

tend. On the morning in question the officer in command of the company received notice from the Army Service Corps, whose duty it is to supply transport, that no horses or drivers were available. After delay, horses and drivers were obtained from a battery of field artillery, but sufficient only for half the company. Under such uphill circumstances the company proceeded to the ground, set up "dressing" and "collecting stations," and commenced drill. At the same time and near it happened that an infantry regiment was exercising some field manoeuvres under the eye of the general, and, from some oversight, the ammunition ran out. In this difficulty one of the ambulance wagons of the neighbouring bearer company was at once requisitioned to fetch it, and the officer in command of the company could of course only comply. Here are the difficulties of the medical department shown in a nutshell. How can it be held prepared for war under such a system? Our correspondent answers, Make it a corps with control of its own transport. Field hospitals and bearer companies ought to be as mobile as a battery of artillery.

DESIDERATA AND THE DEPUTATIONS.

STRIKE HOME writes: I fully endorse the statement which has been made, that a plebiscite of medical officers would show 95 per cent. in favour of military titles pure and simple. Nothing else will do which is my experience of the compound titles in India; they are laughed at, and even your own deputation laughed at them, if reports in the papers are to be trusted. The War Minister may be assured the existing titles, and all modification of them, such as Captain and Surgeon, etc., are useless, and are favoured neither by the public nor the service.

ANOTHER Correspondent in India says the suggestions laid before the secretaries were so temperate and moderate that they can hardly fail to receive attention, and call forth concessions. The order of importance in which he would place the desired reforms are: (1) A. corps. (2) Readjustment of titles. (3) Exchanges. (4) Reduction of foreign tours. (5) Revised retirement. In connection with the latter he thinks "Nitram's" scheme very sound, and that it would give a healthy impetus to promotion. The three years in the rank is blocking the higher grades.

A SUFFERER writes: The case of surgeon-captains under six years service in India did not receive the attention of the deputations which it merits. They are most unjustly paid. The difference between their actual pay with lieutenant's allowances, and that to which as captains they are entitled, is shown in the following table of pay of a captain of infantry:

Monthly Pay.	Allowances.					Total.
	Half Batta.	Gratuity.	House Rent.	Tentage.	Additional Batta.	
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Rupees, 121.12 ... ..	*60.14	24	30	50	30.14	=317.8
Rupees, 121.12 ... ..	†91.5	36	50	75	41.5	=415.6

\* At Lieutenant's rate. † At Captain's rate.

At the present rate of exchange, 1s. 2½d. the above rupees, 317.8, represent £19 3s., which, compared with £23 15s., the pay and allowances drawn at home, shows that the surgeon-captain under six years' service sacrifices £4 12s. per month, or £55 per annum for the privilege of being lent to the Government of India.

Surgeon-lieutenants are now about to be sent to India, and the anomaly of the situation will be accentuated.

NOTES ON THE ESTIMATES.

NOT NON-EFFECTIVE writes: Mr. Bartley, as usual, is sadly exercised over the medical "non-effective" vote; but why does he continue to include in it the medical officers "liable to recall" forming our first reserve? This has been pointed out to him over and over again—why ignore it? The so-called retired officers might be utilised more than they are; for instance, it is often difficult to find a full-pay officer to accompany a militia regiment in its annual training—why not arrange with a "recall" man to go out? The militia would thus get the services of, at all events, an experienced officer.

The proposal to attach young medical officers to regiments would, if entailing increased expense, be unlikely to be carried out; but it might not prove popular either with these officers or with regimental officers if the present strained relations between them unhappily continues.

\*\* We trust the present strained relations alluded to are less general than often represented. Instead of increasing them, we have little doubt the attachment of a medical officer to a regiment would tend to lessen the unhappy breach which, to a certain extent, undoubtedly exists.

PAY WARRANT PERPLEXITIES.

ERRATA writes: In the recent Warrant (Pay and Promotion), Article 1071 has been amended (thanks to Mr. Ernest Hart and the Parliamentary Bills Committee), so that a surgeon-major retiring after twenty years' service is shown to be entitled to £1 a day. But Article 1046 has, apparently through an oversight, not been amended, and still reads that an officer going on half-pay after twenty years' service is not entitled

to £1 a day if under the rank of surgeon-lieutenant-colonel. I enclose the articles quoted.

\*\* The articles read as stated by our correspondent. We presume it would be contended that an unpromoted surgeon-major of over twenty years' service would never be placed on half-pay, but always retired. While we fully recognise the difficulty in dovetailing correctly the complicated mass of pay regulations into each other, yet we think a little more care would prevent contradictions in articles, even if only apparent and not real.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL DEFENCE UNION, LIMITED.

AN important meeting of the profession resident in Manchester and the neighbourhood was held under the presidency of Mr. Walter Whitehead, at the Victoria Hotel, Manchester, on July 19th. About eighty medical men were present.

Mr. Whitehead pointed out that if the profession would act together in this important matter, an annual subscription of ten shillings would produce about £17,000, a sum with which much could be done to raise the position and tone of the profession. Other bodies had their unions and modes of defence against attack. He instanced the legal profession, which was able at once to stop an unqualified practitioner. After dwelling upon the attacks to which medical men were specially liable, especially of a slanderous nature, and the necessity of a large Union with ample means to help and protect, he called on Dr. Leslie Phillips, Secretary of the Medical Defence Union.

Dr. Leslie Phillips, after thanking Mr. Whitehead and the professors in Manchester for their courteous invitation, explained at length the objects of the Defence Union, and pointed out that the difficulties of the profession were solely due to want of cohesion. Cohesion would provide defence of the personal reputation of a man if obtained by the machinery of an insurance company. Such provision was the first duty of the Union, and had been the means, as the annual reports showed, of averting a large amount of evil and ruin from members of the profession. The second duty was the prosecution and punishment of quacks and unqualified practitioners. He also dwelt on the general matters affecting the profession which came under the notice of the Union, and laid much stress on the fact that the experience of the Council of the Union was earned by hard and strenuous work, the work itself being novel, and requiring much time and application. To centralise the work, the Council meetings were now held in London, under the presidency of Mr. Victor Horsley. Local committees for advice were established in the counties, with safeguards against reckless expenditure.

In answer to questions, Dr. Phillips stated that Mr. Tait was no longer a member of the Council, and that at the present time, in his opinion, he owed the Union £442, but only as a debt of honour.

After other questions had been answered, Mr. Victor Horsley dwelt on the fact that the interests of medical men were of two kinds—"professional" and "civil," that the "civil" interests were watched over by the British Medical Association, but that, as had been decided in 1887 on the opinions of counsel, including Sir Richard Webster, that the funds of that Association could not be diverted for the purposes of medical defence. This duty the Defence Union took up, and he hoped that the membership of the Union would equal that of the Association. In response to a previous question on the subject of amalgamation with the London and Counties Protection Society, he stated that that Society had approached the Union with the object of fusion, and that the Union would receive, at the next Council meeting, a deputation from the London and Counties Society to hear their views on the question. He further stated that the Council of the Defence Union had passed a resolution drafted so as to prevent legal proceedings between medical men. He concluded by emphasising the necessity of every medical man joining the Union, in order that it might be furnished with adequate strength to deal with unqualified practitioners.

It was then unanimously resolved: "That, in the opinion of this meeting, a professional organisation is essential; that the Medical Defence Union meets this want, and that a local committee of the Union should be formed."

TWO OPINIONS.

A Mr. WALLIS, L.R.C.S.I., has obtained a gratuitous advertisement for himself by writing to the *Essex Standard* to point out that in one case before Baron Pollock his lordship alluded in favourable terms to his experience, while in a subsequent one in the county court Judge Patterson expressed an unfavourable opinion of a certificate he had given. Possibly both judges were justified, on the facts before them, in expressing their opinions as they did. Mr. Wallis, of course, prefers the favourable opinion of the Judge of the High Court, and wishes the public to know it. Our readers can judge whether such advertisements are legitimate for the purpose of enhancing professional reputation.

Mr. Wallis also states that "of course" he gave the certificate which came before the county court judge without payment, and then complains that the registrar has not responded to his application for a fee for giving it. If Mr. Wallis did not think his certificate worth a fee in the first instance, it certainly would not become worth more after the county court judge had expressed his disapproval of it. The letter seems to point to another instance of the folly of medical practitioners in doing professional work without knowing who is to pay for it. But the present case is not one in which the unpaid practitioner deserves much sympathy.

CHANGING THE DOCTOR.

A., B., and C. (Isle of Ely).—Our correspondent should have indicated the particular point on which he desired our opinion; in the absence of which our comment must be general and contingent.

With reference to the correspondence that has passed between A., B.