in ships going to and fro, these duties may be largely undertaken by civilians. The estimates submitted by myself admitted that I thought we might make half these appointments, appointments for civil medical practitioners, retaining at least half to be filled by military medical officers; but in our actual estimate, which has been approved, we have made a considerably larger proportion of the appointments in the rear of advance depôts civil appointments. About two-thirds in round numbers, are to be held by civilians, one-third being held by military medical officers; and to that extent perhaps we have, I think, exceeded what is a safe limit. There is one other direction in which this change is likely to operate in the future which I would like to mention to the Committee; that is, with regard to our reserve for service in the case of war. In all the other departments of the army it has been laid down as a great object to have an efficient Reserve. In the Medical Department, by the warrant of 1879, an attempt was made to create a Military Medical Reserve by allowing medical officers, retiring after 20 years' service, to be placed on the special list for employment in cases of emergency. These are the officers whom we are now employing in time of peace; and when the time of war comes we shall not be able to fall back upon that Military Medical Reserve.

21. By the employment of retired officers do you anticipate that any discontent will arise in the Service owing to the diminution of home service which will be occasioned thereby?—There has been undoubtedly dissatisfaction at the alteration of the period for foreign service; it has been altered from five years, in the case of India and healthy Colonies, to six years; and in the case of unhealthy Colonies from three years to four. The result has been a considerable

saving to the public, namely, one fifth of the cost of passages to and fro and the pay of reserve medical officers to meet the reliefs; but the medical officers themselves complain that the extension of their foreign service necessarily implies the reduction of their home service, and that in that way they have been made to suffer without any equivalent advantage.

22. Do any medical officers of the army still enjoy exemption from foreign service?—Very few now; only one officer for each battalion of Guards enjoys exemption or will enjoy exemption in the future. The officers at present serving in the Guards are all exempt from foreign service by special order; but their successors will not be so except as above stated.

23. Was any regulation issued during last year with regard to that?—Yes; there is a warrant amending the warrant to that effect which was issued this year.

24. At what date?—On the 19th January, 1889; it is called the Royal Warrant to Amend the Regulations as to the Pay, Appointments, and Promotions of the Medical Officers of the Household Troops.

25. Let me turn to another point, the question of entries—are you making any entries at all?—No; there have been no entries now for nearly two years.

26. When do you propose making any fresh entries?—We anticipate the necessity of taking candidates for the October session at Netley. The number of supernumeraries who will be on the Establishment on the 1st of April will not be sufficient to meet the vacancies during the coming financial year; but no announcement of the examination in August has yet been made, nor will any such announcement be made, pending the report of this Committee.

27. Turning to another matter which has been referred to this Committee, the complaint made by the Society of Apothecaries to the War Office, of which, no doubt, you have heard; the Society of Apothecaries complain that their Licentiates who have passed an examination which entitles them to practice both in medicine and surgery are not admitted to the qualifying examinations of the War Office; what is your opinion with regard to the merits of that complaint?—I must first ask permission to correct an error in its being supposed that they are not admitted; the Licentiates of the Society of Apothecaries of London are admitted on precisely the same terms as the Licentiates of any other chartered body granting a single qualification; for example, they are admitted on the same terms as surgeons of the Royal College of Surgeons of London, or as a graduate in any University holding a single qualification; but we have not been able to concede the prayer of the Society of Apothecaries to have their single qualification recognised as the double qualification required by us. I have in my hands, here, returns of all the gentlemen admitted for ten years before and ten years since the granting of the Warrant of 1879, and I find in these returns a large number of the Licentiates of the Society of Apothecaries, both of London and Dublin. In the last decade there were 96, in the decade previous to that there were 33, but all these Licentiates of the Society of Apothecaries of Dublin and of London have had a second qualification—some other qualification from some other licensing body in addition to their own.

28. But if a graduate of the University of London were to apply for admission to your qualifying examination, should you refuse to allow him to enter the examination, unless he held also the certificate either of another surgical or another medical body?—Unless he held a double qualification, we should. A graduate of the University of London would be treated exactly as a licentiate of the Society of Apothecaries.

29. He would require to hold a license of some other medical or surgical body?—He would require to hold two diplomas from the University of London, one in medicine and one in surgery.

30. But can a University give a separate diploma

in medicine and in surgery?—Yes. I have here a return showing all the diplomas that have been accepted by the Public Service for the 20 years I have mentioned; you will find that a great number of them are double qualifications of that class.

31. But I think a difference has been made during the last two years; under a recent Act of Parliament, there is now a joint examination, but only one diploma is issued, I think?—Joint diplomas are issued by colleges holding a joint examination; but I am not aware that any university, or any faculty granting diplomas, has abrogated its right to give its own diploma separately.

32. It is perfectly correct, I believe, that the Royal College of Physicians and the Royal College of Surgeons hold a joint examination, and that each of those bodies issues its own separate diploma; but with regard, for instance, to a university—say the University of London—I apprehend that the University of London issues only one diploma, that is, its graduation?—Subject to the correction of gentlemen who know more about colleges than I do, I venture to point out that we have in our possession the double qualifications of nearly all these colleges—the M.D. and the M.C.S.—and I am not aware that any university has abrogated its right under any Act of Parliament to grant a degree in either medicine or surgery as they think fit. My impression is that they grant them; at all events, these returns show that we get them.

33. Then if a graduate of a university were to present himself for examination, your statement is that you would require him to produce a separate diploma in medicine, and a separate diploma in surgery?—Yes.

34. I should like to ask you a further question. Do you think it is necessary for the security of the Army Medical Service that before entering your examinations all candidates should possess a separate diploma in surgery, and a separate diploma in medicine?—I do. I think it is a great safeguard against the admission of men of limited education, if you secure qualifications which give you two, instead of one, means of assuring yourself that they have had a liberal education.

35. But the Army examines both in medicine and in surgery, does it not?—It does.

36. Ought not its examinations, then, to afford a sufficient guarantee against the entry into the Service of unqualified men?—They do, in so far as the examination in medicine and surgery is concerned, that is to say in so far as those points in the examination of medical men are dealt with by the competitive examiners in London. But these examinations in London are simply competitive, and they do not extend over the whole course of medical education. They take anatomy, physiology, surgery and medicine—these are the four compulsory subjects—and materia medica; but they do not deal with medical jurisprudence and various other matters connected with medical science which the general practitioner, the well-educated medical man, is supposed to understand; these are accepted on the evidence contained in the diplomas which the gentlemen bring us from the various licensing bodies.

37. Going to another subject—with regard to the rates of full pay—the present rates of full pay were, I believe, founded upon the recommendation of Mr. Thompson's Committee in 1878?—Yes.

38. Do you see your way to reduce those rates of full pay without prejudicing the medical service?—I do not. I do not think it would be possible to get the class of medical men, who have been coming into the Service for the last ten years, on a lower rate of pay than we now offer.

39. Then with regard to the question of retirement; the present compulsory age of retirement up to the grade of Brigade-Surgeon is 55 I believe?—Yes.

40. Do you consider that that age is too early?—I do not. I think that at 55 years of age most of the

medical officers of the army employed on executive duties are quite ready to retire, and, judging from the large number that do break down at that age, or approaching that age, when they have gone on service of late years, I should say that there is very little doubt that a great proportion of them would be retired by the Medical Boards, were it not either in their power to retire voluntarily, or were they not superannuated as they are under the existing Regulations.

41. With regard to the conditions of retirement I think you have already expressed an opinion that you consider that the right which Medical Officers have to retire after 20 years' Service is not only a right which they very much value, but is one which also is beneficial to the Service as bringing a larger number of candidates into the Service?—I think it is, undoubtedly. Retirement at 20 years is the first retirement now open to Medical Officers; prior to that they cannot go on pension at all; they may go on temporary half pay on account of ill health, but they are not entitled to claim a pension as such. After 20 years' service a considerable number of Medical Officers are so shattered in health and for other reasons so disinclined to serve the country that I think they cease to be the efficient servants whom it is desirable to have with the Army in the field or on Foreign Service. Numbers of them are, however, sufficiently well to be able to take up such employments as we have offered to them on the half pay arrangement at home; and a number do take up such appointments.

42. And the rates of retired pay were fixed in 1878, I think, at the same time as the rates of full pay; have you any remark to make with regard to them?—I have not. I think they are not at all in excess of what the Medical Officers are justly entitled to.

43. It appears from an examination of the lists that at the present time there are 501 retired officers to 615 acting officers; do you think that the proportion contained in the present list has attained its maximum?—It is not very easy for me to answer that question with any confidence; there is an Actuarial Department in the War Office here, which I believe has gone into these calculations from time to time, and to which I might be permitted to suggest that your Lordship might apply for information of that sort both with regard to the prospective increase or decrease of the Vote, and also with regard to the actual changes which will occur in these money Votes in consequence of these increases and decreases. The calculations are not made in my branch, and I am not very familiar with them.

44. There is one other subject with regard to which I should like to ask you a question, that is the abolition of relative rank in the Warrant of 1887, which, as you no doubt know, has occasioned considerable dissatisfaction in the medical service. Up to the time of the Warrant of 1884 relative rank had been conferred by name on medical officers in common with several other departments of the army. By the Warrant of 1887 relative rank was abolished and honorary rank was conferred upon certain of those departments; but with regard to the medical officers, and also I believe with regard to chaplains, all the advantages of relative rank were continued—all advantages such as precedence, compassionate allowance, pension, and other things of the same kind; but the words "relative rank," and in fact all notice of rank, were omitted. Will you give me your opinion with regard to the reality of that grievance?—In answering that question I must premise that I speak rather from the general sense of the medical officers of the army than in regard to my own individual opinion, because when Clause 268 of this Pay Warrant was drawn up (I should say that it was drawn up before the issue of this Warrant of 1887) I was consulted, and the Secretary of State directed that all the advantages guaranteed to medical officers by relative rank should be included in this clause, and they are so included. I cannot therefore con-

scientiously say that any medical officer has suffered by the abolition of the term "relative rank;" he has corresponding military rank which, in the estimation of most people, means relative rank. But what the medical officers complain of is that they have never had any rank in the army but relative rank, and that when relative rank was abolished they ceased to hold any rank in the army. It is true that as commissioned medical officers they have medical rank in their own department, and that is classed for precedence, pay, pensions, advantages, and other things with military rank; but it is now nowhere stated in direct terms that the medical officers hold rank in the army. That is their grievance, and it is based mainly upon the paragraph, not in the Warrant, but in the Queen's Regulations, in which it is shown that, while Commissariat Officers, Transport Officers, Ordnance Store Officers, Army Pay Officers and others hold rank in the army, the Medical Officers are not even mentioned. I allude to the Queen's Regulations, "Command and Rank," Section II., paragraph 1, in which the distinction between combatant and non-combatant officers is laid down. It is mainly on this ground that the Medical Officers have, I believe, carried on the agitation for either honorary rank or some distinct titular rank which would enable the army at large and the public at large to understand that they had rank in the army, rather than from any particular fancy of Medical Officers to be called by any particular name.

45. You say that you are speaking for the Medical Officers and not expressing your own individual opinion; would you give us your own individual opinion?—My own individual opinion is what I intended to convey by saying that I do not think the Medical Officers have suffered materially; but I do still sympathise with the fact, which is well known to me, that the question of a Medical Officer having rank in the army is one that does affect materially his comfort socially and as a public servant; and I do think that the denial that he holds such rank, even if it be only made by his brother officers or by the combatant officers of the army, is an injury to him and to the public service.

46. Have you any suggestion to make to us as to a practical means of meeting this difficulty?—I have. I would give them absolute substantive rank limiting their military command to their own corps, but I would not give military titles. I would give professional titles with military rank in the army. I do not see why the distinction should be so fine drawn between one department and another as it is in these new regulations. All these gentlemen are public servants; many of them are the sons of officers in the Army; socially they have as good a right to any distinction as any other officers in the Public Service; and I do not think that it is an advantage to the Public Service that any distinctions should be made between doctors, chaplains, combatant officers, and commissariat officers in those things which affect their position.

47. You would give them professional titles you say?—Yes, I would give them professional titles with Army rank.

48. *Mr. Macnamara.* Will you state exactly how you would do this?—For example, I would take this paragraph in the Warrant as it stands, and apply it very much as has been done in the case of commissariat officers.

49. *The Chairman.* Is that in the Warrant or in the Regulations?—In the Army Warrant; it is Clause 268. I would say with regard to this clause that if it were modified to the following effect it would meet the case: "Officers of the Medical Staff shall have Army rank with professional titles as defined below." Then I would put the professional titles in front, "Surgeon-General," and I would put the Army rank "Major-General" in the second column as has been done in the case of commissariat officers, in the same way. I would put the professional title "Deputy Surgeon-General" and the Army rank "Colonel," and so on throughout the various grades.

Then with regard to "Brigade Surgeons" I would abolish the double rank that exists in the Army Medical Department at present of Surgeon-Majors classed as Lieutenant-Colonels and Brigade Surgeons who are similarly classed. All the officers now recognised as holding the corresponding rank of Lieutenant-Colonel should, in my opinion, be styled Brigade Surgeons.

50. *Mr. Macnamara.* Will you please continue through the other ranks?—Then "Surgeon-Major" would be "Major" and "Surgeon" would be "Captain." The title would be "Surgeon-Major" the rank would be "Major." The title of "Surgeon" would be "Surgeon" as at present; the rank would be "Captain." The title of "Surgeon on promotion," would be as at present, the rank being "Lieutenant."

51. *Rear-Admiral Hotham.* What are Surgeons on probation?—They are the gentlemen who have passed these competitive examinations in London and subsequently go to Netley; it is really a titular rank in order to have their position recognised in hospital before they are actually commissioned. The arrangement of titles, I would like to add to the last answer, for the commissariat officers under Article 263 is precisely as I have attempted to define it here; but the commissariat officers have been allowed to assume titular rank as well as honorary rank.

52. *Sir Herbert Maxwell.* It was recommended by the Committee which sat in 1878 that precedence between army departments should cease; did that take effect?—Yes, the departments are arranged in this warrant alphabetically.

53. Then supposing medical officers to have the scale of substantive rank which you propose to give them, they would rank with the other departments of the army according to seniority?—They would.

54. *Dr. Graham Balfour.* In the statement which you made of the allowance to officers on the retired list, does the 150*l.* include all allowances?—Yes.

55. In the statement which you made also of the number of medical officers employed, I think you have included Quartermasters of the Army Medical Corps, who could scarcely be ranked as Medical Officers?—Yes, I did.

56. The 35 Quartermasters should be deducted from the number of medical officers who are employed, should they not?—Yes.

57. Then, with regard to professional qualifications, at the time you entered the Service I think there was only a single qualification required?—Yes.

58. And was not that found to act injuriously in that many officers with the single qualification were not by any means so well qualified as it was considered they ought to have been; for instance, a surgeon was not considered to be so well qualified as a physician, or a physician was not considered to be so well qualified as a surgeon, as he ought to have been, or as he would have been if he had had the double qualification?—No doubt that was so when I entered the Service. Although I and others then had the double qualification.

59. Therefore it is a great advantage to the Service to insist upon the double qualification?—I think it is.

60. There is another point connected with the question of rank which I should like to ask you, and that is that medical officers are not entitled to be Presidents of Courts Martial, Courts of Inquiry Committees or Boards of Survey, and are they not also forbidden to sit on Boards?—They do not sit on any Boards now except Medical Boards. Nor have they done so since the issue of the Queen's Regulations of 1868, para. 788 of which exempts them from so serving.

61. Do you not think that is a serious disadvantage to the Service in cases where Boards are assembled to consider such things as Barrack accommodation, the food, clothing, and the general sanitary arrangements of the troops?—Yes I do; I think it is a great mistake to have excluded Medical officers from these Boards, I would like to explain, in illustration of the grounds on which I make that

statement, that the practice now is to assemble Boards on these subjects composed exclusively, or generally, of combatant officers and to direct a Medical Officer to attend; and the result is that it is often the junior and least experienced medical officer who is ordered to attend to advise these Committees. I think it is an extremely bad arrangement.

62. Does not the present arrangement amount to this, that we have a class of officers specially qualified to investigate all sanitary questions and arrangements bearing on the health of the troops, who are specially prevented from sitting upon Boards to inquire into these subjects, but who are called as witnesses to guide officers in their decisions on subjects of which they have no special knowledge, and who are also scarcely qualified to cross-examine professional witnesses on points that may require elucidation from a sanitary point of view?—Quite so.

63. *Mr. Macnamara.* According to the warrant of 1887 authority was given to fill up half the appointments to the Army Medical Department from medical schools; has that been carried out?—It has never been acted upon. All the appointments up to this time have been filled up by competition.

64. Do you not think it might be an advantage, not only to have this order carried out, but to have the whole of the appointments given to the medical schools?—I am not prepared to say that it would be, and for this very sufficient reason: that I think in these modern times the principle of open competition is perhaps the best one that can be adopted in such matters as the selection of professional men for the public service. If we were to rely entirely upon the medical schools, I am afraid that, just as it was in the past, forty or fifty years ago, which will be in the memory of Dr. Balfour (I daresay he will remember when Sir George Ballingall and others had the right of nominating candidates for the public service), it would be found that it would not necessarily follow that you would get the best men. At the same time, it has been held to be expedient that the right of the Secretary of State to nominate directly to the public service should be reserved, and the Secretary of State, I think, wisely directed that that right, if ever it were to be exercised, should be exercised through a collegiate body, who would in their turn be responsible for their selection.

65. In the report of Sir Ralph Thompson's Committee, it is stated that it is important the medical schools should be brought to consider and work with the Medical Department. Would not this scheme be a means of bringing the schools more into accord with the Department, and so getting officers for the service, perhaps, whose characters were known as well as their professional qualifications?—It would, undoubtedly; and if all schools, the higher as well as the lower, were to take an equal interest in the public service, and if a machinery existed for determining which of the schools sent up the best candidates, then I should see no objection to it. I would still, however, even in their case, retain examination.

66. It is most important, is it not, that medical officers should not only be professionally qualified, but that they should be educated gentlemen?—It is most important.

67. Can you secure this alone by a competitive examination?—You cannot.

68. Then with regard to the death rate; it is stated in Sir Ralph Thompson's report that among medical officers it is much higher than in the case of combatant officers, is this the case?—Yes.

69. To what do you attribute this high death rate?—To the hardships and privations and general severity of their foreign service.

70. Do not you think that the plan of employing retired medical officers in home appointments, will increase the length of foreign service of officers on the effective list, and thereby raise this high mortality?—I do, but that was chosen as the lesser of two evils. It is better, in my opinion, to employ the retired medical officers at home and to increase

the length of service of the effectives abroad than to adopt the other alternative of employing civilians altogether at home, and having nothing but the foreign medical service, which would apparently be the alternative if the question of money is to be considered.

71. With regard to honours; it is stated in the report of Sir Ralph Thompson's Committee, that the honours received by the medical service are much lower than those of combatant officers, but that medical officers are exposed not only to the hardships of a campaign, but also in the field to the same risks as combatant officers; is that still the case so far as your knowledge goes?—Yes, it is. The relative amount of honours open to the medical officer has not been changed of late years, it is still considerably less than is allotted to the other branches of the public service.

72. Do you not think that it would be an advantage in the classification which you have given, if the medical title of officers were defined, that is to say, that the title should be M.D., Edinburgh, or Fellow of the Royal College of Surgeons, England, and so on. These titles vary much in their professional value?—I admit that.

73. In the Army List they are entered as M.D., and so on; but no definition is given as to the university or college from which officers have gained their titles?—The question of putting the titles of the medical officers in the various public lists, Army Lists and others, has been frequently under consideration. It has always been the practice to put the degree of Doctor of Medicine in the Army List, I think,—so long as I can remember at all events. Of late years in consequence of the re-introduction of the examination for medical officers prior to promotion, an exemption was made in favour of certain collegiate qualifications which freed the medical officers holding them from these examinations of the Army. These qualifications are the higher medical qualifications given by some universities and certain royal colleges; and at my suggestion the authorities have put these fellowship qualifications of the colleges, of the Royal Colleges of Surgeons in particular, in the quarterly Army List. But it has been urged against putting all their titles in, that the number of letters following the names of some medical officers would be so great that it would be simply a matter of confusion, and space could not be found for them.

74. I have not the slightest wish to do anything of the kind; but what I contend for is that the place, the university, from which the M.D. is obtained, should appear in orders, or in the Army List: London, Cambridge, Edinburgh, Glasgow, St. Andrew's, or wherever it may be?—I do not see any objection to that, except the one solitary objection that in the case of the Monthly Army List there would not be space for it.

75. What would you consider a fair proportion of time for foreign service?—I think that half would be a reasonable proportion; it exceeds half considerably at present. Half home and half foreign would be reasonable.

76. And with reference to medical officers in India, do you not think that the brigade-surgeons' pay should be recognised in India?—Most unquestionably.

77. It is not recognised at present?—It is not; and also as to the allowance of surgeons under five years' service, they get the allowances of lieutenant whereas they rank as captain.

78. The truth is that in India the British medical service has received no benefit from the Warrant of 1879?—Quite so.

79. That is, medical officers in India still receive 317 rupees a month, but that is not equivalent to their pay, 300*l.* a year in England?—It is the fact, but there is a clause in the warrant to say distinctly that they should not have it.

80. You consider that officers should have their equivalent English pay in India?—I consider so. I

think that it is a great pity to make these financial distinctions, the small financial saving to the Government of India is no compensation for the dissatisfaction which the distinction creates.

81. And with regard to station hospitals, is it not a cause of complaint that officers of the Indian Medical Service get their allowance for station hospitals, whereas the Queen's surgeons do not?—That is so.

82. *Rear-Admiral Hotham.* I think you said that Brigade Surgeons should retire at 55,—you thought that was right?—I think so.

83. At what age at the present moment do the Surgeons-General retire?—At 60.

84. And at what age do the Deputy Surgeons-General retire?—At 60.

85. Do you think it is desirable that the two ranks should retire at the same age?—I do not.

86. Do not you think that the age in the case of the Surgeon-General should be increased to 65?—If I may be permitted to qualify my answer, I think it would be far better in the interests of the public service that we should follow to some extent the principle which is adapted in India, and that we should retire the officers from these high positions in the same manner as staff officers in the Army are retired, and as Deputy Surgeons-General and Surgeons-General in India are retired, namely, after a definite fixed service in the rank. A Surgeon-General in India, when he is promoted to that rank, is not entitled to retire on his pension in the rank until he has served five years in it. It is true that under the present Warrant his time may be cut short by the 60 years' Clause, and that he may not be able to qualify for a pension; but that he knows before he takes the step. My own opinion is that in both Services it would be far better if the rule were made that Surgeons-General should serve or should have an opportunity of serving for five years, and should then retire; in other words, that a five years' period of Service should be the limit of a Surgeon-General's Service, rather than that he should retire at 60 years of age.

87. But if he were only promoted at 59 he would have no opportunity of serving?—Not if the Superannuation Clause is allowed to stand as it is, but if it were made the rule that no man is to be promoted to the rank of Surgeon-General, who has not got a fixed period in advance before retirement, that difficulty would be overcome; or if it were made the rule that a Surgeon-General should be allowed to serve for five years, provided he remains physically fit, the State would benefit and the difficulty would be overcome. But to go back to your own question, I am bound to say that I think the alteration of Lord Herbert's Warrant in that particular was a mistake, and that 65 was a better age than 60.

88. And if that were carried out, our non-effective Vote in both Services would be reduced, would it not?—Yes, it would be reduced very much.

89. But our promotion in both Services, I take it, would be checked?—It would to a corresponding extent.

90. But do you consider that it would be checked to any great extent, as at 55 years of age men would be going by compulsory retirement?—I think that, if you retain 60 years of age for Deputy Surgeons-General the extension of the Surgeons-Generals' Service to 65 would not materially affect promotion, perhaps one step in three or four years.

91. *Sir William Crossmen.* In the third page of this report of Sir Ralph Thompson's Committee there is a return showing the number of vacancies, candidates, etc., up to 1878; could you give us the complete list up to 1888?—We have had no vacancies to show since the Warrant of 1879; the number of candidates has always been in excess of our requirements—at least it has been quite equal to them.

92. It would be interesting to have this table completed; is there any difficulty in doing that?—None whatever.

93. *The Chairman.* Then perhaps you will kindly have that done?—I will have a note made of it.

94. *Sir William Crossman.* You say that it is proposed with the two army corps, in the case of war, to employ a very large proportion of civil practitioners?—Yes.

95. Do you think there would be any difficulty in getting these civil practitioners?—I think there would be considerable difficulty unless you pay them very highly.

96. The profession is not so very much overstocked in England, is it now?—I think that the profession is more fully stocked at the present moment than it has been for some years; but Mr. Macnamara, who is more familiar with the actual state of the profession, would perhaps know better than I do myself as to that. But the supply of doctors, both for civil and public services, is a fluctuating one. In the 40 years that I have been in the Service I have noticed that every 5 or 6 or 8 or 10 years you find there is a large demand for doctors; then men looking out for professions for their sons send a large proportion of their sons to study medicine. Four or five years later all these young gentlemen come out in large batches, and for a time glut the market, and you can get an abundant supply of doctors. Then people say it is no use trying the medical profession and they send their sons to try something else. I fancy that the fluctuating number of candidates attending the schools would prove what I say to be the case.

97. Do many officers under 20 years' service take the gratuity?—I am afraid I am unable to say how many, or the proportion.

98. It is not a large proportion, is it?—I think two or three a year would cover it.

99. *Dr. Graham Balfour.* At one time it was more; but I think latterly there have been only one or two?—Yes.

100. *Sir William Crossman.* You stated just now, as we know is the case of course, that doctors are only requested to attend Boards upon sanitary matters and things of that sort; but, as you know, the reports of all these Boards must go through the principal medical officer, who makes any recommendations upon them which he thinks fit?—Not necessarily; many of them pass through my hands that have never been through the principal medical officer at all. They generally come to me from the Works Branch of the War Office, where the question has to be dealt with.

101. My experience is that the general officer commanding generally consults the principal medical officer about such matters. Is not that your experience?—Some do; but it very often happens that when these reports go to the General Officer commanding, they are dealt with by the engineer department without the principal medical officer having seen them. At all events they go direct to the military authority holding the Board.

102. With regard to Brigade-Surgeons, are they executive or administrative officers?—They are as a class executive; but individual Brigade-Surgeons are frequently employed as administrative officers.

103. In what position are they in charge of station hospitals?—The senior medical officers have command. There is one at Cyprus for example, one in the West Indies, one at Jamaica, one in Ceylon, and one in the Mauritius. These Brigade Surgeons although they are at the head of the executive department their command are also the principal medical officers, and are clothed with all the authority, so to speak, that is delegated to the principal medical officer in dealing with these very questions we are speaking of.

104. But in the hospitals at home when medical officers are attached they do executive work?—Yes, they are executive officers, and are responsible for the treatment of the sick.

105. With regard to the status of officers, do you think that the general feeling of the medical officers

is that they should receive military rank or not?—I am sorry to say that I am not as well advised on that subject as I think I should be. The greater part of the representations of the medical officers which have seen the light have not come to me; they have gone to the press, and I can only gather their views from that source.

106. You have no means of judging what is the precise feeling of the department in this matter?—I think the feeling of the department with regard to army rank is unanimous; but the feeling of the department with regard to military titles, that is, to call doctors by the title of colonel, major, or captain, is a very divided one; it is, I believe, by no means unanimous.

107. There is certain dissatisfaction, too, among the medical officers, is there not, at the change of uniform from red to blue?—I have not heard that. I do not think there is much dissatisfaction on that score.

108. Since the abolition of the regimental system, officers in the medical service are not thrown so much into contact with the other combatant officers of the army as they used to be, are they?—Not nearly so much.

109. That has its disadvantages, has it not?—Undoubtedly, socially.

110. If a regiment marches into garrison, is it the custom to attach a special medical officer to it for the time it is in the garrison?—It is not the custom to attach a special medical officer to it for the time it is in the garrison, except in the regiments of the Guards.

111. Supposing that a regiment comes into garrison and stays three years, would it not be an advantage to let the same medical officer attend that regiment while it is there?—Medical officers are distributed geographically rather than by corps. There is a medical officer attached for duty to any large barracks, or group of barracks, or group of huts and camps, and he has to look after the people in that particular group; and however the troops change, he may not change, or however durable the troops may be, the doctor may be changed. That is undoubtedly a cause of complaint; but I do not see how it is to be remedied.

112. It is a cause of complaint, is it not, because officers say that they cannot depend on the same man two days running, and so they have to call in a civil practitioner?—That may be so, because he is on duty; he may be on duty to-day and away to-morrow, instead of having a continuous medical officer as all regiments desire; and for the sake of the regiments I should be glad to see that they have continuous medical officers. But that is a matter of money, which gentlemen of the House of Commons on this Committee understand better than I do. If we could afford to give every regiment a medical officer to itself, and still have a staff to manage the hospitals on a general principle, I think everybody would be satisfied.

113. *Rear-Admiral Hotham.* That would be to go back to the regimental system, with field hospitals and not regimental hospitals?—Without hospitals that would be leaving regimental medical officers nothing to do.

114. *Sir William Crossman.* But you must have the hospitals, must you not?—Then that would be to go back to the regimental system.

115. *Rear-Admiral Hotham.* I say that it would be going back to the regimental system; at the same time, you would have field hospitals instead of regimental hospitals?—Yes.

116. *Dr. Graham Balfour.* Formerly the principal medical officer could not employ a regimental medical officer in any way whatever; is it not a great advantage to the principal medical officer to be able to detach a medical officer for any particular duty which he might require to be performed instead of having to go and ask permission of the officer commanding the regiment?—Undoubtedly.

117. Do not you think it would be advisable that

before an administrative officer is permitted to retire he should be required to perform a certain amount of service as an administrative officer. For instance, at the present moment an officer might be promoted to be Deputy Surgeon-General, having been selected for that duty on account of special fitness, and yet at the end of six months, according to the present warrant, he might send in his papers to retire?—He might do so. I think the public service has a fair right to claim a certain continuous service from any medical officer in a new rank before the officer shall have the right to claim the pension of that rank.

118. With the exception of Surgeon-Major?—Then he has been eight years in the rank already; he has the right.

119. *Mr. Macnamara.* With reference to that, there was a rule formerly, was there not, by which 15 years' foreign service excluded the necessity for an officer serving a certain time in his rank after promotion; do you approve of that rule?—Now he is not obliged to serve at all; he can go at any time.

120. But supposing that a definite time, say three years, was fixed, you would exclude a man who had been on foreign service 15 years, so as not to give him further foreign service on promotion?—We should not refuse if the man had not been fifteen years on foreign service; and I do not think the exclusion would be a boon. But what I think is fair is that whatever the foreign service of an officer may have been, when he is promoted, by selection, to a new rank giving a new pension he should serve a fair proportion of time for it.

121. What proportion do you think is fair?—I think three years is a very fair time.

122. Should not the commissions of medical officers date from the time of appointment rather than from when they leave Netley, the same as in the Royal Navy and the Indian Medical Service?—The question of assimilating the date of issue of commissions to candidates of the British and Indian Service is, I believe, under consideration; but I do not see why the fact of the Navy Medical Officers obtaining commissions from the date of the completion of the competitive examination in London should necessarily be made applicable to the other services, because, as a matter of fact, these officers never do clash on duty. And the Navy has certainly had greater difficulties in recruiting its service than we have had, and it is, I think, desirable that any little advantage that it can have should be given. But at all events there is this in the case of the Navy, that they do not go through, in the same sense, a collegiate course at the expense of the Government as the medical officers of the Army and of the Indian Service do, and it is a question, having regard to this superannuation expense, whether the State should be called upon to pension a man for time which really has been spent in learning his profession.

123. But in the Indian Medical Service they do this?—Yes, they do.

124. Those officers get their appointments dated not after they leave but before they join Netley?—Yes.

125. And they do not in the British Service?—No.

126. With regard to titles, I wish it to be put on record if it is the case, that in various foreign services these titles are recognised; for instance, the head of the Russian Service is General Doctor So-and-So; the head of the Italian Service is Major-General Doctor So-and-So; and the head of the American Service is General So-and-So?—Yes. Military titles are adopted in the American Army for all ranks; so they are in the Italian Service, and in some of the other services.

127. Then there is one other point with regard to these retired gentlemen who hold offices at home; is there any specified time as to how long they may retain these appointments?—They are appointed for five years, subject to renewal, up to the age of 65, after which they cease to be eligible.

128. *The Chairman.* Is there anything else you

wish to say?—Before I withdraw I wish to ask whether you desire that these tables about qualification should be included in the proceedings.

129. If you please?—I hand in the following tables. (*The same are handed in.*)

(*The Witness withdrew.*)

SIR RALPH W. THOMPSON, K.C.B., *examined.*

130. *The Chairman.* I need not say that you are he permanent Under Secretary of State at the War Office?—I am.

131. And the present rates of pay, the retired pay, and the conditions of retirement of Medical Service are, I think, founded upon recommendations which were made by a Committee over which you presided in the year 1878?—That is so.

132. On that Committee you took a great deal of evidence and bestowed a great deal of thought upon your report, and may I ask whether having seen the recommendations of that report in operation, you have seen any reason to change your opinion with regard to the recommendations you then made?—None at all; on the contrary I think that the outcome has confirmed one's opinion.

133. With regard to the rates of pay and retired pay, they have proved in no way excessive?—No, I do not think so myself.

134. Can you give any opinion as to whether it would be possible to obtain sufficient candidates for the Medical Service with lesser advantages than those now offered in these respects?—I am afraid not. According to the best evidence we could get in 1878, we come to the conclusion that that was about the fair sum for which we could get candidates. I think that if we had put it lower we should not have got so satisfactory a class as we have now.

135. That Committee was appointed because, with the then existing rates, advantages, and conditions, you found it impossible to get sufficient candidates, was it not?—Practically, competition has ceased, we could not get sufficient candidates to fill the vacancies, much less to compete for them.

146. There is one further subject on which I should like to ask you a question or two; that is with regard to the abolition of relative rank in the Warrant of 1887, with which no doubt you are very familiar?—Yes.

147. Up to that date certain departments of the army had received relative rank, and in that Warrant for the first time the paragraph relating to relative rank was omitted. That has caused a good deal of dissatisfaction has it not?—Yes.

148. Will you tell us, in the first place, what is the course of procedure which is adopted when it is proposed to bring out a new warrant; is the new warrant, in the first place, drawn up by a committee, or is there any departmental inquiry?—It is generally preceded, in fact nearly always, by a departmental inquiry of some sort, either by a committee, or it is discussed in the Secretary of State's room, or a discussion is raised by some branch on a paper. There is always a great deal of discussion upon it.

149. Before that warrant was issued, was the Director-General of the Medical Department called in or examined on the point, do you remember?—I do not think so, but it was not only the departments of the army that had relative rank; a great many military officers had relative rank different from their actual rank. Relative rank was mainly used as a classification to govern the allowances to which an officer was entitled. We have altered that now, and instead of saying the allowances of a General or a Lieutenant-General, or whatever it may be, we say the allowances of class 1, 2, 3, or 4. The reason why relative rank was done away with was that

when a committee was sitting on the Pay Warrant, the Military Secretary (whom I dare say you will examine) said that it was rather incongruous so far as combatant officers went that a man should have one actual rank and another relative rank; and he very much wished that we should abolish relative rank altogether, as its only real use was to govern the choice of quarters and allowances, and so on. We did not see any difference between relative rank and other classification; and without the slightest intention of taking anything away at all, we did what was done as a matter of convenience and at the request of the military officers, who did not wish to have higher relative rank than they had actual rank. That is the whole history of its initiation.

150. Then am I right in referring that the abolition of relative rank took place rather more on account of the military officers than on account of the other departments in the service?—That certainly began it.

151. But when this relative rank was abolished, with regard to the other departments honorary rank was given, and also army rank to certain of those departments?—Honorary rank.

152. And also Army rank?—Yes.

153. Army rank was given to commissariat officers?—Yes, because it was intended in future that what we call administrative ranks should be filled by combatant officers.

154. Do you know why honorary rank was given in those cases, and nothing was given in the case of chaplains and medical officers?—I think it was felt that medical officers and chaplains both belonged to highly honourable professions outside, and the commissariat and ordnance store officers had no professions at all; they were nothing if they had not some sort of designation or calling given them. I think that was the idea generally.

155. But supposing that they had received the same rank, or the same advantages with regard to precedence, which have been given to the medical officers, should you have said that they would have had any reason to complain?—No; I should have thought not.

156. Then, why was the exception made in that case, do you know? why were they supposed to be more sensitive on the subject than the medical officers?—Only in this way. A medical officer has his own honorary distinctions in his profession, and belongs to a recognised profession, which is one of considerable social status and honour; but a commissariat or ordnance store officer belongs to nothing, if not to a department of the Army. With regard to relative rank, you will see the idea we had of it upon that Committee, if you will refer to one paragraph on page 11. We say, at paragraph 43, "At present, there is apparently no reason for such a distinction" (this was long before the question of the abolition of relative rank came in), "and we recommend that the Surgeon-Major should 'rank as' a lieutenant-colonel according to the date of completing 20 years' service." We treated the "rank as" as an exact equivalent of relative rank even then, before there was any question about it. I say that to show that there was no idea or wish to take away anything by classifying them in some different way than by relative rank.

157. Should you see any objection to giving to medical officers professional titles with a fixed honorary rank?—A joint sort of title, do you mean, like general-surgeon-general, or something of that sort?

158. No, surgeon, or surgeon-general, with a corresponding military rank, simply for the purpose of ranking?—That he has at present; he is gazetted as ranking as so and so.

159. *Sir William Crossman.* There was some remark made about the smaller amount of honour given to medical officers than to combatant officers of the army; I see you reported very fully on that?—Yes.

160. Was anything done in accordance with your

recommendation?—I cannot tell you off hand; I think we have given medical officers a few more honours in allotting the proportion given to the various branches of the Army.

161. *Mr. Macnamara.* At page 10 of this report, paragraph 39, you propose that the Army Medical Department should be called "Royal Army Surgeons," or the "Royal Medical Staff," or "Royal Medical Corps;" it would be apparent from the evidence you received that medical officers think it would be clearly an advantage that they should be called the Royal Medical Corps?—Yes, we did not give any very strong opinion, but we thought it a matter of consideration as they appeared to attach importance to it.

162. And you appear to favour it?—Yes, we did not see any reason to object to it. Anything that would make the department more palatable was the object at the time.

163. *Dr. Graham Balfour.* As the wording of the Royal Warrant of 1887 has given rise to a considerable amount of feeling that medical officers have been deprived of rank, do you think that there would be any objection in future warrants to insert under, say, Clause 268, "Having the Army Rank of so and so," the same as is done in other cases, and putting in, of course, the condition that it would not entitle them to any command?—Army rank is combatant rank. We could hardly put in Army rank.

164. In what respect do Army rank, Honorary rank, and the rank which has no definition which is given to other departments, differ?—Honorary rank is what it is described to be, it is simply honorary, it confers no combatant advantages whatever, no advantages of command at all.

165. Then why was it not conferred upon the Army Medical Officers as well as the other departments?—That is what I was trying to explain just now; that a medical officer had the profession he belonged to. It has always seemed to me doubtful whether the great mass of the Medical Department would like to be called by some military title.

166. Excuse me. I do not ask whether you would give them a title, but whether you would not define that they had a certain rank in the Army?—They are Gazetted.

167. It is not stated in the warrant?—If you look at the Army List, you will find under the head of each rank of Medical Officer, "Ranking as so and so," and the "Gazette" says so too.

168. Do you not think it possible in the warrant and in the regulations to make it appear that there is a definite rank held by medical officers; because, so far as we hear, outside it has been denied by the military officers and also by some of the medical officers themselves, that they have any Army rank at all?—I do not see how it can be denied.

169. Could it not be put in that manner, for instance (*handing a War Office List to the witness*)?—That they were given honorary rank you mean?

170. Yes?—Then of course that is titular rank; they would be called so; I do not know whether they would like it. Honorary rank is titular rank. The meaning we attach to Army rank is something opposed to regimental rank. An officer who is a Regimental Captain may be a Lieutenant-Colonel in the Army, that is to say he has got Brevet; what we call Army rank is opposed to regimental rank; but that is a combatant rank. To these departments we give honorary rank, but that honorary rank is also titular.

171. *The Chairman.* And Army rank carries command?—Yes.

172. Then have the officers of the commissariat command—they have Army rank?—No; they have honorary rank only.

173. The higher ones?—Yes, they have command.

174. *Sir William Crossman.* Only over their own men?—Yes; except that the higher ranks are military officers.

175. *The Chairman.* So have the military officers

commanding medical staff corps?—Yes, they get it, but then they have no professional status.

176. *Mr. Macnamara.* The medical officers command men who are actually captains and lieutenants?—Yes.

177. These gentlemen are called captains and lieutenants?—Yes.

178. And they are under the command of Surgeon So-and-so?—Yes.

179. But the surgeon has no title of any kind as a military officer; he had relative rank and that has been abolished?—But he could not call himself by the title of his relative rank; he has just as much rank as he ever had when you say he ranks "as;" relative rank is an intangible thing.

180. The Army Service Corps has not been established very long, and has developed into a corps somewhat on the line of the Royal Engineers. But some of the officers of the Army Medical Department, state that in regimental circles they are often not recognised; they are not invited to mess; they are not considered to have any rank; they are denied admission into various clubs in London on the grounds that they have no rank: is all this true?—I think it was equally so some time ago; they made a stand against doctors without any reference to their rank at all; that was long before relative rank began.

181. *Dr. Graham Balfour.* You do not see any way by which you could make it more clear that the army medical officer has a distinct military rank?—There is nothing short of giving it to him; I think we have gone up to such a point now that I do not see how you could make one step further without giving it to him.

182. You have given it him distinctly?—I mean giving him titular rank.

183. But is there any way in which it could be made clear to the Army that he has that; because it is stated that the fact of his having military rank is denied by officers in the Army?—Then I should have thought that a Medical Officer had only to turn to the Army List and show it. I see no other way than by calling him Colonel or Major, &c.

184. *Sir William Crossman.* Has the Warrant been altered at all with regard to Medical Officers since 1887?—No, I do not remember any alteration at all. The only alteration which has been made at all about doctors has been in the first Warrant; it said "ranking with," and Sir Thomas Crawford said he thought "ranking as" would be more acceptable to the doctors; and we were only too glad to go as far as we possibly could in that direction.

(*The Witness withdrew.*)

NORMAN MOORE, ESQ., M.D., *examined.*

185. *The Chairman.* You are Warden of the College of St. Bartholomew's Hospital, are you not?—Yes.

186. And you are also a Lecturer at St. Bartholomew's?—Yes; Lecturer on Pathological Anatomy, and Assistant to the Hospital.

187. And of course you have had very intimate acquaintance with a very large body of medical students?—Yes.

188. Do many students from St. Bartholomew's enter the Army?—Not many. I have taken three years since Saturday, taking three years of which nearly all the students are now qualified. I took the years 1881-2, 1882-3, and 1883-4 as three fair years; I took them quite on chance as the three nearest years of which all the students who entered are now qualified, or nearly all. In 1881-2 five students entered the Army Medical Service, and I believe that those were all who tried; that was out of 170 students who entered in that year. I ought to mention that of course all those

students did not enter the Army in the same year. I took the year of students as they entered with us, and then took the list of the Army Medical Officers and compared it with that.

189. Five out of those 170 ultimately found their way into the army?—Yes. In 1882-3 out of 132 none entered the army. The year begins in October and ends in July.

190. *Sir William Crossman.* And none tried?—Of course one cannot be quite so positive about that; still I am pretty sure that that was so. In 1883-4 out of 140 students one entered the Army and one other tried and was not successful. I believe that the proportion would prove that there were never more than five persons under any circumstances in any year since 1874, which is the first year I have experience of, who entered the Army.

191. *Chairman.* Can you give any reason for so few entering the Army. When you say the Army, perhaps I ought to say also the Army or Navy?—The figures I have given refer to the Army only. The numbers entering the Navy are smaller than those entering the Army. In the year 1881-2, which was the year in which I found the largest number of entries to the Army Medical Service, there were also one man who entered the Bombay Army, and one man who entered the Navy.

192. Can you assign any reason for so few entering the public Service?—I think that there are so many other openings which are better; that seems to me to be the only reason. And I should like there just to say that the impression which seems to have prevailed, that at one time the medical schools tried to prevent men entering, is quite erroneous. Nothing of the kind was ever done at St. Bartholomew's, and I enquired at Guy's, yesterday, and nothing of the kind was ever done there; and I feel confident it was never done by the Medical Schools of London, and it never would be done, as bodies. The prospects that men have are fully stated. There are a great variety of prospects, and they were very fully stated in answer to a letter from Sir Ralph Thompson some years ago.

193. With reference to his Committee of 1878?—Yes; I was then Secretary on the Sub-Committee of our School appointed to inquire into the subject, and they stated the openings which men have on qualifying very fully. Those of course have not altered.

194. With reference to that point, Mr. Thompson's Committee (as he was then) stated this at page 20 of their Report:—"We endeavoured to obtain from the Medical Schools and from other sources trustworthy estimates of the average net earnings of Civil practitioners, at different periods of their career"; and then a little lower down they say of the replies, "Taken one with another, a young medical man obtains in civil life a net income of 300*l.* a year, within five years of commencing practice. After 10 years, he is unlucky if he does not net 500*l.* a year, and thence his income gradually rises to an average of 800*l.* to 1,000*l.* Of course in exceptional cases these rates of income are very far exceeded." Should you say that that was a tolerably fair statement?—Yes, I should say it was.

195. Would you say that taking the average, a professional man obtains in civil life an income up to the figures stated there?—I should have thought so.

196. Have you looked at the rates of pay and retired pay, and the conditions attaching to the Service, which I think were sent to you?—Yes, I have.

197. Do you think that those rates are at all in excess of what a man would obtain in civil life?—No, not at all.

198. You feel quite confident of that: that the prospect held out in the Army Service is certainly not better than in civil life, do you think it is as good?—I should have been confident that it was not better than was held out in civil life; and, as to saying it is not as good, I think, that taking our

Students at St. Bartholomew's, the large majority of them have much better openings and do attain to much better earnings.

199. Some years ago what was known as the 10 years' system was attempted to be established in the Army, under which young medical officers were invited to serve for 10 years, after which they might leave on receiving a gratuity?—Yes.

200. That system broke down because it was found that the period was considered by the young medical officers to be too long; do you think that anything might be done in that way in the direction of attracting candidates for the Army if that period were reduced?—I think that if you were prepared to have two kinds of medical men in the Army, one who spent their life in it and another set who were in it for a short time only and who passed through it, and on whom you had no further claim whatever, because any further claim would be inconsistent with private practice, you might get men if you had a very short term of service. I should have thought that five years would have been the very outside, and that probably three years would be nearer what would enable you to get men.

201. *Sir William Crossman.* You would not recommend any gratuity being given after that short time, would you?—I think if you paid the men a very small gratuity it would probably be an advantage; but I think that possibly you might get men without any gratuity, paying them at the present rate of pay for three years. It has occurred to me that there is one class of man who could be got at in that way, and who would be extremely useful in a service like the Army Medical Service; that is, the man who has been formerly a house surgeon. If you accepted as a medical officer of the Army without any further examination, if you gave him a chance of coming in if you have vacancies without further examination, any man who has held the post of house surgeon or house physician for a year at a general hospital, I believe in that way you might find some men who would be willing to see the world, to go abroad and serve the Army for three years.

202. At what age are house surgeons appointed?—A house surgeon must be qualified to practise his profession: therefore the earliest age at which he can be appointed would be 21; therefore, when he was ready for the Army he would be 22; but it is uncommon for them to be so young as that; I should say that the average age was above 22 at the termination of the period of office of a house-surgeon. He would feel he was not throwing away his time and that there was something to be learnt in three years; but in ten years the surgeon in the army probably knew less of his profession at the end than at the beginning, and it was a direct injury to him. There are about 100 such men I calculate produced per annum; I should think 100 is under the number; because I do not know what the conditions are in Scotland and Ireland; but taking England and taking those hospitals which are recognised by the Colleges of Surgeons and Physicians as places of study, there would be at least 100 house surgeons, or house physicians, a proportion of whom might be willing to serve in the Army for a short period; not 100 hospitals.

203. *The Chairman.* I dare say you have often considered the position of medical officers in the Army and the conditions under which they serve; have you any suggestions to offer with regard to the position of medical officers of the Army as compared with those which they ought to have in your opinion?—It is extremely difficult from the outside of course to form an idea of what their social relations in the Army are; but I think that their pay is so comparatively small professionally that it would be wise to treat them as well as possible in every other way. When we are selecting people for an office in a Medical School we pay them partly in money and partly in prospects or in dignity; therefore as they do not get very much money and have no prospects in the Army, because their professional

prospects are none, they ought to be extremely well treated in that way. I think that something might be done to improve their professional prospects. At present a surgeon in the Army is very liable to know less about his profession when he leaves it than when he enters it. It requires great energy in him to keep up his professional knowledge; there is not much encouragement to make additions to science, and I do not think that in military hospitals, judging by the few I have seen, there is much to encourage a man to make elaborate notes and write papers and make additions to medical and surgical knowledge; of course I have very small knowledge about them.

204. *Sir William Crossman.* Do you think it would be advisable when a man comes home from abroad, to give him every opportunity of going to one of our civil hospitals for some time?—It would be a good thing; but it would be still better, if it were known that the fact that a man wrote an excellent paper on an epidemic, dysentery, for example, which occurred when he was in India, would distinctly encourage his professional prospects in the Army.

205. That is the case in the Navy, is it not?—I always read the Blue Book issued by the Navy, which gives some information of this kind, and I have often been struck with the fact that a good deal more might be done, that more additions to knowledge might be made.

206. *Chairman.* Let me ask you a question on another point. The entries into the Army are made after competitive examination, and with regard to the candidates who are admitted to those competitive examinations at the present time, it is considered necessary that every candidate should possess a separate diploma in medicine, and a separate diploma in surgery; do you think that that is necessary for candidates entering an examination which is a tolerably exhaustive one; that they should possess two separate diplomas?—Most candidates do possess two diplomas. The general policy has been to make every man have information up to a certain point both in medicine and surgery. The common examination for men to go in for in London, is the examination conducted by the conjoint Board of the College of Physicians and the College of Surgeons; it is a single examination, but it gives them two diplomas.

207. But every single examination, the result of which confers license to practice given by whatever body, implies examination both in medicine and in surgery?—Yes.

208. And the holder is entitled to practise both in medicine and in surgery?—Yes.

209. That is a recent change of course?—Yes.

210. A recent alteration, and a person who has passed that examination should be considered, at all events he is considered by the State, qualified to practice both in medicine and in surgery?—That was the object of the Act.

211. Then, has not that Act made a distinct difference in the professional positions of the persons who have passed the examination?—I should not have said it made any difference.

212. It follows necessarily, does it not, that anybody who possesses a license from any body, whether a university or a corporation, has passed an examination both in medicine and in surgery, which was not the case before?—Of course, it implies that no one enters upon practice who has not proved his competence up to a certain point in medicine, surgery and midwifery; and, before that time people could enter into practice who had only proved their competence in one of those branches. That expresses it too strongly, because the College of Surgeons examined men in medicine, although they gave them a surgical diploma which did not carry any medical privileges; but still they examined them in medicine.

213. But ought any person holding a license under present conditions to be qualified to be a candidate to enter any examination for admission into the Army Medical Service, in your opinion?—Of course, if the

object of the present practice is to get a better kind of man, there is no doubt that it is right. A man who has been examined by the Apothecaries' Society has no professional relation of any kind. The Apothecaries' Society does not consist of real apothecaries, and it may even have on its governing body, without exceeding the terms of its charter, people who know nothing of the medical profession. Not one member of the governing body, as shown by the official list of October 20th, 1885, is an examiner, or holds any position which would fit him to be one. There is no *esprit de corps* of that kind among the licentiates, and whenever I have asked one if he wished to be designated "Apothecary," he has always replied "Oh no! I shall take some other qualification as soon as I can"; and, therefore, so far as practical usefulness is concerned, the man who has two diplomas, one of which will probably be from a body (it is conceivable that he might have two apothecaries' diplomas) which has some professional feeling, has an advantage; you get a better kind of man. As a rule, people do not go in for a diploma of the Apothecaries' Society for any other reason except that they have a lingering hope that it may be a little easier. I am speaking from the experience of my school only, of course.

214. *Dr. Graham Balfour.* In speaking of the double qualification granted by the conjoint colleges of physicians and surgeons, does not that imply that the medical officer has gone through more than one examination, that is to say, an examination in all the different branches of medicine and surgery. It is not like going up for one examination as they formerly did at the College of Surgeons, and another at the College of Physicians; but he goes up before the examiners and passes both in medicine and surgery, and therefore obtains a double qualification; is not that the case?—That is so.

215. And therefore it is a guarantee, so far as we can have a guarantee, that he is well educated in both the medical and surgical branches of his profession?—Quite so.

216. *Mr. Macnamara.* Take the case of Cambridge University, do they give the double qualification in medicine and in surgery; they certainly examine in medicine and in surgery; but there is no double qualification, is there?—Yes, a grace of the senate was passed, I think, last year—I am not quite sure of the date—providing for all candidates for the degree of Bachelor of Medicine passing examination for the degree of Bachelor of Surgery; they are not compelled to take the degree, for which they have to pay some small additional fee; but they have to pass the examination; and I observe, that as a rule, they do take the degree now.

217. *The Chairman.* Then do they pass a separate examination in medicine also?—The ordinary common degree to take in the University is the degree of Bachelor of Medicine, and in order to obtain that degree now they have to pass in as much surgery as is necessary to take the degree in Surgery, but they are not compelled to take the degree.

218. And they also have, of course, to pass a separate examination in medicine?—Yes, that is essential to the degree of Bachelor of Medicine. The only difference is this; that formerly there was a certain amount of surgery in the Bachelor of Medicine examination; that amount has been now raised to what is considered necessary for the qualification of Bachelor of Surgery.

219. But they only issue one degree?—No, now they give two degrees. The man receives the degree of Bachelor of Medicine and the examinations he has passed entitle him, if he pays a fee, to take the degree of Bachelor of Surgery. If he is going to practice in pure physic he does not take the degree of Bachelor of Surgery.

220. Is that the practice in other universities, do you know?—I think that that idea was more or less copied from the Edinburgh University, but I should not like to speak positively as of any other university.

221. Is that the case in Edinburgh?—So many men take these two degrees together, that that is my reason to believe so. I have never read the Statutes of the University.

222. *Mr. Macnamara.* St. Bartholomew's Hospital is the largest medical school in London is it not?—In England.

223. And in your opinion it would increase the number of men entering from that school if titles, or a higher social position were connected with the Army Medical Department?—I think I have expressed that partly; that if they are not paid higher in money you must pay them in social distinction.

224. With regard to competitive examination, do you think that a competitive examination is likely to hinder men entering the Army Medical Department, in consequence of the extra examination and also because they may have to wait for a time after passing their qualifying examination before they can go up for the competitive examination?—I think it is a foolish examination as at present conducted, because of the way it examines men. I looked it out and I see that it gives a man 1,000 marks in anatomy and physiology, and in medicine and surgery 1,000 each. That is a practice which has been proved by experience to be a mistake. It was the custom of the College of Surgeons in London to have one examination at which they examined men in all the subjects of education, and from that the present system, which examines a man when he has been studying anatomy and physiology in anatomy and physiology, and then goes on to examine him in professional subjects, has been gradually developed. It is a mistake to ask a man studying medicine and surgery questions in anatomy and physiology, except in their direct relation to medicine and surgery. Another fault is that the examiners are often people who do not know anatomy and physiology as an examiner ought to know them.

225. *Sir William Crossman.* What examination do you refer to?—Examinations for the Army. No man knows anatomy so as to be fitted to examine in it unless he is engaged in teaching it, so that the only people who can properly examine are lecturers and demonstrators. Eminent surgeons are some of the examiners, and they cannot know anatomy in the examination sense; that is only known by teachers of anatomy, and that is very obvious in the questions.

226. *Mr. Macnamara.* As far as you can judge, it by no means follows, does it, that the best men for the medical service are obtainable by the system of competitive examination?—I may say by the present competitive examination—

227. As it is, of course?—I should say not; and I think it is so arranged at present that very inferior men may get in.

228. And those inferior men are very likely, are they not, to find a number of grievances which a higher class of men would never dream of raising?—That is a mere question, of course, of human nature. I could not say.

229. Now as to the age of entrance, do you not think that 26 years might be a very good limit instead of 28, as at present, for entrance into the Army Medical Department. Twenty-eight years seems to me late in life to begin a career?—I should not have thought that would be any very great disadvantage. Supposing that a man were working for a Fellowship of the Royal College of Surgeons he would be a very desirable man to have in the Army; he could not get that until he was 25 years of age, and that leaves him a margin of three years; and they generally wish to enter as early as possible after they have decided.

230. Under the present warrants the War Office is authorised to grant appointments into the medical service directly from the various medical schools in place of by competitive examination; and they would be able to appoint house surgeons and house physicians and so on, whose characters are well known to the hospital authorities, are such men likely to make better officers than those who are admitted by competitive examination into the service?—I think that,

but I think that after the former enquiry there was some mention made of medical schools nominating men, but none have been nominated. We considered it a great deal, and if it had occurred it would have been a very troublesome thing to nominate men. But if it were attached to a particular office, that is to say, that if any man who had held the post of House Surgeon was known to be eligible if he wished to go in, it would be much easier; and I believe it would be better to have it following an office than to have it by private nomination.

231. *The Chairman.* Is there anything else that you would like to say to the Committee?—I only wish to add to what I said about the Apothecaries' Hall, that when I said no man went in there except for the reason that he hopes it is an easy examination, I had forgotten for the moment the case which occasionally occurs of a man who is very anxious to get qualified by a particular date, and therefore goes in. This recalled it to my mind:—A man who was Senior Wrangler at Cambridge, and is a very distinguished person now in the University, went in at the Apothecaries' Hall in the hope of getting an office, there being an earlier examination there. He did not get the office, as the qualification proved insufficient for it. Then with regard to men who have entered from St. Bartholomew's to the medical service of the Army, a very large proportion of them have been the sons of either medical officers of the army or of military officers, and I think that that rather points to this:—That very little is known in England about the medical service of the Army. I see a great many fathers every October who bring their sons to enter, and they have hardly ever thought of such a thing as putting their sons into the medical service in the Army.

232. Can you suggest any way in which that could be remedied?—I think it would be a very useful thing to adopt some method of circulating what is stated in this book in the Royal Warrant, and letting them know what its advantages are as a career for a young man.

233. *Dr. Graham Balfour.* Does that information not appear every year in the Students' Number of the "Medical Journals"?—Yes, and in the "Medical Directory" permanently; but nevertheless it is not well known in the country, somehow.

234. There is one other question I should like to ask you. You were asked whether it would be an advantage to have higher titles conferred on Army Medical officers; should you consider such a military title to be higher than a professional one? for instance, lieutenant-colonel instead of deputy surgeon-general?—Of course, personally, I should consider that very likely a deputy surgeon-general would be a more highly educated man than a lieutenant-colonel, and therefore I should probably prefer him; but I have no idea what the feeling inside the army is.

235. *Sir William Crossman.* What would be the feeling outside if the doctors had military titles—amongst the profession, I mean?—Professional eminence depends upon what a man has done and what he is supposed to know—what additions he has made to science; and therefore I have not observed that titles are thought very highly of in the profession. The services for which they are given may be very highly thought of, and then the titles may become so; but merely as titles I have not observed that they have much effect.

236. Talking about the examination being a very foolish one, what recommendation would you make or how would you propose to alter it?—I should be inclined to think that it would be much better managed if it were referred to the Royal College of Physicians and the Royal College of Surgeons to examine men. They have all the machinery for examination worked up to the highest degree, and they thoroughly understand the whole subject. If you left the appointment of examiners to them they would feel it a public duty, and appoint men competent in every way.

237. *The Chairman.* Do you think that the fact of that examination being conducted by the Colleges of Physicians and Surgeons would attract attention to the Army Service among the students?—Yes, I think it might do that also.

238. *Sir William Crossman.* Are they examined now in Dublin and Edinburgh as well?—No, in London, I think the Department hires rooms on the Embankment.

(*The Witness withdrew.*)

[Adjourned to Saturday next, at 11 o'clock.]

Saturday, March 30th, 1889.

SECOND DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair*.
 MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.
 REAR-ADMIRAL C. F. HOTHAM, C.B., R.N.
 SURGEON-GENERAL T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.
 N. C. MACNAMARA, Esq., F.R.C.S.
 R. H. HOBART, Esq., C.B., *Secretary*.

MAJOR-GENERAL SIR GEORGE BYNG HARMAN, K.C.B.,
examined.

239. *The Chairman.* You are Military Secretary to His Royal Highness the Commander-in-Chief?—I am.

240. The Committee would like to know your opinion with reference to the question relating to rank which has arisen in respect of the officers of the medical staff in the army. The Warrant in 1887 did away with relative rank, which had been conferred by the previous warrants relating to the army, and at the present time the medical officers contend that there is some doubt as to whether they have any rank in the army. I daresay you have heard that statement?—Yes, I have heard of the question. Since I was warned that I was to give evidence before the Committee, I have prepared a short statement, which perhaps would be of service to the Committee if I was to read it, and then you might, if you thought proper, ask me any questions upon it.

241. Certainly.—The term relative rank has been in existence for a very long period (I may say I have papers that go as far back as 1811). It was used as expressive of the ranks in the combatant grades which corresponded to the departmental grades held by officers in the various departments of the army. It was never in itself a rank, but it governed the precedence and regulated the allowances and other privileges of these departmental officers. By degrees, certain of the departments, such as the Commissariat Staff and the Ordnance Store Department, having become more military in character, it was found necessary to give actual military titles to them, and honorary rank was largely introduced. As honorary rank only carried a title and not allowances, except in the Army Pay Department, it was still necessary when carrying allowances as well as rank to Gazette officers to honorary and relative rank, a cumbersome method of proceeding. When the Royal Warrant of 31st December, 1886, was in course of preparation, it was decided to remedy this state of things, and accordingly the term "relative" was abolished, the officers of the departments not having honorary rank continuing as heretofore to rank as corresponding grades of the combatant branches, and taking precedence with them according to seniority, the allowances being provided for by a classification list inserted in the Allowance Regulations. "Relative rank" seems to have been considered by officers of the medical staff as having been actual rank, which, as explained above, is not the case; and the abolition of the word "relative" has in no respect altered their position or rights, and their supposed grievance on this account is purely sentimental. As regards the wearing of badges of rank, instructions on the point are laid down in "Dress Regulations," paragraph 1; but these require amendment to meet the cases of officers of

the Medical Staff—the Chaplains' and the Veterinary Departments. It has probably been a little oversight in the Dress Regulations. As it stands at present it states that officers shall wear the badges corresponding with their honorary and relative rank: it ought to have been, in accordance with their classification; that is a minor detail.

242. *Sir William Crossman.*—They do wear them now, do they not?—Yes, they do wear them. There is no question about their wearing them.

243. *The Chairman?*—You have just said that the Commissariat and certain other departments of the Army had honorary rank and relative rank?—Yes.

244. Did those departments hold both honorary and relative rank previous to the Warrant of 1884?—I cannot give you the exact date. No, it was established in 1885, when honorary and relative rank was substituted, till January, 1887.

245. The complaint of the medical officers, as I understand it, is that under the Warrant of 1884 they were precisely in the same position as officers of the Commissariat and Ordnance; but that subsequent to 1884, while the officers in the other departments received honorary rank, relative rank was abolished, and therefore they themselves ceased to figure in the Army Warrant as having any real rank?—I cannot say no real rank, because they have departmental rank; they are shown as Surgeons, Surgeons-Major, Brigade Surgeons, and Surgeon-General; they hold a distinct rank.

246. But am I correct in supposing that as compared with officers of the Commissariat and Ordnance, the medical officers stand in a less favourable position than they did previously to 1887?—I cannot admit that they stand in a less favourable position at all. Their position is entirely distinct. The Commissariat Department is now purely a military body, and is named the Army Service Corps; their organisation is regimental, and as such it is absolutely necessary that they should have army rank.

247. But still those departments now have honorary rank and the medical officers have not, whereas previously to 1884 they stood exactly in the same position, neither of them having honorary rank?—That was the case formerly.

248. Should you see any objection to placing the medical officers on the same footing as the officers in the other departments?—Yes; I see very great objection. The medical officers have exceptional advantages. When a medical student joins the army he is at once gazetted a Surgeon with rank as Captain; you could not possibly accept a young gentleman joining the Service as a Captain in our army, I mean to give him the title of Captain; it would create too much feeling. As it is there is a very strong feeling, as I am aware, amongst the officers of the army who have been perhaps ten or

twelve years subalterns, perhaps serving their country all over the world, at finding these young men coming in with relative rank superior to theirs, which is the case at the present time. They get greater advantages as to quarters and precedence from the date they join than any other officers in the Service.

249. That however is not an argument against honorary rank being given to Medical Officers as well as to other grades of the Service?—If I am permitted to say so, I think from my experience of Medical officers, with regard to many of [them, their great aim is to appear what they are not, affecting to be combatant officers instead of being proud of the profession to which they belong. I have always felt that it would be a great advantage, with every respect and regard for the medical officers and the excellent work they do, if they could be thoroughly distinct both in grade and dress from combatant officers of the army; so that there should not be any mistake about it.

250. It has been represented to us that in certain cases medical officers have been told that they hold no army rank; can you see any way of making it more clear than it is at present, that for all purposes of precedence and so on they do, in fact, hold a real army rank?—Every medical officer now when he is gazetted, is gazetted as corresponding with a certain rank in the army according to his precedence, which regulates his status. In the Army List, if you notice, against every rank it is stated "ranking as" so and so. There can be no possible mistake as to an officer's position in the Service; he carries the badges of that rank, and he has all the advantages except that he does not hold what we may term a combatant title; he has a title, he is titled Surgeon-Major, Brigade Surgeon, Surgeon-General, and so on.

251. Can you suggest any way in which it might be stated more clearly in the Army List that the medical officers hold what in reality is army rank?—I do not see how you could put anything possibly clearer. I did not unfortunately bring an Army List with me; but in the Army List you will observe their departmental rank is given, and alongside of that is "ranking as"; and when they are gazetted that is stated in every Gazette.

252. Can you explain then at all how it has happened that in certain circumstances medical officers have been told by brother officers that they hold no rank in the army?—I have never heard it mentioned, except when you mentioned the case to me the other day. I think that must have been what people call trying to take a rise out of them. As I told you before, I know there is a very strong feeling on the part of subalterns in the army, that young medical officers should be given a rank at once as preceding men who have been serving sometimes for 10 or 12 years.

253. I should like you to listen to the following proposal which has been made to the Committee: A witness said, "I would give professional titles to medical officers with military rank in the army." "I would say in the Army Warrant in Clause 268, officers of the following departments shall have army rank with professional titles as defined below. Then I would put the professional titles in front, 'Surgeon-General,' and the army rank in the second column (as has been done in the case of Commissariat officers), 'Major-General' in the same way; and so on throughout the various grades. That is the course pursued in other cases." You would, I infer, be opposed to that proposal?—I should be very much opposed to it. I cannot see the object of giving an officer such a title. He has his professional title, with his corresponding relative position in the army. I may mention with regard to relative rank that there are many appointments in the army that carry relative rank. I may instance my own case. As Military Secretary I hold relative rank as Lieutenant-General; that gives me a status; but I cannot call myself

Lieutenant-General. It entitles me to carry the badge of that rank if I like, and gives me the allowances of that rank. The Quartermaster-General of the Army has the same.

254. The proposal I have just read to you was, you will observe, made not for the purpose of giving an officer command, or giving him substantive rank, but for the purpose of declaring quite fully what his relative rank is.—I think that everything connected with the position of medical officers is perfectly and thoroughly well understood, both in the Medical Department and in the army generally, and I can only assert what I have stated before, that I believe certain members of the Medical Department wish to assume a military title in preference to that of the profession to which they belong, which I think very prejudicial.

255. *Mr. Macnamara.* In the evidence we had the other day, Sir R. Thompson, that relative rank was being used really to "govern the choice of quarters and allowances," relative rank must therefore have given an officer some privileges as to quarters and allowances?—Yes.

256. Medical officers up to a certain date, in fact all those medical officers who entered the army prior to the Warrant of 1887, had relative rank?—Yes.

257. Therefore when this Warrant appeared those officers must have lost something which they had had before, such as the privileges of quarters and allowances to which you have referred?—Not at all; they lost nothing; the whole of that is provided for by the classification of allowances; and their ranks now are for quarters in the Allowances Regulations classified according to their grade.

258. In the "definitions" of rank in the Warrant of 1887, at page 360, under which heading would you place medical officers at the present time? What rank have medical officers now that relative rank has gone?—The relative rank has gone, but the relative rank never gave the title. He is defined under Article 1201.

259. I would ask what rank then have medical officers under this Warrant?—A Surgeon ranks as a Captain, and so they proceed in their various departmental grades of rank with a higher grade in the army.

260. Is that honorary rank or is it substantive rank, there is no other description of it?—It is not substantive rank; there is no substantive rank. It is departmental rank, not combatant rank.

261. And it is not honorary rank?—No, it is not honorary rank.

262. Then I contend that under paragraphs 268 and 1201 of the Warrant of 1887, medical officers have no rank?—I beg your pardon, they have departmental rank.

263. *The Chairman.* A definition of rank in the Army Warrant, which I suppose is the definition of rank that now obtains, is contained in paragraphs 1201, 1202, and 1203; under which of those would the Surgeons come? I think that is what Mr. Macnamara wants to know?—It is a departmental officer who holds departmental rank.

264. *Mr. Macnamara.* Is departmental rank anywhere defined in the Warrant of 1887?—The rank is entered here; the various departmental ranks are given in the Army List to gentlemen when they join and whenever they are promoted. It never has been given, from the very first, since 1811. Some of the clearest orders on the part of the Duke of Wellington were that on no account was this relative rank to carry any title with it. The medical officers are debarred from no privilege except that their grievance appears to be that they are not considered to be regimental and combatant officers.

265. *Sir William Crossman.* Do you see any objection in the new Royal Warrant to alter the word "as" to "with"?—I have shown you that it was at the suggestion of the Director-General that it was put "as" instead of "with." It is a distinction without a difference I think. There is no wish in

the world, such a thing never was contemplated for a second, to deprive the medical officers of anything they were entitled to. The Medical Department is very highly considered generally. There is no part of the Service that receives more honours and rewards than the Medical Department; and I do not think that they can have anything in the world to complain of beyond this what I call a sentimental grievance, which I think pertains to a very few.

266. *Mr. Macnamara.* You think they have had the same proportion of honours and rewards as combatant officers up to the present time?—I think so, certainly. In the field they have done very good service, and whenever they have done it, it has been almost invariably recognised, if I may say so, in a greater degree than in other branches of the Service.

267. Surgeons command officers who have titular rank, in that they command Quartermasters who are Captains or Lieutenants?—They only command their own immediate subordinates in the corps.

268. Those officers are however Captains and Lieutenants; that is to say, Quartermasters in the Medical Staff Corps, there are a considerable number of them who are Lieutenants, and some who are Captains and officers are under the direct command of Brigade Surgeons and the principal medical officer?—They belong especially to the Medical Department, and as such it is absolutely essential that whoever is the superior officer should control those in his own department who are his subordinates. I think it would appear rather difficult if a medical officer was given army rank, and a senior officer was shot in action, for the medical officer to come to the front and take the command.

269. Do you imagine that medical officers have the remotest wish to do anything of the kind: I never heard such an opinion expressed. As to the matter of uniform, I think we shall find that is a matter which disturbs the medical officer very little. In fact their contention is that they would rather be entirely civilians than exist in their present anomalous position?—I am afraid that would be very subversive of anything connected with discipline. If you are going to give army rank, how are you going to divide the two things? If a man holds combatant rank which entitles him to command, every combatant officer assumes command.

270. Would a Commissariat officer under any circumstances assume command of the line?—His duties are laid down as being exceptional; his duties are more particularly in carrying supplies and stores, and as such it would never do to allow that officer to come away from such duties to take command; because it requires a specially trained officer to perform such duties. But officers of the Commissariat are now interchangeable with officers of the combatant branches of the army under certain circumstances. You could not make a medical officer interchangeable with the Captain or Major of a regiment.

271. *The Chairman.* But as I understand it, the Ordnance Store officers, at all events the Commissariat officers, hold army rank; the Ordnance Store officers hold honorary rank only?—The Ordnance Store Department at the present moment, I may say, is in a state of transition; the two departments are now being gradually reorganized, and the Ordnance Store Department, like the Commissariat Department, is being made essentially military.

272. Then the Pay Department hold a purely honorary rank?—A purely honorary rank.

273. And of course could have no command under any circumstances?—Honorary rank does not entitle it to any command whatever.

274. Then why would it not be possible to give a medical officer honorary rank?—I see great objection to it. Of course they have departmental rank; there is a rank given them. The Paymasters have been all combatant officers as a rule. They have held combatant rank and had service in the combatant branches.

275. *Mr. Macnamara.* But medical officers are exposed to the perils of war; as many of them are wounded almost as other officers; and in proportion as many have gained the Victoria Cross; I do not know in what way, except in matters of command, they differ from Engineer officers. They are surely as much military as Commissariat officers so far as the hardships of the Service and matters of that kind are concerned, and these have rank and military titles?—I have no wish or intention in any way to depreciate the excellent service that is done by medical officers, and the admirable way in which, whenever they are called upon or required, they render those services. But all has been done in a professional capacity; they have gone to attend the sick, wounded and dying; as such their services have been recognised in the highest degree, and in that way they have obtained the Victoria Cross and other awards, the Bath and other distinctions.

276. *Dr. Graham Balfour.* Agreeing as I do with you in most of the points with regard to the professional titles of the army medical officers, I should like your opinion upon this point: I have heard on good authority of a case in which the officer commanding at a station, informed the medical officer in the mess room that under the new regulations consequent upon the abolition of the relative rank, he had no rank in the army whatever. If such a case as that were brought to the notice of the authorities, I presume the commanding officer would be instructed that the medical officer had a very distinct and defined rank in the army?—Certainly; that commanding officer would be very severely reprimanded for ignorance of the regulations of the Service.

277. Then as this case was not brought to the notice of the authorities, I presume it was simply in consequence of the medical officer not reporting it, that such a statement was accepted as that the medical officers had no rank in the army?—I think that if that medical officer had thought he had any real grievance in consequence of the statement made by this individual, whoever he may have been, he would have represented it to the head of the department; I think he must have looked upon it as a bagatelle, for no representation has been made officially of that nature.

278. You have never at the Horse Guards heard of a complaint being made of the proper rank in the army being refused by the commanding officer to a medical officer?—Never of his relative position in the army. We do not recognise a medical officer as Colonel, Major, or Captain So-and-So.

279. You recognise him as "ranking with"?—Yes; we recognise him as "ranking with" or "as."

280. A rank equivalent to that of Major?—Yes.

281. Upon another point I should like just to ask you a question, and it is with reference to the rank granted to an officer on joining the Service at first. Of course you are aware that there is a very great difference in the age of medical officers and military officers when joining the Service; the one joins at 17, and the other at 25?—We have no officers joining at 17; we take combatant officers up to 24 under certain conditions. Cadets cannot come out of Sandhurst until after 18 under any circumstances now.

282. Do you happen to know the average age of the officers who have joined the Service during the last two or three years?—I have not looked it up, but should think the average age is nearer 20 than anything else.

283. The average age of medical officers during the last five years has been 25, so that makes a considerable difference?—Certainly; but you would find if you ask the average age of our Captains in the Service who have the same relative position as these young gentlemen who join, that they are very much older.

284. Yes; but if you are to take the age of the Captains in the Service, you must take the age of the Surgeons in the Service?—But you must look at another thing: these gentlemen who join the Service

receive double the pay at once to that of the combatant officers.

285. *Mr. Macnamara.* They have gone through a course of very expensive education.—I doubt if it is more expensive than that of officers generally in the army. I think you will find that the cramming, which is carried out now to such an extent as it unfortunately is, is very far in excess for the combatant branch over the medical branch. I know that a great many people come to me as Military Secretary, and say that they cannot afford to put their sons into the military branch, but they can afford to put them into the medical branch.

286. *Dr. Graham Balfour.* Another point upon which I desire your opinion is this: do you think it is a judicious regulation by which medical officers, who are especially qualified to judge upon questions relating to health, such as food, diet, and barrack accommodation, are prevented by regulation from sitting on boards and committees that are appointed to inquire into such questions?—They join such committees and give evidence on such committees; they may sit on such committees if they are junior in relative rank to the President.

287. I do not think they join these committees; they are summoned as witnesses.—Yes, or they may sit as members of the Board if they are junior to the President of the Board.

288. But we have the statement of the Director-General that they do not sit upon Boards as members?—I do not think as a rule they do, but if a Board is required for certain purposes, and there is not a quorum without, I do not think that they are prohibited; I would not speak absolutely positively upon that, but if their rank is senior to that of the President they can only appear as witnesses.

289. *Sir William Crossman.* And in fact the proceedings of those Boards, if connected with medical or sanitary matters, are as a rule generally referred to the medical officer at the station?—Yes, generally.

290. *Dr. Graham Balfour.* We have it in the Director-General's evidence that they are not?—The first thing I should do would be to send to my principal medical officer, and after inquiring if anything rendered it necessary to go into other matters, I might order a Court of Inquiry to go into them; but as a rule all medical questions are referred to the senior medical officer.

291. *Sir William Crossman.* I found that they were always in my experience.—I cannot imagine anything else. Sometimes there are matters that would require investigation by the officer commanding, and then a committee is appointed to go into the matters, and to ascertain what they may be.

292. *Dr. Graham Balfour.* On a committee why should a medical officer, if he is senior in rank, not sit as President?—Because he is not looked upon strictly in the light of a combatant officer; he has no actual command outside his own corps.

293. But there is no question of command required in sitting upon a committee, is there?—Yes; as a matter of discipline, whenever any military body is together the senior responsible officer is responsible for the discipline; and it may happen in a committee as it may anywhere (it is a very rare occurrence), the senior combatant officer is responsible for discipline and order for every such committee or military body that may be met together.

294. Do you not think that it would be a judicious matter to put the medical officers in such a position with a view to their being able to advise and consult with other members of the committee; instead of their giving evidence to a committee constituted of officers who are not specially qualified to cross-examine them upon points bearing upon sanitary arrangements, would it not be more advisable to put them as members of the committee?—This matter has been very fully considered, and it is considered very unadvisable to do so; and I adhere to that, unless you can mention any special case where a medical officer does not give his advice and opinion

if asked; and that of course will be duly considered by this Committee and whoever has to decide eventually on the proceedings of the Committee.

295. *Sir William Crossman.* There is only one question I wish to ask you, and that is about the dress of the Medical Department. I had a letter the other day from my successor at Portsmouth (and I found the difficulty myself also), stating that there is no telling the difference between an Engineer officer's dress and that of a medical officer, and that a case happened the other day at Southsea, where an accident occurred, and the populace surrounded an engineer officer going past, and wanted him to attend the case; he said he was no doctor, and they mobbed him. It occurred also at the Bathing Parade; I remember an engineer officer in charge of a company of his own men; there was no doctor with the others, and men from another regiment near by came rushing up to him calling upon him to attend some one who was nearly drowned. Would it not be as well if there was some very distinguishing mark to show that the medical officer was a doctor and nothing else?—I have always thought it most desirable. I myself have seen numerous instances of non-commissioned officers going to the medical officer thinking that he was a staff officer. I cannot myself tell, and I defy anyone to tell the difference, more especially if you go abroad in a hot climate; with the gold lace round the medical officer's cap and round the engineer's or staff officer's cap, and he is all in white, you cannot say what he is. I think it is most desirable that there should be some very unmistakable mark.

296. The Geneva Cross for instance?—I think that is a very honourable and a very good distinction.

297. *The Chairman.* Have you any remarks to make to this Committee with reference to the pay, to the status, of the retired pay, or to the conditions of retirement of the Medical Service?—No, I have no observations to make; I have not taken the matter into any special consideration.

(*The Witness withdrew.*)

SURGEON GEORGE F. POYNTER, *examined.*

298. *The Chairman.* When did you enter the Medical Service of the army?—In 1880.

299. And where have you been serving since then?—I have been serving in England and in India.

300. You have no doubt heard that considerable dissatisfaction has arisen among certain officers of the Medical Service in consequence of the relative rank by the Army Warrant of 1887?—Yes; there has been great dissatisfaction.

301. Do you yourself consider that the new regulation has acted in a manner which is prejudicial to the medical officers?—Certainly.

302. Would you tell us how?—There is no rank now in the army for medical officers, and in the army a body of men without rank are nowhere, if I may say so.

303. Do you contend that apart from the question of rank the medical officers have suffered in any practical manner?—Certainly.

304. How?—As regards pay too.

305. How has the new Order affected you with regard to pay?—We have been sent out to India without having the pay to which we are justly entitled.

306. Entitled by what Order?—By being taken in England at a certain price, and having such allowances as the rank we had then gave us as Captain; we were sent out to India and got the pay given to the medical officers before that Warrant came out, and when they only ranked as Lieutenants, and when the consolidated pay was made up of a rupee equal to 2s.

307. I am afraid that question of the rupee being

equal to 2s. applies to all grades of all the services in India; I do not think it applies exclusively to medical officers?—No; but it falls more hardly upon them.

308. How?—Because we were engaged at a certain pay, after the rupee had depreciated so much, in England; then we were handed over to the Indian authorities, and the pay was given to us as it had been formerly made at the 2s. rupee; and in the meantime it had been depreciated.

309. But when you are in India you receive your pay not from the British authority but from the Indian authority, I think, do not you?—Certainly.

310. Then so far as India is concerned that grievance which you now mention refers to the India Office rather than to the War Office, does it not?—No, it refers to the Medical Department, because we were engaged under a certain contract at home, and have a printed schedule given to us with certain conditions under which we thought we should serve; we were sent out to India without knowing that the Secretary of State's instructions did not refer to that Warrant, and his instructions were that the Warrant should not apply to India.

311. *Sir William Crossman.* What is that schedule; could we get a copy of it?—It was the schedule given to us when we joined in England, the printed schedule. I presume it was a copy from the Warrant.

312. *The Chairman.* You very likely know the conditions of pay; here it is in 1880. I suppose it would be in the Order of 1884?—Yes.

313. *Dr. Graham Balfour.* You mean the schedules given to the candidates?—Yes.

314. *The Chairman.* Am I correct in inferring that the breach of faith which you contend has taken place, consists in making your allowances different under the Warrant of 1887 from what they were previously to that time?—No; I am referring to the Warrant of 1879. A Warrant was made in 1879 that we should join and receive 200*l.* a-year with Captains' allowances.

315. And did the Warrant of 1884 continue that?—I believe it did; but there it was more plainly stated that it did not apply to India. We were told that this 200*l.* a-year and Captains' allowances would hold good in the colonies, but did not apply to India. I found out that that was put as the Secretary of State's instructions after the Warrant, but we had no idea of that; and I went out to India with the full idea that I should draw my 200*l.* plus Captains' allowances; instead of that, I got the pay the Lieutenants had had before, amounting to 317 rupees 8 annas.

316. You do draw your 200*l.*?—Yes, at home and in all the colonies, plus Captains' allowances.

317. What had you in India?—317 rupees 8 annas consolidated pay.

318. *Sir William Crossman.* Per month?—Per month.

319. *The Chairman.* Let us take the question of pay and allowances separately; you draw 200*l.* a-year pay when in England or in the colonies, as I gather from your answer?—We draw it in England and in the colonies; 200*l.* a-year.

320. What do you draw as pay solely when you are in India?—I am not quite sure. It is always given as consolidated pay. I have tried to find out what it is, but have not been able to do so; it is pay plus Lieutenants' allowances.

321. Are you quite certain that it is Lieutenants' allowances?—Certainly.

322. Because under the Warrant of 1887, when relative rank was abolished, I think the allowances were also abolished according to the rank of Captain, Lieutenant, or so and so, where they not?—No, I think not. We have always had the allowances since.

323. You draw allowances now under the Warrant of 1887, Clause 11, and are these allowances the allowances of a staff officer?—Yes.

324. Supposing the Warrant of 1887 had not been passed, what would have been your relative rank at the present moment?—That of a Staff Captain.

325. Then you are drawing the same allowances as you would have drawn if the Warrant of 1887 had not been passed?—Exactly.

326. Then while you are in England or the colonies, how has the Warrant of 1887 injured you so far as allowances are concerned?—Not so far as the allowances are concerned in any way; but they have taken away our rank.

327. That is the point; the allowances are not affected?—No.

328. But when you are in India you say that you have been prejudicially affected by regulations which have been made since you joined the Service in 1880?—In 1879 there was a Warrant brought out that we should have the pay of £200 a-year and Staff Captains' allowances. We were sent out to India in about a year's time after I joined, and I found there that I drew the pay and allowances that were drawn by Surgeons for years before, when they only ranked as Lieutenants, consolidated pay it is called in India, per month; it includes allowances and the pay of the medical officer.

329. Of course when serving in India you are under the Indian Government?—Yes.

330. Therefore this is a grievance which you have against the Indian Government?—Certainly.

331. With regard to this question of rank, you said that medical officers have no rank in the army?—They have no rank.

332. Will you take the Army List and look at the Medical Staff on page 653? A Surgeon-General ranks as Colonel, a Brigade Surgeon ranks as Lieutenant-Colonel, and so on. It would appear, would it not, from those statements that the rank of the medical staff is laid down?—I do not know how to explain it; but if we rank as somebody or other we have not really the rank. We are to be considered as ranking the same, to be considered the same thing; but we are not the same thing, because the only rank we had was taken away, relative rank.

333. But do you contend that relative rank was a substantial rank?—It was the only thing which had been given to us.

334. Do you contend that it was a substantive rank?—No, it was not a substantive rank; but it was something, it was relative rank.

335. Now, as then, you have precedence according to the rank which is mentioned here?—We have.

336. What had you, with the exception of the word "relative," previously to 1887 which you have not now?—We had the rank; now we have no rank at all. We are just simply to be considered as ranking with the Colonel, Captain, and so on.

337. Previously to 1887, what did you do more than rank as Captain, and so on?—We had the rank; we had a tangible thing, which related to these other steps as it were, the steps in the army of Colonel, Major, and Captain. That is why it was called relative rank.

338. Have you any proposal now to make yourself which you should consider satisfactory?—Certainly; that we should have substantive rank.

339. When you say substantive rank what do you mean exactly?—That we should have a tangible rank given to us; not that it should rank as something else, but should be a tangible rank that we can lay hold of, and that those outside may know that we are in the army and belong to the army.

340. Would you give me an illustration showing exactly what you mean; would you propose that there should be any command?—Command of our men.

341. But not beyond that?—No, not beyond our own men.

342. Should you propose that the rank should be honorary?—No; substantive I think would be the best plan.

343. What is the distinction between substantive

rank without command and honorary rank?—That is rather a difficult question.

344. That is just what I want to know, because I cannot draw the distinction.—If I had substantive rank at the present moment, I could call myself Captain Poynder of the Medical Staff Corps.

345. *Sir William Crossman.* In fact, you want to have military titles?—Certainly; I think that is the only plan, namely, to give us when we are in the army the military titles that are used in the army.

346. *The Chairman.* Then you would not be satisfied merely by the restoration of the words "relative rank" which were in the Warrant of 1887?—No; because it has been defined as nothing.

347. *Mr. Macnamara.* By the Secretary of State?—Precisely.

348. *The Chairman.* You mean that it has since been defined as nothing?—Yes.

349. I put in the word "since," because you say that you were content with it up to that time?—Yes.

350. *Mr. Macnamara.* With regard to pay in India, there is also a loss, is there not, upon horse allowance, you get no horse allowance?—No, we do not, it was cut off.

351. It is almost impossible, is it not, for a surgeon at a station in India, who is called in the middle of the day in hot weather to go a mile or a mile and a half in the sun to see a man with cholera or sunstroke, to walk, he cannot do it?—It would be impossible.

352. It is a great hardship, is it not, that this horse allowance should not be given to a medical officer in India?—Certainly, it used to be granted.

353. Then with regard to station hospitals in India, the station hospital allowance that used to be made in my time has been done away with, has it not; you get nothing for the charge of a station hospital, do you?—No, nothing whatever.

354. And that is considered unjust is it not?—A great grievance.

355. Then again with regard to Brigade Surgeons, they have not been allowed in India the pay and allowances corresponding to that of similar officers at home?—No, they have not.

356. With reference to medical service in India, it involves great risks to health, does it not?—Yes, it does.

357. How long do you think the proportion should be between the amount of foreign service a man has to go through in India and China and his home service?—I am sorry to say an extra year has been put on, since I have been in the Service, to the foreign service.

358. What is it now?—Six years in India and four years in the West Indies.

359. And how much at home?—At present they are hoping to give us three years at home after six years abroad.

360. Is that three years at home clear leave, or are you engaged in professional duties?—It is hard work all the time.

361. It is not leave?—Oh no.

362. What proportion of leave do you get with regard to your service?—We are supposed to get 61 days like other officers, combatant officers; 61 days a-year.

363. Can you accumulate that leave?—No.

364. Not the same as in the Indian service?—No.

365. You cannot get leave in the same way that a medical officer in the Indian service can?—No.

366. Do you think it would be an advantage to have short service, and to allow medical men who have been house physicians and house surgeons in our various recognised hospitals, to enter the medical service for a period of five years, and then to retire with a gratuity?—I think it would be an excellent thing if they were allowed to retire or not as they liked; to make it compulsory upon a man would be very hard.

367. If he retired under the five years of course you would give him a bonus?—Certainly.

368. Have you ever been house surgeon to any hospital?—Yes, both in London and in the provinces.

369. Do you consider such appointments a great advantage?—Very great.

370. The men who pass through this ordeal are generally men selected in the first instance from the schools, and they gain very considerable and important practical knowledge do they not?—They do.

371. If medical officers were as a rule to pass through such appointments, there would be no necessity for putting them through a competitive examination?—No, certainly not. They are selected men in the first place.

372. It has been stated here that one of the objects gentlemen entering the Army Medical Service for is that they may wear military dress with brass ornaments, is that your opinion?—Yes, I think uniform and dress is of great importance in the Service.

373. Would you alter the uniform so as to make it more distinctive than it is now; it has been stated that it is difficult to tell a medical from an engineer officer in the streets?—I do not see it; he has got a different cap on, his uniform is quite different.

374. *Sir William Crossman.* Being an engineer officer myself, I may say as commanding engineers at Portsmouth, and seeing young officers of the Medical Department going past I have been on the point of stopping them to ask who they were; there is not the slightest difference with the exception of a little piping of red on the cap of the medical officer.—I think you are referring to the past.

375. It is three years ago.—At the present time we have two black stripes over the gold on our cap, and we have the frogged uniform; whereas the staff uniform of an engineer officer does not have either of those things; he has a plain gold band and the braiding across the chest.

376. *Mr. Macnamara.* It has been proposed to alter the name of the Medical Department, and call it the Royal Medical Corps or Staff; do you think that would be an advantage?—I think so, decidedly. That has been very much felt. It was recommended by the Royal Commission that the title of "Royal" should be added, and I am sure it would be very much appreciated.

377. How about the higher examinations for medical officer on promotion; at present they are examined in professional subjects?—Yes, from Surgeon to Surgeon-Major.

378. That is rather an invidious thing, is it not, to have officers examined at that stage of their career in medicine and surgery?—That is under twelve years' service, between five and ten years, and I am inclined to think it is a very good thing to have that examination; it should be as practical as possible in operations and so on. The examination that has caused so much grievance is from Surgeon-Major to Brigade Surgeon.

379. That is also a professional examination, is it not?—Partly.

380. Is such an examination necessary for a man who has attained that rank?—No.

381. Departmental of course, but not professional?—Yes.

382. *The Chairman.*—That promotion is by selection, is it not?—Not altogether. They have to pass an examination, and if they do not they are told they cannot be promoted.

383. But they are picked out for promotion, in the first instance, by selection?—We have been told hitherto that they are all to be examined, and if Surgeon-Majors do not pass the examination they are told they cannot be promoted.

384. But an officer does not come to be a Brigade Surgeon by seniority?—No, he does not.

385. *Mr. Macnamara.* If he is plucked once at this examination, has he another chance?—No, he had only that one chance.

386. Is there not then a strong feeling in the

Medical Department that medical officers on first joining should rank as Lieutenants for three years?—Certainly.

387. They should not join ranking as Captains?—Certainly not. That causes a great deal of friction with the officers in the Line.

388. *The Chairman.* You think it would be better if they ranked as Lieutenants?—Certainly. If I could go back myself, I would rather rank as a Lieutenant on entering the Service than as Captain.

389. Will you tell us a little in detail why?—In the first place, there is the choice of quarters given to a Captain over a Lieutenant. A young medical officer who has just passed his examination has the choice of quarters in barracks over a man who has been 10 or 12 years in the Service, as it was in my time when I first joined. It is not so much so now, because Captains are promoted much quicker than they used to be. Another thing is that when they get on board ship there is the choice of cabin; again, a junior medical officer who has only just joined perhaps, has his choice over a man who has been a long time in the Service; and it is a very great cause of friction.

390. The combatant officers think they are hardly treated?—Yes, that a young man should be put over them in the choice of quarters and cabin.

391. Do you think that that opinion is largely entertained in the Medical Department of the army?—Yes, I think it is. I have heard a good many speak about it.

392. *Mr. Macnamara.* With regard to Commissions, it is a fact, is it not, that in the case of medical officers joining the British Medical Service their commissions date from the time they leave Netley and not from the time they are appointed to the Service?—Certainly.

393. In the Royal Navy and the Indian army commissions date from the time officers join the Service?—When they join at Netley or Haslar.

394. Therefore officers entering the Indian Department or the Royal Navy become senior by four or six months to officers who enter the British Medical Service at the same time?—By four months.

395. About the roster for foreign service, I believe it can be seen at the Director-General's Office; but it is felt, is it not, that it would be advisable if the roster were made public as it is in India, or was in former time in this country?—Certainly.

396. Medical officers can now examine the roster; but it is not exposed, as it was in former years, in the office?—I am not quite sure that we can see it unless the Director-General gives the order. It was hung up formerly in the waiting-rooms, where everybody could see it.

397. With regard to sick leave, is there any difference between the positions of medical officers and that of combatant officers with respecting sick leave?—Yes; the combatant officers have double the time the medical officer has before he is put on half-pay.

398. *The Chairman.* Has that always been so?—I am not quite sure about that.

399. It was so when you entered the Service?—It was. It was known when I entered the Service.

400. *Dr. Graham Balfour.* With regard to the question that was put to you about the first date of commissions, is there not this difference between the army and the navy: that the naval officer joins at once for duty, while the army officer on entering at Netley goes through a course of instruction of four months?—When I joined Netley the naval officers went to Netley for instruction in the same way that we did. Then after they left they got their commission, it was antedated to the time of their joining; ours was put to the date at which we passed out of Netley. Mine was the 8th of March, 1880, whereas I joined two months previously.

401. The hardship now simply consists in this, that the date of the commission of officers for the army and Indian Service differs by four months, be-

cause the naval candidates having been removed and being appointed direct, of course you cannot make a comparison?—They pass the same examination in London, and begin in the same thing at the same time.

402. But they do not go through a course of instruction for four months?—Yes, I believe they do.

403. With reference to the question that was put to you of house physicians and house surgeons being admitted to the Service for a short period, say five years: would not that involve considerable difficulty with regard to sending them out to India?—In that question I understood that all who joined should join with the option of leaving at the end of five years if they choose; not only necessarily the house physicians and house surgeons, but those who passed in by a competitive examination.

404. Would not that involve a very considerable addition to the expense of the department?—I do not see it.

405. In the way of reliefs from foreign stations, from India, for instance?—The young men must be sent home.

406. But if you send them home at the end of four and a-half years' service instead of at the end of six, you must incur considerable expense in replacing them, more than you would if you brought them home at the end of six years?—It might be a little extra expense, but they would save the Service in other ways. If a man joins as a Lieutenant he does not draw a Captain's allowances.

407. That is another question; the rank with which he would join is a totally different question.—I say they would save money in other ways perhaps; as Lieutenants they do not draw the allowances of a Captain.

408. What advantage would you expect to arise from taking medical officers for short periods of service?—You want to attract good men into the Service. If a man feels that he may leave at the end of five years if he wants to do so and enter into private practice; that he will not be so tied to the Service as he would if he had remained ten years of the best time of his life, you would be constantly getting new men to come in and take the place of those that were leaving.

409. But is it not the case at present that any officer wishing to retire from the Service is permitted to resign?—At ten years.

410. At five years if he likes?—But you mean, of course, with the bonus. He would not get the bonus unless he remained ten years.

411. *Mr. Macnamara.* But you would unquestionably get a higher class of men if they entered after having been house physicians and house surgeons, than many who enter the Service through a competitive examination?—Certainly you would get good practical men.

412. And the Service would have the option at the end of five years of selecting those men who had done well, and retaining them for the higher appointments?—That would make it compulsory to some of the men to leave.

413. Unquestionably it would be making it compulsory for all to leave; but those who proved themselves good officers would probably be asked, according to the number of officers required, to remain on in the Service?—No, I would give every one of them, whether they entered by competition or as house physicians or surgeons, the option of remaining.

414. *The Chairman.* So that the result would be, not to bring more men into the Service, but simply to have so many fewer entries; because if an officer elected to remain no one would be wanted in his place; that is what you mean?—Certainly; and if he left you would get another good man in his place.

415. *Sir William Crossman.* You would give a gratuity at the end of five years?—Certainly.

416. *The Chairman.* Should you see any objection to making the officer who entered upon those terms, and

knowing that he had those privileges, serve a large portion of those five years on foreign service?—No.

417. *Sir William Crossman.* About what gratuity would you propose?—I have calculated it up; the one they give us for ten years is 1,250*l.* I take it that the object of the Service is to get good practical young men in, and to induce them to go on if possible. The longer a man stops of course the more valuable he is; so if at the end of ten years he gets 1,250*l.*, at the end of five years I propose that he should get 500*l.*; it is not quite half of what he would get at the end of ten years. It would be a great advantage to him if he wanted to go into private practice.

418. *Sir William Crossman.* Would it be an advantage to the medical officer and to the army generally if, after coming home from abroad he were given a certain amount of leave with full pay, on condition that he went to one of the civil hospitals in London so as to improve himself?—It would be a great advantage.

419. *Rear-Admiral Hotham.* You have the rank in the army of Brigade Surgeon?—Yes.

420. How long has that rank been established?—It was established by the Warrant of 1879, I believe, but I am not quite sure.

421. Before you joined?—No, it was at the time I joined.

422. Are there many officers in the rank of Brigade Surgeon?—Yes, a good many.

423. What position do they particularly hold?—They are above a Surgeon-Major and below a Deputy Surgeon-General.

424. Are they as a rule in charge of hospitals?—Yes.

425. On stations in India and other such institutions?—Yes.

426. Are their duties purely administrative?—No, they have charge of hospitals, and they are responsible for the cases in the hospitals.

427. Do they take their turn with other medical officers in the wards, or are they merely in command?—They generally have a ward, I believe.

428. *The Chairman.* You had of course a double qualification before you entered the competitive examination?—Yes.

429. What qualifications did you hold?—Licentiate of the Royal College of Physicians, London, and Member of the Royal College of Surgeons, England.

430. Do you think that for the advantage of the army it is desirable that every person admitted as a candidate for examination should hold two separate qualifications?—Yes.

431. Why?—Because his having passed the two examinations shows that the man has done his work well.

432. But at the present time it does not follow that a man has passed two examinations. To take those two qualifications that you mention, of the Royal College of Physicians and the Surgeons, they have now one joint examination, after passing which any successful candidate can obtain the medical diploma from the College of Physicians and the surgical diploma from the College of Surgeons?—Then he must have a double examination I take it.

433. No; only one examination?—In my day the examination of the College of Physicians was a very searching examination; I do not know what it is now; a practical examination, and we had to go to hospitals and diagnose cases. The examination of the College of Surgeons was a very practical examination; we had to be examined by a good many practitioners in the Hospital, whereas the Apothecary's Hall was not considered so much amongst the students, and they did not go in for it in the way they did for the other and did not work as hard for it as they would for the other examinations.

434. But if it be stated that the Apothecary's examination both in medicine and surgery is now a thoroughly good examination, would that in any way affect your view?—Yes. I think we must look how the examination is taken amongst other bodies.

I feel sure that a man who applied for a house surgeoncy with the licence of the Society of Apothecaries only, would not stand a chance against a man who had passed the conjoint examination of the College of Physicians and the College of Surgeons.

435. But if a society has one thoroughly satisfactory examination in both subjects, do you think that that ought to admit persons who have passed it to the examination for the Army Medical Service?—No, I should not think so.

436. In appointments such as an appointment for a house surgeon, is it the fact that more than one diploma is required?—Yes, it is.

437. *Sir William Crossman.* Do you approve of the way in which the present examination for the Medical Department of the army is conducted?—I do for a certain number of men; but for the house surgeons and house physicians I would let them come in direct, and let them go down to Aldershot, where they would go through the ambulance drill, and have an opportunity of going through the Military Hospital there.

438. That is hardly my question. A witness before us seemed to imply that it would be much better not to leave the examination in the hands of the Civil Service Commissioners, but to leave it to the College of Physicians and the College of Surgeons. He said it was a mistake to ask a man studying medicine and surgery questions in anatomy and physiology except in their direct relation to medicine and surgery; and that another fault was that the examiners are people who do not know anatomy and physiology: what is your opinion about it?—I quite agree with you; I think that a man who is a lecturer on the subject is able to examine much better on that subject than one who is not.

439. Then, in fact, you would rather leave the examination of candidates to established medical authorities, than to men appointed by the Civil Service Commissioners?—I would rather leave it in the hands of the Medical Department of the army to select men to examine.

440. In fact, they ought to be selected by a medical authority, not by the Civil Service Commissioners?—Yes.

441. *The Chairman.* Is there anything further that you wish to state to the Committee on any point with regard to the pay or the retirement of medical officers, or any other matter connected with their status?—I should like to draw the attention of the Committee to the anomaly of our being sent out to India and not having the extra pay, when we consider that the combatant ranks have been treated differently. When Captains were in charge of batteries in India they were raised to the rank of Major, and these Majors get the extra pay and allowance.

442. Do they now?—Yes, they got it then, and do now. When the junior Majors were appointed to regiments, the four senior Captains were raised to the rank of Major, and drew the pay and allowance of a junior Major.

443. Would you state what happens now, not what used to happen?—That is what has been lately done.

444. They draw, not drew you mean?—I meant to say that they did it at once at the time it was revised. Our rank has not been recognised in India in any way. Directly we got out to India the Station Hospital was started, and the horse allowance taken from the officers who were drawing horse allowance. And I would also draw attention to the fact that our foreign service has been increased, and that appointments are being made to retired officers, which will of necessity increase our foreign service. There is one other subject which I would venture to bring before the Committee, that is that we have things given us with one hand, as it were, and taken away almost directly after by the other. There have been such constant changes in the Warrant during the nine years I have served, that many things have been taken from us which we were entitled to before.

445. Can you tell me how?—The higher appointments in the Medical Staff have been taken away, and have been diminished in number; the good things we looked forward to have consequently been lessened, and the Station Hospital system being started in India, removed the horse allowances from the medical officers.

446. *Sir William Crossman.* Are any of the higher appointments at home taken away from you?—They are being diminished. The division in which I am serving now is to be no longer under the Deputy Surgeon-General, but under the Brigade Surgeon. If there is dissatisfaction in our ranks, we shall not get good men into them; if we are satisfied, we shall get plenty of good applicants I am sure.

447. *The Chairman.* Does that complete your statement?—Yes; I think that is all.

(*The Witness withdrew.*)

SURGEON ARTHUR MERCER DAVIES, *examined.*

448. *The Chairman.* When did you enter the Army Medical Service?—In July, 1881.

449. And where have you been serving since?—At Aldershot and in Egypt, and at Netley.

450. Are you at Netley at the present time?—Yes.

451. Then of course you are aware that considerable dissatisfaction has arisen in the medical service owing to the interference, as the medical officers think, with some of their rights, which was occasioned by the Warrant of 1887, which abolished relative rank?—Yes.

452. Do you share in that opinion?—I think the position is unsatisfactory.

453. In what way do you contend that the Warrant of 1887 affected the medical officers of the army prejudicially?—In the statement that relative rank was abolished.

454. With regard to the actual pay, allowances, and other advantages of a material kind, do you say that any change to your disadvantage was made?—I am not aware of any disadvantage.

455. How has the abolition of relative rank injured you?—I do not know what rank I have now in the army.

456. Did you know before 1887 what rank you had?—The rank we held then was relative, that is to say, with regard to other branches of the army, we held such and such a rank, which was relative to the rank of the combatant branches. As relative rank was done away with, I think we are affected prejudicially.

457. Do you not hold that rank now?—I think it would be very difficult to say what rank I do hold, because we are told that relative rank is abolished.

458. If you take the Army List, it states that the various grades of the medical service "rank as" certain grades in the combatant service?—To my mind that is relative rank. I do not know what rank it is if it is not; yet we are told that relative rank is abolished. I think the two things are incompatible.

459. Whatever is in the Army List is of course there, and if you are told that you have the rank of certain grades, is not that very much the same thing as what was formerly relative rank?—It is to my mind; but we are told that relative rank is abolished. I do not profess to make the two things agree. I cannot make the two things agree.

460. But can you make them differ?—I cannot get over the expression "relative rank is abolished."

461. Then how do you understand the statement in the Army List; I suppose you are familiar with it?—I do not understand it. To my mind it is relative rank, and yet we are told relative rank is abolished.

462. *Sir William Crossman.* Who used that ex-

pression in plain words that relative rank is abolished?—I understand it to be in the Warrant.

463. *The Chairman.* I do not think it is in the Warrant.—Or in the remarks on the Warrant?

464. I think it is the fact that relative rank is only omitted; there is no positive statement that I am aware of that relative rank is abolished, is there?—I am afraid I cannot answer that.

465. If that be so, would it make any difference in your view?—Yes, it would. At present I am under the impression, and have been under the impression, that there was some phrase of that kind, either in those words or in some such words.

466. Then do you think that in the medical service it is generally understood that these statements that the Director-General of the Medical Service, for instance, ranks as Major-General, the Deputy Surgeon-General ranks as Colonel, and so on?—Understood to be relative rank, do you mean?

467. Do you think it is well known that that statement appears in the Army List?—Yes, it is well known.

468. And as a matter of fact they have the precedence, and so on, attaching to those combatant ranks?—Sometimes; I think not always.

469. In what cases have they not?—I cannot speak from my own knowledge of that; only from what I have heard.

470. Then apparently you are not quite certain yourself whether the medical service really have suffered or not, provided always that there is no positive statement in the Warrant that relative rank is abolished; that appears to be your view?—I have not suffered individually, so far as my own experience goes.

471. Your rank never has been questioned, your precedence, and so on, anywhere?—No, but I have not been brought in contact (I am at the Army Medical School at Netley) with combatant officers; even if it had been interfered with I should not have felt it.

472. Have you any views of your own to lay before the Committee with regard to the rank of medical officers, or with regard to titles?—Yes, I have come to the conclusion, very reluctantly, that substantive rank and army rank, with the addition of the professional designation, are required.

473. Would you give an illustration of your meaning?—That we should be called Surgeon and Lieutenant, Surgeon and Captain, Surgeon and Major, Surgeon and Lieutenant-Colonel, Surgeon and Colonel, not dropping the professional designation, but having the army title, which would be quite distinct, so that there can be no doubt in the mind of anybody who sees our title as to what our rank is.

474. You do not mean only the word surgeon, but you would say Deputy Surgeon-General and Colonel, and the corresponding rank, whatever it is?—No, I did not mean that; I meant that we should be Surgeons all through, "Surgeon and Captain," &c., as in the United States army for instance.

475. The term Surgeon never would alter, but otherwise you would rise in the same way as the combatant ranks do?—Yes; for a long time I was in favour of the Surgeon-Captain, Surgeon-Major, Surgeon-Lieutenant-Colonel, Surgeon-Colonel, so as not to drop the professional, and yet to have the military rank; but I have now come to the conclusion, from arguments used to me against my own views, that those titles would never be used, and would not be understood, and that the only thing is to have a definite military title which can be easily understood, so that nobody would have any excuse for misunderstanding it, which would entirely do away with the necessity of our standing on our dignity, and always having to prove what we are.

476. Will you explain to me exactly what the difference is which is introduced between those two forms of title by the insertion in the one case of the conjunction "and"?—With the conjunction "and" I conceive that we should be addressed as Captain,

Major, Lieutenant-Colonel So and so, in the Army Medical Corps or Royal Medical Corps, or whatever it might be; we should be addressed as that officially, but we should always sign ourselves surgeon; never to drop the professional signature, and socially very likely never to use the military title, which I for one should have great objection to use.

477. And in the other case?—In the other case one's title would be Surgeon Lieutenant-Colonel, or Surgeon-Captain, whatever it might be, and I have been told (and I now agree in that argument) that a bulky title like that would not be understood, and would not be used.

478. *Mr. Macnamara.* With reference to the entrance into the Service, do you consider that it would be advantageous to the Service as a whole if medical officers were recruited from the ranks of house physicians and surgeons, with these gentlemen to be allowed to enter the Service without going through a competitive examination?—I am doubtful how doing away with competition would work compared with other members of the Department.

479. Do you not think that you would get a better class of young officers if you chose them from men who have held appointments of this kind, than you are likely from men who enter purely by open competition?—Undoubtedly.

480. Supposing you got men of this stamp into the Service, do you think that it would be an advantage if they were allowed to retire with a bonus at the end of five years?—I am doubtful of that.

481. Do you not think that there are a considerable number of men who would be very glad to serve five years and then retire with a bonus, who would not be willing to serve for ten years?—I think that most men after five years, if they are good men, would like to stay on.

482. You would not allow men then to enter the Service, I suppose, with the understanding that they were to remain for five years, and that at the end of that time the Government should have the option of retaining those officers they found it desirable to retain, and that the rest should retire upon a bonus of, say £500?—I am doubtful whether a man would be so careful in learning his duties as an army medical officer if he thought his tenure were limited to five years; whether he would devote himself with the same zeal to mastering the details.

483. But according to the scheme which has been proposed, it would be according as an officer is in every way efficient that he would have the opportunity of remaining; the Medical Department would retain those only who had proved themselves to be such as were wanted. The Medical Department therefore would get a selection of the best men; and on the other hand, by the time a man had been five years in the Service, he would have made up his mind whether military service suited him or not?—But only a small number would be selected.

484. Only those who were required for the higher grades, whatever number that might be. The object is, of course, to reduce the charges for pensions, and at the same time to secure as good a provision as possible for the army from a medical point of view?—I think that those men would be better men than we get now probably.

485. Exactly; therefore the Service would benefit by a system of that kind, and it is possible that the public might profit pecuniarily, in that they would have fewer pensions to provide. Do you conceive that it would be an advantage to change the title of the Department to that of Royal Medical Staff, or Royal Medical Corps?—Yes, I think that would be an advantage to the Service and to us.

486. Do you think it would be an advantage if medical officers were on joining the Service to be appointed to Divisions of the Medical Corps corresponding to the Home Divisions?—Yes; a more intimate union between the officers and the men would, I think, greatly conduce to our efficiency.

487. *The Chairman.* Would you point out exactly

how the addition of the term "Royal" to the medical corps would benefit the officers who are in the Service?—It would improve our position.

488. In what way?—By raising us; it would not be any more pay; we do not want any more pay; but it would improve our position, and we should get better men in.

489. How would it improve your position?—It is a matter of sentiment, but I think a better class of men would be attracted for an equally low rate of pay if the body they enter is of a higher social position.

490. How would it be a higher social position by merely calling it "Royal Medical Corps" instead of Medical Corps?—If we were made into a corps on the lines of the corps of Royal Engineers, more intimately uniting officers and men together, I think a better class of men would be attracted socially; men who would not enter the Service to make money but in order to participate in the benefits, not pecuniary but otherwise, of service life, and who would be good medical officers, and would be better officers of the army.

491. *Mr. Macnamara.* And then you would do away with the departmental staff allowances, and have working pay very much the same as that of the Royal Engineers?—I do not see any difficulty in doing away with the departmental allowances and giving us corps pay or working pay, whatever it may be called. There would be, I conceive, no increase of cost to the country, and it would be a great advantage to us.

492. The present system of lodging out or boarding medical officers might be improved, might it not? At present medical officers are constantly moved from lodgings to quarters and from quarters to lodgings; this causes a great deal of trouble and expense to the officer, does it not?—A great trouble and expense to the country and loss to ourselves, and great inconvenience and dissatisfaction, and great loss in many ways.

493. How could you alter or improve that?—I think we should be willing to accept a smaller rate of allowances if the mere pecuniary value were made up by extra pay.

494. If medical officers were posted in the first instance to divisions, they would be able to have a greater number of fixed messes, would you not?—There would always be a body of officers united together in a Corps or in a regimental manner, and they should have some mess which would require some small help from Government, and which would do away with the necessity for young bachelors living in lodgings some way from their work. It would be better for discipline, and it would be better for them socially; they are nobody's care, nobody's child; they have no society, they are out of the military element, and yet they may be moved any day, and perhaps lose six days' lodging allowance out of seven.

495. I suppose officers are moved very frequently. The combatant officers seem to complain that every few months they are under fresh medical officers.—I have very frequently heard that complaint from combatant officers.

496. That is the case, is it?—Yes, I believe so.

497. What is the reason of that?—I do not know.

498. With regard to foreign service, what do you consider to be a fair allowance for foreign service as compared with home service?—Five years abroad and three at home; two and a half at home is what is considered to be a fair allowance.

499. *Dr. Graham Balfour.* With reference to the question of short service on the part of medical officers joining, you are aware that that was tried under a previous Warrant, and was a failure, Mr Childers' Warrant?—Yes, the ten years' system.

500. Have you any reason to suppose that it would be more successful now than it was at that time?—There is a difference between five years and ten; it was ten years then, and the proposed scheme is five

years. I would not like to express any opinion with regard to that.

501. *The Chairman.* What diplomas did you hold when you went in for your competitive examination?—I was a member of the Royal College of Surgeons, England, and Licentiate of the Society of Apothecaries, London.

502. You are aware that now every person who is a licentiate of any body must have passed a satisfactory examination in both Medicine and Surgery?—Yes.

503. Do you think that under those circumstances it is desirable that every candidate that is admitted to examination should hold two separate diplomas?—I cannot think it is necessary now. If every diploma must include qualification in the two subjects of Medicine and Surgery now, two diplomas are not necessary.

504. Do you think that that opinion is shared largely in the medical service?—I have not thought of the subject before; it has not been put to me before.

505. Is there any further statement that you would like to make to the Committee with regard to anything connected with the pay, the retirement, or anything else relating to the present status of medical officers in the army?—I think the right to retire at 20 years' service is most important for us to retain.

506. You think that any alteration of those terms would be accompanied by a diminution of the number of candidates?—I think so most decidedly.

507. You look upon it yourself as a very valuable right?—Very valuable indeed, because our losses are higher than those in any other branch of the Service; and although our rate of retirement is high, I do not think it is too high considering the comparatively small number that attain to it, and considering what we have gone through if we do attain to it.

508. And you feel certain that that opinion is entertained generally in the Service?—I think so, certainly.

509. Have you anything further you wish to say?—I think it would be a very good thing if medical officers could be attached to regiments for a fixed period of three or five years; I do not know of any reason why it should not be done. Of course I am not competent to express an opinion upon that. But I believe the army generally would like it very much. I think it would be better for the officers and men of the regiments, and I think it would be better for the medical officers; it would conduce to efficiency altogether.

510. You do not mean by that that you would return to the old regimental system?—No.

511. But simply that an officer should be attached to some corps for a definite term?—Yes, so that the officers and men of the regiment should know their doctor, and to avoid the very frequent changes which now must be bad for the men who are our patients, and are undoubtedly very irritating to commanding officers and all officers.

512. *Mr. Macnagara.* That could be effected, probably, could it not, if the medical officers were attached to what correspond to the Home Divisions?—I would propose that some medical officers should be attached to regiments, and other medical officers should be attached to the Divisions of the Army Medical Corps. They could not, of course, be the same medical officers at the same time; some would be doing corps duty with the Medical Staff Corps, and some would be doing regimental duty attached to the regiments, but not gazetted to them, so that there should be continuity.

513. That officers doing medical staff duty could also perform hospital duty?—Certainly, I think that should be so. I have often when I was doing regimental work had duty at a hospital: seeing the regimental sick in the morning, and as far as practicable having charge of the patients afterwards in the hospital.

Then other medical officers might be attached to divisions or companies of the Medical Staff Corps, and form bearer companies or field hospitals in the same way as the companies of the Royal Engineers are formed. At present when we take the field the officers and men of the Medical Staff Corps are brought together without any previous knowledge of each other; we are expected to go into the field with the bearer company or a field hospital working together as a regiment works together, whereas we may none of us have seen each other before. It seems to me it would be certainly much more efficient if the officers of the corps and the men of the corps were associated intimately together and trained together as a bearer company or a field hospital. Then in the event of being ordered on service we should enter the field together, knowing something of each other, and knowing our duties. At present we do not have that training.

514. *Dr. Graham Balfour.* Would not the attaching of medical officers to a corps remove the officers from the control of the principal medical officer of the district, who would not be able to detach them on any duty he might consider necessary?—I do not think you need remove them from the control of the principal medical officer, but it would prevent them being detached from the regiment, and that detachment is what we want to avoid.

515. Then would you not place the principal medical officer in the awkward position of being responsible for all the duties, while he had no power to order a certain proportion of the officers in his division to do duties which he might consider necessary; you would in fact give him responsibility without the power of carrying out the necessary measures to perform the duty?—If the medical officers who were attached to the regiment did their duty in the station hospital, surely they would be doing as much work as under the present system.

516. Yes, but I do not ask it quite so much with reference to the amount of work to be done, as with reference to the principal medical officer having the power to order them to perform certain duties which he might think necessary.—He would not be able to detach them from the regiment certainly.

517. Then that would rather tie his hand with regard to the manner in which he could get the necessary duties of the Division of which he was in charge performed?—Somebody would have to look after those regiments, and the sick of those regiments in the station; and my view would be that the person who does those duties should not be continually changed. The duties have to be done; let those duties be done by the same person for a term of years.

518. Would not that have the effect of creating almost two classes of medical officers: one remaining stationary for a period of years, and the other being perpetually on the move whenever there was any movement of detachments, or of any body of troops requisite?—I think that it would have the opposite effect. If there was a medical officer in charge of a regiment, when that regiment moved, instead of another officer being detached to do duty with it, the medical officer in charge of that regiment would move with it; and if a detachment were moved he might move with the detachment and return to his regiment afterwards. I think it would diminish the detaching.

519. Then if he were moved with a detachment, what would become of the regiment while he was absent?—He would not be moved long; he would only take it to its destination and come back.

520. Under the old organisation of the army with regimental medical officers, there were great complaints of the unfairness of perpetually moving the officers of the Staff, while the regimental officers were comparatively immovable: would your suggestion not bring back a good deal of that system which was very much objected to?—In this case the medical officers would only be attached to the regi-

ments for a limited period, three or five years, and would then revert to their ordinary duty.

521. But in the meantime another portion of the Service would be perpetually on the move?—I am not able to understand the frequent moves; I cannot understand why they should be so frequent. I am not in a position to understand it perhaps, but to me they are incomprehensible.

522. *The Chairman.* Have you any further statement that you wish to make to the Committee?—No, thank you.

523. Would you look at this statement of the matter with regard to the officers in the navy, and just see if something of that sort would meet your view at all (*handing a Navy List to the Witness*)?—That is relative rank pure and simple.

524. But apparently what you propose is military rank not quite pure and simple?—Not quite pure and simple.

525. Because you would have a professional designation?—Yes.

(*The Witness withdrew.*)

BRIGADE SURGEON JAMES FORBES BEATTIE, M.D.,
examined.

526. *The Chairman.* How many years' service have you had?—I have had 25 years; I entered in 1863.

527. Then you did not avail yourself of the option of retiring at 20 years service?—I thought seriously of it, but I did not.

528. Are you aware that that right of retiring at 20 years is considered very valuable in the Service?—It is considered very valuable indeed; it is more valued than almost anything else.

529. A very large number of officers avail themselves of that right, you think?—I have only known two men within my own knowledge who retired at 20 years' service who were not obliged to do so on account of failing health, until the last few years.

530. Have many medical officers retired voluntarily after 20 years' service, although they were in good health?—A large number have retired from different reasons, and of course some of them from ill-health.

531. Do you think that if that right were interfered with the result would be considerable dissatisfaction in the medical service?—So much so that many men come in, and all they know about the pay and the allowances is that it is enough to go on with, whereas they all know of the pension. You will find young officers joining who are not very sure about the pay, and who know nothing about the allowances. They know, perhaps, what the pay is, but all they care to know is whether it is good enough to go on with, and the general life of course; but the pension is the most valuable part of the whole thing.

532. With regard to examinations during an officer's services there is an examination prior to a surgeon becoming a Brigade Surgeon, is there not?—There is one examination before a surgeon becomes a Surgeon-Major, and another examination before a Surgeon-Major becomes Brigade Surgeon.

533. Does every Surgeon-Major have to pass that examination as a qualification for being a Brigade Surgeon?—All except those who have been specially promoted for some reason or other; men who have been specially promoted in the earlier part of their service do not go up any more for the examinations at all.

534. But officers are selected for the rank of Brigade Surgeon on account of merit, are they not?—Yes.

535. Do they pass their examination after they are selected?—No, before they are selected.

536. An officer must pass an examination in order to be qualified for promotion to the rank of Brigade Surgeon?—That is so.

537. Does every Surgeon-Major pass that examination?—Yes.

538. He goes in for it?—Yes.

539. Have you heard much of this complaint among the medical officers of the interference of their rank by the Warrant of 1887?—Yes, a great deal.

540. A change was made by the Warrant of 1887 which consisted in omitting the clause which related to relative rank; do you share in the opinion as to the reality of the grievance which was thereby occasioned?—The relative rank, which had come to mean something, would not have lasted in any case. It was not sufficient for us to go on with under the present organisation. My experience in Egypt led me to say so when I came home. I said, We cannot carry on this work if we are to have the charge of men, *materiel*, and everything else, all the duties that can possibly be put upon us; it would not have lasted. It was unfortunate that it came out at that time; we were getting very good men into the Service at the time that it came to be inquired into. The relative rank really had nothing in it of substance to stand upon; it was merely meant as a regulation with regard to quarters or cabins on board ship, but it was never anything to work on.

541. Then apparently you are of opinion that all there was substantially in relative rank remains to the officers now?—Yes, quite so; there never was any very real substance in it.

542. And what you apparently complain of is not of any change that was made by the Warrant of 1887, but that the state of things that existed prior to 1887 could not have continued much longer; you think that dissatisfaction had already arisen, and would have increased?—It would have blocked us, we could not have carried on the work. I found that my own experience both in Egypt in 1882, I saw it then, although it did not tell so much then, and in 1887, when I went out and took charge of the City Hospital at Cairo, with 500 sick. I took complete charge of the whole equipment and everything, and I found it a great difficulty; I was working under the greatest possible disadvantage; I was not accustomed to give orders; I had been accustomed to suggest orders for others to carry out, and when it came to working with men I had not met before, and one had to act on one's own account, the men did not take the directions as it were; you may call them directions, but you have no time for ceremony, you must be in such a situation that if you ask the Colonel of the regiment to do so and so, he will not take exception to doing what he is asked to do by the medical officer, which happened to me frequently. We have got a very heavy burden put upon us, and nothing to work upon.

543. Do I gather from your answers that you would give the medical officers the power to command Colonels?—No, certainly not. We have the power now if they happen to be ill; or if we are in charge of a sick convoy and the Colonel is ill, he is for the time being under us; and we are in command of all patients in hospital; we are in command of our own men; but those men of ours can be taken away one day and we may have fifty men handed over from the regiment, and then we have to take command of them; the whole situation is unsatisfactory; we are working upon nothing; things do not go well when you have to assert yourself, to be continually appearing to be asserting yourself. Really, as a matter of fact, a thing should go without thinking; they should be all easy for you to take up as a matter of course; whereas now, partly from old custom, and partly from our not having a very well defined situation, that is just what it does not do; you are always in difficulties, and you draw back and do not go forward till you are pushed forward; you do not like to accept the responsibility you would rather somebody else did it, and in the meantime things go by default.

544. Would you tell us how, in your own practical experience in Egypt, you found that this want of

military rank on the part of the medical officers acted prejudicially to them and to the Service?—In the first place, take the case of our own men; take our own Quartermasters, our own Warrant Officers; they do not work so readily under us; they see our difficulties, and they talk about them amongst themselves.

545. Are they not absolutely under your command?—Yes, but they know the difficulties we are in. If any subaltern comes to do any duty, and if I want a man to take a convoy; if I want any assistance as a baggage master; if I have a junior officer sent after me to look after the baggage, which would be a great relief to me, he from his situation is obliged to take command of me, and ceases to be an assistant. If you want to get rid of baggage, ammunition, or rifles, which are a great deal of trouble, you cannot, because the man who comes to assist you has, of necessity, to take command of you, and you immediately draw back.

546. But if you are in command of a convoy, are you not actually in command of all the persons in that convoy?—If they happen to be sick.

547. Not unless they are sick?—Not unless they are sick.

548. But you are actually in command of all officers and men of the Medical Staff Corps?—Yes, and I think in the Orders it is all men attached to the Medical Staff Corps.

549. Then in this case which you have put, of an officer sent to assist you, does he not become attached to the Corps for the time?—No, he takes command as a matter of custom; I do not suppose it is necessary; any man might by special arrangement be put under you, but it would be an awkward situation.

550. Would you tell us in detail what rank you would give to medical officers?—Army rank.

551. Would you give us an illustration of your answer?—Army rank is the only working rank in the army, it is substantive rank; I believe they call it army rank. They may restrict your duties or your powers as much as they like, but the rank for the duties you have to perform should be army rank.

552. Would you retain professional titles?—I should always put professional titles first.

553. What would be the title which you would propose to give?—I think "Surgeon and." I have thought over it, and I have tried all sorts of plans, but I think that would be the only one that would meet the present organization if it is going to be worked out.

554. Then honorary rank would not meet your views?—It is not a matter of honour, it is a matter of work; honorary rank implies that if a man retires and becomes a non-effective, you give him something for his past services. But it is no question of honour with the Medical Staff; it is for work.

555. Honorary rank, as you are aware, is given to the Ordnance Store Corps and the Commissariat?—I do not know what good it is to them, there is nothing in it. Honorary rank may entitle a man to be called Captain, but you do not want to be called Captain except as it signifies your situation with regard to your work.

556. Then would not the title be substantive?—A title is only necessary in so far that it would save your having to explain yourself; for instance, in 1882, when I landed, we were embarking and disembarking several times, and I always had to go and look after my horse. There happened to be two or three horses on board, and whenever I wanted room for my horse, I had always to go and stand there and see that my horse got his horse-box. If I had had my own relative rank he would have got his box as a matter of course, but I always had to go down and assert myself. In these little things you cannot protect yourselves.

557. If your title had been Surgeon and Major, what advantage would you have had?—Then it would have gone without saying; that is the gist of

the whole matter, you want something that will go without saying.

558. Why should it have gone without saying?—"Colonel," there you are. If a Major came down he would be told there is another Colonel's horse here, and it would have gone on.

559. But you have the relative rank?—Yes, but nobody knows it; I do not even know it myself.

560. Then, in reality, this relative rank to which some portion of the Service, at all events, attach considerable importance, had in your eyes no real value?—It had a value, so long as it simply meant choice of quarters, and so long as we had no responsibility except as being medical advisers; and it also gave one a certain amount of money; but directly they put you in an executive position, responsible for men and *matériel*, at once you roll down.

561. But in the matter of choice of quarters and the other things you mentioned, as you are aware, you retain all those rights at the present time?—Yes; but you generally have to go and explain what you are entitled to; that is the disagreeable part of it; you are constantly having to assert yourself.

562. It all then comes to this, that you wish to have army rank with professional rank prefixed?—Yes; if the present organisation is to go on. If you take a civilian organisation you do not want them. If you are simply medical adviser, and are relieved of all responsibility for men and *matériel*, then you do not want titles.

563. Should you be willing to accept that position?—I should be delighted; but I do not know how it would work in the Service.

564. Your view is that you would be willing to be purely a civilian surgeon without any responsibility for anything except the charge of the wounded?—Simply to be responsible for that, both the wounded and the appliances; I should do what was wanted, or tell you what you ought to do, with no responsibility for transport, bringing them there. It would be impossible, I think, in the Service; but if it could be done, no man wants to take more responsibility than he can help. Sometimes they leave you; they say, "That is medical business, do the best you can," and you are left to find your own way about as best you can.

565. *Mr. Macnamara.* There is distinctly at the present time a feeling in the Service that unless medical officers are granted substantive rank they should be converted into a civil corps?—No question about it; that is driving men out of the Service now.

566. You believe that men have retired from the Service because they feel that they can no longer retain their position as gentlemen, without having constantly to explain who they are, and what they are?—Many have retired partly from that feeling; but I think my feeling is, I should have to go on another campaign, and I cannot do it. I would not undertake a campaign now for anything; I would not accept what I did in Egypt. I should not like to undertake it again; I could not do it, and it is not reasonable to expect that it could be done.

567. *The Chairman.* Would you kindly state to us a little more in detail these difficulties that you had in Egypt. You have told us that you found a difficulty about your horse?—That was in 1882.

568. We should like to know a little more in detail what the difficulties were?—The difficulties in 1884 were that you had to take over the hospital with 500 sick, and command men, which I had never done before. The whole thing was new to me. And you had to act promptly; and on some occasions, I remember once at any rate, the Colonel of the regiment reported me for answering on the minute a little curtly, which he thought the medical officer should not do to a man (he happened to be a little younger than myself) in his position. That does not happen with the man at the top, because you can go to him and talk things over; but when you go to the man under you, that is where the friction takes place.

569. Does that kind of case often happen, do you

know?—Practically often; that is to say the friction goes on under you; the people under you begin to collide with others, and they get you to sign something you do not know anything about, and when they want you to do anything they say, "That is your business, go and do it;" but whenever they are idle and they have time the thing gets into a block. No doubt it would save money if an assistant could be appointed when a hospital is detached. Take Netley Hospital, for instance: it is practically a detached Hospital from Portsmouth, but the principal medical officer in charge there would probably want some assistants to see that the men as they are discharged were sent to their homes; the assistant might be an Adjutant; but to assist the principal medical officer they have to put a man there who has to take command, and he has to have an Adjutant; in fact you have a little friction, and it is not an assistance or a help; it comes to be a difficulty rather.

570. *Mr. Macnamara.* Do you think that this condition of things, unless it is altered, will shortly lower the class of men entering the medical service?—Yes, I am quite sure of it. I have done a good deal of recruiting, and officers in the Service now who were sending their sons into the Service, I mean combatant officers, do not do so as they used. I know in one or two instances they have said, "No, it would not do;" they see the difficulty.

571. Have you had any experience or knowledge at all as to how these matters are carried on in continental armies?—I have no experience of that.

572. With regard to men entering the service for a short period, I think you have heard the proposal in regard to that; do you think it is a feasible plan that we should give men commissions for five years, and then select those who have proved themselves to be good officers, and desirous of remaining in the Service, for the higher appointments?—If you were getting large batches of men in at a particular time for a special purpose, over and above your annual requirements, then perhaps it might be as well to get short service men to meet that occasion; but if you had two or three years' going without any war it would lead to a block in promotion; there would be too large a number of men having to retire on account of having so many to come in after them. And then you have to consider the men above them. You might, as I say, for a special purpose, get men in that way, but you would have to pay for them; and you might reward some of them who cared to stay on by giving them their service; that is to say, if they came in for a campaign specially. You might give them their service of one or two years if they cared to stay on, if they were well reported of in the campaign.

573. Do you think that the professional examinations for the higher grades in the Service are necessary?—No; I think a man should be found out before he gets to that position. There should be no difficulty in finding him out.

574. These examinations are rather anomalous, are they not?—Yes.

575. *The Chairman.* Then would you leave promotion to Brigade Surgeon to pure selection?—I would leave it to pure selection by a man's past service.

576. *Mr. Macnamara.* Do you think that there would be any objection on the part of men to enter the Medical Department if it were made a Royal Medical Corps?—Certainly not; I think it would be very much of an advantage; and you want everything that is of an advantage, that will give you better men. If you are to carry out the present organization, you want the best men that possibly can be got.

577. Do you think that the plan of selecting army surgeons from among our house physicians and house surgeons throughout the country would give you a high class of men if they could be got to enter the Service?—Then you would make it partly competitive and partly by selection.

578. Under the present system the authorities are

allowed to make half the appointments by nomination from the medical schools?—Yes. I think if the Service was put on a definite footing, either as a military organization, or as a civil one, you would not have any difficulty in getting good men, from what I know, if the thing was settled one way or the other.

579. You are under the impression, are you not, that the pay and allowances of medical officers at the present time are sufficient?—Yes. I think it would be better to have those allowances more defined; nobody knows about them. It would be more attractive if that was put in the same way as the regimental pay. You might make it corps pay if it is going to be made a corps, or medical pay, as the Royal Engineers call their Engineer's pay, so that a man would understand it better. I think that would be more attractive, and might help us to get better men.

580. To get men more in touch with the schools?—Yes.

581. We have been told in evidence that there is hardly a Dean of any medical school in London who knows anything at all about your department?—Just so; it is difficult to get at exactly.

582. The sick leave of medical officers is different from that of combatant officers, do you think there is any grievance in this matter?—It is a little hard, but I do not think there is much in it. They have the power to extend it to one year; but I think they treat us a little more hardly sometimes than they treat the others.

583. *Dr. Graham Balfour.* With reference to your remark about the difficulty that the principal medical officer at Netley would have, is that not sufficiently met by the clause of the Warrant which gives him the command of such officers, non-commissioned officers and men as may be attached for duty to the Medical Staff Corps?—If you did attach them; but as a matter of fact they never were attached. It ought to be possible to attach a man to the Medical Staff Corps and leave the officers in it.

584. Has the principal medical officer at Netley not the command of all the patients in the hospital, and of the men attached to the hospital for duty?—If they are actually in the wards.

585. Everything except the police outside?—Yes; he has not charge for instance of the canteen of the sergeants' mess; those things are not under his management, and those things would have to be under him if he went on service.

586. *Rear-Admiral Hotham.* Are you satisfied with the age of retirement of Brigade Surgeons, 55?—That is quite old enough.

587. And as regards the Deputy Surgeon-General who retires at 60, and the Surgeon-General who also retires at 60; do you consider those ages too young?—No. Our service is far and away the hardest service.

588. *Mr. Macnamara.* You are aware, are you not, that in several large metropolitan hospitals the surgeons have to retire at 60 years of age?—I believe so.

589. *Rear-Admiral Hotham.* I think you said that the first time you found any difficulty in commanding men was when you went to Egypt in 1884?—I never had to command any before.

590. I take it that before you became an Army Medical Corps, as you call it, you had not any command?—You had not any command.

591. It is only since the establishment of the Army Medical Corps that you have had the command of men or of *matériel*?—Yes.

592. And under the old system what had you?—Practically nothing. You had your regiment, and you had your Colonel always to help you.

593. Then what I want to arrive at is, that it is since the new system has come about that you have felt the want of military rank?—Undoubtedly. If they would give you a combatant officer always with you, you would have no difficulty.

594. *The Chairman.* Is there any further statement which you would like to make to the Committee

with regard to any points connected with this subject?—Only with regard to that question that has been raised of attaching men to regiments; it is a very difficult question; it is a thing that ought to be done if it is to be laid down for the Service in time of peace, and whatever would do in peace should be what would do in war; but it is a most difficult thing to carry out, and it would have to be gone into very thoroughly.

595. On what principle are medical officers moved from one charge to another, on any given principle?—They are wanted somewhere else. Presuming that no more moves take place than are wanted, those moves would have to be made, no matter what the system was; it would go on by any process.

596. If certain medical officers were attached for certain definite periods to some regiment, it would interfere considerably, would it not, with the mobility that there is among officers at the present time?—Undoubtedly, somebody must go, and they would have to go; they would have to take their turn. I think that for the First Army Corps our peace plan, whatever it is, should be exactly the same as our every summer; we never see them, and we want our plan for war. But we want our field hospitals and bearer companies out; we want to see what they are made of. As it is they come out summer after summer and are actually of no use. Until we do that the thing is simply paper. At the present moment that is a feeling that is driving men out; they do not see their way through the next campaign. I think another reason that is driving men out of the Service is the depreciation of the Indian rupee. If a man now saw his way to making something, he might do it, but as it is, it is a reason for retirement. The rupee in India is not as good as it was, and therefore a man says to himself, shall I retire or shall I go on foreign service for six years, because there happens to be a year increased. He says No, it is not good enough, therefore I shall retire. No doubt that is adding to retirements.

597. Is there anything further which you wish to state?—With regard to the restriction about retirement, I myself, for instance, have to serve three years in the next grade before I can get any higher pension. That, instead of keeping me in the Service, would probably lead me to say: Three years is a long time, it is not worth my while. I think it is too

long a period, men are afraid of it; you are putting down, as it were, an obstacle before them.

598. Is there any such regulation in existence?—No, but it is talked about; and that is helping to drive men out.

599. But will men be driven out before the regulation arises?—No, but they say they had better go before it comes; it tends to make me, for instance, think I had better go now.

600. *Rear-Admiral Hotham.* But at the present moment you are a Brigade Surgeon?—Then I should go out for fear of this restricting clause coming in.

601. As Deputy-Surgeon General?—No, as Brigade Surgeon. I may have to serve two more years, and then three more years in the next rank. For that reason some men are going now for fear of being restricted in that way. All that has been done lately has tended to drive men out; it has had the very opposite effect of what it was meant to have.

602. *The Chairman.* Can you state to the Committee at all by what proportion of the Service your views are agreed in as to these military titles?—I think if you had asked me a few years ago myself I should have scouted the whole idea, but it has been driven home within the last two years, and more people are beginning to look at it. So long as things are going on quietly they are not thinking of it, and people who have not been caught in a campaign and had to meet the difficulties have thought nothing of it; but now they are looking about and thinking of it. You could not have had a better instance than Mr. Davies; he is as little a military man as you could meet with, and you know what he said in his evidence; it is coming home to men, it is inevitable; you are forced on by circumstances.

603. You think that a much larger proportion of medical officers entertain those views now than was the case five years ago?—Five years ago it would be very exceptional to find a man holding those views, and it is very exceptional to find a man holding them now if he has not been on service.

604. *Rear-Admiral Hotham.* In fact, you do not begin to feel this pinch till you go into service in the field, where you have to command men and take command of everything in the field?—Exactly.

(*The Witness withdrew.*)

[Adjourned to Friday next, at 11 o'clock.]

Friday, 5th April, 1889.

THIRD DAY.

Present—

THE RIGHT HON. THE EARL CAMPERDOWN, *in the Chair.*
 SIR HERBERT E. MAXWELL, Bart., M.P.
 MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.
 REAR-ADMIRAL C. F. HOTHAM, C.B.
 SURGEON-GENERAL T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.
 LIEUTENANT-COLONEL E. T. D. COTTON, M.P.
 N. C. MACNAMARA, Esq., F.R.C.S.

R. H. HOBART, Esq., C.B., *Secretary.*

SURGEON-MAJOR WILLIAM JOHNSTON, M.D.,
examined.

605. *The Chairman.* You are employed, I believe, at Aldershot at the present time?—Yes.

606. On what duty?—I am in command of the Depot and Training School of the Medical Staff Corps.

607. I should like to ask you one or two questions with regard to the grievance which some medical officers feel owing to the abolition of relative rank

by the Warrant of 1887, can you give me your views upon that point? Do you consider yourself that medical officers suffer by the provisions of that Warrant?—I am not prepared to say that we lost anything by the abolition of relative rank, but I think it published to the world that we had as regards rank nothing to lose. We saw then that we had no status, and that we were in a false position.

608. How was it published to the world that you had no rank, because it appears from the Army List that you "rank as," just as much as you did under the Warrant of 1884?—Yes, we "rank as," but we have no rank. If we look at the definition of rank in the Royal Warrant, if I may be allowed to point it out to you, you can see in Article 1201, at page 360, that as regards the Medical Staff the article reads like this: "'Rank' shall, unless it be otherwise stated, be held to mean the Military rank to the advantages of which a Departmental Officer not holding honorary rank is entitled by Article 268." That is to say, that our rank is a military rank which we do not hold; therefore we have got no rank as far as I can see. We are told that our "RANK" is military rank, which military rank we are not allowed to hold, and do not hold.

609. Do you maintain that you had, a substantive military rank under the Warrant of 1884?—Not at all, but we believed that it was intended relative rank should place us on all fours with officers of the corresponding military rank, except with regard to command.

610. Are you not on all fours now?—There is nothing to show that we are.

611. Is there anything to show that you are not?—There is this to show it: that we cannot in any Warrant or any Order find out that we have any rank.

612. Should you yourself be satisfied with the restoration of the state of things which existed under the Warrant of 1884?—No; I would not myself, and I do not think any medical officers would be. The relative rank as given to us by the Warrant of the 1st of October, 1858, by the 17th Article of that Warrant, made relative rank apparently something of importance; but very soon after that it was clipped down, and relative rank meant nothing, as the Secretary of State for War said the other day.

613. In the year 1883 did dissatisfaction exist owing to that fact?—No doubt. There had been a long period of dissatisfaction with our position, and the taking away of relative rank only, as it were, gave an opportunity of our giving vent to our dissatisfaction.

614. Then you say that the officers were not satisfied even with the relative rank?—No, they were not satisfied. They were satisfied with the relative rank before they had imposed upon them the duties we have now; it was quite sufficient in the regimental days, if its advantages had been liberally bestowed, as was intended by the Warrant of Lord Herbert, in 1858.

615. What were the intentions of Lord Herbert in 1858?—If you look at that Warrant, you will see that he said that relative rank was to give us all the precedence and advantages of corresponding rank, except the presidency of Courts Martial; we were to have the presidency of Courts of Inquiry, Boards and Committees if we happened to be the senior, and I believe if that had been carried out in a liberal spirit, at this day there would have been no fuss about our want of rank.

616. Then what happened to occasion the grievance?—It happened in this way: that unfortunately some of the officers of the army did not like our having that position, so that at first what was done was to always try and arrange Boards so that the medical officer would never be senior officer. This was very difficult to work, and accordingly in December, 1867, there came out a General Order, No. 93, in which it was said that we were no longer to be "members" of Boards, except Medical Boards, and

we were then detailed to "attend" them (see Sec. VI, para. 70, Queen's Regulations, 1873).

617. Then ever since 1867 medical officers have not been members of Boards?—Not unless it suited the convenience or caprice of the convening authority. The present Queen's Regulations does not expressly forbid medical officers serving as "members" of boards, except when they are of superior rank to the officer appointed President, in which case they, and other departmental officers, are to be ordered to "attend" (Sec. VI, para. 120, Queen's Regulations, 1885). Article 268 of the Royal Warrant of 1887 says, "An officer of a Department of our Army not having honorary rank, shall rank as follows for purposes of precedence and other advantages attaching to corresponding Military rank; but this shall not (except as provided in articles 269 to 271) entitle him to military command of any kind, to the Presidency of Courts Martial, Courts of Inquiry, Committees, or Boards of Survey," and this is also laid down in para. 119, Sec. VI, of the Queen's Regulations, 1885; but it is within my knowledge that medical officers have sat as Presidents of Boards. When a strong man has ordered a Board, and was strong enough to ride through the spirit of this regulation as it were, a medical officer has been appointed President; and I know, and can quote such cases. I also know of a case where a medical officer sat as President of a Court Martial where the Judge Advocate-General found the proceedings were good. I also know cases where medical officers have sat as President upon Boards with members from Line regiments to report upon clothing of the Medical Staff Corps.

618. Do you know many cases in which medical officers have been members of Boards lately?—I was a member of a Board yesterday.

619. *Sir William Crossman.* In attendance, or as a member?—I was a "member" of the Committee.

620. *The Chairman.* Are medical officers commonly members of Boards?—Very seldom. I suppose I am a member of this Board, more or less *ex officio*, from my position at Aldershot. It is the Committee on the Dress and Equipment of the Army.

621. *Sir William Crossman.* That is a special committee?—Yes, a standing committee; and there, if I were to sign the proceedings, I should sign according to my proper rank; but it is always presided over by one of the Assistant Adjutants-General, who is a full Colonel, and no question of precedence can possibly arise.

622. *The Chairman.* How then did it happen that you were a member in this particular case?—I suppose they want a medical opinion upon this Committee. My predecessor at Aldershot held the position that I do, and when he left I was named to be a member of the Committee.

623. As to these grievances of which you complain, do you attribute their origin at all to the abolition of the regimental system?—No, I do not attribute their origin to that; but the position of affairs is so very different that now we feel it, though we did not to the same extent feel it before. You must remember that this Warrant of 1858 was tampered with long before the regimental system was abolished. In the old regimental days, I can well recollect, when I went out to India as an assistant surgeon, before the order had come out, saying that we were no longer to sit on Boards, but to attend them, I was on a Board with a Captain as President; I had the relative rank of Lieutenant, with which I was perfectly satisfied; and a Quartermaster was the other member and I remember this Quartermaster, who had only risen from the ranks a few weeks before, protested against my signing my name above his.

624. *Lieutenant-Colonel Cotton.* Was that a Clothing Board?—That was a Board on the quality of the canteen beer, I think, to the best of my recollection.

625. *The Chairman.* You have had experience both of the regimental system and of the Staff system?—Yes.

626. Which did you yourself, on personal grounds, like the best?—When the regimental system was abolished, I am free to admit that I was almost mutinously against the change; but now, after considerably more experience, I consider that there can be no question that the present system is the only system. The regimental system must be considered dead.

627. You mean the only system from a service point of view, that the staff system is the only possible one from a service point of view?—Yes, from a service point of view.

628. But from a personal point of view, which do you think is the more agreeable to the medical officers?—The regimental system is the more agreeable to the young men, but in my position now I would not like it. It was very nice for an assistant surgeon, but it is not so pleasant for a senior. It opens up the other question regarding our position at mess. The same General Order which did away with our being members of Boards, also took away any idea that we might have had of holding some position at mess. It was ruled that no second position should be recognised at the mess, and that the senior combatant officer was always to preside. The consequence is, that if the regimental system existed at this present moment, I should be in the regiment, paying more mess and band subscriptions than my commanding officer, and yet the youngest subaltern might have precedence of me. I should have no position, only the satisfaction of paying the largest subscription to the mess and band.

629. *Sir William Crossman.* Are you sure of that?—Yes.

630. *Rear-Admiral Hotham.* A regiment must always be represented by a combatant officer, must it not?—Yes, most assuredly.

631. *Sir William Crossman.* But you may take your turn as mess president?—If you mean sitting at the top of the table, so does the subaltern, that is not the presiding member of the mess.

632. You mean that the President of the Mess Committee is always the senior officer of the regiment?—I am not speaking of that; I am speaking of my position at the dinner table. I am supposing that another regiment is asked to dinner; it might happen that the Colonel and Majors, we will say, were all absent, and all the Captains for that matter, and only subalterns present at dinner. I might be a very old Surgeon-Major, with 20 years service, but one of these subalterns would take in the guests and extend the hospitality of the regiment, and I, as the doctor, would have nothing to say to it.

633. I am not certain about that at all.—I will only ask you to look up the General Order 93 of 1867; and I think it is embodied in the present Queen's Regulations.

634. That has not been my experience.—It is the experience of every regimental medical officer that I know. But that is now a question which is passed and gone, because the regimental system is abolished; it is now a matter of no importance.

635. *The Chairman.* But now the medical officers have no connection with the mess?—We may be honorary members of any mess; we expect to be, and generally are, I hope, invited to be, honorary members of the mess where we are quartered. We have Medical Staff messes of our own at three places: Netley, Aldershot, and at Woolwich. Of course there is no question there; we are all so-called non-combatant there.

636. Do the medical officers, as a rule, join the mess and associate with the officers of the regiments with which for the time they are connected?—If they are unmarried men, I should think they would; perhaps they do not so much at home as abroad, and I have heard complaints that they do not, that they are shy of going into the mess now; that they are not certain of their position.

637. *Sir William Crossman.* Do you not think that that is their own fault to a certain extent?—I have

no doubt of that. They are young fellows, and if some one would extend a hand to them it would help them.

638. *The Chairman.* Have you thought over this matter so as to be able to express any opinion as to what ought to be done to put an end to this grievance which you feel?—Inasmuch as relative rank is a thing abolished, and as the only kinds of rank existing in the army now (putting aside local rank, temporary rank, and brevet rank) are honorary rank and substantive rank, I have come, unwillingly, to the conclusion that the only suitable rank for the Medical Officers is substantive rank with limited power of command.

639. Why do you say substantive rank with limited power of command, in preference to honorary rank?—Because honorary rank is now only held by the old class of Ordnance Store and Pay officers, who are dying out, and by a distinct class of subordinate officers who have no functions of command, namely, Quartermasters, Riding Masters, and Army Schoolmasters. It clearly would not be suitable to us.

640. Honorary rank, you mean?—Yes.

641. Why not?—Because it would only give us the same rank as our own immediate subordinates, the Quartermasters, already possess.

642. What is the difference between substantive rank with limited command, and honorary rank?—Honorary rank gives you no power of command, and we want power of command to a certain extent.

643. I do not quite follow you there. At the present time you have command within the Medical Corps?—Within the Medical Staff Corps, and over patients in hospital.

644. Do you propose to go beyond that?—No, not at all.

645. Then, supposing you had honorary rank with your present powers of command undisturbed, what is the difference between that and substantive rank with limited power of command, which, I think, means the same thing?—There may be no actual difference in it except this, that, as I have stated, honorary rank is only the rank which is given to those subordinate officers, and we would not like to hold that.

646. Previous to the year 1887, you were on the same position as the Commissariat and Ordnance, I think, with regard to rank?—Yes, previous to the Warrant of 31st December, 1876.

647. They have honorary rank now?—Now there is no Commissariat Department, that is abolished.

648. Then let me take the Ordnance?—The old class of Ordnance Store Officers have honorary rank only, but the younger have army rank, and I suppose there is no question this Department will follow the Commissariat, and it will be abolished too.

649. But, in the meantime, it is not so?—In the meantime, it is lingering on.

650. Then does not your evidence tend to this: that honorary rank is a thing that ought to be abolished altogether?—No; I think it is very suitable to be given to such officers as have no command over men: Quartermasters, Riding Masters and Army Schoolmasters; and those are practically the only men who will get it in future.

651. You still, however, fail to give me any distinction between honorary rank and substantive rank with limited command?—If we only had honorary rank, and we called ourselves honorary Captains, and so forth, we would, as I said before, only be on a par with those subordinate officers who have got no powers of command. What we want is, for the army to know that we have got substantive rank; that we have got powers of command within our own sphere; we want what was called army rank, what is now called substantive rank. We do not want it as an honorary distinction, but for purposes of work.

652. Are you aware that a very large number of medical officers state that they would be satisfied with honorary rank and limited command?—I am aware of that, but I believe you would find, if you polled them again, that most of them have now gone

in for substantive rank. The fact is that until lately it is only a few men who have really studied the subject very closely, and who see the distinction. I would consider honorary rank anything but an improvement.

653. Will you explain to me what would be the effect of giving you substantive rank; what titles would you give to medical officers, perhaps you will kindly tell me in detail?—I have said that my opinion is that substantive rank is the only rank which will give us the status required to enable us to cope successfully with the many difficulties and responsibilities we have, and that that alone will satisfy medical officers, unless we are made pure civilians, without any responsibilities. The only distinction which should exist between our rank and that of others, is that the power of command should be limited as defined in Article 271, which however should be amended, to obviate any chances of misunderstanding, by the addition of the words, "or specially placed under his command;" because, as at present worded, there may be a doubt as to their being "attached" to the Medical Staff Corps. Then the obtaining of substantive rank involves the assumption of military titles. You have just asked me that. Although I believe it has been suggested that we should have the actual rank without the title of the rank (I have seen it suggested that we should have the actual substantive rank without the title of the rank), that is a position which I confess I cannot understand. It seems to me that it would be very much as if Her Majesty were to say to some distinguished officer, "I create you an Earl, and you will understand that you are an Earl; but you will remember that you are not to call yourself an Earl, and you are not to allow anybody else to call you one," I want to know what that man's position would be in the House of Lords.

654. But assuming that substantive rank carries with it a title, will you be so good as to tell me what titles you would give to the medical officers?—The assumption of military titles would, in my own case, at any rate, at first, I admit, be very distasteful.

655. To whom?—To myself; and it would, I have no doubt, to many others of the senior officers who have not been accustomed to it; and it would certainly subject us to some sneers at first. But it is not a matter of personal taste that we should consider, but what is for the good of the Service. The young men see that no middle course is now possible, and they demand it. Objections will be raised that military titles are not suitable to members of the medical profession, and at one time they certainly were not. But times are changed; a Colonel or a Captain no longer means the successor of the knight of old, who lived by his sword, and did not care about tables of pay or allowances; but the title of Colonel or the title of Captain is now simply a title indicating that the possessor of it has a certain standing and position in the Service; and it is given to him quite irrespective of his being a leader of men; since his employment may be of the most peaceful description; he may be employed in issuing rations or pay, or repairing barracks.

656. I think all that we understand; but will you tell me what titles you would give to the various grades of medical officers?—What I propose is that the Medical Department should be changed into a corps. I propose that the same change should take place as regards ourselves as has lately taken place as regards the Army Service Corps; and that for titles, therefore, we should begin by being Lieutenants of the Medical Corps.

657. Has the Army Service Corps army rank?—Yes; the Army Service Corps is perfectly combatant; the private soldier of the Army Service Corps who drives the baker's van is a combatant, although the doctor is not.

658. Then what by title would you call yourself; would you drop the surgeon altogether, and merely give the corresponding military title in rank; or would you keep the word surgeon?—I think that the

officers should be ordered always to put after their rank, we will say, "Medical Corps" or "Royal Medical Corps," which of course is what we would like. We are as much physicians as surgeons.

659. Then I will leave that point. With regard to the first entry of medical officers into the Service, when a surgeon first enters, he ranks as a Captain, does he not?—He is supposed to rank as a Captain.

660. Do you think that that is desirable?—No, I think not. I think there is a great deal of jealousy amongst the other branches about it.

661. Do you think that the medical service generally are of opinion that it would be desirable for the first few years he should not so rank?—I think so. I have spoken to young surgeons myself; and they have felt that it has put them into a false position, that it was uncomfortable; they would rather not have it.

662. It is true that when they join they are older men than the Lieutenants, I believe?—Undoubtedly they are; and when the warrant first came out making them of the relative rank of Captains, there was no rank in the army below that of Lieutenant. They had abolished that of Ensign; but now they have gone back to Second Lieutenant, so that there would be a class below them even if they begin as Lieutenants.

663. *Sir William Crossman.* There is one question I should like to ask you. I see in a letter which I have here from Dr. Farquharson, he says, "I believe that the advantages of the old and the economy of the new" (that is talking of the regimental system) "could be easily combined by the medical officer seeing the men reporting themselves sick regimentally in the early morning, and then following them up for treatment at the station hospital attached to the district where he is doing duty." That is only a rough sketch of what he proposes in order to retain to a certain extent an advantage over the old regimental system, which was, I suppose we all agree, that the medical officers were brought more in contact socially with the officers of the particular regiments, and to make them more comfortable, and that they felt themselves more part and parcel of the whole body of the army than they do at present under the existing station hospital system?—Yes.

664. For instance, if a regiment went into garrison at Portsmouth, and were likely to remain there three or four years, could not one of the officers of the medical staff there be attached to that regiment, work with the regiment, and still at the same time follow the men up into the station hospital, and do the work there as well; do you think that anything of that sort could be managed or established?—I cannot see what advantage there would be in that. It might however be very nice for the officer to be attached to a regiment.

665. To belong to the regiment for the time being?—Then he would have to get the uniform of the regiment.

666. No?—Then he could not belong to the regiment.

667. He might be attached to the regiment?—He might be attached to it. Socially it would be very nice; but I do not see what other good object would be gained.

668. Would he not also be able to know the men of the regiment?—Who knows the men of the regiment now-a-days?

669. Did they not know them before?—Yes, because they served for 21 years, but no one knows them now, and it is not necessary to know them.

670. If you know the men for three or four years as their medical officer, you would know something about them?—There ought to be nothing to know about them; they are men selected from the civil population in the very prime of life, after undergoing a strict medical inspection; except from the result of their own indiscretions they ought never to be ill; you do not want to know them; they are not like

a number of old ladies and gentlemen who fancy doctors ought to know their constitutions; I think there has been a great deal too much said about that. I do not believe in it.

671. Do not you know that it is the case amongst Staff officers in various places, especially in the case of married people, that where they get a doctor from day to day changed, they go to a civil practitioner, and do not go to the officer attached to the Medical Staff Corps?—Some officers do, but some very distinguished officers do not.

672. That is in cases where there is a medical officer told off to the Staff, as in Portsmouth, but not in places where there is a medical officer not told off?—No. One must admit that there has been a great deal too much changing of medical officers, that is the fault of our administration, because we were more or less new to it, and our principal medical officer in that respect had not sufficient knowledge of organization perhaps, and did not manage well, but I think that difficulty is dying out; I think we are improving in that respect.

673. *Dr. Graham Balfour.* Would not the system of attaching medical officers to regiments prove prejudicial by removing them from the control of the principal medical officer of the district or of the command? Is it not an advantage to the principal medical officer of the district to be able to order any medical officer whom he thinks qualified for a particular duty to undertake that duty, without requiring to ask permission of the officer commanding the regiment to which the man may be attached?—No doubt it is an advantage.

674. Have you ever found any professional difficulty in taking over the charge of a body of soldiers with whom you have not been previously serving?—Never. Every man has a medical sheet on which there is a complete history of every disease that he has ever suffered from, from the day he came into the Service.

675. That was introduced on the recommendation of Lord Herbert's Commission?—I believe it was.

676. *Mr. Macnamara.* I understand you to say that, in the words of their commissions, medical officers when appointed receive the "rank of surgeons?"—They do.

677. In existing army warrants is there a meaning or definition of this term given?—No.

678. And in a service governed by precedence therefore the medical officer has no properly defined place?—Quite so; he is given a commission as a surgeon; he is a "surgeon" before he gets that Commission; it is giving him nothing; it is giving him no title of any sort; he has been made a surgeon by the College of Surgeons before that.

679. Reiterated statements have appeared in print to the effect that of 922 medical officers, no less than 75 per cent. have expressed their belief that it is necessary for the efficient working of the medical service that military surgeons should be granted military titular rank; do you think that this opinion exists and is shared by so large a proportion of the medical officers of the army?—I am certain of it, and I am certain that there is an increasing number. Only two days ago I spoke to two medical officers who I know used to hold views contrary to this, and who thought we should not have military rank. I said, "I know I differ from you," and they said, "You are mistaken; we never wanted to be made Majors or Colonels; but we see from the duties imposed upon us there is no other course open."

680. According to the wording of their commissions, which I have before me, given to surgeons on entering the army, they are directed to exercise "authority according to the rules and discipline of war over junior officers and subordinates employed in the Medical Department and over the soldiers of the Army Hospital Corps, and over all soldiers and others attached thereto, and over all patients in military hospitals;" those are the words of the commission, and the officers and soldiers referred to possess substantive

rank and military titular rank, do they not?—Yes they do. At this moment I command men not only of the rank, but with the title of Captain, Lieutenant, Sergeant-Major, Sergeant, Corporal, private, and bugler, and I am the only man without military rank.

681. It is further stated that medical officers not only command, but have power to punish and to promote soldiers of the Medical Staff Corps at home and in the colonies, and that they have similar powers over the Army Hospital Native Corps in India; that they have European orderlies, and are responsible for the arms and accoutrements of men in hospital, and for large quantities of military stores and equipage; is this the case?—It is.

682. From your experience in India, do you think this statement which I received by the last mail from a Brigade Surgeon actually represents the work which an officer in that capacity might probably have to perform. He writes: "I have charge of the station hospital, containing at present 413 European patients, with 25 European orderlies, 14 medical officers, 14 warrant officers, and 150 men of the Army Hospital Native Corps; in all about 600 officers and men, over whom I am obliged by regulations to exercise command, and I am also Paymaster, Quartermaster and Barrack-master, and perform all the duties of Colonel of the regiment, in addition to my medical duties." Do you think that is a fair representation of what would be expected of a Brigade Surgeon in India?—I should say so.

683. There is this difference, however, between the Colonel and the Brigade Surgeon, is there not, that the Brigade Surgeon is only drawing 37 rupees a month more than he did nine years ago, in consequence of the privileges of the Warrant of 1879 not having been extended to India; whereas the Colonel draws double the pay in India which he would draw in this country?—That I believe is so. There might be a good deal said about the question of our pay.

684. And I understand you to assert that from your experience in the existing organization of the Army Medical Service, you believe it is necessary that medical officers should have military titles and rank in every respect the same as that of combatant or officers of the other departments of the Army, but to have no command beyond that which is defined in their commissions?—Quite so; I think it is thrust upon us; I think we are compelled to take it.

685. You believe that during the past fifteen years surgeons have gradually had military duties imposed upon them, such as render it necessary for their efficient performance that they should be granted military rank and titles?—Yes.

686. *The Chairman.* But no duties have been imposed upon them during the last fifteen years?—We have got the whole charge of the hospitals; we have the discipline.

687. Had you not that fifteen years ago?—No; fifteen years ago I was not in charge of a hospital; the Colonel of the regiment was in charge of it. I was not in charge, I was merely the doctor; I was little else than a civilian doctor dressed up in uniform.

688. *Mr. Macnamara.* Would you extend Article 332 of the Royal Warrant with regard to the appointment of medical officers in the British service to the whole of the appointments; house physicians and house surgeons being appointed from the various recognized hospitals directly into the medical service?—I think that a great deal might be done in the way of extending this, if men who had proved themselves of great ability as house physicians and house surgeons had the preference. I am not prepared to say yet that we should abolish competitive examinations, though it looks very much as if they were on the downfall at present.

689. *Lieutenant-Colonel Cotton.* Have you ever been since 1867 on any Board or Court of Enquiry except because a medical opinion was necessary; have you ever served as an ordinary combatant or other officer? I ask you the question because just

now you said that you were on a Board?—I am on the Permanent Dress and Equipment Committee.

690. But you said you were on another with a Quartermaster?—That was when I was an Assistant Surgeon.

691. You were on that because your opinion as medical officer was considered desirable with regard to the beer?—Yes.

692. Can you recall any instance, in any ordinary case, where you have sat on a Board?—I do not recollect any. I may have; I would not like to say I have not. It is a long story from 1867; it is 21 years.

693. I do not think I remember an instance in which I have ever been on a Board with a medical officer.—It is very rare.

694. Supposing you were to have this rank and title of Colonel, Captain, and so on, I did not quite understand from the first part of your evidence whether you would include in that the power to serve on Boards and Courts of Inquiry?—Yes; I think that that clause of Lord Herbert's Warrant should be reintroduced.

695. Not only for your own men?—In any case; and the Army would soon become accustomed to it. If it had been carried out these 30 years, people would have been just as accustomed to have a doctor President of a Board, if he happened to be senior, as they are now to having a Colonel of Engineers, or anyone else.

696. Would not that power go very far to restore the social status, which you consider suffers very much from the abolition of the regimental system?—I have no doubt that it would be a very great help. It is these things, as it were, which mark our inferior position; and that has been going on for 30 years, which need not have been the case if the Warrant had been given effect to; and by this time the breach would have been healed.

697. Am I right in assuming that you do consider that the social position of the medical officers received a serious blow by the abolition of the regimental system; I mean of course with regard to the comfort of the officers, and not with regard to anything else?—Would you repeat the question?

698. Do you consider that the social position, that is to say the position he formerly occupied and enjoyed as an officer of a regiment, received a serious blow in the abolition of the regimental system?—In the sense that he lost a great deal of pleasurable intercourse, I do.

699. You do not think his social position was supposed to suffer?—No, I should think not.

700. I do not mean deservedly, but as a matter of fact?—I know what you mean; I think I could hardly say that.

701. The comfort of the former position included an equal choice of quarters with other combatant officers, according to rank?—Yes, it did.

702. And choice of servants also?—Yes, quite so. In the old regimental days in a good regiment one was perfectly happy. As I said before, I was very much annoyed and distressed when I was turned out of my regiment.

703. Now you are of such rank that you would not be in a regiment under any circumstances?—Yes, I should be, I am only a Surgeon-Major, supposed to rank as a Lieutenant-Colonel.

704. *Sir Herbert Maxwell.* I believe the principal reason that makes you recommend that medical officers should have relative rank and titular rank, is that other departments of the army have it?—My reason is that it seems impossible to get either the army or outsiders to understand any other sort of rank; they cannot understand it. I am quite sure that I am speaking very carefully when I say that there are not five per cent. of the army who understand the present military medical titles. I can give you instances.

705. *Mr. Macnamara.* Can anybody understand them?—Hardly any one understands them; they are

not suitable as titles; they are of the nature of appointments such as you might put after your name: "Surgeon-Major," as you put "Assistant Adjutant-General," or "Assistant Quartermaster-General;" but to put them as a prefix is simply absurd. I know I am frequently addressed as "Surgeant-Major," and that was carried to the extent of a French newspaper the other day; and half the parcels that I get from the Army and Navy Stores, which certainly ought to know better, are addressed to me as "Surgeant-Major." Again only the other day at a meeting of the Club at Aldershot, a few months ago when I first joined, it was a wet day, and I had on my waterproof with my regimentals underneath, the officer who was acting as Secretary, seeing me come in, said, "what is your name?" I said, "Johnston." As he knew that I was expected, he put down, "Surgeon-Major Johnston." A minute after I took off my cloak and showed my Lieutenant-Colonel's badges; and then he said, "I beg your pardon, I see you are a Brigade Surgeon;" then I had to show him that he was mistaken. He was a Staff College officer, but he did not understand it. The other day I had to explain it to Sir Evelyn Wood. There is nobody who understands our rank, and I must say I do not blame them; it requires an expert.

706. *Sir Herbert Maxwell.* Supposing that titular rank were conferred upon medical officers, what would be the relative numbers under their command as compared say with the Commissariat Department?—I do not know. There is no Commissariat Department now.

707. What do they call it?—The Army Service Corps; they are combatants now; they are not a department at all; they have disappeared from the Army List as such. If you look in the Army List now you will find them after the Royal Malta Fencible Artillery.

708. The other army departments have titular rank, have they not?—They all have except the Chaplains and Veterinary Surgeons.

709. What sort of proportion would the command of the medical officer have to the command of an officer of corresponding rank in the other departments?—As there is only one department left, the Ordnance Store Department, that have any command at all, we should have enormously the largest command; their corps is a very small body. And as regards the Veterinary Surgeons, the Chaplains and the Pay Department, of course they have no command; the only people now who have got a corps are the Ordnance Store Department, which it is generally supposed will be amalgamated into the Army Service Corps; so that practically you may say we are the only department that have a corps.

710. *Sir William Crossman* asked you if you thought there would be any advantage in the medical officers being attached for a number of years to a certain regiment in the same garrison, and I think you said you saw no advantage in it?—I do not think it would be any advantage, but if I were the principal medical officer I would endeavour to make the same man look after the same regiment as long as he was in the station and the regiment was in the station. I am very much against that constant moving of men; I think it is irksome to a degree, and bad for every one. But I think that ought to be left to the administrative medical officers.

711. That is as regards the officers and not as regards the men?—Of course the principal medical officer would have nothing to do with the men; he could not help the men being moved. I mean this: that if I were the principal medical officer, I would make the same surgeon look after that particular corps as long as he was there, to look after the women and children.

712. It would be better for the men, you mean?—It would be better for everyone. No one likes change. I think these frequent changes in the Medical Department are simply due to bad management.

713. I understand you to say that there ought to be no such thing as individual cases; I think those were your very words?—No, I think not; I said that they had no right to have any "constitutions."

714. I think I quote you correctly, but I do not insist upon that. What I want to ask you is this: part of the duty, and a very important part, of medical officers is to certify when a soldier is invalided out of the Service and discharged on account of disease, whether his disability arises in consequence of military service?—Yes, quite so.

715. Supposing a medical officer to be attached for some years to a certain corps, would he not have a much better knowledge of that man's medical history than if he merely read it off the sheet?—I do not think so.—Against every disease he has ever had there is in this medical history sheet a column of remarks showing what it was that induced the disease.

716. I am quite aware of that; it is my duty to go over a great many of them every week, and my question arises from what appears to me to be the fact, that there is a great want of uniformity in those remarks.—No doubt there are, because men have different minds.

717. Would it not be an advantage to have one mind as long as possible attached to one corps?—I do not see how you could expect it; because the great majority of men invalided are sent to some hospital such as Netley, and are invalided from Netley or are sent home to be invalided; and it is the last man who invalides them who sums up.

718. *The Chairman.* You said just now that the only alternative that you could think of, for giving military titles to medical officers, would be to make them pure civilians without responsibility?—Yes.

719. That I think was the position, or very nearly the position, under the regimental system, was it not?—It was to a great extent. We were not pure civilians, because we were under the Mutiny Act.

720. You said you were civilians dressed up in uniform?—Yes, nearly so, as regards responsibility.

721. Do you think that that alternative is possible at the present time?—I do not think so. What I mean by being civilians, is not by being put back to the old regimental system, but being actually civilians, being in plain clothes, and being in no way under the Army Act.

722. It comes to this then, that your opinion is that the only course is to give military titles to medical officers?—I think so; I think there is nothing else left.

723. With regard to entering into the Service, do you think, from your knowledge of the Service and also from your knowledge of the medical profession, that if medical men were allowed to enter the army for a short period of service, say not exceeding five years, many would enter?—I do not know that many would enter.

724. Supposing that they had the privilege of leaving with a gratuity at the end of that time?—I do not know that many would enter. I could not express an opinion on that; but I would not recommend it.

725. Why should you not recommend it?—Because I think it is better that a man should make up his mind what he is going to do. If he does not like the Service, or the Service does not like him, let him leave; he can always be got rid of in three years if he is not satisfactory, under the Royal Warrant of 5th December last.

726. But, on the hand, if there is the option of leaving at the end of a short period, might not persons enter the army who otherwise would not do so?—I doubt if it would make any difference, because they can always leave it, though they would get no gratuity; you can leave the Service at any moment.

727. But perhaps you might not enter it?—I am not able to say whether that would be a bait.

728. With regard to the question of pay, you said that on that point a great deal might be said; have you any remarks that you wish to make on that head

to the Committee?—A great deal has been said about the highly paid medical officer, and although his pay is good and sufficient, I think quite sufficient to get the best class of men into the Service, were the other conditions of the Service made attractive and agreeable, it is not, compared with the pay of other responsible officers, by any means excessive. Where it appears large is that the pay of our rank is large; but when it is remembered that we never get any of those many adventitious forms of pay such as "staff pay," "engineer pay," "working pay," "extra-duty pay," or "command pay," it is apparent that it is by no means large, especially when there are none of the plums for the higher grades open to us as for the other branches of the Service. We have no opportunity of getting civil or colonial employment; whereas other officers may, of course, rise to the very highest positions.

729. Then you are drawing a distinction between yourselves and other grades of officers?—Yes.

730. And not between yourselves and other medical men outside the Service?—No; I am thinking of us in connection with the other members of the military service.

731. But the question is the largeness of the pay and allowances with reference to the position of medical men outside the Service?—That is another way of looking at it.

732. It is the right way, is it not? because of course from the point of view of national economy, when you are considering the pay of a rank of officers, the question is whether you could get men for less from outside?—Quite so.

733. Is the right to retire after twenty years' service a right to which you attach great importance?—Yes, I think that is a very much cherished right.

734. How many years' service have you got yourself?—I have got 23½ years.

735. I do not know whether I ought to put the question, and do not answer it if you do not feel inclined. When you arrived at 20 years service, what were the reasons that led you to remain in the Service?—I have not the slightest objection to answer this: Because I have an appointment at home.

736. Supposing you had not had an appointment at home?—I should have undoubtedly retired.

737. Do you think that that right to retire, judging from your knowledge of the Service, will be exercised by a large proportion of those who arrive at 20 years service, and who have not appointments at home?—It will be exercised by men who feel themselves perfectly done by foreign service.

738. But supposing they do not feel themselves done?—Then they will stay on.

739. Even if they have not home appointments?—Yes, they will. I am quite sure that a great many men retire now at 20 years voluntarily, apparently; but if they had not the opportunity of retiring voluntarily, they would have to come before Medical Boards, and be invalided. What the reason is I do not know, but it seems to be a very harassing profession.

740. Has it been becoming more so lately?—I think so. There has been a great deal of foreign service of course, and a great deal of active service lately; there has been a great deal of knocking about.

741. You can tell us, no doubt, as to those officers who are now retiring, who coming to the age for retirement, at what period did they mostly enter; was it soon after the Crimean War, for instance; was it at the time of some war I mean?—I suppose the Indian Mutiny.

742. Those are the men who are coming up for retirement now?—I should think so, but I could not give any information on that point without looking it up.

743. Is there any other remark that you would like to make to the Committee?—If I might be allowed, I should like to speak about the position of the principal medical officer. I hold that if we were made a corps, I consider that the higher officers, that

is those who are now called Deputy Surgeons-General and Surgeons-General, who would have the rank of Colonels, should be Assistant Adjutants-General on the staff of the General, and they should be relieved of all executive duties in connection with the command of the Medical Staff Corps. At present you have the principal medical officers in every division under the General. Generally speaking, his office is away from the General; he issues his orders without consulting the General, and the General very often does not consult him. If the General has any orders to give him, they are sent through an Assistant Adjutant-General to him; whereas I hold that the principal medical officer ought to be as it were on the same platform as this Assistant Adjutant-General. There are at present under every General an Assistant Adjutant-General A, as he is called, who is the man for discipline; then there is the Assistant Adjutant-General (the Assistant Quartermaster-General) B; and I think that our principal medical officer should be Assistant Adjutant-General C; and that every order given by the principal medical officer should be issued by him by order of the General. I think we want to be welded into the army, not to be a department outside.

744. *Sir William Crossman.* But you know very well that the Commanding Royal Engineer and the Commanding Officer of Artillery are not Deputy Adjutants-General, they are in the same position exactly as the principal medical officer?—I know that to a certain extent they are in a similar position.

745. And they have just the same right of going to the General direct?—No; the Commanding Royal Engineer personally submits subjects to the General Officer Commanding; whereas the principal medical officer writes to the Assistant Adjutant-General. The Commanding Royal Engineer does his own professional work inside his own department, the principal medical officer has to do with all the different corps.

746. So has the Commanding Royal Engineer to a very great extent?—He may have, but he does it through his own department.

747. So does the principal medical officer. The principal medical officer at Portsmouth had the next office to the General?—Yes, that does occur; but at Aldershot and other places he is hidden away in a hospital, and he always gets his orders from the Deputy Adjutant-General.

748. So does the Commanding Royal Engineer and the Commanding Officer of Artillery?—Only I suppose on most routine matters as officers commanding corps.

749. *Sir Herbert Maxwell.* There is one question I should like to ask you referring to your last answer to me: you said that men discharged from service on account of disability were discharged on a certificate from the medical officer at Netley; that is only as regards men coming from abroad, is it not?—Yes.

750. The greater number of men that are discharged from the Service are discharged from some station at home?—From some station hospital.

751. They are discharged on the certificate of the medical officer looking after the battalion; they do not go to Netley at all?—No, they are discharged on the certificate of the medical officer in charge of the station hospital, not the officer in charge of the battalion.

751. In the case of the Guards, they are discharged on the certificate of the medical officer in charge of the battalion?—The Guards are separate; they are quite the exception.

(*The Witness withdrew.*)

SURGEON-GENERAL JAMES MOUAT, C.B., Q.H.S.,
F.C., examined.

753. *The Chairman.* From your long experience in the service of the army, you are no doubt well

acquainted with the complaint that has arisen among the medical officers, owing to the abolition of relative rank by the Warrant of 1887?—I have both seen, heard, and read a great deal of it, and I think I know it pretty well.

754. What do you consider to be the principal cause or causes of the existing discontent in the department?—There is no occasion to prove the existence of discontent in the medical services, which has now become chronic by injudicious interference with the Royal Warrant of 1858, and dissatisfaction with the pay, social status, abolition of relative rank, regimental system, and the other minor causes and breaches of faith.

755. Have you any remedy to propose?—Yes; I have for some of these things.

756. Will you kindly tell us what remedies you would propose to meet this grievance with regard to relative rank?—I would abolish relative rank and honorary rank in all branches of the Service *in toto*, and I would substitute substantive rank; defining what that substantive rank would permit medical officers to do, and what it would permit them not to do.

757. You would give medical officers substantive army rank?—Yes; I would abolish the other rank for all, both relative and honorary rank, or restore the relative rank and make it a reality. If not I would prefer substantive rank for all Commissariat, Ordnance, and all officers, defining in what way they could not be permitted to interfere by this substantive rank in other matters, except those connected with their own professional work.

758. I infer that you think that conferring substantive rank would be the best method of meeting the grievance?—Yes, I think so. I think it would be the shortest, quickest, and easiest mode of removing invidious distinctions.

759. Substantive rank and military titles?—Yes, as is the case in some foreign armies.

760. Would you drop all allusion to the difference in their titles?—That is the chief obstacle; the getting what is called a compound or a double title that would embrace both. But no difficulty has been caused by that in the armies that have adopted it; they give you your military rank, and then generally on all official matters they add your professional title for all grades afterwards.

761. With regard to the pay and retiring allowances of the medical service, have you any remarks to make?—Taking the service as a whole, and relatively to the other branches of the army generally, except as regards forage, medical officers are not badly paid at home, and the retirement I consider fair and good. It is in India that they find the differences between the two services. When you contrast the work of a charge of European troops with that of native troops, and then contrast the pay and allowances, you can perceive how very unfair it is. The real hard work is with the European troops, and they get the smallest amount of pay, whereas the work is no work comparatively in the native regiments. The apothecary does all the work as a matter of fact; but he gets 25 per cent. more pay. The medical officer in charge of European troops gets 320 rupees a month, putting it in round figures.

762. *Mr. Macnamara.* 317 rupees is the exact sum.—Yes; whereas a similar officer, similar in rank in charge of native troops, gets 100 rupees a month more, or 10*l.* a month more; having less work and less responsibility he gets the greater pay. It is there that the difference comes in. When you get to the higher rank the difference is still greater, and the contrast even much more remarkable.

763. Has that contrast arisen lately?—No, that has been in existence for years and years, and is still so.

764. For how many years?—As long as I can remember.

765. There has always been that difference between British medical officers employed in India and

those employed at home?—It becomes more marked since the army change, because more British medical officers are employed in India in Inspectorial rank. I will take the rank of Surgeon-General.

766. I think you said that the medical officer is paid in rupees?—Yes; they are all paid in rupees; they are all paid in the same coin. I was proceeding to state the contrast in the higher ranks. Take the Surgeon-General, for instance, ranking as Major-General, he received 1,000*l.* a year less than the Major-General who is in charge of one division, while he is in charge of several divisions of the same army. I am not talking of table allowance, because he is not entitled to that in any way; he is not called upon to entertain. That is a very marked contrast, when you were led to believe that your relative rank gave you all the same advantages of pay and allowances, &c. And when you ask the reason how is it I get 1,000*l.* less than I ought to get in virtue of my rank? they say, oh, your pay is special. It was made to deprive us of 1,000*l.* a year. Those are the contrasts between the executive ranks and the administrative ranks in the difference of pay. I have already stated that with regard to the retiring rank and ordinary pay at home I do not think medical officers have much to complain of as compared with the rest of the army generally.

767. As compared with the position of medical men outside, how do you think the remuneration of the medical army stands?—I do not think you can compare them really; the field is very large and very wide, and the differences both in pay and in position are very great. If you take Sir James Paget, or Sir William Jenner, they make their thousands a year; and if you go down to the lower grades you come to the village apothecary, who is satisfied with £200 or £300 a year. But we are not satisfied to be in that position exactly. We receive generally a much more expensive education than the ordinary practitioner who practises in a village, and who may be only a surgeon apothecary, and may only require to be a member of the Apothecaries' Company. We require the double qualification.

768. Do you consider that the position of a medical officer when he enters the army is a satisfactory one?—I think, on the whole, it is. I consider, however, that the abolition of the rank of Assistant Surgeon is a mistake. I think it would be better that a medical officer should serve five years as an Assistant Surgeon, and that every officer should enter the army in the most subordinate rank, and rise. To give an officer suddenly the rank of Captain the moment he enters the army is a mistake and an anomaly.

769. *Mr. Maenamara.* He should be at work as a Lieutenant for five years?—Yes, and then he gets a step at all events; at present, as it appears to him, he gets nothing.

770. *The Chairman.* Do you think that the medical service would not object to that?—I cannot say, now that they have been accustomed to the present system. They made a mistake originally, I think, in the Royal Warrant, in fact I may say a great many mistakes; that was because they never would go far enough, they always left something undone.

771. *Sir William Crossman.* You have left the Service some time, have you not?—Yes, about 10 or 12 years.

772. Then all your service was under the regimental system?—Yes; I served entirely under the regimental system; I was on the Staff for a short time in the Crimea, but the greater part of my service was as a regimental officer.

773. Is it your opinion that the present system is very much superior to the regimental system;—No, certainly not; it offers no advantage which could not have been secured by a combination of the two.

774. In what way do you think that that combination could have been carried out?—I carried it out myself in two ways, and I found no difficulty either in peace or war. In time of war a regiment should get additional officers on account of the war, there being

more casualties and more work to do. The regiment would be on a war footing.

775. When you say additional officers, are there none now attached?—I am talking of the time of the regimental system; I carried it out in this way: One officer was kept permanently with the regiment in the field, and accompanied it everywhere; all the rest were detached wherever their services were required. They made no difficulty about it. They were told that their services were temporarily detached, and that when the war was over they would return to their regiments as before. There was no discontent or difficulty about it, and they were available everywhere if required; yet there was always one officer always with the regiment responsible for everything, responsible to the commanding officer both in sanitary and all other matters, especially the returns.

776. How would you apply that in time of peace?—Just the same; the only difference is that instead of having field brigade and division, they have station hospitals.

777. You would still have the men attached to the regiments?—Yes, either for a specific period or permanently.

778. He might be attached only for the time to the regiment whilst in garrison?—You may attach him for a specific period; but the longer that period is I think the better.

779. But whilst that man was attached to the regiment he could still attend the men in the station hospital, and do the work, could he not?—If his other duties did not interfere. You see he would have to attend all minor casualties, and such duties as parades, prisoners, women, children, &c.; and there are many trifling ailments and complaints that only require very trifling attendance, which he could attend to. I should say he would not have much time to look after his own men in the station hospital, but that would depend upon how far it was removed. In India some of the station hospitals are a long way from the regiments. It would be perfectly easy to combine the two systems, retaining all the advantages of the unification system without abolishing the regimental system *in toto*, in the manner pointed out by me at the time.

780. There were in fact certain advantages in the regimental system with regard to what you may call the social condition of the officers, were there not?—There were advantages both to the medical officers themselves, to the officers of the regiment and their families, and even to private soldiers; they all preferred a man whom they know to a total stranger. When the present system had been carried out for a short time in Dublin, I was walking with another medical officer, and we agreed to ask the first ten soldiers we met what was the name of the medical officer of their regiment, and not one of them knew it, he had been changed so often.

781. There have been some questions raised here with regard to the manner in which the examinations for entrance into the Medical Department of the army are conducted; do you think they are carried out under good conditions at the present time?—I cannot say much on that subject. I have not considered it sufficiently, and I cannot say that I know very much of it. Under the present competitive system the officers that entered the Service are as good, if not better than they ever were; more especially is that the case when they have gone through a course at Netley; there is undoubted superiority in their case.

782. Some questions have been raised about the permission of house physicians and house surgeons in any large hospital to be allowed to enter without competition; what would you think of that proposal?—The London hospitals have such an enormous choice, they have the choice of the whole profession; the choice of the medical service would be restricted to a smaller number comparatively.

783. I mean that the men who have been house

physicians or house surgeons at the large hospitals should be allowed, if they pleased, after a certain number of years' employment there, to enter the medical service of the army without competition?—That is quite a different question.

784. *Mr. Macnamara.* There is a clause in the last Warrant, of 1887, by which the authorities have power to appoint half the number of officers to the Army Medical Department direct, without submitting them to competitive examination?—I was not aware of it, or had forgotten it.

785. And the question is, whether it would not be a considerable advantage to allow those appointments to be filled up by the house surgeons and house physicians of the hospitals, without any examination?—It is entirely a question of competence and fitness; a special examination is necessary for military hygiene and tropical diseases.

786. *The Chairman.* Is there any further statement that you would like to make to the Committee?—With regard to honours and rewards, I think that is a very burning question with medical officers. One of the inducements to enter the service, and one which gives the greatest advantage in the world you can possibly obtain, is the hope of distinction and a certain social position, the system of honours and rewards that are so largely given to military officers, and so very sparsely given to the medical officers, who undergo all the same hardships and exposure, and very nearly the same dangers in war. I have been myself seventeen times under fire when actually engaged in my duty.

787. You are not entirely without honour, are you?—I may state that the honours I received and enjoy now I received thirty-five years ago; and although I have been through two campaigns since, at the head of a department, I have received nothing special. Had I been a military officer, and been nearly forty years C.B., I should have been promoted long before this to a higher grade; whereas I have been passed over by men both being junior in the Service and the order in my own department and out of it, some of whom have never been out of England since the Crimean War, while I have been on foreign service and in two campaigns, and the head of my department, as I think Admiral Hotham knows, and eight times mentioned in despatches.

788. Then you think that honours and rewards are not sufficiently bestowed on the medical department?—I think all they can fairly ask for in the higher grades is a proportion somewhat more approaching the other scientific branches of the army, say the Artillery and Engineers. When I have occasionally remonstrated against being passed over, I have been told that I was not formally recommended, that the medical department has already more than it is entitled to; they have no vacancy, and all that sort of thing. I should like to add, if permitted to do so, that the postponement of honours for war services performed more than a quarter of a century ago, in favour of more recent but not more deserving claims, is open to misconstruction, leading to the inference you have been guilty of misconduct, and is neither fair or just.

(The Witness withdrew.)

DEPUTY SURGEON-GENERAL WILLIAM GERARD DON,
M.D., examined.

789. *The Chairman.* Where are you serving at the present time?—I am connected with the recruiting service at the present time, as a retired medical officer.

790. You have had experience, in the course of your service, both of the regimental and staff systems?—Yes; I was nearly ten years in the 28th Regiment, six years with the Royal Engineers, and two years with the Royal Artillery as regimental officer.

791. With regard to the social position of the medical officer, do you think that it was better under the regimental system or the other?—If you ask me my personal recollections in the matter, of course I look back to the regimental system with very great pleasure. Many of the best friends I made in the Service were my brother officers in regiments. That is my personal recollection of the matter. But times have changed, and the army generally has changed so much that I would not say that the position of the regimental medical officer now would be better than that of the departmental officer, if the department were on a sound footing.

792. Do you think that the change of system has had anything to do with the discontent that is said to exist among medical officers with regard to such questions as that of rank?—I do not think it has. I think that has arisen since, but not on account of the abolition of the regimental system.

793. To what do you ascribe that discontent?—To a great variety of comparatively small causes. I think one of the chief causes has been the uncertainty with regard to the finality of any position conferred from time to time on the medical officers; and the fact that a medical officer has never had accorded to him any proper defined army status, like other departmental officers.

794. He never had any strictly defined status at any time, had he?—Never; he never had anything but relative rank, which is a rank in relation to others, not in itself a distinct rank so to speak.

795. What remedies would you propose for the present state of things?—May I ask in what direction?

796. I mean with regard to this question of rank?—If you ask me, I am not personally in favour of strictly military titles, but rather in favour of a compound title. But putting aside my personal views, I am certain from what I know of the great majority of young medical officers, and they are the men who must be consulted, for it is the future that must be considered, not the past, they demand and will not be satisfied with anything under a clear substantive army rank and military title conveying that rank.

797. With, of course, limited command?—Of course.

798. Do you yourself see objections to giving them that rank?—I see none.

799. Then why do you yourself prefer what you call a compound title?—Because I am probably an old fashioned man; I have been 32 years in the Service; that may be it; one cannot get rid of one's early associations. I do not want to be called Colonel Don, as I sometimes am, by those who do not know better; but I am influenced by what I find amongst the young class of officers who have never come under any regimental system; they are entirely a new body, and know nothing of the past. I speak with regard to their feelings more than my own.

800. But with regard to your own feeling, what titles would you give which you designate as compound titles?—There are two ways of giving a compound title. There is the American system, by which a man would be titled "Captain Smith, Surgeon," or "Colonel Jones, Surgeon." I would call that the affix system; that is, putting the professional designation after the military title. Then there is another compound title, "Surgeon-Captain" or "Surgeon-Colonel;" I would call the prefix system, putting the professional first. Those are the only two ways I know of in which a compound title could be put together.

801. Am I correct in supposing that the difference between the proposal with the word "Surgeon" as the affix, and what you call the prefix proposal, is that the young surgeons would style themselves simply "Captain" or "Colonel," with any affix?—Or the American principle they would; and that is the principle that the majority of young surgeons approve of. If the Medical Staff and the Medical Staff Corps

were amalgamated into a regimental or departmental corps, the military titles would follow as a matter of course; the same as in the Army Service Corps, which was recently the Commissariat and Transport Staff.

802. Have you ever considered the feasibility of giving honorary rank to medical officers?—I do not see what good honorary rank could do. It gives a title, and gives a certain status; but it confers nothing substantive, and, so far as I understand, is likely to be done away with altogether. It has been done away with, so far as the Commissariat are concerned; and as the Ordnance Store officers and Paymasters will now be drawn from the combatant ranks, of course I presume they will wish for and receive not honorary but substantive rank and titles. I do not think honorary rank would last long, even if it was given to the medical officers. I think there would be an agitation to get rid of it, if they were to be the only officers holding it. Army Riding-masters, and Quartermasters, and Schoolmasters at present have honorary rank.

803. This complaint of the medical officers has arisen ostensibly owing to the abolition of relative rank by the Warrant of 1887?—That is so.

804. But do you think that it would have come to the surface anyhow even if that warrant had not abolished relative rank?—Sooner or later it must have come to the surface. The friction would inevitably be so great if we had a war, if the position of medical officers remained undefined or a floating quantity; I believe that if we went to war, in two or three months the substantive position of medical officers would have to be recognized the same as that of other officers who have limited command over men, and are in charge of public property and all which that involves.

805. With regard to the question of retirement, can you tell me whether a large proportion of medical officers who arrive at 20 years' service avail themselves of the option which they have of retiring at that date?—I do not think a large proportion do. I think a very moderate proportion do. I make this general statement which I think can be borne out on investigation, that a large number of the medical officers who retire after 20 years' service do so either from having broken health, and finding that they cannot face the hard executive service which they have to undergo in such places as India; or they do so from seeing no chance of further bettering themselves in any way in the Service; they feel they never can get into the administrative ranks within any reasonable time, and cease to be ambitious, and leave the Service.

806. And when they leave the Service in that latter case, to what do they propose to betake themselves generally?—Many accept half-pay appointments at home, they are willing to do that; very few of them take to civil practice, for the reason that an army life of 20 years generally leaves delicate health, and unfits men for private practice; you cannot begin private practice then, you must begin young if you are going to acquire a good practice and build it up.

807. It has been suggested to us that under certain circumstances it might be possible to get young medical men to join the army for a limited space of time, much shorter than the ten years, which was felt to be an unsuitable period, do you approve of that view yourself; do you think that if young men were allowed to come in for five years, many would do so?—I think you would probably get a certain number, but I question if you would get anything like the best class of men.

808. Even if they had the option of remaining if they wished to do so?—Even if they had the option of remaining. I know that the best students from Edinburgh, London, Dublin, and elsewhere, may on becoming qualified take a voyage, say, in an Orient or a Castle steamer, to see a little of the world; but that done, they always endeavour to settle down as quickly as possible, because they find that if they do not settle down young they are liable to be out-

distanced by their compeers, and not to get into the practice they would if they started sufficiently early; or perhaps they get into an assistant partnership with an older man.

809. If some gratuity were added, do you think it would be any temptation to them to join?—That was practically tried and failed before, between 1873 and 1876, when the men nicknamed The "Thousand Pounders" came into the Service, because they retired at the end of ten years with 1,000*l*.

810. But there is a great difference, is there not, between the period of ten years and five years?—There is a considerable difference of course.

811. The latter would be much more attractive to medical students, would it not?—Possibly it might be; I am not prepared to say it would not. However, I think the great majority of medical men enter the Service as a life career. I may state from my own experience; some of my people were connected with the army on and off for many years, and when I was a boy my name was put down in a hereditary sort of way for a commission in the Indian Service. Thus, I think that a considerable number of the older medical officers were the sons and relations of others who had been previously in the Service; they came into the Service, in fact, as a kind of hereditary pursuit. This was before open competition.

812. From your acquaintance with officers in the Service, do you think that in the next few years we are likely to have a very large accession, what I may term an abnormal accretion, to the retired list?—I do not think so, if the Service was reorganised as I should like to see it.

813. And what reorganisation would you like to see in it?—I should like to see the total abolition of the Deputy Surgeon-General list, and a corresponding increase of the Brigade Surgeon list. I would give the Director-General and the Assistant Adjutant-General, who co-operates with him, full power to select from such Brigade Surgeons officiating principal medical officers. Of course I would not interfere with the Surgeons-General list. I would Gazette these selected Brigade Surgeons, the same as the Assistant Adjutant-General, or Colonel on the Staff Commanding Engineers or Artillery, in a particular district, and say, There, you will be principal medical officer for three or five years, and be part of the General Officer's Staff. I would give Brigade Surgeons charge or staff pay while employed as principal medical officers. Then from the men so tested the Surgeons-General could be selected. The present system keeps men hanging on waiting for promotion until they are too old, and a great many of them worn out. You must have comparatively young men for administration in field service; if there was a war to-morrow, you would find that a great number of the seniors would necessarily physically collapse.

814. In your opinion the retirement at present is too small to keep the Service thoroughly efficient?—No, I do not mean that.

815. I do not mean the rates of pay; I mean the ages of retirement?—No. I think it is a mistake to keep on officers, whether administrative or executive, too long. You want to have an efficient service, and you cannot expect a man of 60 years of age to display the activity that he did at thirty. Yet that seems the idea.

816. What is the age of retirement of a Brigade Surgeon, is it not 55?—Yes, 55. If you put him in an administrative rank, of course you would not retire him at 55; I would keep him till 60, or while the administrative appointment to which he had been gazetted lasted; but if you keep him in an executive rank, I should say that 55 is quite long enough, considering that executive duty means the possibility of duty night and day.

817. Then the change that you propose is to increase Brigade Surgeons at the expense of the Deputy Surgeons-General?—Yes, in place of them.

818. What sort of difference does that make; at the present time the Deputy Surgeons-General I

apprehend are selected from the Brigade Surgeons?—That is so, seniority tempered with the mildest form of selection. I do not know more than three or four Brigade Surgeons who have ever been passed over.

819. Then you think that, if selection were more largely exercised, a great many Brigade Surgeons who remain on now, would retire then?—Probably, if not selected for administrative positions as Brigade Surgeons; we have nothing to induce us to remain on; nothing but hard executive work. Not one man in fifty has a chance of displaying administrative ability till he is an old man close on fifty-five, when he may be promoted to be a Deputy Surgeon-General. I may say that such a poor prospect was one of the chief reasons that made me retire, besides questions of health.

820. *Sir William Crossman.* The principal medical officer now is one of the staff of the General; by the Army List you will see that he is on the staff of the army?—He is on the staff of the army according to medical regulations; there is a paragraph to that effect.

821. I thought by your answer just now you seemed to imply that he was not?—He is not properly on the staff of the General Officer Commanding, in the sense I would make him. By my proposal a selected man for the position of principal medical officer, would be gazetted in exactly the same way as an Assistant Adjutant-General, or Commanding Royal Engineer, or Commanding Officer of Artillery on the Staff when they are selected and posted to a given station.

822. You are being paid now specially; you are on the Retired List?—Yes.

823. And you get 150*l.* a year besides?—Yes, besides 500*l.* a year retired pay.

824. Taking your retired pay with the 150*l.* a year, how much less is that than you would have received if you had remained in the Service?—It would, as a Brigade Surgeon, be less servant's allowance, and probably forage. I could not say all the items without calculating the thing out. 150*l.* a year is 8*s.* a day.

825. What rank would you have been now if you had remained?—I should have been, if promoted, the Junior Deputy Surgeon-General except one.

826. That is 999*l.* 9*s.* 8*d.*?—Yes, I should have had about that if a Deputy Surgeon-General. I was speaking of a Brigade Surgeon.

827. What do you get now?—650*l.*, including the 150*l.*

828. That is 800*l.*; that is a saving of 150*l.* a year, besides allowances?—No, nearer 350*l.*, if I had been promoted. If I had been Deputy Surgeon-General I should be drawing very much higher pay than I am now.

829. I want to know what the saving would have been by employing you with 150*l.* a year, instead of employing a man of the same rank as you would have been if you had remained on?—Probably 350*l.* a year, besides a less pension of 150*l.* in prospect, if I had obtained the rank of Deputy.

830. *The Chairman.* You retired at the optional age?—Yes, four years ago.

831. Optionally?—Yes.

832. *Sir William Crossman.* What age were you then?—In my 50th year; I am 53½ now.

833. You had had how many years' service when you retired?—28 years' service. I have 32 now.

834. I think you said just now that you left because you found no opportunity of getting into the higher administrative rank?—Before I left I was six years in the medical branch of the War Office, doing entirely administrative work; practically, I felt I could hardly go to India and take executive charge of a station hospital; it would have been dangerous to my health, and risked my future for doubtful promotion. I had seen a good deal of service out there.

835. Do Brigade Surgeons do the executive work in hospitals at home?—Yes, they are in command and administration of hospitals, stores, and public

property, and in charge of the whole of the patients of the hospital. Theoretically they have personal charge of every patient in the hospital. Of course practically that is a total impossibility; but they are always consulted by those under them who are in immediate charge.

836. Do they attend the wards?—Every day. When I was in charge of a station hospital, besides my own wards I walked round the other wards every day, and saw every patient whom it was necessary to look at.

837. *Rear-Admiral Hotham.* In one of your answers you said that under the present system the friction would be so great that if you went on service substantive rank would have to be given: why did not this friction take place on former campaigns?—I think if you go into the historical part, you will find that it took place in the Crimea, and very badly too; there was considerable friction. That was one of the things that came out before Lord Herbert's Committee.

838. I never heard of that case of friction for two years in New Zealand, the whole time?—The medical officers at that time neither had command of men nor charge of stores, nor had they to do the work which another body was then paid to do. Now they do all the work, and save the expense of another large body of men at that time called the Purveying Department.

839. I see in paragraph 271 of the Royal Warrant that an officer of the Medical Staff has command to a certain extent over the men that are attached to the Medical Staff Corps?—Yes.

840. Might I ask what that command means?—It means the administration of all minor punishments which an ordinary commanding officer would be empowered to give. If an offence was committed which is supposed to involve a court martial, then the evidence for that would be submitted through the principal medical officer to the General Officer Commanding the district, and he would decide whether a court martial should assemble or not.

841. Then the medical officer at the present moment can punish men of his own corps?—Distinctly.

842. Can he punish men of other corps who happen to be attached to him for the time?—Yes. That word "attached" was used with special object, and with reason. For instance, during the Zulu and Boer Campaigns a medical officer was on several occasions when marching down country placed in command and charge not only of his own men, but of a number of other men passing down country, and it was found that he had no power to punish these men if they committed an offence, although he was the only officer on the spot. Therefore they were considered in the new regulations in the position of men for the time being attached to his column of the Army Hospital Corps for duty. Under conditions of that sort he would have command of these men, and be able to exercise discipline over them, the same as if attached for duty, because there was nobody else there to do it.

843. We heard here this morning from one of the witnesses that he had known a medical officer sit on courts martial; have you ever heard of such a case?—Yes, but I never did it myself. If he is required, and nobody else is available to make up the number necessary for the quorum of a court martial, he would sit on it.

844. I think at the present moment the age of retirement of a Surgeon-General is 60, and for a deputy Surgeon-General the same?—Yes.

845. Do you think that is correct?—In what way?

846. Do you think that a Surgeon-General and a Deputy Surgeon-General should both retire at the same age?—They are different in rank, but they have no difference in duty. If you consider the matter of duty, the strain upon one is just as great as upon the other. The Deputy is in no sense the real deputy of the Surgeon-General, he occupies a distinct position, and does his duty independently of him. Physical efficiency is as necessary in the one as the other.

847. Then you do not think 60 too young for a Surgeon-General's retirement?—In nine cases out of ten I do not; perhaps you will find the tenth man in sufficiently good health and vigour to go on; but if you take the average of mankind at 60, they are not able, for instance, to ride from various causes, or stand the wear and tear of a campaign.

848. *Sir William Crossman.* But as the retirement of one rank is very much higher than the other, do not you think that if they are allowed to retire at the same age, a man ought to serve a certain period in the higher rank before he is allowed to get the pension of the rank?—I have thought out that, and I think that all selected officers should be obliged to serve a certain period in a higher rank before they are allowed the pension of that rank, just because they are selected; but I should not apply any such rule to a mere Surgeon-Major who automatically moves up after 20 or 25 years service; I would let him go optionally, if there is no military objection; but in the case of men specially selected as Brigade Surgeons, Deputy Surgeons-General, and Surgeons-General, I think it is reasonable to ask them to serve a certain short time. Formerly, I think I am right in saying that the Surgeons-General had to serve in the rank three years. Of course if a man's health broke down during such "reasonable period," I should say then, on the certificate of a Medical Board, it would be but fair to give him the retirement of the rank; he cannot help a disability.

849. *Dr. Graham Balfour.* In talking of the Crimean War, you stated that there was great friction in the Medical Department; was there not rather a complete breakdown in consequence of their having no power to carry out their departmental duties?—Yes, exactly.

850. Not friction, but a breakdown?—Almost a complete collapse.

851. And under the system which has been since introduced no such breakdown has occurred in the Service?—A breakdown would be unlikely or impossible if you put the power into the hands of a man to do a certain thing, and he had the authority to do it; but if he has to get the authority of half-a-dozen others, and does not get it, there is necessarily a collapse.

852. Whenever you put an officer in a position of responsibility you ought to give him the power to carry out the duties involved?—Yes.

853. *Sir William Crossman.* That is, assuming that everything went on as it should under the new system?—Yes, I think it would. I may safely say it has done so in Egypt. So far as the organization of the Egyptian Expeditions was concerned, I had to do in carrying that out; I was at the War Office at the time.

854. *Mr. Macnamara.* But in the Egyptian Campaign the pressure or friction, if we may say so, was almost acute, was it not, and was constantly occurring in consequence of your not holding definite rank?—The chief friction that took place in the Egyptian Campaign was, I believe, that the medical arrangements were very often upset by the taking away of transport and making sudden arrangements without informing or consulting the principal medical officer, who had not time to make new arrangements. Still, there was a certain amount of friction of course, from the uncertain rank of medical officers and divided authority.

855. *The Chairman.* On that point would you give in that case to the medical officers the power of preventing transport being taken away from him under any circumstances?—No; I would make the General Officer Commanding the judge, and entirely supreme; but I would not give the power to anybody else. I would not allow any second man to come and take it away; let the responsibility rest upon the proper shoulders.

856. *Mr. Macnamara.* Do you think that the responsibility would be better defined and clearer

if the medical officers had titular rank?—Most distinctly.

857. And you rather approve of the suggestion which was made in Sir Ralph Thompson's Report, that the army medical officers should be amalgamated or form one Royal Medical Staff with the Army Medical Corps?—Yes; I think that would be a very good solution indeed. As it is at present they are in a most disjointed condition, the officers and the corps; and in fact in the same anomalous position as the Commissariat and Transport Staff and their officers were before they were recently reorganized into the Army Service Corps. The objection to making us regimental officers was stated to be largely a financial one, that thereby we should lose staff allowances; but that difficulty has very well been got over not only in the Commissariat but in the Royal Engineers, where they get pay proper, and other pay considered necessary to make up to them sufficient remuneration as professional officers.

858. With regard to the matter of punishment of men in the Staff Corps, medical officers not only have the power of punishing, but also the power of promoting these men: he promotes them, does he not?—He recommends the promotion. Promotion rests with the principal medical officer and the Director-General; it is hedged round by certain examinations and conditions for Corporals, Sergeants, Compounders, and so on.

859. Do you think it is necessary to have a professional examination in the higher grades of the department?—A professional surgical or medical examination do you mean?

860. Yes?—No, I do not. I think that to professionally examine a man like myself of mature years is most derogatory. I want to know who has a right to examine me at my time of life in medicine or surgery. I would certainly advocate an examination on strictly technical matters connected with the Service.

861. *Dr. Graham Balfour.* Would you abolish the professional examination of surgeon before becoming Surgeon-Major?—Not altogether; but I should limit it to a strictly practical examination; I would not make it a theoretical examination on medicine or surgery.

862. *Mr. Macnamara.* With regard to the entrance of medical students into the army, that must largely depend, must it not, on the feeling in the medical schools?—Undoubtedly.

863. Therefore, so far as that matter is concerned, whether medical men would enter for five years, the authorities in the schools would probably be the people who would give us the best information?—Yes, but I have a doubt whether that would be acceptable to a good class of students.

864. A statement has frequently been put forward to the effect that of 922 medical officers, no less than 75 per cent. have expressed their belief that it is necessary for the efficient working of the medical service that military surgeons should be granted military titular rank: do you think this opinion exists and is shared by so large a proportion of the Service?—I think so. I think there is every reason to believe that the statement is practically correct.

865. *Lieutenant-Colonel Cotton.* Do not the opportunities afforded for passing examinations and obtaining Fellowships at home operate hardly upon those in the foreign service?—Yes; I think that the substitution of a Civil Fellowship for examination into the technical duties of the army medical officers is absurd; they have no connection at all. A man may be a Sir William Jenner professionally, and yet from lack of special knowledge and training totally unfit to conduct the administration of an army corps or a division, or a bearer company, or anything else military, in peace or war.

866. But there is some advantage, I suppose, as regards the improvement of the candidate in medical science?—That is just the point. If a man has practised his profession 25 years, and is still ignorant

of it, then he can never be made much better by getting a Fellowship through an examination and a payment of money.

868. Nothing more than that?—No.

869. Still as long as the thing exists, ought not facilities to be placed in the way of medical officers of all grades alike?—I quite agree with you; I see what you mean: that it does operate hardly on those on foreign service who have not an opportunity of qualifying by means of fellowship.

870. My question was directed more to that than to the question of whether it was a good thing or not. Do many officers avail themselves of that?—I know several who have. I know a man who is now trying to qualify through that portal, who failed to qualify through the ordinary examination some years ago, and had been passed over.

871. You look upon it as a sort of back-door?—I will not say so, but I look upon it as having no relation whatever to the technical duties of a medical officer as an administrative officer.

872. *The Chairman.* Have you any further statement that you would like to make to the Committee?—May I make a statement with regard to the general duties of medical officers?

873. Certainly.—I would like to say that the duties of a medical officer are, in their exacting nature, unlike those of any other officer; the medical officer works every day of the week, night and day; his duties, and the possibilities of his duties, never cease; and I think this excessive strain is one of the chief causes of the very large percentage of breakdowns in health, and loss of life which the Medical Department sustains compared with other departments of the army. I think this has not been sufficiently recognized as a reason for giving not only good pay but early retirement. I think that has very often been overlooked when a comparison is made between the cost of medical officers and another set of officers in pay and retirement; they forget the incessant work, and possibilities of work, and consequent strain that is on medical officers. I speak from personal experience. I was never safe for many years of my career to eat my dinner in quietness, or to go to my bed with the certainty of getting undisturbed sleep.

874. *Mr. Macnamara.* Do you think yourself that if a less amount of pay and pension and so on were given, you would get anything like an efficient set of medical men to enter the Service?—I do not. My youngest son is studying medicine at the present moment, and it entirely depends on the condition the department is in at the time he becomes qualified, whether I allow him or recommend him to come into it. That is a fair sample of feeling at present.

875. But you have no fault to find with the pay as it exists at the present time?—Not the least. I think it is both good and sufficient to attract as good men as you could wish to come into the Service.

(*The Witness withdrew.*)

SURGEON-GENERAL CHARLES D. MADDEN, *examined.*

876. *The Chairman.* Where are you serving at the present time?—I am at Netley Hospital.

877. Are you only recently returned from foreign service?—Only a fortnight ago.

878. After how many years' foreign service?—I have been this last time seven years and a few months, and I was four and a half years abroad before that, with 8 months' interval between the two.

879. And how long has your service been in the army?—I am in my thirty-fifth year now.

880. You have heard, no doubt, of the discontent in the medical service owing to the abolition of relative rank by the Warrant of 1887?—Yes.

881. Do you think that that discontent is widely spread?—I think so.

882. And in the lower ranks of the service, the junior ranks?—Yes, they all feel it.

883. You think the complaint is general?—Yes. When the Warrant abolishing relative rank came out, there was certainly one case I know of where a senior officer of the department was told in the mess room that he had no rank; that has happened within my experience. I can certainly say that it happened in one case.

884. Do you yourself consider the grievance to be a real one?—Personally I cannot say I do.

885. When you say personally, do you mean with regard to yourself; or that it is your opinion that this want of rank does not act prejudicially in the Service?—I think it acts prejudicially. Personally, I have not been actually in contact with men and officers of late years; my work has been chiefly inspecting, and office work. I have not felt the pressure that others complain of.

886. So long as the 1884 Warrant was in force, was this grievance felt to the same extent?—I think it was. I think that the recent Warrant abolishing all rank brought matters to a head; that perhaps, if this recent regulation had not been made, matters would have gone on smouldering.

887. Then in your opinion the Warrant of 1887 was merely the occasion, and not the cause, of the complaint?—I think so, certainly.

888. To what do you ascribe the origin of the complaint?—As the medical officers have entire command in their hospitals, and over their own men, the want of rank is felt on that account in the first place; and, in the second place, it is felt socially.

889. I presume you mean that that want has always been felt?—Yes. I think that, socially, the loss of rank was a great misfortune.

890. When you say the loss of rank, do you mean that the officers have sustained an absolute loss of rank by the abolition of the term "relative rank"?—Yes, I think they have absolutely. They have no rank at present; and it has been cast in their teeth in more cases than one. I speak of India.

891. What change would you yourself propose?—I think there is only one way of meeting the difficulty, viz., by granting army rank, or substantive rank; I believe it is now called army rank.

892. It is virtually the same thing, is it not?—Yes.

893. With, of course, limited command?—Yes; not beyond their own sphere.

894. You say that the want of rank has been more felt in India than at home; to what do you ascribe that?—I did not mean to convey that; it has been felt very much in India, but I will not say that it has been felt more there than in England.

895. *Mr. Macnamara.* You said, I think, that you had only had experience in India?—Yes, in recent years.

896. *The Chairman.* Have you yourself, when serving in India, felt the want of rank?—Not personally.

897. Because you have been chiefly employed in an administrative capacity?—Yes, entirely of late years, during the 12 years I spoke of.

898. You are aware, of course, that considerable objections are entertained to giving to medical officers army rank;—Yes, I am.

899. And are you aware of the reasons for those objections being entertained?—I believe the reason is that it would interfere with the Executive. It was thought, I know, that it would interfere with the Executive.

900. For social purposes, and other purposes of that kind, the medical officers do, at the present time, rank with other officers, do they not?—They are said to have relative rank; but, at the same time, relative rank is abolished.

901. But, as a matter of fact, they do rank with the other officers, do they not, when they are together; at least it is so printed in the Army List?—Yes, it is printed so in the Army List; but the relative rank carries no weight or status with it.

902. And if honorary rank were conferred upon them, which has been conferred in the case of the Ordnance Department, do you think that that would meet the grievance?—I do not think so.

903. Why not?—I do not think that it would carry sufficient weight for a medical officer, who has, in his own sphere, command of his men and of patients. I think that the soldier would scarcely appreciate it.

904. I will go to another point: with regard to the entry into the Service, do you think, from your knowledge of the Service, and your knowledge of medical students, that if a short period of service were allowed, say five years, that would attract many young men who do not now enter the army?—I do not think it would be popular. I think in a Warrant of some years ago short service was allowed.

905. For ten years.—Yes; and the officers then left with a gratuity; but, to my recollection, I have met with very few officers who embraced those terms.

906. There is, of course, great difference between ten years and five years in an early period of a man's career?—Yes; and I think that in addition, it would be a loss to the Service, because the officer would leave; and as soon as he had gained the experience of five years he would be lost to the Service, and his training would be thrown away.

907. If, on the other hand, he had the option of remaining if he wished to do so, might there not be some advantage in such a term of service?—It might be tried.

908. You would see no objection in trying that?—No, I am not aware that I should at present.

909. That you see no objection to it?—It might be tried if the option were given of remaining.

910. With regard to the question of retirement of medical officers, do you know whether the right to retire after 20 years' service is much valued?—Many take advantage of it, on account of the pressure of foreign service and other grievances.

911. Do you anticipate that a large proportion of those who have come to 20 years' service will avail themselves of the option, from your knowledge of the Service?—I think that latterly a great many have done so.

912. Has that been owing to failing health and the severities of the service, or to other causes?—Chiefly from the severities of the service; foreign service is very severe.

913. Do you think, from your knowledge of the service, that if any change were made in the rates of pay and retired pay, we should be able efficiently to officer the Service with medical officers?—I think that the present rates of pay and retirement give satisfaction. I think that if they were altered perhaps there might be a difficulty, especially in the retirement.

914. *Mr. Macnamara.* You say that the rate of pay and retirement give satisfaction; do you think that that applies altogether to the British medical officers in India?—Not altogether.

915. And for what reason?—I think that the Brigade Surgeons are very hardly treated in India. They have an enormous charge; I do not think any one knows better than I do the extent of their liabilities. I will not say their liabilities, but their duties and responsibilities. They get no increase of pay for the charge of a large station hospital, say with 300 or 400 beds; and that, I know, has been a source of great grief to them.

916. And, further than that, the medical officer in India receives no allowance, or no proper allowance, for travelling expenses, do they?—In that respect he is on exactly the same footing as other officers. I do not know how that could be complained of. No one in India gets what is called personal allowance for travelling. Officers travel on a warrant, and their expenses are paid. No commissioned officer gets what is called personal allowance, as we have in England.

917. Do you think it is in any way a grievance

that medical officers in India should not be allowed any horse allowance?—I think it presses hard in many cases.

918. It is very difficult, is it not, for a medical officer to get about a large station without a horse or a palki?—Yes. The horse allowance is a rupee a day for a horse.

919. That would cover the palki, would it not?—Yes.

920. He cannot walk without injuring his health?—No, this has been felt very much; and in several cases in India I have been unable to get horse allowance for officers employed in stations in the hills, especially in the gullies, where there is a large amount of walking. On my recommendation to the Indian Government they have in some cases allowed it. I know there have been epidemics at different stations where the whole of an officer's time has been spent in attending his patients; and if he has to walk he cannot do the work efficiently.

921. The privileges of the Warrant of 1879 have not been extended to India with regard to pay. The pay of a medical officer in India now, at first starting, is precisely the same as it was some 12 years ago; he gets 317 rupees a month?—Yes; he gets no pay for the extra rank; until he has had six years' service, and then he gets 419 rupees, as well as I remember.

922. *Dr. Graham Balfour.* With regard to the travelling allowance in India, is it not the case that there is a regulation that an officer going from one appointment to another, where he gets a higher rate of pay, must travel at his own expense?—Yes, if it is what is called a beneficial appointment. I left Madras to go to Bengal, and the increase of pay was 200 rupees a month; I had to pay my own way from Madras to Calcutta. And that is the case always, not in the medical branch of the Service only, but in every branch. The Indian Government will not allow travelling expenses, and will not allow the privilege of travelling first class at second class fare.

923. Does that rule apply whether you get the appointment at your own request, or in the interests of the Service?—It applies to all cases.

924. Do you think that the regulation which was brought into force in 1868, by which medical officers were debarred from serving on Boards and Committees, is an advantageous one for the Service?—Now they attend as witnesses.

925. Yes.—I think it was advantageous. I think it prevented difficulties in the way of rank.

926. In what respects is it advantageous?—In this respect: that it was brought in to avoid the difficulty of rank.

927. But does it not very much amount to this: that having a class of officers peculiarly qualified to investigate certain questions, you do not appoint them on Boards and Committees where these questions are to be examined, but you order their attendance as witnesses before a Board or a Committee which has no special aptitude for examination into these questions?—Yes; but if there were any special sanitary subject, the Board would then be differently constituted.

928. Not according to the Army Regulations of 1868, in which that Regulation first appears?—I have myself frequently been on Boards at Simla, where I have not been a witness, but a member.

929. Do you not think that if the regulation which was introduced by the Warrant of 1858, by which medical officers might serve upon everything else except Courts Martial, and sit as Presidents of Boards or Committees, but not of Courts Martial, it would be an advantage that would be appreciated by medical officers?—I have never heard any complaint regarding a medical officer being a witness on a Committee. The medical officer is not a member, but he attends as a witness. I have never heard that the medical officers consider it a grievance.

930. *Sir William Crossman.* The whole pay of the

Medical Department in India is provided by the Indian Government, is it not?—Yes, I think so.

931. And they make all the regulations as to allowances?—Yes.

932. They do not follow those at home?—No, they do not necessarily follow the Home Warrants.

933. Do the other regulations of the Medical Service apply equally in India as in England, or are there separate regulations for the India Medical Service?—Entirely.

934. Which are applicable to the Royal officers who go out, as well as to the India Service?—Yes; Volume VI of the India Regulations, which applies solely to the medical service.

935. Those regulations are framed by the India officials, and not by the Medical Department here?—Yes.

936. *The Chairman.* Have you any other statement which you would like to make to the Committee with regard to the medical officers and their position, or pay, or retirement, or anything relating to their employment?—I wish to say that it would be a great advantage in many ways, both socially and for the good of the Service, if officers were, from time to time, attached to regiments. I know that it would necessitate an increase of establishment; but I think that it would be a great advantage, both to regiments and to the officers, to be connected with regiments for a short time on first joining.

937. You only speak of it when they first join?—I would not leave them with regiments. I know there are a great many difficulties in the way. There are difficulties as regards the increase of establishment; and the officer would be, as it were, for a time out of the current, and off the roster; and there would be the difficulty that he would serve, as it were, two masters; he would have his Colonel to serve, and also the officer in charge of the station hospital, because he would have to do duty there as well as in his regiment.

938. *Sir William Crossman.* Do you think that it would necessarily cause an increase of establishment?—I think it would in this way: it would disturb the foreign service roster, it would take a certain number of officers for a certain time, at all events, off that roster. If the officer who was attached to any particular regiment were to be given a minimum of three years, he would be off the foreign service roster; some one would have to take his place.

939. *Dr. Graham Balfour.* Would you remove him from under the control of the principal medical officer of the district, and put him entirely under the control of the commanding officer of the regiment?—No, I would not do that. I do not think that would answer.

940. Then to what extent would you give the principal medical officer of the district power to interfere with him, and remove him from the regiment for any duty he might think necessary?—I would not give any power of removal. I would give power to the principal medical officer to appoint him on any inquiry he might wish, or to order him to do duty in the wards of the hospital; it would not be sufficient duty for the medical officer to have charge of a corps only.

941. Have you ever found it necessary in India, as principal medical officer, to put the same officer in charge of two corps?—In India I have done it frequently, but in the case of native regiments; under the old regimental system in the British army, I presume it was very often done.

942. But if your suggestion were carried out, would not there be some practical difficulty in working it?—Yes, there are practical difficulties, I am quite sure of that, but I think the advantages of the proposal, both socially and to the officers, and for the good of the Service, would be considerable.

943. *Mr. Macnamara.* There has been a point raised with regard to the roster; would it not be an advantage to have the roster for foreign service hung up in the principal medical officer's room, or in some

place where it would be more accessible than it is at present; it used to be exposed?—In my memory it used to be in a large book in Whitehall Yard, and we could always go and consult it. I believe that has been changed.

944. It should be readily accessible to every officer in such a position?—Yes. I think that every one should have access to it. In India we have a roster for active service; we call it foreign service, that is, beyond the borders, and twice a-year it is revised. The officers recently arriving in the country go to the top of the list; and the revised roster is sent out to every station hospital twice a year, so that everyone knows exactly when they have to prepare. We find that answer very well, and the officers are very glad to know exactly how they stand.

945. *The Chairman.* Then I gather that you do not see any other way of defining what a medical officer's rank is, except by giving him a military title?—Substantive rank. I do not like the idea of the military title. Substantive rank, or army rank as it is now called, is what I suggest.

946. Would not that army rank carry with it the army title?—I think the professional title ought to be in advance of everything.

947. Will you kindly tell me in detail the exact title which you would give to medical officers?—I would give a Surgeon-General the title of Surgeon-General, with the substantive rank of Major-General.

948. Then would he use the title of Major-General in any way; would it appear?—That is the difficulty I do not see a solution of, but I think that to give medical officers the titles of military officers is quite foreign to their calling in every way.

949. But how could you give a medical officer the substantive rank of Major-General without giving him, in some way or other, the use of the title of Major-General?—It is a great difficulty. Unless his rank could be put after his name, I do not see my way out of the difficulty.

950. At the present time, I think, a Surgeon-General has the rank of Major-General?—Yes, he has the relative rank of Major-General.

951. And it is so stated in the Army List, and apparently it is as clear as words can make it?—And it is always so stated when an officer is gazetted.

952. It is also stated on his commission?—Yes.

953. Can you point out to me how you can give him that rank without using the word which expressed that rank?—I do not clearly see how it can be done at present, unless his army rank is written after.

954. *Sir William Crossman.* Would you call him Surgeon?—He might be called Surgeon so-and-so and Lieutenant.

955. *The Chairman.* And Lieutenant-Colonel, or Major-General, after that?—Yes.

956. That would be your proposal?—Yes.

957. Was I then not correct in saying that is giving to him a military title?—It is subservient to his professional one.

958. You would give him a military title, but subservient to his professional title?—I do not like his being called by a military title.

959. How can you help doing so?—I know it is a great difficulty. I do not see my way out of it.

960. You do not see any way to carry out your proposition which you have laid before us, unless you give him a military title, do you?—I do not. I am in a difficulty about it.

961. *Sir William Crossman.* We have a Surgeon-General already, and a Surgeon-Major: both corresponding with the military rank; how would it do to call them Surgeon-Colonel, Surgeon-Captain, or Surgeon-Lieutenant?—I do not like those titles.

962. You know that there is a great feeling amongst young officers of the army in favour of them?—Yes.

963. *Mr. Macnamara.* Do you think that Sir James Paget and Sir Andrew Clark would better be described as Doctor Sir Andrew Clark, and Surgeon Sir

James Paget?—But then they do not want army titles. I think for a medical officer to be called by a military title is for him to be under a false one.

964. *The Chairman.* Is there anything else you would like to say?—The new foreign service of six years is a source of trouble to many medical officers. I do not think that the first tour on foreign service signifies, because officers are young and strong, and do not feel the pressure of climate to the same extent; but when they get on in years, and have to do several tours, it presses very hardly on them; and I know in India, when the Order came out, it created a great deal of comment.

965. That pressure, I apprehend, will be increased by the employment of retired officers at home?— Yes, very much. Now home service is certainly very short, and the six years' rule has affected the officers very injuriously. I do not think it is for the good of

the Service in any way. I think officers will get sick and have to be invalided. I do not think they will be able to stand the pressure of being so long abroad. Officers in India have the power of extending their service year after year. It used to be a five years' tour, and they could extend for a year, and then another year; and in some cases they have gone on for seven and eight years, and even more. I cannot tell the proportion in which that has been done, but it has been done in some cases. Some years a good many officers remained on for another year's service, and in other years very few.

966. Have you anything else you would wish to say?—No, I have not.

(The Witness withdrew.)

[Adjourned to Monday next at 11 o'clock.]

Monday, 8th April, 1889.

FOURTH DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair.*

MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.

REAR-ADMIRAL C. F. HOTHAM, C.B.

SURGEON-GENERAL T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.

LIEUT.-COLONEL E. T. D. COTTON, M.P.

N. C. MACNAMARA, Esq., F.R.C.S.

R. H. HOBART, Esq., C.B., *Secretary.*

JAMES RICHARD UPTON, Esq., *examined.*

967. *The Chairman.* You are, I think, the Clerk of the Society of Apothecaries of London?—I would rather call myself the Solicitor. I am Solicitor as well, and that is perhaps my proper title for this purpose.

968. Then you advise the Society?—I am the adviser of the Society, and I should like to add that I have done so for 16 years.

969. And you are their adviser in all matters, not only connected with their constitution, but practically in matters connected with medical legislation and things of that sort?—Yes.

970. You are their professional adviser?—Yes, quite so; and I lay stress on having been so for 16 years, because those years represent very great changes in the medical profession.

971. The great change which has occurred in the Society of Apothecaries was occasioned by the Act of 1886?—Yes.

972. Prior to that you, of course, remember that the examinations of the Society of Apothecaries were not esteemed satisfactory, at all events, by the Commission that enquired into the Medical Acts?—I remember when your Lordship was Chairman of the Commission; I did not give evidence, but I was before you.

973. You remember the report?—Yes.

974. You know the opinion of the Commission was that the examinations of the Society were not satisfactory?—Yes, I remember it was to that effect; I do not remember the exact words.

975. Will you inform the Committee of what has taken place in the examinations since that time?—I believe one of the great objections which your Lordship and the Royal Commission then raised

was that our examiners were not selected with a view to any special qualification for examining in particular subjects. Therefore, before the Act of 1886, or rather the Bill which was passed into an Act, was brought in by Sir Lyon Playfair, we had re-modelled our examination in the following particulars:—We had appointed special Examiners in Midwifery; we had appointed special Examiners in Medicine; and we had also appointed three Fellows of the Royal College of Surgeons of England as Examiners in Surgery. But, notwithstanding that we had done that, we could not grant a statutory diploma to our Licentiates to practise surgery.

976. Could you not prior to the Act of 1886?—No, not to practise surgery—certainly not.

977. Your license was limited to medicine?—It was limited to medicine; and we did this in order, as far as possible, that our Licentiates should have their knowledge in surgery tested by our own Examiners as well as by the Royal College of Surgeons; because all our Licentiates in those days took up two distinct diplomas; they took up our diploma in Medicine, and they took up the diploma of the Royal College of Surgeons in Surgery; but we wished, so far as we could, to ascertain their knowledge of surgery ourselves. And it was at that stage of the case that Sir Lyon Playfair brought in the Bill of 1886.

978. When that Bill became an Act will you describe to me what happened then with regard to the Apothecaries?—If your Lordship would permit me I should like to say a few words before I get to that. When the Bill was brought in by Sir Lyon Playfair the two Royal Colleges had already formed a com-

bination or conjoint Board, as it is termed, to examine in Medicine and Surgery; and therefore, when Sir Lyon Playfair brought in that Bill he inserted the 5th section of it most specially in reference to our Society; he knew that the two Royal Colleges had combined, and he knew that the Universities did not require to combine because they had the power of examining, and always have had, in all three branches, and therefore he introduced the 5th clause to enable us, who he knew could not combine and were not an University, to get the same privileges as other bodies. So much was he impressed with this that, at my request, on finding that, if the Medical Council declined to give us assistant examiners, we might be shut out, he re-modelled the 19th section of the Act and made the Privy Council a Court of Appeal from the Medical Council on this point. That was done at my special request; so that if the Medical Council refused to appoint assistant examiners the Privy Council might re-hear the case.

979. You say that you were unable to combine?—Yes.

980. Did you make application to the Royal Colleges of Physicians or Surgeons to be allowed to enter into the joint examination with them?—Certainly.

981. And you were refused?—Yes; and we applied to the Universities.

982. You applied also to the Universities?—Yes, we were bound to do that under the Act. The 5th section did not come into operation unless the aggrieved body, as I may call them, showed that they had applied to everybody to combine with them.

983. What reasons were given by the Royal Colleges of Physicians and Surgeons and also by the Universities for their refusal?—The Royal Colleges, I think, stated that they had formed their combination; that they had made all their regulations before the Act was passed, and that it was impossible for them to let us in. That was the effect of their answer. The Universities, as I mentioned to your Lordships, did not care (except one University, that very nearly did combine with us—the University of Durham), they had full power to examine in Medicine, Surgery, and Midwifery, and did not care to have anything to do with us.

984. Now, then, will you describe to us what you have done since the passing of the Act of 1886?—Having been unable to combine, we represented that to the Medical Council, and asked in the first instance that three Assistant Examiners, in Surgery of course—that being the branch we could not undertake ourselves—might be appointed to take part in our examinations; and that request was at once acceded to by the Medical Council, who appointed three gentlemen, at first for a period of one year: from June, 1887 to June, 1888.

985. In June, 1888, what occurred?—In June, 1888, we found that as our numbers were increasing it was necessary to have more Examiners in Surgery, and we then applied to the Medical Council to appoint five Examiners in Surgery, and to appoint them for an indefinite period. That the Medical Council at once acceded to; Mr. Marshall, the President of the Council, the eminent surgeon, expressing his satisfaction that the application was made.

986. Is that arrangement in force now?—Yes, that arrangement is in force now.

987. Am I correct in supposing that you appointed three Examiners in Surgery yourselves, and the Medical Council appointed five?—No, we appointed none at all; five were appointed instead of three, but none are appointed by ourselves in Surgery.

988. Then am I correct in gathering from your answers that at the present time the examination in Surgery, for the surgical part of the diploma

which is granted by the Society of Apothecaries, is conducted entirely by the Examiners appointed by the Medical Council?—Most certainly—exclusively.

989. But I think you only grant one diploma?—We can only grant one diploma. It is, if I might be just allowed to say so, really the same thing as the conjoint Board of the Royal Colleges, so far as the examination is concerned. There are two practically separate Boards sitting to examine our candidates. There are five gentlemen from the Medical Council examining our candidates in Surgery, and I may add that they are prohibited by the Medical Council from examining those candidates in anything else. Then there are our own Examiners in Medicine, our own special Examiners in Midwifery, and one special Examiner, Dr. Klein, in Physiology. That is the examination through which our candidates pass. But we can only grant one diploma. These gentlemen sent from the Medical Council under the 5th section are to assist in the examination; but they have no power given to them to confer a separate diploma.

990. Then apparently the Medical Council do not take any part in the examination in Medicine?—They take no part in it; but they inspect that part of our examination as well as the other part; their Inspectors come and inspect that part of the examination as well as the surgical part.

991. Then do they not only send Examiners to conduct the surgical examination, but also send Inspectors to inspect the examination conducted by their own Examiners?—Yes, quite so; they inspect the surgical examination conducted by their own Examiners, and have just recently made their report upon that.

992. And they then inspect every portion of your examination in respect of which the diploma is given, including Medicine, Surgery, and Midwifery?—Yes, every single branch is visited by separate Inspectors, who make separate reports. I think there were three Inspectors.

993. I wish now to come to that point which has been specially referred to this Committee. A correspondence has taken place with which you are no doubt familiar, between yourselves and the War Office and between yourselves and the India Office, with regard to the license and the diploma you give at the present time?—Yes.

994. And you have complained that although your Licentiates are authorised by the State to practice Medicine, surgery, and midwifery, in virtue of their license they are not admitted to competitive examination for entry into the Army and India Medical Service?—Yes, quite so.

995. And that is a full statement of your complaint?—Yes. I should like to add that I stated to Lord Harris that before the Act of 1886 was passed our Licentiates got, as they cannot do now, the license of our Society and the diploma of the Royal College of surgeons; they got a double diploma, and I have no doubt formed a large proportion of the candidates for the War Office examinations.

996. But is it not right to point out that all those Licentiates had passed the examination of the Royal College of Surgeons as well as your examination?—Yes, I stated so; I stated that they passed the two separate examinations.

997. Could they not do the same thing now?—No, because under the Act of 1886 that is not permitted. This would not be a qualifying examination, which is a technical term, within the meaning of the Act of 1886.

998. They might pass your examination, and also pass the examination of the Royal Colleges of Physicians and Surgeons?—They might do that; but then it would be a dreadful expense to them.

999. *Sir William Crossman.* Does the same rule obtain in the Navy?—We began with the India Office.

Then the India Office stated that they could not move unless the War Office moved, and there we have stuck; we have never been to the Navy. We were advised that we could apply for a mandamus to compel the Royal College of Surgeons to examine our candidates; but that would have done us no good, supposing the Royal College of Surgeons had been ordered to examine our candidates, because we could not have taken those two diplomas and got them registered.

1000. *The Chairman.* But supposing that it were contended that the possession of two separate diplomas argues a greater amount of professional knowledge on the part of the holder than on the part of a person who holds one only, is not that from the Service point of view some guarantee of a higher class of men entering the Service?—I venture most respectfully to say no. The assistant examiners from the Medical Council are all Fellows of the Royal College of Surgeons of England by examination; they are men of the highest position, and they take the place, if I may venture so to speak, of the examination held before by the Royal College of Surgeons. It is a Royal College of Surgeons examination, for it can only be conducted by gentlemen who are Fellows of that College.

1001. Do you contend that you are in a position of exceptional disability?—Yes.

1002. How?—Because the gentlemen who go up to the two Royal Colleges obtain separate diplomas. The two Royal Colleges, I believe I am right in stating, when they formed the arrangement for the conjoint Board preserved the privilege of granting separate diplomas. It was not a necessity for the Royal Colleges that they should do so, but for their own dignity they preserved the right. If they had chosen to make a different arrangement—if they had chosen to say, We will grant a certificate to a man for proficiency in medicine, surgery, and midwifery in one document—they could have done so.

1003. Then you contend that your license really carries with it a certificate of the same amount of knowledge that the diploma of the Royal College of Physicians, and also the diploma of the Royal College of Surgeons carries?—Absolutely.

1004. *Lieutenant-Colonel Cotton.* You would almost say, perhaps, that yours is an extra diploma as well, because it includes midwifery?—No, they all do that. The two Royal Colleges give a certificate of that; no man can be put on the register without it. I claim that our own diploma is absolutely as good for the purpose under discussion as the two diplomas of the Royal College of Surgeons and the Royal College of Physicians, and that the standard of examination is exactly the same. I have explained to his Lordship about the Inspectors; if our examination did not satisfy the Inspectors we should be struck off altogether. It is a mere technical difference, if I may so speak, that in the case of the Royal College of Surgeons and the Royal College of Physicians, as I said just now, they preserve their respective dignity in granting two diplomas instead of merging them into one.

1005. *Sir William Crossman.* Are the other Examiners, besides those appointed by the College of Surgeons, members of your Society?—Some are and some are not.

1006. But are they all members of any Society except yours?—Yes. May I read out their names? Our Chairman, Dr. Stocker, is an M.D. of the University of London and M.R.C.P., London; the next gentleman is Dr. Lee, an M.D. of Cambridge and F.R.C.P. London; the next is Dr. de Havilland Hall, M.D. of London and also F.R.C.P. London; the next is Dr. Thorowgood, M.D. of the University of London and F.R.C.P. London; the next is Dr. Warner, M.D. London and F.R.C.P. London; the next is Mr. Bullock, F.R.C.S. England; the next is

Dr. Duncan, M.D. Brussels, M.R.C.P. London, and F.R.C.S. England; the next is Dr. Lewers, M.D. London, M.R.C.P. London, and M.R.C.S. England; the next is Dr. Radcliffe Crocker, M.D. of London and F.R.C.P. of London; the next is Dr. Smith, M.D. Aberdeen, L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh; and then, as I mentioned just now, our Examiner in Physiology is Dr. Klein, M.D. and F.R.S. The Assistant Examiner is Dr. Hebbert, M.R.C.P. London and M.R.C.S. England.

1007. *Mr. Macnamara.* And who are the Examiners in Surgery?—I will read their names out. These are the Examiners in Surgery appointed by the Medical Council: Andrew Clarke, F.R.C.S. England; William J. Walsham, F.R.C.S. England; George Henry Makins, F.R.C.S. England; W. Arbuthnot Lane, F.R.C.S. England, M.B. London, and M.C. University of London; and W. Adams Frost, F.R.C.S. England.

1008. Are any of those gentlemen Surgeons at a Metropolitan Hospital, there are several of them who are Assistant Surgeons?—I am afraid I cannot answer the question; I do not know.

1009. *Sir William Crossman.* Can you tell us the nature of the report of the Inspectors on the last examination?—In Midwifery it was exceptionally favourable; in Medicine it was extremely favourable; and in Surgery the only remark that was made was, I believe, the same remark that was made upon the examination of the conjoint Board of the Royal Colleges, namely, that it was deficient in operations on the dead body, which, I understand, is a somewhat open question with the examining bodies at the present time. But it was a very satisfactory report.

1010. *Dr. Graham Balfour.* In one of your answers I think you said that the Royal College of Physicians and the Royal College of Surgeons had each the power only to grant a single diploma; are you not aware that the Royal College of Physicians has the right to grant a diploma to practise surgery as well as medicine?—I have always understood that they have. I always understood that the Royal College of Physicians need not combine.

1011. *The Chairman.* And the Royal College of Surgeons need not necessarily combine?—Yes, the College of Surgeons must, because they cannot examine in Medicinæ.

1012. But they could easily, like yourselves, ask for assistant examiners?—Yes, but then they need only ask for examiners if they cannot combine, and they have combined. I have always held this view. I do not know for how long they have combined, but if the combination came to an end, then, if the Royal College of Surgeons could not combine, say with us or with any other body, they would have to do exactly the same thing as we did—go to the Medical Council to get assistant examiners to examine in medicine.

1013. *Mr. Macnamara.* Can you tell me how long it is since the Medical Council appointed these five gentlemen as assistant examiners?—In June, 1888. They appointed the three, as I have mentioned to Lord Camperdown, from June, 1887, to June, 1888; then from June, 1888, they appointed the five for an indefinite period.

1014. How many examinations have there been since that time?—There are examinations every month.

1015. And where the assessors appointed by the Medical Council to make an inspection of one of the examinations?—I am afraid that I do not quite understand the question.

1016. Have Inspectors from the Medical Council visited at any of these examinations?—Yes; my answer to Sir William Crossman about the surgical examinations being inspected was since the five assistant examiners have been appointed; it was

last few months, which offers officers of that Reserve the same pay as is given to civilian practitioners. That is to say, contract rates. There would be no difficulty in obtaining civilian practitioners for service at home.

1063. *Admiral Hotham.* Do you think, then, that in case of a war, we should have any difficulty in the Army and the Navy in getting any amount of men to come, provided they were properly paid?—I think that men practising in towns about the country, or in seaport towns, would certainly be found to take charge of troops if they were paid.

1064. *Sir William Crossman.* Would there be any difficulty in getting them to go abroad?—Of course, there would be much more difficulty in getting them to go abroad, because men have their practices and they would not wish to leave them.

1065. *Dr. Graham Balfour.* There would not only be a difficulty in getting them to go abroad, but there would also be, would there not, a considerable difficulty in getting them to move about in England. They would require to be employed in the towns in which they were in civil practice?—There is some doubt in the minds of Volunteer Medical Officers at the present moment as to what the meaning of the last Army Warrant is. We are not quite sure, if we join the Army as the Army Medical Reserve, that we may not be required to leave the neighbourhood where we are living, to do duty away from our practice.

1066. What would be the shortest period for which you think young medical men would be induced to join for service. You said from three to five years, but three years would hardly be practicable for sending them on Foreign Service, sending them to India for instance, would it?—I have known cases already where men have been less than a year at home, and have been sent abroad.

1067. But I mean with regard to the expense of the service, that if you send them abroad for one or two or even three years, the cost of transport is very considerable, besides the loss of their services during the period which they are on ship-board?—Quite so.

1068. Do you think that if it were restricted to five years as the minimum period, men would be induced to join?—I think that young men who qualified as early as 21 or 22 years of age, they would most probably accept such service.

1069. The average year at which medical men have joined of late years has been 25; do you think that at the age of 25 there would be any difficulty in getting officers on those terms?—I should think it less probable that they would apply at the age of 25.

1070. Have you paid much attention to the competitive examination of candidates for the Army?—I know the requirements of the examination, also the qualifications and the knowledge of men who enter.

1071. Do you consider that the examinations have been satisfactory?—Yes.

1072. And that there are a good class of examiners?—Yes, so far as I know; I have never heard anything to the contrary.

1073. And who fairly test the qualifications of the candidates?—Yes, I have never heard any adverse criticism of the examination.

1074. *Mr. Macnamara.* Do you think it is a wise plan at the end of a student's career to examine him again in Anatomy and Physiology, and give him equal marks to those given for Medicine and Surgery?—I do not quite catch the point.

1075. Do you know what the examination is in the army for the competitive examination, in what subjects they have to be examined?—Yes.

1076. Those subjects are?—Anatomy and Physiology, as well as in Medicine and Surgery.

1077. They get equal marks for each subject?—Yes.

1078. Do you think that many students who have

gone through their anatomy and surgery and have qualified are willing to take up anatomy and surgery again and work it up?—Of course, this is always a difficulty with them, and with some men an objection.

1079. Do not you think that if men were aware that the Army was open to them for a five years' service a good many of them would enter the Service, if they were to receive a bonus at the end of the five years, say of 500*l.*?—Yes, that was what I had in my mind.

1080. Do not you think it would be an advantage if men were allowed to enter the Army from among those who had been house physicians and house surgeons at various hospitals without going through a competitive examination?—I do not think that many men of that stamp could be induced to do so; it would be very few at present at any rate, I should think, who would do so.

1081. There are about 100 men every year from the London hospitals alone who have been house physicians or house surgeons; that is so, is it not?—I am surprised to hear that; the proportion of those from St. Mary's who have held house appointments and enter the Army is small, not more than one-fourth.

1082. The advantage of a system of this kind would be that these appointments would thus be given to approved and tried men; if they were given to the schools there might be favouritism, but if to men who had qualified by passing through the office of house surgeon there could be no question as to the fairness of the nomination?—There could be no question as to the fairness if you select house physicians and house surgeons.

1083. Precisely. That is a very important point; so that there may not be this man and that man put in because he happens to be a cousin or a nephew of one of the surgeons?—Of course the conditions for being house physician and house surgeon are not the same at all hospitals; in the majority it is done by examination, but in some of the older hospitals it is by nomination.

1084. But as a rule they are men whose characters are well known?—Yes.

1085. Therefore, you would have this advantage, that you would have men of good character entering the Army—not only men who could pass an examination but those who in other respects were desirable persons for the Medical Service?—Yes.

1086. *The Chairman.* I wish to ask you one question with regard to an answer which you gave just now about the Army Medical Reserve. You said that medical men were not quite certain whether they might not be obliged to go abroad and leave their practice?—I do not think it is thought that they would have to go abroad; it is thought that they might be called away from the neighbourhood in which they practice.

1087. And would they object to doing so in times of great national emergency, which is the only contingency contemplated in the rules made upon the Royal Warrant?—I think that all Volunteer Surgeons would feel called upon to serve in a case of national emergency.

1088. But a contingency of great national emergency is the only contingency that apparently is contemplated in the rules made in pursuance of the Warrant?—I know the Warrant very well, and I believe that the definition of emergency has been a time at which the Militia would be mobilised. That was said to be the definition.

1089. But in cases where the Militia is mobilised, and where the regular troops are drawn out of the kingdom, do not you think that under such a condition Surgeons would be willing to serve. Those cases are very rare. We have known only one or two of them in the last 20 years?—I think that the reason why Volunteer Medical Officers do not join the Reserve in large numbers (at present only com-

paratively few have joined), is that they feel that what is offered them is only the same pay and allowance that has been offered for many years to civilian practitioners, who are under no obligations to accept the terms of service.

1090. But I think there is offered to them a priority of employment in the case of troops being placed under a civilian practitioner?—Yes, that is so.

1091. That is an additional inducement?—That is to say, that they have priority, if they wish it, over a civilian practitioner. At the same time, the rates are exactly the same as have been established for some years.

1092. Is there any further remarks that you would wish to address to the Committee?—No, thank you.

(*The Witness withdrew.*)

RALPH HENRY KNOX, Esq., C.B., examined.

1093. *The Chairman.* I need not say that you are the Accountant-General of the War Office?—Yes.

1094. And you have given evidence with regard to the medical vote on previous occasions?—Before the House of Commons Committee I have.

1095. On the Army Estimates?—Yes.

1096. I believe the Secretary of State has for the Army Estimates of 1889-90 fixed the establishment of the number of Medical Officers?—Yes; an establishment has been worked out, and included in the Estimates for this year.

1097. Are the numbers which are fixed for the Estimates of this year fixed for a longer period than this year?—Yes; it is contemplated that that establishment, certainly as regards the home portion of it, should be a fixed establishment, and it is based upon the number of Medical Officers that are required for the services of two Army Corps and a line of communications, together with a small reserve amounting to about 40 men. Medical attendance that is required beyond that is to be supplied from the retired Medical Officers or from civil practitioners; but it is held that it is sufficient to maintain as an establishment the number which would be needed for the services of two Army Corps on active duty.

1098. When was the establishment for Medical Officers, which now is superseded, fixed?—The basis of it was practically fixed by the Committee of 1878, which was the last time the Medical Service was inquired into. From time to time there have been additions made to meet special requirements that have come to the front in the interim. But now the decision is that there shall only be kept on the establishment of full pay a sufficient number to supply the wants of two Army Corps, together with a small reserve of, I think, 40 Officers.

1099. Then your establishment having been fixed ever since the year 1879, have you had upon the lists a number of redundant officers during the years which have since elapsed?—No. There was no absolutely fixed establishment but the general idea of the establishment was foreshadowed in the recommendations of the Committee in 1878; and then from time to time if an officer was required for special duties he has been added to the establishment. I am referring specially to the Home Establishment. Of course for Foreign Service the numbers have varied very much with the garrisons maintained at the various foreign stations.

1100. Then has there been no fixed number of Medical Officers of each grade?—In the senior ranks there has been, that is to say, the Surgeons-General, Deputy Surgeons-General, and Brigade Surgeons,

but not in the lower ranks; they have varied, but not very much, from time to time.

1101. They have varied from year to year, and have practically been fixed in the Estimates of each year?—That is so.

1102. But under the Estimate fixed for 1889-90, do you propose a fixed number of officers which you intend to maintain until some new circumstances arise?—Yes; and it is contemplated that any new services which may arise at home shall be provided for by employing a larger number of retired Medical Officers or by employing civilians.

1103. Then, speaking of the junior ranks now of Medical Officers, 1889-90 is in reality the first year in which an establishment has been fixed?—With a view to its being a permanent establishment, yes.

1104. Could you put in a statement showing the numbers in the various grades, for our information; I am aware that the consideration of the numbers of Medical Officers is a point which is removed from this Committee?—The Estimates contain the establishment which has been fixed; and the numbers for the various ranks on the British establishment, as we call it, are 6 Surgeons-General, 15 Deputy Surgeons-General, and 478 Officers of the other ranks: that is to say, Brigade Surgeons, Surgeons-Major, and Surgeons.

1105. *Sir William Crossman.* What page are you referring to?—Page 32 of the Army Estimates. Of those 478 there are 50 Brigade Surgeons, which is the same number as was recommended in the Warrant of 1878. I believe some proposal has been made to modify that fixed number of Brigade Surgeons, but the consideration of it is not completed.

1106. I see for the year 1888-9 you proposed 643 active officers for the Home Establishment?—That is for all ranks; that includes Quartermasters and officers of similar position.

1107. The main reduction which has taken place in the Estimates for 1889-90 has been, however, in the Surgeons' ranks, the main body of the Service, which are reduced from 530 to 478?—Yes, that is the main reduction.

1108. But that is a reduction of 52 officers?—Yes.

1109. Out of which 25 are accounted for by acting Medical Officers who are officers brought back from the retired list, and placed again on Vote 4?—Yes.

1110. So that the real reduction is about 25 officers?—Yes.

1111. Do you know to what this reduction of 25 officers is due?—Some of them were reduced in foreign stations—10 officers—and the others were officers who had been serving at comparatively small stations, where it was thought that their duties could be discharged by civil medical practitioners living in the neighbourhood, where there were comparatively only very few troops.

1112. In the answers which you have given me up to this time have you been including officers serving on foreign stations as well as officers serving at home?—Yes; these numbers include those at foreign stations exclusive of India.

1113. India is the sole exception?—The sole exception.

1114. Can you give us a statement for the year 1889-90 showing the total sums provided in the Army Estimates on account of the Medical Staff as distinct from the Medical Staff Corps?—Yes.

1115. Will you put it in?—Yes; that includes both effective and non-effective (*handing in the statement*).

1116. *Dr. Graham Balfour.* Does it include comforts?—No.

1117. Does it include India?—No, it does not include India.

1118. Neither with regard to the full pay vote nor with regard to the retired pay vote?—No.

1119. It is, therefore, a complete statement of the

whole of the cost of the British Establishment?—Yes.

1120. And the total result is that for the Medical Establishment in 1888-9 a charge of 466,291*l.* was imposed, which has diminished to 458,859*l.* in the year 1889-90?—Yes.

1121. A total decrease of 7,432*l.*?—Yes.

1122. The total amount of full pay of the Medical Staff taken under vote 4 is 232,400*l.* in 1889-90, and a decrease as compared with 1888-89 of 4,300*l.*?—Yes.

1123. Do you think that keeping the present establishment, of which you have been speaking, that represents about the normal amount which we may expect as the amount of full pay?—It is very hard to say.

1124. Under a system where voluntary retirement is possible to so great an extent as it is in the Medical Service, the effective charge and the non-effective charge, work together, and they are, as it were, in inverse ratios: the effective and the non-effective; as the non-effective goes up the effective charge would go down, and *vice versa*.

1125. So that, therefore, any person who wishes to know what the cost of the Medical Establishment is would do better to take vote 4 and vote 19 together, and not make any calculation based on either vote 4 or vote 19?—Quite so.

1126. That being so, do you see any reason to expect any decrease in the total vote for 1889-90 of 458,859*l.* with your establishment as now fixed?—I think it is probable that the effective charge will increase.

1127. And the non-effective?—If the effective increases, the non-effective should perhaps decrease. But the actuaries have made a calculation showing that if the intensity of voluntary retirement of the last seven or eight years continues, the charge for non-effectives would go up, and, therefore, it might be expected that the charge for effectives would go down; but on the other hand I believe it is generally thought in the Medical Service that there will not be the same intensity of voluntary retirement in the department as has prevailed during the last seven or eight years, and if so, the probability is that the non-effective charge would not grow, but would probably decrease, and the effective charge would increase.

1128. On previous occasions I think you have given it as your opinion that the non-effective charge would probably increase. I daresay you would like to modify that opinion by the opinion you now express on knowing circumstances which were not brought before you at that time?—Yes, I gave my opinion on examining the figures of the actuaries, and what they reported was that if the voluntary retirement was to be maintained at the same scale as has existed for the last seven or eight years, then the non-effective charge must go up; and taking that retirement which had prevailed during that period as a normal one, then the retired pay vote must increase. But I am told by those whose experience of the Service is personal, and who know the details of the department much more than I do, that that intensity of voluntary retirement is not likely to prevail, and that being so, I do not think it is very likely that the retired pay votes will go up. But it is extremely difficult to say. Now that employment is given so largely to officers who voluntarily retire, that may operate as an inducement to some men to retire; and on the other hand the prospects of promotion may be improved in the Service, and the result will be that many will be induced to go on. It is like the swing of the pendulum. All these things go backwards and forwards. Circumstances vary from time to time, and men do the best for themselves. At one time it is a good thing for them to retire, at another it is a good thing for them to remain, therefore I think that in gauging the cost of the department you must take the two, the effective

and the non-effective charges together. I may say that before the House of Commons Committee I presented a paper containing a calculation made by Mr. Robinson, our actuary, to show how, notwithstanding that retirement had been far in excess of what had been calculated, when the figures in 1878 were worked out, the actual charge for the whole body of officers really had not very largely increased, taking the establishment at the normal; although the non-effective charge had very much gone up. What he showed was that in the original calculation he took the effective and non-effective charges together. You will find the paper in the Appendix to the first Report of the Select Committee on Army and Navy Estimates, ordered to be printed on the 8th of July, 1887, at page 318. When the scheme of 1878 was worked out they calculated that the cost of the effective and non-effective charges together would be 760,000*l.* a year for the British and Indian establishments.

1129. Will you keep, in the first place, to the British charge only?—I am afraid I cannot, they did not so calculate it.

1130. Then we must take the British and Indian together?—For this purpose they must be taken together, because the officers are interchangeable, and relieve one another, rank for rank, quite irrespective of what their rates of pay may be, and it may so happen that at a particular time the British Establishment will be worked out abnormally cheaply because the men with higher rates of pay would be serving in India; on the other hand, at another time the men with the higher rates of pay might be serving at home and the men with the lower rates of pay serving in India. That is entirely a matter of roster in the way the Service works.

1131. Then now we will take the effective and non-effective charges of the whole Service, including India?—That is the way they calculated it in 1878; and they showed that the total cost then, taking effective and non-effective together, would be, according to their own assumption, 760,808*l.* a year. That was really on the assumption that there would be no voluntary retirement; they had had no experience of voluntary retirement, and therefore they assumed that everybody would stay on till he could get the maximum retired pay. In 1887 they had the experience of several years before them, and then they made their calculation again as to what the charge for the department would be, assuming this rate of voluntary retirement to be permanent; and the result was that the non-effective charge would go up very considerably.

1132. Beyond their first estimate?—Yes, beyond their first estimate, but that the effective charge, on the other hand, would be considerably below it. Although they brought out the result that there would be a net increased charge, taking the two establishments, British and Indian together, of something like 18,000*l.* a year, as nearly as possible, the result was that the non-effective charge was nearly 100,000*l.* a year more than they had originally calculated in 1878; but that was met by a reduced charge for the effective officers, because, of course, the effect of the voluntary retirement after 20 years' service, with the gratuities, precluded the effective establishment from the higher rates of pay, which they would have received, had they remained in the Service.

1133. Do you know the amount of full pay which is provided in the Estimates of the present year for the officers who are serving in India?—No, I do not.

1134. Might I point out that it would be very desirable if there were some means of obtaining that figure, for this reason: that if the House of Commons does not know that figure, there is no means of checking the calculation of the actuaries with regard to Vote 4. For instance, the actuaries state in their calculation for 1887, that the effective

charge would be 521,000*l.* and odd. Here we have for the Home and Colonial charge an estimate of 232,000*l.* and odd for 1889-90; but we do not know, and so far as I can see, there nowhere appears in the Votes, the total effective charge of the Medical Establishment of the Army?—No, the Army Estimates do not show the effective charges for the Indian Government for any service.

1135. Would it not be desirable for the information of the House of Commons, that, if possible, that should appear?—I think we can obtain the figures from the Indian Estimates, but of course those are not actuals.

1136. Then might I put another question to you of the same kind with regard to Vote 19—the retired pay. Under Vote 19, the retired pay of the Medical Staff appears as a figure of 195,000*l.* In the first place is any deduction made there for retired pay which has been commuted?—Yes.

1137. Then where does the retired pay which has been commuted appear?—It appears at page 107 of the Estimates, or rather that page 107 contains the payment which we make to the National Debt Commissioners annually on account of the commutations we have made.

1138. Then, properly speaking, ought not that sum of 9,500*l.*, which appears for 1889-90 as being paid to the National Debt Commissioners, to appear as an addition to the 195,000*l.*?—Yes, that is an additional charge for the medical retirement.

1139. Would it not be well that that should appear under the retired pay of the Medical Staff? Then I observe that where that entry 195,000*l.* occurs in Vote 19 there is a footnote pointing out that by the employment of 71 medical officers this Vote is relieved of a charge of 39,900*l.*?—Yes.

1140. Of course that charge was not all incurred in the year 1889-90, but merely that portion of the charge which is occasioned by those 25 retired Medical Officers, of whom you have spoken, who during the year have been transferred from Vote 19 to Vote 4?—It has been much increased, at least the deduction from the retired pay has been much increased by the employment of a larger number of Medical Officers.

1141. But the increase which falls upon the Estimate of 1889-90 is the amount of the retired pay, with an additional allowance of 150*l.* for the 25 officers who during the year have been removed from retired pay to active employment?—Yes; this charge would have been very much increased this year were it not for the fact that we contemplated employing a larger number of retired officers, and, according to the rules of the Service, when a retired officer is employed, his retired pay is struck off the Retired Pay Vote, and is provided for as part of his total emoluments as an effective officer.

1142. Then am I correct in this supposition: that the pay of retired officers consists firstly of 195,000*l.*, secondly of a charge of 40,000*l.*, by which the Vote has been relieved during the present year, and thirdly of 9,500*l.* commutation, which is being paid to the National Debt Commissioners?—That is the actual charge; but that 9,000*l.* is really in excess of what the charge would have been if the retired pay had not been commuted. Of course that is for life, whereas this is an annuity for 10 years only.

1143. But with that exception my remark is correct?—Yes.

1143*. On the other hand, the retired pay which is contributed by India must be deducted from that total in order to arrive at the retired pay of the Home Establishment?—Yes, for the British charge.

1144. That does not appear, I think, in the early part of Vote 19, but I think it appears later under Sub-head K?—Yes; all the payments by the Indian Government are shown together at the end of the Vote as appropriations in aid of the Vote.

1145. *Sir William Crossman.* That Indian charge does not seem to correspond with that stated in Mr. Stanhope's statement exactly. That statement shows approximately the same. It says in the Estimates that the charge for the Medical Staff is 66,691*l.*, for India, and in Mr. Stanhope's statement it is put down as 73,918*l.*?—Will you just let me look at Mr. Stanhope's statement. This sum of 73,918*l.* represent the Indian contributions, not for this Vote only, Vote 19, but for all the non-effective Votes.

1146. This is all for the Medical Service, is it not?—Yes; this 66,000*l.* here is only on account of Vote 19, but India pays also on account of widows' pensions, half-pay, &c.; they are all brought together. There is 6,680*l.* which India pays towards widows' pensions, for example.

1147. Might I also say that in this statement it would be just as well if the commutation were put in too?—The commutation is included there.

1148. Where?—In the charge under Vote 19. That paper of Mr. Stanhope's is really intended to bring together all these things, which are necessarily stated separately in the Estimates, into a total.

1149. *The Chairman.* Could you prepare for the Committee a statement showing the total effective and non-effective charge, both for Britain and India, so that we may be able to compare it with the calculation of the actuaries?—Yes, I will endeavour to do so.

1150. The last question I will put to you is a question with regard to the statement which you have made as to a certain modification of your previous opinion in reference to the increase of the Retired Votes. I gather that your change of opinion is owing to the fact that you have reason to believe that voluntary retirement will not continue at the same rate as it has hitherto?—I cannot say so much as that I have reason to believe; but I have accepted the view of Sir Thomas Crawford, with whom I have conversed very much on the subject, that the voluntary retirement, which accrued during the ten years from 1878 to 1888, in the Medical Service is not likely to recur; that a great number of officers went from the Service, after 20 and 25 years, because their prospects of promotion in the department were not satisfactory; but that he is of opinion that the very fact that those officers have left, at those comparatively early periods, has made the way clear for the officers below them; and that it is extremely probable that those officers will continue their effective service for a much longer period than those who completed their 20 years' and 25 years' service in the period that I have referred to. If this be the case, then the charge for the non-effective is not likely to rise, as it has done very rapidly during that time, but to remain constant, or, if anything to fall. On the other hand, the effective charge would go up for the same number of officers. Of course, we must bear in mind, as regards the effective charge, that the recent fixing of an establishment will have the permanent effect of reducing the effective charge below what the actuaries calculated, for they assumed a higher establishment, I think, than is now in existence. But it is satisfactory, I think, to find that the result of the actuarial calculation is that, notwithstanding this great intensity of voluntary retirement, the actual charge for the total department, both effective and non-effective, British and Indian, would go up only 18,000*l.* a year upon a cost of 760,000*l.* a year.

1151. And comparing the year 1888-9 with the year 1889-90, I see that the numbers of officers, active and retired, were 643 and 487 in 1888-9, and 615 and 501 in 1889-90; so that there has been a considerable reduction in the number of officers?—Yes.

1152. *Sir William Crossman.* You have been asked so many questions upon this subject both in

1887 and in 1888, and we have the whole of your evidence before us, that I will only ask you this: Is there any other modification which you would like to make in any of that evidence which you gave at that time?—I think the general effect of my evidence was that the non-effective charge was a very heavy one, and that I thought it could be modified; and further, that the effective charge could also be modified. Steps have been taken to reduce the effective charge very much in the manner which I had in my mind; that is to say, the employment of civil practitioners and retired officers in attendance upon the troops at very small stations. As regards the non-effective charge, I think it must be assumed that that will always be a very heavy one; but I think that the terms of voluntary retirement for the Medical Officers are very liberal, although they may be not in excess of what is necessary in order to attract their services. I have myself definite ideas as to the system of voluntary retirement, which I think ought not to be as extravagant as it is now, for almost all the Services, not alone the Medical Service, but for most of the Services.

1153. Perhaps you would state what your views are upon that point?—I think that the Army Service is of that peculiarity, that for the most part you only want for efficiency what may be called the younger years of a man's life, and I think that if you can obtain the services of men for a comparatively short period, where they have something to fall back upon, that is the most economical way of working the Service. I would, therefore, offer to a man, after he had put in what you considered a sufficiently long period to have done justice to both the Service and himself, a fair inducement to go voluntarily; but I would not increase that inducement to retire voluntarily beyond what I was prepared to offer him at that period of his service. Then he should go on and only receive an increased pension on his being compulsorily retired, or on his health breaking down in the Service. But if he would wish to go voluntarily before he is compulsorily removed, I do not think he ought to get more than you are prepared to give him after 10 or 12 years' service.

1154. *The Chairman.* Would you say, speaking of Medical Officers, that no Medical Officer should have any gratuity for under ten years' service?—Yes, of course the period that you would fix must be more or less such as would harmonise with the whole system of the working of the Service. We have so much foreign service with our Army that you cannot take a very short period. They have to undergo a certain amount of training at home before the officers can be sent abroad, and then they go abroad for six years' service. I do not think it would be satisfactory to have men for a shorter period than 10 years, but at the end of 10 years I think you would find it would pay you to give a man a good sum, say 1,500*l.* or more perhaps, and dispense with his services; but if he went on beyond that I do not think he should get anything more on voluntary retirement; but you will then have to fix the age at which you consider that his services would not be efficient for military duty, and that I think ought to be gauged by the requirements of active service (not only home service), and that you ought not to keep a man beyond the age at which he can give efficient service in the field, and then he should be compulsorily retired, when he would get an increased and satisfactory pension. I think where our extravagance is, is that we are continually tempting men by increased sums of money voluntarily to retire. I think that the system I have suggested ought to be applied not only to the Medical Service, but to all the Service. I think it is a fair and reasonable system.

1155. Each of these acting Medical Officers get 150*l.* in addition to their retired pay?—Yes.

1156. Does that in any case exceed what they

would have received if they had remained in the Service, or is it less?—I think it very nearly corresponds with what they would have, with their allowances, that is to say, the retired pay, and the full pay and allowances, I think, correspond very nearly.

1157. There is no actual saving in payment to the men?—No, I do not think that there is.

1158. *Dr. Graham Balfour.* In mentioning the increase to the non-effective costs in the last ten years, is it not to some extent accounted for by the large numbers who entered the Service in certain years, on account, for instance, of the Crimean War and the Indian Mutiny?—Yes; certainly it is affected very much by that. A very large number came on, of course, at the same time and would be retiring at the same time. That would intensify the charge for the non-effective.

1159. And would lead you to suppose that in future the non-effective cost would rather diminish, or at least will not increase in the same ratio?—I think so; because where an abnormally large batch of men join the Service at a particular time they create a block in the list of officers; and the conditions of promotion are always hard for those particular officers in that position, because they being so large a body with the same service cannot all expect the same promotion. They then, by inducements of this kind, work their way out, and the result is that the others below are in a better position, and so they move forward and get their promotion instead of retiring.

1160. Is there not another reason for supposing that there would be a decrease in the non-effective, by the increased number of deaths that must occur in consequence of the increased number of men of a given age put upon the retired list?—Yes.

1161. Do you happen to know whether the actuaries have estimated the probable mortality of the officers placed upon the retired list during the last ten years?—I do not know exactly on what mortality they have based their tables; but they are constantly, from time to time, revising their tables by the most recent experience of mortality; and I think that these calculations are the result of very recent examination of the mortality.

1162. Do you know whether, in that department, they make up annual statements of the numbers leaving and dying, with the age of the officers on the retired list?—No, I do not think they do.

1163. Do they do it at any period?—Yes, they do that from time to time. If they are called upon to make a calculation with reference to a department, if they find that their experience is not recent, and if they have reason to believe that there has been anything like an important variation from their previous experience, they would make up new tables.

1164. Covering a given number of years?—Yes.

1165. And estimating the mortality on each such period?—Yes.

1166. Have any of these results been published?—Never.

1167. Do you happen to know whether the mortality tables show a higher rate of death or a lower rate of death than the Registrar General's tables?—No, I do not know; I think you had better ask Mr. Robinson, but I have heard him say that the mortality of Medical Officers is in excess rather of that of the other branches of the Service.

1168. Do you know whether the deaths of officers on the retired list are regularly reported, or whether there is a certain number of them struck off in consequence of their not applying for their pensions without any reason being assigned for their non-application?—There are some of those cases always, but they are not very numerous. We have, I think, very fairly accurate and complete returns of deaths, but there are, from time to time, some few whose

names are struck off because they have not drawn their pensions for two years.

1169. Are any enquiries made in regard to the cause of their non-appearance, or is it simply taken as a lapse?—Enquiries are occasionally made; but I do not think our rule is to make enquiries.

1170. Have you ever detected any cases of personation?—No, we have not. A little time ago, in consequence of a case of personation which occurred in another department of the public service, our attention was drawn to our lists and we looked up all the names of people who had been for a long time on the list; and the result was very satisfactory; we found that some names had not been struck off that ought to have been struck off; but there was no pension being drawn for them.

1171. Then there had been some neglect, apparently, in the Pay Department of the pension, in not reporting to you, the pension not having been applied for?—It must have arisen somewhat in that way. We had one or two Waterloo pensioners or people who belonged to that period, whom we looked up and found they had disappeared; but we had not had reports of them.

1172. *Mr. Macnamara.* Is it not the case that the ten years' system has practically been found not to answer with Medical Officers; they have not retired, they have had the opportunity to retire at the end of ten years' with a bonus, and they have not availed

themselves of it, or, at all events, to a very small amount?—I think that was the case.

1173. We have had several witnesses before us, and I think, myself, there is a good deal in it, do not you think that it is very possible that a very large number of young medical men would join the Army for five years, who would not join it for ten—seeing that, after ten years out of a man's professional life, it is very difficult for him to settle down and do anything, but that with five years it seems to be a very different matter. Supposing there were a scheme that could be carried out, do you think that, financially, it would be a saving to the Service, if men were allowed to enter for five years instead of ten, receiving then a small bonus, and that such men as were required should be allowed to remain on and go into the higher ranks?—As I have said, I think it would be found difficult to work into our system of service a tenure of office so short as that, but I think that the principle of it is so good, that it certainly would be very well worth trying.

1174. *The Chairman.* Is there anything else that you would wish to say to the Committee?—No, I do not think so.

(The Witness withdrew.)

[Adjourned to Friday next, at 11 o'clock.]

Friday, 12th April, 1888.

FIFTH DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair.*

MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.

REAR-ADMIRAL C. F. HOTHAM, C.B.

SURGEON-GENERAL T. GRAHAM-BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.

LIEUTENANT-COLONEL E. T. D. COTTON, M.P.

N. C. MACNAMARA, ESQ., F.R.C.S.

R. H. HOBART, ESQ., C.B., *Secretary.*

SURGEON FREDERICK ROWLAND BARKER, *examined.*

1175. *The Chairman.* Where are you serving at the present time?—At Portsmouth.

1176. Holding what appointment?—I am in the medical charge of a regiment, that is to say I look after the sanitary condition of the regiment and see the sick of the regiment before they are sent to hospital; and I am doing the general duty of the Station Hospital at Portsmouth. The Officers and women and children of the regiment are seen and treated by a Medical Officer permanently appointed for the duty; I am simply to see soldiers when they report sick, and send them to hospital when necessary, and to look after the sanitary condition of the barracks.

1177. What regiment are you in charge of?—The South Lancashire.

1178. How long have you been in charge of that?—I cannot say the exact date, but from some time in September last till I went on leave, five weeks ago.

1179. And how long do you anticipate you will remain in charge of the regiment; have you any means of forming a judgment?—I may be re-posted to it when I return off leave or I may not; probably I shall not, as I am one of the Senior Surgeons now.

1180. Then whether you return to that regiment or not will entirely depend on the orders of the senior Medical Officer, I suppose?—Yes.

1181. Is it usual to make changes when the regiment continues on a station, and when the Medical Officer goes away on leave?—The only large stations that I can speak of are Aldershot and Portsmouth; and at Aldershot the Medical Officer in charge of the brigade, not the regiment (but it is the same thing, only he has two or three regiments), usually resumes charge on returning off leave.

1182. Before you were in charge of this regiment how were you serving?—I was stationed at Hilsa in sole charge, doing the work of the Surgeon-Major and Surgeon who were both on leave.

1183. How long did you hold that post?—I was there a month.

1184. And before that where were you serving?—Before that I was on leave for a short time; and before that I was about three weeks in Portsmouth doing general duty, having come in from Weymouth, where I had given over my appointment to an Officer who had retired from the Service.

1185. How long have you been in the Service?—Nine years and a month.

1186. How long have you been actively serving; does that include the time you went to Netley?—No; my commission dates from the day I left Netley.

1187. You have been actively serving nine years and a month?—Yes.

1188. How many posts have you held during that time?—When I left Netley I went through the school at Aldershot; then I was attached to a Station Hospital at the North Camp, Aldershot, from about May to August, when I suddenly received orders to proceed to India.

1189. That was in what year?—In 1880 I proceeded to India. It was just after the defeat of Maiwand; we were hurried out from there to Karachi, and I stayed there six weeks and then I was sent to Peshawur.

1190. What did you do there?—I was attached to a regiment temporarily, and I remained one year and ten months with the first battalion of the King's Own Borderers. I left them on receipt of telegraphic instructions to proceed to Morar, where I stayed the remaining three years of my service, doing duty with the troops at the station.

1191. You stopped at Morar three years?—Yes.

1192. How were you serving when you were at Morar?—When I was at Morar I was attached to the Station Hospital, and I was in charge of the women and children of the station, the Officers, their wives and families.

1193. And of all the Officers?—Except the Staff. The Staff-Surgeon looked after the Staff; he had an allowance; I had no allowance for looking after the Officers' wives and children, that was extra to my duty.

1194. *Sir William Crossman.* You looked after the wives and children of the Officers?—And of the men.

1195. *The Chairman.* You had the looking after the whole of the men on the station?—No, not the whole of the men; the whole of the Officers' wives and families and the soldiers' wives and families, and taking some wards of the men as well.

1196. Did you look after one regiment at one time and another at another when you were at Morar? my object in asking you is to see how often you were changed from one duty to another.—I assisted to look after the whole of the British garrison, and for short periods I looked after some of the native troops as well during the absence of their Medical Officer.

1197. How many Medical Officers were there on that station?—There was the Surgeon-General for the district.

1198. I mean of the executive staff?—There were two Surgeon-Majors and four or five Surgeons for the time I was there—that would be the average—four or five for the British troops.

1199. For British troops only?—Yes.

1200. What was the strength of the British force?—The British force consisted of a British Infantry regiment and three batteries of Artillery.

1201. What was the Native force?—The Native force consisted of two Native Infantry regiments and a Native Cavalry regiment.

1202. How was the health of the Native troops looked after?—By Officers of the Indian Medical Service.

1203. Would you kindly, if you please, continue the account of your service after you left Morar?—After I left Morar I came to England, and I was stationed in Aldershot from November, 1885, to

April, 1887, during which time I was attached to the Second Station Hospital and looked after the men of the Cavalry Brigade, and the Second Infantry Brigade.

1204. And since will you tell us where you have been?—After that I was sent up to Scotland to do duty with the Militia—I was with the brigade of Militia for a month, and then I came down to Dover with them, and we remained there three weeks. I then returned with them to Cupar, where they were disbanded the same day, and I was sent to Edinburgh. I was at Edinburgh about a month; then I rejoined at Aldershot for about a month; then in October, 1887, I was sent to Netley, and remained at Netley till April, 1888, when I was ordered to my present district; and on joining at Portsmouth I was ordered to Weymouth, where I was four months.

1205. What did you do at Weymouth?—I was looking after a battery of Artillery and the detachment of a regiment in Portland.

1206. During your service you appear to have had your charge altered a great many times; sometimes you were looking after one regiment a few months, and at another time you were looking after another regiment a few months. Did you find any difficulty and inconvenience, from a medical point of view, from those very frequent changes?—No, I cannot say that I did.

1207. Perhaps you would tell us how you enter upon a new charge; what do you find, what have you to guide you when you enter upon your charge?—If the charge is simply the ordinary charge of taking over a ward, the cases are explained to me, and the treatment they have received, and the disease is taken up to that date, and I continue the treatment as I think fit.

1208. But in the case of the men of the regiment, have you anything to guide you with regard to their health or general sanitary condition?—We have their medical history sheet, which shows all the illnesses for which they have been admitted previously. I have nothing to say to the treatment of the men of the regiment I am in medical charge of, as they (the sick) are sent to the station hospital for treatment, consequently there is no very great object in my having an intimate knowledge of them.

1209. And you have found that that works quite satisfactorily?—That answers quite satisfactorily. The only drawback, if it is any, is to detect the schemers, but I have always found that in a very short time I become fully aware of the men who are scheming and those who are not. The Medical Officer in charge of station hospital, who as a rule hold the appointment for a long term, knows the schemers and returns them to duty.

1210. You have had no experience of the regimental system at all, have you?—Not of the regimental system proper, except being attached to the King's Own Borderers, as I was for a year and ten months.

1211. Let me just ask you a few questions in regard to your own position in the Service. When you entered, and ever since, not being attached to any particular corps, have you found any inconvenience from that fact to yourself?—I have always received the greatest kindness wherever I have been, except, I was going to say, that I have noticed a difference since our rank has been altered.

1212. Can you say that you yourself have experienced any personal inconvenience from it?—I am a married man myself; but had I been a bachelor, it would have been a great boon had I been made an honorary member of the mess by the regiment I was connected with.

1213. Would there have been any difficulty in obtaining the privilege of any mess?—It was the usual thing in the Service, that when the Medical Officer called upon the mess, if he had anything

to do with that regiment, they made him an honorary member of the mess, but now it is the exception for a Medical Officer to be made an honorary member of a mess at home, abroad it is different. In my present station no Medical Officer is made an honorary member of a mess, except the Royal Artillery, who make us honorary members.

1214. Have you known any cases in which that has not been done—in which it has been refused?—I cannot say in which it has been refused; but I have known cases where it has not happened.

1215. Do you know whether it is the rule when a young Medical Officer is attached to a regiment to invite him to be a member of the mess?—Abroad, where I have been stationed, I have always been made an honorary member of every mess in the station.

1216. But at home?—At home I should not now expect it at all. As a rule all combatant Officers who call on a mess (except in certain regiments) are invited to become honorary members. Medical Officers as a rule are not so invited now.

1217. But I am speaking specially with regard to regiments to which a Medical Officer for the time being is attached. Would it not be the custom to make any Medical Officer who wished it, a member of the mess, at home?—No, I do not think so.

1218. *Sir William Crossman.* They are not put in the General Orders as attached to such-and-such regiments?—It does not appear in General Orders, but the Medical Officer reports himself to the Colonel for duty, and yet he is not made an honorary member.

1219. You might say generally?—No.

1220. *The Chairman.* Was there any difference in that respect before 1887, as compared with the present time?—It is since 1887 that I have experienced what I am speaking of. I never experienced it before.

1221. But do you know whether prior to 1887 the system of inviting Officers to join the mess was more largely practised than it is at the present time?—I have heard of instances in which it was not practised in which it came to the notice of the General Officer of the station, and he called upon the Colonel commanding the regiment to make these two Medical Officers honorary members of his mess. Of course the Colonel complied with that, but as it had been put forward like that, the Medical Officers did not avail themselves of it; they simply accepted it, but they did not make use of the mess.

1222. Then am I correct in inferring from what you have been saying, that you think that this Warrant of 1887 produced some difference in this respect?—Yes.

1223. Would you show me how that is; would you substantiate that?—I think it has, though I could not give any definite instances.

1224. In the first place, with regard to your rank, prior to 1887 you held relative rank, as did the Officers of the Ordnance Corps and the Army Service Corps, the Commissariat and Transport, as it was then?—Yes.

1225. That relative rank was abolished by the Order of 1887, as we know. Do you hold that there was anything definite in that relative rank, anything substantial?—We never raised the question as to that; we thought we possessed rank, but we have since been told that we are as we were before relative rank was taken away. That was the only rank we had, and therefore we have no rank.

1226. But for all practical purposes you do rank with other Officers exactly as you did rank prior to 1887. Is that not so?—We have no rank.

1227. You never had. Had you ever any rank?—We had what was called relative rank, whatever that was.

1228. But what was there substantial in that rank?—It was not substantive rank.

1229. I say, what was there in that that was

substantial as compared with what you now have?—There was nothing substantial in that, it was giving us the rank without any title to it—that is to say, without anything to show that we held the rank.

1230. Would you kindly tell me what change you yourself would think satisfactory?—I should think that substantive rank would be satisfactory, and nothing else; either to have substantive rank or to be a pure civilian simply, and not wear uniform.

1231. Should you be satisfied with being a pure civilian and not wearing uniform—you have given me the two alternatives?—I would sooner be a civilian and not wear uniform than continue as I am.

1232. But do you think the Medical Service in the Army would be satisfied with that condition?—I think so, for they would have no responsibility whatever. You could not expect civilians to hold the responsibility which they at the present moment do.

1233. Then the Medical Officer being a pure civilian, how would you propose that all orders should be given to the Medical Corps, and so on, and to the other persons who might be for the time being under his charge?—I do not know how that could be done.

1234. Then I am afraid your alternative is not a very practical one?—Substantive rank is practical enough.

1235. It comes to this, really: you say that there is nothing for it but substantive rank?—Yes.

1236. You gave me two alternatives, and as the second is not practicable, therefore we are driven back to the first?—If I might state so, I have had experience where substantive rank is given to the Medical Officers. I served with the Turks for nearly two years, and I never found any difficulty to accrue from it there.

1237. I wish to take you one step at a time. I gather from your previous answer that there is nothing for it but substantive rank?—Yes.

1238. Will you explain to me exactly what giving substantive rank to the Medical Officers would convey as regards powers of command?—It would give them powers of command over their men—men of the Medical Staff Corps and patients in hospital.

1239. Have they not got that power now?—They have, but without rank it is not recognised as it should be.

1240. What persons are there who come into connection with them and whom they have to guide, and over whom at the present time they have no powers of command, say, on a campaign?—They have no powers to procure ambulance material and carriage transport for their men at the present moment.

1241. Should you propose to give them power to go and get their own transport and order certain persons to go and get transport for them?—I should expect them to have the dealing with the transport when it was committed to their charge.

1242. But you would give them no power over the transport until it was put in their charge?—That is so.

1243. But you would give them absolute power of command over the transport when it was put in their charge?—Yes.

1244. Have they no power of that sort now?—No; it can be taken away at any time for any purpose.

1245. Then you would propose, the transport having been once committed to them, that no one should be able to remove it for any purpose until they said they could dispense with it?—Yes, unless under the General Commanding, in emergency, when it might be required.

1246. But supposing that the General Commanding were at a very great distance and were not able either to see to it himself or to send orders immediately, might not some inconvenience arise. Sup-

posing the Colonel Commanding a regiment had some of his men detached for some duty or other to the Medical Officer, and that suddenly it was necessary for the service of the regiment that those men should come back, might not some inconvenience arise if he had no possible means of getting them back under his command?—I can quite understand that it might be amicably arranged between the Medical Officer and the Officer requiring the men; because in the General's absence the senior Officer in command would issue the order.

1247. Unfortunately it generally arises where there is double command that there is some friction, at least it is so in civil matters, is it not so?—Yes, I believe it is.

1248. When Officers and men are placed under the direction of the Medical Officer, has he any authority over them at the present time. First, let us take them as invalids; he has authority over them when they are invalids, has he not?—He has in a manner, but they can set one at naught. For instance, if they infringe any of the rules of the hospital, such as breaking out of barracks, or smoking in the wards, or malingering, or anything like that, we have nothing further than to send a crime against them; but the punishment does not rest with us, we have nothing to do with it.

1249. And supposing that any Officers or men were for the time being attached, whether for the purposes of transport or for any similar reason, and supposing that they disobeyed the instructions of the Medical Officer, what course would he take?—The transport attached are under the control of their own Officers.

1250. And supposing that those Officers did not comply with the wishes of the Medical Officer, what would he do?—He would report the matter to the Officer commanding through the senior Medical Officer.

1251. It never does arise?—I cannot say. I have never been on active service with our own Service.

1252. You say that you would give substantive rank to the Medical Officers; what titles would you give them, or should you make any change in their present title?—Lieutenant, Captain, Major, Lieutenant-Colonel, Colonel.

1253. You would give them exactly the same titles as the other Officers have at the present time?—Yes, the same as the Pay Department and the same as the Transport have.

1254. And should you drop all reference to the medical profession altogether?—Yes, I think it would be advisable; they are cumbrous titles, and our uniform denotes what Corps we belong to.

1255. Then supposing that somebody wished for the doctor of a regiment, and asked for Lieutenant So-and-so, and asked for the wrong Lieutenant, it would be rather inconvenient; he would not know which of the Lieutenants was the surgeon?—The circumstance would cause no greater inconvenience than if he belonged to the R.E., A.S.C., or A.P.D., and no doubt the Medical Officer would be asked for.

1256. Do you think that if a system of short service were introduced into the Army, under which young Medical Officers might retire with a gratuity after a short period of service, say five years, that would attract many young medical men who are beginning their profession?—A good deal depends upon the terms.

1257. But with the present pay and with the prospect of a gratuity say of 500*l.* at the end of five years' service?—I should think not.

1258. The terms would not be good enough you think?—A good deal would depend upon where they have to serve; if they had only to serve in England, it might be good enough, but abroad, certainly not; and I doubt whether many would join in England—not good men.

1259. During the first four or five years after a medical man enters the profession, he does not, as a rule, I suppose, make very much, does he?—It depends upon himself a good deal; he certainly keeps his health, that is one thing.

1260. Then apparently you consider that this foreign service is really a very severe trial?—Very severe indeed.

1261. And the proportion of foreign service has lately risen, has it not?—It has.

1262. It has been extended by one year?—From three to four years, and from five to six.

1263. And the present employment of retired Medical Officers in the Home appointments would, of course, tend to increase the proportion of foreign service?—It not only tends to increase the foreign service, but it gives fewer appointments for those at home. All the best appointments are taken up by these retired Officers; and not only that, but our leave is apt to be curtailed to enable them to proceed on leave.

1264. Since when did this employment of retired Officers commence?—I cannot say; it has been going on for some years, but it has certainly increased this last year in the district where I am.

1265. Do you think that Medical Officers may possibly retire on purpose to get a chance of these appointments; do you think that is likely to influence them at all when they reach, say 20 years of service?—I think they consider retirement at 20 years a great boon, and they would be very dissatisfied if it were done away with throughout the whole Service; but whether they look forward to these appointments, or not, I cannot say.

1266. With regard to the pay and allowances of Medical Officers while serving in India, I believe there is, at the present time, a great deal of dissatisfaction in the Service?—There is a great deal.

1267. They feel that in various respects, good faith has not been kept with them?—The two ranks most affected are the Brigade Surgeons, who serve in India and have greater responsibility, and receive in some instances, less pay than Surgeon-Majors serving in the same country, with less responsibility, and juniors to themselves in the Service; and also the Surgeons ranking as Captains; they do not get the pay of their rank and allowances in India. In addition to which, since I went to India, the charge allowance has been done away with for regiments, and the horse allowance for Medical Officers attached to regiments of Cavalry or Artillery in the field. The pay of a Surgeon in India is less than that of a Veterinary Surgeon in India.

1268. In respect of pay and allowances, do the Medical Officers compare unfavourably with the combatant Officers, drawing the comparison between those two grades of Officers at home and those two grades of Officers in India?—A Surgeon draws less pay than a Captain in India.

1269. Does he at home?—At home he draws less at first, and then more; over five years he draws more.

1270. I am, of course, taking the average; should you say that, comparing the Medical Officers with the other Officers, both at home and in India, he is worse treated than they are?—Yes. There are numerous appointments open to them which we have not. There is nothing outside our own department.

1271. But with regard to his pay and allowances?—Their pay and allowances are better than ours. We have had no increase in this present Warrant on the Warrant of 1879; the Indian Government would not recognise us as Captains, and we do not get our pay and allowances as Captains!

1272. Have the Medical Officers taken any means of bringing their grievances under the knowledge of the Indian Government?—I believe so.

1273. Do you know when that was done?—No.

1274. Perhaps you would make out for us a state-

ment showing in detail the practical grievances with regard to pay and allowances of which the Medical Service complain under the Indian Government?—Yes. (See Appendix, No. 6, p. 116.)

1275. During your service in India, did you become well acquainted with many members of the Indian Medical Service?—I knew a good many.

1276. Their service is limited solely to India, I think?—India, Burmah, Andaman Islands, and Aden.

1277. From where do they come?—From the same schools that we do.

1278. Do they complain about living in India altogether?—They have some grievances, I believe, but I cannot say what they are.

1279. Do they receive higher rates of pay and allowances than you do?—Yes, if they are employed, and nearly every one is employed; and they never receive lower than we do; that is to say, that if they are attached to a regiment they get charge pay, and consequently they get the 317 rupees plus charge pay.

1280. Perhaps you would make out a statement for us showing the rates of pay and allowances of Officers in the Indian Medical Service as compared with Officers in the British Medical Service serving in India?—Yes. (See Appendix, No. 6, p. 116.)

1281. *Mr. Macnamara.* You said that you were in the Turkish Service, where substantive rank was recognised?—Yes.

1282. Was there any difficulty there in distinguishing a doctor from anybody else?—None whatever.

1283. You are not acquainted, I suppose, with the American Service?—No.

1284. In the Turkish Army, when they wanted to send for you, for instance, did they send for Captain or Lieutenant So-and-so, or how was it managed?—They would send for the Officer named, putting his rank as Bey or Pasha after his name.

1285. And they would address you then by your rank?—Yes.

1286. What was your rank?—My rank was nothing, I was not in the Service; I was on the Stafford House Committee of the Red Cross Ambulances, but they gave me the honorary rank of Bey Effendi, which is Colonel; but, of course, I have no claim to that.

1287. Do you know the practice of the Continental Armies at all as to rank?—I have seen something of the Servian Army.

1288. That is much the same, I suppose?—Yes.

1289. Is it the case that the time on half-pay, not exceeding one year, which is allowed to combatant Officers to count on account of ill-health towards retirement or pension, is not granted to Medical Officers?—It is the case. If I was to have a day's half pay it would be a case of 58 Medical Officers going over my head.

1290. *Sir William Crossman.* Will you explain that a little more fully?—I happen to be the top of my batch, and if I fell sick I should get six months' leave, and if I had that leave extended I should most probably be put on half-pay, although the disease might have been contracted in and by the Service; and if I was put on half-pay for one day the whole of this batch would go over my head, and they would be seniors to me for ever afterwards, and if I remained another six months the next batch would go over my head, and so on.

1291. Does that obtain with the other branches of the Service?—I believe not.

1292. *Mr. Macnamara.* Have you passed your examination as a Surgeon-Major?—I have.

1293. There is no great complaint in the Service with regard to that examination is there?—When we entered the Service we were led to understand that we should never require to be examined again. It has caused some to put themselves to a good deal of expense to get a higher qualification to satisfy in

lien of the examination. I cannot say that it has been against the Army; it is for the good of the Army, I think, that we should have it.

1294. Then, with regard to the further examination, there is a great deal of discontent, is there not?—Yes. No Officers with that extent of Service in the combatant branches are called upon to be examined.

1295. You say that this rule did not exist when you entered the Service?—No.

1296. Nor did the rule of six years' foreign service, did it; that has been put on?—Yes. That is a thing which we should be very glad to have back again. Foreign service breaks down the health of Medical Officers more than of any others.

1297. *Dr. Graham Balfour.* Was there any defined regulation when you entered the Service with regard to the length of time that an Officer should be employed on foreign service; was it not dependent upon the exigencies of the Service?—The rule was five years in certain places and three years in others, with a proviso unless there was a war or the exigencies of the Service required it.

1298. Was that in the Medical Regulations or in the Army Regulations?—I think it was in the Medical Regulations.

1299. In stating the length of time at which you have been employed at different places, you mentioned that you had been one month at Hilsa?—Yes.

1300. Was not that while you were doing duty for an Officer who was on leave?—Yes.

1301. And therefore the shortness of the time arose from his resuming the duty when he returned?—Yes.

1302. And at Netley, you were there from November to April?—Yes.

1303. Was it not the case that in April you were removed to other duty in consequence of the duty at Netley becoming very much less from the invaliding season having been over, so that your service was not required there with the invalids?—We had to leave Netley to make room for another class of surgeons that were joining the following day.

1304. Then it was in the interest of the Service that you were removed?—Yes.

1305. In mentioning the disadvantages attending service in India at the present moment, is it not the case that when the station hospital system was introduced the charge allowance of Officers in charge of regiments was abolished when no corresponding advantage was given to the Officers attached to the station hospital, although they had quite as much or more duty to do than when they were in charge of the troops?—Yes.

1306. *Sir William Crossman.* You said just now that you had been told that since the Warrant of 1887 you have got no rank at all; who told you so?—Relative rank was taken away.

1307. But you know that in the Army List Surgeons-General are put down as ranking as Major-Generals, Deputy Surgeons-General as Colonels, Brigade Surgeons as Lieutenant-Colonels, and so on, and they are gazetted in the same way on promotion or appointment; does not that recognise your rank?—But I believe the Secretary of State for War stated that we were as we were before, before relative rank was taken away. That was all we had, and as relative rank was taken away we naturally infer that we have nothing left.

1308. But if you are gazetted to such and such a rank, ranking as so-and-so, that gives you such a rank?—Take the relative rank of Captain; if you take that away we have no rank, and then we are told that we are as we were before.

1309. But you are gazetted as Surgeon with the rank of Captain?—Yes, with the relative rank of Captain, but the rank is taken away, and therefore we have no rank; and we are told that we rank as

we were before, and therefore we must infer that relative rank was no rank.

1310. The word "relative" is omitted, but you have got the rank just the same; it is in the Army List, you know, "Surgeons ranking as Captains," and so on?—There is no other body in the Service who "rank as;" I do not know what it means, nor do the combatant branches of the Service understand it; they say that we are not soldiers, we are camp followers.

1311. *Lieutenant-Colonel Cotton.* Can you adduce of your own knowledge any instances in which you have been told officially that you have no rank?—In my own case do you mean?

1312. Or of your brother Officers?—I have heard of a case where an Officer was told that he had no rank.

1313. Under what circumstances?—I do not know that I can recall the circumstances exactly, but I can give one instance of a similar case which occurred to a Veterinary Surgeon, who ranked as a Major, but he was told by his Commanding Officer he had no rank at all. I cannot recall an instance, though I have known that it has been so in the case of a Medical Officer.

1314. We have been told by so many Witnesses that the statement has gone abroad that you have now no rank, and I wanted to know if I could get a Witness actually to substantiate that by a particular instance?—We have been told so, but I have no experience of it myself.

1315. *Sir William Crossman.* In the case of the Medical Officers who were given these substantive ranks of Colonels, Majors, and so on, would it not be a very good thing that they should wear a certain distinguishing mark to show distinctly that the man is a doctor, because you know at present the uniforms resemble so much the uniforms of the Staff and Artillery that mistakes are made; you do not suppose that the medical profession generally have any objection to wearing the Geneva Cross, for instance?—I do not think they would.

1316. *The Chairman.* When a young Medical Officer enters the Army at the present time he ranks at once as Captain?—Yes.

1317. Do you think that is advisable?—No, I would suggest, if I might, that an Officer on joining should be a Lieutenant for at any rate two or three years.

1318. Do you think that that change would be acceptable generally to the Medical Officers?—I think so.

(*The Witness withdrew.*)

DENHAM ROBINSON, Esq., *examined.*

1319. *The Chairman.* You are the Actuary of the War Office?—Yes.

1320. I think that you made the calculations upon which the Committee of 1878 based their Report?—I did.

1321. And you made a calculation, among other things, of the non-effective cost of the future Medical Staff?—Yes, of the anticipated cost.

1322. And you subsequently, I think, put in a statement, in the year 1887, showing that the circumstance of voluntary retirement had been omitted from the data which were given to you on which to base your calculation?—There was no experience in 1878 by which we could tell what the voluntary retirement would be; therefore the calculation, both of that scheme and of the scheme which it was to supersede, was made on the basis of compulsory retirement only, as the only means of getting a comparison.

1323. And in order to arrive at a fair calculation of the real cost of the Medical Department, you

must, of course, take Vote 4 and Vote 19?—Yes; that is to say, the effective and the non-effective together.

1324. There would be, of course, from time to time temporary fluctuations in the one and the other; but by taking those two Votes together for a series of years, you would then arrive at the average cost of the Medical Department?—Yes. The normal cost is a matter of the future; it has never been reached yet.

1325. When you say the normal cost of the establishment, will you explain exactly what you mean?—The normal cost of an establishment is that of an establishment which is arranged as if it had been receiving an equal number of entrants every year for a vast number of years; and, of course, as such it is a condition of things that is never really arrived at. There is always a tendency to approximate to it, so that the normal represents a tendency rather than the fact; but it is the only basis upon which we can compare different schemes so as to arrive at their average cost.

1326. Is the present cost of the Army Medical Department much above the normal cost?—No, I think not; I think it is below it. Taking the amended calculation that we made in 1887, and which is referred to in the Appendix to the Report of the House of Commons Committee in 1887, we show that the normal charge for effective and non-effective should be about 779,000*l.*

1327. The British force?—No, that is the British and Indian.

1328. But would you limit your statement, if you please, to the British force?—I cannot limit it as regards the normal to the British force, because they are so interchanged and because the non-effective necessarily applies to both; India merely paying her share of the non-effective charge which arises in regard to each Officer as he retires. We are obliged to take the Department as a whole.

1329. Then the only calculation that you can make is a calculation that affects both Great Britain and India?—Yes. If your Lordship refers to our calculation on page 51 to the Report of 1878, you will see there that the non-effective charge of 165,000*l.* is for both.

1330. Quite so?—But we divide that in the body of the Report, on page 21, into the Indian and British charge.

1331. Making a similar division with regard to the Estimates of 1889-90, how do the figures come out?—I am afraid I cannot tell you that, because of course the charge for 1889-90 is not normal; it is for the actual Officers on the non-effective list, and the charge against India consists in the proportion of service that each Officer has given in India as compared with out of India.

1332. What I want, if you please, is the actual charge for the effective and non-effective service of Great Britain in the Estimates of 1889-90. I think the necessary deductions with regard to India are made both in Vote 4 and in Vote 19?—Vote 4 does not include India at all. Vote 4 takes only the Medical Staff in Great Britain and the Colonies.

1333. Then that portion of the statement is made ready for us?—Yes.

1334. Now, with regard to Vote 19?—In Vote 19 you will find the deduction stated; the credit is given at the end.

1335. The 66,000*l.* odd?—Yes; that is what India is paying in the present year towards the non-effective Medical Department.

1336. Then how do those figures compare with your normal calculation?—The normal calculation gave the Indian non-effective charge as 68,000*l.*

1337. And the actual Indian non-effective charge this year is 66,000*l.*?—Yes.

1338. We may say, in other words, as nearly as possible the same thing?—Yes.

1339. Let us take it in that way. What was

your normal calculation for the Indian effective charge?—331,000*l.*; but I have no means of knowing exactly what the Indian effective is.

1340. We have not the Indian Votes. Your calculation for the British non-effective was 96,000*l.* odd?—Yes.

1341. Which you amended by your statement of 1887, to what?—To 163,000*l.*, as a result of the large amount of voluntary retirement, which produced a corresponding decrease of effective charge.

1342. And what is the charge in the Estimates for 1889-90?—It is 197,000*l.*, less the 66,000*l.*—that is about 130,000*l.*

1343. Do you see any reason, taking the present numbers of Officers, to suppose that the charge on this Vote will increase very largely?—No. I think, on the contrary, that the retirement charge will decrease in the next few years, for this reason, that the most expensive retirement which we get is the retirement of Officers after 20 years' service on *l.* a day, and I find that during the last 14 months there were 32 retirements with less than 30 years' service. If four are omitted as having evidently resulted from ill-health, there remain 28, or about 24 for a year. Of these, 13 were on completing 20 years' service, and 10 on completing 25 years' service. During the next five years only 55 Officers can complete 20 years' service, so it is very improbable that we can have anything like so large a retirement on that expensive rate. I have a statement here showing the number of Officers in the Department in each year of service—what it should be normally and what it actually is.

1344. Perhaps you will put that statement in?—Yes, I will. It shows that there is only one man now in his 20th year of service, there are none in their 19th, and there are 35 in their 18th year, whereas there ought to be 26, 27, and 28 respectively if the numbers were normal.

1345. Then it would rather appear, would it not, that your calculation of the normal cost is rather in excess of what it is probably likely to be?—Our calculation of the normal was based entirely on the experience that the voluntary retirement gave from the year 1880 to 1886, at which time, no doubt, there was a great exodus from the Department, probably more than may be expected permanently—that is why the normal then calculated is larger than there is some reason to think it is going to be.

1346. But if the Medical Establishment remains, as we have been informed it is likely to remain, at the same total figure, namely, about 950 Officers, the total charge on the Army Estimates is likely to fall below your calculation?—If they do not retire voluntarily to the same degree that they did from 1880 to 1886. That was entirely based on the ratio of retirement that was then given; that was our only experience. If your Lordship looks at those figures you will see that the retirement after 20 years' service was enormous; it was one-fifth of the Officers of that service.

1347. Do you know on what establishment your calculation was made?—Which calculation?

1348. I mean the last, the amended one?—It is stated on it: 915 Officers altogether.

1349. There are the present time 950 employed?—Yes, about that, as shown in the Estimates.

1350. Can you explain at all how it happens that with 950 Officers employed, the total pay and retired pay seems to come out lower than the calculation you made for an establishment of 915?—First of all, the Department has nothing like reached its normal. If you increase a department it is many years before that increase is felt on the non-effective service. Men must serve for their full effective period, and then must live to the full limit of their lives afterwards. I may, perhaps, explain that that 950 includes 1 Apothecary and 35 Quartermasters with whom we have nothing to do in these calculations.

1351. I am much obliged to you for the correction. I see that the present establishment is 915 Officers, or 914, to be very exact, instead of 950?—The Quartermasters are, of course, quite out of our calculation.

1352. You said just now that you considered that out of all the retirements in the Medical Service the voluntary retirement after 20 years' service is the most expensive retirement to the nation?—Yes, of all the retirements open to the doctors.

1353. Would you tell us how the retirements rank in point of expense as compared with one another?—Taking as the standard the retirement at 55 years of age, which is the limit or compulsory age for an executive Officer, at 2*s.* a day, or 456*l.* a year, the retirements at other periods of the service, which are equivalent in cost to the public to that retirement, when merely the non-effective charge is taken into account, would be at 20 years' service an annuity of 214*l.* instead of the 365*l.* that you give by giving *l.* a day. At 25 years' service it is equivalent to 314*l.* instead of the 410*l.* that is attainable. All the voluntary retirements are more expensive, with the exception of the gratuity at 15 years' service, which is a little less so. If, however, the saving in effective charge which results from Officers leaving young is also included, the voluntary retirements appear less unfavourable. Compared with the 456*l.* a year at the age of 55 years the public could afford to give 323*l.* after 25 years' service, 229*l.* after 20 years' service, and gratuities of 2,554*l.*, 2,137*l.*, and 1,514*l.* after 18, 15, and 10 years' service respectively.

1354. Have you, in making that calculation, taken into consideration the fact that of the voluntary retirements at 20 years' service, many are caused by ill health, and that therefore the Officers are not likely to live for a very lengthy period?—No, I have not taken that into account. We can only deal with the average mortality of Officers. We have taken into account the mortality of Medical Officers in general as compared with other Officers. It is a much higher mortality.

1355. *Dr. Graham Balfour.* On the Pension List, do you mean?—No, those serving.

1356. *The Chairman.* Then you have assumed that an Officer retiring voluntarily at, we will say, 44 years of age, compares with an Officer retired compulsorily at 55, just in the same way as a civilian retiring at 44 would compare with a civilian retiring at 55?—Yes, and that in doing so the retirement (so far as non-effective charge is concerned) of an officer at 44 costs about 50 per cent. more than that of one at 55 years of age.

1357. But to make a perfectly just comparison, ought not some allowance to be taken for the fact that many Medical Officers do retire after 20 years' service owing to ill health?—We have never found by the experience of the mortality afterwards that there is any particular difference between them and other Officers. I think that would apply much more to the extremely early retirements after 15 years' service, and so on. Those, no doubt, do go from very bad health. But we were given to understand in the Committee of 1878, that the great object which the Medical Officers had in view, and the great inducement which was required to induce them to come in, was that they should be able to go out after 20 years' service with *l.* a day, without the question of health.

1358. Supposing there were a gratuity after 10 years' service of 1,250*l.*, have you made any calculation of how that would compare to the cost of the State with either of these two retirements you have mentioned?—Yes, the State could have afforded to give 1,514*l.* as an equivalent to this 2*s.* day, at the age of 55; but as a matter of fact, it only gives 1,250*l.*

1359. And could you make for us, do you think, a calculation of what the young Officers retiring with 5 years' service, and receiving a gratuity of 500*l.*,

would stand in cost to the State?—I could do so. I cannot answer it now.

1360. Would you kindly try to make a calculation? Do you know whether there were any reasons in the immediate past why retirement at 20 years' service should have been availed of more largely than is likely to be the case in the normal state of things?—When we took the opinions of the different Schools as the question arose in 1878 before our Committee of that time, a great many of them represented that the Officers, after 20 years' service, were not too old to set up in private practice, and that many other reasons made them anxious to quit the Service then, and that if they could go out on a tolerably good pension, that would act as an inducement to bring Officers into the Service. At that time we were unable to get candidates, and that was one of the inducements we had to offer.

1361. At the same time, those who entered in consequence of those particular terms, have not left the Service?—No, they have not come up to the 20 years' service yet. There is a very large number of them indeed to come up about ten or eleven years hence. We do not know what they will do then. There are 101 Officers now who have got from three to four years' service, and 82 from eight to nine years' service. Of course those will tell very heavily when they come up.

1362. *Dr. Graham Balfour.* These increased numbers you have referred to just now are also the introduction into the Service of a large number of Officers in a particular year?—Yes; for several years we had not been able to get our full quantity of candidates, and the Department was very much undermanned when the Warrant of 1879 came out, and the arrear had to be made up by a large entrance of new officers.

1363. Have you made any inquiry into the mortality of the Officers of the Medical Service after being placed upon the retired list, rating them according to their ages?—Not specially after they come upon the retired list; it is very difficult to follow them. All our calculations of mortality have been when they were serving.

1364. Where would the difficulty be?—The difficulty of tracing them; it is perhaps a great labour, rather than particularly difficult.

1365. All the difficulty you would have would be in ascertaining the dates of their deaths?—No, there is no real difficulty beyond the labour.

1366. Do you not think that it would be quite worth the labour to ascertain, with a view to see whether the mortality after they have been placed on the retired list is much greater than in civil life; could you not make out tables, say for a period of 10 years, giving the mortality in quinquennial periods of life, that we may be able to compare them with the same quinquennial periods in civil life?—Yes, that can be done; it will take a little time to do it; we shall have to trace some thousands of Officers probably. It shall be put in hand at once. (*Vide Appendix No. 4, p. 113.*)

1367. *Sir William Crossman.* You have got the rates of mortality amongst the Medical Officers serving in the Army?—Yes.

1368. Should you say that the rate of mortality amongst medical men was double that amongst combatant officers?—Very nearly.

1369. *The Chairman.* Amongst those serving, that is to say?—Yes.

1370. *Dr. Graham Balfour.* It is about the proportion of 7 to 13?—Yes, combatant to Medical Officers, thereabouts.

1371. *The Chairman.* Is there anything further that you would like to add?—I should like to say, if I may, that one reason why the non-effective charge has risen rather rapidly is, that the selection for the ranks of Deputy Surgeon-General and Brigade Surgeon has been very much less than was contemplated when we made the calcu-

lation in 1878. It was then laid down as the datum that was given to us that one Brigade Surgeon out of every two should be selected for the rank of Deputy Surgeon-General, and that the promotion to the rank of Deputy Surgeon-General was to be so far by selection, that it should be brought down to the age of 48, and that of Brigade Surgeon would then have come down to the age of 45. As a matter of fact the actual Surgeons-General and Deputy Surgeons-General now in the Army List have only been promoted to Deputy Surgeons-General at the age of 53, and Brigade Surgeons at the age of 50. The result is that a very much larger number of each rank has to retire every year, and of course they do so on higher rates than would have been open to them if they had not been promoted from the rank below, so that the average rate of retirement is larger than was contemplated by our calculation. The rejections have been, as a matter of fact, only seven out of nineteen for Deputy Surgeons-General, and nine out of nineteen for Brigade Surgeons, instead of the half that was promised. That considerably raises the average pension of the Officers.

1372. *Dr. Graham Balfour.* But as the result of the increased age, that would shorten the duration of the pension, would it not?—No, because it does not diminish the age at which retirement is compulsory; it merely diminishes the period of service which the Officer can give in the rank. Therefore more Officers get promotion every year, and more Officers retire every year. I can give you that in figures. We calculated that 3·1 would retire each year from the rank of Surgeon-General, whereas 4·6 retire every year now. That gives you a body of Surgeons-General of 68 instead of the 45 which we calculated as on retirement; that of course adds a good deal to the non-effective charge. I am only showing the economy that results from selection.

1373. But is there no difference in the age of retirement; do you make out by your calculation that all the Surgeons-General serve to the age of 60?—Nearly all do; a few Deputy Surgeons-General go before, but very few; and the Brigade Surgeons we have taken by the actual ages of retirement.

1374. *The Chairman.* There is one question I omitted to ask you. Taking the establishment of 915 Medical Officers and the present conditions of the Service, what number of retired Officers would that give?—For every 100 officers serving the normal number on the retired list would be 76; say, three-fourths of the number.

1375. Then the retired list is three-fourths of the active list?—Yes, in point of numbers. That is the normal number. I may say that the average service is very short; they do not come in until they are almost 25 years of age, and they go out again with very few exceptions at the age of 55, with a considerable after-life-time to look forward to.

1376. Then assuming the Medical Establishment employed in Great Britain to be 580, what would the number of retired Officers be?—The number of retired Officers at the rate for whom Great Britain would pay would be 435.

1377. And assuming the total Medical Establishment to be 915, the retired Officers would be how many?—About 685.

1378. As a matter of curiosity, what is the number on Vote 19?—It is under 500.

1379. Then you are omitting the commutation people who are on the Vote too; so that really it comes out that at the present time there are in round numbers at least 600 retired Officers; there are 501 borne on Vote 19, 71 retired Officers borne on Vote 4, and there are, whatever the number may be, which are represented under the commutation that is being paid over the 10 years to the National Debt Commissioners?—That is so.

(*The Witness withdrew.*)

GENERAL VISCOUNT WOLSELEY, K.P., G.C.B.,
G.C.M.G., *examined.*

1380. *The Chairman.* You are Adjutant-General of the Army?—Yes.

1381. The numbers of the Medical Establishment have, I believe, been fixed this year definitely?—I do not know that it has been fixed this year more definitely than usual. We have taken a certain number in the Estimates, which number is a very considerable reduction upon what we had two years ago.

1382. The Accountant-General gave us to understand that a definite establishment had been fixed this year, which would not be altered unless circumstances alter?—That I was not aware of.

1383. For what force is the present Medical Establishment sufficient?—The present Medical Establishment is sufficient for an Army of about 210,000 men scattered, in more or less small detachments, all over the world. It is scarcely necessary for me to remark that an Army so scattered requires a very much larger administrative number of Officers for all departments than if it were concentrated, as all the Continental Armies are, at home.

1384. And, in the event of a war, how would the medical force be employed; would it be left in its present detached condition, or would the Medical Officers in the Army be concentrated with the forces abroad and the deficiencies made up in the best way that would be possible?—To a very large extent the number of Medical Officers who are in various places abroad would remain as they are; but the allowance of Medical Officers for the Home Service is upon such a liberal scale that, if we had to take the field with what is generally supposed to be the least Army we should ever send abroad, viz., a contingent of two Army Corps complete with a Cavalry Division and troops for the lines of communication, we should for that number of men be able to obtain from England the number of Officers required for that purpose, which would be about from 270 to 280 Medical Officers.

1385. Then it follows that, with the present establishment, which is, I think, about 915 Medical Officers, you would be able to furnish sufficient Medical Officers for two Army Corps?—Yes, and a Cavalry Division and a line of communication.

1386. And to carry on the foreign service in the present manner?—Yes. I think it is quite possible that for the large hospitals at home we might, under the circumstances, be obliged to draw more liberally than we do at the present moment—being in peace—upon the civil branch of the medical profession.

1387. Then, in saying that there are sufficient Officers available for two Army Corps, do you mean that there is a sufficient reserve available at the present time, or do you mean that after drawing as much as we thought desirable upon the private practice of the country we should be able to furnish two Army Corps?—We should be able for that number of troops in the field to which I have referred, to supply them entirely with Medical Officers of the Army, leaving at home and in our Colonies—that is to say, on our Home Establishment—about from 250 to 260 Medical Officers still available.

1388. Of course those 250 or 260 Medical Officers would not be sufficient; it would entail your calling upon private practitioners?—It would to a small extent.

1389. Do you think that we might look to private practice to furnish us largely with Medical Officers in the event of an emergency?—I do very largely. I think that our present system of keeping a very large Medical Department always on foot is a most extravagant way of spending our money.

1390. You think that the present Medical Department is rather in excess with regard to numbers?—I think it is largely in excess if you are, to make

use of an Americanism, to run the Army upon pure business principles.

1391. Would you point out to us a little more in detail how you would propose to effect a reduction in numbers?—In the first instance, I think it is a very great pity that we do not give up sending Medical Officers to India entirely. We have, I think, about 335 Medical Officers in India, to supply whom is always a matter of more or less difficulty. The only object that I can see for which the present system of supplying the British Army in India—that is, the 72,000 British soldiers whom we maintain there—with Medical Officers from our Home Army, is that our Medical Officers should have an experience in Indian climates; but I think that we may pay far too highly for that experience, and I think we do pay much too highly for it. I think if you reduced the Medical Department by the number of Medical Officers on the British establishment, we should be able to manage its affairs much more satisfactorily to the Government and certainly to the Medical Officers concerned.

1392. The Indian Service is looked upon as a considerable grievance by the Medical Officers in the Service?—I cannot say that. They do not like staying there very long; but there are others, especially when they get high up in the Medical Department, who like going there, because there are a considerable number of administrative offices connected with the Army in India which are very well paid. I may say that this is a point which I have already urged upon the military authorities of the country as one where economy could be effected, and which economy I think, could be easily effected; it would be an economy that, in my mind, would react favourably upon the Army generally.

1393. Do you know whether the Indian Government approve of the present arrangement by which they keep up two staffs?—I think the Indian Government would be quite prepared to supply the 72,000 men whom we have in India with Medical Officers as they formerly supplied Medical Officers before the Mutiny to their own European troops. And those European troops were a considerable number, because they embraced in those days the whole of the Artillery in India. They raised during the Mutiny several regiments of cavalry—I think six—and they had nine strong battalions of European troops besides. So far as I can judge of the matter the military policy of England ought, I think, to be—looking to the fact that we must have only the smallest possible Army maintained in England—that we should keep up during peace only those men whom in the emergency of war we could not obtain ready made. In the emergency of war we can obtain as many ready-made medical men from the civil profession as we should practically require. I do not think it would be advisable to do away with the Army Medical Department altogether. I think it is very desirable that we should be always educating in the Army, I might call it, a sufficient number of Officers who would be able to administer the medical affairs of the Army in the field, because I do not think we could obtain ready-made hospital administration from the civil profession. But as regards the actual men to heal the wounded and care for the sick, we could always obtain, according to my view, as many men from civil life as we should require for the purposes of war. During the Crimean War we made use of a considerable number of doctors from civil life; we obtained quite as many as we required, and I think quite as able men as their brothers in the military service. Of course, in order to do that, you have to pay those gentlemen for the job very highly. But, on the other hand, you have not got to provide them with pensions, and you avoid the expense of maintaining during peace the very large Medical Establishment which we keep up at the present moment. I may

say that, according to calculations which I made two years ago, the number of Medical Officers per 1,000 was 4·3 maintained all over the world, exclusive of India, and at the present moment the number of Medical Officers per 1,000 men of all ranks in our Army is nearly 4, which I consider a very inordinate number to maintain during peace; that is for all ranks of Officers, Field Marshals included. That is to say, that we at the present moment maintain during peace for our Army, exclusive of India, four Medical Officers for every 1,000 men of all ranks—Generals and others included. And this proportion seems to me excessive, considering that over three-fourths of our Army are on the British establishment at home. I might also add that I believe a certain proportion, perhaps a considerable proportion, of those Medical Officers whom we maintain at home—a proportion I consider to be excessive—are, I believe, kept up for the purpose of furnishing constant reliefs for Medical Officers abroad, and also, I suppose, to a certain extent to enable the department to send abroad in case of emergency a sufficient number of Medical Officers for any expeditionary force that we should require abroad without having to draw largely upon the civil profession. According to my views, it is a most fatal error to maintain an over-proportion of Medical Officers, because it is not easy for a young Officer entering the Army to keep up a proper knowledge of his profession—the amount of information he had on medical matters obtained before he entered the Army—when he has so very little work given to him to do as a Medical Officer at the present moment has who is quartered in England: in other words, our Army Medical Officers do not get the same amount of practice at their profession that the men in civil life do. During war I think that, with the exception of the men in the first line, that is, the men actually with the troops, all the large base hospitals should be manned by gentlemen drawn from the civil service at home; only the Officers at the heads of these hospitals, whom I may term the Administrative Officers, being Officers belonging to the Army. At the time of life when in civil practice a doctor is most valued for his skill and experience, we remove a military doctor from the treatment of the sick and convert him into an Administrative Officer to look after the management of hospitals; and as long as that system is continued it cannot be expected that our senior Medical Officers shall have the same amount of experience in their profession as men of the same age would in civil life. I think that is all I have got to say on that particular point.

1394. But it is necessary, is it not, that you should have men of great experience for the purposes of the administration of the Army?—Yes, I think that is very desirable. The reason why I think that is so desirable is because—on the same lines as I have laid down—I do not think you can obtain them in civil life. So far as I understand, the organisation of all the great hospitals of the world, they are not under the administration of medical gentlemen; but in all the London hospitals and most of the hospitals that I have enquired into, they are generally under the care of either a Board or principally under that of a Secretary, I am talking now of the administrative duties of a hospital, and that the Medical Officers are left to their legitimate work, which is the healing of the sick, and the curing of those who require curing. Therefore we could not obtain from the Civil Medical profession a number of Medical Officers of reasonable ability to take charge of our great hospitals at the base. If we could do so it would modify very largely what I have said upon the necessity of keeping up a large military administration of Medical Officers during peace, because the theory upon which I think we ought to organise is, to keep during peace as few men and Officers as possible, whom, in the event of the emergency of a

war we could be sure of finding in civil life ready made. You cannot find the private soldier ready made; therefore you are obliged to keep him during peace. But as regards telegraphists and men of other occupations, which are now very desirable and essential for the interests of the Army, and whom you can obtain, engine drivers, mechanics, and men of any profession that you find in civil life, I think you ought not to maintain them during peace, in the Army, but to draw upon the civil professions in the emergency of war for the numbers you require.

1395. Do you know, and if so, are you at liberty to state, whether there have been any communications between the India Office and the War Office with regard to this matter as regards the Medical Service?—I do not know that there have been any recently; but it is a subject that has been very frequently mooted between the two Departments, I think argued from the time of the Queen assuming India as part of her Empire, which led to the abolition of the East India Company.

1396. Do you happen to know whether the Indian Government have any difficulty in recruiting for the Medical Service?—I have always been given to understand that they have none.

1397. They recruit them, I believe, from England?—Yes.

1398. Exactly in the same way as the Army Medical Department is recruited?—Yes, exactly. Of course they have a subordinate Military Establishment in India of apothecaries and assistants who are natives. Then I might also add a point that I have not referred to, I think a considerable saving which might be obtained by the abolition of Netley School. I think that in the days when Netley School was established it was an admirable institution and was very much required; but since then, as I am given to understand, the subjects which were then specially and only taught at Netley, are now taught very generally in the great medical schools of the country.

1399. *Sir William Crossman.* What subjects do you refer to?—Sanitary subjects mostly—sanitation. The technical term is Military Hygiene.

1400. *The Chairman.* Let me take you to another point altogether, that is, the question of the rank of Medical Officers which, as you no doubt know, has given rise to a considerable deal of discussion. We have been given to understand that the Warrant of 1887 was the occasion of the breaking out of a complaint which had existed for some time in the Medical Service, viz., that relative ranks being abolished, the Medical Service contend that they have no longer any rank in the Army, and they feel this a very great grievance. Can you give us your opinion on that point?—In speaking upon that point, I should like it to be understood by everyone who may read my evidence, that I speak with the warmest possible feelings with regard to the Medical Department for very many reasons. First of all, I should not be here to give my evidence, if it were not for the care and attention I have personally received from the Medical Officers during the time I have been in the Army, when I have been very badly hurt and very ill. Whatever be the Medical Establishment to be kept up for the Army, it is absolutely necessary to make the Officers of the Medical Department thoroughly contented. They are a most meritorious body of gentlemen in every way. There is no Department or no branch of the Service, so far as my experience (and it is a long one and a very varied one) goes, there is no arm of the Service in which the Officers show greater devotion to their duty, and have always done since I have been in the Service, than the Medical Department; but I cannot help thinking that a great deal of the excitement, if I may call it so, that has been occasioned recently on this subject of ranks is imaginary. But the fact of its being

unsubstantial is no reason why we should not enquire into it and redress it if any grievance exist, so necessary is it I think to make them thoroughly contented. Now, as regards the Warrant of 1887, so far as I understand it (I had nothing to do with drawing it, I was not consulted about it), I think the Warrant of 1887 has merely afforded a peg upon which to hang a grievance which I know has been for some time in existence, amongst, I have always believed, the younger gentlemen of the Army Medical profession. I do not say it at all offensively to them, and I am sure none of them who know me would think me capable of doing so, but I cannot help saying, that in my experience, the best Medical Officers I have ever known in the Army would not attach, and did not attach, the least possible importance to this grievance which has been talked of so much of late. Indeed, the best men I know at the present moment in the Army, do not attach great or perhaps any importance to it, some of them none at all. I will go even still beyond that, and say, that I know men for whom I have the highest respect, and whose ability I regard as perhaps superior to that of most men I have met in the Medical Department, who would be almost insulted if you were to call them by the trumpery titles of Captain, Colonel, General and so on, which mean something entirely foreign to the high profession of Medical Officers. Medical Officers are doctors and surgeons, and are intended for healing the sick and curing the wounded. Captains, Colonels, Field-Marsals, and Generals are meant to fight and kill, and their objects are absolutely and entirely divergent and different. The two objects for which these two classes of men have been intended are distinctly different. The Medical Department is an appanage to the Army to help and to cure those men who are fighting, and who in the course of their fighting have become ill, or who have been wounded. But it would be to my mind the most absurd thing it is possible to imagine to call a Medical Officer a Captain or a Colonel; it would be quite in my mind as absurd as if anyone were to call me a Bishop or a Reverend Divine. I think the two things would be just as incongruous. A Captain is a man who commands in action 100 or 150 men, and leads them and fights with them. A doctor is a man who heals any of those men who may be wounded or may fall sick. And I believe that there are many men, as I have already said, in the Medical Department who would feel it a slight upon them if you were to attach to them a title which they must in their hearts feel would be an absurdity.

1402. The Warrant, however, of 1889, created for the first time a distinction between the Medical Department and certain other departments of the Army?—In what way?

1403. Between the Medical Department, and the Ordnance Store Department, and the late Commissariat and Transport Staff, because, for the first time, substantive rank was given to the late Commissariat and Transport Staff, and will also, as I understand, be given to the Ordnance Store Department?—Of course, when you say it gave to them substantive rank, it must be remembered that it is a fact, though of course it could not be stated in the Warrant, that those two different bodies of men which were formerly called Departments, and both of which will in future be called Corps, are to be, and will be, from this date, exclusively military. Men of the Army Service Corps will be absolutely soldiers from this period of time, and are now soldiers. To make matters smooth with all concerned, the rank was given, I think very wisely, immediately to the civilian gentlemen who belonged previously to those departments, and whom it was intended and conceived to be necessary in the interest of the Service to retain in those departments; but they will be, and are, a dying-out number of men, and they will be replaced entirely and exclusively by comba-

tant Officers of the Army; so much so, that the Army Service Corps is now inserted, as you may remark in the Army List as one of, the regular corps of the Army, not as a department. And the same thing will hold good with regard to the Ordnance Store Department—the Ordnance Store Corps it is to be called in future; and all the departments of the Army, with the exception of those who are outside Army matters, as regards soldiers' duties—that is the Chaplains' Department and the Medical Department, will be, in future, actually soldiers, and will be recruited from the ranks of the Army.

1404. But now on a campaign is not a Medical Officer serving very much in the same way as the Officers in the Army Service Corps or in the Ordnance Store Department?—He is serving in the field, but he has entirely distinct duties to perform. He belongs to a very high profession. The other man belongs to no profession if he is not a soldier. Now we have made him a soldier; formerly he was absolutely of no profession at all, he was a civilian attached to the Army, to whom we gave certain departmental duties to perform. Now those departmental duties will be performed by men who are really soldiers and taken from the ranks of the Army for that purpose.

1405. But, of course, a Medical Officer has a corps and a command of his own?—Yes; that he has been given lately, and, I think, given most properly; so that in his hospital he is supreme. No matter whether the man in hospital is a General, a Colonel, or a private soldier, the Medical Officer within the four walls of his hospital commands everybody in it.

1406. The Medical Officers appear to feel that unless they have some evident connection with the Army they really are not looked upon as a part of the Army; do you think that there is anything in that feeling?—I have never heard any soldiers say that. I certainly have never regarded them in that light myself. I have always regarded the Medical Officers of the Army as being as much an integral part of the Army as the General or the private soldier; we could not exist as an Army without them.

1407. But under the present conditions of Service, the Medical Officers not being attached for any length of time to any particular corps, and, being continually changed, do not you think that there is some reason for their contention that in some manner or other they ought to be shown as being part of the Army?—But I think they are shown in the Army List. And they are commissioned as Officers. I have never read their Commissions, but I presume that they are commissioned exactly as everybody else is; they have distinctive titles given them which were invented by themselves as a part of their Commissions; and so far as I know anything of the men who have to do with the administration of the Army, if there were any other titles which would please them more, nobody would refuse them; but they must be titles to show what they really are; they must not call themselves the Reverend So-and-so, or Captain So-and-so, because they are neither clergymen nor soldiers; but if there are any titles that could be invented to get over this difficulty, I think that everybody I know is only too anxious to accord those titles to them.

1408. Are not the men of the Army Medical Department soldiers just as much as those of the Army Service Corps?—They are not armed; they are only armed with a bayonet.

1409. Still they are soldiers, are they not?—It is difficult to define what a soldier is.

1410. *Sir William Crossman.* They are under the Mutiny Act?—Yes, they are under the Mutiny Act; but so are the drivers of wagons attached to the Army; a civilian attached to the Army is under the Mutiny Act; everyone attached to the Army in War is under the Mutiny Act.

1411. *The Chairman.* And also they command per-

sons who have military titles?—Yes, in their own hospitals.

1411A. And I think Officers of the Medical Corps have titles, have they not?—You mean the Quartermasters.

1412. Yes?—They are called Quartermasters, and they are under the Medical Officer.

1413. With regard to that question of transport, do you think that on a campaign anything would be gained by the Medical Officers having power to give authoritative commands to those who are attached to them for the time being?—I have never thought of that. Do you mean to men who carry their baggage and things for them.

1414. I mean to Officers or men who might be attached to the Medical Ambulance?—I think that those men would be obliged to do whatever they were told by the Medical Officer in charge of the column. Of course, if there was a military Officer, who had the military charge of the column, the orders would be given by him; but I presume that he would not interfere with the Medical Officer's arrangements with reference to the distribution of the sick and wounded, or the stores in his column.

1415. Medical Officers have told us that they have had a difficulty in getting their commands obeyed, and their directions—and particularly in the Egyptian campaign?—I never heard of that, and I cannot understand it. Of course any man can quarrel with another, that is quite easy; but I do not think that anybody who did not want to quarrel could get up one under those circumstances.

1416. Then, apparently, your idea is that so long as you do not give Medical Officers military titles you would make any other change that might be satisfactory to them?—I think so? I think that they are such an important branch of the Service, and have always done their work so well, and I think that the Army has such a high respect for them—I may say attachment for them—that I am quite sure it is the wish of the Army to make the Army a popular service with the Medical Officers.

1417. You would give any title except a military one; what is the special objection to giving a military title?—I think the absurdity attached to it is very considerable. I think the Medical Officers would never get over the absurdity; I think they would be laughed at. As I say, if I were to strut about as a bishop in lawn sleeves, I should be a very ridiculous character; and if I were to go into a medical ward and try to prescribe for the sick, I think I ought to be turned out as a scarecrow—an absurdity; I think every one would laugh at me. And I think the same thing would attach to a Medical Officer or a Chaplain, if he were to assume the titles of General, Field-Marshal, and Colonel and Captain, which have been from time immemorial attached to men who are purely and essentially fighting men. I think you would do exactly for the Medical Department what the Medical Officers do not wish to have done; I think it would certainly make them unpopular in the Army, and it would make them, I think, not only ridiculous to themselves, but certainly ridiculous amongst the people with whom they have to act, and with whom they ought to be on the best terms, and with whom they are at the present moment, I contend (and I have some experience), on the very best possible terms.

1418. Would not your objection to those military titles extend logically to Medical Officers wearing uniforms?—No. I have heard Medical Officers go so far as to say it would be much better if they did not wear uniforms; but I think that that would dissociate them from the Army in a manner which would be very undesirable. I think that the Army are very much attached to the Medical Department, more so, indeed, than to any other department of the Army, when we had several departments; and I

think they wish to look upon them as comrades in every possible way. If you took away from them their uniforms, I think you would dissociate them from the Army in a manner which is not desirable either for the Army or for the Medical Officers concerned.

1419. But after all there is a great deal of professional sentiment in the Army, and do not you see that Medical Officers may well feel that by wearing uniform without any rank whatever they are hardly to be called military men?—But I maintain that they have rank just as much as I have in the Army—absolutely. First of all they have their titles, whether good or bad I leave for others to decide; and their rank is as clear as anything can possibly be. If you look at the Army List you will see in the list of Medical Officers they are given rank—ranking as Generals and Colonels, and so on; and then if you turn to the Royal Warrant you will see, at Article 268; “An Officer of a department of our Army, not having honorary rank, shall rank as follows for purposes of precedence and other advantages attaching to corresponding military rank.” So that so far as their titles go it has been settled, but is open to revision; as regards their rank—their rank is settled and stated in the clearest possible terms in the Army List; and all their advantages accruing from that rank are distinctly secured to them in the Royal Warrant.

1420. Would your objection extend to giving them the honorary rank of Colonel, Major, Captain, and so on?—I think you could not give them any other; you could not give them substantive rank, but it is the idea of attaching any title to them that would make them absurd, which I deprecate in the strongest possible terms.

1421. And if it were proposed to give them the substantive rank of Colonel, Major, and so on, you would speak of that more strongly?—Substantive rank would of course give them command over the Army; and, if I may venture to say so, it would be rather absurd to put a Medical Officer to command an Army who had never had any experience in that line.

1422. But there is such a thing as substantive rank with limited command, is there not—take the Army Service Corps for instance?—The Army Service Corps command everything just like anybody else.

1423. Then take the Ordnance Store Department?—I suppose they will eventually have exactly the same rank as the Army Service Corps. The Army Service Corps are mostly Officers from the Army who have the same substantive rank that I have.

1424. Then it is possible that a Commissary-General may be found commanding the Army?—Yes, it is quite possible, as it has always been in India with the whole Commissariat Department. In India the Commissariat Officers have always been Captains, Colonels, and Majors, went backwards and forwards between the combatant branches and the Commissariat; the whole of the Ordnance Store Department in India is on the same principle.

1425. *Sir William Crossman.* And the Medical Officers are always gazetted as Surgeon So-and-so ranking as Captain?—Yes, always; and I fancy, I do not know, but I believe that the word “as” was put in at the request of the Medical Department.

1426. I see in the Indian Army List the word “with” is used, not “as”?—Yes, but I do not think there is any difference in that; I think that whatever would be most acceptable to the Officers concerned ought to be adopted.

1427. *The Chairman.* Have you anything more to say on this point?—I might also add one thing more to show the high feeling that we have in the Army for the Medical Officers. I think that if you look back through all the despatches that have been written in our time, since the Duke of Wellington's time, and since the Officers of the Medical Department were

entitled to be given the decoration of the Bath, which dates from the year 1850 only (before that they were not eligible for the Bath), you will find not only the most prominent mention made, in all the despatches, of the Medical Department as individuals and collectively, but you will find as the result of those despatches that the Medical Department have always come in for their very fair share of distinctions, and the number of men at the present moment who hold positions in the Bath, in the new Distinguished Service Order, and in Order of British India, I think shows the very high respect that the Officers of the Army have always had and have at the present moment for the Medical Officers, and the great desire that those in command have had to bring the services of the Medical Officers to the notice of the public in the same way as they would bring to public notice the services of any combatant Officers of the Army. I cannot bring forward a better evidence of that than the reading of any despatch of any campaign that I have ever taken part in myself; I am not talking of campaigns where I have had any command, but any campaign that I have ever taken part in.

1428. Do you think that under the present conditions of the Service young Medical Officers are placed in a rather peculiar position; belonging to a regiment they are not necessarily members of any mess, and they have other disadvantages of the same sort?—All these peculiarities to which you refer were carried out at the urgent—the most urgent—request of the Medical Department. All those ideas and all those changes emanated entirely from the wishes of the Medical Officers. And I think, as regards the young Officers joining the Army, at this present moment, the Medical Officer joins on a far higher and better status, with a better rate of pay in every way than the ordinary Second Lieutenant does. Instead of being attached to a regiment as he was formerly, where he had very little to do, he is now merely attached; and that was done at the urgent request of the Medical Department. He joins a mess, he pays no subscriptions; he neither has to give anything to the band which he enjoys as much as any Officer in barracks; nor has he to pay any subscription to the mess, and yet he gets much better quarters; and instead of joining as a Second Lieutenant he joins two grades higher, as a Captain, and obtains quarters as a Captain; he is very highly paid, and I think he is very much looked up to.

1429. But it very often happens, does it not, that he is not in quarters at all, but in private lodgings, and not closely connected with any portion of the Army?—I think that is generally at his own wish; I think they prefer being out of barracks. There is a much larger proportion of the Medical Department married, to begin with, than there is in the combatant branches of the Army, and it is generally more convenient for them to live out of barracks and to draw their allowances instead.

1430. *Dr. Graham Balfour.* You stated that you consider the Medical Establishment largely in excess of what is required for actual service; but is it not necessary to keep up a portion of that excess with a view to maintain a moderate amount of foreign service for the Medical Officers?—I said I thought that a large proportion of them were maintained in order to keep up the rotation of Officers between abroad and at home.

1431. I understood you to say that that was the reason; but at the same time you expressed an opinion that the establishment should be very much reduced?—Yes.

1432. But if it were reduced would it not involve a very large amount of foreign service for the other men?—If you did away with India, as I would like to have it done away with, not at all. I think there is the great point.

1433. But, looking at that question as a question of expense, if you reduced the Estimates in the

home establishment by withdrawing the Indian Officers, would you not require to increase the Indian establishment in the same proportion, so that there would be really no economy?—It would be an economy to us in many ways and save the grievance of a certain number of Officers who, I think, do not like service in India, and it would be much easier for us to obtain a smaller number of Officers than a larger number.

1434. You stated, I think, that the duty of the Medical Officer is attending to the wounded and in healing the sick; has he not also a very important duty to do in preserving the men in health and in the sanitary duties, which are very important?—Most important in peace as well as in war.

1435. Do you think that these duties could be as well performed by civilians who know nothing of the habits of soldiers as by Officers who are thoroughly acquainted with them?—But the physical functions of a soldier are the same as the physical functions of a civilian.

1436. But his habits are different, and his mode of living is different?—I do not quite apprehend how.

1437. The conditions of men quartered in barracks in large numbers and under a certain amount of control, are surely very different from the conditions of the working population?—If you mean physically speaking, they live under much better sanitary conditions than the ordinary populations living in towns.

1438. Or they ought to be if they are properly looked after?—But they always are; even the worst looked after exist under better sanitary conditions than the ordinary inhabitants of the towns in Great Britain.

1439. They labour under the serious disadvantage of being grouped in large rooms in the barrack?—They have a larger cubical space in their barrack-rooms than you allow people in the lodging houses of London.

1440. Then with reference to your suggestion of the abolition of the Medical School at Netley, are there not a great many questions in point of fact connected with sanitary questions which are taught there, and which are not taught in the civil schools?—Of course, I am not quite competent to give a very good opinion about that; my knowledge comes second-hand upon that point. When Netley was first established, it was absolutely necessary for us to have it in order to teach those hygienic questions which were not then dealt with in the civil schools of the country; but my information leads me to believe that in the great civil medical schools of the country at the present moment, all those sanitary questions are very closely attended to—such, for instance, as water, which is one of the most important subjects that we have got to deal with in camps, and many other topics of a similar nature. I have been given to understand that those are now taught in the civil schools.

1441. But are there not a great many questions connected, for instance, with the influence of the climate of the Colonies on the health of the soldier, on which sanitary instruction is given at Netley which can not be given in the civil schools?—There may be collected into some library at Netley an amount of information with regard to the climatic effects of the various climates which you might not find in an ordinary medical library; but, after all, I presume that the same books which exist in Netley on those subjects may be obtained in private life.

1442. I am speaking of the instruction given by the professors?—So far as I can find out at second-hand from others, those subjects are dealt with in private schools. It may be well for me not to state that as a positive fact; but when I took the subject up merely from an economical point of view in 1887, I took some trouble to find out what I could; and what I was told then was that the subjects which were specially dealt with as regards sanitation at

Netley were dealt with in the private schools at home ; but I did not then go there myself to find out.

1443. *Mr. Macnamara.* Would it not be the same thing, economically, if the Medical Officers were all appointed from the British Service to serve with the troops in India as if the Indian Government made these appointments?—No, because if there was only one medical service in India, the medical administration of India could be carried out more cheaply than at present. Then, again, the Indian Officers do not come home every six years as ours do.

1444. Are not our Officers paid less?—No, our Officers in India receive the same pay as theirs do ; they are all paid on the same scale.

1445. *Dr. Graham Balfour.* Except the charge pay?—I do not know the details of course ; but I understood that a Medical Officer with an English regiment in India was to get the same as the Medical Officers with all other regiments. There can be only a very small difference at any rate. The ordinary Surgeon in India, and the ordinary Surgeon in our Service gets practically the same pay.

1446. *Mr. Macnamara.* But then there would be a very heavy charge for pensions on the Indian Government?—Yes, we should transfer the pensions.

1447. And these would all be chargeable upon India, not upon England?—Yes, at present our Officers stay six years, they used to stay only five years ; we bring them home and send them out for nothing. The Indian Medical Officer pays his own expenses home and out, and this continual *chassée croisée* of sending Officers backwards and forwards amount to a considerable sum in the year.

1448. As you are aware, it is largely mooted in India whether it would not be advisable for the British Medical Service to supply the whole of India with Medical Officers for the Army, leaving the Indian Government to supply the civil medical service ; there are many advantages in that, because then you would not have two sets of administrative Officers. How would you manage in the case of a great European war, when our troops might be withdrawn from India, if the Medical Officers in charge of British troops were all servants of the Indian Government?—I doubt your facts. You could not withdraw the Army from India. On the contrary, it is laid down by the Indian people, but not accepted by us at home, that in the event of a European war we are to send out about 30,000 extra men there. As to withdrawing any troops in time of war, we could not do so.

1449. Then in the case of falling back as you propose very largely upon civilians in the event of war, do you think you would get civilian medical men of position to give up their practice and wander away here and there with our troops ; you would get nothing beyond medical students?—I think you would get very good men—it is a question of money.

1450. The Crimean War did not seem to prove that it was an advantageous system ; a system of that kind utterly broke down, did it not?—I do not think so. I think that some of the best men we had there were men from the civil profession. Nearly all the base hospitals latterly were almost exclusively manned by men from the civil profession.

1451. But the whole system apparently came to grief in the Crimea?—The whole military system from top to bottom as rotten, and the medical system was only a part of it.

1452. We have had several Medical Officers before us, and it may be a remarkable fact, but it is a fact, that they are all anxious to have military titles.—All the seniors?

1453. The Inspector-General.—Did he wish to be called a General?

1454. He said, I would give Medical Officers "absolute substantive rank," and unquestionably, the majority of the Service claim substantive rank ; that is their opinion, and many of them state that

they cannot work in their present position, commanding Officers of the Medical Staff Corps and soldiers, also men in hospitals, and so on, they cannot work without this rank?—I am afraid I cannot concur with that.

1455. They seem further to allege that in consequence of the rank having been withdrawn, their position in the Army has become very different to what it was when I was in the Service. They say that they find their position with regard to regimental Officers altered ; they call upon the mess, and no notice is taken of them, and so on in the social relations of military life?—That was all laid down absolutely at their own request.

1456. *Dr. Graham Balfour.* Would it not be possible in the Queen's Regulations to define the fact that the Medical Officer has real rank in the Army?—It would, I think, be impossible to assert that fact more positively than is done at present ; it is so distinctly laid down now that I cannot imagine anything more positive ; it is published in the Monthly Gazette through the length and breadth of the Empire that a man is appointed to be a Brigade Surgeon with certain rank, and he is shown in the Army List as a Brigade Surgeon with the rank of Colonel or Major. I cannot imagine that it could be more emphasised ; but if it could be more emphasised, I think it ought to be, and I am sure everybody would like to do that.

1457. I quite agree, I think the difficulty is to define it?—Yes ; quite so.

1458. *Mr. Macnamara.* Their difficulty is, that since the Medical Staff Corps has been established, Quartermasters and so on have the rank of Captains and Lieutenants, but that as Medical Officers they are in command of gentlemen holding military titles although they have themselves no rank?—I deny that most decidedly ; if any man tells me he has no rank my answer is, show me your commission.

1459. Do you mean the Quartermaster?—No, the Medical Officer who says he has got no rank ; let him produce his commission.

1460. His commission says that he is to rank as a Surgeon.—Then how can he say he has no rank? In the list of Medical Officers in the Army List, the first thing I see is "Director-General, ranking as Major-General," how can he say he has no rank? How can the "Deputy Surgeon-General, ranking as a Colonel" say he has no rank? Then I turn to the Royal Warrant, and I find "An Officer of a Department of our Army not having honorary rank shall rank as follows : for purposes of precedence and other advantages attaching to corresponding military rank." I cannot make out what it is he can want, except the actual pleasing sound to the ear of calling himself Colonel ; it must come down to that. There can be no other possible grievance, because they are better paid than the combatant Officers ; they have everything that it is possible to give them—they get pensions higher than the rest of the Army ; with this one exception, they have everything they can wish for, and as I have already tried to explain, that would really make them supremely ridiculous, and in a manner I should be very sorry, feeling as I do for them.

1460a. *Lieut.-Colonel Cotton.* I only wish to ask you just one question on a point which, I think, Lord Camperdown did not touch upon. We have had some evidence here of a Surgeon of about nine years' service who, since leaving Netley, and including five year's service in India, has been at no less, I think, than 13 different stations, which is a little under a year at each. We asked him whether he found, from a medical point of view, any difficulty with his patients and duties in consequence, and he said he thought not. Perhaps I might ask you, from a military point of view, whether you think that such frequent changes are desirable, bearing in mind the fact of your evidence that we have such a large supply of Medical Officers at home?—I think it is

the most silly thing possible; but I am sorry to say that I think all the branches of our Army are moved a great deal too frequently, and certainly our Departmental Officers. I think when a Medical Officer is sent to a station, he should be left there, say for five or six years, in the same way as we at present do with Staff Officers. To move them from one place to another is a ridiculous expenditure of public money; you are throwing your public money away in moving the Officers about, to no useful purpose, so far as I can understand.

1461. *Sir William Crossman.* There were one or two witnesses before us who made a sort of complaint that the position of the principal Medical Officer on the Staff of the General was not distinctly recognised. Would you agree with that?—I think he is one of the most confidential men, and I have always found, as far as I know, that he is one of the greatest friends that the General has in the field.

1462. And, in fact, from your experience, all questions regarding sanitation, and so on, in the reports of Boards, are always referred to him, as a rule?—I would not say as a rule, I would say invariably. I cannot fancy any sensible man doing anything upon the subject of sanitation contrary to the advice of the man who knows more about it than anybody else. I can only say, speaking as Adjutant-General, that numerous reports come to me upon sanitation questions, but they always go on to the Medical Department, and I do not take the trouble to read them till they come back to me, with the Medical Director-General's opinion.

1463. And, in fact, while the medical Officer cannot be a member of the Board, he is always in attendance, and can express his opinion in writing as fully as if he were a member?—Yes, and the reason he was not made a member of the Board was because many Medical Officers objected to it. All those things arose from the fact that many Medical Officers thought it was *infra dig.*, if they had some relative rank superior to that of the Captain, Major, or Colonel who might be sitting as President. They said that if they had the rank of a Brigadier-General, or whatever the title is, they did not like to sit upon a Court of Inquiry the President of which was only a Colonel; and then, in order to get over that difficulty, it was decided by the military people in the War Office that instead of the Medical Officer being a member of a Board, he should give evidence and say what he liked.

1464. *The Chairman.* But if their complaint that they are not members of a Board is general in the Service, do you see any objection to reverting to the old practice?—None at all. But there comes in the question of command. It is a sentimental thing, but there is also a sentiment in the Army amongst combatant officers, as there is a sentiment amongst the Medical Officers; and they are punctilious upon questions of custom. At all messes, and wherever officers meet on parade (because a mess is a parade, and a Board is a parade, and a Committee is a parade), you must have the senior combatant Officer in command there in the same way as if it was in the open field with 10,000 men; and it is a difficult thing to get over that if we allow the Medical Officer to sit as President, because the President must be the Commanding Officer.

1465. Would your remark extend to such a case as when the subject under consideration is a medical question, or a question of sanitation?—I think that as long as you bring in combatant Officers the question of command arises. It is a sentimental thing in all those points, but it is a difficult thing to get over, and I do not think it would add to the popularity of the Medical Department if you were to change the condition of things on that point, which has existed from all time.

1466. *Dr. Graham Balfour.* But does the question of command come actually into operation in the case of a joint Committee?—Whenever any Officers meet

together, that is a question of parade. Take, for instance, which is a much more social condition of things, a mess. A mess is a parade, as you know. You can make a man go to mess; you cannot make him eat, but you can make him go there; and many young Officers are ordered to go there when they get into the habit of staying away.

1467. *Lieut.-Colonel Cotton.* On the question of titles, we have had quoted to us a good deal the foreign armies—the Turkish, the Russian, and, I think, the Italian. I do not know what your experience is, but they say the system works very well there?—I cannot tell you off hand about all the Armies, because I have not thought of enquiring into it, but certainly it does not exist in the great Armies of the world, with the exception of the Russian; but there the Czar's wet nurse has a military rank. But if you except that Army, I think there is no other great Army where the system prevails.

1468. I think the Russian, Turkish, and Italian Armies were quoted?—But not the German, or the Austrian, or the French.

(The Witness withdrew.)

JOHN MARSHALL, Esq., F.R.C.S., F.R.S., LL.D.,
examined.

1469. *The Chairman.* I need not say that you are President of the General Medical Council?—Yes.

1470. And you have also been President of the Royal College of Surgeons?—Yes.

1471. And I apprehend that you are able to speak to us on behalf of your Council?—I think so, so far as I feel at liberty.

1472. I wish to ask you a few questions with regard to the present examinations of the Apothecaries' Society. The surgical examination of the Apothecaries' Society is, I believe, conducted entirely by Examiners appointed by the General Medical Council?—That is quite true.

1473. And the Medical Council also send Inspectors who inspect the examination in Surgery, and who also inspect the examination in Medicine of the Apothecaries' Society?—Yes, and in Midwifery also.

1474. And the Apothecaries' Society give a license in virtue of a candidate having successfully passed those examinations?—Yes.

1475. In the opinion of the General Medical Council are those examinations satisfactory?—Decidedly.

1476. I have before me the reports on the final examinations in Medicine, Surgery, and Midwifery of the Apothecaries' Society, and there are one or two qualifying remarks; but at the same time the conclusion that they come to is that the standard of efficiency required for candidates appears to be sufficient?—Yes. You asked me first, I think, whether they were satisfactory, and I said, Yes; but I ought perhaps to qualify that by saying that they are regarded as sufficient. The words in the Act of Parliament under which we carry out our inspections are "sufficiency of the examinations;" we are bound to ascertain the sufficiency of them. Now an examination may be good enough for us to say it is sufficient for a license, but we might suppose improvements in it; therefore perhaps I ought to recall the word "satisfactory," because in every examination there are little points which one would not hold to be satisfactory, not only in the case of the Apothecaries' Society but of other bodies. The word "sufficiency" is the word in the Act of Parliament, and the Apothecaries' examinations are declared by us to be sufficient. Therefore, I should wish to substitute the word "sufficient" instead of "satisfactory," because "satisfactory" implies that

no improvement whatever could take place, which we do not hold.

1477. The General Medical Council send Inspectors to the examinations of other degree-giving bodies, do they not?—Yes.

1478. Are the General Medical Council as well satisfied with the examinations of the Apothecaries' Society as they are with those of other Medical Bodies and Universities?—The word "sufficiency" implies that we consider they are so far satisfactory. Degrees of satisfaction do not enter into our reports; we may have opinions, but we are not bound to report them. The Medical Council has to determine the sufficiency of examinations in relation to general practice amongst the public; and the reports concerning the Apothecaries' Society have been to the effect that its examinations are, in that sense, satisfactory.

1479. At the present time, in the admission of candidates to the entrance examinations for the Army, it is required that a candidate should have received a separate diploma in Medicine and a separate diploma in Surgery?—Yes.

1480. Do you consider that is necessary in order to obtain good candidates?—I consider that that was necessary under the old system because, as you are aware, the Society of Apothecaries was not legally entitled in those days to give a surgical qualification at all. Therefore it was a most proper thing that, for the public services, candidates should be required to show that they had a surgical qualification as well as a medical one. Accordingly under the old system, it was certainly right that they should have the two qualifications. But now that the conditions are changed I am not sure of that; for I think it is just and right in the case of any person who now holds a complete qualification in Medicine, Surgery, and Midwifery under the supervisions of the General Medical Council, that that ought to be regarded as sufficient.

1481. Do you think that the Army ought to be able themselves to institute such an examination as, coupled with the fact that a man has obtained a license to practice, ought to be sufficient?—I think so. I think the license to practice ought, on general grounds, to govern practice in military life as well as practice in civil life; but I still maintain that a special examination is absolutely required for those who are going into the Army Medical Service; and that is superadded, I believe, and I hope will always continue to be superadded.

1482. The Apothecaries' Society have complained of the present practice in the Army Examinations that I have spoken of, and they represent that candidates holding their license are really as well qualified as those who have passed the joint examinations of the Royal College of Surgeons and of the Royal College of Physicians, should you agree in that view?—Well, it is very difficult for me to express an opinion on that. I think we are apt to attach too much importance to examinations altogether. They are a test of a candidate's knowledge and ability at the moment; and I believe that a man who has passed the Apothecaries' examination might really be a better man than one who had passed the examination of the two conjoint bodies. Moreover, looking at the test as a whole, I believe that the Apothecaries' Society have so far improved their examinations, and are ready to improve it in every way, that I think it would be unfair to say that their Licentiates should be excluded on the ground that they have a license which is professionally inferior to those of the two Royal Colleges. I think that would be unjust. They have no absolute claim, at least they have no positive right, for the Military Authorities can exclude them if they like; but I think they have a really fair and just claim to be placed on the same footing and to be subject to the same special examination for

the Army or the Navy as other members of the profession.

1483. It is necessary, is it not, that the Apothecaries' Society should make any change in their examination which the Medical Council think necessary?—Yes, if we urge the adoption of any change, and the Privy Council agree with us, the Society must carry it out, or we could refuse to register their Licentiates. At the last session of the General Medical Council an important resolution was passed which will in time influence all the Bodies with reference to the performance of operations, and the Apothecaries' Society must consider that recommendation. We cannot order the adoption of a recommendation; but continued resistance to any important recommendation after a certain lapse of time, and after reference to the Privy Council, would lead to their license ceasing to be registrable.

1484. With regard to the Examiners sent by the General Medical Council, are you personally satisfied with the Examiners themselves, and the mode in which they are selected?—Personally we have the highest testimonials of the qualification of these gentlemen. Many of them I know, in fact all of them I know personally; they are younger than the Examiners at the Royal College of Surgeons, but comparative youth is not always a disqualification. If earnest and faithful in the performance of his duty, a young Examiner is not a bad Examiner. I might say from what I know myself of the Examiners in Surgery at the Apothecaries' Society that they are very good men; and I believe that some of those who are now examining for the Apothecaries' Society may some day or other be upon the Examining Board of the Royal College of Surgeons. They are able and earnest men.

1485. *Mr. Macnamara.* Can you give us any opinion as to the entrance of medical men into the Military Service. They were allowed under a former regulation to enter for 10 years, and then to retire with a bonus. That fell to pieces and they did not come. But it is now, I believe, put forward and urged very strongly, that men might be induced to enter the service if they were enlisted, or if they were appointed for five years, and then at the end of five years to retire again with a bonus say of 500*l.* So far as you can judge, do you think that that is likely to be successful?—I have not formed any judgment upon that; you must not question me upon it; I really could not answer it.

1486. *The Chairman.* Is there anything else you would wish to say to the Committee?—I was going to supplement what you have asked me by these remarks. I have taken pains to ascertain, since the new system of the Apothecaries' examinations came into operation, what number of persons have registered as their sole primary qualification, the Licentiateship of the Apothecaries' Society, since June, 1887, when the system was changed. I find that 121 persons have been put upon our register with the Licentiateship of the Society of Apothecaries only to begin with. But now I want to point out what happens. Of those 121, already 47 have added some other qualification, and it appears to be the fact that the Apothecaries' license still continues to be used for the purpose of enabling young men to obtain speedily a qualification which entitles them to practice. And this is a very important matter for the profession at large and for the public, because the Medical Council is trying to put a stop to the employment of unqualified assistants, and any machinery by which men can become qualified more rapidly (because that after all is the point, they get the license of the Apothecaries' Society at less cost than other diplomas) will enable us to get rid of the evil of unqualified assistants. That is one advantage of preserving the Licentiateship of the Apothecaries' Society. And yet out of 121 persons who have taken that license alone

to start with, already 47 have obtained other qualifications. Of those 47, 27 have obtained the additional qualification of Member of the Royal College of Surgeons, 14 have obtained the double qualification of the two Royal Colleges, two have obtained the degree of Bachelor of Medicine of London, and two others have acquired University degrees in Ireland. Accordingly some of the candidates who go in for the Apothecaries' license in our days, are men who aim at getting a further title or even a University degree. It shows, I think, that they do this under pressure. They are men—probably of very moderate means, perhaps left, without father or mother, to fight their own way in the world; and they get the least expensive qualification they can, but with a full intention of getting a higher one. Therefore I think this is an additional argument why one should not stop these men from the competition to get into the Army Medical Department. I think in fairness one should admit them; and I believe that large numbers of them will obtain some additional qualification. As already 47 out of 121 have obtained additional qualifications, I believe that if we could follow them another year, we should find a larger proportion than that acquiring other qualifications. I may add this, that although I think it is only just to admit the Licentiates of the Apothecaries' Society to enter for the Army competitions, yet when one came to dispense important posts in the higher grades of the Service, one would naturally take into consideration the additional qualifications which an Officer might possess. This would be quite fair and proper; but I think that the Licentiates under the new system should not be excluded from the competition; they cannot claim any right; but in point of fairness, I think now it would be proper and desirable that they should be admitted to the Army examinations.

1487. From the point of view of efficiency and usefulness to the Service, you do not see any reason why candidates holding the license of the Apothecaries' Society only should not be admitted to the Army examinations?—I do not, any more than that they should not be admitted to practice in civil life.

1488. Is there any remark which you would like to make to the Committee with reference to the position and status of Medical Officers of the

Army?—In reference to this part of your enquiry, I am of opinion that Medical Officers in the Navy and Army should have suitable Brevet ranks, with due relation to the several combatant ranks, and appropriate privileges. But I think it would be no real advantage to give to the Medical Officers titles which belong properly to combatant Officers. The title of "Surgeon" is so distinctive, distinguished, and honourable, that it is, in my opinion, better not to go beyond such adjuncts as Surgeon-Major, and Surgeon-General, and Surgeon of the Fleet, or others now in use. I think there would necessarily arise obvious disadvantages to the Medical Officers of the Navy and Army, from their acquisition of combatant titles, in the mode which has been suggested by some. These disadvantages are, I think, very clearly indicated in some of the replies of the Medical Officers themselves. With reference to the claim of Apothecaries to be allowed to become candidates for the Navy or Army Medical Service, I wish to add that my evidence, of course, only relates to the claim to become a candidate at the examinations, after special study at Netley or elsewhere. It occurs to me that it may be said, that in appointments under the Local Government Board, under special sanitary authorities, at asylums, and especially at private institutions, such as charitable infirmaries and all kinds of hospitals, there is a restriction as to the qualifications to be held by candidates for medical appointments. But in such cases there is no subsequent special examination. The appointments are given on testimonials. But in the case of Naval and Military medical appointments, it is always provided that special tests are applied. Now, in these, not only should medical and surgical knowledge and experience count; but it is perfectly easy at the examinations to test the educational status of a candidate, especially in reference to his fitness to draw up intelligible and well-expressed reports, to his capacity in the use of statistics, and to his culture generally. All subsequent promotions would assuredly be governed by considerations of this kind.

(The Witness withdrew.)

[Adjourned.]

Friday, May 3rd, 1889.

SIXTH DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair*.
 MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.
 REAR-ADMIRAL C. F. HOTHAM, C.B.
 SURGEON-GENERAL T. GRAHAM-BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.
 LIEUTENANT-COLONEL E. T. D. COTTON, M.P.
 N. C. MACNAMARA, Esq., F.R.C.S.

R. H. HOBART, Esq., C.B., *Secretary*.

MAJOR-GENERAL SIR REDVERS H. BULLER, K.C.B.,
 K.C.M.G., V.C., *examined*.

1488a. *The Chairman*. You are Quartermaster-General to the Forces?—Yes.

1489. Have you as Quartermaster-General to the Forces any supervision over the Army Medical Department?—No; no supervision, I am theoretically the officer whose duty it is to unite the departments with the combatant side of the Army.

1490. In that capacity I suppose you see a good deal of the relation of the Army Medical Department to the Army, and of the system under which the Medical service is worked?—I have, independently of being Quartermaster-General, seen a good deal of it; but I have more to do with large questions of administration as Quartermaster-General than with any details of the executive business.

1491. You have served I believe in India as well as in England?—A very short time in India; I only served in India as a subaltern.

1492. Then you have no special acquaintance I suppose with the separate Medical service belonging to the Government of India?—I have not.

1493. With regard to the Army Medical Department you have no doubt heard of the complaint about the want of rank which has arisen from time to time and which has become specially prominent in consequence of the Warrant of 1887?—Yes, I have.

1494. You probably are aware without my repeating it to you of the general nature of the complaint which the Medical Officers make?—I have always been absolutely unable to ascertain what the complaint is that the Medical Officers make. I should like to draw at once a distinction between rank and title. The Medical Officers have rank in the fullest sense of the word. I believe some of them wish to change their titles.

1495. Drawing that distinction between rank and title, and taking rank first, do you maintain that Medical Officers have rank as fully as any other Officers of the Army?—Most decidedly. They have separate titles but those titles all give the equivalent rank. They are Commissioned Officers. If we were to put them on a Court Martial we should detail them by the titles of their rank, and they would take their places on the Court Martial according to the ranks they are gazetted to.

1496. Medical Officers have complained that in the case of sitting on Boards they do not rank according to their seniority; what would you say with regard to that complaint?—There is a broad question of Army discipline that underlies the whole of the existing regulations of the Army, and that is

that in all cases where there is an assembly of men for any military duty the Senior Combatant Officer takes command. That rule has regulated hitherto the relations of Departments to the Army; and subject to that rule a Medical Officer would take his position, and he very often is detailed on a Board. I have myself detailed Medical Officers on a Board with a Medical Officer as the President.

1497. But a Medical Officer would not be President of a Board would he?—Yes, he could be, and is very often. What has happened is this: some years ago a Warrant gave the Medical Officers a great increase in the relations of their titles to their rank in the Army; at that time a good many of the younger assistant-surgeons were suddenly made Captains and they refused to sit on Boards under a Captain of the Army who might be titularly junior to them; and in consequence, at their instance, it was ruled that Medical Officers were not to sit on Boards but to be called as witnesses; and that rule has held good ever since. But on the other hand it is necessary to put a Medical Officer on a Board he is made a member or the President of the Board; and I have often done it myself.

1498. And if he were the Senior Officer he would be President?—Certainly he would; that is to say if you detailed him as President; you would never detail a Medical Officer, who was senior to the President, as a member of a Board.

1499. *Sir William Crossman*. But if there were other Officers, Combatant Officers, on the Board would you detail a Medical Officer as President of a Board?—Yes.

1500. In the face of this regulation?—Yes, certainly you could. That regulation only says that Medical Officers are to attend as witnesses.

1501. Article 268 of the Royal Warrant says:—“An Officer of a department of our Army not having honorary rank shall rank as follows for purposes of precedence and other advantages attaching to corresponding military rank; but this shall not (except as provided in Articles 269 to 271) entitle him to military command of any kind, to the Presidency of Courts-Martial, Courts of Inquiry, Committees, or Boards of Survey, or to precedence in his own department over officers holding a superior departmental rank”?—Quite so; it does not entitle him, and, as a rule, he would attend as a witness; but if a General Officer wished for a Medical Officer on a Board and there are a great many Boards upon which he would like to have a Medical Officer as President; that regulation does not prevent him from detailing a Medical Officer as President.

1502. He is not entitled to be President of a Board, but the General Officer can make him so if he

pleases?—He can make him so if he pleases, and he does very often.

1503. *The Chairman.* The Medical Officers have complained that they have no rank; they say that up to the date of the Warrant of 1887 they had what was known as relative rank, but relative rank was abolished, and since that date they have had no rank, and do not know what rank they hold; you are aware that that is their contention?—I am aware that some Medical Officers say that, I think I may say here that I am quite sure (the matter is within my experience and will be within the experience of this Committee) that upon this question you will never be able to get any Medical Officer to state clearly what his actual grievance is. You will get a vague story, say here and there, of a Medical Officer having been told that he had no rank, or of some regiment not having made Medical Officers honorary members of their mess, but they are never able to particularise it. My experience is that certainly there are occasionally foolish things done in the Army, and here and there Medical Officers may have suffered by some of them. I recollect myself a case in which a regiment declined to make a Medical Officer an honorary member, and another case in which a regiment would not call on the General, and had to be ordered to do so; but as a broad rule the Medical Officers have as clearly defined and accurately laid down rank as any other officers of the Army.

1504. Leaving the question of rank and turning to the question of title, various proposals have been made which, no doubt, you have heard of yourself. If it were proposed to give to Medical Officers substantive rank, should you object to such a proposal?—Yes, I should very strongly. In the first instance there is really no such thing as substantive rank. If that term conveys anything it conveys the meaning that it holds in the case of a combatant officer of the Army, which is that an Officer has a rank on a definite cadre; so that if Medical Officers are to be given substantive rank they would become Colonels, Lieutenant-Colonels, and Majors, advancing by seniority in the different cadres of the Army; it would be impossible to separate that from the executive command; the fact of a man's name being entered on the Army Cadres gives it, and if in any military operation the Medical Officer happened to be the senior Colonel he would cease to be the doctor and become the defender of the post. That alone, I think, proves it an impossibility. Therefore, if I am right in understanding that that is what is meant by substantive rank, I very strongly object to it.

1505. If it were proposed to give to Medical Officers Army rank but without command, what should you say?—Then you touch upon a question that is a very difficult one. There is no doubt that the Medical Officers desire to obtain, when they ask for rank, a sort of indefinable something which a good many express as asking for status. I have often heard Medical Officers myself say, "It is not rank we want, it is status." From my point of view that is a thing that is absolutely impossible to give to anyone by any Warrant and can only be gained by a man by his action of himself. When I was up the Nile there was a case which is a fair illustration. There was a Medical Officer of high rank there who was obtaining a camel from the Remount Department; a camel was paraded for him to look at, and he said, "That camel is not good enough for me; do you know, Sir, I rank as Major-General." Now no Major-General could conceive that his being Major-General would have made any difference in the quality of the camel, but the Medical Officer seemed to think that there was a particular sort of camel only that was good enough for Major-Generals.

1506. That is not an ordinary case is it?—Yes. I take it to be a very ordinary one.

1507. Medical Officers have stated that it is

desirable they should have command for this reason that they should be able in a case of transport to control all the persons who may be for a time serving with them, and prevent their being removed for the purposes of transport; would you concur in that view?—I know they say so; but we come there to one of the most difficult parts of the question. The whole question turns upon what is the most important part of military duty. Surely a General has to win his battle before he looks after the wounded, and if a Medical Officer is to assume that every responsibility is to give way to his, and that he is to have entire control of what is part of the fighting force, you place the responsibility of looking after the wounded, which is really a secondary one, prior to that of winning the battle.

1508. The Medical Officers do not I think propose to supersede the orders of the General in that respect, but they merely wish to have powers over the officers and men connected with transport as against colonels or persons holding command over the bodies from which the men were originally drawn?—The Medical Officers for the last 30 years have gradually been obtaining on paper more extended responsibilities, and, I say it, as the result of a good deal of experience, they have not yet anything like occupied a sufficiently important place among their own responsibilities, so that I should deprecate at present extending those responsibilities till they act up to those which they have already received.

1509. The abolition of the regimental system has in itself necessarily entailed greater responsibilities upon them, has it not, owing to the constitution of the Army Medical Department, as a separate service?—In old days the responsibilities of the purveyor on one side and the regimental officers on the other side practically left nothing to the Medical Officers but that of the administering physic or the performing of an operation, but gradually, and I am bound to say I think quite rightly, the Medical Officers have become responsible for the whole of the duties connected with the administration of the hospitals, and they practically now have the fullest power. Within his hospital the Medical Officer is absolutely responsible, and with very good effect; but with this difficulty to us, I think, that the complete separation of the department from the Army has rather removed them from touch with the Military Officers, and therefore perhaps accentuated this rank question.

1510. The Medical Officers complain that Army rank which is denied to them has been given to the Officers of the Ordnance Corps and of the Army Service Corps?—It has not been given to Officers of the Ordnance Corps. I am responsible for the changes which have lately been made in the Army Service Corps, and I should like to explain to the Committee that it may be true on paper to say that a certain amount of military rank has been given to Departmental Officers, but so far as it has been given, it has merely been given with a view of sweetening their rapid extinction, and the new Army Service Corps, who have been made Combatant Officers in every sense of the word, have at the same time suffered a very considerable reduction of pay; they were brought down to the pay of ordinary Officers of the Army. The idea has been that Supply and Transport duties are really duties which are actually part of the executive duties of soldiers, and it is a very wrong thing to separate them into Departmental duties; and accordingly Regimental Officers and men are now to be responsible for supplying transport as they are for every other soldiers' duty, so that it is not giving rank to Departmental Officers, but it is changing departmental work into regimental work.

1511. Can you suggest any way, whether by means of giving honorary rank or otherwise, in which the present rank of Medical Officers might be made

more clear?—I believe it to be perfectly clear at the present moment. I should be very strongly opposed to any proposition which would give Medical Officers what I may call military titles. I look upon the profession of Arms and the profession of Physic as entirely distinct, and I do not believe you would improve the Medical Officers, and I am perfectly certain that it would increase the jealousy, if there is a jealousy between them and the Military Officers, if you attempt to put the Medical Officers upon the same nomenclature as you do the Military Officers. You must recollect that there are very great differences of pay. For instance in this very room there are Sir Thomas Crawford and myself probably as nearly as may be of the same rank and the heads of two principal departments of the Army. He will retire, to our great regret, in a day or two on 1,125*l.* a year, and if I were to retire I should not get more than 650*l.* That comparison holds good through the whole Army. If you are going to give the whole of the swagger that the Military Officer joins for to the higher pay of the Medical Officer you will double the friction. That is my opinion. With regard to command I should like to say this. It is said that Medical Officers want rank in order to give them command. Now the Ordnance Officers are exactly in the same position with regard to rank as the Medical Officers, and the whole of the Ordnance work of the Army is done by fatigue parties of soldiers. I have never heard a complaint from an Ordnance Officer that his position with regard to rank gave him the least difficulty in managing these immense fatigue parties that they have daily.

1512. *Sir William Crossman.* But they are called now Colonels and Lieutenant-Colonels and Majors in the Ordnance Store Department?—They have the relative rank I think.

1513. But they call themselves such I know?—You would not write to them as such.

1514. *The Chairman.* They have honorary rank?—But a soldier does not recognize honorary rank, that has only come from the old scheme of allowances; the rates of allowances were given according to certain ranks, and relative and honorary rank were simply titles to allowances.

1515. I think you said just now that you would object to giving Medical Officers honorary rank?—Military titles.

1516. Honorary rank would carry with it a military title, would it not?—Well, it is not recognised as such; it is laughed at.

1517. But is that quite so; because we have been told that an officer who has honorary rank has the right to style himself, say upon his card, an officer of that rank which he holds?—Well, he is always laughed at if he does; it is not supposed to be right. You get there that sort of curious social *nuance* between a combatant and a departmental officer which makes all that grievance. A military officer does not object to the high pay of the Medical Officer, but he objects to his taking his title.

1518. The Army Medical Department supplies Medical Officers to attend upon the British troops who are under the Government of India?—Yes.

1519. Do you approve of that system?—No, I do not, but I only know the English objections to it.

1520. What are the objections from the English point of view?—That it throws a very undue strain in the way of Foreign Service on our Establishment of Medical Officers.

1521. From an economical point of view do you think it is necessary, in consequence of lending Officers to India, to keep up a larger Executive Department than would otherwise be the case?—If you did not, you would give Medical Officers a very great deal of Foreign Service.

1522. Do you see any reason why the two Services should not be separated from the point of view of the interests of British troops?—No, I see none. I

do not see at all why there should not be a separate Indian Medical Establishment. I think that if there were such, it would be very easy to keep, as we do now in Staff appointments, a few appointments open in which here and there British Medical Officers who wished to gain tropical experience might be placed in; but I think that the bulk of the Establishment should be localised in India.

1523. If there was a separate Indian Medical Service, might it not occur that if British troops were removed from India for any Imperial purpose, the Medical Officers attending upon them might decline to follow them?—Certainly. I should apprehend that then it would be the duty of the English Executive to send out by the ships that went to move the troops a Medical Establishment.

1524. *Mr. Macnamara.* A Military Medical Establishment, or would you have civilians?—They might be civilians such as we have had in South Africa, and other places; but it would be supplied from England. I apprehend that there would be no difficulty in getting volunteers.

1525. I have a quotation from a statement of yours, in which you say, "The highest professional attainments are comparatively of little avail when there is neglect of systematic arrangements for Hospital Administration;" is that correct?—Yes.

1526. How would you secure your "systematic arrangement" if for instance you had suddenly to bring a number of European troops from India, and as I take it under your plan, hand them over to civil medical practitioners after they left India?—But we have in England a complete Medical Administration. We are not supposing that we would fight by single regiments, and require different units according to the regiments. Our regiments would be grouped into Brigades, Divisions, and Corps, and the Administrative Officers would be provided from home.

1527. Then you would have to keep up an Administrative Service in England at all times, which would be capable of taking charge of a large body of British troops who might on an emergency be thrown upon their hands?—So we do.

1528. You think there would under the system you propose be sufficient Medical Officers always in reserve to supply that want?—Yes.

1529. There are 37 Administrative Officers at present in the Service; that is the whole number, counting the British Service in this country and in India?—There are a great many more. My idea is that the number of Administrative Medical Officers in our Service is one of the great blots of the system.

1530. Would you have more than 37 then, or less than 37 Administrative Officers; that is the whole number for Great Britain and India?—I have never counted how many there are; but I have never been on a station, or on service, without a great many more than there ought to be; too many men doing administrative duties, and too few men doing executive duties.

1531. Then it is your opinion that the troops would not suffer if, say 20,000 or 30,000 men, were transferred from India and handed over suddenly to an Administrative Service such as that which exists at the present time in England; because the Administrative Officers in India, would, of course, have to remain in India under a system of local service?—I can only conceive that 20,000 men can be handed over by India to England for one of two purposes: either if we have given up India, in which case they would, probably, be disbanded, or if we had a large expedition in some foreign country, in which case the Medical arrangements for the different units would be completed from home.

1532. But what I am driving at is that that administrative element would not be ready; you would not have it in hand. If you are to have a local Indian Service, you would not have a suffi-

ciently large administrative staff at home to take charge of an army in Europe, so as to do properly all that was best or capable of being done for the wounded and sick men. That is one of the difficulties it seems to me of having separate establishments?—I think that with our present Medical Staff we have sufficient to provide for the present administrative duties of any troops which any reasonable forethought can enable one to conceive possible to be spared from India for any purpose.

1533. *Dr. Graham Balfour.* Would not the argument which you have used about the abolition of the Medical Service in India and the formation of a Corps of Medical Officers for service alone in India apply to the whole Army, and bring us back to the old system of the East India Company having an entire Military Force for Indian Service, instead of sending out the Imperial Troops?—I do not think so; it has not applied to the Indian Staff Corps. The Indian Staff Corps has been in existence ever since Her Majesty's Government took charge of India, and there has never been a proposal to extend that system by localising the troops—not a serious proposal at any rate.

1534. But does not the same objection apply to Military Officers that you have applied to the Medical Officers serving in India?—No, because practically the bulk [of the Military Officers serving in India are localised. I say that we only keep a few that are sent from home, and very few.

1535. That does not apply to the Local Service, does it?—Yes, the Indian Staff Corps.

1536. *Mr. Macnamara.* You mentioned that you could hardly understand the grievance of the Medical Officers with reference to rank. The grievance which they have is very fairly stated, I think, in that they say, "Our rank in accordance with the definition of rank as laid down in the Warrant of 1887, is a military rank which we do not hold, therefore we have got no rank so far as we can see; we are told that our rank is military rank, which military rank we are not allowed to hold and do not hold." I think that puts the whole thing, so far as I can understand it, in as clear a light as it is possible to do?—That, so far as I understand, it makes the absolute confusion which I deprecated at the beginning, namely, the confusion between rank and title.

1537. Exactly, that is the difficulty; can you help us out of it?—I do not know.

1538. Did you happen to know Dr. Beattie when you were in Egypt?—Who had charge of the hospital at Cairo, I think.

1539. Yes?—Yes.

1540. He was a man of high position as a Medical Officer?—Yes, he held an important position.

1541. He states, "I would not undertake a campaign now for anything; I would not accept what I did in Egypt, and I do not think it is reasonable to expect that I should do so;" that is his opinion?—I wish I had been here when he stated that, I should have asked him what he did accept in Egypt.

1542. He states that there was constant friction between the Medical Department and the Combatant Officers, and that that arose very largely because the former had no rank?—There was a good deal of friction in Egypt, and it arose because the Medical Department was singularly badly administered. I have no hesitation in saying that. You quoted my words just now in which I said so after the fullest inquiry, and I could prove it chapter and verse.

1543. You do not happen to be aware of the fact, I suppose, that in the mobilization of the French Army which occurred in 1887, the Medical Department collapsed?—No, I was not aware of that.

1544. And that that collapse occurred in consequence of exactly the same grievances, the same trouble of their Medical Officers which our Officers complain of, and that the present Minister for War has determined to recommend his Government to grant the Officers of the French Medical Service

military titles and substantive rank as being the only possible way of overcoming this difficulty in future?—I can only say that I was not aware of that, but so far as I have been able to observe, and latterly I have had very considerable opportunities of observing, the Medical administration of the Army, where it has been carried out by the Medical Officer in charge with the desire to act up to the full sense of his responsibilities, there has never, so far as I have seen, been the slightest friction.

1545. Then with reference to the higher rate of pay of Medical Officers, that may possibly be accounted for by the fact that the Service is one that they have to enter later in life, and is one which entails very great risk. The mortality of Medical Officers is nearly double that of Combatant Officers?—I desire myself to see them as well paid as possible. I think we cannot pay them too much, and I think in every way we should get a good article; but I am certain in my mind that you will diminish the value of that article if you do not make the goodness of the Medical Officers depend upon their goodness as such and not upon a bogus appellation.

1546. You are aware perhaps that the Medical Officers in the Service have in a very large proportion stated that they think these military titles and substantive rank absolutely essential to the working of the Department?—I have heard it said, but I have never been able to get any one of those who say so to give me the slightest inkling of proof or reason or argument in its favour.

1547. You have, however, heard of it?—Yes.

1548. *Admiral Hotham.* Do you think it would be a good thing to attach Medical Officers on their first joining the Service to regiments for a year or two say?—I think it would be a very good thing to localise the Medical Officers with troops more than is done now. I believe it is impossible. I believe it is tried to do so as much as possible; but Foreign Service prevents it. But they move about too much. Anything that will bring the Medical Officers more away from themselves and more in touch with the Army is distinctly an immense advantage.

1549. *Sir William Crossman.* It might be done perhaps by, when a regiment goes to a garrison, attaching one Medical Officer to the regiment and keeping him to it as long as it remains there?—That is done to a great extent but the Medical Officers themselves are too often changed.

1550. One statement that you made just now was that until the Medical Officers acted up to the responsibilities that they now have, nothing further should be done, or words to that effect?—Yes.

1551. Could you explain that a little further, and say how they do not act up to their responsibilities?—During the last 30 years the Medical Officers have become possessed practically of the responsibility for the conduct of the whole Medical Service during a campaign. Formerly for the hospitals as to food the purveyor was responsible as to orderlies the regiment was responsible; and as to equipment and different things that was done by the Ordnance Department. Now the Medical Officers have really absorbed the whole of those responsibilities as regards the hospitals; but they have not in my opinion ever quite realized that they had with that responsibility acquired a high administrative responsibility of preparing for the evacuation of their sick and the organizing of their hospitals according to the best method available at the moment; and I think that they have hardly realized that it is not fair,—it is not acting up to their responsibility,—if they merely throw the regulations at the Senior Military Officer's head and say: These are what the regulations say that the hospital should have and I am not responsible for the hospital unless you put all those things into it.

1552. Another statement which has been made to us by more than one Medical Officer was that

the Principal Medical Officer was not put in a proper position with regard to the General commanding the district; he is, is he not, always considered officially as one of the highest members of the Staff, as a very high member of the Staff?—Yes, I have been Chief of the Staff on two campaigns, and in both campaigns the Principal Medical Officer objected at first to conduct business with me on the ground that it was his right as Principal Medical Officer to conduct all his business direct with the General Officer in command; in both cases they considered themselves very much aggrieved. But it would have been impossible to carry on the business if the Officer specially appointed to bring all the Staff Officers together was to leave the Principal Medical Officer out of his consideration altogether.

1553. Speaking about the duties of a garrison at home, nothing connected with sanitation, or even the arrangements of barracks and so on, is carried out without consulting the Principal Medical Officer, is it?—No, he is expected to initiate it; he should do so certainly.

1554. And he has the power of seeing the General Officer in command whenever he pleases, even if he does receive his orders through the Deputy Adjutant-General at the station?—Yes, all men of course have their idiosyncrasies and some Generals may see less of the Principal Medical Officer than others; but the only really tangible complaint of that nature that I have known was due to fault I have indicated: that I do not think the Medical Officers quite act up to their responsibilities, in sanitary matters especially they are not apt perhaps to take quite as great an initiative as they should, and other men thus take their places.

1555. If a separate Medical Service for India was established, would you allow exchanges between the British Service and the Indian Service?—Yes, I think so, if that could be done. I think that the more you can bring all the Services together by exchanges, and the more you can get the experience of one into the other, the better for the country.

1556. *Dr. Graham Balfour.* You instanced as one of the occasions on which you thought that the administrative Officers of the Medical Department did not act up to their responsibilities the not preparing for the evacuation of the sick; are they not very much dependent in that respect upon the Transport Department; they have no Transport of their own, and are they not very much dependent upon the Military Transport for the means of evacuating their sick?—They should make a scheme. If I might give an instance, in 1881 when a very large number of wounded were collected at Mount Prospect and Newcastle, 250 miles from the sea at Durban, no arrangements were made by the Medical Department, or proposed by them, I do not say made because the making would be done by the General, but the proposition should come from the Medical Department. The proposals which led to the establishment of rest-camps and comfortable evacuation of the wounded were entirely due to the initiation of the Military Officers.

1557. Did the Medical Officers make no arrangement for sending the sick down?—They made no proposal, and had not asked for any arrangements to take a single wounded man from Mount Prospect until Sir Evelyn Wood was in command; it was he who initiated the establishment of rest-camps for the comfortable evacuation of the wounded.

1558. That would be an exceptional case, would it not?—No; exactly the same thing happened in 1882. A beautiful hospital ship was sent out for the conveyance of the wounded, but no proposal was made by the Medical Officers to get rid of the sick and wounded from Ismalia. I conceive an initiative of that sort to be the responsibility of the highest Medical Officer. The General should have his head full of the forward movement and the Medical

Officer should have his head full of the backward movement.

1559. *The Chairman.* Have you any further statement that you would like to lay before the Committee?—I would like to say that one of the reasons why I object to a military title, and solely a military title, being given to Medical Officers is that no chain is stronger than its weakest link and no Department better than its most foolish man; and I have myself several times known Medical Officers of superior rank refuse to attend or to come quickly to invalids of junior rank, basing their right to delay on rank. I know that no good one would do that, but there are some foolish ones, and rightly or wrongly the idea in the Army is that as you may send in civil life for any medical man however celebrated and he will come to see you, so you should be able to send for any medical man in the Army.

1560. *Mr. Macnamara.* Surely if that case had been brought to the notice of the military authorities the medical officer would have been dismissed from the Service, would he not? It is certainly the rule in the Indian Service that no Medical Officer under any conditions whatever is to refuse to grant immediate medical attendance to any man who is sick, whether in their own department or wherever they may be; and anybody refusing to do that would be dismissed from the Service?—My answer would be that I consider a Lieutenant would have a great deal of diffidence if he was to say to his servant, "Send for the Colonel"; and there are some Medical Officers who, if Colonel so-and-so was ordered to go to Lieutenant so-and-so, would at once refuse and say, "I cannot come." He ought to be able to say, "Send for the Doctor."

1561. *Dr. Graham Balfour.* Is there not another difficulty about it; if a Medical Officer is detailed for the duty of attending to Officers and their families, would you allow an Officer to send for any other Medical Officer at the station whom he wished to consult?—No, he cannot; he is not allowed to do so.

1562. In the case that you referred to, was the Officer who was sent for and declined to go in charge of the Officers and their families?—The case I referred to was in my own knowledge; he happened to be a regimental officer attached to the regiment.

1563. *The Chairman.* Have you any further statement that you wish to make?—No, I think not. I should like to say that in my evidence where I have in any way seemed as I have certainly seemed, to criticise the administration of the Medical Department, I have not done so from any thought at all that it is not exceedingly well done at present, and is not a very much improving department; but I merely say that I believe myself, and I think it right as I have had experience and seen these things, to bring them out, that one of the great reasons, and the great reason, why there is any foundation among Medical Officers for the belief that they are not received on perfect terms of equality, is chiefly due to certain failings which are in gradual process of removal. I hope I have made it perfectly clear that I desire to see Medical Officers obtain every comfort and emolument they wish for; and that in return I expect them to strive for excellence in their own noble profession, and for perfection in the various links which connect their duties with those of the profession they have elected to serve with. By such conduct they will achieve a position which all will respect and indeed envy. On the other hand I believe that if they look for advantage from the adoption of the titles of a profession not their own they will obtain nothing but irritation and disappointment.

(*The Witness withdrew.*)

SIR THOMAS CRAWFORD, M.D., K.C.B., Q.H.S., further examined.

1564. *The Chairman.* I should like to ask you a question or two with reference to some of the evidence which has been given before this Committee, and first of all with regard to the entry examinations into the Army Medical Department. It has been stated to us by one of the witnesses that in his opinion the separate examination for entry into the Army is unnecessary under present circumstances and might safely be entrusted either to the Royal Colleges or to the Civil Service Commissioners; do you agree in that opinion?—To a certain extent I do; but I would like to point out that the object of the examination for entering into the Service is not to test the qualifications of the gentlemen who come up merely in medicine, but to select out of the number coming up the best men for the vacancies which exist in the public Service; a competitive examination, therefore, is a necessity if that principle of selection is to be maintained, and I think it is a very good principle and ought to be maintained.

1565. Might not such an examination be equally well conducted either by the Colleges or by the Civil Service Commissioners?—No doubt the examination could be equally well conducted by the Colleges under the instructions of the Civil Service Commissioners; but if it were entrusted to the Colleges of London it would create a considerable amount of jealousy on the part of the Colleges of Scotland and Ireland, whose candidates come up, and who would naturally ask to have their Colleges represented on the Examining Council. It has, therefore, been the policy of the authorities in the past, and I think a wise policy, to select examiners not necessarily connected with any Examining Boards of the Colleges in London, in order that as far as possible these competitive examinations might be in the hands of independent examiners.

1566. And you have always been quite satisfied with the examiners who have been appointed?—Perfectly. I think they are most impartial and most discriminating and competent.

1567. Do you think that their examinations have been thorough and satisfactory in all respects?—I think they have. I have been frequently present and quite satisfied that they are perfectly satisfactory for the purpose for which they were instituted, namely, for the selection of the best men out of the number of candidates who come up.

1568. After a candidate passes his examination he goes, I think, to Netley, does he not?—Yes.

1569. How long a time does he pass there?—After four months' study there he passes the final examination for a commission in the Service.

1570. Do any other medical candidates entering the public Service go to Netley besides those who enter the Army?—The Indian medical candidates do, but not the candidates for the Navy; they have a school of their own.

1571. Were they withdrawn because they had a school of their own?—Their own school was established, I believe, because it was considered desirable to withdraw them, but they were not withdrawn because a school had been established for it did not exist then.

1572. Why was it considered desirable to withdraw them?—I am afraid I could hardly answer that question; I would prefer that some one else should do so.

1573. In the course of our inquiry it has appeared that Medical Officers are very frequently moved from station to station and from duty to duty; do you consider that that has acted in any way prejudicially to the interest, either of the patients or of the Medical Officers themselves?—I am not able to give any instance in which injury has resulted from the removal of Medical Officers. I know it is dis-

tasteful to the Army that the Medical Officers should be moved frequently, particularly those in charge of the Officers and their families, and that they have always felt it a grievance that their medical adviser is changed with undue frequency; but the subject has been most carefully considered both by His Royal Highness and by myself as Director-General, and we have not heretofore been able to see any means of overcoming the difficulty. With your Lordship's permission I would like to put in a Memorandum here which I drew up some time ago, before this Committee was appointed, for the information of His Royal Highness on this subject. In it I explained exactly the facts of the case and the causes that lead to the frequent movement of Medical Officers.

1574. Will you state to us shortly the reasons which necessitate so frequent a movement of Medical Officers. Does it frequently happen that when a Medical Officer proceeds on short leave, he being at home, on his return he finds another officer charged with his duties and he himself is changed?—He necessarily finds another officer charged with his duties, because he cannot get leave till another officer is sent to do his duties if he is in independent charge; and a great many Officers are so situated.

1575. *Sir William Crossman.* Does he revert to the same duty that he had?—Not necessarily; it depends altogether on the local authorities whether he reverts to his duty or not. For example take the instance of the Northern Division, where there are a great many single stations; it is the custom to allot to that division one or more Officers for the purpose of doing the duty of Medical Officers proceeding on leave or going sick. On the return of the Permanent Medical Officers of such changes from leave of course the Officer doing his duty temporarily would necessarily be sent to the next station at which leave was due.

1576. Which officer?—The one allotted for the purpose of granting leave, so that officers detailed for duty in Divisions in order to allow the Medical Officers in charge to obtain leave, would necessarily be very frequently moved. This question was raised by His Royal Highness not long ago and I prepared the following Memorandum for his information:—"In dealing with the causes which lead to the movements of Medical Officers it is desirable to consider separately those which apply more immediately to the different classes, and first of the Administrative Medical Officers, that is the Surgeons-General and Deputy Surgeons-General. These officers are, like the Staff Officers of the Army generally, appointed to the Head Quarters of Military Commands, Divisions and Districts at home and abroad, but they differ from the General Staff in one very important particular, viz., they are all full-pay officers entitled to continuous service till they retire voluntarily or are superannuated. Like Combatant Staff Officers they are appointed to commands abroad for a fixed period of 5 years, but unlike the General Staff they do not pass to half pay even temporarily when their tour of foreign service expires. On the contrary they then become entitled to a tour of service at home, Administrative Officers from the Home Staff taking their place on foreign service. These movements are regulated by rosters, the officers of the corresponding rank longest at home as a rule going on service in turn. Thus every five years abroad the Administrative Medical Officer of a command, Division or District, is necessarily changed and this leads to a corresponding change at home; but so long as the numbers at home and abroad are nearly equal the changes resulting from the system of reliefs can hardly be a subject of complaint. There are, however, other disturbing causes which bear hardly on the home service. Administrative Officers are not sent abroad unless they have a reasonable period to serve before being retired on

account of age, so that while the Administrative Medical Officer abroad has generally a prospect of completing a tour, those at home are often changed through retirements and new promotions resulting from such retirements. An important factor in this result is the short period of service available to Administrative Medical Officers after their promotion to the rank of Deputy Surgeon-General. As a rule they do not obtain this step till after 50 years of age, often till 53 or 54, so that when promoted they have only a limited number of years varying from 5 to 10 to run through two grades. The effect of this is that Surgeons-General rarely attain to that rank with 5 years to serve. Voluntary retirements, deaths, &c., add of course to the frequency of such changes in proportion to the number of such casualties. The changes that have occurred in Administrative charges at home during the last three years are shown in Return A annexed."

Statement (A) showing the number of changes that have taken place in Administrative Medical charges at Home from November 1885, to November 1888.

North British District	...	...	2
South-Eastern	"	...	2
Western	"	...	1
Southern	"	...	2
Aldershot	"	...	2
Chatham	"	...	3
Northern	"	...	4
Eastern	"	...	3
Woolwich	"	...	3
Home	"	...	2
Ireland	"	...	Nil
Dublin	"	...	3
Curragh	"	...	2
Belfast	"	...	1
Cork	"	...	2
Netley	"	...	2

(From that return you will see at a glance how frequent they are in some cases and how rare in others.)

"There is only one remedy for this, viz., to appoint the officers to vacancies as they occur and leave them there till they complete a tour of service and then remove them, as in the General Staff and in the Indian Medical Service, to the unemployed list till another vacancy occurs to which they can be appointed. No officer should be re-employed who has not at least 3 years to serve before he is superannuated. It has been suggested that the difficulty might be met, to some extent at least, by prolonging the age limit for Surgeons-General to that now made applicable to Majors-General, viz., 62; but this would retard to a corresponding extent the promotion, and thus lessen the prospects of the juniors, a step of very doubtful expediency. Moreover it is very doubtful whether officers who have served in all climates up to 60 years of age are really fit for further General Service." Then with regard to the Executive Medical Officers, and their movements: "The Executive Medical Officers, Brigade-Surgeons, Surgeons-Major, and Surgeons, are like the Administrative Officers liable to serve abroad for fixed periods of 5 years, to be extended to 6 from 1st April next, at all stations except China, Ceylon, Mauritius, West Indies, and Bermuda, where the foreign tour is to be four years. On completion of their respective tours these Officers return home for duty, replacing a corresponding number of those at home; hence one cause of the frequent movement of Medical Officers on duty with troops, and in charge of hospitals at home. To this must be added the ordinary casualties resulting from promotions, retirements, sickness, leave, movements with troops and the various postings and transfers rendered unavoidable by the exceptional needs and contingencies constantly arising out of the necessities of the Service as well as of the officers themselves. I annex a table B showing the changes in the charge

of Station Hospitals at home during the last 3 years from which it will be seen that in several instances no change has been made, while in others the transfers of charge have been frequent. The former instances will be found on examination to be chiefly, if not entirely, charges held by officers on full pay who are exempt from the operation of the roster for fixed periods, or by retired Medical Officers who being appointed for five years, open to renewal up to the age of 65, do not move. But the number of charges so held is a direct cause of the frequency with which changes in Medical charges held by Officers on full pay are made. The latter officers being on a roster for Foreign Service are obliged to proceed abroad in their turn; hence the change, and the shorter the average period of home service the more frequent the change. This was foreseen in 1879, and the effect of giving up numerous stations to Militia Surgeons and civilians as set forth in paragraph 10 of the Report of a War Office Committee presided over by the Permanent Under Secretary of State and dated 31st March, 1879, was then pointed out. The inconvenience since experienced will I apprehend be very much increased by the further reductions of the full pay Medical Staff at Home now in course of being carried out."

Statement (B) showing the number of changes that have taken place in Executive Medical charges, from November, 1885, to November, 1888.

North British District.

No. of Charges, 13.		No. of Changes, 18.	
Aberdeen	Nil
Ayr	"
Piershill	2
Edinburgh	3
Fort George	4
Glasgow	1
Glencorse	2
Hamilton	Nil
Leith Fort	6
Perth	Nil
Sterling	"
Inverness	"
Berwick-on-Tweed	"

South-Eastern District.

No. of Charges, 8.		No. of Changes, 9.	
Brighton	2
Canterbury	Nil
Chichester	"
Dover (Western Heights)	2
Hythe	Nil
Maidstone	"
Shorncliffe	2
Dover Castle	3

Western District.

No. of Charges, 12.		No. of Changes, 15.	
Bodmin	Nil
Brecon	1
Bristol (Horfield)	3
Cardiff	1
Exeter	2
Newport	2
Pembroke	2
Devonport	2
Taunton	Nil
Worcester	"
Trowbridge	2
Clifton	Nil

Southern District.

No. of Charges, 13.		No. of Changes, 33.	
Christchurch	4
Devizes	Nil
Dorchester	1
Parkhurst (Isle of Wight)	2

Portsmouth	3
Weymouth	4
Winchester	4
Portsmouth (Hilsea)	1
Sandown (Isle of Wight)	2
Portland	3
Gosport	3
Golden Hill Fort (Isle of Wight)	6
Gosport (Military Prison)	Nil

Aldershot Division.

No. of Charges, 4.	No. of Changes, 13.
Cambridge Hospital	4
2nd Station "	4
3rd " "	3
Female " "	2

Chatham District.

No. of Charges, 3.	No. of Changes, 9.
Chatham	3
Gravesend	4
Sheerness	2

Northern District.

No. of Charges, 33.	No. of Changes, 48.
Ashton	4
Beverley	3
Birmingham	1
Bradford	2
Burnley	3
Bury	Nil
Carlisle	"
Chester	1
Derby	Nil
Fleetwood	6
Halifax	Nil
Lancaster	3
Leeds	3
Leicester	Nil
Lichfield	"
Liverpool	"
Manchester (Halme)	3
Newcastle	3
Northampton	Nil
Pontefract	"
Preston	1
Richmond	Nil
Sheffield	2
Shrewsbury	Nil
Sunderland	2
Tynemouth	Nil
Warrington	"
Warwick	"
Weedon	2
Wrexham	2
York	2
Coventry	3
Manchester (Salford)	2

Eastern District.

No. of Charges, 9.	No. of Changes, 16.
Bedford	1
Bury St. Edmunds	1
Colchester	4
Ipswich	1
Lincoln	2
Norwich	2
Shoeburyness	1
Warley	3
Yarmouth	1

Home District.

No. of Charges, 9.	No. of Changes, 10.
Caterham	3
Guildford	Nil
Hownslow	1
Kingston	1
London (Guards)	3

Oxford	Nil
Reading	"
Windsor (Guards)	2
St. John's Wood	Nil

Ireland.

No. of Charges, 37. No. of Changes, 82.
District Distribution.

Dublin District.

No. of Charges, 11.	No. of Changes, 24.
Royal Infirmary	7
Arbor Hill	1
Portobello	1
Beggars Bush	2
Athlone	2
Birr	2
Castlebar	2
Galway	Nil
Longford	2
Mullingar	5
Naas	Nil

Curragh District.

No. of Charges, 3.	No. of Changes, 12.
No. 1 Station Hospital	4
" 2 " "	4
Newbridge	4

Cork District.

No. of Charges, 16.	No. of Changes, 30.
Ballincollig	1
Buttevant	5
Cahir	1
Clonmel	1
Cork	2
Fermoy	2
Kilkenny	2
Kinsale	3
Limerick	1
Templemore	6
Tipperary	2
Tralee	Nil
Waterford	2
Youghal	Nil
Cork Military Prison	1
Queenstown	1

Belfast District.

No. of Charges, 7.	No. of Changes, 16.
Armagh	Nil
Belfast	4
Dundalk	3
Enniskillen	5
Londonderry	1
Newry	3
Omagh	Nil

Channel Islands.

No. of Charges, 6.	No. of Changes, 7.
St. Heliers	2
Fort Regent	2
Elizabeth Castle	1
St. Peters	1
Guernsey	Nil
Alderney	1

Grand Total.

No. of Charges, 147. No. of Changes, 260.

"The number of grades in the Medical Staff is also a cause of frequent change. There are Brigade-Surgeons, ranking as Lieutenant-Colonels, Surgeons-Major ranking as Lieutenant-Colonels, Surgeons-Major ranking as Majors, and Surgeons ranking as Captains. These several grades of Officers displace each other in the order of their seniority, the seniors

assuming charge as a matter of course, when they come in contact.

"The rank of Surgeon-Major of over 20 years' service should be abolished, the Officers now so designated being included in the grade of Brigade-Surgeons, thus harmonising the Medical Staff with the Medical Service of the Royal Navy; Fleet-Surgeon and Brigade-Surgeon being of corresponding rank. To extend the rank of Brigade-Surgeon so as to include all Surgeons-Major of over 20 years' service on the terms on which that rank is now given would involve a considerable outlay, but this might be obviated by a re-adjustment of the pay of that grade while the weeding process by selection might be made at an earlier period of service, viz., on completion of 20 years. Although the transfer of hospital changes is, no doubt, of undesirably frequent occurrence, the real grievance of the Army is the still greater frequency of the changes among Medical Officers doing duty with healthy troops to whom the charge of families of both Officers and men is also entrusted. When the present system was introduced but little importance was attached to this point, it being held sufficient that a Medical Officer was available when required. This is, undoubtedly, much felt by the officers and families in particular. The only way in which it can be met so as to satisfy the Army at large is by attaching a Medical Officer permanently, or at all events for a considerable period, to every military unit, and by giving him the requisite dispensary equipment to meet all ordinary requirements of the Officers and their families as well as the married Non-commissioned Officers and men. This is the organization for war, and it was a very important feature of the original scheme; but it was abandoned on grounds of economy and as reductions in the Medical Staff proceed its re-introduction grows more and more impracticable."

I am sorry to trouble your Committee with so long a statement, but I am very anxious that my views should be put on record.

1577. *The Chairman.* I should like to ask you a question with regard to the examination in the Army Medical Department for promotion; do you consider that it is desirable to examine Officers of the grade and of the age which Brigade Surgeons must necessarily have attained to for promotion?—I think, having regard to the nature of the examination that there is no grievance reasonably attributable to the practice, and I believe that the practice has resulted in very considerable advantage to the public service as well as to the Officers who have passed this examination.

1578. What is the nature of the examination?—I have here the regulations of the examination which I should like to be permitted to put in (*handing in the same*).

1579. You consider that there is no objection to the examination of Officers upwards of the age of 40, as Brigade-Surgeons I presume must be?—I do not consider that there is any objection to that. It is perhaps an undesirable thing to subject Officers of that age to examinations under ordinary circumstances, and to make their advancement in the Service depend on the result of such examination; but having regard to the object of this examination, I think it is quite a desirable thing in the interest of the Officers themselves. The selection of Surgeons-Major for promotion to the rank of Brigade-Surgeon is directed by the Warrant to be based upon ability and merit. Heretofore we have had, at least till these examinations were introduced, no means of letting a Medical Officer show in what his ability consisted; his merits were fairly known from the Reports which were received from the Military and Medical authorities under whom he served; but in order to give him an opportunity of showing his ability, we devised these examinations and issued certain papers which he was allowed to answer; the

merits of these papers being estimated by a Committee of Senior Officers, and on their report his ability was rated.

1580. Do many Brigade-Surgeons fail to pass the examination?—Not many; a comparatively small proportion fail.

1581. Can you state approximately the proportion that fail?—About one-third fail.

1582. In promoting those who have passed the examination does much selection take place?—The selection is very limited in consequence of the principle laid down for the Director-General's guidance by His Royal Highness the Commander-in-Chief that seniority is to have an important influence in the selection of Officers; and until these examinations were introduced it was absolutely necessary to produce some proof of inefficiency in order that an officer should be passed over; so that the process of selection was rather one of rejection than of advancement on account of ability. But since these examinations have been introduced, that has been so far modified that the grade of marking which an Officer secures by answering the questions that are sent to him in sealed envelopes, entitles him, if the marks are above a certain number to be rated as an Officer of ability; and then the only other question in connection with selection for promotion is the one of merit based upon reports from Divisional Generals and Principal Medical Officers. In that way I think we have a better selection than we had before. But I am bound to say that I do not think the selection is yet sufficiently stringent.

1583. Then it comes to this; that you think that the examination has removed from those who make promotion a certain amount of the responsibility which attaches to selection?—It has removed a certain amount of the responsibility which attaches to selection.

1584. And is valuable for that reason?—And is valuable for that reason. Moreover, I am not aware of any Officer who has passed the examination complaining of it. I would like to say that in order to meet the grievance of certain Officers who, having failed to pass this examination, allege that they have no further opportunity of proving their ability, a clause was lately introduced into the Regulation permitting these Officers to go to their own colleges and to bring from their colleges proofs of higher ability than they already possessed; the production of that proof of higher qualification of their colleges is accepted by the authorities in lieu of a successful Army examination.

1585. *Sir William Crossman.* But supposing that an Officer is abroad, do you give him an opportunity of going to his college?—It is optional with him; he can obtain leave and come home if he likes; they do get leave and come home for amusement, and I do not see why they should not come home for a purpose like that. But with regard to Officers abroad having this privilege, I may point out that as these examinations may be taken at any time after three to five years' standing as an Officer, there is hardly any Officer who has not an opportunity of going to his college before he goes abroad; and if he leaves the thing over before he is finally passed over for promotion and then says, I want to go to my college, he being then in India, I think his demand is rather an unreasonable one.

1586. *Lieut.-Colonel Cotton.* How many do avail themselves of that privilege as a matter of fact?—A very considerable number go to the colleges. The Quarterly Army List would show fairly the proportion, though not quite the whole proportion, of men that qualify by going to colleges. Both in the grade of Surgeon and Surgeon-Major an officer is now permitted to go to his college under this Clause of the Regulation, and if he brings a fellowship of his college obtained by higher examination than that which qualified him for entering the Service, he is admitted without further examination, both for promo-

tion to the grade of Surgeon-Major and also to higher promotion.

1587. *Sir William Crossman.* How long is he allowed to be at the college?—I have never known any Officer to be refused any time necessary. The examinations are periodical, and I never heard of any Officer having failed to get leave if he wished to go to college for this purpose.

1588. *Lieut.-Colonel Cotton.* You say that a considerable number do avail themselves of the privilege?—Yes, and I think greatly to the advantage of the public service; because it is so far a proof of careful study, and very often it is coupled with a post-graduate course when they can avail themselves of a session to go to the college, say four months' leave, which many of them obtain.

1589. *Mr. Macnamara.* The fellowships of the colleges vary very much in the stringency of the examination?—Still the minimum examination for a fellowship is accepted by the authorities, and therefore the fact of variation in the examination for a fellowship would only show that the Medical Officers taking the more difficult one are perhaps the more able.

1590. *Lieut.-Colonel Cotton.* Do you consider that the present system of examination in the colleges and so on, holds out sufficient inducements for a man who really wishes to get on to make real scientific progress in the medical profession?—Men in civil life go to the colleges for these higher qualifications for the purpose of bettering their position and making the public aware that they do hold high qualifications; and I do not see why the higher rewards in the Army should not be based upon a similar principle and made available to men, who by going to colleges prove that they are capable of supervising the work of others.

1591. That is just the point. In the civil medical profession there are men of the highest skill and attainments; are there similar men high above their fellows in the Army medical profession?—There are unquestionably, and I think that if it were made a point for medical men to be rewarded for high professional attainments instead of for being with the Army in the field under fire, you would have better provision made for sick soldiers. I do not think that they attach half sufficient importance to the high professional attainments of the Medical Officers.

1592. *Mr. Macnamara.* That is one of the reasons why I urged strongly that these qualifications should be appended to the Medical Officers' names?—So they are in the Quarterly Army List now.

1593. *The Chairman.* I should like to ask you one question on the matter of rank. You say that you would give to Medical Officers substantive Army rank, limiting their military command to their own corps, but you would not give military titles?—Quite so.

1594. And you adhere firmly to that opinion?—I adhere to that opinion.

1595. What is your objection to giving military titles?—I have two objections to that. In the first place I think that it would probably widen the gulf between the combatant Officers and the Medical Department, and thereby, instead of improving the position of the Medical Officers in the Army, it would possibly injure it; and secondly it implies, even to Medical Officers themselves, that a military title to a medical man is a more creditable thing than a medical one. That I ignore, and I wish emphatically to say that I think it would be a fatal policy to let it go to the medical profession at large, that by giving a medical man a title of another profession you thereby improve the status of the Medical Officers of the Army. Medical men should stand in the Army as they do in civil life, on their own individual merits, and the way to improve their

position in the Army is to encourage them to cultivate their profession, and to make it clear to everybody that they are masters of it.

1596. You are aware that the majority of the medical witnesses have advocated the conferring the right of military command upon the Medical Officers?—Yes. So far as they now enjoy it, I think that they have as much military command as they require, and I think they have quite as much military authority as the majority of Medical Officers desire.

1597. And what would you say in connection with that question of the transport?—I think that it is a misapprehension on the part of Medical Officers. When sick transport is attached to the Bearer Company in the field for the removal of the wounded it is as much under the command of the Medical Officer commanding the Bearer Company as his own stretcher bearers are. It is quite a mistake to suppose that the transport officer in temporary charge of the horses drawing the ten ambulance waggons can take away the ambulance waggons from the Bearer Company at his discretion; he cannot do it without the sanction of the General Officer of the Lines of Communication. The whole of the arrangements connected with sick transport and transport of Bearer Companies are, I think, having regard to the general interests of the Army, as much under the control of the Medical Department as they can reasonably be at present.

1598. Then do you go so far as to say that the Officer in command attached for a time to the transport would, even if he was senior to the Medical Officer, be compelled to remain with his transport either until his Medical Officer agreed that he was no longer required or until he was recalled by the General?—Yes, I think so.

1599. It is a matter of fact?—I think so. As a matter of fact I do not think he is ever senior because he is always a subordinate Officer.

1600. But if he were?—I do not think he could take away his transport without higher authority; if he did I think he would be very liable to be hauled up by the General.

1601. I am now going to turn to the question of a separate Indian Medical Service. It has been stated to us that considerable economy might be effected without any disadvantage to the Service if a separate medical establishment under the Indian Government were to look after the British troops employed in India. What is your opinion with regard to that?—I am aware that the statement has been made but I do not think it is well founded.

1602. The question of a separate Indian Medical Department was, I think, considered by a Commission appointed by the Government of India in the year 1879?—It was.

1603. Can you tell the Committee in substance what the recommendations of that Commission were?—The recommendations of that Commission, so far as I recollect them at the moment, were that the Indian Medical Service should be reorganised as an Indian Service entirely, and that they should provide all necessary medical attendance for the troops in India.

1604. Those recommendations were, I think, not adopted by the Government of India?—They were not. The Government of India naturally appealed to its medical advisers for their views, and, not unnaturally, those adopted by the heads of the two Services were different. The Surgeon-General with the Government of India advocated the proposals embodied in the Commissioner's report; the Surgeon-General, Her Majesty's forces, rejecting both schemes proposed by the Commission, advocated the complete severance of the Civil and Military Medical Services, the formation of Provincial Medical Services for the Civil duties of India, and an Imperial Military Medical Service for the Army at large, on the lines roughly sketched in paragraphs 19 to 30 of

the Memorandum on Military Medical Organization for India, dated Simla, 16th March, 1881, which was drawn up at the request of the then Military Member of Council, Sir D. M. Stewart, G.C.B. The effect of that Memorandum was to induce the Government of India to throw over both schemes suggested by the Army Commission, and to appeal to Dr. Cunningham and myself for a revised scheme, drawn up on lines which the Government could accept.

1605. Might I ask you to state quite shortly what that scheme was?—That scheme was that there should be one Imperial Medical Service, and that the members of that Medical Service should be permitted to volunteer for continuous service in India to the full requirements of the Indian Medical Service under certain conditions which were carefully drawn up by Dr. Cunningham and myself at the time. We also suggested in the scheme a measure by which it could be made applicable at once with certain modifications, all of which are stated in the joint report which is before the Committee.

1606. In proposing that there should be one Army Medical Service with two branches, a British Branch and an Indian Branch, why did you choose that system of two branches rather than two separate services?—Because it appeared to us on consideration that while that system met the definite requirements of the Government of India, it also met to a very considerable extent the legitimate requirements of the Army at large, by making the whole of the Medical Staff of the Army, both in the Home branch and in the Indian branch available, at the discretion of the Government, for service anywhere.

1607. Then you maintain that, if there were two separate services, the Officers serving under the Government of India would not be available for general service?—Certainly not, if the services were organized as the Indian Medical Service now is.

1608. Is that your chief objection to a separate Indian Medical Service?—I have another objection which I state with some diffidence, because I am aware that high military authorities do not hold it. I do not think that the British authorities should leave some 70,000 troops in India without a quota of Medical Officers to see that they are in every way cared for. In making that statement, I in no way wish to depreciate the value of the services of my brother Officers in India, but I think it is desirable in the interests of the British Army that British Medical Officers should serve with British troops.

1609. *Sir William Crossman.* They could still be British Medical Officers, could they not, although they were not under the British Government?—Not in the sense we speak of. If they were Indian Medical Officers they would not necessarily be British Medical Officers. For example, at the present moment, the Indian Medical Service is by Act of Parliament largely recruited from all the races of India, and may be still more largely recruited should the Government of India open up the public services still further to natives. I do not think that a native surgeon is a suitable man to put in charge of an European regiment.

1610. It could be easily provided for that only European Medical Officers should be attached to European troops?—But I am afraid that if you had to make a regulation that Native Medical Officers were not to be employed with European troops, you would do more injury to India and create more racial jealousy than there is now.

1611. *Mr. Macnamara.* And it would be more prominent when those Officers rose to the higher ranks?—Yes, undoubtedly. This scheme, I might say, provided fully for a Local Medical Service in which all the able Native Medical Officers could find ample employment on terms which would be perfectly just in India, and which would not in any way hamper the Government of India regarding their employment. We proposed not to have any

natives of India in the Imperial Medical Service, but to create a service in India such as exists in the Colonies, in which these gentlemen when properly educated should find employment as they do now, in appointments which we hope they might be induced to hold at a very much less rate of pay than they now draw classed as they are with surgeons drawn from this country.

1612. *Sir William Crossman.* You did not intend to confine that last service to which you alluded to natives of India alone?—No; we recommended the creation of a Service which should be recruited from the various races of India, natives, Europeans, and others, who might qualify in Indian colleges and obtain commissions from the Government of India in their separate local service; but that service would not have been under our scheme available for duty with British troops; it would only have been available for duty with native troops and in other positions at the discretion of the Government.

1613. *The Chairman.* Then did you not by that scheme raise the very jealousy that you have just spoken of as being undesirable?—It did not appear to us that we raised it, on the contrary, we thought that we had found a remedy which would entirely overcome the jealousy, because we provided for the natives of India employment in their own country at reasonable rates of remuneration, in positions quite as respectable and desirable as if they had been with European troops.

1614. But might it not be open to the Government of India to establish a Service of its own on exactly similar terms?—Undoubtedly, it is open to them now; with this possible exception: I am under the impression that at present the Government of India are bound by Act of Parliament to put up all the commissioned appointments in the Medical Service of India to competition; I think they could not appoint under any other conditions except public competition to any of the Services in India. Our scheme contemplated allowing those Services to die out.

1615. But might not the Government of India, if a separate Medical Service under the Government of India were established, if it saw fit, appoint as many British surgeons as would be required to look after the British troops, with also a native Service to look after the native troops in the manner in which you propose?—No doubt, the Government of India proposed to do that before, but it was always refused here; rejected by the Home Government.

1616. Then apparently your objection so far as it relates to natives, does not apply to a separate Medical Service for India; your objection applies, does it not, to this: to the possible course which might be taken by the Government of India, if it were not controlled by the Home Government, of appointing native surgeons to look after British troops?—No, not quite. I think that whoever has charge of troops in India in a medical sense ought to be under the command of the Commander-in-Chief at home and his advisers; and for this reason: that the whole medical history of the soldier, his sanitary history and everything connected with him, must necessarily have more interest for the War Office and the War Office Authorities than it would have for any of the provincial Governments in India, who merely have the troops for temporary purposes and are not in any way responsible with regard to their recruiting or their efficiency in a military sense. I think therefore that it is absolutely necessary for the well-being of the Army that the Medical Officers having charge of British troops wherever they may be should be under the head of the Medical Department of the Army, and should be responsible to the Home Authorities, in order that if they neglect their duty, if their invaliding work is not properly done, if their sanitary work is not properly looked after, they may be dealt with here by the authorities who are more directly interested in the British

soldier than, I am bound to suppose, even the Indian Government would be.

1617. I think you must correct your answer to this extent, must you not: that the British soldiers are not under the command of the provincial Governments; all British soldiers are under the command of the Government of India, are they not?—Yes, quite so. I was wrong in saying provincial, but in the Presidencies the British troops in each Presidency are under the command of the Presidential Commander-in-Chief, although the Commander-in-Chief in India has of course supreme control over the whole.

1618. So that virtually they are under the Government of India?—No doubt.

1619. Then it comes to this: that you do not quite trust the Government of India in the same way as you do the Home Government with regard to the British troops?—Naturally I do not.

1620. Your report was, I think, advocated by the Indian Government in a correspondence with the India Office and was by the India Office proposed to the War Office?—Yes.

1621. And by the War Office it was rejected?—Yes.

1622. And in consequence your proposed scheme lapsed?—Yes.

1623. One objection which the War Office took to your proposal was that if it were carried out it would do away with the tour of Service in India?—Yes.

1624. And the War Office objected on this ground: that that tour of service was very popular with the Medical Service?—Yes.

1625. Do you consider that that is the case now?—I think it was more popular then than it is now; but I do not quite accept the basis on which the War Office objection rests, because the popularity of the Service is only valuable in so far as it is a means of recruiting, drawing good men to the Service; and as all the men would be drawn to the Service through the British portals the Service could not possibly have been injured by dividing the Medical Department into two sections, one for service in India, and one for service at home and in the Colonies.

1626. But it is a fact, is it not, now that service in India is very unpopular in the Army Medical Department?—I should not say that it is very unpopular. I think that the objections which the Medical Officers urge against service in India are based mainly upon the fact that the junior Officers complain of faith having been broken with regard to their pay, and the senior Officers, the Brigade-Surgeons, complain that advantages secured to them at home have not been granted to them in India and consequently they grumble. Moreover, I am aware that when the Station Hospital System was introduced into the Indian Presidencies it was generally expected as recommended by me that the Medical Officers in charge of those hospitals would have been remunerated for the additional labour thrown upon them; and as the scheme on which the Station Hospital System was based resulted in a large annual saving to the Government of India, it was reasonable to expect that a certain proportion of that saving should have been devoted to making the Station Hospital System work more harmoniously.

1627. That is rather beyond my question. I was simply asking you whether it is not the fact that the Indian Service is unpopular with the Army Medical Department?—I would not like to say that it was very unpopular, but it is not as popular as it was. My object in making the statement was to show the grounds upon which my opinion was based.

1628. But the Medical Officers who have been here as witnesses have complained generally of the large proportion which their foreign service bears to their total service and to their home service?—It is large.

1629. And a great proportion of that foreign service is in India, is it not?—A large proportion of it is in India. Of the total number of Officers on foreign service at present there are 120, I think, in the Colonies, and 335 in India.

1630. The Medical Officers complain, I think, that faith is not kept with them by the Government of India under recent Warrants with regard to the matter of their pay, allowances, and so on?—They do; or rather they complain that the advantages of recent Warrants have not been extended to India. I do not think it is quite just to say that the Government of India have broken faith because it was provided distinctly by a clause introduced into the Warrant that it should not apply to India.

1631. Are you able to state whether the Indian Medical Service is content with the terms of service in India under their Government?—I believe that they are fairly content except the very junior officers who complain also of the smallness of their pay, now very much reduced by the depreciation of silver.

1632. How are they recruited?—In the same way as the British Army through competition in London and by education at Netley.

1633. As a matter of fact, do they get as good candidates as you do?—Quite as good, indeed, as a matter of fact, I think that generally speaking a certain proportion of them are perhaps better prepared for examination; that is to say, the competition for India has been keener than the competition for our Service; and I do not wonder that it should be so, having regard to the number of prizes open to Medical Officers in India.

1634. How long a term of service in India do they undertake when they enter the Service of India?—Their service in India is continuous up to the time that they retire.

1635. Do you know after what period of service they may retire?—After 20 years in the service they get the first retirement, and then their pension increases with the length of service in the country up to 27 years' service.

1636. *Sir William Crossman.* How many years furlough do they get?—The furlough regulations have been changed recently. Formerly it used to be one year after every five; now it is on a different basis; they are allowed to take a certain amount of privilege leave every year.

1637. *The Chairman.* It has been objected to a separate Indian Service, or to a Service in India which would be a branch of the Army Medical Department, that the result would be to create competition between the Indian Service and the Home Service in the case of candidates; that is the fact, is it not, now?—The competition exists now. My idea is, that by having a joint service the competition would cease; that is to say in the sense of one Service bidding against the other; because they would all enter by the same portal and the whole of the vacancies would be published at the same time.

1638. In the year 1882, the tour of Indian Service was limited to five years, I think?—Yes.

1639. And since that date it has been extended to six years?—It has been extended from April last, to six years.

1640. And is it your experience that that extension has been unpopular in the Service?—Several officers have stated that they regretted it. The senior Officers, I think, would prefer coming home at five years; but I am aware that many Officers have, during the last ten years, voluntarily extended their service in India.

1641. It was stated, I believe, by the War Office, in their letter of the 24th February, 1882, that the average tone of the whole Medical Department is raised by the prospect of Indian Service; do you concur in that view?—I confess that I do not see how it can so influence candidates because when the candidates are admitted into the British Medical

Service, they cannot possibly tell whether they will go to India, or not; they merely infer, because there is a large body of Officers in India, that they will go there. How it can be said that the average tone of the whole Medical Department is raised by the prospect of Indian Service, while we know that some of them complain about going there, and that at the present moment exchanges are at a discount, I do not know. I hesitate to admit that that is correct.

1642. In the proposal that you put forward of one Army Medical Service with two branches, you proposed, I think, that there should be great freedom of exchange?—Yes, I think that that is the crucial point. If the freedom of exchange is permitted to the extent that it may be demanded by the Service, I think that the objection to having a local service in India is greatly lessened.

1643. Do you think that those exchanges would take place largely?—I have no doubt that they would.

1644. But if they did not, where is the essential difference between your plan of one service with two branches and two distinct services?—The essential difference is that the whole of the British Service would be the Imperial Service under the authorities of this country; the section of it for duty in India would be a lent section, seconded Officers doing duty in India; and the whole tone of the service would be a military one.

1645. And you would have this advantage, would you not, that in the case of any foreign expedition, or other necessity, the Home Authorities could order the Officers of the branch serving in India, to go and serve in any other part of the world?—Quite so, but of course with the concurrence of the Government of India; that is one of the great advantages of the system.

1646. The chief advantage, is it not?—I think it is the chief advantage.

1647. *Sir William Crossman.* You talk of freedom of exchange, would you allow the Native Medical Officers to exchange?—Native Medical Officers would not belong to either of these two branches; they would be in a local service, quite distinct.

1648. *Lieut.-Colonel Cotton.* Another local service?—Yes, another local service, the Indian Service proper.

1649. *The Chairman.* With regard to the question of exchanges, might not the difficulty arise in consequence of Officers who have made an exchange coming upon the roster for Foreign Service, and not being available?—All exchanges imply that the Officer exchanging is efficient and takes the place of the Officer with whom he exchanges, whether it be with regard to the roster for Foreign Service or Home Service; therefore an Officer exchanging from India to serve at home would naturally exchange with a man low down on the roster, just as they do in the Home Service now.

1650. Do you still adhere to the proposal which you made in 1881?—Yes. So long as the Government of India adhere to these two conditions which they make essential, and which are found at page 212 of the Correspondence, I do not think that any other scheme is possible. If the Government of India were to concede those points and give up the control over the Service entirely, of course the British Medical Service might be augmented to the extent of performing duties for the whole country, if it were possible to carry out the reliefs. That was the alternative scheme which the War Office offered as an answer to the scheme of Dr. Cunningham and myself. But it would be impossible to relieve the whole of the Medical Officers in India by the number of Medical Officers employed in England, without having these Officers in England constantly going to and fro. There are, I think, nearly nine hundred Officers in India, and on the new scheme even there

would be say six hundred British Officers in India. If you were to relieve the whole of the Officers in India, by roster, you would have the Staff at home constantly in movement.

1651. Supposing that there were two separate services great economy would be effected in the matter of reliefs, would it not?—Not so much as is alleged; for this reason, that so long as you recruit your British Army in India by the short service system and have to send so many troops out every year as you send at present, you must have Medical Officers to go with them. Nearly half the reliefs in India are carried out by Medical Officers proceeding to India on duty, the relieved Officers coming home on duty also.

1652. It was stated by the Government of India in a letter of the 26th of August, 1881, that "The separation" (of the two Services) "is extreme costly, inasmuch as it involves the necessity of maintaining a double Staff and therefore an unnecessary number of Executive Medical Officers. The officers of one Service are not eligible for employment with the troops of the other." Does that objection which they raised at that time still exist?—I do not think so.

1653. Might I ask what post did you hold at the time when the Government of India requested you to report?—Surgeon-General of Her Majesty's troops in India; that is the Chief Medical Officer of the British Army in India.

1654. Then it was you who dissented from the recommendations of the Commission?—Yes. With regard to the objection about keeping up a double Staff I think there must be some misapprehension. There are two Medical Staffs in this sense that for the whole Service in India the Indian Medical Service provides a certain number of Officers, and the British Medical Service in India provide a certain other number of Officers, but the Officers are not duplicated as is implied by saying "double Staff." There is only one Principal Medical Officer in each Division; sometimes he is a British Officer and sometimes he is an Indian Officer, but there is no duplication of the Staff as there was when we had two Principal Medical Officers in each Division of the Army, one an Indian Officer and the other a British Officer.

1655. When was the alteration made?—In 1880.

1656. Therefore there is only one Principal Administrative Officer in each Division?—Yes.

1657. What determines whether that Officer shall be a British Officer or an Indian Officer?—A regulation which lays down the particular Divisions which shall be held by the Officer of each Service respectively, just as in the case of General Officers who command the Divisions, some of whom are British and some Indian.

1658. Then a reduction has been carried out in the Administrative Staff?—Yes.

1659. Now with regard to Executive Medical Officers, what is the case?—With regard to Executive Medical Officers there has been a very considerable reduction made by the introduction of the Station Hospital System, but that Station Hospital System did not extend to the Indian Army. The duties however are still divided, those with the British troops being given to British Medical Officers, and those with the Indian troops to Indian Medical Officers; and one of the grievances of the British Medical Officers arises out of the fact that while the Indian Officer gets a special Staff allowance for his Indian charge, a British Medical Officer gets no Staff allowance for his British charge.

1660. Then it is no longer the case that if two detachments, one of Indian troops, and one of British troops, are stationed in one place two Medical Officers are required to look after them?—Certainly not, unless the strength of the respective detachments rendered this necessary. There is this condition, however, attaching to my answer in that respect;

that whereas the Officers in the Indian Service are obliged to pass examinations in the native languages in order to qualify them for taking charge of Indian troops, it might happen that a British Officer had not passed the examination, and therefore it would be undesirable to put him in charge of Indian troops.

1661. Then what determines the distribution of British Medical Officers and of Indian Medical Officers among detachments?—Simply the requirements of the Service; the strength of the troops at each station.

1662. If the detachment is a small one, it is an Indian Officer, and if it is a large one it is a British Officer; is that it?—If the detachment consists of Indian troops, it is an Indian Officer; if it consists of British troops, that is to say, of British soldiers, it is a British Officer.

1663. And if it is partly one and partly the other?—Either Service may take charge of both.

1664. *Mr. Macnamara.* Would there not be a question as to which it should be?—No.

1665. *The Chairman.* Then it is the fact that cases do arise when Indian Officers at the present time do look after British troops?—It is seven years now since I was out in India, and I am not able to say whether such a case is in point; but I believe that at the present moment there are a good many Indian Officers doing duty with British troops.

1666. Being solely under the command of the Indian Government?—Under the Commander-in-Chief, just as British Officers are, and he may put them in charge of British troops if he likes. It is not the rule, because the establishment which is provided for duty with the British troops is considered to be sufficient to meet all the requirements.

1667. *Mr. Macnamara.* With reference to the Indian Service, do British Officers at present take charge of native regiments?—Not if there is an Indian Medical Officer available.

1668. Therefore if it could be allowed there probably would be a considerable saving to the Indian Medical Service, that is to say, it would not be necessary to have an Indian Medical Officer attached to each native regiment?—Possibly; but I believe the Indian Government are of opinion that it is a great advantage to the Indian Army to have a Medical Officer attached to each native regiment, and therefore I do not think that they would be at all disposed to consider the question of economy as a justification for withdrawing the Medical Officers.

1669. But supposing there were Station Hospitals for native troops established all over India, why should not one Medical Officer, as in the British Army, take charge of a Station Hospital of that kind instead of necessitating a British Officer to each native regiment?—I am not aware of any reason. I do happen to know that in India considerable importance is attached to having a Medical Officer with each regiment; but certainly that is not on account of the duty, because the duty is extremely light.

1670. With regard to the question of pensions, if you had an Indian Medical Service entirely of course the Indian Government would have to provide for the pensions for all those Medical Officers at the present rate of pensions, which is very much higher than that of the British Service?—Yes, quite so; it would be extremely expensive.

1671. Does it seem to you to be a right measure, after men have entered the Service with an understanding that their foreign service is to extend five years, to extend it to those same Officers to six years?—I do not think that any Officers in the British Service have any reasonable grievance on that score, for this reason: that it is not made a condition of their contract on entering the Service that they shall have any definite period of service at any place. They enter the Army absolutely on

the understanding that wherever they are required they must serve; and when they served as regimental officers they had often to serve for many years abroad. Now, it is proposed to relieve them at six. So that they have no absolute grievance as touching any regulation being violated.

1672. That Foreign Service does very much towards increasing the mortality of Medical Officers, does it not?—Yes, it does.

1673. Therefore in that way it is a grievance, it raises the chances of the death rate?—Yes, it increases the risk to life undoubtedly.

1674. *Dr. Graham Balfour.* And of invaliding?—Yes, of invaliding of course.

1675. *Sir William Crossman.* On the last occasion a witness was asked this question by Mr. Macnamara, "Is it the case that the time on half-pay, not exceeding one year, which is allowed to Combatant Officers to count on account of ill health towards retirement or pension is not granted to Medical Officers?" and the answer was, "It is the case. If I was to have a day's half-pay it would be a case of 58 Medical Officers going over my head." Has your attention been drawn to that evidence?—That Officer must be one of a batch of 58 and must be at the bottom of it.

1676. Or at the top of it?—Or at the top of it, which is the same thing, as regards the next batch below him. But such a thing as an Officer being put on half-pay for a day I need hardly say, is utterly impossible; it is out of the question.

1677. Is it also the case that "The time on half-pay not exceeding one year which is allowed to Combatant Officers to count on account of ill health towards retirement or pension is not granted to Medical Officers"?—Yes, that is quite correct; half-pay would make an Officer lose his position for promotion just as it does throughout the Service.

1678. It is not allowed to Medical Officers?—It is not allowed to Medical Officers.

1679. Is there any reason why it should not be allowed to them?—I tried very much to persuade the authorities to give it some time ago; but they resisted, I think mainly on the ground that the Departmental Officer has so many advantages that do not extend to Combatant Officers that the concession was in one case a reasonable boon whereas in the other it was unnecessary. I think there was something in the argument in favour of Combatant Officers, although I am glad to say that His Royal Highness supported the claim of the Medical Officers also.

1680. Still it is a fair grievance on the part of the Medical Officers?—I think it might be allowed to all.

1681. *Dr. Graham Balfour.* It has been stated as a grievance to the Committee that the roster which used to be kept at the office of the Director General had been removed from the waiting-room where the Officers used to go to consult it; can you state for what reason that has been done?—I was not in the office then, but I am aware of the reason. The roster lying in the waiting-room was copied by agents canvassing for exchanges, and other persons who sometimes made improper use of it; and therefore the system of hanging up the roster, as it was called, was abolished in favour of keeping the roster in the room of the Chief Clerk, or of the Director-General himself. But the roster now as then is open to anybody who wishes to see it.

1682. *Mr. Macnamara.* Is there any objection to having it hung up in the waiting-room?—Yes, there is just that objection that trafficking in exchanges is facilitated. That was the reason alleged for doing away with the system. But I would like to put on record that the roster is not held back from any Officer who wishes to see it, and that any Officer applying to know his position on the roster, although he cannot come to London to see it, always receives an answer telling him how he stands; so

that I think there is no grievance in regard to the roster.

1683. *Dr. Graham Balfour.* One of the questions before the Committee has been whether Medical Officers received a fair share of honours and the Adjutant-General has stated as the result of his experience that they "have always come in for their very fair share of distinctions and the number of men at the present moment who hold positions in the Bath, in the new Distinguished Service Order and in the Order of British India, I think shows the very high respect that the Officers of the Army have always had and have at the present moment for the Medical Officers;" does that statement of the Medical Officers having their fair share of honours accord with your views?—I think I answered that question in my last examination but I have no objection to answer it again; I do not think that that is so.

1684. Then I will ask you another question upon that subject. A good deal has been said about the professional status of Medical Officers as in contradistinction to their military status; are you aware whether in the Army Medical Department the civil distinctions of the Bath have ever been conferred for professional services or any rewards given for any services except services in the field?—I am not aware of that. There are two instances only in which the civil distinction of the Bath has been conferred on Medical Officers; one on a late Director-General, and the other on one of the Professors at Netley who was an officer of the Indian Service not of the British Service, Surgeon-General Maclean.

1685. But in the other scientific branches of the Army, the Royal Artillery and the Royal Engineers, is it not the case that the Civil Order of the Bath is frequently conferred as a reward for professional services?—I believe it is. I find here in this report of Sir Ralph Thompson's Committee a return showing the relative proportion of distinctions of all the grades distributed between the two departments, the Royal Engineers and the Medical Department, and that shows, I think, that the whole of the Orders are open to the Royal Engineers, as indeed, I believe they are open to the Medical Department, although the Medical Department do not get them. I am not aware of any man having been made a member of either division of the Bath for professional merit except the two whom I have mentioned, Professor Maclean, lately employed at Netley, who belonged to the Indian Medical Service, and Director-General Sir Andrew Smith.

1686. Are you aware of any rewards having been conferred upon Officers of the Medical Service except for service in the field?—Yes; Distinguished Service pensions are given for long and meritorious service, not necessarily for service in the field; and I think that the distinction of honorary physician and honorary surgeon to the Queen is open for professional merit, and is not necessarily connected with service in the field; but all the other honours are limited practically to service in the field.

1687. *Lieutenant-Colonel Cotton.* The phrase in the case of honorary physicians, and honorary surgeons to the Queen is "most meritorious"?—Yes; but as a matter of fact those distinctions have been given to Officers who have not served in the field. I mean it is more for professional efficiency—it is more a professional distinction—at least it has been.

1688. *Dr. Graham Balfour.* A remark was made by Sir Redvers Buller about the relative retirement of the Director-General and the Quartermaster-General; but can you state what the pension of a Surgeon-General retiring would be as compared with that of a General Officer?—A Surgeon-General ranking as Major-General would retire on 730*l.* a year, 2*l.* a day; and the pension of a Major-General is 700*l.* a year. With regard to the pension attached to the office of Director-General of the Medical Department, I might mention here that

his appointment in the War Office is a special Staff appointment which carries a special rate of pension with it; it is not a departmental pension in the ordinary sense of the term; it is a seven years' service for which an additional pension is given.

1689. Do you agree with the same Witness in thinking that there are too many Administrative Officers in the Medical Department compared with the number of Executive Officers?—I do not. There is only one in each division commanded by a Major-General; you cannot have less if you have any. I think that the distribution of Administrative Officers, which is regulated by the same principle as that of General Officer is a perfectly sound one as it is; I do not think you could have less either in time of active service or in time of peace. It would be, of course, a saving to make the Principal Medical Officer of inferior rank and to give him less pay; but still you must have some individual to do the duty, and that individual would be an Administrative Officer; the numbers therefore cannot be reduced.

1690. And if you reduced the rank you would reduce the few prizes which induce medical men to enter the Service?—You would.

1691. Are you quite satisfied with the discipline of the Army Medical Staff Corps?—Quite. I am bound to say that the reports which have passed through my hands during the last two years from General Officers inspecting hospitals and inspecting detachments of Medical Staff Corps, are as good as they possibly can be, with hardly any exception they are complimentary. I think that the discipline, therefore, of the Medical Staff Corps, and I might add, the training at the present moment, having regard to the Short Service System, is about as perfect as it can be; but while the service of the men is limited to three years with the colours, I need hardly say that we cannot have very perfect nurses.

1692. *Lieut.-Colonel Cotton.* Is it the fact that the Commissions of those who join the Indian Medical Service are antedated to those who join our Service?—Yes.

1693. The Indian Commissions are dated from the time they enter Netley, and the Commissions of our own Medical Department are dated from the date of their leaving Netley?—Yes, it is a fact; but I may state that the whole of that question has been for some time under the consideration of the War Office and the India Office, with a view of equalising the date; whether it will be the date of leaving Netley or the date of entering Netley, that may eventually be approved I am not prepared to say; but I have no doubt that the dates will be harmonised.

1694. It seems to be felt as a grievance?—Yes.

1695. Why was it done?—I think it was done mainly for the purpose of preventing the student life at Netley, which is an educational life, from being reckoned for pension and for increase of pay.

1696. And of course the circumstances of the Indian Medical Service being different in regard to the age for retirement and so on, it was thought that that did not affect it in the same way?—I do not think the Indian Government discussed the system at all; their system had been always to give commissions from the date of entering Netley; and when our system was altered in 1879, on the promulgation of the Warrant the Indian Government did not alter theirs; and it is since that date that the difference has existed.

1697. But the whole question is under consideration, you say?—Yes, the whole question is under consideration; and I have no doubt that if Netley School is retained as it is organised, the date of the Commissions will be harmonised.

1698. *Sir William Crossman.* In the case of the Royal Engineers at Chatham they date from the time they join?—Yes, and that is an argument

in favour of Medical Officers also dating from that time.

1699. *Dr. Graham Balfour.* It has been suggested that considerable saving might be effected by the abolition of the School at Netley. Do you consider Netley School one of great importance to the Department?—Yes. I have written as strongly as I can in favour of keeping Netley School thoroughly efficient. I think it is just as necessary for the Medical Service as the Royal Engineers' School at Chatham, which has just been mentioned, is for the Engineers, or Sandhurst or Woolwich for the Artillery and the Line. I think the more schools you have the better.

1700. It has been suggested that in consequence of the improvement of education in civil schools, there is no further need for continuing the sanitary instruction at Netley. Do you concur in that?—I do not. What is taught at Netley is not taught in the civil schools to anything like the same extent or the same perfection as at Netley; but much of the teaching at Netley is not taught in the civil schools at all.

1701. Do you consider that there are such differences in the life of the soldier as compared with that of the civilian, especially taking into consideration foreign service, that special sanitary education is necessary for the efficient working of the Department?—I think it is very desirable. Masses of men living together, massed together, always produce conditions which are not seen much in civil life except in public schools; therefore they form a special study. But I believe it is the general routine of

the work, more than anything that is actually different in the life of the individual, that renders an education necessary upon these points.

1702. *The Chairman.* I just wish to ask you a question with regard to the Boards. Do you concur in the statement which has been made here that Medical Officers were excused from serving on Boards in order to suit their own convenience?—I am not aware of the convenience of Medical Officers ever having been consulted in the matter, I think it is about the last thing that would be considered in forming a Board; therefore I do not concur in it.

1703. What is your theory then as to the reason why Medical Officers are excused from sitting on Boards?—The reason that Medical Officers do not serve on Boards is this question of rank and precedence, which is the burning question of the Medical Service of the Army at the present time.

1704. Is it because the Medical Officers object to serve on Boards, or because it is objected to place them on the Boards?—It was the custom to place them on Boards for many years after Lord Herbert's Warrant was published; and the reason why the system of placing them on Boards was abolished was that they claimed when senior to preside; the military authorities stated that presiding was a military function, and that a Combatant Officer must preside.

(The Witness withdrew.)

Adjourned to Friday next, at 11 o'clock.

Friday, May 10th, 1889.

SEVENTH DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair.*

MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.

SURGEON-GENERAL T. GRAHAM-BALFOUR, M.D., F.R.S., F.R.C.P. Q.H.P.

LIEUTENANT-COLONEL E. T. D. COTTON, M.P.

N. C. MACNAMARA, ESQ., F.R.C.S.

R. H. HOBART, ESQ., C.B., *Secretary.*

GENERAL SIR ARCHIBALD ALISON, BART., G.C.B.,
examined.

1705. *The Chairman.* You are at present a member of the Council of India?—I am.

1706. And before that I think you were commanding at Aldershot?—For rather more than five years I was commanding at Aldershot.

1707. Have you had much service in India?—No, I went out to India as Military Secretary to Lord Clyde, but I lost my arm at the siege of Lucknow, and was obliged to be sent home invalided in consequence, so that I have had very short service there.

1708. You have not held any high command out there?—No, I have not been in India since the Mutiny.

1709. The Committee would like to ask you some questions with regard to the question of the rank of Medical Officers. No doubt you have had reason to be acquainted with a great many Medical Officers during your command at Aldershot, and you have no doubt heard of this question of rank?—Yes, and in Egypt, and in all the commands which I have held during the last 30 years I have been thrown with Medical Officers.

1710. You have heard no doubt that considerable discontent prevails in the Medical Branch of the Service with regard to this question of rank?—Amongst the young Medical Officers I think it does and amongst a few of the seniors, but not many.

1711. To put the matter very shortly, the request which has been made to this Committee by those Medical Officers whom we have seen, speaking of

them generally, is that they should have military titles with or without limited command. With regard to that question of military titles I should like to have your opinion?—I think it would be the most unfortunate thing that could happen for the Medical Officers. I think that there is no class of men that are more highly looked up to in the Army, so far as my experience goes, than the Medical Officers of the Army; and if there was anything which would tend to alter their position in the opinion of Combatant Officers it would be an attempt on their part to take combatant titles. The Medical Officers hold what seems to me a far higher position than the Combatant Officers; they belong to one of the highest and most distinguished professions in the world. Their duty is to cure—that of the Combatant Officers to kill; and I cannot help thinking that theirs is a higher profession than that of the Combatant Officers. It seems to me that any attempt to confer military titles upon Medical Officers would expose them to great ridicule on the part of the Combatant Officers, and lead some of the young Combatant Officers to laugh at them and make it unpleasant to them.

1712. But still, if they wish it, wisely or unwisely, do you see any objections to it from other points of view?—I see very strong objections to it, because it might raise a doubt as to whether they have substantive rank and can exercise military control beyond their own sphere. Now this would be a most unfortunate thing. Their sphere is quite distinct. They are men belonging to the high medical profession, who are, you may say, attached to the Army to take medical charge of Officers and men, to look after them in sickness and when wounded, and to administer the hospitals—but any attempt to confound them with the combatant ranks would I consider be most prejudicial to them.

1713. Still it has been stated to us by Medical Officers that sometimes on service they have found difficulty in obtaining obedience from men who might be put under their orders from the fact that they have not Army rank?—But they have most distinct Army rank. I do not know any men who have more distinct Army rank than they have. They have departmental rank which is given by their titles of Surgeon-General, Surgeon, and so on; each of those ranks they are gazetted to with the corresponding Army rank; and in the Article of the Royal Warrant upon the subject that is defined as giving them every precedence and other advantages which the Combatant Officers have. It seems to me that they have a more defined position almost than anybody in the Army. I cannot understand how there is any doubt about their rank. I think it has been particularly well stated in Article 268 of the Royal Warrant:—"An Officer of a Department of our Army, not having honorary rank, shall rank as follows for purposes of precedence and other advantages attaching to corresponding military rank." Therefore they have the precedence, and every other advantage of the military rank to which they correspond and to which they are actually gazetted. I think that they have a much more satisfactory position than they had formerly when they had relative rank; because that is really a much more undefined position than the one they now hold.

1714. During your command at Aldershot you must often have had occasion to know of cases when men were told off to attend on the hospitals, I suppose?—Yes.

1715. Have you ever heard of a case in which men refused to obey the Medical Officer?—I never heard of anything of the kind. The Medical Officer is supreme in his hospital. Whoever is sent to the hospital the Medical Officer is supreme there just as a Combatant Officer is supreme with his regiment.

1716. That extends then, I suppose, even to men told off, detached for the time being?—Yes.

1717. If such cases had occurred do you think that you would have heard of them?—I should say so decidedly; they would have been reported to me and I never heard of any. I was in constant intercourse with the Principal Medical Officer there, and he would have mentioned to me if there had been any difficulties of that sort.

1718. Supposing that a difficulty of that sort did arise, to whom would the Medical Officer report?—He would report to the Principal Medical Officer, and the Principal Medical Officer as being practically my Staff Officer for the Medical Department would have reported to me.

1719. The Principal Medical Officer would not have reported to the Colonel of the regiment to whom the man might belong?—No, he is in a higher position than that; he would have come to me.

1720. So that you must have heard about it?—Yes, if it was anything serious that was not settled on the spot.

1721. How large is the Medical Establishment connected with Aldershot?—There are usually about thirty-five Medical Officers stationed there. There are four hospitals. The Central Hospital, one for the Cavalry, one close to the Permanent Barracks, and one in the North Camp. The most serious cases are treated in the Central Hospital, which is the headquarters of the Army Medical Department.

1722. Do you think that there is any want of respect shown to the Medical Officers in any of the regiments to which they are attached at the present time?—I have never heard of or seen anything of the sort either there or when I have been on field service—such as in the Egyptian Campaign of 1882, or when I was in command in that country after the war ceased and the large hospitals were crammed with sick. There may be a little chaff amongst some of the young subalterns. They think that some of the young Medical Officers rather like to be thought Combatant Officers and that causes a little laughing. But beyond that I have never heard of anything; and certainly in regard to the higher ranks of the Medical Department, I do not know of any men more looked up to by the Army than the Medical Officers. None have done their duty better, and the Army know it well, both in peace and war.

1723. It has been stated to us that the Medical Officers have found from the experience of recent campaigns, and especially in Egypt, which has been alluded to, that it would be impossible for them to undertake another campaign without having more command than they hitherto have had; have you in your experience ever seen on active service any difficulty which has arisen from want of command?—No, I have not seen any, because it is quite defined that the Medical Officers have in their own Department complete command.

1724. *Dr. Graham Balfour.* It has been stated to us that Officers and men are sometimes doing duty with the Hospital Department, but are not attached to it, and that in that case they are not under the command of the Medical Officer?—They would be under their own Officer if there was a detachment; and therefore anything that the Medical Officer wished he would go and explain to the Officer, who would at once carry out his wishes, as he was sent there for that purpose—but the order would be given through the Officer or Non-commissioned Officer of the detachment.

1725. But would the Officer of that detachment be bound to obey the Medical Officer's directions?—Yes, of course; he was sent there to assist and to do whatever the Medical Officer wished, and he would be reported if he did not do so, and very serious notice taken of it by the Military authorities.

1726. *Sir William Crossman.* That is the very

question that I was going to ask you. In the evidence before us a Medical Officer said, "During the Zulu and Boer Campaigns a Medical Officer was on several occasions when marching down country placed in command and charge not only of his own men, but of a number of other men passing down country, and it was found that he had no power to punish these men if they committed an offence, although he was the only Officer on the spot?—That is a case that I have had no experience of. If he was in charge of other men not attached for a medical purpose, then the desirable thing is that everything connected with their discipline should be managed by the Combatant Officer who was with them.

1727. There was no Combatant Officer on the spot, the Medical Officer being the only Officer?—That being so I should decidedly say, they were bound to obey him.

1728. *The Chairman.* Do you think that is certain?—I think it is because Article 269 of the Pay and Promotion Warrant says, "A Departmental Officer shall not, in virtue of his rank or position, hold any military command outside his Department except over such Officers and men as may be specially placed under his command." This seems to me exactly to meet the case in question.

1729. *Sir William Crossman.* The answer goes on to say—perhaps that may explain it a little—"Therefore they were considered in the new regulations" (I do not know what new regulations are referred to there) "in the position of men for the time being attached to his column of the Army Hospital Corps for duty?"—Yes, the Medical Officer is supreme when once they are attached to him. They are then under his orders. The Medical Officer is supreme in his hospital just as a Combatant Officer is supreme in his regiment; it is just the same thing.

1730. Then, in fact, the mere giving of a military title would not improve his position?—Not in the slightest, it would make no difference. He wears the badges of rank, which is what a soldier looks to—he sees what the rank is and knows that it is an Officer who is addressing him.

1731. There was another complaint brought forward by a Medical Officer, in which he stated that the Medical Officers did not take their proper position at the mess for instance?—I am unaware of anything of that kind happening. Of course the President of the Mess must always be a Combatant Officer like the President of a Committee; but except for that, I have always seen Medical Officers given their precedence at mess. Whenever I have dined there, I have never seen the slightest difference made between them and Combatant Officers.

1732. It has also been stated with regard to honours and rewards, that that is a very burning question with Medical Officers; some of them appear to think that they do not get the same share of honours and rewards that the rest of the Army do. What is your experience with regard to that?—So far as I have seen, I think they get their share fully. I think, in proportion to their numbers, they get their share, rather more fully than the others do. But you could easily get from the Adjutant-General a return which would show that.

1733. *Mr. Macnamara.* With regard to messes, I have a letter dated the 7th of April of the present year, in which a Medical Officer writes, and he says: "Seven of us were left up, a Major, a Subaltern, a Surgeon-Major of 24 years' service, and two Surgeons. We started a joint mess of which the expense was equally shared by us. The Medical Officers were last on the mess. A Major of 16 years' service at first sat as President, and when he left, a very junior Subaltern, young enough to be the son of the Surgeon-Major, took the head of the table and was senior at the mess." This Officer writes that that is a thing which habitually occurs?—

It is a rule of the Service that the President of a Mess or of a Mess Committee, or of a Board, or Committee, always must be a Combatant Officer.

1734. Exactly?—But that makes no difference in regard to the position of the Officers except that the President must be a Combatant Officer; and the reason is that in case of any unpleasantness taking place he should have the power of stopping it at once.

1735. Because the Medical Officer is in an inferior position?—No, he is not in an inferior position in the slightest degree. It is only that it is a general rule that where discipline has to be carried out in a mixed body a Combatant Officer is the person to enforce it.

1736. Do Medical Officers sit on Boards?—I do not recollect any regulation that they should not sit on Boards. There is an order that there must be a Combatant Officer as President, and if that Combatant Officer is junior to a Medical Officer upon a Board, then to avoid the awkwardness of a Medical Officer sitting, as it were, under a junior Officer, they ask him to attend so that they can get all the advantages of his knowledge without any unpleasantness to himself. As I understand it this rule was made entirely out of a feeling of delicacy towards the Medical profession, to avoid what might be disagreeable to them. I may mention that at Aldershot I have put Medical Officers upon Boards. There is one Board, the Permanent Clothing and Equipment Committee, which sits there. Upon that there is a Medical Officer regularly a member of the Board. I knew there could be no difficulty in that case, because there was always a Staff Officer of high rank upon the Board.

1737. *Lieut.-Colonel Cotton.* I should like to ask you one question which rather arises out of an answer you gave just now to Sir William Crossman about honours and rewards. I was trying to establish last week, when we were examining Sir Thomas Crawford, how far, in his opinion, there were inducements offered to the Army Medical Officers to gain honours and rewards, not mere Military distinctions but honours and rewards in their own profession, medical honours and rewards; and I asked him this question: "In the Civil Medical profession there are men of the highest skill and attainments; are there similar men high above their fellows in the Army Medical profession?" that is to say, of course, men who desire to improve themselves in professional and scientific knowledge. This was his answer: "There are, unquestionably, and I think that if it were made a point for medical men to be rewarded for high professional attainments instead of for being with the Army in the field under fire, you would have better provision made for sick soldiers. I do not think that they attach half sufficient importance to the high professional attainments of the Medical Officers." I thought that answer a very important one at the time as bearing on my own ideas of the question, and I should like to ask you whether you agree with Sir Thomas Crawford's answer with the idea that it would be well to offer increased stimulants for professional efficiency, not by mere competitive examinations to pass from one rank to another, but to raise the Medical profession in the Army to a higher rank altogether?—I entirely agree with that, and I am sure that anything which would raise in any way the medical profession, would be very pleasant to the Army. I think there is a most kindly feeling on the part of the Combatant branches of the Army towards the medical profession in the Army, and it would be a most excellent thing if the proposal you mention could be carried out. In every way it would be advantageous, because it would induce the higher Officers in the Army Medical Department to keep up their professional knowledge which they are now a little apt to get rusty in when they become Administrative Officers. They get so interested in Hospital administration that they some-

times becomes less bound up in the actual and immediate treatment of the sick. This is never the case in civilian hospitals where the administration is not usually in medical hands. In the Army this must always be the case, and therefore I think Sir Thomas Crawford's proposal a very valuable one.

1738. *Dr. Graham Balfour.* Sir Thomas Crawford stated that he only knew of one instance in which the Civil Order of the Bath had been conferred upon an Officer of the Army Medical Department,—that was the late Director-General Sir Andrew Smith. The civil Order of the Bath is frequently conferred upon Officers of the Royal Artillery and Engineers for scientific services. Would it not be advisable to extend the same reward to the Medical Officers for their professional services?—At present the C.B. is constantly given to Medical Officers for Military service.

1739. The Military Order is given for Medical service in the field?—The Military C.B. is not given to anybody for Civil services; it is given for Military services only. But there is a Civil C.B.

1740. Which is often given to Engineer Officers for Civil services?—I was not aware of that.

1741. Would it not in your opinion be advisable to give the civil distinctions of the Bath for professional services not in the field to Medical Officers seeing that it is the fact that it has been given to other Officers?—I see no objection to their getting the Civil C.B. in such cases.

1742. *Mr. Macnamara.* With regard to the question put to you by Colonel Cotton, Medical officers state that they have such a large number of returns to make and such an immense deal of writing to do that they have little time to work up into cases in the way in which Practitioners can do in Civil Hospitals; every pint of beer has to be entered on a form, and all this has to be done by the Medical Officers, so that really their time is now taken up in making returns, and moreover, the younger Officers can never be certain of remaining in a station for more than a few months?—I think it would be a very great point to reduce as much as possible the amount of returns. I think this does not apply to the Medical Department alone but to every department of the Army. Of course with regard to the treatment of cases, owing to the constant change of Medical Officers, it is necessary that there should be a medical history sheet for each man very carefully kept, so that when a new Officer comes he may see exactly what the medical character of the man is. I do not see that you can very well reduce that. If you had Medical Officers attached for a long time to a hospital or even to a regiment, it would not be so necessary; but with the constant changes that take place now it is absolutely necessary. At the same time I have no doubt that there are many returns that might be simplified very much, and anything in that way would be a very great advantage.

1743. *Sir William Crossman.* Since the abolition of the regimental system I suppose that the relative status of Medical Officers and Combatant Officers has been very much altered?—As long as the regimental system prevailed there were two Medical Officers to each regiment, who lived with the regiment exactly in the same way as the other Officers; they had the regimental feeling quite as strongly as the Combatant Officers had, and they were of very great assistance to the Commanding Officer. They knew all the schemers and the men who were not worth anything in that way. And of course it was socially a much pleasanter thing for the Medical Officers to be attached and to live with the regiment. Now they come only for a short time, they are with the regiment often only for a few months and they have not got the regimental feeling that they had before. It is impossible that it could be so under the present system. I think if you could get a system of having one Medical

Officer attached for a considerable number of years to a regiment it would, both for the sake of the regiments and for the sake of the Medical Service, be a very good thing.

1744. For the Medical Department generally?—Yes, and for the regiment,—it would be good for both.

1745. *Mr. Macnamara.* Has it ever come to your knowledge that there has been a change in the relations between Medical Officers and patients since the introduction of competitive examinations; that is to say Medical Officers were formerly more at home with the Officers of Regiments and their families?—Of course it is a long time now since I have been a Regimental Officer, and I am not so well able to speak of that as I would like to be; but I must say that, as far as my knowledge goes, whenever you find a pleasant man as the Medical Officer you find that he is very popular with the Combatant Officers. I know of many individual instances where the Officers are devoted to them,—especially if they have been on service with them. I can speak of this from my own experience, as some of the kindest friends that I have ever met with in the world have been Officers of the Army Medical Department.

1746. *The Chairman.* Have you any further statement which you would like to make to the Committee?—There is only one thing that I omitted to say, and that was with regard to uniform. I think it is a very desirable thing, especially now since the Geneva Convention has come into force, that Medical Officers should have a perfectly distinctive uniform. I am inclined to think that it would be advisable that they should wear the Geneva Cross on the arm in the same way as the Bearer Companies of the Medical Staff Corps do. Now that they are under the Geneva Convention, they are quite neutral, and in the event of a European war that neutrality wherever it is known will be respected by both sides. I think therefore that it is advisable that this should be made perfectly clear—and this can best be done by its being unmistakably marked upon the uniform.

1747. Do you think that the Geneva Cross should be worn in peace time as well as in war?—I think so. It defines very clearly the position of the Medical Department—that they are strictly non-combatant—and are regarded as such by both sides. In war we all know, that in the hurry, confusion and excitement of battle soldiers are not always very particular. But if they saw distinctly the moment they came up to a man that he was a Surgeon he would be perfectly safe. Without that he might not.

1748. *Sir William Crossman.* And in time of peace also it is the case that other Officers have been taken for Doctors and spoken to by men when accidents have occurred?—I believe so. This matter of uniform, and the resemblance of that of the Medical Department to some of the combatant corps, occasionally gives rise to a little unpleasantness. You have young men on both sides. You have young Medical Officers who like to be smart, to look like Combatant Officers; and then the young Combatant Officers think that they are imitating their dress, and laugh at them, and that makes a little bad feeling. It would be a great thing to get quit of all that sort of thing.

1749. *Mr. Macnamara.* You would not put Medical Officers into a civilian dress, which some of them seem to prefer to wearing military uniform without definite rank?—I would not do that, because they require military command of their hospitals and over the soldiers in them or attached to them. Everyone going with an Army ought to have some sort of uniform. Medical Officers having their own uniform and the usual badges of rank every soldier knows at once that he is in the presence of an Officer and can distinguish what his rank is.

(*The Witness withdrew.*)

LIEUTENANT-GENERAL ALLEN B. JOHNSON, C.B.,
examined.

1750. *The Chairman.* You are Military Secretary at the India Office?—Yes.

1751. In the course of our Inquiry with reference to the Medical Officers of the Army it has been stated by some Medical Officers that when they are employed under the Government of India they have felt that they have been hardly treated by the Government of India in not being allowed certain allowances which they consider they ought to have with reference to their corresponding military rank; have you heard any complaint of that kind?—I have heard of the complaints recently that the Brigade-Surgeons receive no higher allowances in India than the Surgeons-Major.

1752. Would you tell the Committee what the reason for that is?—When the Royal Warrant was issued which created the rank of Brigade-Surgeon, the India Office, seeing that the whole of the reorganization would impose a very large additional charge on India, objected strongly to the system. They were, however, over-ruled by the Secretary of State for War, for the time being, Colonel Stanley, I think it was, and they had to accept it; but in having to accept the conditions of the Royal Warrant the Secretary of State specifically, and in very direct terms, refused to accept any additional charge which the creation of that new rank might be held to devolve on Indian finances.

1753. Did the Secretary of State for War in consenting to continue to lend officers to the Indian Government accept the terms?—He never did so in so many words, but the fact remained that an Indian Royal Warrant was issued to place the Indian Officers on the same footing in regard to rank as the Army Medical Department, and that excluded anything like additional pay, or rather did not allot additional pay. Whether the Secretary of State for War was held to have tacitly accepted the view of the Government of India I do not know, but it was one over which he could have no real control, because the Government of India, controls its own expenditure entirely on those points, except as regards the actual soldier.

1754. And by the War Office continuing to lend Medical Officers to the Government of India, the Indian Government would assume that the Secretary of State for War had accepted their terms?—Undoubtedly.

1755. There is, I believe, a separate Indian Medical Service, is there not?—Yes.

1756. How is that recruited?—That is recruited from the schools directly and the recruits go through the same examination, through the same Examiners, as the recruits for the Army Medical Department do, they then go for a term to Netley and after going through their term there, proceed to India. They are commissioned separately as Officers of the Indian Army.

1757. And their duty is to look after the Indian Army proper?—Their duty is to look after the Indian Native Army proper, and also to undertake the very large number of civil charges which are equally a part of their duty as Officers of the Indian Medical Service.

1758. But the understanding which exists with regard to the British Medical Officers is that they look after the British troops while there is a separate Service looking after the Indian troops?—True. I have seen, through the kindness of the Committee, the preceding evidence that has been given and I see that Lord Wolseley speaks there, as though it still continued, of the dual medical administration in India. I thought I might perhaps clear that up at once with regard to the two Services. When you speak of the Indian Service as being applied solely to the use of the native troops, it is so but with this difference: that the Indian Medical

Service is devoted entirely to the Indian Army except that for Indian administrative purposes it shares the posts with the Army Medical Department; that is to say, there is for each administrative circle only one Deputy-Surgeon-General, whether he is of the Indian Medical Service or the Army Medical Department, who looks after all the troops, whether British or native, who are in that command.

1759. And he is a British Officer?—He is a British Officer or an Indian Officer, as the case may be. There are six Deputy Surgeons-General of the Army Medical Staff, and there are 11 of the Indian Medical Service.

1760. And on what principle are those relative proportions fixed?—According to the number of the troops under their control. That is to say where the proportion of British troops in the circle is the greater the Deputy Surgeon-General is an Officer of the Army Medical Department and *vice versa*.

1761. Which varies from time to time?—Very little; it would be readjusted if there were any material variation, but that is the general principle on which it was laid down.

1762. Is that establishment in force at the present time?—Yes.

1763. 6 and 11?—Yes, 6 and 11, divided over the whole of India.

1764. In the year 1881 a proposal was made by the Secretary of State for India, in Council to the War Office embodying the scheme which had been recommended by the Indian Government; under that scheme it was proposed that the Army Medical Department should consist of two branches, a British Branch and an Indian Branch; and there were certain other proposals with which no doubt you are very familiar. That scheme was objected to by the War Office I think, and was finally laid aside?—That was when Mr. Childers was Secretary of State for War.

1765. And it was finally laid aside?—Yes.

1766. I see that the India Office acknowledged the letter of the Secretary of State for War of the 26th October, 1881, but did not write themselves to acquaint the Indian Government of their decision till the 28th January, 1883, do you know why that was?—There was a great deal of correspondence going on between the Government of India and the Secretary of State for India in Council at the time, on this and a great many other questions connected with Army Organisation generally, which had been the subject of report by a Commission in India in 1879-80, which had been under consideration during the whole of that period.

1767. But no further proposal has I think been made since that time?—No, the question has never been raised again.

1768. The Government of India in their letter of the 26th of August, 1881, recommending this scheme to the consideration of Lord Hartington, the then Secretary of State for India, stated that the separation between the two Services in India, the British and the Indian Services, was extremely costly, inasmuch as it involves the necessity for maintaining a double staff, and therefore an unnecessary number of Executive Medical Officers, did the Secretary of State for India share that view?—No. I do not think that the dual system of administration involved a larger number of Executive Officers; I do not think it affected the question. But the dual system of administration is what I was referring to just now as having been abolished in 1881.

1769. A double Administrative Staff?—Yes.

1770. Then is the Secretary of State for India of opinion that this system does involve a double Administrative Staff?—No, it does not; in fact, we have now only one Administrative Staff.

1771. Then have any reductions been made since the year 1881 in the Administrative Staff?—Considerable. I have not got the figures, but a very large number of reductions were made, on both

sides, of Administrative Officers, that is to say, of Deputy Surgeons-General.

1772. I dare say you could tell the Committee on what principle, or in consequence of what Inquiry, those reductions were made?—I think they originated with the Army Organisation Commission which assembled in India in Lord Lytton's time in 1879-80; they reported, and the report came home in 1881.

1773. Do you think, supposing that the two Services were separated now, that any further reduction of Administrative Staff would be possible?—I do not quite understand the question; if they were re-separated, do you mean.

1774. Supposing that the Indian Medical Service instead of being as it is now, partly composed of British Medical Officers and partly of a separate Indian Service, were in future to consist of one Service only, belonging either to England or to India, do you think that any further reduction of the Administrative Staff could be made?—I should say not, at least not on account of any such amalgamation of the two medical departments.

1775. Do you think that any reduction in the number of Executive Medical Officers could be made?—That I should doubt. For the British Service we have the Station Hospital System which requires at present 322 British Executive Officers. We have not been able to apply that Station Hospital System to the Indian Medical Service, and we have generally speaking a Medical Officer for each native regiment instead of the Station Hospital for native troops. I do not think that any amalgamation of the two Services would alter the two conditions which now exist; that is to say the number of Medical Officers that you would require for British troops under the system of Station Hospitals, or, on the other hand, of native troops under the regimental system. The conditions would remain the same whoever were the Officers who had the Administrative duties to perform.

1776. The Commissioners who were appointed in the year 1879 by the Government of India to enquire into the organization and expenditure of the Army in India, I think reported in favour of having a separate Medical Service for India, did they not?—Yes, I think they reported in favour of having a species of Medical Staff Corps to be recruited entirely from England.

1777. And which would be exclusively under the Government of India?—Yes, and exclusively for military duties, as I understand them.

1778. That view the Government of India, I think, declined to adopt in its entirety?—Yes.

1779. Do you know why?—They thought that it would be unworkable, that the entire separation of the civil duties from the military duties would tend to reduce the allurements of the Indian Service which the civil duties now afford, and that we should not get as good a class of candidates for the Indian Military Service as we do now.

1780. According to your answer their objection was not to the separation of the Services, not to having simply a separate Indian Medical Service, but to having a separate Indian Medical Service which would be exclusively Military?—Yes.

1781. Do you know whether they ever had before them a proposal to have a separate Indian Medical Service which should be both civil and military?—Yes, that was the alternative which was originally made to Colonel Stanley by the Secretary of State for India in Council who in protesting against the heavy charges which would be involved by the new Warrant, indicated that the Government of India would be obliged in self-defence to take the whole Medical Service into their own hands and deal with it as a separate and distinct Medical Service, both for the British and Native troops as well as for the Civil requirements of the country.

1782. What answer did the War Office give to

that?—Colonel Stanley said that he would be perfectly satisfied if India could provide Medical Officers of the Indian Medical Service sufficient in number and of adequate professional qualifications. Shall I read the passage in Sir Ralph Thompson's reply dated 28th of July, 1879.

1783. If you please?—"He" (that is Colonel Stanley) "is aware that it may be objected, as in Colonel Johnson's letter of the 2nd instant, 352 W., that the Government of India find no difficulty in obtaining as many surgeons as they require for the Indian Medical Service; and, secondly, that it is very undesirable at present to add anything to the military expenditure of India. Colonel Stanley is quite prepared to admit the force of these reasons, and if the Government of India is prepared to provide Medical Officers of the Indian Medical Service sufficient in number and of adequate professional qualifications for attendance on the British troops in India, he will be perfectly satisfied. Probably, however, Lord Cranbrook will think that such a course would involve a greater charge upon India than the maintenance of a similar number of Medical Officers of the British Service. If this be so, India must bear her share of the cost of keeping up the Army Medical Department; and as it is found impracticable to obtain Medical Officers for the Army except upon more advantageous terms than have hitherto been offered, Colonel Stanley has no alternative but to press for his Lordship's concurrence to the proposed Royal Warrant."

1784. What view did Lord Cranbrook take on receiving that letter?—Lord Cranbrook sent the correspondence out to India, but in his reply to the War Office recorded his protest against the action taken, and stated the line which would be followed by the India Office in these terms, "While Lord Cranbrook regrets that he is unable to meet the wishes of the Secretary of State for War by an immediate concurrence in the proposed experiment, he is satisfied that Colonel Stanley will, on consideration, understand how impossible it is that he should do so" (the proposed experiment was that of a single Medical Service for both British and Native troops in India), "or take any hasty steps which should even bear the appearance of acquiescence in a measure of which the only assured result would be a very serious increase to Indian Military expenditure, which the Government of India are now, under the compulsion of severe financial difficulties, using their utmost endeavours to decrease." His Lordship added: "To leave, therefore, no doubt, and to prevent a recurrence of that unfortunate misconception which existed between this Office and the War Office in regard to the pay of the Officers of Artillery and Engineers serving in India who were promoted to the grade of Major, I am again to express in the most definite terms that the Secretary of State for India in Council will positively decline to admit as a charge on Indian revenues any demands for higher pay or increased expenditure on any score which might arise from the publication of the draft Warrant, should it be decided to do so." The draft Warrant was published, and that protest and refusal to admit any additional charge which has been ever since consistently acted upon, is what is now complained of in regard to the non-grant of extra pay to Brigade-Surgeons in India—the Brigade-Surgeon's grade having been created by that Royal Warrant.

1785. But adverting to the point that I was upon, Lord Cranbrook apparently thought it not desirable at that time to try the experiment of a single Service for Military and Civil purposes?—That is so.

1786. Do you know whether that decision was owing to his belief that it would entail greater expense upon India?—Yes, I am sure it was, and according to my recollection that was the impression at the India Office, but it was obvious that nothing could be done for some time until the Government

of India had had full time to consider the question and work it out in its details in order to see how they could bring it into operation and with what results.

1787. Have they considered that system since?—Not directly. As I have already stated the correspondence was sent out to India, but meanwhile, in order to prevent the Indian Medical Department being at a disadvantage with regard to rank, the Secretary of State introduced the Royal Warrant placing the Indian Medical Officers on precisely the same footing in regard to rank as the Officers of the British Service; and there the matter has rested for a very considerable time.

1788. Is the India Office at the present time of opinion that a separate Service, Civil and Military, for India would entail further expense or equal expense to that which you have to bear under the present system?—I do not think I can speak except for myself in this. I cannot speak for the Secretary of State in Council because the Council has not been consulted.

1789. Would you give us your own opinion?—My own opinion is that additional expense would be created, not great, but some I think. We should probably have to increase the inducements to British Officers, or to a certain number of Officers, to take continuous service in India.

1790. Have you any difficulty at the present time in making up your Indian Service?—None whatever. At the last examination, I am speaking rather at random, but I think there were 60 candidates for 10 vacancies.

1791. Then why do you apprehend that if you had separate Services you would have to increase the inducements?—This would only have to be done for the numbers required to make up for the absence of the Army Medical Staff. At present we have 320 of the Army Medical Staff whose service in India is limited to six years; it is not necessary therefore to give them any special inducements for the comparatively short foreign tour of duty. But if they were to engage to serve the whole of their service in India it would be necessary, as it has proved throughout the whole Service, combatant and non-combatant, to give more favourable terms of service than have sufficed for those who have their tour of duty at home and elsewhere out of India.

1792. *Mr. Macnamara.* And a higher rate of pension?—Yes, the pensions would be higher also.

1793. *The Chairman.* What is the number of the establishment of the separate Indian Medical Service, the Indian Service proper?—633.

1794. As compared with 320 whom you borrow from England?—322. I think I must correct that; it is more than 322. In the 322 I only gave the Executive Officers; in addition there are 13 Administrative Officers of the Army Medical Staff; it is 335 altogether. Of the Indian Medical Staff we have 633.

1795. All recruited in England?—Yes, entirely for the Indian Medical Service.

1796. Then if you have six candidates for one vacancy, or anything approaching to that, with the present terms and conditions, why if you were to increase your service would it be necessary to increase the inducements?—Because we should have to increase our Service to 955 and for those additional 332 of the Army Medical Staff whose place we should have to fill up by continuous service Indian Officers, we should, as I have explained have to give better terms in consideration of that continuous service.

1797. But apparently there is a great desire to enter the Indian Service, if for ten vacancies you have sixty candidates. Can you give us any reason to account for the very large number of candidates for the vacancies which have taken place in India

during the last year or two?—It is partly due to the fact, that there have been no appointments made recently to the British Service and partly to the great popularity which the Indian Service enjoys.

1798. But taking your experience of the last ten years has the Indian separate Service always been popular?—Always.

1799. And you have never had any difficulty in obtaining candidates, or any complaints from your Officers when serving under you?—We have had no difficulty in obtaining candidates, but I certainly could not say that we have had no complaints from our Officers,—here is a book full of them chiefly on account of reductions made in the grade of Administrative Officers,—but I do not think there is any real grievance now unremedied. The last grievance brought forward and which really called for remedy, was that the young Indian Officers received less pay in India than the young British Officers, for the very short period of their service when they were what is called “unemployed,” that is when they had no particular charge.

1800. On the other hand the British Officers have complained to us of the inferiority of their position with regard to that of officers out in India?—That is true of some of the Service, of the juniors,—that is those of about five years' service. I have here a Memorandum that we give to all candidates for the Indian Medical Service showing the position of the Service, pay, furlough, and so on.

1801. Perhaps you can tell me at what stage of the Service it is that the Indian Medical Officer is less favourably situated than the British Medical Officer?—Now at none. Formerly, until it was redressed, the Indian Surgeon of under five years' service received only 286 rupees a month as compared with the 317 rupees which the British Officer received; that has been remedied.

1802. Can you state to us whether the India Office would be disposed to revive under any circumstances their offer which was forwarded by Lord Hartington on the 26th of October, 1881?—Though I think the Secretary of State in Council would be quite ready to discuss the question again, I do not think that until he had been in communication with the Government of India, and the question had been thought out carefully there, the India Office could make a specific application to the War Office to discontinue sending Officers out to India; and I would add that even if it were decided to do so it must be a matter of some considerable time before it could be carried into effect, because you would have to call for Candidates, Volunteers, from the British Service to accept continuous service in India, in the place of those who are now, so to speak, lent for short periods of service by the War Office. We could not suddenly bring 300 and odd Surgeons as new recruits into the Indian Medical Service without ruining the Service; you would get no competition; and also there would be such a block in promotion thereafter that it would be almost impracticable to carry out the measure in that line.

1803. I gather from your evidence that you yourself are in some doubt as to whether any economy would result from the separation of the two Services?—Yes, I am in some doubt. I do not think that an economy would result, but I am not prepared to say that any material increase of expenditure would be incurred. Where it would be incurred would be undoubtedly in the non-effective charges. On the other hand we should save materially in the matter of passages of Medical Officers coming home and going out on relief or on Medical certificate. At present if they do not happen to be going out at the time troop ships are sailing, their despatch involves a direct and heavy charge on Indian revenues.

1804. You are speaking now exclusively I sup-

pose from the point of view of economy to the India Office?—Entirely.

1805. And you are of opinion that the present system does not involve any unnecessary number of Executive Officers, so far as India is concerned, or any unnecessary administrative staff?—I do not think that there is any question that the administrative staff is not in excess,—I think it is by no means so; but I am not prepared to say that there is no reduction possible in the number of executives. At present it is for British troops $4\frac{1}{2}$ per thousand, and it is quite possible,—I do not speak as an expert having had little personal experience in dealing with executive medical questions,—but I know that it is questioned by a great many whether the $4\frac{1}{2}$ per thousand for British troops is not an excessive number of Officers. Originally it was five; but in the increase that was recently made to the permanent Establishment of British troops in India of about 11,000 men the corresponding increase to the Medical Officers was lower than the increase to the troops themselves; and that reduced it to $4\frac{1}{2}$.

1806. Do you know whether any reserve of Medical Officers is kept up, or perhaps it would be more correct to say any increased number of Medical Officers is kept up, to provide for a possible demand out in India and the necessities of the larger demand made by the changes in the Service?—I am not aware of that. The reserve in India for the Indian military duties is to be looked for in the civil element of the Service.

1807. *Mr. Macnamara.* With reference to pay, it appears that the Officers of the British Service under the Royal Warrant of 1879 were granted corresponding rank of Captain, and they received pay and allowances in England to the amount of about 300*l.* a year. The Indian Government have granted the rank ordered in that Warrant; but it appears that they have not granted the pay; so that the outcome is that these gentlemen are supposed to rank as Captains, but do not receive the pay. For instance, the Captain of a British Infantry Regiment in India receives 415 rupees a month, and of a Native regiment 574; a Lieutenant receives 325, and in the Commissariat Department a Captain receives 574 rupees a month,—a Lieutenant 425, a Veterinary Surgeon 375; whereas a Surgeon with the ostensible rank of Captain only receives 317?—That is quite true so far as the Surgeon of under six years' service only receiving 317 rupees is concerned.

1808. And a Captain receives 415?—A Captain of an Infantry Regiment does get 415 rupees.

1809. Then, as I say, the Medical Officers' pay, as compared with that of a Captain, though he ranks as a Captain, or is supposed to rank as a Captain, is 317 rupees a month, whereas the Captain of an Infantry regiment receives 415?—That is true; but a Surgeon of six years' service receives 433 rupees a month, and a Surgeon of ten years' service receives 451 for the more responsible duties that are performed by the older Surgeon. There the Captain is at a disadvantage.

1810. It appears by a table I have here that in 1878 the cost of the Medical Staff in the Bengal Presidency alone was, in round numbers, 154,000*l.* a year, whereas in 1887 it amounted to 112,000*l.*; so that there has been a saving of over 41,000*l.* per annum by the changes which were then made in the administration of the Service?—I cannot give the exact figures, but as a fact there was a considerable saving.

1811. It appears that a Brigade Surgeon in India often has a very important charge. I have a statement here in which it appears that the Brigade Surgeon at Lucknow at the time he writes to me had nearly 600 Officers and men under his care and command, and yet that Officer receives only 19 rupees a month more than he got 19 years before in India; and he complains that although a Commanding Officer receives a large increase in his pay in

India, the Brigade Surgeon is in the same position as regards allowances as he has been in for many years?—That is so; he gets no extra pay as Brigade Surgeon. That is what the Secretary of State for India, when the War Office decided to issue the Royal Warrant for the Army Medical Staff, specifically declared that he would not admit.

1812. Notwithstanding the substantial saving which has been made in the revenues of India from the diminishing the administrative staff and making station hospitals?—Notwithstanding that; but then that saving has really nothing to do with the question of the rank of the Officers.

1813. Then with regard to horse allowance, it is very difficult, is it not, for a Medical Officer in India to move about his station without a horse; he is often situated at a considerable distance from the hospital, and it is impossible for him to walk there in the middle of the day?—Every Officer whose relative rank is that of a Field Officer has a horse allowance included as part of his pay.

1814. It is rather the Executive Officers that I am speaking of?—But a Surgeon-Major has the rank of a Lieut.-Colonel or Major.

1815. I am speaking of a Surgeon who ranks as or with a Captain?—A Surgeon has no horse allowance; no more has the Captain of a Infantry regiment.

1816. *The Chairman.* Have Medical Officers the allowances of the corresponding military rank?—No; there is a distinct rate of pay; but in calculating that pay, the 30 rupees a month, which is what is called horse allowance, is included.

1817. Then it would not follow that because a Medical Officer ranks as a Field Officer he would get the allowance of a Field Officer?—No.

1818. So that he might not get this horse allowance?—But he does get it; it is included in his pay.

1819. *Mr. Macnamara.* But the Surgeon who ranks as Captain does not get it?—No. Neither does the Captain.

1820. He is the man who, in a case of cholera or sunstroke, would be called for?—No Officer, I think you will remember, can perform his duty in India without keeping a horse, whatever his rank may be.

1821. And the Medical Officers' pay being 317 rupees a month, he is not able to keep a horse?—I kept a horse on very much less than that for many years.

1822. But the rupee was not so depreciated then?—But the rupee has not lost its purchasing value in India to anything like the extent of its depreciation at home.

1823. Then with regard to travelling, I believe there is some allowance for travelling. Medical Officers in India seem to have to travel enormous distances, and appear to be always on the move. They complain, and I think very justly, that if they are moved about in this kind of way they have to take a house at a station, and they are moved away all over India, and they get no allowance beyond their mere travelling expenses; they must put up somewhere, very often at expensive places, at Bombay, at Calcutta and so on?—All Officers in India are liable to this.

1824. A Medical Officer is peculiarly situated in that way, for he has, I suppose, as compared with the Combatant Officers, to move constantly?—I quite agree in that; and I think it is one of the points which might very properly be brought to the attention of the Government of India; that the movements of young Medical Officers are, one has no right to say, excessive, but examination seems called for as to the frequency of them.

1825. They are extending the Station Hospital system in India, are they not, to Native troops?—No; it was suggested that they should do so, and there was some endeavour made to do so; but the conditions of Native Service are so different, the regiments being in great part class regiments, and the caste question coming into operation so much,

that it was found on testing it here and there, that the system was not suitable to the Native Army.

1826. Would you have any objection to allowing Native Regiments to be officered more largely than they are now by officers of the British Medical Service. It appears that in a station like Lahore, there may be three or four regiments, each of whom has a Medical Officer who can have very little to do?—Provision is made for a British Officer having charge occasionally of the Native Regiments; in which case, if he has already a British charge of his own, he receives an extra charge allowance.

1827. You do not think it would be advisable to extend that system?—I do think not so. I do not think that while you have an Indian Medical Service for such duties, it is desirable to employ Officers of another Service if you can avoid it.

1828. It would be quite out of the question, would it not, to amalgamate the Services under existing circumstances, because of the number of native gentlemen that there are now in the Indian Medical Service, who would necessarily, if the Services were amalgamated, have to take charge of British troops?—It is undoubtedly a difficulty, but I do not think it insuperable.

1830. *Sir William Crossman.* Are there many Native Medical Officers?—Yes. I wish I had looked up the point. I daresay there are 40 or 50 altogether taking Madras and Bombay, but I do not think they are entering row in anything like the number in which they were previously; certainly not during the last two or three years.

1831. Do they pass examinations in London?—Yes, in precisely the same manner as the others.

1832. *Mr. Macnamara.* This matter of the Brigade-Surgeon is, according to the great number of letters I have received from India, a very burning question. Do you not think that the case might be met by granting them head money?—Charge allowance has been pressed upon us very much from India; but the principle that the pay covers all their duties connected with the profession in the Army Medical Department is one that it has not been considered desirable to depart from.

1833. *Dr. Graham Balfour.* Under the present Station Hospital system does the Medical Officer doing duty with a British regiment receive any charge pay?—No.

1834. He formerly did if he was in charge of a regiment?—Yes, he did.

1835. Therefore there has been a very considerable saving by the introduction of that system?—The introduction of that system has, no doubt, resulted in a considerable saving.

1836. Does the Medical Officer in charge of a Station Hospital receive any charge pay?—The Officers receive allowances for what I am afraid is a moribund concern, the Lock Hospitals; and they were almost all held in large stations by Officers of the British Medical Service.

1837. But do they receive charge pay for being in charge of Station Hospital?—I am not quite sure what you mean by Station Hospitals. Do you mean the General Hospitals?

1838. I mean the Hospital that was substituted for the Regimental Hospital?—No.

1839. Would it not be a simple act of justice to grant pay for that, as you have abolished charge pay for the troops?—But a Surgeon-Major in charge of a regiment did not receive charge pay. When the Indian pay of the several grades of the Army Medical Department was fixed—at a date anterior to the introduction of the hospital system—it was understood to cover all the duties connected with the grade.

1840. Who received charge pay?—No one. If a junior had an extra charge then he received extra pay.

1841. *Mr. Macnamara.* If a Medical Officer is in charge, say of the 40th Regiment of Native Infantry, and there are two or three Native Regiments in the Station, he sometimes is put in charge of those regiments, and receives head money accordingly?—Not head money; however, that is a matter of detail.

1842. He receives an extra allowance. I know I always received it?—Yes; but then those conditions have been altered lately. I do not know that I am prepared to stand a cross-examination in regard to the pay rules. They receive extra charge money, I know, but I cannot state the amounts.

1843. *The Chairman.* It appears from what you have told us that all possible diminution of the Administrative Staff, and also of the number of Executive Medical Officers, has been attained under the Indian Government?—Yes, there has been great diminution in the Administrative Staff, and a considerable diminution in the Executive, from 367 down to 300 till quite recently, when it had to be increased in consequence of the increase to the British Forces in India, by 23 Officers.

1844. And I suppose the Government of India is watching those two subjects very attentively?—Very closely indeed.

1845. Then apparently the ends proposed by their letter of the 26th August, 1881, have been attained?—Yes, practically; not their specific recommendations, but their general aim.

1846. The ends I say proposed by their letter have been attained?—Yes, the ends have been, generally speaking, attained.

1847. I presume that the ends which they had in view were economy and simplicity of administration?—Yes.

1848. Do you think that the Government of India would be disposed, or that the Secretary of State would be disposed, to revive their proposal of 1881, or to make any similar proposition?—I do not think I could say certainly that he would be prepared to revive it; he certainly would be prepared to entertain it. You understand the distinction that I wish to draw; he would not say, "No, I disapprove of it;" but, on the other hand, I am not permitted to say that he would accept it.

1849. But at present it is in your opinion uncertain whether any financial advantage would result from the change?—It is uncertain whether things, standing as they are, any financial advantage would arise. But there is this to be said, that one of the grounds on which the proposal was first made was, that the Government of India found itself constantly liable to having heavy charges imposed upon it by Departments over which it had no control, such as those which the War Office in their Warrant of 1879 wished to impose on India; and of course that may arise again.

1850. In the meantime, however, the India Office have resisted, and successfully resisted, any further payments to Medical Officers beyond those which were in force at the time when they wrote that letter which you have mentioned to us?—They have resisted the particular claim for increased rates of pay in consequence of the creation of the grade of Brigade-Surgeon.

1851. *Mr. Macnamara.* The palki allowance has been done away with, of course, with the palkies?—Yes, with the forage. As I have stated, the Officers of the Army Medical Staff have a specific pay for a specific rank, which pay is supposed to cover all the duties connected with that rank.

1852. A Medical Officer on Service appears to be allowed a horse at times, and he is occasionally mounted upon an Artillery trooper's horse—animals which are not always fit for rather inexperienced riders?—I should have said that there are certain occasions when horse allowance is given to Medical

Officers, not otherwise entitled to it, for periods when they are specially employed; for instance, in a cholera camp or a camp of exercise, or when they are ordered to march with the regiment, then Surgeons are given horse allowance.

1853. *The Chairman.* Have you any further

statement which you wish to make to the Committee?—No, I think not.

(The Witness withdrew.)

[Adjourned to Wednesday next at 11 o'clock.]

Wednesday, May 15th, 1889.

EIGHTH DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN, *in the Chair.*
 MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.
 REAR-ADMIRAL C. F. HOTHAM, C.B., R.N.
 SURGEON-GENERAL T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.
 LIEUT.-COLONEL E. T. D. COTTON, M.P.
 G. C. T. BARTLEY, Esq., M.P.
 N. C. MACNAMARA, Esq., F.R.C.S.

R. H. HOBART, Esq., *Secretary.*

BRIGADE SURGEON ALFRED CLARKE, *examined.*

1854. *The Chairman.* You are serving at the present time at the Royal Military College, Farnborough?—Yes, I am Surgeon in charge of the Royal Military and Staff Colleges.

1855. What is the length of your service?—28 years; 21 on full pay, and 7 on half-pay.

1856. How much of that service has been abroad?—Out of my 21 years on full pay I served 12 years abroad.

1857. Were you chiefly serving in India?—Entirely in India.

1858. Do you happen to know whether increasing the proportion of foreign service has occasioned discontent among the Medical Officers of the Army?—I think it has, undoubtedly—that is to say extending foreign service from 5 to 6 years in India, and from 3 to 4 years in the West Indies.

1859. You, of course, are familiar with the complaints which have been made by the Medical Officers with regard to the abolition of relative rank and the consequent lowering of their position, as they conceive, owing to the Warrant of 1887?—Yes.

1860. Do you share that opinion of the Medical Officers that your position has been lowered by the Warrant of 1887?—I think a great deal of it is what I may call a sentimental grievance; but rightly or wrongly, that grievance does exist among the Medical Officers; they feel at present they are the only Department who command men, and who have virtually no rank. It is true in the Army List they are put down as ranking *as so and so*; and when they find that the Pay Department, the Commissariat, the Ordnance Stores Department, and so on, have been granted honorary rank, and in the case of the Army Service Corps, pure army rank or substantive rank, they feel that their status is lowered, and that their own men, the men that they command and instruct, do not look upon them quite in the same way that they do upon other Military Officers.

1861. When you say their own men, what men do you mean?—The Medical Staff Corps men.

1862. Do you mean that the men belonging to the Medical Staff Corps show less disposition to obey their orders because they have not rank?—No, I do not say that, but I think there is a sort of general feeling that there would be more respect shown to men who had a title that the British soldier could understand. The ranks of Surgeon and Brigade Surgeon, and Deputy Surgeon-General are absolutely incomprehensible to the mind of the British soldier, and in many cases to the mind of the British Officer.

1863. If the men of the Medical Staff Corps have not shown any indisposition to obey their Officers, how have they shown that they have less respect for them than for other Officers owing to their want of rank?—It is difficult to say, but there is that sort of feeling, certainly, among what you may call for the moment the combatant branches. Medical Officers feel that they have not the same status that they had before, and Medical Officers who have been on recent campaigns tell me that they have had to assert their position in all questions of transport and stores; they have had great difficulties and worries which they think they would not have had had they held a more *bonâ fide* rank.

1864. Let us return for a moment to the men of the Medical Staff Corps. You say you cannot tell me how they would have shown more respect for their Officers if they had had rank?—No, I do not know that I can pointedly, but I have heard from Officers of the Department and so on, that that feeling does exist.

1865. Apparently it is more of a supposition than any opinion based upon facts, is it not, according to your answer?—Yes; but it is a supposition grounded on a good deal of what I might call observation, though perhaps it is not exactly tangible.

1866. With regard to what you were saying about Medical Officers while serving on campaigns, can

you give me any instances in which Medical Officers suffer from not having military titles?—Many Medical Officers who have been on recent campaigns in Egypt have told me that they have had terrible difficulties in connection with transport and stores. They felt that, in fact, had they held a proper rank and title there would have been less friction and less difficulty.

1867. Could you give me any instances?—I hardly like to mention names.

1868. Could you give me any instances without mentioning names?—An Officer told me that on the Nile he had great difficulty in connection with sick transport; another Officer told me that in the Zulu war he experienced the same thing.

1869. In what way had they trouble?—In getting transport from the Transport Officers; it appeared as if everybody else was to be supplied before them; they were cold-shouldered, in fact.

1870. What remedy would you propose to apply to meet that state of things—would you propose to give the Medical Officer the right to take whatever he wanted?—No, certainly not; but if the Medical Officer had the Army rank and title which I would suggest he should have, it would give him necessarily such a position that he would command more respect from Transport and other officers, and they would not be so inclined to cold-shoulder or pooh-pooh him.

1871. Let us examine into this a little closer: suppose that the Medical Officer had Army title and rank equal to that of the Transport Officer from whom he was endeavouring to obtain supplies, but which the Transport Officer was unable to give him, what would be the result in that case?—I think if the Medical Officer had the rank which I suggest he should have, the Transport Officer would treat him with more respect.

1872. Respectful treatment in itself would not supply the requirements of the Medical Officer?—I mean he would not keep him waiting, and would not put him off to the last as it were.

1873. You would not propose to give the Medical Officer any authority over other Officers?—Certainly not; I would give him no command or authority other than over his own men and hospitals.

1874. Suppose at present the Medical Officer is kept waiting for, as he thinks, an unduly long time, is not it in his power now to complain to the Principal Medical Officer, or whoever the Officer may be, who is in charge of his department?—Certainly it is, but you do not like to make a complaint unless there is something tangible to go on. There are all sorts of ways of being cold-shouldered and pooh-poohed which you can hardly get hold of to make an official complaint of. These feelings have been represented to me very strongly by Medical Officers who have been on recent campaigns.

1875. What was the ground of their grievance? Was it that they could not get what they required, or that they had a difficulty in getting what was ultimately given to them?—What they felt was that had they held Army rank and title they would not have been left in the lurch so long.

1876. What I want to get at is, how would the mere fact of possessing Army rank enable the Medical Officer to get from a Transport Officer or other Officer what he does not get now, unless he had some authority over him?—I do not say he does not actually get what he wants, but he has a difficulty in getting it.

1877. Supposing he had Army rank, why would the difficulty not continue?—The Medical Officer maintains that the fact of his having this defined Army rank, which it is suggested he should have, that is to say, the fact of his being known as Surgeon-Captain or Surgeon-Colonel, instead of by a title which commands no respect and means nothing, would so impress the Officer he is dealing with

that he would not be cold-shouldered or pooh-poohed in the matter.

1878. Do you suppose that the mere possession of a title would make such a difference in the status of a Medical Officer that another Officer would have more respect for him than if he had not that title?—If it were known that the Medical Officer not only possessed the title, but that it carried Army rank with it, undoubtedly.

1879. You think the mere fact of having rank, as distinguished from having authority, would be quite sufficient to make a great difference in the position of a Medical Officer with regard to Service questions?—Rank, to a certain extent, carries with it authority.

1880. What is the meaning of authority, as distinct from command?—It is rather difficult to define, but command, of course, means distinct power.

1881. I perfectly understand what command means. You said, a little while ago, that you would not give to a Medical Officer command over any other Officers or men than Officers and men in the Medical Department; but I understood you just now to say that by his possessing Army rank he would virtually have authority over Officers with whom he came in contact?—I did not mean to say he would have authority over Officers other than of his own department and corps.

1882. You meant moral authority, as I understand. How would that moral authority arise, because I do not follow it, as a civilian?—In the Army, titles convey a meaning to military men which, perhaps, they do not convey to civilians; there are minutiae and military points which it is, perhaps, difficult to give expression to, but nevertheless they exist.

1883. Am I to gather that Officers have a respect for a person who has a military title which they would not entertain for that same individual if he did not have that same military title?—Title and rank—certainly I think so.

1884. I understand you to suggest that Medical Officers should have military titles; will you state in detail what change you would propose in the present titles given to Medical Officers?—Conferring honorary or substantive rank with military titles *only* would be most unwise, would place Medical Officers in a false position, and would be distasteful to the Army generally; but, on the other hand, it is essential that Medical Officers of the Army should have a clear and defined rank; they belong to a double profession, they are "soldier surgeons," and should be so designated, that all the world, and especially the military world, should know and understand their titles. The present titles are most misleading; three of them, "Surgeon," "Brigade Surgeon," and "Deputy Surgeon-General" convey no meaning whatever, and hardly an Officer in the Service could tell what rank they signified. What I would propose in order to remedy the discontent and secure the position and status of Medical Officers without causing any friction or expense to the State would be as follows: 1. Army rank and titles to be conferred on Medical Officers, carrying with it *all* the advantages of so-called substantive rank, except command other than over their own men and hospitals, but with the prefix "Surgeon" before the military title. I have set out the present titles and the suggested titles in this table (*handing in the following table*):—

Present titles.	Surgeon under 12 years.	Surgeon-Major.
<i>Suggested Titles.</i>	<i>On appointment, Surgeon Lieutenant, after 3 years' Surgeon Captain.</i>	<i>After 12 years' service, Surgeon Major, after 20 years' service, Surgeon Lieutenant-Colonel.</i>

Present Titles.	Brigade Surgeon.	Deputy Surgeon-General.
Suggested Titles.	Surgeon Colonel.	This rank to be abolished, a certain number of Surgeon Colonels to be given the higher pay of Administrative Officers.
Present Titles.	Surgeon-General	
Suggested Titles.	Surgeon Major-General.	
Present Title.	Director-General.	
Suggested Title.	Surgeon Major-General, his appointment being "Commanding Royal Medical Corps."	

These titles are simple, would soon be generally understood, would cause no confusion, "Surgeon Captain Brown," or "Surgeon Colonel Smith" would show to the world that these Officers are Army Surgeons with Captain's and Colonel's rank, there would be no sailing under false colours; at the same time, it must be clearly laid down that the rank is *bona fide* Army rank with all its privileges; 2. The Medical Staff Corps should be amalgamated with the Medical Staff and designated the "Royal Medical Corps." We do not want to pose as pure soldiers, but as soldier surgeons or as surgeon soldiers. We belong to a double profession, we wish that to be thoroughly and clearly indicated.

1885. First of all, let us clearly understand the distinction between rank and title; you have rank at the present time?—According to the Army List we rank as so and so.

1886. And you draw allowances and everything else according to that ranking?—Yes.

1887. But it is with regard to the title that you think the condition of clearness is required?—Yes, not only the title, but the rank should be more clearly defined. Formerly there was substantive rank, honorary rank, brevet rank, and temporary rank; now nearly all these are swept away, and nothing has been given to the Medical Department in their place.

1888. How would you define rank?—I should call it Army rank, that rank carrying with it all the privileges of what is called substantive rank among combatant Officers, except command other than over our own men and hospitals.

1889. Then does it not come to this, that there is really very little difference between Army rank with limited command, and honorary rank?—Honorary rank takes with it a title.

1890. And what more than the mere title would your Army rank with limited command give?—It would carry privileges, it would give us in fact all the status and privileges that we had by Lord Herbert's Warrant of 1858.

1891. Will you state what that status and those privileges were?—Equality at mess, equality on Boards (and I must confess when on full pay service I have felt my inferiority of position with regard to Boards exceedingly), and I presume an equal share of honours and rewards after a campaign; Medical Officers at present feel that they are in a different position to other Officers in that respect. The deaths and wounds among Medical Officers are in a greater proportion than in any other branch of the Service, but, after a campaign, their rewards are meted out most sparingly. I would mention that of the last 6

Officers wounded in Burmah, two were Medical Officers.

1892. Under Lord Herbert's Warrant and previous to the Warrant of 1887, was a Medical Officer ever President of a mess?—He sat as President.

1892A. *Sir William Crossman*. Medical Officers sit now as Presidents at messes?—We do not belong to messes now except as honorary members.

1893. *The Chairman*. Since the Warrant of 1887, Medical Officers have ceased to be Members of Boards, except Medical Boards?—Yes, there may be possibly a Clothing Board at Aldershot that they are members of, but Medical Officers are no longer members of Boards generally.

1894. Medical Officers are not so frequently members of Boards as they were at one time; but is the Committee to understand, that in your opinion, Medical Officers would desire to be members of Boards?—Members of Boards and Presidents of Boards if Senior Officers.

1895. Would not that interfere with their other duties?—No, because at present they have to attend the Boards and give evidence.

1896. With regard to this double title which you propose, that is to say, the Army title in addition to the professional title, do you know that that proposal was submitted to a good many Medical Officers, and that comparatively few were of opinion that the change would be a good one?—Yes, I am aware that a large number of Medical Officers are against it; but I am equally aware that a very large number are in favour of it.

1897. You yourself would not be in favour of an Army title pure and simple?—Certainly not.

1898. Will you give your reasons?—First of all, speaking for myself, and for many brother Officers with whom I have spoken on the subject, we do not wish to sail under false colours; we are proud of being Army Surgeons, and we wish the world to know what we are.

1899. You think any indication to the world that you belonged to the Medical profession would be sunk altogether if you had simply Army titles?—Yes, if we had Army titles only.

1900. You would simply appear as ordinary Army Officers?—Yes, that would be most distasteful.

1901. And confusing?—Yes.

1902. Do you think there is a large proportion of Medical Officers who would object to simple Army titles?—I think there is, undoubtedly, especially those who have been in the Service any time and have had any experience.

1903. Have you yourself had practical experience on service of the inconvenience arising from the present want of Military titles?—No, not on active service.

1904. *Sir William Crossman*. You say you cannot speak from experience on active service as regards the difficulty?—No, only from hearsay.

1905. With regard to sitting on Boards—Lord Wolseley, who gave evidence before us, said, "The reason why the Medical Officer was not made a member of the Board was because many Medical Officers objected to it. All those things arose from the fact that many Medical Officers thought it was *infra dig.* if they had some relative rank superior to that of the Captain, Major, or Colonel, who might be sitting as President"?—That is quite true, because if the Board was an ordinary Board, and if the Medical Officer was the Senior Officer, he considered that he should be President. In the case of a Board on beer or beef, I cannot see any earthly reason why the Medical Officer should not be President of the Board if he happened to be the Senior Officer.

1906. Then he is asked—"Do you see any objection to reverting to the old practice," and he says, "None at all. But there comes in the question of command. It is a sentimental thing, but there is also a sentiment among the Medical Officers, and

they are punctilious upon questions of custom. At all messes, and wherever Officers meet on parade (because a mess is a parade, and a Board is a parade, and a Committee is a parade), you must have the Senior Combatant Officer in command there in the same way as if it was in the open field with 10,000 men; and it is a difficult thing to get over that if we allow the Medical Officer to sit as President, because the President must be the Commanding Officer?—Lord Wolseley brings in the question of sentiment that I referred to just now as a thing not very tangible, but which still exists; you may call a Board a parade, but practically it is merely a matter of military duty—it may be military, or military and medical.

1907. *Mr. Macnamara.* Do you think that the Medical Department might be defined as being a Department which is to provide men physically fit for any work they may be called on to perform, and when on active service to relieve the General of the sick and wounded as soon as possible, taking charge of them and doing all that possibly can be done to administer to their wants—do you think that a fair definition of the rôle of the Medical Department?—Yes, you may divide the duties of the Medical Department into two—their duties in peace and their duties in war. In war, it is our rôle or metier to relieve the fighting ranks of all impedimenta in the way of sick and wounded, and thereby to render the fighting body more efficient. In addition to that, in war we are responsible for the health of the fighting Army, our duty being to do all that we can to ward off disease, so as again to make it more useful and efficient. In peace, we have the medical care of the whole Army all over the world—and not only the men but the Officers, women, and children—the latter an important item of the duties of the Medical Department.

1908. If those are the functions of the Medical Service it must constitute a branch of the Army—in fact it is almost impossible for the Army to work without the help of physically strong and healthy men to relieve the General of the wounded on the field of battle?—The Medical Service must be an integral part of the Army; you cannot dissociate it from the Army.

1909. Then the question appears to come to this: Is there anything in the conditions of the Service or of the status of Medical Officers at the present time which in any way militates against their thoroughly and efficiently carrying out those very important functions?—Yes, I am afraid there is. I am afraid that discontent, and what we may call grievances, do in many cases prevent Officers performing their duties with that zest with which they would perform them if they were thoroughly contented. A discontented body can never be really efficient.

1910. From your knowledge of the Service do you think that if Medical Officers had experienced any real or imaginary personal discourtesy on the part of other Officers, they would come here and tell us their grievances?—No. I think they would hardly like to do that.

1911. Can you give us any tangible or definite reason for this discontent. We have had from various witnesses who have been called before us an account of the discontent or trouble that arises on active service. (Questions 543, 544, and 566 deal with that point.) Is there anything in the everyday life of Medical Officers which prevents them from being at ease and prevents them from carrying on their work in the way in which they ought to carry it on?—Perhaps I may be allowed to refer to the fact of my brother Officers being blackballed at military clubs. I regret to say that in the club to which I belong no Medical Officer has been elected for the last ten years.

1912. *The Chairman.* Would that be otherwise

if they had the rank which you propose?—I think it is extremely probable.

1913. *Mr. Macnamara.* The club to which you belong is not the only club where the same thing occurs. Can you give us any idea of the reasons assigned for the disinclination on the part of members of those clubs to elect Medical Officers?—There are many reasons assigned, but it is rather difficult to explain them before a Committee of this description.

1914. Is it anything connected with the *status* of Medical Officers?—Yes, I think so. There is a sort of feeling that doctors are not wanted in those clubs.

1915. Then with reference to Boards, do you think that discontent is caused by your not being members of Boards?—I think if we were members and presidents of Boards according to our rank it would give us a *status*. It would make the military Officers feel that we were more on an equality with them.

1916. Do you think it would be possible to convert the Medical Department into a civil medical corps, and at the same time effectually carry on the work of the Medical Department?—No, I think it would be absolutely impossible.

1917. Then you would agree with the 80 or 90 per cent. of Officers who have sent in written answers upon this subject, that, in their opinion, the Medical Department should be more highly militarised—made more a part of the Military Department?—Yes, it might be more highly militarised, only I would emphasise the necessity of placing the word "Surgeon" in front of all our titles, to prevent us, as I say, sailing under false colours. We should pose, not as soldiers only, but as Soldier Surgeons.

1918. Would you go to the extent of making it necessary that Medical Officers should have substantive rank?—Yes.

1919. That would be something different from the rank that they have now?—Yes.

1920. You do not think it would be absurd to designate Medical Officers by titles such as you propose?—I do not think it would be absurd to designate them by titles which I myself have proposed, naturally, but I think it would be an absurdity to designate them by pure military titles, that is to say, without any professional prefix.

1921. The adoption of such titles has not been found to be absurd in those countries where they have been adopted, viz., America, Italy, Switzerland, Holland, France, Egypt, and Turkey?—I am not conversant with their regulations.

1922. Do you think that this feeling of discontent would be relieved or removed if the department were converted into an Army Medical Corps, somewhat upon the lines of the newly constituted Army Service Corps, in which case the Medical Officers would take their part really and truly as a branch of the Army?—Yes; I think it would be greatly to our advantage to be made into a Corps, to be amalgamated with the Medical Staff Corps on the lines, as you say, of the Army Service Corps, or, as I would prefer, on the lines of the Royal Engineers.

1923. Do you see any other way of overcoming this difficulty except that? Is there any other scheme by which we could hope to remedy the present state of things?—There is no other, that I am aware of.

1924. Do you think that the present feeling that exists on the part of Medical Officers in the Service, militates against men of good position entering the Service?—I am sure that it does.

1925. Do you think that it tends to prevent graduates of the Universities becoming candidates?—The present state of things deters men of the highest class from becoming candidates. I can prove that by having had conversations with some of the leading men at the London schools, who say "the Army is not good enough for us; you are treated so

badly in the Army, your rank is taken away," and so on. Whether well founded or not, those feelings exist among the better class of students.

1926. We have had evidence that not more than 3 per cent. of the men at St. Bartholomew's Hospital enter the Army Medical Department at the present time?—There seems to be an indisposition on the part of medical students of a high class to become candidates.

1927. Would you abolish the examination for promotion to the rank of Surgeon-Major?—I would abolish the examination on promotion to what is called Brigade-Surgeon, certainly, and I will give my reasons. First of all, I think, that it is, I may say, derogatory to a man of 25 years' service and of very nearly 50 years of age, to put him through an examination. When he has arrived at that age, and when he occupies that position in the Service, he ought to be sufficiently well up in his work, otherwise he is not fit to hold the position he does. Secondly, we should follow the course followed in the Army, and as now no Officer over the rank of Captain is examined, I think we should follow suit in that respect.

1928. Do you think it would conduce in any way to the welfare of the Medical Department if young Officers were attached to regiments for periods of from 3 to 5 years?—No, I do not. It might tend to the comfort of the individual Officers as regards mess and so on, but I do not think otherwise it would be an advantage to them, or to the Army generally, and I can give you my reasons for saying that. At the Staff College I discussed this question the other day, with two or three military men of experience. I pointed out that if you attached young officers from Netley, you would not satisfy the Officers of the regiments, because an Officer with pneumonia, or whose wife had got typhoid fever, would not care to confide such cases to a young and inexperienced Officer. They all said quite true. Then if you attached Surgeon-Majors, who would be men of a higher grade, it would be putting the State to enormous expense, and if you tried to employ them at station hospitals as well, you would find that your plan would not answer. If you have a station hospital here, and three regiments here, say, a Rifle Brigade, a regiment of Dragoons, and a regiment of Infantry (*pointing to different parts of the table*), and you expect the doctor to be doing morning duties there with prisoners, and so on, and then to come up here to do the ordinary work, the result must be that the hospital will be neglected. It is necessary, of course, that a large Military Hospital should be conducted with regularity and punctuality, and you would find that the Medical Officer of this regiment had been sent for by the Colonel to see someone who was sick—that this Medical Officer had been sent for to see a man thrown from his horse, and the other man had been sent for to see a child in convulsions. The consequence would be that the visits to the sick in the hospital would be delayed and their diets could not be drawn; there would often be friction. I am sure it would not work. Attaching one Medical Officer would be a half measure, and no half measure ever answers. It would be preferable, in my opinion, to go back to the old regimental system.

1929. *Lieutenant-Colonel Cotton.* With regard to Medical Officers serving on Boards—how would you treat them with regard to Courts-Martial?—I do not think Medical Officers should sit on Courts-Martial, either as members or as President, except on Courts-Martial on their own men. By their own men I mean men of the Medical Staff Corps.

1930. *Mr. Bartley.* In your scheme you contemplate the Surgeon rising from the rank of Lieutenant to the rank of Captain in three years?—At present he joins with the rank of Captain which, I think, is a mistake.

1931. Would you let him go up in rank by time?—Time and selection.

1932. Not entirely by time?—No, but chiefly. It should be seniority, tempered by selection in the higher grades.

1933. You said you would prefer that the Medical Department should be assimilated to the Royal Engineers?—Yes.

1934. They rise entirely by time, do they not?—With one or two exceptions.

1935. Practically they would go up by time?—Yes.

1936. Then as regards pay and allowances, are they now more or less in the Medical Department than Officers of the same rank in the Army get?—The services differ as regards pay. The pay of Officers of the Medical Department is as good, if not better, than that of Officers of the line, though I do not think it is quite so good as that of Officers of the Royal Engineers.

1937. Would you wish to have the pay the same as that of ordinary Officers?—I think the pay might remain as it is. There has been no dissatisfaction as regards pay.

1938. You would like the pay of Medical Officers to remain higher than the pay of Officers in the combatant Service?—No, the pay differs in the combatant Service. The pay of the Engineers is very much better than the pay of the Linesmen. Medical Officers join much older than other Officers, the average being 25 years of age.

1939. The pay of the doctors is better than the pay of the Engineers, is it not?—Not in all grades.

1940. As regards length of service abroad and the rules for retiring, would you wish those to be exactly the same as in the case of other Officers?—I think that our rules with regard to foreign service might remain as they were before the last regulation which extended it.

1941. Is not it the fact that they are better for you than the other rules?—No, I think not.

1942. Is it not the fact that your retiring arrangements are very much to your advantage?—As regards foreign service, I think the rule is harder on the Medical Department than on other branches of the Service. Of course, it varies considerably.

1943. As regards the period of retirement, would you make it the same as that for ordinary Officers?—I should keep our retirement as it is, whatever may be the period for retirement of other Officers.

1944. If this change which you suggest were carried out, would not you recommend that all the arrangements with respect to retirement and foreign service should be exactly the same as those which apply to ordinary Officers of corresponding rank?—No; I think we ought to keep our own retirement. In the case of ordinary Officers it varies very much.

1945. You want to keep your own retirement and the other advantages, and to have this change as well?—Yes. There is this point about our retirement: our mortality and sickness is much greater than in other branches of the Service.

1946. Of course, you are aware that the cost of the non-effective Service is also very large in proportion—very much larger than that of the ordinary Army?—I was not aware of that; I know it is very high.

1947. *Dr. Graham Balfour.* Is it not the case that a Medical Officer coming home in bad health is only allowed six months' sick leave before he is placed on half-pay, while an Officer of the other branches of the Service is allowed 12 months'?—Yes; but I believe in very exceptional cases a Medical Officer is allowed an extension.

1948. But only in exceptional cases?—Yes.

1949. *The Chairman.* Have you any further statement to make to the Committee?—There are one or two more grievances which I have not mentioned. Medical Officers dislike being called

non-combatants, which excludes their sons from getting honorary Cadetships at Woolwich or Sandhurst. That is a small point, but still it is a grievance that is felt. Then, again, Medical Officers complain that in India their rank on joining is not recognised financially, so that their pay is not what it ought to be when they serve in India, and that I know is a very great grievance among a large class of Medical Officers. Then, again, they are to a certain extent discontented, because they feel that there is no continuity or finality in warrants. A warrant is issued, possibly the result of some agitation at the medical schools, and privileges are granted. In a few months afterwards a General Order or an Army Circular comes out undermining that warrant. That has occurred in my own knowledge several times. Then there is the extension of foreign service from five years to six, and from three to four in the West Indies. Medical Officers feel these things acutely. Then I may have laid great stress on this Army rank, but yesterday I came across the following passage in a despatch of Lord Dalhousie, the eminent statesmen and Governor-General of India, which, if you will allow me, I will read: "The most galling and the most unmeaning regulations exist by which a sense of inferiority is imposed upon Medical Officers by the refusal to them of *substantive* rank. The Surgeon and Assistant Surgeon rank *with* Captain and Lieutenant, but the rank is only nominal. When Medical Officers and others are brought together on public duty the oldest Surgeon must range himself below the youngest Ensign. It is impossible to conceive how such a system as this can have been maintained so long, a system which gives a subaltern, hardly free from drill, precedence over his elder, a member of a learned profession, a man of ability, skill, and experience. A system, in fine, which thrusts down grey-headed veterans below beardless boys."

1950. I understand that in asking for military titles you expressly exclude command?—Other than over our own men.

1951. That, of course, is a very important limitation?—Yes; we think if we had *bonâ fide* Army rank it would carry with it all those privileges, such as Presidency at Boards, and it would carry with it equal distribution of honours and all that kind of thing.

1952. As a matter of fact you do propose to give command with the title in a sort of way, because Presidency at Boards, for instance, is a question of command, and even Presidency at mess?—Yes.

1953. When you say you do not propose to give command, you do in a certain sense propose to give command?—That is a difficult point, but I would certainly insist that our command should be limited.

1954. Then again you propose that at a Court-Martial on one of the Medical Staff Corps, if a Surgeon is on the Court-Martial he should be President if he is the Senior Officer?—Yes.

1955. Is not that a question of command?—Not other than with regard to his own men, because the members of that Regimental Court-Martial (and I

am supposing that it would be a Regimental Court-Martial) would be Medical Officers.

1956. Would you propose that all the Officers of that Court-Martial should be Medical Officers?—Yes, if available. If not available you would detail some other Officers.

1957. What is the course now followed when a man of the Medical Staff Corps is court-martialled?—At present he is tried by Military Officers, not by Medical Officers only.

1958. Are there Medical Officers on the Court-Martial?—No, not as a rule.

1959. I want to get from you an exact explanation of what you mean by command. I want to know what the military title is to convey—what definite advantage it is to give to the Medical Officer from a Service point of view which his present rank, if you may so call it, does not carry with it now?—It would be an advantage to show to the world that he is a Medical Officer of the Army. A Surgeon with the rank of Captain or Major as the case may be.

1960. That is giving information to the world, but from a Service point of view what advantage would there be?—If I went up to an Officer and said I was Surgeon Colonel Clarke, he would know that I held the rank of Colonel in the Army; if I went up to him and said I was Brigade Surgeon Clarke, he would puzzle his brains to know what on earth I was.

1961. *Sir Wm. Crossman.* The Quartermaster-General of the Army, Sir Redvers Buller, who was examined the other day, stated distinctly that though a Medical Officer was not entitled to be President of the Board, the General Officer could make him so if he pleased, and that he does so very often?—I presume the General Officer has the power, but in my 27 years' service I never heard of it being exercised.

1962. He was also asked "if there were other Officers, combatant Officers, on the Board, would you detail a Medical Officer as President of the Board?" and his answer was "Yes."—All I can say is, it is not customary.

1963. *Mr. Macnamara.* Suppose you had the title of "Doctor So-and-So," but with Major or Colonel of the Medical Staff Corps superadded, would not that answer the same purpose? We know that there are a considerable number of medical men who are doctors, that is to say, men who have a degree given by the Universities of Cambridge, or Oxford, or London, and there are others who are only surgeons. Why should not a man be called "Doctor A or B," or "Surgeon A or B"?—Because when we enter the Army we all become Army Surgeons. I am a physician as well as a surgeon, but I accept the commission of the Queen as an Army Surgeon, and I do not think you can mix up the two positions.

1964. You are, in fact, a surgeon before you enter the Army Medical Department, you are made a surgeon by the College of Surgeons, who give you their diploma?—Quite true.

(The evidence given with regard to the Navy is omitted, and may be consulted on reference to the original Report.)

Friday, May 24th, 1889.

NINTH DAY.

Present—

THE RIGHT HON. THE EARL OF CAMPERDOWN *in the Chair*.
 MAJOR-GENERAL SIR WILLIAM CROSSMAN, K.C.M.G., M.P.
 REAR-ADMIRAL C. F. HOTHAM, C.B., R.N.
 SURGEON-GENERAL T. GRAHAM BALFOUR, M.D., F.R.S., F.R.C.P., Q.H.P.
 LIEUT.-COLONEL E. T. D. COTTON, M.P.
 G. C. T. BARTLEY, Esq., M.P.
 M. C. MACNAMARA, Esq., F.R.C.S.

R. H. HOBART, Esq., C.B., *Secretary*.

SURGEON-GENERAL WILLIAM ALEXANDER MACKINNON,
 C.B., *examined*.

2171. *The Chairman*. You have just joined the War Office as Director-General of the Army Medical Department?—I have just joined, about three weeks ago.

2172. Where did you serve last?—I was last, Principal Medical Officer at Gibraltar.

2173. Would you kindly give us your foreign service since you entered the Army, at least the latter part of it?—I joined as an Assistant Surgeon in 1853, and went to Corfu; I was there a year, and then I was ordered to Scutari to join the Army going to the Crimea. I joined the 42nd Regiment at Scutari, and remained with it all throughout the Crimean War. Then I returned to England, where I served for about a year or 18 months, I forget which, at home, and I went to India during the Mutiny, where I served on the Head Quarter Staff of the then Commander-in-Chief, Lord Clyde. I returned home in 1860, and served at Chatham for two years; from thence I went on to New Zealand, where I served for four years and a half throughout the Maori War; from New Zealand I joined at Netley, where I remained for seven years as Assistant Professor of Military Surgery; in 1874 I went out to the Ashantee War, and went through to Coomassie, and after the war I returned to England. I was then on duty at Aldershot for four years, part of the time as Principal Medical Officer there. In 1879 I was sent to China as Principal Medical Officer for China and the Straits Settlements; I served there for a year and was sent to Malta on promotion as Principal Medical Officer there, where I remained for nearly two years, I then came back to the War Office and was Surgeon-General at the War Office, under Sir Thomas Crawford, for five years; then I went, about 16 months ago, to Gibraltar, and remained there until my return about three weeks ago. I was Principal Medical Officer at Colchester too at one time.

2174. You have had experience as Principal Medical Officer of the regimental system during your service?—Yes.

2175. And, comparing your service when you were attached to a regiment with the present system, do you consider that the more frequent changes which occur under the present system are, in any way, more detrimental to the service from a medical point of

view?—I think not now. When the present system was first started there is no doubt there were great complaints with regard to the constant changes; but in the old regimental days the average length of service of a man with a regiment, was not over from three to four years.

2176. Do you think that any change in the direction of the regimental system would not be possible?—I am afraid it would not be possible without additional expense; but at the same time, I should like to see it done.

2177. Nor desirable?—There is no doubt that there is a great deal to be said on both sides; but I am afraid it would not be a popular change among the majority of the Medical Officers themselves now.

2178. Do you think that the change of system has had anything to do with the complaints which have occurred among Medical Officers on account of their rank and their position?—Yes, I should say it had indirectly.

2179. Why?—They have lost touch with the Service a good deal, and I do not think they are so comfortable, or have such pleasant positions as they had under the old regimental system; but even in those days there were certain complaints.

2180. Formerly they were part of the regiment, and therefore were necessarily associated with the regiment, and everything that went on in it?—Quite so.

2181. That is not the case now, to the same extent?—No, not at all.

2182. Of course the changes which have occurred were partly made to suit the convenience of Medical Officers, such for instance, as not being necessarily a member of the mess?—Quite so, partly.

2183. Have not the profession approved of that part, at all events, of the changes?—I imagine so. The Medical Officers have increased allowances now, of course, more allowances and pay than they had under the old regimental system.

2184. They receive more pay of course; but that has nothing to do with the system under which they serve, has it?—No, it has not.

2185. Have you ever heard of any complaints among the Medical Officers owing to the fact that they are not part of the regiment now, not attached to a regiment?—A few, not very many. Some of the younger officers have made great complaints that they have no position, and that they have not the

comfortable quarters they used to have in the old days.

2186. *Lieutenant-Colonel Cotton.* The unmarried ones you mean?—Yes.

2187. *The Chairman.* Does it frequently happen that a young unmarried Medical Officer is not asked to be a member of the mess of the regiment with which he is serving?—I should think seldom or never. I know that at Malta and Gibraltar every Medical Officer was asked to be an honorary member of the mess.

2188. Or had opportunity I suppose?—Yes, they were all asked to be members.

2189. Do you think that that applies to Medical Officers serving in England?—No, I do not think it does, so far as my knowledge goes; certainly not at Aldershot; very few of them were asked to be honorary members of the mess at the time I was there—I speak of 1878 or 1879. But I know that abroad they were invariably honorary members of all the messes.

2190. But without joining, does not it always happen that the Medical Officer is asked to be a member of the Mess?—It used not to be at Aldershot in my time. In fact I myself, although I was Principal Medical Officer, was never made an honorary member of any mess at Aldershot.

2191. Were you not invited to be an honorary member of the mess?—No, in fact the officers of the regiment located near my quarters told me that they never made honorary members.

2192. *Mr. Bartley.* Was there no medical mess?—No, there was no medical mess then.

2193. *Lieutenant-Colonel Cotton.* When you spoke of Malta and Gibraltar, those are rather distinct garrison towns with large garrisons in both places; but what I think the Committee ought to know is, whether you know of a case where any single regiment has refused to make, or has not asked a Medical Officer to be, an honorary member of the mess?—I do not, of those garrisons when I was there.

2194. I thought you quoted one just now?—It was quoted at Aldershot. I can tell you of an instance that happened to myself. A regiment was quartered in front of my hut at Aldershot, and one of the officers called on me one day (I had left cards on the mess) and told me that the colonel wished to explain why I had never been made an honorary member of the mess. I said that it did not matter to me whether they made me so or not.

2195. *The Chairman.* You are not aware what happens at home at the present time?—No, I am not directly aware. They have a mess of their own now at Aldershot.

2196. Was your last war service in the Ashantee war?—Yes.

2197. Then you have had no war service under the present system?—The present system was carried out there as near as possible. It was just beginning then to be tried in the field.

2198. Did you find any inconvenience from the fact that you had not command and a military title?—Not the least. Personally, I never found that throughout my service, except on one occasion.

2199. Do you think that at the present time, if there were to be a campaign, the Medical Officers would find themselves in any difficulty owing to the fact that they have no Army titles and no Army command?—I cannot conscientiously say of my own experience that they would. If they did, it would be partly their own fault, and would not represent any difficulty which the military authorities, if they tried, would not I should think, very soon remove.

2200. What would be the proper course for a Medical Officer to take in a campaign, who was refused something he required?—If he was a junior, he would apply to his principal Medical Officer, who would represent the thing to the Chief of the Staff, or it would necessarily go to the Commander-in-Chief, whoever he might be.

2201. Do you think that that system is as good a system as can be devised?—If they had defined military rank, perhaps the process could be a shorter one, instead of going through so many channels; in fact, the difficulty might not arise perhaps under those circumstances.

2202. But supposing a Medical Officer to have military rank, how would he proceed in case of his having some want?—He would proceed much in the same way, but if he had defined military rank he might not find circumlocution necessary, and might have his orders carried out direct.

2203. But what sort of case are you now alluding to?—A case of any difficulty with the rank and file, or non-commissioned officers, or any of his own subordinates.

2204. He has command over his own subordinates at the present time, has he not?—Yes, to a certain extent.

2205. Then the conferring of military rank would give him no more command, as far as they were concerned?—No, it would not; but I think perhaps his command might be more respected and carry more weight.

2206. Then with regard to non-commissioned officers, or the rank and file, at the present time they are bound to obey his orders, are they not, while they are attached to him, if they have no officer of their own with them?—Yes, they are.

2207. Do you know of cases having arisen in actual practice where Medical Officers have been inconvenienced and their service prejudiced, by the fact that they have not military titles and rank?—I cannot bring any individual case to my recollection at this moment. I have heard rumours of such, but I cannot quote any definite case.

2208. We have been told that during the Egyptian Campaign considerable difficulties were experienced, did you hear of any. You say you were at the War Office?—Yes, I heard rumours of it. There are a very great number of a rowdy class of men who joined the Medical Staff Corps at that time who were very difficult to deal with; and I do not know whether, if the Medical Officers had had direct military rank, their orders to these men would not have derived more power and influence.

2209. But Medical Officers have power, have they not, to deal with any men in the Medical Staff Corps?—Yes.

2210. They have absolute power, have they not, to deal with any men in the Corps?—I think so, within the ordinary limits of a commanding officer's power.

2211. Then how could the conferring of military rank increase that power?—I think the men might have more respect for them. I will mention a case which happened at Aldershot when the Army Reserve was called out in 1875; there were 1100 men of the Militia who joined the Medical Staff Corps there from different Militia regiments, and formed a Reserve Medical Staff Corps. My Surgeon-Major came to me one day—I was in command of the whole party—and said, "you will have to be very careful what you are about with these men." I said, "why?" He said "I was just walking round and heard them say, we do not care a damn what we do, we are only commanded by doctors." Some of them commenced to be insubordinate to the Non-Commissioned Officers, and the first orderly room I had I punished these men very severely—as severely as the law allowed me, and the whole thing stopped. But that was the general idea, that they were only commanded by doctors and could do as they liked.

2212. But still you had the power to punish them, you did punish them, and the whole thing stopped?—Yes.

2213. *Mr. Bartley.* Would they not have said the same if you had been doctors with other titles?—I do not know; I doubt it.

2214. *The Chairman.* Are we to understand that it is only in regard to such cases that the conferring of military titles would improve the position of

Medical Officers, by giving them more power only in cases of insubordination?—Principally; but I wish you to understand that I am personally utterly opposed to those purely military titles. I think that the purely military title cannot be defended on its own merits for a strictly professional corps; but I have a difficulty in seeing how the grant of some military title can be resisted.

2215. If you think it cannot be defended on its own merits, why should there be a difficulty in resisting it?—Because there is a general outcry among the majority of the officers of the department for it, and because the grant of rank to other departments is considered by them to strengthen their case. I should not approve of any severance of the military and the professional, whatever title may be given.

2216. You would not approve of Army titles pure and simple; would you approve of a title which combined a reference to the profession with an Army title also?—If there is to be any change at all, that is the direction in which I should certainly wish to see it carried out.

2217. You have referred to the strong feeling which prevails among the younger officers in the service; do you think that that kind of title of which I have just spoken would satisfy them?—It would satisfy a good many of them—I do not think all; it is very difficult to satisfy them all.

2218. With regard to the question of rank, are you of opinion that the Medical Officer stands now in a different position from that which he occupied before the Warrant of 1887?—How do you mean, may I ask?

2219. With regard to the question of rank, as distinct from the question of title?—I think that ever since Lord Herbert's Warrant was interfered with there has been considerable feeling that there is a difference.

2220. Then that feeling dates from a period long before 1887?—Yes.

2221. And this complaint was not occasioned by the Warrant of 1887?—I do not think so altogether. Even as far back as 1862 there was a vague idea among high military officers of the rank of Medical Officers. I will give you a case in point. When I was in New Zealand in 1862, I was ordered to a certain duty; in the Standing Orders of the Regiment it was laid down that this duty was not to be performed by any of the Field Officers. I was put in Orders for this duty, and went to the orderly-room and pointed out to the Commanding Officer that it was against his own Standing Order, and I said: "By Lord Herbert's Warrant I have the relative rank of Field Officer, and am, therefore, exempt from this duty." He said: "You do not suppose you have the rank of Major? I do not consider that you have any rank at all." I said, "Very good, Sir, whatever you order me to do I shall obey; but I must write through you to the General Officer Commanding to decide whether I have any rank or not." He said, "Very good; send in your complaint"; but he said, "I do not consider that Lord Herbert's Warrant is a General Order." I said "Surely you consider a Royal Warrant signed by the Secretary of State in the name of the Queen is a General Order." But a few hours afterwards the Adjutant came and said that the Colonel wished me not to write that letter, and that he had withdrawn the order.

2222. In other words that shows that he found out that he was wrong, and that you had a rank?—Quite so. He was a very great friend of my own, too; we were on the best of terms—there was no disagreement of any kind. But that shows the indefinite idea he had of our rank.

2223. With regard to the question of pay of Medical Officers, do you hear any complaints at the present time?—None at all.

2224. Do you think that it would be possible to reduce those rates of pay?—I am afraid not; I

think it would be a most dangerous thing to attempt that.

2225. Were you at the War Office when those rates were fixed in 1878?—I was not.

2226. With regard to the question of retirement, the officers at the present time have the right to retire after 20 years service. A Medical Officer generally joins the Service at about 24 or 25 years of ages does he not?—Yes.

2227. So that that would give him the right to retire at about 45 years of age?—Yes, at about that, if granted retirement.

2228. That retirement has been found very expensive to the country; do you think that it is a retirement which officers are likely to avail themselves of much in the future, or do you think it more probable that the Medical Officer would serve on as long as he can?—Many take advantage of the retirement now; but I must say I am personally inclined to think it is rather too soon in the majority of cases for a man to retire after 20 years' service. On the other hand, if the retirement clauses of the Warrant of 1879 are interfered with, I am afraid there would be an adverse feeling very difficult to meet.

2229. You are speaking, of course, now, of Officers at the present time in the Service?—Yes.

2230. But apart from those Officers who are at present in the Service, and speaking as if we were creating a new Service, do you think that that power to retire at 20 years is too large a power to give to a Medical Officer?—I think myself it is; I doubt the wisdom of encouraging a man to retire too early, and I feel sure that some of the best men would leave, as they do now, under the 20 years' rule.

2231. Would you give an Officer any power to retire at any given age, as distinct from the age at which he must necessarily retire?—Do you mean with regard to the ages of the present Officers?

2232. No, I mean this: would you give to an Officer the option of retiring of his own free will at any particular age?—No, I do not think that would be advisable. I think the authorities ought to fix the age, and the time, and the number of years he is to serve.

2233. I do not know whether you quite apprehend my question, which is this: do you think that the authorities ought to fix any optional age of retirement, that is to say, at which an Officer shall have within his discretion the right to retire, as distinct from the age at which he must be retired?—In the case of the creation of a new Service I would propose to postpone the present limit of 20 years to 25 years for voluntary retirements—this rule to be of course only prospective in its application.

2234. It has been proposed to us that although the system of the short service of ten years has not succeeded, possibly a medical man might be willing to join the Service for a short period, say of five years, receiving a bonus on leaving, do you think that a system of that kind would work well?—I am afraid not. I do not think the men would take an interest in the Service or the work, if they were to go at five years and have done with it.

2235. I do not mean by that that they must necessarily go at five years, but that they should have the option of going after five years' service with a bonus?—I could not recommend it.

2236. Why not?—I do not think the men would have any binding interest in the Service at all under such a system. It might be tried, but I should doubt its succeeding. Of course if there is a dearth of candidates, or a great emergency, you might be obliged almost to adopt that system.

2237. Do you know why the system of ten years' service has not succeeded?—I really cannot remember now, I was not at the War Office at the time, I was abroad when the whole thing was found not to work, and I am not quite sure of the grounds.

2238. You have no experience of it in fact?—No.

2239. At the present time you are employing actively many retired officers, are you not, in home appointments?—A great number; I think there are 89 half-pay appointments.

2240. Is it contemplated to extend that system any further?—I think not at present.

2241. Have any complaints been made to the Medical Department, because of that system, by Medical Officers, so far as you know?—It is felt to be a very great grievance by the officers on the Active List, inasmuch as, with so many half-pay posts, it has the effect of prolonging foreign service.

2242. I will now ask you one or two questions with regard to the examinations of Medical Officers; first of all with regard to the entry examination. At the present time it is necessary that every candidate should possess two diplomas, do you think that it is necessary that that should be continued?—I think so, and that one of those diplomas should be invariably that of one of the Royal Colleges of Surgeons of England, Ireland or Scotland.

2243. Why do you consider that necessary?—I think it is a more respected qualification, and probably it stands higher than an ordinary double qualification from any of the other schools.

2244. You are aware that any person who possesses a Medical diploma at all, must have passed a complete examination in Medicine, Surgery and Midwifery, which is satisfactory to the General Medical Council?—Yes.

2245. Do you not think that that is a sufficient test of knowledge to enable him to be allowed to enter as a candidate for the Army?—It ought to be, certainly. Is your Lordship at all referring to the Apothecaries' Company.

2246. I refer to any Medical diploma?—I do not think that their license stands quite so high, or does pass muster with the General Medical Council. I do not think it has so high a reputation as the having a surgeon's diploma from the Royal College or the Medical diploma from any other body. They are never looked upon as being a very great examining body in surgery.

2247. But the surgery examination of the Apothecaries' Society is conducted by the General Medical Council itself entirely, and not by the Apothecaries at all. Are you aware of that?—No; I was not aware of that.

2248. Does that alter your opinion in any way?—It modifies it, certainly; but I must say that I should be sorry to see any man enter the service who had not a diploma from the Royal College of Surgeons. It may be, perhaps, prejudice on my part.

2249. I do not quite gather for what reason?—He has a much higher standing in the profession, which is a very important reason.

2250. Why should a surgeon who has received the diploma of the Royal College of Surgeons necessarily have greater surgical knowledge than a person who has passed an examination conducted by the General Medical Council?—It is not so much a question of knowledge as of prestige.

2251. Then really it is the name which you are looking to more than to the knowledge?—There is a good deal in the name, no doubt; but I have always been under the impression that the diploma of the Apothecaries' Hall never stood so high as any of the others—at least, that has been my idea. I may be wrong.

2252. Were you aware that the whole system of examination and conferring diplomas at the Apothecaries' Hall has been altered in consequence of a statute passed two years ago?—I was not aware of that.

2253. Then your remarks apply to the previous state of things under which the Apothecaries' licence was given?—Quite so. If the General Medical Council think that the examination is sufficient, of course that ought of itself be quite sufficient.

2254. The General Medical Council actually conduct, at the present time, the surgical examination themselves by their own examiners, and also inspect,

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through their own inspectors, the medical examination of the Apothecaries' Hall?—My objection, I suspect, is chiefly a sentimental one.

2255. Then with regard to the later examinations for the Medical Officers, have you any remark to make with regard to the examination for Brigade Surgeon?—I think that, as now regulated, the examination for Brigade Surgeon is untenable. The substitution of a Fellowship degree, which is purely a civil professional examination, has broken in upon the principle, and involves certain grievances which I have noted down. Firstly, so long as every surgeon-major, wherever he might be stationed, was required to pass a Service examination in order to qualify for promotion, the principle, though it might be inexpedient, was not unjust. Secondly, directly however a Fellowship was accepted in lieu of this examination, a great injustice became inevitable. If a surgeon-major in India or the Colonies fails now to pass the Service examination, he can be superseded by a junior at home, who, though he also may fail to pass, yet qualifies for promotion by obtaining a Fellowship, which the officer abroad can, of course, not get. Thirdly, when the officer thus superseded comes home, he also may obtain the Fellowship and qualify, but he loses seniority, not through any fault of his own, but through a defect in the regulations. Fourthly, it seems to follow that directly a Fellowship was accepted in lieu of a Service examination, the examination itself should have been done away with, for a distinct principle was subverted. It was in fact announced to the world that a Service examination, which has no connection with a Fellowship examination, was no longer necessary, and not being necessary its *raison d'être* was gone. I had better perhaps explain what I mean by this, namely, that the examination of Brigade Surgeon was supposed to test his qualification for lending aid and performing administrative functions to an Army in the field. This Fellowship examination does not give that test in any way whatever, so that it is perfectly useless as a substitute for a Service examination.

2256. It is simply for professional knowledge?—Yes. What I would like to propose would be this, that Surgeons should always be examined before being promoted to Surgeon-Major, not only on strictly professional matters, but on the regulations regarding the organization, equipment, and administration of military hospitals in peace and war—in such a way as would sufficiently bring out an officer's knowledge on these points. The Surgeon-Major examination should of course continue, but you could add on to the professional examination, which it is now, certain questions with regard to field service in order to bring out the officer's knowledge on those points also.

2257. And you would have no later examination than that?—I think not. I think that after 20 years service a man's examination ought to cease.

2258. Do you consider that the system of sending young Medical Officers to Netley, before they enter upon active service, is the best system?—I really think so. I have great experience of Netley. I was seven years a teacher there, and I know the great value of the instruction there given.

2259. What is the special instruction which is given at Netley which cannot be obtained elsewhere?—Particularly the training in military surgery, the course of hygiene and the laboratory work, which I do not think you can get so complete in any other school. And then, of course, a good deal is learnt about the administration at hospitals, and everything connected with the working of Service hospitals.

2260. A young officer remains there about four months?—Yes.

2261. And you consider that that is of extreme importance for his subsequent use in the Army?—Yes, I do, I consider it of very great importance in the interests of the Service.

2262. Lieutenant-Colonel Cotton. He gets into the

military system I suppose through working these things?—Yes, quite so.

2263. To refer to your answer about retirement, I do not know that it was quite made clear that if these new proposals should not in any way be retrospective, you consider that the system of voluntary retirement, after 25 years service, would make any difference in the number of candidates for admission?—I do not think it would, but I may be mistaken.

2264. If they clearly understood the conditions upon which they would enter, you think that the flow of candidates would be steady enough?—I fancy so. I do not think that five years one way or the other would make any serious difference in that respect.

2265. Under those circumstances you would still adhere to what you said about disapproval of the five years and the bonus?—Yes, I oppose that altogether.

2266. *Mr. Bartley.* Is it not the fact that Medical Officers now are rather attracted by the idea of retiring at 20 years with a view of starting in another sphere of life?—A good many of them are.

2267. Would not, therefore, making it 25 years prevent that?—I do not think it would much.

2268. Do not you think that if it were made into 30 years it would be just the same as 25 years?—No; that would make a great difference.

2269. Why?—It would be five years on to a man's age before he could enter upon a private practice, if he wished it.

2270. Would it not be impossible for him to go into private practice at 50 years of age?—No, I do not think so; many of them would not go; a good many are broken down by that time in health from foreign service.

2271. You have had 36 years service I see?—I am in my 37th year now.

2272. And you think that if 25 years were exceeded the men would not join?—I think if you exceeded 25 years they would not; I think it would make a great difference.

2273. *Mr. Macnamara.* If I understand you rightly, you would object to officers of the Medical Staff being granted substantive rank?—I am not personally in favour at all of rank that would sever the professional title from the military title.

2274. Then do you think that the rank which they hold at the present time is satisfactory in every way, that their status in the Army is now one which is satisfactory?—I cannot say that it is quite. There is no doubt that the only rank you can have in the Army is Army rank. Of course we have departmental rank.

2275. Then would you alter that in any way. You are probably aware that of 922 Officers nearly 90 per cent. have given their opinion that the present condition is very unsatisfactory?—Yes. I am aware of that. I do not think it would do any harm to give them a military title; I do not see how it could if the authorities thought fit to do so.

2276. Is there any other rank known to soldiers which bears any authority except that of military rank?—Of course there is not. The only rank in the Army is military rank, undoubtedly.

2277. What I mean is this: that every soldier in the Army looks upon his commanding officer as being either a general, colonel, or captain?—Yes.

2278. He does not recognise, or he does not in the least understand, such a title as Brigade-Surgeon or Deputy Surgeon-General as giving any command; his knowledge of command is connected with certain definite titles?—You have now Surgeon-General and Surgeon-Major; why not call them Surgeon-Captain, Surgeon-Colonel, and Surgeon-Lieutenant-Colonel.

2279. That is a proposition which has been very definitely put forward here, and was supported by Sir Thomas Crawford and others; but that makes a very considerable change in the position of things altogether. You yourself do not think that it is desirable, as I understand you, to make any change at all; you would have things as they are?—No.

2280. Then I will put it in another way. Do you know of any reason why this desire on the part of the Medical Officers should not be gratified—that they should not be allowed to have titles which convey to a soldier the real meaning?—No, I do not see any reason particularly against that.

2281. It has been stated here by several military authorities that to do so would be injurious to the Medical Service, that they think it would make the Medical Officers ridiculous, but probably the answer to that is that in many other Armies this title has been given, and has not made the Medical Officers ridiculous; is that the case or not?—I have no doubt that the thing would be very much laughed at at first; but it would be only for a matter of a few months and the thing would be over. I have no doubt they would be very much laughed at at first. But I have an idea, really, that the better soldier you make the doctor the better Military Doctor he will make. I would say give him a military spirit, but do not let him fancy that he is going to command everybody except his own people.

2282. That, I fancy, no Military Doctor has the slightest idea of doing. His contention is, that he has to command, and that, having to command, he must have a title which is common to all officers who command in the Army?—I must say that I should not like to see the professional denomination left out of whatever title is given.

2283. Do you think it would be an advantage to the Army Medical Staff if it were amalgamated or made into one corps with the Army Medical Corps?—Yes, I think that would be an advantage.

2284. It would bring them more together?—Yes, it would give them greater *esprit de corps*, and, I think, altogether for the Service it would be a good thing; I have no doubt some day it will come.

2285. Do you think it would be possible to sever the Medical Officers in the Army altogether from military work, and to convert the Service into a purely civil department?—I think the idea is perfectly absurd.

2286. You believe it would be impossible to carry out the work of the service on those lines?—Perfectly.

2287. It has been stated by one of the witnesses before this Committee that the number of Medical Officers in the Army is in excess, that it bears a proportion of 4 per thousand men; whereas I believe in civil life the proportion is about one medical man to 1,500 of the population. Would you think therefore that the proportion in the Army is excessive?—Not under the present conditions of service?—If you could have all the troops amalgamated in great camps like Aldershot and great garrison towns, no doubt a smaller number would do, but with so many garrison towns and camps, I do not see how you could do with less. I do not think it is quite four per thousand, but it is very near it.

2288. Then you do not consider that for the advantage of the soldier, who after all is the man we have to consider, the Medical Department could be reduced under its present establishment?—I think not.

2289. With reference to retirement after 20 years' service, if retirement were postponed to 25 years, would it not alter the date of promotion to the upper ranks, the administrative ranks; if a man is 50 years of age, that would give him 10 years only for the administrative ranks; you must put on the retirement of the administrative ranks from 60 to 65?—I am afraid you could not well do that; you would stop promotion.

2290. That is the point; it would stop promotion, would it not, to a very large extent throughout the Service?—Yes, if you increased the age.

2291. *The Chairman.* Of course it would if you did, but it does not necessarily follow that you would do so?—Of course not.

2292. *Mr. Macnamara.* I will put it in this way, if you increase the age for retirement from 20 to 25

years, you would necessarily postpone promotion in the Service very considerably; it must do so must it not?—Yes, it would.

2293. Then with regard to the death rate in the Service, it has been stated by the Actuary to the War Office that it is in the proportion of 7 to 13, in comparison with combatant officers; do you think that that depends largely upon the hardships of the Service, and upon the foreign service which Medical Officers have to pass through?—I think it does.

2294. Do you think that therefore it would be a desirable change that those officers who have entered the Service on the condition that they should only serve abroad for five years continuously, shall be compelled to serve six years?—That is looked upon as a very great grievance.

2295. What do you think about it yourself?—I think it is a pity that the thing was adopted, particularly prolonging the service in unhealthy stations from three to four years.

2296. What is your idea as to a fair proportion between foreign and home service for officers of the Medical Staff?—I should say that half home and half foreign would be a very fair proportion.

2297. Is it the fact that in consequence of the small number of the higher ranks of the service in India, Officers are unable to obtain their due amount of leave in that country?—I cannot give a distinct answer upon that. I must look into the matter.

2298. It is a fact, is it not, that Medical Officers have less time granted to them on sick leave than Combatant Officers?—It is so.

2299. They have only six months towards seniority, whereas the Combatant Officer has a very considerable allowance?—For disease contracted by service in the field, they can get twelve months; but a combatant officer can get eighteen months and more extension if he likes.

2300. With regard to entrance into the service, do you think it a good plan that the Medical Staff should be recruited from men who have passed through the appointments of house surgeon or house physician to the various hospitals rather than by competitive examination?—I should be very much in favour of some appointments being made direct appointments in that manner; but I should require that in the case of a house physician or a house surgeon getting them, he should have been at least three years in the position of a house physician or a house surgeon to one of the various hospitals.

2301. That practically, of course, would exclude the whole of them, because no such appointment is made. Six months in the year is the time they hold those appointments?—I thought they held them longer than that. Of course an exceptionally good man I would be inclined to take with that time even.

2302. They must be exceptionally good men, because they get these appointments by examination; but the point, as expressed by Sir Thomas Crawford, was, that it was most necessary, if possible, to get a high class of Medical Officers into the service, not only in regard to their power of passing examinations, but also their character?—Certainly.

2303. And that you cannot do by any competitive system?—You cannot.

2304. Then with regard to examinations; how is the present examination for Surgeon-Major conducted, and by whom is it conducted?—It is conducted by a Board of Examiners, who get the papers without any name upon them at all, merely a number.

2305. Who are the Board of Examiners?—There are two or three, there is one in the office in London, and another Board at Netley.

2306. And are those Boards formed entirely of Medical Officers belonging to the Army?—Entirely.

2307. Would it not be better if you had outside examiners, men who were practiced in examination, to examine in medicine and surgery, and then left all

the questions connected with the Army to the Medical Officers of the Army?—The system of Civil Examiners was tried before, but it was found very costly.

2308. It might be costly, but still there is no question that to examine properly is a matter of great importance, and few men can examine properly in medicine and surgery who are not lecturers in medicine and surgery?—I should be very glad to see it put into the hands of people who are perfectly independent of the Service, except in service questions.

2309. You do not think the employment of officers in the Militia, belonging to the Medical Staff Corps, puts them in any way off leave. The Medical Officers of the Army Staff Corps have now to do a considerable amount of work with the Militia?—Yes.

2310. Do you think it breaks their leave or their privileges of service?—If you reduce the number now it will interfere with their leave no doubt.

2311. It does do so?—To a certain extent it must.

2312. And will the system of employing retired officers in various home appointments block the promotion in the service much?—I do not think it will block promotion; but it will increase foreign service very considerably.

2313. Of course if the service were made into a corps there would be certain allowances for mess and so on, which are not given now?—Yes, certainly.

2314. That would be a considerable advantage to the Service, would it not?—It would be.

2315. I suppose generally you are aware that there are considerable complaints with regard to the pay of the Medical Officers in India; Brigade-Surgeons, and so on?—Yes.

2316. You would undoubtedly include the pay of Medical Officers of the British Service as being a matter which concerned the pay of the Service as a whole?—Certainly.

2317. A matter which, therefore, though the Indian Government must deal with it, is of the greatest importance to the Officers of the British Medical Service, and therefore a subject to be brought before this Committee?—No doubt, and there have been a great many complaints about it.

2318. *Dr. Graham Balfour.* When you were employed at Aldershot in 1878, was there not a trial made of the mixed system of officers attached to regiments and station hospitals?—Yes.

2319. With what results?—It did not work well, because at the beginning, of course, everybody's hand was against it.

2320. With reference to the school at Netley, are there not a very considerable number of points connected with military hygiene and also with military surgery and the arrangements requisite for troops taking the field, which are taught there and cannot be learnt at any other school?—That is so.

2321. With reference to the question of retirement at 20 years, was not that one of the questions upon which a great stand was taken by the Medical Schools before it was introduced as being one of the great grievances of the Service that officers were not examined?—Yes, I think so.

2322. Then, if the age were advanced from 20 to 25 years, would it not very likely produce a similar difficulty in obtaining eligible candidates?—I cannot be certain about it, it might so, but I doubt it.

2323. But having been one of the very powerful causes of the block previously, why do you suppose that it would not operate again?—But was it really so at that time? I hardly think so.

2324. Then with reference to the engagement of Medical Officers for a short period of five years, would not one of the results of that be, that you would have a very large proportion of inexperienced Medical Officers doing duty with the troops?—If you employed men for five years.

2325. Yes?—It would be so, men without any experience hardly.

2326. Then with reference to the examination of Surgeons-Major, which I understand you think might

be transferred to civilian examiners, is not the principal examination there with regard to military duties and not merely the questions of elementary anatomy and physiology?—It is a mixed examination; professional, and with regard to military duties.

2327. Then you would propose to have a mixed Board of examiners?—Quite so.

2328. Do not you think that the examinations as conducted at present have been satisfactory?—I think they have.

2329. Then why make a change?—But the Medical Officers fancy they are not so; they would rather be examined by civilians, that is the chief reason why they advocate the change.

2330. With reference to the rank of Medical Officers, do you think that the rank of the Military Medical Officers is sufficiently defined under the Queen's Regulations, or that it is the want of some specific definition of it which has given rise to a great deal of the question whether they possess the rank or not?—Yes, I think it is; it is not considered quite definitely laid down in any of the Regulations.

2331. And if it were clearly laid down in the Queen's Regulations there would be less probability of its being called in question by the military officers?—I think so.

2332. *Rear-Admiral Hotham.* Has not every regiment in foreign armies, at least in European armies, a regimental doctor attached to it?—Yes; and in Germany I think they have two.

2333. In the English Army there is no regimental doctor attached to the regiment in time of peace; but what happens in time of war?—Medical Officers are attached at once.

2334. Do not you think that the same system ought to be pursued in peace as in war?—Certainly, it would work better for the Service.

2335. I suppose the difficulty is that it is a matter of economy?—It is a matter of economy simply.

2336. Do not you think it would diminish the cases in hospital, of men being sent to hospital, if you had a regimental doctor attached?—Most certainly to a large extent, because a lot of trifling cases that would be treated by the regimental Surgeon are now sent to the hospital and swell the mean daily sick list.

2337. Little injuries, sprains, cuts, sore eyes, and so on?—Yes, a number of cases of that kind.

2338. If you had a doctor attached to each regiment in peace time, would it not be a great reserve in time of war also?—Yes; in fact it would be the best kind of reserve.

2339. *Sir William Crossman.* A great grievance has been brought forward here by several of the witnesses that Medical Officers are not allowed to sit on Boards as a rule?—That is so; the Queen's Regulations say that they are not to sit on Boards, but they can be examined as witnesses.

2340. But I think that was done at the request almost of the Medical Officers themselves originally, because they did not like to sit at a Board where a Combatant Officer was present who was junior to them?—Yes.

2341. Do you see any reason yourself why a Medical Officer should not sit as President of a Board where the matters are not exclusively connected with the combatant service, inspection of arms and so on, but matters connected with barracks, for instance, sanitation, food, and clothing?—I see no objection. I may say that I sat myself as President of a Board the other day at Gibraltar, with Engineer Officers and others present, in connection with the inspection of barracks.

2342. Then, in fact, it is not laid down as a strict rule that a Medical Officer shall not sit as President of a Board?—I think it is laid down, but it is not always carried out in practice.

2343. *Sir Redvers Buller* told us that he would make a Medical Officer President whenever he thought it necessary, and had done so. That is why I ask the question?—I have frequently sat as President,

and I have frequently sat as a Member of Boards at Aldershot, and other places.

2344. *Lieutenant-Colonel Cotton.* What Board was this that you were President of?—It was a Board ordered by the Secretary of State for War to enquire into the sanitary condition of the barracks in connection with an outbreak of typhoid fever at Gibraltar.

2345. *Sir William Crossman.* Then another complaint also was that the Principal Medical Officer had not got a definitely recognised position on the Staff of the General Officer Commanding; is there any reason for that?—I never found it. I had always direct access to any General on whose Staff I have been, on any occasion when I have wished it. All Generals that I have known have always expressed a wish that, whenever it should become necessary to refer a question connected with the Department, I should go at once to them direct.

2346. In fact, no General would ever think of doing any work connected with sanitation, hygiene, food, or clothing, or anything relating to the Medical Department without consulting his Principal Medical Officer?—I have never known such a case.

2347. It has been stated here (it is a mere matter of detail) that the dress of the Medical Officers is not sufficiently distinctive to distinguish them from the rest of the staff of the army. I can mention myself several cases which have been brought to my notice where accidents have occurred and the men have run up to an engineer officer, or a staff officer, and called upon them to come as doctors; would there be any objection to the Medical Officers having a distinguishing mark, such as the Geneva Cross, on the front of their forage cap?—I should change the forage cap now of all the junior ranks; the one they have now you can hardly distinguish at a little distance from that of the engineer officers. I would have the gold lace only for the higher ranks, and have a simple cap for the juniors like the very nice cap that is used by the regiments of infantry, you could have the crown and arms as you liked, or any other device. As a rule I think the Medical Officers are known generally, but I would certainly feel inclined to alter the present forage cap of the junior ranks.

2348. *Mr. Bartley.* Have you seen the table which has been furnished to the Committee, showing the rate of mortality amongst officers?—That table was prepared before I came into office. I have only been in office about three weeks, but I have seen it.

2349. Would you endorse the statement that the mortality amongst combatant officers to the Medical Staff is as 7 to 13?—I know, since I have entered the Service, the proportion of the mortality in the Medical Department has been greater than in any other branch of the Service—I can only say that as a general statement.

2350. But you have no personal knowledge to enable you to say that it is about that rate?—No.

2351. Would there be any difficulty in extending this table to twenty years?—There would be a difficulty, but we will try to do it.

2352. You know that it is a very haphazard table as it stands?—Yes, it is for five years only.

2353. And for four years it would give a very different result?—I will try to get it out as far back as possible.

2354. From this table I find that for four years instead of five, if you leave out 1883, and take 1884, 1885, 1886 and 1887, the proportion is as 8 to 11, whereas for the five years it is as 7 to 13; showing that this is an accidental table?—Probably.

2355. If you could hand in a table of the same sort for twenty years it would be a great advantage?—I will try.

2356. *Dr. Graham Balfour.* You stated that you thought that under the present system a number of cases appeared on the sick list which would not have appeared under the regimental system. Has there

been really any possible increase in the mean daily sickness shown by the difference?—I cannot give a direct answer to that.

2357. Has there not, on the contrary, been a decrease?—Perhaps, on the whole; still, you could decrease it more if you had all these slight cases treated by men attached to the regiments.

2358. But under the old regimental system, if the mean daily sick was higher than it is under the present system, surely that does not show that the present system has increased the number of cases that come under treatment?—You can hardly compare, I think, the past with the present in that respect, because the conditions under which the men are serving are so much more improved than they were in the old days.

2359. *The Chairman.* Have you any further statement that you would like to make to the Committee?—No, I do not think so.

(The Witness withdrew.)

GENERAL SIR DONALD M. STEWART, BART., G.C.B., G.C.S.I., *examined.*

2360. *The Chairman.* You are at the present time a Member of the Council of the Secretary of State for India?—Yes.

2361. You have served as Commander-in-Chief in India, and have had a very long service in India for many years previously to that time?—Yes, I was about 47 years in India.

2362. And during that service, of course, you had a great many opportunities of seeing much of the Medical Officers of the Indian Army?—Certainly—of both armies.

2363. Did you hear anything of any complaints of Medical Officers with regard to the want of rank, and with regard to the want of a definite position and status in the Army?—Yes, I have heard those for some years. I cannot say that any official complaint was ever submitted to me on the subject; but it is notorious that there has been great discontent and great dissatisfaction amongst Medical Officers of both Services for some years.

2364. That dissatisfaction then is not of recent origin?—I think it has arisen within the last eight or ten years, perhaps less. I never heard of it till about seven or eight years ago.

2365. But you never received any official complaint with regard to that feeling?—No, nothing of the sort has ever come before me in India.

2366. You are aware, of course, of the general nature of the grievance?—Certainly.

2367. Do you yourself think that that grievance is well founded?—I do think that they have grievances, and the one to which, I presume, you are referring principally is that of title—not only of title but of rank as well as title.

2368. Let us take the title first. You, no doubt, have heard that many Medical Officers wish to have a definite military title without command?—Yes. I do not think that the wish is quite general. So far as I know, it is restricted to a certain limited number. I think it is more amongst the juniors than amongst the seniors—the men who have joined the service within the last eight or ten years.

2369. But is not that complaint very general amongst the young Medical Officers?—Yes; I think it is mainly amongst them. With regard to the older Officers, their position is more assured, and when they reach the Administrative ranks, where they are taken away from direct contact with the men, they do not feel their undefined position so much as the men in Executive charges do.

2370. And why is the position of the young Officers less assured?—I do not say that it is less assured myself; I say that that is the feeling amongst them.

2371. Why do they fancy that it is less assured?—They think that the omission of the reference to relative rank in the last warrant took away something from them which they had before.

2372. Have they ever stated definitely in what respect they have suffered by that warrant of 1887?—They say, "We have now no rank." My reply has been, "You have the rank, and as much power as you ever had, if you only choose to exercise it." But there is a general feeling amongst themselves that they have not got it; and, I think, if that is the case, something ought to be done to satisfy them on that point.

2373. Can you indicate anything that might be done in that regard?—I have not studied the question very closely, but I do not myself see why relative rank should not be accurately defined and recognised both in their commissions and in the warrants and regulations affecting the Medical Department. I do not know what the wording of their commissions is, I have not seen one for many years, but I think their military rank and status ought to be clearly described in their commissions and in the Army List.

2374. If you look at the Army List the rank is definitely laid down, I think?—Precisely. But I do not myself see why there should not be a change of title altogether. They might be called the Royal Medical Staff, and their names might be entered in the Army List, say after the Royal Engineers, with their corresponding ranks like any other corps.

2375. But would you give them medical titles such as they hold now?—I think the medical titles ought to come first. The military title is intended rather for official than social purposes. I would not for instance call a medical man a Colonel or a Major or anything of that sort. I do not think they would like it themselves; certainly the great mass of them would not wish that.

2376. Then how would you describe them?—If they choose to put their rank upon their cards, they might put it somewhat in this way, "Mr. So and so, Major, Royal Medical Staff." But I hardly think they would care to put it so.

2377. That, of course, is looking at the question simply from the social side?—Yes, quite so.

2378. But from the Army side, what title would you give them; would you make any change in their title?—No.

2379. You would simply call them Surgeons, Brigade Surgeons and so on, as at present?—Yes. As they have now got the rank of Surgeon-General, Brigade Surgeon and Surgeon-Major, I see no reason why there should not also be a Surgeon-Captain and Surgeon-Lieutenant, but that is a matter of taste I do not think, as far as their duties are concerned, that it is in the least degree necessary.

2380. Do you think, looking at it from the point of view of duty, that it would give them any additional authority to call them Surgeon-Lieutenant, Surgeon-Captain, Surgeon-Major?—I do not see why it ought to do so; they think it would.

2381. Do you understand the grounds, or have you ever heard the grounds on which it would give them any additional authority?—I know of none.

2382. Those grounds, whatever they are, do not commend themselves to you at all events?—I would not object to any reasonable concession that would satisfy them and please them. I see no objection to the use of these titles myself, and I do not understand the objections to them. I do not think the combatant ranks are in the least degree jealous of them.

2383. Then it comes to this, that you yourself see no objection to giving them a mixed title, but you do not yourself see that for any practical purposes of service in the field or otherwise, it would give them any advantage over the titles they at present possess?—I do not see why it should. I have never had any difficulty myself with Medical Officers, and I know of none. I know it has been stated that in recent campaigns some of the medical officers have had difficulty

in getting their orders obeyed; but I should say, from the nature of the evidence, that the fault lay rather with the men themselves than in anything else. Of course, a strong man will have his orders obeyed whatever his title may be, and with regard to a weak man, it does not matter much whether you call him Major or Captain; if he has not got strength of character his orders will probably not carry much weight.

2384. During your experience, has such a case ever been brought before you?—Never.

2385. You have known of cases, I suppose, in which the Medical Officer has differed with some officer who was told off to serve with him for a time?—I never knew of any such case, either in the field or in quarters; and I have had a good deal of experience.

2386. Has not the Principal Medical Officer ever put before you for your decision a case of difference of opinion between the Medical Officer and some other officer?—No; I do not see how it can arise. The Senior Medical Officer is a Staff Officer of the General, or whoever he is in command, and ought to have his confidence. In my experience the Principal Medical Officer has invariably met my wishes, and this spirit pervades the Department generally; on the other hand, I have always supported the Medical Officers in the exercise of their legitimate functions and the result has been uniform harmony in all departments.

2387. But might not some question with regard to transport arise; for instance, it might be proposed to remove from the Medical Officer some men, we will say, who were required for some other purpose when he might wish to retain them; then in case of any difference of opinion arising as to whether those men should remain or not, would not that be referred by the Medical Officer to his Principal Medical Officer, ultimately to be decided by the General?—Quite so.

2388. Have you never known such a case?—No, I never had a case of that kind, and I do not think it ought to arise. If the transport arrangements are properly organized I do not see how it can.

2389. But if any such difficulty did arise that is the way in which it would be decided, I presume?—Certainly, by the officer in command, after consultation with the Principal Medical Officer and others concerned.

2390. And if by conferring titles upon Medical Officers it were proposed to give them any independent command, as for instance, to absolutely retain transport—that you think would not be expedient apparently?—No, I do not see how operations could be carried on if you had two different or independent authorities dealing with transport; there must be one supreme authority.

2391. With regard to Boards, we have heard that Medical Officers have felt themselves aggrieved by being no longer made members of Boards; do you think that there is any reality in that complaint?—According to my experience there is not. I have served myself as General Officer commanding a division on a Board with a Medical Officer, of which a civilian was the president, and I know, as a matter of fact, it is an every day occurrence in India that Medical Officers do serve on Boards. On every cantonment committee in India the principal Medical Officer is one of the permanent *ex officio* members; he is the sanitary adviser of the committee, and is a member of that Board, presided over by the officer in command whoever he may be.

2392. And if the Board were a sanitary one, would he be president if he were the senior officer on it?—The officer commanding the station is always President, and, in his absence, the next senior officer on the station presides, so that it would never happen that the Medical Officer would be President.

2393. If it did so happen would the Medical Officer be president?—No, not under the present rules, because he is barred.

2394. Do you think that he ought to be barred?—

I do not see why he should not sit as president of a sanitary board. As a matter of fact Medical Officers in India are frequently Presidents of such boards. But other things besides sanitary matters are dealt with by these Cantonment Committees to which I am now referring: questions of police, public works, and so on. The rule is that the Senior Officer commanding the troops, whoever he may be, shall be President; and, as the Medical Officer has no command, it is quite clear that he cannot be President.

2395. Young Medical Officers have complained here very much of their allowances when they are serving under the Government of India, and, particularly, I think, with reference to having no horse allowance; have you had this matter brought under your notice?—Yes.

2396. I do not know whether I ought to ask any question on the subject of you as a Member of the Council of the Secretary of State for India?—These are not secret matters; I can answer any questions in that respect which you choose to ask me.

2397. If you please?—When the rates of pay of the Medical Department were changed some years ago the horse allowance merged in the new allowances; they are not given under a separate head.

2398. The pay was increased?—Yes, the pay was increased, and the horse allowance was put into it. It does not appear in the regulations, but as a matter of fact it was considered that a portion of their increased allowances was intended to cover that of horse allowance.

2399. That was rather an unfortunate change to make was it not?—Yes, it was; it would have been better to have left it alone. It was taken away from the officers attached to the mounted branches when the regimental system was done away with.

2400. But were the total emoluments of Medical Officers increased by those changes as compared with the pay and allowances which had preceded them?—Yes, I believe they were.

2401. *Mr. Bartley.* Including all these horse allowances?—Yes. The complaint in India is that the warrants in force in this country do not run in India without the special sanction of the Secretary of State; and their grievance is that when they go out to India they do not get the corresponding allowances given to Officers of their rank in India, although they get what the Government consider them entitled to. That applies specially to the Junior Officers and the Brigade Surgeons, and to those two grades only, I think.

2402. The length of service in India of Surgeons in the Army has been increased of late years, has it not?—One year, I think, or two years, the tour used to be five years, and now I think it is six or seven years.

2403. Have you heard any complaints as to the extra amount of foreign service which is entailed in that way?—Yes, it is considered a grievance; but every change you know is considered a grievance if it does not happen to fall in with the views and tastes of the people concerned.

2404. But comparing for a moment the Indian Medical Service proper with the Army Medical Service, is there any difficulty at all in procuring candidates for the Indian Medical Service?—None.

2405. And how does the expense of the Indian Medical Service compare man for man with the Army Service, or rather, I should say, with that portion of the Army Service which is lent to India?—I should say, speaking generally, it is rather more expensive.

2406. The Indian Medical Service is rather more expensive?—I think so, a little.

2407. *Mr. Macnamara.* Do you think that it would be a proper thing or a right thing to try and do away with this inequality in the working of the Warrant of 1887 as extended to India. It seems that men complain very much of this matter: they go out to India ranking with Captains, and do not receive the corresponding pay of a Captain

in that country for the first five years of their service?—That is what I have been trying to explain. I think that it would be a very much better arrangement if, before a warrant is brought out here by the War Office, it was fully considered in conjunction with the India Office, so that some harmonious arrangement should be come to beforehand. But, unfortunately, I do not think that is always thought of. The Secretary of State for India is responsible for the finances of India; and, so long as he gets medical men, he likes to get them as cheaply as he can.

2408. And precisely the same argument applies to the Brigade Surgeon?—Yes. For instance, the Secretary of State for India says that he does not want Brigade Surgeons in India at all; he is satisfied with the Surgeon-Major or the Surgeon for executive purposes. But Brigade Surgeons are sent out to India, and India can't help taking them.

2409. *The Chairman.* The India Office, I think, determined that it would not incur any additional expense on account of any warrant that was issued here?—Yes, unless its consent is obtained beforehand.

2410. And virtually the War Office has tacitly accepted that condition by lending the men?—The War and India Offices work quite independently. Something ought to be done to remove the sense of grievance under which Medical Officers believe that they are now suffering, and it is much to be regretted that the two departments do not come to an understanding before a warrant affecting officers obliged to serve in India as well as in this country is issued.

2411. *Mr. Bartley.* Do you think that this change of title then would really meet the case of the grievance?—Yes. Something might be done; and if the measures I have already suggested were carried out I think that would go a good way towards it.

2412. And you, as a Military Officer, would not object to any reasonable arrangement?—No, I cannot see what possible objection there can be to granting them rank which they would consider real; I would not like to see them called by military titles alone.

2413. Pure and simple?—No.

2414. Then you think they must have the medical title in addition?—Certainly; that ought to be the principal one; the other would be merely to show their position in the Army.

2415. *The Chairman.* How could you put it more clearly in the Army List than it is at present. It is put "ranking with" now and you say you would give it them on their cards and give it in the Army List, but not as it is at present?—I would let them put the military titles on their cards after the professional title if they choose. I should not do it myself, but then it is a matter of taste.

2416. *Mr. Bartley.* "Surgeon-Captain" or "Surgeon-Lieutenant"?—Yes.

2417. *The Chairman.* But in the Army List how should you style them, "Surgeons" and "Captains"?—I should put them down "Royal Medical Staff so and so, Major-General," and "so and so Colonel."

2418. *Mr. Bartley.* Just as you do in the Royal Engineers?—Yes, and I would give them a position in the Army List, which would be extremely popular with them and do no harm to anybody else.

2419. *Dr. Graham Balfour.* You would make them a Corps instead of a Department?—Yes, because I think it would be popular.

2420. *Lieutenant-Colonel Cotton.* I understand you to say that you would put them in before the Infantry?—Yes. I should put them after the Royal Engineers.

2421. *Mr. Bartley.* Would not the Infantry object to that?—How could they? It does not give them any precedence.

2422. *Lieutenant-Colonel Cotton.* But the arrangement in the Army List goes by precedence as it is at present, does it not?—No, not strictly; precedence is a matter of regulation.

2423. There are certain small details, but you have

the Household Cavalry first, then the Cavalry of the Line, then the Royal Artillery, the Royal Engineers, the Guards, and the Infantry. They are all in order of precedence, are they not?—But the order of precedence is laid down by the Regulations, not by the Army List; the Army List is no authority for precedence.

2424. I thought that that was supposed to have been altered with regard to the Army List some few years ago when they put Her Majesty's name down as the first name in the Army List, which they do now?—Yes, but I do not think you will find anything in the Regulations about that.

2425. *Mr. Macnamara.* You would have it "Mr. A. B., Colonel, Royal Army Medical Corps"?—Yes.

2426. *The Chairman.* Just to explain a little more clearly what you said to us with regard to the question of rank, I see in the Army List "Surgeons-General ranking as Major-General"?—Yes.

2427. How can you make that more clear?—I think it is sufficiently clear myself.

2428. I do not see how your proposed plan would be any clearer?—Perhaps not, but the present arrangement is not satisfactory to those concerned.

2429. "Ranking as"; but supposing, if there is any virtue in that word, we change "as" into "with"?—I think that is as plain as anything can be.

2430. Do you see any objection to simply adding the corresponding military rank, leaving out the words "ranking with" or "ranking as"?—I do not see any objection to that; I do not think there would be any practical inconvenience myself, because their commissions and the Regulations would show what their powers of command are.

2431. But you would object to that title being used by them in the field?—Calling them what?

2432. Calling them "Major-General" for instance?—Yes, I think that would be exceedingly inconvenient.

2433. And of course that extends to all the service?—I should like to see the medical men addressed by their professional titles usually.

2434. *Mr. Bartley.* Then you would not call a man "Surgeon-Colonel"?—If I were writing officially I should call him "So-and-so, Surgeon-General, or Deputy Surgeon-General," exactly in the way I addressed a letter to Mr. Mackinnon just now. I addressed him "W. Mackinnon, Esq., C.B., Director-General, Army Medical Staff."

2435. *The Chairman.* And in the Army List we see that, further than that, he is ranking as Major-General?—Yes.

(*The witness withdrew.*)

COMMANDER-IN-CHIEF, FIELD MARSHAL HIS ROYAL HIGHNESS THE DUKE OF CAMBRIDGE, K.G.,
examined.

2436. *The Chairman.* The Committee would like to ask your Royal Highness some questions with regard to the rank of the Medical Officers in the Army?—Certainly.

2437. It has been stated to the Committee by Medical Officers that partly owing to the Warrant of 1887 they have no rank; the Committee would like to know your Royal Highness's opinion with regard to that statement?—I do not agree to that at all, I believe they have just as much rank as they ever had. There is not the slightest difference in the world in their rank, I cannot understand what the difference is. If anybody will explain it to me I shall be very glad to answer it. They stand in exactly the same place in the Army List, they are told that officers of a certain rank in the Medical Department rank with certain officers in the Army, that was the case before and that is the case now. Relative rank was no rank at all, that was simply a matter of arrangement with regard to allowances and choice of quarters, and they have not lost that. I do not know what the state-

ment means. In saying that, I wish to add that no Commander-in-Chief and no Secretary of State would have made such a change, if by doing so the Medical Officers had been placed thereby in a lower status than they were in before. I cannot understand how such an idea could ever have arisen; I think the whole thing is really too absurd.

2438. Still, Sir, there is, as your Royal Highness knows, a good deal of complaint among a considerable number of young Medical Officers which is not confined to a few, but apparently exists generally among the younger branches of the Service?—There are of course a certain number of officers who have always had one idea, namely, instead of being Medical Officers and being proud of their profession, which they ought to be, because they are a very fine set of men, they think a great deal more of being captain, colonel, and so on, than of being a Medical Officer. That is the whole story. I should be ashamed if I were in their place to put forward such a plea.

2439. But their complaint, of course, is that their rank is not clearly defined, or, as they say, that they have no rank; does your Royal Highness think that the words employed at the present time in the Army List are as clear as words can be in that respect?—Certainly, there can be no two opinions about it. What is the use of putting it in the Army List if it is not intended? The Army List is an official document. I cannot see how there can be any two opinions on the subject.

2440. If, instead of using the present phraseology "Ranking as Major-General," the words "Rank Major-General" were inserted would your Royal Highness see any objection to that form being used?—I object to the title being taken; it must be clearly understood that they are not to take the title. I object to their taking any military title, but I do not object to doing anything which would give them, in their relative position of Medical Officers of the Army, the same status as the rank they hold, bar the fact that they are not to use it as a title.

2441. Then I understand that if instead of the words "ranking as" the word "rank" alone were used so as to make their position more clear, your Royal Highness would not see any objection, always providing that the title, we will say of Surgeon-General or Deputy Surgeon-General, or whatever it may be, which is the substantive title, is the title which precedes?—If these gentlemen like to be always called socially Surgeon-General and so on, which they are in all official documents, I have not the slightest objection to their being so called. That is their legitimate title, and belongs to the profession which they so creditably fill. But I do object strongly, if a man is a Surgeon-General or a Deputy Surgeon-General, to his being called Major-General. I might just as well call myself Director-General of the Army Medical Department. I am at the head of the Department as much as I am at the head of every other Department of the Army; but I should consider it simply ridiculous if I were to call myself so, therefore I call myself by what is my fixed title, which is Field Marshal and Commander-in-Chief. I consider myself at the head of all the Departments whose Officers are serving under me, and I am very proud of all the Medical men who are serving under me; they serve their country very well, and they serve their Department very well. If these Medical Officers like always socially to be called by their title let them be so called, and I should be the very last person to object to that.

2442. Then, drawing a distinction between title and rank, your Royal Highness would not object to anything which made their rank clear, or clearer, if possible, than it is at present; but what you would object to would be giving them a military title?—Certainly, because a military title carries with it a certain amount of military status and command. A Medical Officer has a particular status of his own in the Army, but he has not a military status which implies a command of men; he commands everything in his hospital of course, but he commands nothing

outside. If you were to give him military rank, and it were to happen that he became the senior Officer on an expedition, you would be obliged to give him military command of the expedition; whereas, if you give him a title equal in rank to the rank which he ought to hold, and wishes to hold, in a military sense in his relative medical status in the Army, I should be delighted for him to have it, because that carries, of course, no command at all.

2443. There is, of course, no question at all as to the absolute possession of the right of command by a Medical Officer over the men of the Army Medical Corps?—Not the slightest.

2444. And in the event of any men being temporarily attached to the hospital, those men would likewise be under his command if there were no Officer of their own with them?—Certainly. I have seen the evidence which has been given by an Officer who said that he could not exercise that command. He ought to have been able to do so. Why did he not go to the military authority and say: "I have given an order and I cannot get it obeyed?" then the delinquent would have been punished just in the same way as if he had disobeyed the order of his own Captain or Commanding Officer.

2445. Then when your Royal Highness says that you object to a military title being given to a Medical Officer, would your objection extend equally to what is termed a composite title; that is to say if you were to give him the title of Surgeon-Captain, Surgeon-Colonel, and so on?—I think that would be perfectly ridiculous. I cannot imagine any man asking for such a thing. I should have thought that every Medical Officer would have been proud of his profession; and belonging to the Army as I do, I look upon the Medical Officers of the Army with the greatest possible respect and consideration; but I think that some have got a most extraordinary idea in their heads upon this subject, which, as I say, I really cannot understand. I have the very best feeling towards the Medical Officers, but I think their contention is really too absurd.

2446. If the object of this claim on their part is not to obtain command over men, can you see what object it has, Sir?—Not in the slightest. That is exactly what I say. I do not see where the object is, except that they say, as I see in the evidence, that they have no position at all, which I say is pure imagination on the part of those who say it. I think that every man in the Army Medical Department has a very good position, and if you wish to improve that position that is another matter; but as to saying that they have no position, I tell you it is simply an absurdity in my opinion. I cannot realize it.

2447. Does your Royal Highness think that it may have arisen in part, possibly from their being no longer part of the Regiment?—If you ask my opinion, I think it was a very great misfortune that you absolutely did away with the Officers of the Medical Department, being brought somehow in connection with Regiments; in many respects it was the best possible thing for them to be appointed to the Regiments. But those days are gone by, I am afraid, and of course you now look more to the General Hospitals and Station Hospitals, and you could not go back from that; I think it is the proper system in war, and therefore it is the proper system in peace. But I think you ought to have a Medical Officer attached to every regiment of the Army. I am sorry the other system was done away with, I admit; but I think the day has gone by when you could revert to that. And I think now that if you were to attach a man for a cycle of years—say, four or five years to a regiment—he would then become imbued with Army sentiments and Army feeling by joining in the mess and in the avocations of the daily life of officers, which would stand him in good stead for the rest of his service; and I am sure that you would have a much more contented and satisfactory condition of things in the Medical Department of the Army if financially you could arrive at that conclusion.

2448. And in the event of an officer who was attached for a short term of years to a regiment being on leave, how would you provide for his duty?—If a man is on leave, of course somebody else must take his place for the time being; but he would only be a *locum tenens*. I think if a man were attached to a regiment for a cycle of years, there would always be at a station, or in the station, where he might be serving some means of giving him leave, somebody who was not specially assigned for any specified duty might have charge of the battalion in which he was serving during his absence.

2449. Have you considered, Sir, whether attaching a Medical Officer for a short term to a regiment would occasion any increase in the numerical strength of the Medical Department?—That is a matter of calculation. I am told, I must certainly admit, that it would do so, but that is a matter of calculation that I could not say offhand. I should be prepared to go into the question carefully and ascertain it, if you wished it. But knowing what I do I should say that it would. At the same time I think it is so important a point that it would justify the additional expenditure. Because, although one is apt to say one can save money here and there, the real question after all is whether you are justified in saving it; if you are justified you ought to save it, but if you are not justified you ought not to mind incurring the expense.

2450. Do you think, Sir, that when a Medical Officer is attached to a regiment, under the present system, he ought to be allowed to become a member of the mess if he wishes it?—Certainly he should become a member of the mess, and in every respect be one with the other officers. I think he ought not to be called upon to pay an entrance fee to the mess because he might not be there more than a certain number of years; but he ought to pay all the ordinary subscriptions of the mess of the regiment to which for the time being he is attached. I would not make him pay an entrance fee either to the band fund or to the mess fund, but I would make him pay the ordinary requirements of the mess which every officer has to pay irrespective of the entrance money, because he would have all the benefits and advantages of the mess, and therefore it would be worth his while to pay for them.

2451. But at the present time it often happens, does it not, with regiments serving at home, that a young Medical Officer appointed to a regiment, as distinguished from being attached to it, is not invariably offered an opportunity of becoming a member of the mess?—They are no longer appointed to the regiments, that is the distinction, they are attached. Officers of the Guards, on the other hand, who are appointed to the regiments belong to the mess just as much as anybody else.

2452. But in the case of an officer doing duty with a regiment, whatever the right term is, it is, not the case, is it, that they are invariably offered an opportunity of becoming members of the mess?—No, because he is no longer an officer of the regiment. That is what I say. The moment a man is appointed to a regiment he becomes a member of the mess directly; but if you only attach him he can only be asked to pay for those things that he enjoys as much as any other officer who participates in the mess.

2453. Might it not be advisable in every case to ask the young Officers attached for the time being to a regiment (I am speaking particularly with reference to young unmarried officers) to become members of the mess during the time they are with the regiments?—I do not know whether they do or not, because the system has been very much changed of late by merely attaching them; and it is possible that they may not do so. I could ascertain that for you, of course. But I think it ought to be so, if the system I suggest were to be recommended, or were to be reverted to.

2454. Could you express your own opinion, Sir, as to what ought to be done under the present circumstances?—I think it would be very hard to make them pay unless they were convinced that they would

be allowed to remain for a cycle of years with a regiment; because they may be here to-day, and some reason may be assigned that would take them away to-morrow and be attached to some other regiment or station, and they would be constantly called upon to pay certain entrance fees which might come hard upon them. But if you appointed a man for three, four, or five years to a regiment to do duty with that regiment permanently, you would be entitled to call upon him to pay the expenses to which I have alluded in the mess. He would, of course, pay for his dinner if he were made an honorary member, and enjoy the advantages of the mess; he would not be a mess guest; but I do not know that you could ask him to pay for other things. Supposing that a Medical Officer were attached to a regiment for some duty, and became an honorary member of the mess, he would pay his own daily requirements; he would not pay anything else, but he would pay for what he had himself day by day at the mess—he would not be considered a guest. An honorary member of the mess pays his way, but he does not pay anything special to the corps, of course. I think if a young Medical Officer were attached to a mess, and dined there every day, even under the present circumstances, so far as that went, you could not expect the officers to pay for his dinner if he dined there every day in the week; he would pay for that part of the mess, but he would not be called upon to pay for any other mess expenses which, as you know, messes are called upon to defray from time to time.

2455. But apparently, Sir, you are of opinion that it would be an advantage that he should be a member of the mess for the time being, that he should attend the mess?—I think it would be the making of these young men. What can you expect? A young man comes from civil life knowing nothing about the Army; he goes to an out station—there are only two or three stations where there is a Medical mess; if he goes to one of those stations, he has an opportunity of becoming acquainted with mess life, and seeing what other officers do; but, if not, he may never go into the society of officers, and, therefore, he knows no more of the ins and outs of military life than any civilian who happens to be living in the same place as he is, and I say that that takes away all military instincts from a man. I think you ought first of all to instil military instincts into every man in the Army, and then, when you have done that, let him go into his special sphere having the instincts already in him, which he will never lose, of belonging to a great service like the Army or the Navy. In the Navy they have great facilities, of course, because they are on board ship, and therefore they have every opportunity of becoming members of the mess; but with us they would go to any out station, and live at any small hotel, and we know nothing about what they do or what they do not do, whereas if they live at the mess they are always *en evidence* or *surveillance* to a certain extent, they are told they had better not do this or that, which enables them to accommodate themselves to their new sphere of life, and they get into the ordinary military habits, which they cannot do unless somebody is at their elbow to hint to them things which they do not know. That is the common sense view of the question.

2456. The Medical Officers have made a statement to the Committee on another point altogether, and that is with regard to their pay and allowances when they are lent for service to the Government of India; they have complained that they do not receive the pay and allowances to which their corresponding rank would entitle them, and which combatant officers out in India do receive according to their rank. The Committee would like to know your Royal Highness's opinion on that point?—I am one of those who think that none of those warrants ought to be decided upon absolutely, however desirable they may be in themselves, unless Ind'a is a party to them, and every one of those warrants should be adopted in India as well as in England with regard to particular services such

as this, as a matter of course. If India has an objection to any particular warrant, and that objection is not to be overcome, that warrant ought not to be adopted so far as either country is concerned. The same rule ought to hold good throughout the service. I cannot understand the principle of not doing in India what you do here.

2457. *Mr. Bartley.* I do not suppose that your Royal Highness is disposed to go into the question of the non-effective service—I mean with regard to the relative cost of the non-effective service to the effective service?—The great cost of the non-effective service is a very serious matter, and, so far as we are concerned militarily, there can be no two opinions; we should be glad to get rid of it altogether; but I do not see how you can do so, and expect to get men to serve you unless they have some prospects for the future. If a man comes into the army he cuts himself off from civil life, and therefore all his civil life prospects *pro tanto* disappear. Then what are his prospects? He gets a good retirement and is satisfied with that good retirement. If you can find a retirement less than we have now that will satisfy these gentlemen, I for one should be only too glad; but I am afraid from my experience, which is a pretty long one, that you will not find that the retirement which we give them now is more than will get the class of men that you wish to keep in the Army Medical Service.

2458. Your Royal Highness is aware that a great number of Medical Officers retire after 20 years service, which is a very short period of service comparatively?—Yes, and I for one have often thought that 20 years was a very short period of service; but I am told by those who understand it, and who know the sentiments and feelings of civil schools, from which after all these young men come, that unless you give them these retirements they will not come at all; and no doubt at one time we were exceedingly badly off for candidates, and it was not until we gave the present rates of pay and retirement that we got really efficient and proper Medical Officers. I have not a word to say against them, and therefore I hope by giving very strong evidence, which I know I have done, it will not be for a moment imagined that I have the slightest feeling against them; on the contrary, I have the best possible feeling towards the Medical Officers of the Army, but I cannot understand, if they will forgive my saying so, how they can be so childish as to attach weight to a title which would be ridiculous in their case, and not at the same time attach weight to the high positions which they can fill and do fill in their Medical profession. If there are any legitimate titles which we can accord to them, if there is anything in their present titles which they consider requires altering, I, for one, and I am sure every Secretary of State would be only too happy to meet them; but as to giving them military titles I cannot understand it.

2459. But from a military point of view your Royal Highness would see no objection, if it could be carried out, to extending the period of 20 years' service to a longer period?—Certainly not, always reserving that I do not think we ought to get inferior men to those we have now. I think we ought to keep to men of the same description as we have at present; but if you can keep men of that same description by a later period of retirement I, for one, have not the slightest objection to that.

2460. *Mr. Macnamara.* I think, your Royal Highness, the difficulty with regard to the rank and title of Medical Officers seems to be this: under the regimental system, Medical Officers were brought into close relations with Regimental Officers, but under the present state of things, the Medical Staff is a separate corps?—Yes.

2461. And the Medical Staff contend year by year they have more military work to do; they are in command of a corps of soldiers; all soldiers brought to the hospital are under their command for the time being, and they have gradually come to be a dis-

tingent branch of the Army; and further, that as the only titles which soldiers recognise are military titles—they do not understand anyone but Lieutenants, Captains, Colonels, Generals, and so on holding authority over them as soldiers, therefore, the Medical Staff contend, as they certainly have command, it is necessary, not only for their effectively carrying out their work, but I think very largely for their status in the Army, that they should have military titles?—That is the contention, but I cannot understand it. It is beyond my comprehension, because I cannot imagine that a man who is a Medical Officer and a good Medical Officer should be ashamed of it.

2462. No, Sir, the Medical Officer is not ashamed of his profession?—Then why should he care about another title?

2463. His contention is that, as belonging to the Army, therefore being in the military service, his position is a different position from that of every other officer in the Army, but that nevertheless his corps forms an important branch of the Army?—Certainly. But allow me to remark that if you give the Medical Officer military rank, you must give the Veterinary Surgeon the same rank too, and you must give the Clergyman the same rank too. I do not see where the difference is. The Medical Officers are not combatant officers of the Army, they are the Medical Department of the Army; the Veterinary Surgeons are not officers of the Army, they are the Veterinary Department of the Army; and the Clergymen are not officers of the Army, they are the spiritual leaders of the Army. Why should the Medical Officers require a military title more than the Veterinary Surgeon or any Chaplain? They are brought in contact with society, they are brought in contact with officers and soldiers of the Army every day in the week, just in the same way.

2464. The Medical Staff would probably contend that the care of the soldier is a higher charge than that of his horse, Sir; they say further that those departments which your Royal Highness has mentioned, do not go under fire and are not exposed to all the risks of war; the mortality of Medical Officers is stated to us to be nearly double that of combatant officers, and they say truly that this very high death rate arises from the constant anxiety and danger they are exposed to in their endeavour to save the lives of soldiers and relieve their pain in sickness?—It all arises because they have never been brought in contact with the Army when they were young men. That is why I should approve of every regiment of the Army having one Medical Officer attached to it; because they become initiated into military life, and when once they have become initiated into military life they would never think of asking for a military title.

2465. But, Sir, if the present system of the Army Medical Staff Corps is to be maintained Medical Officers cannot belong to regiments; you must either go back to the old regimental system, or else continue the Army Medical Staff Corps; and if the Army Medical Staff Corps is to be kept up it must be a distinct corps as it is, analogous to the Royal Engineers. If you give up that and go back to the regimental system, then the Medical Officer would fall back into his old position; but we appear to have arrived at a new organization, requiring a new adjustment of titles, among other things?—I cannot see it. If you give a military title to the Medical Officers you must give it also to the Veterinary Surgeons. Would it not be a ridiculous thing to make a Veterinary Surgeon a Colonel or a Captain? My military instincts cannot carry that. If I were one of those officers I should feel ashamed of having put such a proposition forward. I should be proud of being a Medical Officer, and I should not be proud of having a military title which means nothing. Then what is the good of it? The medical title means everything; the military title means absolutely nothing.

2466. Giving substantive rank and military titles to the Medical Officers would not I presume in any way

interfere with the combatant officers; it would not damage them in any way, would it?—I cannot alter my opinion.

2467. Does your Royal Highness think that there would be any objection to call a Medical Officer "Mr. So-and-so, Captain, Army Medical Corps"?—I may tell you this, I am very fond of the present Director-General of the Army Medical Department, but if he chose to call himself Major-General Mackinnon I should laugh at him.

2468. But if he were to appear in the Army List as "Mr. Mackinnon, Major-General Army Medical Corps," that is what I mean?—I have certainly no objection to what Lord Camperdown suggested to me in the earlier part of my evidence, if you like to put it in that way, but I object absolutely to their being called by a military title, or having it on their cards or anything of the sort.

2469. Your Royal Highness has already expressed an opinion with regard to the examination of Senior Medical Officers; you have already stated that you do not think it desirable that these examinations should take place after men are 45 and 50 years of age?—I think that after a certain age any examination is a very awkward thing, and I always have thought so, whether it refers to the Medical Service or to others. The reason assigned for them in the Medical Department is that there are a certain number of officers who have charge, and it is stated that it often happens that a man may not be suitable medically for a charge which, for other reasons, he might claim a right to. In order to obviate that difficulty, and to know that you are doing the right thing in making the selection, you have been obliged to require the Medical Officers of the Army to submit to this examination, I can offer no objection to it, and I do not; but if you ask me in the abstract whether a man of 50 likes to go through an examination, I tell you frankly that I think a man of 50 does not like it. I feel myself that I should be very sorry to be obliged to go through an examination, I dare say I might pass it or I might not; but the very fact of my being put under an examination at my age would certainly annoy me very much.

2470. And I think your Royal Highness has stated that in a matter of this kind the heads of the department, who know what the Medical Officers under them are, should decide whether in their opinion they are qualified or not for promotion?—The Medical Department tell you that the services of officers of the Army Medical Department who are in all parts of the Army (and this is our great difficulty) are so varied in the different parts of the world, that it is very difficult for a central power in London to be absolute judges as to whether a man is fit for selection or not, and that the only way of arriving at a just conclusion is to submit them to some sort of special examination, which shall satisfy the heads of the Department here that whatever their own views may be of a man's fitness or unfitness, they are justified in putting that man forward. And the same principle exists with myself in all Army selections for promotion. I have no objection to selection beyond this fact, that the difficulty in our Army, where the conditions of service are so varied, in knowing what a man's qualifications are is so great that I would rather reject than select; because if a man is disqualified we know it, but selecting a man is a very different thing from rejecting a man, and while you may do an injustice by selecting one man over another man's head, by rejecting him you do not do injustice, because you know absolutely that a certain man is not fit for the higher post to which he is aspiring. That, I say, is a great difficulty in our service. In all foreign services it is very different, because their service is identical in all parts of the Army. If you take the 19 Army Corps in Germany, they are always at home doing exactly the same duty under the same conditions of climate, more or less—perhaps it is a little

colder in one place than it is in another—but everything is exactly the same in every part of the Empire. The consequence is that selecting men under those conditions is a very different thing from selecting men under the conditions of our service, where some part of the Army is at home, others in India or Gibraltar, Malta, the Colonies, the coast of Africa, and so on. The variety of our service carries with it so many consequences that it would be unjust to apply the same test to one set of men serving in one part that you would apply to another set of men serving in another part of the world.

2471. *Dr. Graham Balfour.* If the suggestion, that your Royal Highness has made, of appointing Medical Officers to a regiment for a period of three or four years were carried out, would it not necessitate a considerable addition to the Medical Staff?—I think it would, that is my impression; I have not gone into it carefully, but I am satisfied that it would.

2472. Could your Royal Highness order any returns to be furnished to the Committee which would enable us to judge of the additional expense that would thereby be incurred, because it seems to be a question whether the advantage to be derived from the system would be worth the additional expense?—Certainly, the Medical Department ought to be able to give you a return of the number that would be required, and how it adjusts itself to the station requirements, disconnected with the Medical Officers who would be attached to regiments.

2473. If Medical Officers were attached to regiments in that way, would it not materially interfere with the power of the principal Medical Officer of the District to order Medical Officers upon any particular duty upon which he might desire to employ them?—Not in the least. I should consider that every one of those gentlemen who were attached to regiments in that way would be required by the principal Medical Officer to attend to station hospitals, and to do duty there as well as their regimental duty. The regimental duty is not very heavy; it is continuous during certain hours of the day, but the Medical Officers could devote one portion of the day to that, and certain hours to the other duties. Every one of these gentlemen, unless they are in isolated places, ought to be called upon to serve in the station hospitals, as well as with the regiments.

2474. Would you then give power to the principal Medical Officer to order a Medical Officer on any duty without requiring the consent of the Commanding Officer of the corps to which he was attached?—That is a mere matter of arrangement. He would have to go to the General Officer commanding, say at Portsmouth, or Plymouth, or any other district, and say, "I want half-a-dozen men to attend daily at the station hospital; will you be good enough to give directions for it?" and, of course, it would be done. There would be no difficulty about it; it would be a mere matter of arrangement between the Commander of the station and the principal Medical Officer. And Commanding Officers of regiments of course simply obey the orders they get from the General Officer Commanding, and from us; we should give general orders that these Medical Officers would be called upon to do any duties which the principal Medical Officer required at station hospitals, or in any way he thought best for the public service. I would not allow a man for one moment to say that because he was attached to a regiment he could not do other duties; I only say that I think he ought to be attached to a regiment and feel that, for the time being, he belonged to that Corps; but he certainly ought, in my opinion, to do the duties of the station hospitals. The only difference would be that, for the time being, he would not be on the general roster for service, except with his own particular corps, to which he was attached.

2475. Then he would be attached, not appointed?—No, not appointed but attached; but it would be understood that he was attached for a certain number of years.

2476. *The Chairman.* Is there anything else, Sir, that you would like to bring before the Committee?—One of the most objectionable things at the present time is the constant changes of Medical Officers, it is most inconvenient. A Medical Officer is not in one Station more than two or three months when he is sent off to another. I object to it whenever it comes before me, but I am always told that it cannot be helped, that it is impossible to avoid it, and I am obliged to accept a great deal on trust, and there it is, but I think it is most objectionable. Nobody has any confidence in the Medical Officers under such circumstances. I ask any of you gentlemen here, in your own capacity, with your own families, whether you would like to be always changing your medical man every two or three months. You might get a better one or you might not, but you have no confidence in a man that you do not know, and it is the same thing with the regiments. It is all very well saying that the men do not mind it, but they do. The officers and their families mind it very much, and what is the result? It is driving most of the officers to call in civil practitioners now. I think that is a most important matter in the public interest.

2477. *Sir William Crossman.* It has been stated before us, Sir, that the question of honors and rewards is a burning question with the Medical Officers of the Army, that they conceive that they do not get their fair share. May I ask what is your Royal Highness's opinion with regard to that statement?—They have absolutely got such an excess of honors and rewards at the present time that we cannot give them any now because they are too much in excess. And all the honors and rewards are apportioned most carefully. It is a perfectly absurd idea. The honors and rewards are apportioned according to the relative portions of the Service, and you must keep those apportionments; it would be most unjust if you did not. I am very sorry that it is the case, because there are two or three men at this moment for whom I am most anxious to do something, but I cannot do it because there is and has been for a considerable time a constant excess of honors and rewards in the Army Medical Department. And yet they say they do not get their fair share.

2478. Another complaint that was made on the part of one of these officers was that they were not entitled to Queen's Cadetships at Woolwich or Sandhurst?—But what does the regulation say?

2479. The regulations say, "Queen's Cadets will be appointed from the sons of officers of the Army, the Royal Navy, and the Royal Marines." Therefore this gentleman was in error?—Of course he is in error, and so they all are in half the things they have asserted, from what I have seen of the evidence.

2480. There is only one other question that I would ask your Royal Highness; it is not an unimportant one although it is a small one. The uniform of the Army Medical Staff at the present moment, as your Royal Highness is aware, is very much like the uniform of the Royal Engineers and of the staff of the Army, and it has actually occurred, not once or twice only, but several times, in cases of accident, that the men of a regiment have gone up to a Staff Officer or to an Engineer Officer and called upon him to come and attend to the sufferer. Would there be any reason why officers of the Army Medical Service should not wear a distinguishing mark, such as the Geneva Cross, so that people cannot possibly make a mistake?—I see no reason why it should not be so. I have always said that the more you distinguish them the better; but the reason assigned to me is, that the Medical Officers of the Army cannot bear it, they do not like to have anything special that does not make them look like officers. I believe that is the history of it.

2481. *The Chairman.* Some questions were asked your Royal Highness just now with regard to one of the departments of the Army. A statement has been made here, and our attention has been called to the fact, that military titles and military rank have been given to officers of other Departments, with the

exception of Chaplains and Veterinary Surgeons. The Committee would be obliged to your Royal Highness if you would explain the reason for that distinction having been drawn?—I can explain that the whole system of those departments to which you allude, has been changed; the appointments to them are now to be made from Officers of the Army, and if a man has once been an officer and has got a certain rank, you cannot debar him from that rank, and therefore he keeps it; but then he has been, and absolutely is, and is to continue to be an officer. Therefore we were obliged to do something with regard to the present Staff of the department. There has been great difficulty about it, because there is a large section of those gentlemen who are absolutely civilians, and the difficulty was to combine the two elements, the civil element, which to-day is, and the military element which is to come in, so as not to offend either. You could not, of course, take away the titles of Officers of the Army, in fact, you would not get Officers of the Army to take appointments in that service if you did; and therefore we have been obliged to do something the other way, and the only way to get out of it was (and it is only merely for a short period until the whole thing is organised, as it is intended to be) that we were obliged to give military titles to these civilian gentlemen. I, for one, objected to it most strongly, and I object to it now; but there was no help for it, because the one element is dying out and the other element is now arising. But we did not give them these titles because they are Departmental Officers, they have got the titles because they are, in future, to be Officers of the Army. If a Medical Officer were a combatant Officer of the Army he would of course be entitled to his military title as much as anybody else; but he is not a combatant Officer of the Army; he belongs to the Medical Department, and not to the fighting portion of the Army.

2482. Then will these Departments in future become no longer Departments, but an actual part of the Army?—Yes; there will be no more civilians entering into those Departments; the appointments will be entirely filled by Officers of the Army.

2483. Then the Army Service Corps will be part of the Army?—Yes; they have already altered the Army List in that form; they are part and parcel of the Officers of the Army now.

2484. Is it not a fact, Sir, that in several large foreign Armies, military titles have been conferred upon the Medical Officers?—I do not think so. It may be so in the Italian Army. I cannot tell you whether it is, but it was not so in Germany, where they have had the relative rank for years and years, and they always have had exactly the same description of Medical and Military titles. And I consider that the Medical Officers in our Army have a Military title, because you would not call a civilian Medical Officer by the titles that these gentlemen have. That is their status in the Army, and it is an absolute status; it is just as much a status as my being a Field-Marshal is. If the sentiment of these gentlemen is that they liked to be called by the military status to which they are entitled according to the Army List, I for one would say most assuredly, let them be so called. And in military life they are so called; it is only in social life that they want it. Let them put on their cards "Surgeon-General," "Deputy-Surgeon-General," or whatever it is; it is their legitimate title. In my humble opinion it is what they ought to do, it is the sort of thing that I would not order a man to do, but I should expect him to do it, and I should be surprised if he did not, because it would appear to me that he was ashamed of his cloth, which I should be very sorry for. The medical profession is a very fine profession, and it is admirably carried out; they are most excellent and worthy men, but they have got this extraordinary idea into their heads, and I cannot understand it.

2485. I think that the Russian Army was quoted to us as one in which the Medical Officers have military titles?—But then you know in Russia every

minister has military rank. There is no civil rank in Russia without a military rank attached to it. That is the idea at the Russian Court. Prince this or Prince that would be nothing as a civilian, however high his position, unless he had the military rank of Lieutenant-General or General. I know that by experience in Germany, and much the same thing will be found in the German service as to that. Prince Bismarck has a military position.

2486. Turning, Sir, to another point which I omitted to put to you before, when a young Medical Officer joins the service he joins with the rank of Captain; does your Royal Highness think that it is advisable that he should have the rank of captain when he first joins?—I should say not, but for one thing; I do not want to say one word which might give an impression that I wish to take anything away from the Medical Department, but I think myself that it would be much better for them to come in as lieutenants. I think under the present system a very young man is placed in a very awkward position. He is in a much higher status than the combatant officers, and I think that occasionally it has produced rather, I will not say a bad feeling but an uncomfortable feeling on the part of officers of the Army; they say "this gentleman has just come in; he is quite a lad; he does not know anything about the Service, and he has a higher rank than I have after being 10 years in the Service." It is not pleasant. But I hope it will be clearly understood that, although I think it would be better that he should come in as lieutenant, I do not wish to advocate it in any shape which might appear as if I desired to take anything from them. I wish to take nothing from them absolutely.

2487. Is there any further statement which your Royal Highness would like to put before the Committee?—I would like to make this statement. I know that of late there has been a considerable reduction of Medical Officers, and that the normal condition of the Army has actually now brought back a number of officers on retired pay. I cannot understand that principle. The normal condition ought to have a complete establishment of Medical Officers without calling upon the retired officers to come and serve again. Those retired officers are most excellent men; they are the reserve and the valuable reserve of your Medical Department in emergencies. When an emergency arises, even if it be a small one, take as many of them as you like; but do not make them part of the normal staff of your Army, because if you do so the moment there is an emergency you have no reserve at all; you actually use your reserve now in the normal condition. I am bound to let you know my opinion about that. I say that in the normal condition no Retired Officer ought to be employed, I do not give an opinion as to whether you have or have not a proper establishment; you may have too large a normal establishment now. I do not say that you have, but, if it is a proper establishment, you ought to have actually Medical Officers who are on full pay and serving, and then the Retired Officers ought, in case of emergency, to fill every vacancy of that description.

2488. *Mr. Bartley.* That applies, Sir, I take it, to the 71 Medical Officers who would be on the Retired List, but are put on the Effective List, half and half?—Just so. I do not say that the 71 places ought

not to exist. I give no opinion upon that, but I say that, as a principle, it is an unsound principle to take men in normal condition from the Reserve List, which ought to be, and must be, your Reserve when emergency arises. For instance, when you went to Egypt, you wanted a great many Surgeons, and you took those men from the Retired Officers. That was quite right, because it was for a short time only. But if it is to be a permanent thing, then you must replace them again by-and-by by effective men. Pray, let it be understood that I do not say that because I object to these Retired Medical Officers. I do not say that they are not good Medical Officers, but it is the principle to which I object.

2489. *The Chairman.* Is there anything further that your Royal Highness would wish to say?—I should like to say one thing more. I object very strongly to handing over the Medical Department to India, I object to any portion of our Army not being complete in itself, and I do object to the proper proportion of Medical Officers not being attached to our troops in India, as they are elsewhere. I should be very delighted if you appointed one Medical Officer to each regiment, because then every regiment that was ordered away from India would take its own Medical Officer with it.

2490. *Mr. Bartley.* But was not that system of having a Medical Officer appointed to each regiment done away with, Sir, largely, at the wish of the Medical Officers themselves?—So I believe, though I do not know why.

2491. *Sir William Crossman.* It was at the wish of some of them, Sir, at any rate?—Certainly.

2492. *The Chairman.* Is there anything else that your Royal Highness would wish to add?—I wish to add that the present hard and fast rule of retiring Surgeons-General at the age of 60 is very inconvenient and prejudicial to the public interest, more especially in respect to Principal Medical Officers in India, the Indian Government objecting (very reasonably) to Principal Medical Officers being sent to that country who, owing to their age, cannot complete a term of 3 years in the appointment. As an instance of the inconvenience of the present system:—The present principal medical officer in India, Surgeon-General Thomson, was appointed on 15th February, 1889, and under existing terms of the Royal Warrant must be retired at the age of 60 on the 10th March next; he is an exceptionally good officer, and in every respect well fitted for his position, and his physical and mental qualifications are unimpaired. The four senior Deputy Surgeons-General for promotion, one of whom should proceed to India on Dr. Thomson's retirement, have all less than 3 years to serve before they attain 60 years of age, and consequently they are ineligible for service in India, though in other respects they are all well qualified. To supersede them in promotion by their juniors could hardly be justified. I therefore suggest for the consideration of the Committee that some provision should be made in the Medical Regulations that will admit of the Secretary of State having the power to retain a Surgeon-General after attaining the age of 60 until he shall have completed a term of three years' service in an appointment he may be holding abroad, he being (if necessary) made supernumerary to the establishment while so retained.

[Adjourned].

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(Paper handed in by Sir Thos. Crawford, Dir.-Gen., Army Medical Department—
Vide Question 7)

APPENDIX No 1.

MEMORANDUM.

In conformity with the Report of the Committee on Medical Establishments, approved by His Royal Highness the Commander-in-Chief and the Secretary of State for War, the reduction in numbers of the full pay Medical Officers for 1889-90, has been fixed at 52 less than in Estimates for 1888-89.

As a partial set-off against this reduction, 25 Medical Officers on retired pay have been employed with an allowance of 150*l.* a-year in addition to their retired pay, and any further requirements will be met by the employment of civil practitioners, as may be found necessary.

Three posts for full pay Medical Officers, under Vote 14, have also been transformed into appointments for retired Officers.

The full pay establishment for the year 1888-89, having fallen below its strength—at this date it is 25 under the authorized number—13 of the 25 retired pay appointments above mentioned have already been called into existence, and the remainder will be filled up early in the coming financial year.

The surplus over the reduced establishment, fixed by Estimates 1889-90, will be absorbed as casualties occur, their places being taken by civilians as required.

It is anticipated that by the 1st of April this surplus will be 25, for 10 of whom vacancies by superannuation alone will occur during 1889-90. Other casualties from death, sickness, or voluntary retirement will, of course, hasten this absorption.

T. CRAWFORD, *Director-General.*

MEDICAL DIVISION,
20th March, 1889.

APPENDIX No. 2.

From 1880 to 1888 the number of retired Medical Officers employed has averaged about 54.

During this period the approximate tour of home service for the full-pay staff has been—

For Surgeons	..	..	..	..	3 years.
For Surgeons-Major	..	..	..	..	just over 2 years.

As from the 1st of this month a further reduction of 52 in the full-pay staff has to be effected (their places being filled by retired Officers or civilian practitioners), the foreign service roster will, in due time, be diminished by this number, thereby tending, of course, to lessen the relative proportion of home to foreign service.

From the same date, however, the tours of service at all foreign stations have been extended for one year, and this will, at any rate, tend to lengthen an Officer's home service, when his turn for a tour at home comes round, although the intervals between such home tours will, of course, be greater.

Taking one thing with another, the future tours of home service for Medical Officers will probably remain for some time much about the same as above stated, except perhaps that as the large batches of Surgeons, who joined just after the Warrant of 1879, become due for promotion to Surgeon-Major, the periods of home service of the ranks will be more equalized.

T. CRAWFORD, *Director-General.*

MEDICAL DIVISION, WAR OFFICE.
9th April, 1889.

(Statement handed in by Sir Thos. Crawford, Dir.-Gen., Army Medical Department.)

APPENDIX No. 3.

STATEMENT showing the number of Medical Officers who Entered and Retired from the Service during the years from 1854 to 1888 inclusive.

Year.	Entered the Service.	Retired from the Service.
1854	280	12
1855	211	7
1856	18	65
1857	96	26
1858	218	21
1859	90	14
1860	58	29
1861	23	77
1862	52	23
1863	54	20
1864	150	17
1865	55	27
1866	50	26
1867	71	32
1868	59	38
1869	1	22
1870 .. ..	..	31
1871	49	26
1872	12	35
1873	10	37
1874	33	29
1875	23	44
1876	1	49
1877	50	37
1878	43	30
1879 .. ..	..	38
1880	104	63
1881	109	51
1882	39	44
1883	31	33
1884	40	46
1885	113	62
1886	98	34
1887	64	31
1888 .. ..	..	47
Total	2,305	1,223

T. CRAWFORD,
Director-General.

WAR OFFICE,
1st April, 1889.

(Paper handed in by Mr. Denham Robinson—Vide Question 1366.)

APPENDIX No. 4.

Actuaries' Report, No. 411.

MORTALITY OF EFFECTIVE MEDICAL OFFICERS.

[TABLE CALLED FOR BY THE COMMITTEE ON THE MEDICAL STAFF.]

The following table shows the experience derived from the body of Medical Officers *serv*ing from 1852 to 1871. For comparison we show the numbers surviving at each age out of 10,000 at the age of 24, based on the experience furnished by combatant Officers (*serv*ing and retired) and by Government annuitants.

Age last birthday.	Subject to mortality.	Dying.	Mortality per cent., Effective Medical Officers.	Numbers living at each age, with 10,000 at 24.		
				Effective Medical Officers.	Combatant Officers.	Government Annuitants.
24	1,399	38	2·01	10,000	10,000	10,000
25	1,283	27	2·02	9,800	9,879	9,865
26	1,212	31	1·98	9,601	9,752	9,736
27	1,108	20	1·92	9,410	9,623	9,614
28	1,066·5	18	1·87	9,230	9,489	9,497
29	1,031	23	1·83	9,057	9,358	9,386
30	935·5	19	1·82	8,890	9,228	9,279
31	862·5	12	1·84	8,728	9,103	9,173
32	820·5	11	1·88	8,569	8,987	9,068
33	806	21	1·96	8,409	8,876	8,964
34	786·5	14	2·05	8,243	8,774	8,859
35	759	17	2·15	8,074	8,682	8,752
36	684·5	13	2·26	7,900	8,598	8,644
37	588·5	12	2·36	7,721	8,515	8,533
38	524·5	8	2·44	7,539	8,428	8,422
39	519·5	16	2·50	7,355	8,337	8,310
40	446	7	2·52	7,171	8,236	8,198
41	351	15	2·52	6,990	8,123	8,087
42	319	10	2·50	6,814	8,008	7,978
43	298	11	2·45	6,643	7,889	7,870
44	264·5	5	2·40	6,480	7,770	7,762
45	243	7	2·36	6,325	7,658	7,656
46	223	3	2·32	6,176	7,551	7,549
47	205·5	3	2·29	6,033	7,447	7,442
48	196	4	2·26	5,895	7,350	7,333
49	165	4	2·24	5,762	7,254	7,219
50	143	1	2·23	5,632	7,161	7,101

Age last birthday.	Subject to mortality.	Dying.	Mortality per cent., Effective Medical Officers.	Numbers living at each age, with 10,000 at 24.		
				Effective Medical Officers.	Combatant Officers.	Government Annuitants.
51	120·5	1	2·24	5,507	7,065	6,978
52	104·5	2	2·25	5,384	6,969	6,849
53	74	3	2·28	5,262	6,869	6,714
54	60	4	2·31	5,142	6,762	6,574
55	47	1	2·36	5,023	6,648	6,430
56	38	2	2·42	4,905	6,521	6,282
57	27	1	2·49	4,786	6,383	6,132
58	21	1	2·58	4,668	6,239	5,979
59	14·5	—	2·67	4,546	6,088	5,824
60	15·5	—	2·75	4,426	5,931	5,666

DENHAM ROBINSON.

J. G. ASHLEY.

28th May, 1889.

APPENDIX No. 5.

ANSWERS of the Director-General, Army Medical Department, to points raised at Earl Camperdown's Committee.

Q. What addition to the Medical Department would be occasioned by attaching a Medical Officer to a regiment, say for a term of four years?

A. From calculations made it would appear that the number of Medical Officers that would be required for attachment to regiments and units, at Home and the Colonies is .. 214

As a set-off against this, the number, so far as can be ascertained, now *partially* employed "on duty with corps" is 157

The balance of additional Medical Officers required for regimental attachment would therefore be 57

or in round numbers, say 60

Q. Why should the large difference of 30 per cent. in the number of Medical Officers (214 instead of 157) be occasioned by the above system, if the Medical Officers are made available for duty in the Station Hospitals, in the event of the regiments not requiring their whole time?

A. The question put in another form appears to amount to this:—

If 157 Officers are already doing duty with corps, in addition to other work, and if 214 would be required under a new system for the 214 units, why could not these 214, who would, of course, perform a larger share of other work, render sufficient help in the Station Hospitals to dispense with the necessity of making any augmentation of the staff at all?

This is a consideration which cannot be properly entered into without an elaborate re-examination of the Station Hospital system, and an enquiry into its *personnel*, with the view of ascertaining whether so many Medical Officers could be spared from exclusive duty in the hospitals without impairing the efficiency of the system.

Q. What cases of retirement upon gratuity have occurred?

A. Twelve Officers of the Medical Staff, or Army Medical Department, have retired with gratuities since the issue of the Royal Warrant of 27th November, 1879, which first provided this mode of retirement for Medical Officers.

ARMY MEDICAL DEPARTMENT,
20th June, 1889.

(Statement handed in by Surgeon F. R. Barker—Vide Questions 1274 and 1280.)

APPENDIX No. 6.

Practical grievances with regard to pay and allowances of which the Officers, Medical Staff, serving in India complain.

I.—SURGEONS.

1. Surgeons, Medical Staff, do not receive the pay and allowances of their corresponding rank in the Army (Captain) whilst serving in India.

TABLE I.

Comparison of the pay of a Surgeon, Medical Staff, serving in England and a Captain serving in England.

Surgeon per annum—	£	s.	d.	Captain per annum—	£	s.	d.
Under 5 years	200	0	0	Royal Horse Artillery	273	0	0
After 5 „	250	0	0	Cavalry	237	5	0
„ 10 „	273	15	0	Royal Artillery	211	7	11
				Infantry	211	7	11
				Royal Engineers*	211	7	11

* A Captain, Royal Engineers, receives in addition 6s. a-day, Engineer pay.

TABLE II.

Comparison of the pay and allowances of a Surgeon, Medical Staff, and of a Captain serving in India.

Surgeon per mensem—	Rs.	a.	p.	Captain per mensem—	Rs.	a.	p.
Under 5 years	317	8	0	British Infantry	415	6	0
In 6th year	335	12	2	Garrison Artillery	417	7	8
After 6 years	433	10	2	Royal Engineers	433	10	0
„ 10 „	451	14	5	Cavalry and Royal Horse Artillery	563	0	4
				Field Battery	477	7	8

NOTE.—From the above comparison we find that a Surgeon, Medical Staff, has to serve six years before he receives as much as the lowest rate of a Captain's pay, five years of which are 98 rupees less per mensem.

TABLE III.

Comparison of the pay and allowances in India of a Surgeon, Medical Staff, ranking as Captain, and a Veterinary Surgeon ranking as Lieutenant.

Surgeon per mensem—	Rs. a. p.	Veterinary Surgeon per mensem—	Rs. a. p.
Under 5 years	317 8 0	Under 5 years	400 0 0
In 6th year	335 12 2	After 5 "	450 0 0
After 6 years	433 10 2	" 10 "	500 0 0
" 10 "	451 14 5		

NOTE.—The Veterinary Surgeon's pay includes horse allowance for two horses, although he seldom appears on parade, whereas a Surgeon has no horse allowance, although he has frequently to attend parades of all arms of the Service; in fact, to perform his multifarious duties, often at long distances apart, he has to keep one or more horses at his own expense, to prevent his health breaking down.

TABLE IV.

Comparison of the pay and allowances of Surgeons, Medical Staff, serving in India with those of Surgeons of the Indian Medical Service.

Surgeon, Medical Staff—	Rs. a. p.	Surgeons, Indian Medical Service—	Rs. a. p.
Under 5 years	317 8 0	Under 5 years, unemployed ..	317 8 0
In 6th year	335 12 2	Under 5 years in charge, Infantry	450 0 0
After 6 years	433 10 2	Under 5 years in charge, Cavalry	510 0 0
" 10 "	451 14 5	In 6th year, unemployed ..	335 12 2
		" in charge, Infantry	600 0 0
		" " Cavalry.	660 0 0

NOTE *a*.—A Surgeon, Indian Medical Service, acting temporarily in charge of a Native regiment, during the absence of the Officer, whose substantive charge it is, receives the pay and allowance of his own grade, plus half the staff allowance of the appointment in which he is officiating, if he has passed the examination in Hindustani, known as the lower standard, which he usually passes before he has been in the country six months.

NOTE *b*.—The only appointments open to the Officers, Medical Staff, are Lock hospitals and the station staff, which are alternately held by both Services.

NOTE *c*.—Officers of the Indian Medical Service are also eligible for civil surgeoncies, residency surgeoncies, jails, and railways, in addition to their charge of a Native regiment.

2. Commissions of Surgeons, Medical Staff, date from the final examination at Netley, whilst the Commissions of the Surgeons, Indian Medical Service, date from the day of joining. This gives the Surgeons, Indian Medical Service, a seniority of four months over the Surgeons, Medical Staff, although the latter passed the same examination, and may have gained higher marks at the two examinations. As an example, the first 12 candidates, Medical Staff, in the Session, 1879-80, obtained more marks than the first Indian candidate.

3. Surgeons, Medical Staff, when travelling in medical charge of troops by sea from one Indian port to another are charged Captains' stoppages, although they do not draw Captains' pay and allowances, which shows that, when it is for the interest of the Indian Government, they recognize their rank as Captains.

4. Since the Warrant of 1879, charge allowance for Surgeons, Medical Staff, in charge of regiments has been abolished, as also horse allowances with mounted corps, without any corresponding increase in a Surgeon's pay.

5. A Surgeon when travelling on duty at home, or in the colonies, is entitled to travelling or detention allowance of 10s. per diem to cover his hotel expenses, cab hire being allowed in addition. In India a Surgeon, Medical Staff, when travelling on duty receives neither travelling allowance nor cab hire. At every important station he stops at he has to report himself to the Principal Medical Officer in person, and as the cantonment is, as a rule, from one to two miles distant from the railway station, he has to hire a carriage (gharri) at his own expense. On the line of rail he has to live on the food provided at refreshment rooms, or at a rest camp at an average cost of 7 rupees per diem. On arrival at Deolote he is obliged to live at the mess, where he is usually detained some days. Similar expenses are incurred on the return journey if he be fortunate enough to join his station direct, but a Surgeon once outside his district is liable to be sent with troops, either by road or rail, to any part of India during the trooping season. A duty of this kind usually lasts a fortnight, or longer, during which time he has the expense of keeping up his establishment (bungalow, servants, &c.) at his own station.

A Surgeon may, as a rule, expect two such tours of duty each trooping season.

It may be argued that the same thing happens to combatant Officers, but there being a greater number of these Officers, the turn of duty, very seldom comes to the same individual, whilst Medical Officers are constantly on the move.

Indian Medical Officers do not do this duty, but Surgeons, Medical Staff, are sometimes told off to accompany a Native regiment on the march, no Surgeon, Indian Medical Service, being available.

II.—BRIGADE SURGEONS.

The rank that suffers most next to the Surgeon from being underpaid is that of Brigade Surgeon.

1. Brigade Surgeons in India, who always holds important charges, draw no staff allowance, which is an anomaly.

2. Brigade Surgeons draw no increase of pay on promotion from Surgeon-Major, their rank not being recognized by the Indian Government.

3. It is possible for a Brigade Surgeon to draw less pay than he did five or six years ago as a Surgeon-Major in charge of a Cavalry regiment or battery of Artillery.

4. No distinction is made in respect of pay between Brigade Surgeons and Surgeon-Major, who have been passed over, and if the latter has over 25 years' service he will draw more pay (1,093 rupees) than the former, if he happens to have less than five years' service (1,056 rupees). The Surgeon-Major serving under the Brigade Surgeon possibly.

5. Owing to Brigade Surgeons being posted to important posts, they are ineligible for staff appointments which a Surgeon-Major may hold, and the staff allowance attached thereto would make his total pay greater than that of a Brigade Surgeon.

The fact remains that the Medical Staff of the Army in India has, within the past few years been deprived of large sums of money in the shape of allowances, that their numbers have been reduced, thus throwing extra work on those that remain, and diminishing their chances of leave; that the Senior Officers had greatly increased duties and responsibilities imposed on them, and that the Indian Government has not in any way recognized the position of Brigade Surgeons in that country, either by giving them the position they are entitled to, or making them any money allowance for their extra work and responsibility, both officially and pecuniary.

There are several precedents for considering the claim of the Brigade Surgeons, viz., the Majors of Royal Artillery, when promoted from the rank of Captain were all granted Major's pay, and, further, the grant was made retrospective. In the same way, the New Line Majors were granted an increase of pay; it cannot be doubted that the claims of the Brigade Surgeons would have been attended to years ago had the department had the same influence in the House of Commons as the Royal Artillery and Line Officers.

In conclusion, the claims of the Brigade Surgeons are—

- (1.) Recognition of their rank in India, with the increase of pay granted to the rank by the Royal Warrant;
- (2.) Exemption from routine duties;
- (3.) A staff allowance sufficient to mark the importance of their duties, and compensate them for their pecuniary and other responsibilities.

F. R. BARKER, M.B., Lond.,
Surgeon, Medical Staff.

APPENDIX No. 7.

LETTER No. I., from Dr. Barclay to Surgeon Macpherson, asking for criticism on attached letter from the *British Medical Journal*.

Office of Surgeon-General with the Government of India, dated Simla, 22nd September, 1886.

Dear Sir,

I am desired by Surgeon-General Simpson, who has been referred to by His Excellency the Viceroy on the subject, to forward the enclosed statement of grievances, with a request that you will be so kind as to favour him with any criticisms which may occur to you on thinking over them. I am to beg that your criticisms may be an entirely impartial one, giving whatever evidence there may be on both sides of the question. Any criticism from one point of view alone would carry little force.

I am, &c.,
A. BARCLAY,
Secretary.

PAY OF BRITISH ARMY SURGEONS IN INDIA.

"One who speaks from bitter experience" writes:—

"I am glad to see that in some recent issues of the *British Medical Journal* attention has been called to the pay of the junior Army Surgeons in India. The young Surgeon is induced to enter the Service under the fond delusion that he is to receive pay at the rate of 200*l.* per annum, with the allowances of a Staff Captain, which, altogether, amounts to nearly 300*l.* per annum. This he undoubtedly receives during the few months he is allowed to remain at home; but on arriving in India (usually within his first year of service) he finds that though he continues to wear the badges of rank of a Captain, according to the Indian Army Regulations, he ranks with a Lieutenant for the first six years of his service, and draws the allowances of that rank only. These, together with his pay, amount to *Rs.*317 8*a.* per month (value of exchange being 1*s.* 5½*d.* the rupee). This is *Rs.*132 8*a.* less than the pay of a Regimental Captain, *Rs.*82 8*a.* less than that of a junior Veterinary Surgeon, and actually *Rs.*7 8*a.* less than the pay of a young Subaltern on becoming a probationer for the Indian Staff Corps. But this gross injustice fades into insignificance to what follows. After the Surgeon attains five years' service at home, after this period of service, his pay is augmented by 50*l.* per annum (equivalent to *Rs.*58 5*a.* per month), while in India he gets the overwhelming addition of *Rs.*18 4*a.* per month, being at a loss of *Rs.*40 1*a.* for the privilege of serving in that unhealthy climate. Nor is this all. At home, when travelling on duty, the Surgeon receives an allowance of 10*s.* per day; while in India, not only does he receive no such allowance, but has to provide himself with tents and transport for his baggage.

"Again, though the nature of his duties always necessitates his being mounted, he is not allowed horse allowance, except when actually marching with troops, though (I suppose as a sort of grim joke) the dress regulations authorize him to wear spurs.

"I hope you will find space to publish these few facts, if only in justice to intending candidates, who I am sure, are about to enter the Service, as many have done before, under false impressions."—*British Medical Journal*, 24th July, 1886. ("Statement of Grievances.")

LETTER No. II., from Surgeon Macpherson to Dr. Barclay, forwarding "Criticism on Pay of British Army Surgeons in India."

Dear Sir,

Kasauli, 28th September, 1886.

I beg to enclose herewith criticism on the pay of British Army Surgeons in India, called for by the Surgeon-General with the Government of India in your letter to me of the 22nd instant (Divisional Order, No. 312). The criticism is based entirely upon paragraphs and clauses in the various regulations bearing upon the subject; and if it appears too one-sided, it must be considered the fault of the regulations themselves, which would make the most impartial criticism appear one-sided.

As I have avoided stating facts which are not corroborated by evidence, I trust the criticism will meet the requirements of the Surgeon-General on the subject.

I should be much obliged if you would kindly acknowledge receipt of enclosures.

I am, &c.,

W. G. MACPHERSON,
Surgeon, Medical Staff.

To the Secretary to the Surgeon-General
with the Government of India.

LETTER No. III., from Dr. Barclay to Surgeon Macpherson, acknowledging receipt of "Criticism on Pay of British Army Surgeons in India."

Office of Sanitary Commissioner with the Government of India, dated 29th September, 1886.

Dear Sir,

I have received your note of yesterday's date, enclosing remarks on the grievances complained of by some Officers of the Medical Staff, and I have handed this over to Dr. Simpson, who desires me to thank you for it.

I hope some good may come of it.

I am, &c.,

A. BARCLAY.

I.—CRITICISM ON THE PAY OF BRITISH ARMY SURGEONS IN INDIA.

Documents attached to Original Copy sent to the Surgeon-General, with the Government of India.

- (a.) Copy of advertisement for candidates for Army Medical Department from *British Medical Journal*, 10th July, 1886.
- (b.) "Schedule of Particulars of Qualifications and Conditions of Service" furnished by Director-General to intending candidates.
- (c.) Reprint of a letter, headed "Pay of British Army Surgeons in India," from *British Medical Journal* of 24th July, 1886, and called the "Statement of Grievances," enclosed for criticisms in Dr. Barclay's letter, and also so-called in the "criticism."

Statement
of griev-
ances.

1. The "Statement of Grievances," herewith attached, contains, amongst minor points, this main one, that a Surgeon is induced to enter the Medical Staff by the publication of certain conditions of pay allowances and rank, but finds that, after a few months' service, he is liable to be sent to India, when these conditions are not adhered to.

2. An impartial criticism of such a statement must take into consideration the following questions:— Headings of criticism.

I.—What are the conditions of pay allowances and rank, published for the information of candidates for a commission in the Medical Staff?

II.—Does he find these conditions adhered to when he enters the Service?

III.—How are these conditions specially affected by service in India?

IV.—If affected by service in India, are these conditions affected in such a way as reasonably to constitute a just grievance, and one that ought to be remedied?

3. In detailed answers to these questions, most of the evidence bearing on the minor points raised in the "Statement of Grievances" will be brought forward. Evidence to be brought forward.

4. To take these questions, therefore, in detail:— Question I.

I.—What are the conditions of pay allowances and rank, published for the information of candidates for a commission in the Medical Staff?

5. The Royal Warrants affecting the pay allowances and rank of the present junior Surgeons of the Medical Staff are those of the 27th November, 1879, 16th November, 1880, and 25th June, 1881, along with the Royal Warrants regulating the pay, promotion, &c., and the issue of army allowances existing at the time. Royal Warrants affecting conditions of service.

6. But as these Warrants are not usually available for perusal to the general public, when candidates are advertised for, under authority of the War Office, the Director-General notifies that he will furnish a "schedule containing further particulars" to intending candidates. Copies of advertisement (from *British Medical Journal*, 10th July, 1886), and "schedule of further particulars" are attached. This schedule is all the official information a candidate receives regarding the conditions of the Service he is about to enter. Official information to intending candidates.

7. It will be seen that, in the schedule, page 2, extract from one of the Royal Warrants, mentioned above (*i.e.*, that of 25th June, 1881), give the candidate the following information about his pay and rank:— Pay granted by Royal Warrant.

On appointment, he is to receive 200*l.* (exclusive of allowances) annually; after five years' service, 250*l.* annually; and after 10 years' service, 15*s.* daily. His relative rank is to be that of Captain from the date of his commission as Surgeon. No reference whatever is made regarding the existence of different conditions on foreign service, and the candidate, therefore, understands that these will be the conditions wherever he may serve.

8. II.—Does he find these conditions adhered to when he enters the Service? Question II.

9. When he enters the Service, a Surgeon becomes aware of the following official publications, regulating his pay allowances and rank:— Publications affecting pay allowances and rank.

(i.) Queen's Regulations and Orders for the Army.

(ii.) Regulations regarding Pay, Promotion, &c. (being the Royal Warrant existing at the time).

(iii.) Regulations regarding the Issue of Army Allowances (*idem*).

10. The first of these has little or no bearing on his pay and allowances, but in it his relative rank is definitely notified (Sec. ii., § 13). In the second, he finds (last edition, Royal Warrant, 1884, § 125, § 126) that relative rank shall carry all precedence and advantages attaching to corresponding military rank, and that the relative rank of a Surgeon shall be that of Captain. Relative rank stated, regulations regarding.

11. In the third publication (Royal Warrant of 12th March, 1884), he finds in the preamble, that the issue of allowances shall be in accordance with the classification laid down in the Warrant relating to Pay, Promotion, &c. (*i.e.*, in § 126, of ii.), already quoted. Allowances to be made in accordance with relative rank.

No mention of Indian service. 12. In none of these publications is any special or other mention made of service in India, nor is the Surgeon led, in any way, to understand that the conditions therein notified differ in India from what they are at home, and in the colonies.

No other official information available at home. 13. Further, no other official information is available in England with regard to the pay allowances and rank of a Surgeon of the Medical Staff at home and abroad.

Inducements to Surgeons to enter or continue in the Service. 14. He, therefore, justly and reasonably considers himself induced to enter and continue in the Service on the following conditions:—

(i.) That his pay, both at home and abroad, will be 200*l.* (exclusive of allowances) per annum on appointment, 250*l.* annually after five years' service, and so on.

(ii.) That he holds as Surgeon the relative rank of Captain.

(iii.) That relative rank, wherever he may serve, carries all precedence and advantages attaching to corresponding military rank.

(iv.) That as the allowances of his rank, on home service at least, amount, exclusive of field and travelling allowances, to about 5*s.* daily, or about 90*l.* yearly; his total pay and allowances on appointment will be equivalent to nearly 300*l.* a-year.

Period at which the Surgeon is sent to India. 15. It is remarked, in the "Statement of Grievances," that "this (*i.e.*, nearly 300*l.* per annum) he undoubtedly receives during the few months he is allowed to remain at home before being sent to India." There is a certain amount of truth in this implication, that the Surgeon who is sent on Indian service, is very junior. In the Quarterly Bengal Army List, 8th April, 1886, 121 Surgeons of the Medical Staff were then serving in Bengal, and of these on the date of their arrival in India—

55 were in their 1st year of service.

51 " " 2nd " "

4 " " 3rd " "

3 " " 4th " "

1 was in his 5th " "

1 " " 6th " "

6 had above 6 years' service.

About 88 per cent., therefore, of the Surgeons serving in Bengal had less than two years' service before arriving in India, more than half this percentage having under one year's service. Such a condition of affairs has, of course, absolutely no significance, unless taken in connection with the special effects of service in India on the pay and allowances of a Surgeon under six years' service.

Question III. 16. Let us consider, therefore, the question—

III.—How are these conditions specially affected by service in India?

Points to be noted. 17. Before commencing an answer to this question, the following points must be noted, as they serve to throw light on the facts that will subsequently be brought forward.

Indian Army Regulation notifications. 18. In the Indian Army Regulations, Vol. I., Part I., it is notified—

(i.) That Royal Warrants and Circulars issued from the Horse Guards and War Office affecting the establishment and pecuniary arrangements of British troops serving in India, do not come into force till made applicable to India by the Governor-General in Council (§ 350).

(ii.) That the full rate of English pay of rank, as authorized from time to time by Royal Warrants, is considered as included in the aggregate regimental pay and allowances issued to an Officer of the British Army on the Indian Establishment (§ 345).

(iii.) That pay and Indian allowances of rank are issued in lieu of all English pay (lodging, light, fuel, field and every other allowance) granted by the Royal Warrant in places out of India (§ 343).

(iv.) When English pay of Officers is issued with Indian allowances, it is calculated at the rate of 2*s.* 6*d.* the rupee (§ 344).

Let us see, then, how these paragraphs specially affect the conditions of the Medical Staff Surgeon's service in India.

Grade pay of Surgeons. 19. The aggregate regimental pay and allowances, or "grade pay," of a Surgeon, Medical Staff, under five years' service is *Rs.*317 8*a.* monthly (§ 301). After five years' service it is *Rs.*335 12*a.* 2*p.* monthly, and after six years' *Rs.*433 10*a.* 2*p.*

20. These rates of pay are intended as remuneration in full for all duties that may devolve on him while serving in India, with the exception of a few extra-paid appointments (Article 6 F) which he may, but by no means always does, hold (§ 506). Grade pay. Remuneration in full.

21. This "grade pay" is considered as made up of pay proper and Indian allowances (§ 307), and, as is already notified (§ 344), this pay proper is converted at the rate of 2s. 6d. the rupee. Grade pay made up of pay proper and allowances.

22. Thus, by a little calculation, the pay of 200*l.* annually becomes *Rs.*133 5*a.* 4*p.* per mensem in India, 250*l.* becomes *Rs.*166 10*a.* 8*p.* monthly, and 15*s.* daily becomes *Rs.*180 for a month of 30 days. Indian allowances must therefore be considered as being— English pay calculated at 2s. 6d. the rupee, and Indian allowances.

		<i>Rs.</i>	<i>a.</i>	<i>p.</i>	
Under 5 years' service ..		184	2	8	monthly
After 5 " " ..		169	1	6	"
" 6 " " ..		266	15	6	"
" 10 " " ..		253	10	2	"

23. Reference, however, to § 975, Indian Army Regulations, Vol. I, Part I, shows that tentage for the rank of Captain is *Rs.*75 monthly, and that this "tentege" allowance is included in the pay and Indian allowances of the relative rank held by Medical Officers. [It must be noted here that this allowance covers the expenses mentioned in the last sentence of the first paragraph of the Statement of Grievances, and constitutes the allowances therein stated to be non-existent.] Tentage allowance.

24. Deducting, therefore, the tentage allowance from the above table, the equivalent of English ordinary allowance becomes— Indian allowances with tentage deducted.

		<i>Rs.</i>	<i>a.</i>	<i>p.</i>	
Under 5 years' service ..		109	2	8	monthly
After 5 " " ..		94	1	6	"
" 6 " " ..		191	15	6	"
" 10 " " ..		178	10	2	"

25. IV.—If affected by service in India, are these conditions affected in such a way as to constitute a just grievance, and one that ought to be remedied? Question IV.

26. One of the grievances stated is that these allowances are not the allowances of the relative rank held by the Surgeon under six years' service; and, as a matter of fact, beyond the paragraph relating to tentage (§ 975), no evidence can be discovered to show that they are. Allowances of Surgeon not those of relative rank.

27. On the other hand, reference must be made to India Army Circulars, 1882, Clause 20, in which Her Majesty's Government notifies that alterations in the relative rank, made by Royal Warrants of 27th November, 1879, and 16th November, 1880, are held only to apply to special allowances, as donation batta, choice of quarters, presidency house rent, &c., but do not affect the pay and allowances now drawn by Officers of the British Medical Service. In other words, Her Majesty's Government continues to grant pay and allowances in India at rates existing while the Surgeon held the rank of Lieutenant, protected in this by § 350, Indian Army Regulations, Vol. I, Part I, quoted above—regulations which, it has been pointed out, the Surgeon has no opportunity of knowing until his arrival in India. Notification in Indian Army Circular, 1882, Clause 20

28. This clause, taken with other paragraphs quoted, has admitted of the following anomalies in the junior Surgeons' pay in India—anomalies which form his chief grievances:— Effect of above clause.

29. (i) With regard to the actual emoluments of his rank, a table has been drawn up at the end of this paper, showing the Surgeons' pay, &c., at home and in India, as compared with the pay, &c., of certain other Officers of similar or inferior rank, specially referred to in the Statement of Grievances. In this table Paymasters are included, as showing a comparison with a departmental Officer of similar rank at home and abroad, and serving under similar conditions in India. Surgeons of the Indian Medical Service are left out of the whole question, as these Officers enter the Service and come to India with a definite knowledge of the conditions of their service and pay in India. Comparative table of emoluments of rank.

30. The table shows, without comment, the anomalies that exist between home and Indian pay and allowances, the greatest anomaly being in the pay, &c., of a Surgeon of five years' service, who, with 250*l.* a-year and the allowances of Captain at home, receives *Rs.*335 12*a.* 2*p.* monthly in India; while a Veterinary Surgeon, with the same pay and the allowances of a Lieutenant at home, receives with the same service *Rs.*450 a month in India. From this *Rs.*450 must be deducted horse allowance of *Rs.*60 Comparison of Surgeon and Veterinary Surgeon.

(§ 412), leaving *Rs.*390 as his pay and allowances—the equivalent of 17*s.* 8*d.* daily at home, as against the Medical Staff Surgeon's *Rs.*345 12*a.* 2*p.*, the equivalent of 18*s.* 9*d.* at home; and this without deducting tentage, which would give the Veterinary Surgeon a further advantage of *Rs.*25 monthly in ordinary allowances.

Comparison of allowances of Surgeon with allowances of Subaltern. 31. (ii.) It has been pointed out that, with tentage deducted, the allowances of a Surgeon under five years' service are *Rs.*109 2*a.* 8*p.* monthly. A Lieutenant, after three years' service, receives *Rs.*256 10*a.* monthly (§ 300 D). His military pay proper is *Rs.*60 14*a.* (§ 300 F), and his tentage allowance *Rs.*50 (§ 975). This leaves him *Rs.*145 12*a.* monthly in ordinary allowances, as against *Rs.*109 2*a.* 8*p.* of the Surgeon under five years' service, and the *Rs.*94 1*a.* 6*p.* of the Surgeon of five years' service.

Presidency house rent not obtainable by junior Surgeons. 32. (iii.) A Surgeon of the Medical Staff is allowed special allowances, such as presidency house rent, at the rate accorded to his relative rank (Indian Army Circulars, 1882, Clause 20). This presidency house rent is not, however, admissible to Medical Officers doing duty at a presidency town on first appointment (§ 101, Indian Army Regulations, Vol. I., Part I.). In this special allowance, therefore, the junior Surgeon is not likely to, and, as a matter of fact, seldom does partake.

Surgeon pays messing according to rate for relative rank. 33. (iv.) According to Indian Transport Regulations, Part II., § 430 and § 433 (Amended Military Department, No. 83c, 17th January, 1885), a Surgeon is charged messing on board Indian Government transports, according to his relative rank. It will be seen from this that Surgeons of the Medical Staff serve in India under the anomalous condition of having, under some circumstances, their relative rank recognised, and, under others, of having it ignored; recognised too when they pay, and ignored when they are being paid.

Special reasons for liberal treatment. 34. In closing this criticism, while the above notes from the main evidence in connection with the pay of the British Army Surgeons in India, it is necessary to add that the discontent, which prevails so largely amongst these Officers, depends also on the feeling that there are special reasons why the Indian Government should deal with them liberally, certainly as liberally as they are dealt with at home.

The special reasons are mainly these—

Horse allowance. 35. (i.) Their duties are unusually varied, and, even in ordinary cantonments, difficult to perform without the use of a horse. Formerly Surgeons were granted horse allowance, but this was discontinued in Indian Army Circulars, 1882, Clause 21, though the work remained the same. It was re-granted in Indian Army Circulars, 1885, Clause 54, but for duties that occur only intermittently, so that a Surgeon has now to obtain a horse each time he performs these duties, or else keep one up permanently.

Duties with native troops. 36. (ii.) He is liable, and often has to perform duties with native troops without drawing the usual charge allowances (§ 506—III., Indian Army Regulations, Vol. I., Part I.). Such duties were performed by myself, under order, for six weeks without this allowance, in consequence of the above paragraph.

Travelling duties. 37. (iii.) It is a generally acknowledged fact, that he is liable to more frequent travelling duties than other Officers in the Army.

Leave disadvantages. 38. (iv.) He undergoes special disadvantages in the matter of leave. He is the only Officer, the nature of whose duties preclude him from enjoying the Thursday and Sunday holidays granted to the Indian arms weekly. Privilege leave is frequently unobtainable, and recalls from it of constant occurrence, because the hot weather is the season when his duties are the most arduous, and when he can least be spared.

Messing disadvantages. 39. (v.) Having no messes, or mess allowances of his own, he is at special disadvantages and expenses with regard to messing.

Outlay on professional education. 40. (vi.) He is the Officer, of all others, whose duties and qualifications have necessitated a large outlay, before entering the Service, in university and other professional education.

W. G. MACPHERSON, M.A., M.B.,
Surgeon, Medical Staff.

KASAULI,
27th September, 1886.

APPENDIX No. 8.

RANK and Title of Medical Officers in Foreign Armies.

FRENCH ARMY.

Medical grade.	Title.	Corresponding military rank.	Rank, other than military.
1	Médecin Inspecteur-General ..	General of Division.	
2	Médecin Inspecteur	Brigadier-General.	
3	Médecin Principal de 1 ^{re} Classe ..	Colonel.	
4	Médecin Principal de 2 ^e Classe ..	Lieutenant-Colonel.	
5	Médecin Major de 1 ^{re} Classe ..	Major.	
6	Médecin Major de 2 ^e Classe ..	Captain.	
7	Médecin Aide-Major de 1 ^{re} Classe	Lieutenant.	
8	Médecin Aide-Major de 2 ^e Classe ..	Sub-Lieutenant.	

C. R. SIMPSON, *Captain,*
Lincolnshire Regt.,
Intelligence Division.

25th June, 1889.

GERMAN ARMY.

Medical grade.	Title.	Relative military rank.	Rank, other than military.
1	General Stabs Arzt (Staff Surgeon-General).	Major-General.	
2	General Arzt, 1st Class (Surgeon-General, 1st Class).	Colonel.	
3	General Arzt, 2nd Class (Surgeon-General, 2nd Class).	Lieutenant-Colonel.	
4	Oberstabs Arzt, 1st Class (Upper Staff-Surgeon, 1st Class)	Major.	
5	Oberstabs Arzt, 2nd Class (Upper Staff-Surgeon, 2nd Class).	Captain.	
6	Stabs Arzt (Staff-Surgeon).	Captain.	
7	Assistenz Arzt, 1st Class (Assistant Surgeon, 1st Class).	1st Lieutenant.	
8	Assistenz Arzt, 2nd Class (Assistant Surgeon, 2nd Class).	2nd Lieutenant.	
	Unterassistentz Arzt (One year volunteer Surgeons and Sub-Surgeons).	Ensign.	

J. WOLFE MURRAY, *Major,*
Royal Artillery,
Intelligence Division.

27th June, 1889.

RUSSIAN ARMY.

Medical grade and description.	Title.	Corresponding military rank.	Rank other than military, if any.
Head of Administrating Office..	Chief Military Medical Inspector.	Lieutenant-General.	Geheim Rath.
Administrator of a Military District.	Military Medical Inspector.	Lieutenant-General or Major-General.	Geheim Rath or Wirklicher Staats Rath.
Medical Head of an Army-Corps, or Head of Hospital for 500 to 1,200 patients.	Corps Physician ..	Major-General ..	Wirklicher Staats Rath.
Medical Head of a Division, or Head of Hospital for 400 patients, or Consulting Physician.	Divisional Physician.	Major-General or Brigadier-General.	Wirklicher Staats Rath or Staats Rath.
Senior Medical Officer in a Regiment, or Head of Hospital for 200 patients.	Senior Regimental Medical Officer.	Colonel or Major or Brigadier-General.	Collegien Rath' or Hof Rath or Staats Rath.
Junior Medical Officer in Regiment, or Resident Medical Officer in a hospital.	Junior Regimental Medical Officer.	Major or Captain or Subaltern.	Hof Rath or Collegium Assessor or Titular Rath.
Physicians on probation (with degree of M.D.).	} Probationers are { promoted after { three years. {	Captain	Collegium Assessor.
Surgeons on probation (with license in Surgery).		Subaltern	Titular Rath.

The grades of the Medical Officers are the same as those given in the Civil Service, and gives no privileges except lodging and travelling expenses.

ARMY MEDICAL DEPARTMENT,
18th July, 1889.

Those Medical Officers of the Army who entered the Service before the year 1887 possessed relative rank, which rank disappeared from the Warrant of 1887, although it was never specifically cancelled. This change has led to great dissatisfaction, because Medical Officers find that it has unsettled and complicated, more than ever, their relation to other Military Officers, and has practically lowered their status in the Army. The position of Medical Officers is, in fact, now more involved in obscurity than it has ever been, and living, as many of them do, for the greater part of their lives, in cantonments regulated by martial law, and entirely surrounded by a military society, they are made to feel in their daily life the inferiority of their position in the Army—a position which not only leads to perpetual friction in the time of peace, rendering their life extremely unsatisfactory, but which in war, those who have had experience in the matter declare must lead to trouble, if not to something worse. We are unable to find any valid objections in the evidence taken before Lord Camperdown's Committee, to granting Medical Officers definite military rank and titles, such as those recommended by the majority of the members of the Committee. Well defined military rank and titles are not "derogatory" "foolish," or misleading, in the case of Medical Officers of the Army. On the contrary, we believe they are essential, in order that these Officers may hold that position in the Army to which they are entitled in consideration of their education, and the important duties which they have to perform. Without definite rank and titles the Service is so distasteful to many Medical Officers, that they retire from it in the prime of life, directly they are entitled to a pension. Further, we believe, unless the existing conditions of Service are remedied in the direction indicated, that whatever the number of the candidates for the Army Medical Department, their acquirements will deteriorate from the former high standard, to the detriment of the Service and of our soldiers.

The inferior position accorded to Medical Officers is indicated among other by the following facts :—

1. The refusal to permit them to sit on, or preside at, mixed boards on sanitary matters. They are directed "to attend" to give evidence if called on. The president being often a much junior officer. This causes endless irritation.
2. The absence of any defined military position. For the first twelve years of service an officer bears only the professional title of "Surgeon," which necessarily has no *military* significance. After 20 years service he ranks as Lieut.-Colonel but is called "Surgeon-Major," which is distinctly misleading. A Brigade-Surgeon ranks as Lieut.-Colonel, but his title fails to convey any idea of military status.
3. Whenever officers' names are tabulated, the Medical Officers are placed at the bottom, *vide* "Monthly Army List," Staff of the Army, District Commands, and elsewhere.
4. The invariable tendency of the heads of the Army to depreciate the work and position of Medical Officers, *vide* Lord Wolseley's "Soldiers' Pocket Book," pp. 109, 110. The evidence before the Committees of Lords Morley and Camperdown. No other class of military officers has been referred to in like terms in public documents.

5. At official inspections of Barracks by the Deputy Surgeon-General, it is a frequent practice to detail a subaltern to accompany the inspecting officer; though at a similar inspection by a combatant or R.E. officer, a field officer would certainly be detailed.

6. Copy of Indian Memorandum. "Exception having been taken by the military authorities to the Honorary Surgeons of the Viceroy wearing an aiguillette, it was proposed that a sash similar to that worn by the Honorary Surgeons to the Queen should be worn instead of the aiguillette. This was referred home, and the request was refused by the home authorities. It is hereby notified that that part of the Circular dated December 18th, 1881, referring to the wearing of the aiguillette is entirely cancelled, and the gold aiguillette is not to be worn in future by Honorary Surgeons to His Excellency.

"By command.

"(Signed) WILLIAM BERESFORD, Lt.-Col.

"Military Secretary to the Viceroy.

"Calcutta, January 21, 1888."

7. By the new regulations, Medical Officers at the inspection of, or review of, a bearer company, are forbidden to draw swords, which was enjoined by former regulations.

If any other proof were necessary, it is made evident by the fact that, next to the question of rank, honours and rewards bestowed on the Medical Officers in recent campaigns, as compared with the other officers of the Army, continue to be one of the chief grievances of Medical Officers; and again, more recently, the withholding of the very moderate and reasonable demands of Medical Officers that their status in the Army should be recognised by the granting to them of non-combatant compound military titles.

The necessity for the Compound Titles exists in the combination of Technical and Military duties for the performance of which Medical Army Officers are responsible. (*Vide the Medical and other Army Regulations*).

<i>Medical.</i>	SURGEON-MAJOR.	<i>Military.</i>
Professional duties appertaining to the sick and wounded in peace and war.		Command and discipline of the Medical Staff Corps, and of men attached to the Corps, and on duty in military hospitals.
Sanitary duties in the field, camps, and quarters.		Instruction of the Corps in infantry and stretcher drill.
Recruiting and invaliding.		Responsibilities in regard to pay, clothing, arms, and equipment of the Medical Staff Corps.
Hospital administration in peace and war.		Preparation of pay-lists, clothing-ledgers, and equipment returns.
Technical training of the Medical Staff Corps.		Accounting officers for hospital buildings, equipment, supplies, and stores.
Statistical records, and many returns connected with hospital expenditure and administration.		

The Medical Officers of the Army wish their duties and military status to be clearly defined to the Service and the Public, which can be best done by the granting of Compound Titles, which denote their Army rank. They have already been granted two of the Compound Titles, viz.: SURGEON-MAJOR and SURGEON-GENERAL. They desire these Titles to be made *consecutive* and self-interpreting Army rank, commencing with Surgeon-Lieutenant and running up through the existing titles of Surgeon-Major to Surgeon-General, to which latter there have been no objections on the part of the military authorities, and that the designation of the Department be changed to that of "Royal Medical Staff (or Corps)."

In the evidence given before Lord Camperdown's Committee *vide page 106, para. 2463*, it is stated, "If you give the Medical Officer military rank, you must give the Veterinary Surgeon the same rank too, and you must give the clergyman the same rank too. I do not see where the difference is."

The difference is that:—

1. Veterinary Surgeons and Chaplains have not the command and discipline of a Corps and of men attached to that Corps.
2. They do not instruct in drill.
3. They have no responsibilities in regard to pay, clothing, arms and equipment of a Corps, nor for the preparation of pay lists, clothing ledgers and equipment returns, neither are they accounting officers for government buildings, equipment, supplies and stores.

The foregoing explanation equally applies to Naval Surgeons, who, from the nature of their duties, do not ask for, neither do they require, other titles than those they already possess.

The Medical are the only officers of the army who, having to perform military duties in addition to their own professional work, *have no military status assigned to them*, as is the case with regard to the Royal Engineers, Army Service Corps, Ordnance Corps. The compound military titles sought for would denote their medico-military duties.

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