

merely tempts the patient to take larger doses of morphine and then balance the excess with a heavy dose of cocaine.

But the principal danger lies in the fact that such treatment inevitably produces the cocaine habit, by the side of which the morphine habit is comparatively insignificant: uncomplicated chronic morphinism is usually curable, but, when patients begin to take cocaine also the difficulties of the situation are increased a hundredfold: not only is their immediate condition rendered worse by the advent of delusions and hallucinations, but their chance of ultimate cure is very much lessened, and relapses are much more common than in cases of simple morphinism.

The sudden withdrawal of cocaine leads to no actual distress or reflex disturbances such as occur in the case of morphine, and, when once patients know this, they are very apt to return to the cocaine, reassuring themselves meanwhile with the idea that they can break it off at any time without acute suffering.

In a fairly large experience of morphine cases I have never seen a single cure expedited by the use of cocaine, and its dangers are so great as to make its recommendation quite unjustifiable.—I am, etc.,

London, W., Aug. 26th.

J. HENRY CHALDECOTT.

#### THE CENTRAL EMERGENCY FUND.

SIR,—The appearance on the front page of the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of August 24th of a description of the objects of the Medico-Political Committee in asking contributions to the Central Emergency Fund brings forcibly to the front this phase of undesirable medical activity.

It is a salvation that under the present constitution of the Association its funds cannot be applied to further the aims of medical trade-unionists. Methods which in their inception, history, and use are so bound up with less considered callings cannot have much to recommend them to a learned profession. I am not willing to allow that even the main principle of trade-unionism is right. The methods of trade-unionism are derogatory and detestable to me and, I venture to think, to a very large section of medical men—how large it would be interesting to discover.

I wonder if the Library of the British Medical Association contains a copy of Mr. Brudenell Carter's book, *Doctors and their Work?* If not, I shall be willing to supply the deficiency by parting with my own copy. It is not a book of the class called "written to order." The author in the evening of his life has felt a call to guide a younger generation by the light of a long and wide experience.

I have recently heard it prophesied that the British Medical Association will "wreck itself upon the rock of trade-unionism." Surely no one of us has a desire to see a fulfilment of this prophecy. Nevertheless, it cannot but be obvious to all who have interested themselves in this question and have watched the progress of events, that the policy, if pursued, will end in a separation of those to whom medicine is a profession from those to whom medicine is a trade.

I am glad to see a letter this week from Dr. Hawthorne emphasizing the importance of the traditions and the true responsibilities of the profession, and giving them a place above mere monetary considerations.

If the policy of trade-unionism be the outcome of the private opinions of the individuals composing the Medico-Political Committee, as seems not unlikely—for, as far as my knowledge goes, they have the support of only two of my medical acquaintances out of a large number—this policy has as much title to be called the voice of the Association as that with which Dr. Hawthorne deals in his letter.—I am, etc.,

London, N.W., Aug. 24th.

W. B. PARSONS.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF GLASGOW.

#### Examination for M.D. Degree.

In the Glasgow University *Calendar* it was stated that this year the last day for handing in the names of those going up for the M.D. degree was June 1st, but as many intending candidates failed to observe the alteration of date it has

been agreed to continue the old arrangement for this year, so that candidates can still enter their names up to October 1st.

### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—†H. W. B. Danaher, \*C. L. Driscoll, †B. S. Matthews. MEDICINE.—†T. T. Apsimon, \*E. V. Coanellan, †M. F. Emrys-Jones, †B. S. Matthews, \*A. F. Reardon, E. E. Wilbe.

FORENSIC MEDICINE.—T. T. Apsimon, M. F. Emrys-Jones, B. S. Matthews, H. W. Phillips, M. Rathbone, E. E. Wilbe, G. F. Wilson.

MIDWIFERY.—J. A. Byrne, C. L. Driscoll, G. W. Hassall, E. E. Wilbe.

† Section I.

\* Section II.

The diploma of the Society has been granted to Messrs. C. L. Driscoll and E. E. Wilbe.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### INDIAN MEDICAL SERVICE.

#### GOVERNMENT RESTRICTIONS ON MEDICAL FEES.

ON April 26th, 1904, the Government of India issued an order superseding previous orders regulating the remuneration which might be accepted by officers of the Indian Medical Service "for attendance on native chiefs and nobles and native gentlemen of high position in a native State." The operative part of the order was as follows:

The native chief or gentleman may offer any medical officer of the Government attending him such fee as he thinks fit to make, and it will be reported by the medical officer to the political agent or other officer of the Government exercising political functions in the State of which the said chief, noble, or gentleman is a resident, for the consideration of the local government within whose jurisdiction the native State is situated. This report will state the period during which he was in attendance, and the number of visits paid. The medical officer will at the same time submit to the administrative medical officer or inspector-general of hospitals, to whom he is subordinate, a full medical statement of the case, showing the nature and extent of the relief afforded, the importance of the case from a professional point of view, and the circumstances in which he attended the patient. The local government is required to satisfy itself that the fee proposed is not out of proportion to the relief afforded and to the circumstances of the case, and has authority to sanction the acceptance of a fee not exceeding Rs. 2,000. In considering these questions it will, if necessary, refer to the administrative medical officer or inspector-general of civil hospitals, as the case may be. If the proposed fee exceeds this sum, the matter will be submitted with a full report by the local government for consideration and orders of the Government of India. The reports prescribed in the preceding paragraphs will not be required from a medical officer when the fee does not exceed Rs. 50 a visit, or Rs. 1,000 in the aggregate, for repeated visits in the course of a year.

The *Gazette of India* on July 6th, 1907, contained the following new Order:

### HOME DEPARTMENT.

#### NOTIFICATION.

##### MEDICAL

*Simla, the 1st July, 1907.*

No. 607.—In supersession of the notifications of this Department, No. 437, dated the 25th July, 1893, No. 1930, dated the 8th October 1900, No. 852, dated the 12th June 1901, and No. 395, dated the 26th April, 1904, and of all existing orders on the subject, the Governor-General in Council is pleased to make the following rule regarding the receipt by medical officers of Government of fees for professional services rendered to ruling chiefs and their families or dependents, Indian gentlemen of high position in a native state, or Indian gentlemen of high position in British India.

2. A medical officer of Government, before demanding or accepting from any Indian gentleman of the status defined above any fee for professional services rendered, shall obtain, by a confidential application made through the local administrative medical officer, the permission of the Director-General, Indian Medical Service. Such permission will not be required in the case of fees calculated on the scale of Rs. 16 a visit or in certain cases Rs. 32 according to recognized custom, unless the total amount thus paid for attendance on a patient or his family during any one month exceeds Rs. 160.

H. A. STUART,

*Offg. Secretary to the Government of India.*

It will be seen that the new Order rescinds the provision which required the medical officer to submit a full medical statement of the case at the time when he applied for permission to accept a fee. This provision produced a very unfavourable impression in the mind of the medical profession not only in this country but on the Continent, where the issue by a Government of such a regulation is inconceivable.

In the new Order, however, the Government of India,

while receding in this respect from an untenable position with regard to the medical reports, has extended the restrictions as to fees, which formerly applied only to native chiefs and nobles and native gentlemen of high position in native states to include Indian gentlemen of high position in British India. By this addition the rule is made to apply practically to every well-to-do native gentleman in India in a good social position. The ordinary fee in India is, we believe, Rs. 16 (£1 ls. 4d.). The new rule limits to Rs. 160, equal to £10 13s. 4d., or say 10 guineas, the total amount to be taken for professional services rendered during any one month without special sanction of Government in the person of the Director-General. "Services rendered" would of course include operations, surgical or obstetric, for which the maximum fee without special sanction, laid down as above, might be totally inadequate. The rule also takes no cognizance of visits at a distance from the medical officer's place of residence. The rates charged by doctors in India for journeys are lower than the English rate of 10 guineas for every 15 miles. The usual rate for a consultant is Rs. 500 (equal to £33 6s. 8d.) for a journey possibly of some 100 miles out and back, taking up twenty-four hours, and proportionately less for half a day or less. Civil Surgeons up-country usually take less. Mileage is not charged, or the fees would frequently be considerably in excess of European rates.

Under these new rules no consulting surgeon or physician at any of the Presidency towns and no Civil Surgeons up-country could accept, without permission of the Director-General, even their ordinary fees for prolonged attendance in serious cases, for operations, or for distant visits involving a journey by rail or by road, if such fees exceeded Rs. 160.

The Government of India has also taken the decision as to the amount of any fee offered or claimed for services rendered out of the hands of non-medical civilian officers, and has placed it in those of the administrative medical officers and the Director-General of the Indian Medical Service. If it be granted that such control is necessary—a point on which we reserve our opinion—this control should mainly be in the hands of medical administrative officers, and has rightly been so placed by the new order.

But the interference which will result in the ordinary work of many medical officers in civil employ by the extension of the rule to native gentlemen resident in British India, and by the very low maximum fixed for the amount of a fee or fees which can be accepted without special permission of the Director-General, will cause much trouble and widespread irritation to all concerned. Who, for instance, is to decide whether a native patient who calls in a Government medical officer is of "high position" or not? There is in India no native upper middle class as the term is understood in Europe. Further, has the Director-General so much leisure that he can spare time for the new duty of considering and deciding all cases of fees of over 10 guineas (Rs. 160) sent up to him from all parts of India under the new rule, and who will replace him or the administrative medical officer as arbiters during their frequent and prolonged tours of inspection? Delays will be inevitable, and will result in the frequent loss by the medical officers of the fees earned. When a fee is not paid at once, it is frequently in practice not paid at all.

The right to take or accept fees, gratuities or rewards in the way of their profession was specially reserved to medical officers by Art. 25 of the Regulating Act of 1772 (13 George III, c. 63) and we are not aware that this Act has ever been repealed. It is, no doubt, within the competence of the Government of India to rule that medical officers accepting and holding certain definite posts shall not practise their profession, but the new order affects the rank and file of the Indian Medical Service and imposes an uncalled-for restriction on their ordinary practice throughout the whole of India.

It is to be feared that a service, where such restrictions on ordinary medical and surgical work are imposed or may at any time be arbitrarily imposed by those in power for the time being, will lose its old and well-deserved popularity, and will cease to attract the best men from the English, Scottish and Irish schools.

This appears to be the fourth order on the subject issued during the last six or seven years, and each one has contained some provision dealing a blow at the self-respect of an honourable and distinguished service. Is such tinkering politic, and would not the Government of India be wiser to try to undo more fully the harm done, trusting its medical officers more fully, while dealing severely with cases where officers have acted improperly?

## HONORARY PHYSICIAN TO THE KING.

SURGEON-GENERAL SIR ALFRED KROGH, K.C.B., M.D., Director-General, Army Medical Service, is appointed an Honorary Physician to the King, vice Surgeon-General A. F. Preston, M.B., July 24th.

## STAFF OFFICERS FOR MEDICAL MOBILIZATION IN INDIA.

In connexion with the army reorganization scheme in India, the following officers have been appointed Staff Officers for Medical Mobilization Stores *pro tem.*: 1st Division, Major W. H. Ogilvie, M.B., I.M.S.; 2nd Division, Major L. P. More, M.B., R.A.M.C.; 3rd Division, Lieutenant-Colonel M. A. Ker, I.M.S.; 4th Division, Major H. F. Whitchurch, V.C., I.M.S. (since deceased); 6th Division, Captain J. F. Martin, M.B., R.A.M.C.; 8th Division, Major F. W. Gee, M.B., I.M.S.; 9th Division, Major A. E. Milner, R.A.M.C. Officers will be detailed for the 5th and 7th Divisions at a later date.

## OBITUARY.

MANY readers will have seen with great regret the announcement of the death of Surgeon General ALEXANDER FRANCIS PRESTON, who was well known both at Montréux and on the Riviera. He was only in his 65th year, but he had seen much service. He was a son of the late Rev. D. W. Preston, Rector of Killinkere and Rural Dean, his mother being a daughter of General Armstrong, R.A. His grandfather was a judge of appeal, and his grandmother was daughter and co-heiress of the fifth Baron Carbery. Having graduated B.A. and M.B. at Trinity College, Dublin, he entered the Army Medical Service in 1863. He served in India, Afghanistan, and China; was in medical charge of the 66th Regiment in Afghanistan in 1880, and was severely wounded in twoplaces at Maiwand. He was all through the siege of Khandahar, being mentioned in dispatches, and promoted to Lieutenant-Colonel. His commissions were thus dated: Assistant-Surgeon, September 30th, 1863; Surgeon, March 1st, 1873; Surgeon-Major, April 28th, 1876; Brigade-Surgeon, November 30th, 1886; Surgeon-Colonel, March 28th, 1892; Surgeon-General, July 6th, 1896. He retired from the service, May 23rd, 1902. In 1901 he was appointed Honorary Physician to Queen Victoria, the appointment being continued by King Edward. He acted for a time Deputy Director-General of the Army Medical Department, and his staff appointments included those of P.M.O. Belfast, China and Hong Kong, and Ireland (1896 to 1902). He held a Distinguished Service Pension of £100 a year. His great abilities were hidden by his geniality. He was a zealous whist and bridge player, and fond of golf, travel, and sport, being well known at Ranelagh and the Royal Irish Yacht Club.

MANY old students of the medical schools of University College and the London Hospital will learn with much regret that Mr. FREDERIC J. M. PAGE, B.Sc., F.I.C., died at Weymouth on August 16th. Mr. Page, who was 59 years of age, was some thirty years ago a member of the staff of the Physiological Department of University College, and was subsequently appointed Lecturer on Chemistry to the London Hospital Medical College. He was Examiner in Chemistry and Physics to the Society of Apothecaries, and was associated with Dr. Luff in the production of the well known *Manual of Chemistry, Inorganic and Organic*, for the third edition of which he alone was responsible. Mr. Page was a man whose native modesty probably prevented the adequate recognition of his high merits as a teacher and man of science, which were known only to his pupils, in whom his gentle and genial character inspired also feelings of warm affection.

A CHARACTER of singular beauty, a life of bright promise, a young Christian gentleman who wielded an influence for good far beyond his years has been lost to the medical profession by the death of LEWIS MACKAY at the age of 23 at Edinburgh. He was a brilliant student who had gained the esteem and affection of his teachers. In April last he was said to be "run down," and was advised to abandon his intention to go up for the Final this summer. Towards the end of July it was obvious that he was suffering from a malign lympho-sarcoma. He died on Wednesday, August 21st. The deepest sympathy, both in the medical profession and outside it, will be given to his