patient has been under treatment. These symptoms seem to have received but little attention—it having escaped the notice of most people, I presume, that cantharidin has been used with success experimentally to produce typical perforating ulcers in the stomach of rabbits, and also to set up a severe form of gastritis.[1]—I am, etc.,

A. J. CHALMERS, M.B., Ch.B., M.R.C.S., L.R.C.P.,
Late Pathologist Royal Southern Hospital, Liverpool.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

FLEET-SURGEON A. R. JOYCE has been placed on the retired list at his own request, December 18th. Entering the service as Surgeon, March 2nd, 1871, he became Staff-Surgeon March 2nd, 1883, and Fleet-Surgeon October 27th, 1891. In the BRITISH MEDICAL JOURNAL of December 12th, on the occasion of his promotion to be Fleet-Surgeon, we gave the details of Fleet-Surgeon Joyce's war services.

Staff-Surgeon SAMUEL KEAYS has been appointed to the *Audacious*, December 23rd.

MEDICAL STAFF.

BRIGADE-SURGEON-LIEUTENANT-COLONEL J. B. HAMILTON, M.D., is promoted to be Surgeon-Colonel, *vice* E. G. McDowell, C.B., retired, November 30th. Surgeon-Colonel Hamilton's previous commissions are thus dated: Assistant-Surgeon, January 19th, 1860; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1875; and Brigade-Surgeon, March 27th, 1886. He served in the Soudan campaign as Field Director of the Lines of Communication under Brigadier-General Ewart, and was present at the destruction of Temai (medal with clasp and Khedive's star); and during the expedition to Burmah in 1886 in medical charge of the hospital ship *Tenasserim*.

Surgeon-Lieutenant-Colonel G. J. H. EVATT, M.D., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* J. B. Hamilton, M.D., November 30th. Entering the service as Assistant-Surgeon, March 31st, 1865, Dr. Evatt became Surgeon, March 1st, 1873; Surgeon-Major, March 31st, 1877; and Surgeon-Major ranking as Lieutenant-Colonel, March 31st, 1885. He served in the Perak expedition in 1876 (medal with clasp). He was in the Afghan war of 1878-80, and was present at the capture of Ali Musjid; was senior medical officer with Tytler's column in the expedition to the Bazar Valley (mentioned in Lieutenant General Maude's despatch); was in charge of a section field hospital on the return march to India in June, 1879 (thanked by the Governor-General and by the Commander-in-Chief in India in General Orders); afterwards served in charge of a field hospital with Sir Charles Gough's brigade during the advance to Gundamuck and Cabul (medal with two clasps). He also served with the expedition to the Soudan in 1885 in command of the 2nd Bearer Company of the Medical Staff Corps, and was present in the engagement at Hasheen and at the destruction of Temai (mentioned in despatches, medal with clasp and Khedive's star); and with the Zhob Valley expedition in 1890 in command of the British field hospital (mentioned in despatches).

Deputy-Inspector-General GORDON KENMURE HARDIE, M.D., died on December 26th at his residence at Ealing, in the 69th year of his age. He entered the service as Assistant-Surgeon February 12th, 1847; became Surgeon October 2nd, 1857; Surgeon-Major February 12th, 1867; and retired on half-pay, November 2nd, 1872, with the honorary rank of Deputy-Inspector-General. He served with the 53rd Regiment in the Punjab campaign in 1849, and was present at the battle of Goojerat (medal with clasp).

Sergeant-Major BENJAMIN GOATER, Medical Staff Corps, is appointed Quartermaster, with the honorary rank of Lieutenant, *vice* Honorary Captain H. Graham, retired, December 23rd.

Surgeon-Major C. K. POWELL, M.D., who is serving in the Madras command, is directed, on the expiration of his leave in India, to do duty in the Madras district.

Surgeon-Captain R. HOLYOAKE, serving in the Bombay command in medical charge of the Sanitarium at Chikalda, is transferred to Mhow district for general duty.

Surgeon-Major EDWIN DREW, M.D., late 18th Brigade Royal Artillery, died at his residence, 33, Holland Park, London, on December 6th, aged 55. He was appointed Assistant-Surgeon June 13th, 1859, and Surgeon-Major January 7th, 1875. He retired on half-pay October 6th, 1875.

INDIAN MEDICAL SERVICE.

SURGEON-CAPTAINS F. W. GEE and W. B. LANE, of the Bengal Establishment, have passed the examination in Pushtu by the lower standard.

The services of Surgeon-Captain J. C. MARSDEN, Madras Establishment civil surgeon of Coorg, are placed at the disposal of the Government of India.

Surgeon-Major R. PEMBERTON, Madras Establishment, is appointed Civil Surgeon of Coorg.

The services of Surgeon-Captain C. R. M. GREEN, Bengal Establishment, are placed temporarily at the disposal of the Government of Bengal.

The services of Surgeon-Captain H. E. DRAKE-BROCKMAN, Bengal Establishment, are placed temporarily at the disposal of the Government of the North-West Provinces and Oude.

Surgeon-Lieutenant-Colonel C. W. CALTHROP, M.D., Bengal Establishment, is appointed Medical Storekeeper at Meean Meer from November 2nd.

Surgeon-Lieutenant-Colonel C. J. M'KENNA, Bengal Establishment, has retired from the service, which he entered as Assistant-Surgeon October 1st, 1866. He served in the Afghan war in 1879 with the Peshawur Valley Field Force (medal). He was also with the Burmese Expedition in 1885-86 (medal with clasp).

Surgeon-Lieutenant-Colonel J. O'M. MACDONNELL, Bengal Establishment, Civil Surgeon, who has been permitted to return to duty before the expiration of his furlough, is posted to Rhotuck from November 18th.

Surgeon-Captain G. C. HALL, Madras Establishment, Acting District Surgeon of Anantapore, is directed to act as District Surgeon of Vellore as a temporary measure.

Surgeon-Captain P. CARR-WHITE, Madras Establishment, is directed to report himself forthwith to the Administrative Medical Officer H.M. Forces, Myingyan and Mandalay District, for column duty.

Surgeon-Major W. P. CARSON, Bombay Establishment, 1st Bombay Grenadiers, is appointed to the medical charge of Baroda Residency, in addition to his own duties.

Surgeon-Captain R. J. BAKER, M.D., Bombay Establishment, is appointed to act as Civil Surgeon of Rutnagherry.

The services of Surgeon-Captains H. HERBERT, J. HOLT, and A. F. FERGUSON, M.B., Bombay Establishment, are replaced at the disposal of Government in the Military Department.

Surgeon-Captain E. L. C. SMITH, Bombay Establishment, officiating in medical charge of the 1st Bombay Grenadiers, on relief, is posted to Bombay District for general duty.

The undermentioned officers have leave of absence as specified: Surgeon-Major D. R. Ross, M.D., Bombay Establishment, Residency Surgeon in the Persian Gulf, for one year, from September 23rd, on medical certificate; Surgeon-Captain A. T. BOWN, Bengal Establishment, 37th Dogras, for one year; Surgeon-Captain W. H. E. WOODWRIGHT, Bengal Establishment, 23rd Punjab Infantry, for one year.

THE VOLUNTEERS.

SURGEON-LIEUTENANT E. S. BYASS, 2nd Volunteer Battalion Royal Sussex Regiment (late the 2nd Sussex), has resigned his commission, which dated from April 8th, 1874.

Surgeon-Captain J. A. MACDOUGALL, 1st Cumberland Artillery, is promoted to be Surgeon-Major, December 30th.

Mr. ARTHUR GOULSTON is appointed Surgeon-Lieutenant to the 1st Devonshire Artillery (Western Division Royal Artillery), December 30th.

Surgeon-Lieutenant-Colonel L. FISHER, 2nd Volunteer Battalion East Lancashire Regiment (late the 3rd Lancashire), has resigned his commission, with permission to retain his rank and uniform: he was appointed Surgeon September 26th, 1877, and Surgeon-Major February 1st, 1889.

Mr. WALTER SANDEMAN, M.B., is appointed Surgeon-Lieutenant to the 2nd Volunteer Battalion Highland Light Infantry (late the 6th Lanarkshire).

TRAVELLING ALLOWANCE IN INDIA.

INDIA writes: A few months ago an army order was issued in India granting an allowance of three rupees a day to captains and subalterns of the British Service travelling by rail with detached parties of troops. It was, of course, presumed that this allowance would also be given to surgeon-captains accompanying these parties in medical charge; but a further "resolution" has been issued by the Government of India to the following effect. This order "does not apply to medical officers of corresponding rank who may proceed in medical charge of such parties. As the *Pioneer* says, "It would appear that no concession, however small, can be willingly granted to medical officers." Thus a surgeon-captain of under five years' service, drawing the magnificent pay of 317 rupees a month, 7 rupees less than a captain of an infantry regiment, starting, say, from Peshawur, and taking troops down to Bombay, will not receive a single rupee for his expenses, which average quite 10 rupees a day; while the captain in command, drawing 100 rupees more monthly, will receive 3 rupees per day all the time he is absent from his station. Can stinginess go further?

*** It would seem that the medical services in India have few friends in the financial departments. But why do not the heads of the medical service make themselves heard when unfair "resolutions," like the one here given, are issued? Surely it is within their province to protest when even-handed justice is denied to their juniors.

SUPERSESSION IN INDIA.

A CORRESPONDENT writes: Your critic, "Observer," in the BRITISH MEDICAL JOURNAL of December 10th, skilfully eludes the main question, which is, Ought the posts of principal medical officer to the forces in India, Madras, and Bombay be held exclusively by officers of the Medical Staff? The following figures, while speaking for themselves, demonstrate that the demand for the alternate tenure of these posts is really very moderate:

Medical Staff, 800; surgeon-generals, 11					
Bengal Medical Service, 350; surgeon-generals,					1
Madras	,,	,,	150;	,,	,, 1
Bombay	,,	,,	118;	,,	,, 1

*** To make the comparison altogether fair concerning these military posts, should not the proportion of Indian medical officers constantly in civil employ be deducted from the totals?

SURGEON-MAJOR also writes: I think "Observer's" remarks on supersession are calculated to mislead and should be corrected. Cleghorn and Harvey owe their early promotion entirely to the fact that there were no entries into the Bengal Medical Service between October, 1860, and November, 1865, a period of four years and a-half. A fresh block in promotion is now sure to follow redressing any inequality. Bengal is indeed less favoured at present in these promotions than either Madras or Bombay. The injustice does not lie in these temporary inequalities, but in a denial of a fair share of the appointments of surgeon-generals in the armies of the three presidencies. The military branch of the Indian medical services was, for financial and administrative reasons, united to the British Medical Service; it is but fair, therefore, that a

[1] *Vide* Aufrecht's experiments mentioned in Ziegler's *Pathology*, Vol. II, section on Perforating Ulcer.

proportionate number of the higher appointments should fall to its share.

*** This correspondent, unlike the first one, seems to eliminate from these calculations the medical officers in civil employ.

GLASGOW DIVISION VOLUNTEER MEDICAL STAFF CORPS.

THE 9th Volunteer Division Medical Staff Corps have lately concluded their first drill season by a very satisfactory inspection. The division was authorised early in the year, but it was summer before the officers were appointed and instructors had arrived; in consequence the inspection was delayed till the present month. The division consists of two companies, one restricted to medical students and the other open to all. Dr. Geo. T. Beatson is in command, and the other officers are Dr. McGregor Robertson, Dr. C. O. Hawthorne, Dr. W. F. Somerville, Dr. Moyes, Dr. Gibson Grahame, with Dr. Reid, of Coatbridge, and Mr. W. Kidston, jun., as quartermasters. The inspecting officer was Surgeon-Colonel Allan, principal medical officer of the North British District. The inspection had to be carried out, unfortunately, amid a downpour of rain and sleet, and was in consequence of a much more restricted character than it would otherwise have been. Nevertheless, Dr. Allan has seen fit to express to the corps through Dr. Beatson his entire satisfaction with the appearance, equipment, and progress of the division.

VOLUNTEER MEDICAL STAFF CORPS.

1ST (LONDON) DIVISION.

THE annual competition of the challenge shield of the corps took place at Westminster Hall on December 8th. Three companies competed: No. 1 (Surgeon-Captain V. Matthews), No. 4 (of which 1st Class Staff-Sergeant Waterson was in charge owing to the unavoidable absence of Surgeon-Major J. A. Watson), and No. 5 (Surgeon-Captain J. Edward Squire). Surgeon-Captain Julian P. S. Hayes, M.S., the new adjutant of the London Division, acted as judge. Each company was put through a rather exhaustive programme, including company drill, stretcher drill, the lifting and carrying of patients, waggon drill, bandaging, application of splints, etc. Ultimately the shield was awarded to No. 1 company (Surgeon-Captain Valentine Matthews), and the members of which are recruited from the medical schools of Charing Cross, King's College, University College, and Middlesex Hospitals, and which also held the trophy once before, namely, in 1889.

THE PAY OF JUNIOR MEDICAL OFFICERS IN INDIA.

WE have received during past months many vigorously worded communications on this subject which it was impossible to notice individually at the time, but which, now that the new Warrant has been applied to the Indian Medical Service, it is desirable to refer to collectively. The high-handed and discreditable financial ignoring of previous medical warrants by the Government of India has chiefly hit the junior officers of the Medical Staff serving in that country, the very class least able to bear it. The wide-reaching effect of the injustice becomes apparent in the statement of one correspondent, which we believe to be substantially correct, that 90 per cent. of the surgeons spend a tour in India during the first ten years of service, while the great majority of that number are hurried out immediately after joining. In this way the Indian Government contrives to get the first and best energies of the young surgeons on a minimum rate of pay, barely sufficient for them to exist in health and comfort with due regard to the necessities of the climate and the exacting nature of their duties. Short-sighted Indian financiers may imagine that by such shabby parsimony they save money; but let them reflect; the direct and cruel loss of course falls on the officers concerned, but the inevitable consequent lessening of zeal and efficiency in these officers reacts on the unfortunate soldier, and indirectly back through him on the parsimonious paymaster. The cycle of mischief is thus completed; nothing is more certain than a starved medical service cannot be an efficient one; efficiency and health are about convertible terms in India; disease and death bring incalculable loss on the Indian Government. It is the worst possible policy, therefore—to put it on no higher grounds—to be mean towards the medical services in India. Civilians at home accustomed to visions—mostly unreal unfortunately—of abounding luxury and fat pay in India will be surprised to learn that surgeon-captains of the Medical Staff are actually better paid at home than in that country. Yet such is the truth if the unavoidable expenses and purchasing power of money are made factors in the calculation.

Since 1879, until the recent warrant, medical officers have joined the service with the rank of captain, and on the pay proper of £200 a year, or £11 7s. 11d. less than that of a captain of infantry. But they also receive the allowances of their rank, bringing the estimated total up to £284 a year, *plus* special travelling and field allowances of uncertain amount. After five years the pay proper is increased by £50, and after ten by another £23 15s. a year. On proceeding to India, however, the rank of these same officers is unceremoniously ignored, and they are handed the munificent consolidated sum of 317.8 rupees per month for the first five years, as including every allowance calculated on the rank of lieutenant. The sixth year brings a paltry increase of 18 rupees per month, but it is not until the seventh that their rank of captain is acknowledged. Their minimum pay is just 98 rupees less than that of a British captain of infantry, and no less than 160 rupees below that of a captain of field artillery per month. These facts are set forth in Appendix 23 of the Report of the Camperdown Commission. In vain, hitherto, have the surgeons pleaded those startling and utterly indefensible inequalities between themselves and the men they rank with; they have been heard with contempt, and their rank conferred by Her Majesty ignored with true Oriental indifference; except, indeed, when it comes to be a matter of stoppages, such as on ship board, their rank is promptly recognised, and they are unblushingly mulcted as captains! Inconsistent injury of this kind, piled on previous insults, moves to laughter if it were not so serious; but it is wholly unworthy of any great administration, like that of India. Such is the past history and present position of this ill-managed and irritating business. The question now is, Can such things continue, since the new Warrant, with its substantive rank and compound titles carrying the "advantages attaching to the rank indicated by the military portion of the title" has been applied to India? We think not, and hope not, for the credit of the Government of our great dependency. Let it act justly and spontaneously in the proper financial application of the new Warrant, for assuredly it will not be allowed to ignore this fresh command of the Queen.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE OWNERSHIP OF A PRESCRIPTION.

THIS question has recently been the subject of some controversy in the island of Bermuda. It is stated in the *Code of Medical Ethics* that the respective rights of the parties in a medical prescription may be thus briefly defined:

"That the physician, as the author, has a literary property in the composition of the formula, and the right to dispose of it to a patient without invalidating his title to the original ownership; that the pharmacist by compounding the same acquires no claim whatever thereto, other than as a record, or justification for dispensing it—in fine, his right is simply that of a custodian, whilst that of the patient pertains only to its individual use, and a contrary practice is neither honourable nor honest."

Considered from a purely ethical point of view, the above presents a fair statement of the moral obligations between the parties, and these obligations, we feel sure, are in general strictly adhered to; so much so, that it seems almost unnecessary to treat the subject from any other standpoint.

If, however, it is desired to define the rights of the parties according to purely legal principles, then we think, in some respects, the propositions laid down in the *Code of Medical Ethics* cannot be maintained.

According to our law the "property" in any given article draws to itself the right of "possession;" and although the ownership of the property and the possession may be in different persons, that is, the article may be lost or pledged or let out to hire, yet when it is found, or the particular bailment has been determined, the owner of the property may always resume the possession.

It cannot, however, we think, be suggested that the possession of a prescription handed by the physician to his patient on receiving payment of a fee can be resumed by the former when he considers the latter has had a sufficiently reasonable time for its personal use. This would seem to imply that the property in the prescription, or certainly the paper on which it is written, becomes vested in the patient together with the possession, thus completing the ownership.

There is no doubt a qualified property remaining in the physician; he could probably restrain by injunction the publication of the formula to the world at large; he could prescribe the same formula for other patients requiring similar treatment; but we do not think he could prevent the patient conferring on another the benefit of the prescription. This must be left to the view the patient takes of his moral or ethical obligations.

We cannot place the right of property possessed by a physician in his prescription higher than that possessed by the writer of a letter in such letter. In this case the writer retains on his own behalf a copyright in the letter, sufficient to prevent the receiver from publishing it, except under special circumstances.

The chemist, we think there can be no doubt, has no right whatever to retain the prescription. Prescriptions are not as a rule addressed to any chemist by name, and we are not aware that it is the practice for chemists to keep the original. He generally makes a copy, partly no doubt for his own protection, and partly in order to compound the medicine again, in the event of the original prescription being lost or mislaid.

We are not aware of any judicial decision on the subject, and therefore our observations must be open to criticism; but, arguing from analogy and