

determination of the great body of the Corporation to make its voice heard in the management of the affairs of its own College.—We are, etc.,

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PARLIAMENTARY REPRESENTATIVES OF SCOTCH UNIVERSITIES.

SIR,—I venture to ask you to give space to the following suggestions in regard to the election of a representative in Parliament of the united constituencies of Edinburgh and St. Andrews Universities.

The elevation of Sir J. H. Macdonald having necessitated the re-election of a member for these Universities, it behoves the electoral bodies to be stirring themselves in the selection of a suitable candidate to represent them. A meeting has already been held, under the presidency of Sir Douglas Maclagan, at which apparently three motions were put forward, but without any unanimity prevailing, and the result was an adjournment, with the object of approaching candidates who might be willing to offer their services to the Universities in the House of Commons.

Without indicating anyone especially, I would submit the following considerations to my fellow-graduates: As Sir J. H. Macdonald was one of the ablest men who could have been chosen to represent the constituencies, and well repaid the confidence bestowed upon him, it will be no easy matter to find another who shall have the same amount of goodwill shown towards him by all parties which the Lord Advocate had; but, whoever is ultimately chosen, I think it should be insisted that the primary qualification is that the intending candidate shall have passed through the curriculum of the University, whereby he will have gained a thorough knowledge of the position and requirements of the undergraduates as such, and be able to recognise and appreciate their needs then, and subsequently as graduates.

Secondly, that the candidate shall be a graduate of the University himself, that he may be qualified to impersonate the electors, and have the greatest possible personal interest in the advancement and well-being of the University and her alumni, and the upholding of their interests in the Imperial Senate. The important consideration also of previous parliamentary experience should be kept in view.

And, finally, I would appeal to the whole body of the electorate whether it is only fair that the claim of the large majority of the constituents who belong to the medical section should be recognised, and that a graduate in medicine possessing the foregoing qualifications should be chosen, and which would to a great extent do away with any party political feeling, which is altogether to be deprecated in the election of a University member, whose primary function is to represent, not a political party in the State, but the best interests of Alma Mater.

I have already stated that it was not my intention to indicate any particular gentleman who might be approached as a likely candidate, which will preferably be left to the consideration of the whole body of electors, but rather to raise some interest in the forthcoming election among the medical graduates of the University, which I am afraid has been somewhat lacking in previous contests, and to refer to the principal qualifications which a candidate might be expected to submit for their suffrages.—I am, etc.,

J. ANDERSON, M.D., B.Sc.Edin.

Liverston, October 18th.

ANCOATS HOSPITAL.

SIR,—Your Manchester Correspondent called attention in the JOURNAL of July 7th to an attempt which was being made to raise funds for enlarging the Ancoats Hospital. He would but have done justice to the zeal and energy of the Committee of that hospital had he—when speaking in the JOURNAL of October 13th of the need for more hospital accommodation for the “suffering poor of Manchester”—told your readers that on Saturday next will be laid the memorial stone of the new wing, which, already well advanced, will in a few months afford accommodation for an additional forty patients in the very heart of the poorest of the industrial districts of this city.—I am, etc.,

HENRY R. HUTTON, M.A., M.B.

8A, St. John Street, Manchester, October 17th.

NAVAL AND MILITARY MEDICAL SERVICES.

REFORM IN THE MEDICAL STAFF.

“REFORM” draws our attention to a letter in a contemporary, dated from Lucknow, which he considers exhibits at once a true and sad picture of medical affairs in India. Compared with all other officers—even with veterinary surgeons—the younger medical officers are underpaid; the surgeon ranking as captain draws Rs. 317, the veterinary as lieutenant Rs. 400 as a minimum *per mensem*. Evidently horses and cattle are of more value than human lives. The juniors have no regimental connection—no society, no messes—and are left to “pig it in their bungalows as best they can.” The men of twenty years’ service are leaving as fast as they can: their seniors hang on in disgust, hoping against hope for promotion to the administrative grades; of the latter it is well known that “several are unfit for active work;” “not two-thirds” probably fit for active service, broken down through climate. Why are men physically unfit allowed to serve on indefinitely?

Our correspondent hails with joy the probable “partial return to the regimental system in the regular army,” casually mentioned in a note on page 851 of this JOURNAL. It would go far to repair the breach. The unification system, pure and simple, has done much to cause the present lamentable estrangement between the combatant and medical ranks. The two sets of officers are no longer in healthy touch. He hopes that, with a clear and definite solution of the rank question, the introduction of a modified regimental system, worked in unison with station hospitals, will be adopted. This, more than anything else, would probably restore mutual harmony and good fellowship between the Medical Staff and the army at large.

*** We hear that a partial return to the regimental system is now engaging the attention of the authorities, and we sincerely hope it will meet with unbiassed deliberation.

THE ALEXANDER PRIZE.

BOXÀ FIDE writes: Referring to your notice regarding the “Alexander Medical Prize,” could you manage to ask the committee to publish a short explanation in the JOURNAL as to what they mean by the title of the essay? As it reads at present, it is very hard indeed for intending competitors to clearly understand the subject and its scope.

FOREIGN MEDICAL REGULATIONS.

MR. F. TENISON COLLINS (Edinburgh) writes: In answer to inquiry of “M.S.,” *Traité de Chirurgie de Guerre, L’Histoire de la Chirurgie Militaire Française*, par E. Delorme, Médecin-Major, Professeur de Clinique Chirurgicale au Val de Grace, published by Félix Alcan, Paris. Vol. I only out at present.

THE VOLUNTEER MEDICAL SERVICE.

MR. EDWARD L. FREER (Acting-Surgeon 1st. Volunteer Battalion Royal Warwick Regiment, Honorary Secretary Midland Volunteer Medical Association) writes: I was very pleased to read your leader in the JOURNAL of October 6th, and the letters of “A Volunteer Surgeon-Major” and others on the subject of Army Medical Reserve. I subjoin a copy of the answers given by the medical officers of the 1st Volunteer Battalion Royal Warwick Regiment to the circular letter sent out from the War Office, and sincerely hope that the inquiry may have the effect of placing volunteer medical officers on a harmonious footing with their *confères* of the Medical Staff, and at the same time of improving the military status of both services.

“1. The regimental organisation for volunteer corps, so far as it affects the rank and position of medical officers in such corps?—Most unsatisfactory. Relative rank acknowledged to be a dead letter. Volunteer Surgeons are in the same anomalous position as officers of the Medical Staff, without any rank at all (that is, military rank, the only one recognised in the army). Acting-Surgeons, irrespective of strength of battalions, age, position in civil practice, and length of service (which, if rendered properly, involves as much, or even more, work than that of a company officer) have no commission at all, and continue to rank junior to newly gazetted subalterns, often boys fresh from school.

“2. The Army Medical Reserve, so far as commissions in it affect the status and position of volunteer medical officers?—The status and position of volunteer medical officers do not appear to be one whit improved by commissions in the Army Medical Reserve. The only effect it may have will be to cause possibly invidious distinctions among officers of the Volunteer Medical Service. The ‘step of rank’ (which is no rank, as before stated) should be too transparent a bait to be greedily swallowed.

“3. The condition under which all classes of volunteer medical officers are, or should be made, liable to be called upon for service with volunteers or with troops generally?—All volunteer medical officers are, and should be, called upon for service only in accordance with the Volunteer Act, 1863, section 17, and not be liable to be called away from their civil practices whenever a Government might think fit to create a ‘national emergency,’ which would be possible under the Royal Warrant for Army Medical Reserve. At the same time it is competent for such officers as could arrange to do so to be enrolled in a reserve which would not be used as a lever to weaken the status and position of officers of the Medical Staff, or keep them on continuous foreign service. In the absence of officers of the Medical Staff, volunteer officers, irrespective of reserve, should have priority over civil surgeons in examinations of recruits, etc.”

As an instance of the unsatisfactory state of the present regimental