

Surely retired officers, the officers of the auxiliary forces, and our civilian professional brethren will exert themselves to save us from this unworthy fate, and not play the game of the War Minister, who invites them to enrol their names in the Army Medical Reserve. The latter, as at present formulated, is nothing more than an artful scheme to play them off against the Medical Staff, and by cutting down the latter to a minimum peace strength to reduce the home establishment to an insignificant number. "Times of great national emergency" would soon be toned down to little frontier wars, and once the thin edge of the wedge was inserted, almost any expedition would be held to constitute "a great national emergency," and serve as an excuse to send medical officers abroad. Constant breaches of faith have inspired us with such a due feeling of distrust that we set little value on the assurances and promises of Royal Warrants. We therefore earnestly hope retired officers will hesitate to accept these appointments; they certainly cannot be compelled to do so.

Again, how can the Government, with any show of justice, make such a regulation as that proposed, "not to allow any medical officer to retire on the pension attached to his rank until he has served in it for a reasonable period?" What a farce this is! Who is to decide the question of "reasonable period?" The whole proposition is a distinct violation of the chief privileges granted by the Warrant of 1876, and, if carried out, the services of over 600 medical officers will have been obtained under false pretences.

Besides, Mr. Stanhope's statement as to the cause of the largeness of the non-effective vote is founded on error. It is first to be attributed to the great number (about 800) of medical officers who were commissioned at the time of the Crimean war and the Indian Mutiny, over thirty years ago, the natural consequence of such augmentation in the hour of danger being an increase in the number of non-effectives after so many years. The cause is, therefore, the lapse of time, and not the operation of the Warrant of 1876.

The abolition of relative rank was bad enough in all conscience, but these contemplated changes are beyond all endurance.

Are medical officers to be eternally subjected to these shameful changes of warrants and regulations by successive War Ministers, who, armed with a little brief authority, are pitched into power in the varying struggles of political party strife? Is there to be always this constant feeling of anxiety and unrest? Is there to be no finality—no guarantee for the permanence of any provisions made by a Royal Warrant, the privileges awarded in one year being modified or withdrawn in the next.

The services rendered by medical officers in the recent campaigns in Africa, Afghanistan, Egypt, and Burmah are now conveniently forgotten, and the suitable rewards for such services are to be continuous foreign service and modifications of the privilege to retire on a pension after twenty years. Such ingratitude cannot fail to create the strongest feeling of discontent, and will largely tend to destroy the efficiency of the most important department in the army.

THE NAVY.

SURGEONS H. L. CROCKER, L. T. COLTHURST, M.A., M.D., J. T. W. S. KELLARD, T. M. SIBBALD, WILLIAM THOMPSON, R. F. YEO, and G. S. SMITH, who entered the service, March 31st, 1876, are promoted to be Staff-Surgeons from the 31st ultimo. Of these gentlemen, the *Royal Navy List* says: L. T. Colthurst, M.A., M.D., received the thanks of the Spanish Government for attention to a wounded officer of the Spanish Navy during an attack on the city of Buenos Ayres, on June 22nd, 1860; Surgeon of *Humber* during Egyptian war, 1882 (Egyptian medal, Khedive's bronze star); also during operations in Eastern Soudan, in February and March, 1884; landed at Suakin for duty, in conjunction with officers of Army Medical Department, to attend wounded from front; sent to front after battle of Tamai in charge of additional stores for wounded (Suakin clasp). T. M. Sibbald, Surgeon of *Shah* when she engaged the Peruvian rebel turret ship *Huascar*, May 20th, 1877, off the town of Ylo; served in the two night torpedo expeditions; mentioned in despatches; landed with the *Shah's* Naval Brigade during the Zulu war; accompanied the Ekowe relief column; was present at the battle of Ginghlovo, April 2nd, 1879 (Zulu medal and clasp). W. Thompson, Surgeon of *Active* during Old Colony and Zulu wars, served with the Naval Brigade in Zululand; present at the action of Inyezane, January 22nd, 1879; formed part of garrison of Ekowe with Colonel Pearson's column, afterwards joined General Crealock's column and advanced to Port Durnford; mentioned in despatches (Zulu medal and clasp). G. Smith, Surgeon of *Pioneer* (lent from *Danae*) in the expedition up the Niger, 1877, when several practical villages were destroyed and severe punishment inflicted on the river pirates; Surgeon of the *Penelope* at the bombardment of Alexandria, July 11th, 1882, and during Egyptian war (Egyptian medal, Alexandria clasp, Khedive's bronze star).

The following appointments have been made at the Admiralty: H. L. CROCKER, Staff-Surgeon, to the *Carysfort*; L. T. COLTHURST, Staff-Surgeon, to the *Scout*; J. T. W. S. KELLARD, Staff-Surgeon, to the *Mutine*; R. F. YEO, Staff-Surgeon, to the *Hyacinth*; G. S. SMITH, Staff-Surgeon, to the *Kingfisher* (all these gentlemen are reappointed on promotion); MATTHEW DIGAN, Surgeon, to Malta Hospital; JOHN HUNTER, Surgeon, to Haulbowline Hospital; J. M. ROGERS, Surgeon, to the *Buzzard*.

Fleet-Surgeon A. J. LITTLE died at Bath on April 6th, at the age of 71. His commissions were dated: Surgeon, May 21st, 1836; Staff-Surgeon, May 1st, 1845; and Fleet-Surgeon, January 6th, 1860. He retired April 1st, 1870.

THE MEDICAL STAFF.

SURGEON H. M. RAMSAY, who entered the service January 30th, 1836, is appointed Surgeon to the Scots Guards *vice* G. S. Robinson, who has been promoted to Surgeon-Major.

Deputy Surgeon-General R. W. CLIFTON is granted retired pay. His commissions are dated: Assistant-Surgeon, September 23rd, 1857; Surgeon, August 31st, 1872; Surgeon-Major, March 31st, 1873; Brigade-Surgeon, January 2nd, 1883; and Deputy Surgeon-General, June 21st, 1887. He served with the expedition to China in 1860, and was present at the action of Sinho, and at the capture of the Taku Forts (medal with clasp).

It is announced in the *London Gazette* of Tuesday last that the Queen has been pleased to grant unto Surgeon W. H. P. LEWIS, Her Majesty's Royal licence and authority to accept and wear the insignia and order of the Osmanieh of the fourth class, which His Highness, the Khedive of Egypt, authorised by His Imperial Majesty the Sultan, has been pleased to confer upon him in recognition of his services with the Egyptian army, whilst actively and entirely employed beyond Her Majesty's dominions.

Surgeon F. H. BAXTER died at Cheltenham on March 19th, aged 69. His commissions were dated: Assistant-Surgeon, July 11th, 1845; Surgeon, August 15th, 1854; and Surgeon-Major, July 11th, 1865. He retired July 16th, 1870, with the honorary rank of Deputy Inspector-General. He served successively in the 54th Foot, with the 6th Inniskilling Dragoons, and in the 12th Royal Lancers. He was with the Inniskillings in the Crimea from March 9th, 1855, including the assault on June 18th, the battle of the Tchernaya, and the siege and fall of Sebastopol (medal with clasp, 5th class of the Medjidie, and Turkish medal).

Surgeon-Major T. FARIS, M.B., has taken up the appointment of Staff Officer to the Medical Staff Corps, and is stationed at headquarters.

Surgeon-Major W. JOHNSTON, M.B., has entered on his duties as the Officer Commanding at the Depot and Training School at Aldershot, *vice* Surgeon-Major F. P. Staples.

THE INDIAN MEDICAL SERVICE.

SURGEON-MAJOR T. C. H. SPEKCKE, Madras Establishment, is directed to do general duty in the Ceded District.

Surgeon-Major A. BARRY, M.D., Bombay Establishment, is promoted to be Brigade-Surgeon from February 26th, *vice* P. S. Turnbull, M.D., promoted to Deputy Surgeon-General. Dr Barry served in the war in Abyssinia in 1867-68 (medal), and in the Afghan war in 1880, when he took part in the march to the relief of Candahar with the force under Major-General Playre (medal).

Surgeon-Major C. W. S. DEAKIN, M.B., Bengal Establishment, is appointed Medical Storekeeper at Meeran Meer, *vice* Surgeon-Major G. A. Dundas, deceased.

Surgeon S. C. NANDI, M.B., Bengal Establishment, is appointed to the medical charge of the 13th Native Infantry, *vice* Surgeon-Major W. Finden, resigned, on appointment to the 7th Native Cavalry; Surgeon C. E. L. GILBERT is appointed officiating medical officer pending the return of Surgeon Nandi from Upper Burma.

The undermentioned officers, all of the Bengal Establishment, are appointed to the officiating medical charge of the regiments named:—Surgeon-Major W. FINDEN, 7th Native Cavalry, *vice* Surgeon H. Henley; Surgeon F. M. THOMSON, 2nd Battalion 3rd Goorkhas, *vice* Surgeon-Major F. A. Smyth, granted leave; Surgeon J. MORWOOD, M.D., 30th Punjab Infantry, *vice* P. W. Thomson; Surgeon-Major W. H. W. ELLIOT, 9th Bengal Lancers, *vice* Surgeon-Major E. Palmer, granted leave; Surgeon A. W. ALCOCK, 4th Punjab Infantry, *vice* Surgeon-Major T. Robinson, M.B., granted leave; and Surgeon A. R. JOLLIFFE, 5th Punjab Infantry, *vice* Surgeon A. W. Mackenzie.

The undermentioned gentlemen have leave of absence for the periods specified:—Surgeon-Major G. C. HALL, Bengal Establishment, Superintendent of the Central Gaol at Allahabad, for 182 days on private affairs; Surgeon F. F. MACCARTHE, M.B., Bombay Establishment, Health Officer of the Port of Bombay, for eighteen months; Surgeon-Major J. W. CLARKSON, Bombay Establishment, Deputy Sanitary Commissioner Western Registration District, for one year on medical certificate.

Surgeon AUGUSTIN FITZGERALD, Bengal Establishment, retired, died at Brighton on April 5th, at the age of 68.

THE VOLUNTEERS.

SURGEON W. P. RAWLINS, M.D., Surgeon to the Honourable Artillery Company, retires into the Veteran Company, with the honorary rank of Surgeon-Major, and with permission to retain his uniform. He joined the corps on April 5th, 1873.

Acting-Surgeon T. FRASER, M.B., of the 1st Berwick-on-Tweed Artillery, has resigned his appointment, which dates from July 27th, 1881.

Acting-Surgeon E. H. BRACKETT, M.D., of the 1st Volunteer Brigade, Eastern Division, Royal Artillery (late the 1st Norfolk Artillery), has also resigned, his commission bore date November 16th, 1882.

Acting-Surgeon E. F. ELIOT, of the 3rd Volunteer Brigade, Southern Division Royal Artillery (late the 1st Hampshire Artillery), is promoted to be Surgeon in the same corps, which he joined on September 3rd, last, as Acting-Surgeon.

Surgeon A. T. BRETT, M.D., of the 2nd Volunteer Brigade, Bedfordshire Regiment (formerly the 2nd Hertfordshire), is granted the honorary rank of Surgeon-Major.

Mr. RICHARD LAKE, formerly a Surgeon in the London Division of the Volunteer Medical Staff Corps, has been appointed Acting-Surgeon to the 4th Middlesex (West London).

MEDICO-LEGAL AND MEDICO-ETHICAL.

ANTIFEBRIN.—We see nothing unprofessional in the course proposed. It is a matter rather of discretion than of professional etiquette.

F. A. DAVEY.—It is a question of contract, and depends on the wording of the note. If we saw a copy of it we should then be able to advise.

FEES TO DENTISTS.

In response to "M.D.'s" inquiry, we may remark that, so far as our personal knowledge extends, there is *de facto* no reciprocity of practice between the professions of medicine and dentistry; nor, indeed, does there appear to be any general rule among dentists in regard to their fees to medical men. Some take a liberal view of their assumed relative obligations, and are content with money out of pocket, and often with loss; others, again, simply modify their charges; while a third—and, happily, a very small section—claim, as in the case of "M.D.," their full fees, regardless of the almost certain future loss of the practitioner's professional influence and support. The fee of five guineas for "stopping" five teeth needs no comment.

RIGHT OF ASSISTANTS TO LEGAL FEES.

A., in large town practice, desirous of taking it more easily and residing in the country, but coming up every day, Saturday and Sunday excepted, engages B. as assistant, at a stated salary with a commission on the midwifery, and for a fixed period of time, B. having the option of coming in upon a share any time during that period, upon payment of an arranged premium, to be deducted out of his share, extending over a number of years.

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No arrangement is entered into between them in the signed agreement as to fees for attending and giving evidence at inquests and courts of justice, the point not having been mooted by either A. or B. at the time of signing the deed. B., nine months afterwards, considers he is entitled to these fees, though he did not claim them at first. A. has conceded so far as to give B. the fee when both A. and B. have been required and received a fee each, but declines in the matter of inquests and *post-mortems*, holding that B. was engaged to represent him during his absence, and relieve him of a portion of the work, and that the giving of evidence and making *post-mortems* is only part of his duty in the carrying on of the practice which he has agreed to do. Which is in the right?

. Taking a common-sense view (based, moreover, on the customary provisions made in all carefully and practically drafted deeds of medical partnerships) of the points specified in our correspondent's communication, we are clearly of opinion that the view of the matter as expressed by "A." is in strict accord with right.

A QUESTION OF DAMAGES.

M. writes: For more than two months I have been attending a child who had fallen down an open cellar-door and received injuries to head and chest. The father of the child has recently threatened to sue the owner of the cellar for damages. Yesterday, without acquainting me, another practitioner, at the request of the owner of the cellar, visited and examined my patient, and this I consider a breach of professional etiquette. If he had called on me, I would have had no objection to his examining my patient, or even accompanying him. I think that the first duty of a medical man in such a case is to ascertain from the medical attendant if the patient is in a fit state to receive such a visit.

. The duty which devolved upon the interviewing practitioner is clearly laid down in the following rule:

"When an employer or other person becomes anxious and apprehensive in regard to the illness of an *employee*, or in the case of an impending action for damages, and the like, and for his personal satisfaction requests his own family or another doctor to visit the patient and report to him thereon, it is a duty incumbent upon the deputed practitioner to point out to the employer or other interested party their respective ethical obligations in the matter; and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case; otherwise, he will commit a grave breach of professional etiquette, and justly subject himself to severe criticism and reproof."

PAYMENT OF FEES TO SUBSTITUTE.

A. is engaged to attend a lady, who has a very quick confinement, so that the patient's mother sends for a doctor (B.) who lives close at hand. B. has left before A. arrives; still the patient requires an attendance of two hours and a half, owing to impending collapse, such having been her condition after her last confinement. Frequent visits were necessary during the following twelve days, and medicine was supplied. B. demanded half the fee, which was two guineas. A. wishes to know who ought to pay it—the patient or A.?

. The only rule within our knowledge that bears on the point submitted by our correspondent is the following (12) extracted from the *Code of Medical Ethics*, 2nd edition, page 71:

"When a practitioner is called in or otherwise requested to attend at an accouchement for another, and completes the delivery, or is detained for a considerable time, he is entitled by custom (except in the case of illness, etc., provided for by Rule 3) to one-half of the fee, etc."

At the same time, we are of opinion that, under the circumstances related, the patient in question may fairly be called upon to pay the half fee demanded by B., and especially if the fee of two guineas includes the "frequent visits and medicine which were necessary during the twelve days following the confinement," in reference to which latter point A. will, we think, do well in his own interest to consult the explanatory note (No. 11) on "Midwifery," in the new edition of the *Medico-Chirurgical Tariffs*, page 14.

HEAVILY HANDICAPPED.

A. writes: In my absence urgent cases have been sent on to B.; he has retained them, and I have not taken any notice of it. But if B. happens to be out when a message comes for him, his servant comes round to me with B.'s card, requesting me to see the case for B. Thus, he not only keeps the patients that have sent for him and I have seen, but gains those who would have been my patients if I had been in. I wish to do whatever is professional; but this is rather heavy handicapping.

. Under the circumstances related by our correspondent, he may, we think, not only justly regard himself as (to quote his own language) "heavily handicapped," but unfairly so, in the matter in question. The following is the rule extracted from the second edition of the *Code of Medical Ethics*, page 69, by which practitioners should in similar cases be strictly governed:

"When a practitioner is called to an urgent case, either of sudden or other illness, accident, or injury, in a family usually attended by another, he should (unless his further attendance in consultation be desired), when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter; but he is entitled to charge the family for his services."

THE CONSEQUENCES OF CATCHING SCARLET FEVER.

T. S. J. writes: (1) I was subpoenaed to give evidence as principal medical witness in a case for X. v. an Accidental Insurance Company, at assizes in Ireland, on March 16th, the terms arranged being first-class expenses and £3 3s. a day, also £2 2s. for a statement of the cause of death, and reasons for my opinion, etc. On March 9th I got scarlet fever, and consequently could

not attend. On the day of the trial the company compromised, giving £750 instead of £1,000 claimed. I may add that X. relied almost solely on my evidence, which was opposed to that of the jury. Knowing that I would have to go to the trial, I was unable to take any permanent appointment (which I was offered), and was out of work for over three weeks, by which I calculate I lost £20. Am I entitled to claim this £20? I have been paid for the statement.

(2) I was acting as *locum tenens* for fifteen days, at rate of £3 3s. per week. On the tenth day I was attacked with scarlet fever, which I got from a patient. Am I entitled to the pay for fifteen days or for ten days?

. (1) Apparently all the services actually rendered were in making the report, which has been paid for. No fees are ordinarily payable to witnesses, unless they attend for the purpose of giving evidence. They might be payable under a special contract, but such contract does not appear in this case to have been made.

(2) The engagement being a definite one for a definite period, the agreed remuneration is payable for the whole time. Illness contracted in the performance of the duties is no reason for refusing payment.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, April 5th.

Retirement of Army Medical Officers.—Dr. TANNER asked the Secretary of State for War whether the Royal Warrant of November, 1879, which gave officers of the Army Medical Staff the right to retire after twenty years' service, was about to be interfered with or set aside; whether the condition of retirement was intended as an inducement to medical men to enter the service; and whether the provisions under the said Warrant, if interfered with, would affect the retirement of those medical officers who entered the service since the Warrant was issued.—Mr. E. SPANHOPE replied that it was not intended to prevent medical officers from retiring after twenty years' service, but it was proposed to require a reasonable service in a given rank before allowing retirement on the rates permitted for that rank. The power of retiring after twenty years' service was undoubtedly held out as an inducement to candidates to come forward; and as regards that retirement on £1 a day, no restriction would be placed upon it. The last paragraph of the question touched on vested rights. These, as in all other branches of the service, must be regarded as governed by the rule enunciated by Lord Penzance's Royal Commission in 1876, that an officer's rights are limited to the rank he holds, and this rule was embodied in the preamble to the Royal Warrant.

Friday, April 6th.

Pharmacy Acts Amendment Bill.—Dr. FARQUHARSON moved the second reading of this Bill.—Mr. J. R. KELLY opposed the Bill, on the ground that it would alter the whole status of chemists' assistants, who would, if this Bill passed, be entirely deprived in many cases of all chance of becoming chemists and druggists. The Bill simply placed the chemists' assistants bound hand and foot in the power of an irresponsible body called the Pharmaceutical Society.

The Horse Tax.—Mr. HOZIER asked the Chancellor of the Exchequer whether he could see his way to permit medical men to keep, at least, one horse each free of horse tax.—Dr. FARQUHARSON said, before the question was answered, he should like to ask whether horses used by medical men for professional purposes might not fairly be considered as horses used for trade purposes.—The CHANCELLOR of the EXCHEQUER said, in reply: I find that there is a precedent for such an exemption as the honourable member suggests. Up to 1869-70, when the horse tax stood at one guinea, doctors and ministers of religion paid only half the duty, and this continued till the duty was reduced to 10s. 6d. for everybody. The question whether one horse ought to be exempted in the case of doctors and ministers of religion is receiving the consideration of the Government; but it must not be forgotten that exemptions are almost always of an invidious nature, and that it is difficult, when once you begin making exemptions from any duty, to know where to draw the line. There is some force in the observation of the hon. member opposite that doctors in country districts do, to a certain extent, come under the definition of traders. I must take this opportunity of reminding the House that the question of exemptions from horse or wheel tax, and, indeed, the question of these taxes generally, is one between the interests of persons using horses and carts and that of the general body of ratepayers. It is not a question between the former and the National Exchequer. I mention this because I see that in many quarters the idea still prevails that these taxes are in some way connected with the reduction of a penny in the income tax.