

# SUPPLEMENT

TO THE

# BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, OCTOBER 7TH, 1916.

## CONTENTS.

	PAGE		PAGE
<b>INSURANCE:</b>		<b>MEETINGS OF BRANCHES AND DIVISIONS:</b>	
SURCHARGES AND DEFERRED PAYMENTS—THE MEDICAL DEFENCE UNION ... ..	98	CAMBRIDGE AND HUNTINGDON BRANCH: ISLE OF ELY DIVISION ... ..	97
CONFERENCE OF LOCAL MEDICAL AND PANEL COMMITTEES ...	93	GRENADA BRANCH ... ..	97
COUNTY OF LONDON INSURANCE COMMITTEE ... ..	99	NAVAL AND MILITARY APPOINTMENTS... ..	100
LOCAL MEDICAL AND PANEL COMMITTEES ... ..	99	VACANCIES ... ..	100
INSURANCE NOTES ... ..	99	BIRTHS, MARRIAGES, AND DEATHS ... ..	100
FINANCIAL ADMINISTRATION OF THE INSURANCE ACT ...	99	DIARY ... ..	100
LIBRARY OF THE BRITISH MEDICAL ASSOCIATION ... ..	98		

### Meetings of Branches and Divisions.

#### CAMBRIDGE AND HUNTINGDON BRANCH:

##### ISLE OF ELY DIVISION.

A SUCCESSFUL social and scientific meeting of the Isle of Ely Division, to which non-members were invited, was held at March on September 26th.

*Twilight Sleep.*—The Chairman, Dr. P. A. HENDLEY (Littleport), read an excellent paper on twilight sleep and its alternatives. An interesting discussion followed, those taking part being Drs. GROVE (St. Ives), STEPHENS, CURL, YOUNG, CLAPHAM, HARDING.

*Annual Representative Meeting.*—Dr. YOUNG (Harston), the Representative of the Isle of Ely and Cambridge and Huntingdon Divisions, gave an interesting account of impressions of the Representative Meeting, and urged all non-members to consider seriously whether they were doing anything for themselves or their profession in the uncertain times ahead by remaining outside the Association.

*Royal Medical Benevolent Fund.*—A collection on behalf of the Royal Medical Benevolent Fund amounted to £6, and it was decided to circularize those who were unable to be present.

##### GRENADA BRANCH.

A SPECIAL meeting of the Branch was held at St. George's on July 18th, Hon. Colonial Surgeon HATTON, President, in the chair.

*Medical and Dentists' Registration Ordinance.*—The PRESIDENT said the meeting had been called to discuss the Medical and Dentists' Registration Ordinance. Dr. PATERSON, after reading the provisions of the Ordinance, said it was within the knowledge of members that both in St. Vincent and St. Lucia, within recent months, legislation had been brought into effect which allowed admission to registration far beyond the limits obtainable in Grenada. As similar conditions to those that brought this about—for example, scarcity of medical men, and changes in the staff working in connexion with the International Health Commission—might any day arise in Grenada, they met that day to ask the Government to safeguard their Ordinance. It was feared that measures were likely to be taken to allow medical men not registered or registrable in Great Britain to practise in the colony. The replacing of the officers working in connexion with the International Health Commission was likely to be the cause of this; it was said that owing to the war it was impossible to make other arrangements. He thought, however, the Association should be satisfied that all efforts had been made to secure registrable men, and, as the medical journals week by week contained advertisements of men with tropical experience and ineligible for the war offering for colonial appointments, what were they to think? They considered this Ordinance sacred, and they did not want to have it interfered with. He proposed the following resolution:

That this representative meeting of the British Medical Association in Grenada recommends to the Governor in Council that any amendment of the Medical and Dentists' Registration Ordinance, cap. 43, Grenada, extending the limits of registration beyond those recognized in Great Britain, or any Ordinance having similar effect, will be against the best interests of the colony.

Dr. BISHOP seconded the resolution, and Drs. W. A. D. WHITEMAN, O'NEALE, WELLS, HUGHES, ARTHUR, ALEXIS, and COPLAND spoke strongly in support of it. The PRESIDENT said he was unable to support the motion. When the present Ordinance was being prepared he was anxious that the Governor in Council should have the power to admit to be registered persons possessing medical qualifications from colonial and foreign universities and colleges approved of by the Medical Board, and he had given similar recommendations to the Governor in Council. The International Health Commission had already been asked by the Secretary of State to send a man to Grenada, and, as to the advertisements referred to, he assured them that the Secretary of State at the present juncture would send no medical man out of England. With the panel service and many other openings in England for medical men, the colony would have to offer much higher salaries to induce men to come here. He therefore had made what he thought were necessary recommendations for the advantage of the colony. Dr. DUNBAR HUGHES said he had been specially desired to ask whether it had been definitely stated by the Governor that he was unwilling to add more native Grenadians to the medical service. The PRESIDENT denied all knowledge of any such statement. Dr. PATERSON said that from the President's statement it was evident there were before the Government recommendations seriously endangering their registration ordinance; and, unless they were prepared to show a way out without danger, it was highly probable that these extreme measures would be rushed through in spite of them. The motion, being put to the meeting, was supported by all except the President. After further discussion, it was proposed by Dr. O'NEALE, seconded by Dr. DUNBAR HUGHES, and unanimously resolved:

That this meeting of the Grenada Branch of the British Medical Association desires to add that, although from advertisements in the medical journals it would appear possible to obtain the services of men registrable in the United Kingdom, they would not view with disapproval special legislation to empower the Government to allow the temporary registration of medical men not at present registrable in the colony, whose registration shall be subject to the prior approval of the local medical board, and whose activities shall be limited to work in connexion with the International Health Commission.

It was further proposed by Dr. PATERSON, seconded by Dr. W. A. D. WHITEMAN, and unanimously resolved:

That this meeting of the Grenada Branch of the British Medical Association respectfully begs that the draft of any ordinance affecting the medical profession be submitted for the consideration and suggestions of the local Branch of the British Medical Association previous to its being made law.

The secretary was asked to have copies of the minutes circulated, and to send a copy of the resolutions to the local Government.

## THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

THE Library of the British Medical Association has recently received, through the kind exertions of Professor Rushton Parker of Liverpool, the following works by the late Mr. Hugh Owen Thomas, M.R.C.S., of Liverpool, as a gift from Lieutenant-Colonel Robert Jones :

Past and Present Treatment of Intestinal Obstruction. 1877.  
Review of the Past and Present Treatment of the Diseases of the Hip, Knee, and Ankle Joint. 1878.  
The Treatment of Fractures of the Lower Jaw. 1881.  
Intestinal Obstruction, with an Appendix on the Action of Remedies. 1883.  
Nerve Inhibition and its Relation to the Practice of Medicine. 1883.  
Principles of Treatment of Diseased Joints. 1883.  
Fractures of the Neck of the Femur. 1884.  
Principles of the Treatment of Fractures and Dislocations. 1885.  
Fractures, Dislocations, Diseases, and Deformities of the Bones of the Trunk and Upper Extremities. 1887.  
The Collegian of 1666 and the Collegians of 1885. 1888.  
A New Lithotomy Operation. 1888.  
Fractures, Dislocations, Deformities, and Diseases of the Lower Extremities. 1890.

## INSURANCE.

### SURCHARGES AND DEFERRED PAYMENTS.

#### THE MEDICAL DEFENCE UNION.

THE President, Sir JOHN TWEEDY, presided at the annual general meeting of the Medical Defence Union, when the annual report was adopted, the retiring members of the elected council re-elected, and the ordinary statutory resolutions passed.

Among the matters referred to in the report was the action the Union had been called upon to take on behalf of the members who were panel practitioners. The council and its legal advisers, when they considered that action regarding surcharging should be taken, instituted the necessary proceedings, although not always with the success desired. The bulk of the cases turned upon the question whether the procedure adopted by the Insurance Committee before surcharging was in accord with the statutory regulations. As a result, the satisfactory conclusion might be drawn that where the procedure had been improperly varied the surcharge had been rendered invalid either by the judge or the Commissioners in their appellate jurisdiction.

With regard to the question of delayed or deferred payment of panel practitioners under the Act and regulations, the report contained the following observations :

The hesitation in taking the matter into the law courts arises from the circumstance that the contract into which panel practitioners have entered with the Insurance Committees is hampered by the regulations issued by the Commissioners, which regulations have to be read into the contract, although the latter has been entered into prior to their promulgation. By these regulations there is no actual contract to pay a fixed capitation grant annually, as was originally imagined; and the sum actually receivable by the panel practitioner for work done or contracted for is of no definite amount, nor is it to be paid within certain limits of time. Again, although the contract is with the Insurance Committee, the Committee is not the paymaster nor the employer who pays the wages for work done; the Committee is merely the vehicle by which an unnamed sum of money is conveyed on uncertain dates from the Commissioners, which sum, after certain deductions are made, is paid to the panel "as soon as may be" after its receipt. There are therefore legal difficulties in making the Insurance Committee the defendant in an action for the "recovery of fees due," and the difficulties are enhanced when it is proposed to sue the National Insurance Commission. It follows, therefore, that the panel practitioner cannot at any time accurately reckon his income from his panel practice, although he may accurately estimate the number of his panel; he has to rest content with carrying out all his statutory obligations without failure with the certainty that if he fails in one of the least he may be haled before the Committee and probably penalized, and in addition be subject to loss of valuable time in defending himself. On the other hand, he has to accept with more or less gratitude any sums of money, however small, which, at various times and at longer or shorter intervals, the Committee may dole out to him. A contract, to be valid, should, legally speaking, be held to be bilateral; but in this respect the National Insurance Act and its regulations prove that this is not always the case.

In touching upon the coercion which is being put upon panel practitioners to give a receipt in full settlement for the amount offered, under threats of withholding further payments if this receipt be not given, the report made the following comments :

To carry out to the full the attendance of panel patients in 1914, to have payment of fees deferred until 1916, and then to have tendered to one a sum not commensurate, and at the same time to receive a demand for a receipt in full settlement with a threat that if it be not receipted and accepted, moneys due in other respects will be held *sine die*, may be a procedure legally correct, but it is not one calculated to remove friction between the administrators of the Act and the Executive, or to make the Act less obnoxious in its working. The council hopes that those responsible for the statute will take the proper steps to make the causes of friction less in future years and to smooth the path of those who, as panel practitioners, carry out their professional duties with care and skill.

The council expressed the opinion that the use of "stock remedies" was neither in the best interests of the insured person, nor of the medical profession, nor of the registered pharmacists.

The council had resolved to take steps to resist the imposition upon the over-burdened panel practitioner of the work of examining for errors of refraction, and would, if necessary, take a case to the High Court and carry it to the House of Lords if required. It was hoped, however, that the medical Commissioners upon the Insurance Commissions would see the matter in the right light and put a stop to an unwarrantable tax upon the profession which imposed upon it a duty requiring special knowledge and special skill. Even when such knowledge and skill were possessed, sight testing required considerable time, and involved an expensive outfit of trial lenses and other apparatus.

In the discussion on the report Dr. MAJOR GREENWOOD described the comments upon the National Insurance Act and its manifold regulations and procedure as the best *précis* of the disabilities of a panel practitioner which had ever been issued. Sir JOHN TWEEDY spoke of the varied nature of the cases brought before the council and the advantage it possessed in dealing with them, owing to the presence upon it of many experts, whose practical knowledge was most invaluable in the elucidation of difficult points which often arose.

The meeting concluded with a vote of thanks to the President and the Council, proposed by Dr. SEYMOUR TAYLOR, F.R.C.P., and carried unanimously.

### CONFERENCE OF LOCAL MEDICAL AND PANEL COMMITTEES.

DR. J. M. BRENNAN, J.P., Honorary Secretary of the Stockport Panel Committee, informs us that a circular letter was recently addressed to all Panel Committees in the country suggesting for the consideration of the Conference of Local Medical and Panel Committees, to be held in London on October 19th, the following amendments of the present one-sided agreement, and advising that they should be made *a sine qua non* in any agreement which may be drafted as the result of negotiations between the Commissioners and the Association :

1. No alterations to existing regulations should be made or new regulations adopted until practitioners have had at least *three months'* notice of the proposed change (in substitution for the present period of *two weeks*, which renders a proper consideration of such changes practically impossible).
2. The establishment of a central clearing house whereby a correct register would be in operation, and practitioners instead of receiving payments on account based upon local figures (which are said to be inflated and therefore unreliable) would have some definite knowledge as to the number of insured persons actually on the register. (Note.—This clearing house was promised by the Commissioners "at the earliest practicable date," so long ago as December, 1914, but is not yet inaugurated.)
3. The provision of a definite date in the agreement for the annual settlement, in lieu of the present elastic clause "as soon as may be," under which payment may be postponed indefinitely. (Note.—It has been suggested that the final payment should be made within a period of three months from the expiration of the year.)
4. The provision of a clause relegating all alleged breaches of the agreement to an independent party of judicial experience in substitution for the present method of making the Commissioners (who are for all practical purposes parties to the agreement) the final court of appeal.
5. That if the present system of penalizing practitioners is to be continued, then approved societies should also be required to observe the regulations, and in case of default be penalized. (It is most unjust that practitioners should be mulcted, whereas the societies are immune from penalties.)
6. That the present system of altering from time to time the quarterly rate of deduction from practitioners' accounts

be abolished and a fixed rate per quarter substituted therefor.

In addition, the Stockport Committee expresses the opinion that all additional work—for instance, eye-testing, venereal cases, etc., etc.—should be paid for, as such additional work was not contemplated at the time when the present terms of payment were arranged with the Commissioners.

### INSURANCE COMMITTEES.

#### COUNTY OF LONDON.

##### *Payments in Respect of Medical Benefit.*

At the meeting of the London Insurance Committee on September 28th the Finance Committee reported that the Government auditor's report showed that the progressive total of the sums allotted out of the medical benefit fund to the Panel and Pharmaceutical Committees respectively, for administration expenses, had reached a sum exceeding one penny in all in respect of each insured person entitled to obtain medical attendance and treatment from practitioners who had entered into an agreement with the Insurance Committee. On the Treasury interpretation of the section concerned the production of 1d. in all, or a sum of £5,423 17s. 8d. only, was available for allotment. An amount of £4,379 7s. 2d. had been overpaid to the committees to the end of the period under audit.

Mr. KINGSLEY WOOD, who characterized this as another of the financial blunders by which the history of National Insurance was marked, moved that the Insurance Committee should not make any further payment to the Panel and Pharmaceutical Committees unless and until it was authorized by the Treasury to do so. Hitherto it was stated these payments had been made on the assumption, supported by the Commissioners, that one penny was available for each insured person each year, and a representative of the chemists put forward the plea that, since the committees were annually elected bodies, the one penny a year was still applicable, for the previous year's committees had ceased to exist, and payment must be made *de novo*.

Mr. Wood's motion was adopted.

Another matter occasioning some perplexity was the withdrawal by the Finance Committee, for no reason given save that an unread communication had been received from the Commissioners, of the proposal to pay the practitioners at the rate of 1s. 2d. for each insured person for the last quarter of the present year. It was hinted that serious overpayments had been made to the doctors. Strong protests against this procedure were made by medical members of the Committee, and ultimately it was agreed that, as the payment in any case would be made in two instalments, the first instalment of 8d. should be sanctioned, leaving the second instalment of 6d. to be discussed subsequently.

*Appeal to Non-Panel Practitioners.*—Mr. JAMES HOWARTH, the Chairman of the Committee, made another appeal for non-panel practitioners to come forward and help to maintain the panel service during the absence of 17 or 18 per cent. of panel practitioners on military duty.

### LOCAL MEDICAL AND PANEL COMMITTEES.

#### CHESHIRE.

At a meeting of the Local Medical and Panel Committee on September 24th it was reported that half the resignations from the medical panel had been placed in the hands of the secretary, and that, in addition, several members had given contingent promises of resignation. It was decided to ask the district secretaries to make every effort to obtain the signatures of those members of the panel who had not signed the resignation form. Dr. Hodgson was appointed to represent the committee at the conference of representatives of Local Medical and Panel Committees in London on October 19th. It was decided to send the following letter to the Commissioners, to the Cheshire Insurance Committee, and to the Insurance Acts Committee of the British Medical Association:

September 25th, 1915.

Sir,

I am directed by resolution of this committee to inform you that it is opposed to the introduction of the new Regulations, Clause 3, quoted in the Appendix of Form 164 D.I.C. and explained in Memo. 227.I.C.

My committee trusts that the Commissioners may see their way to withdraw it.

The grounds of my committee's opposition are:

1. That it imposes upon practitioners during the currency of the agreement new duties, increasing the scope of the service, for which no further payment is proposed, and that this is contrary to the terms and spirit of the agreement.

2. That the regulation is unnecessary, inasmuch as practitioners do in fact take and have always taken means to see that their patients get any necessary special treatment.

3. That the regulation will arrest the sympathies and jettison the services of those general practitioners who, both singly and in co-operation with their medical colleagues, have fitted themselves by years of labour to carry out the higher and special forms—the more technical points—of medical and surgical work; and that by so doing it will undermine and tend to degrade the present high standard of medical service.

My committee, which is of opinion that the existence of that standard is not appreciated by the Commission, cannot regard with favour a proposal which would render it incumbent on its constituents to consult with, and hand over, their patients for special treatment to medical officers of junior rank and recent experience in their speciality, as they are at present invited to do in connexion with the one specialist service already initiated—namely, the tuberculosis service.

I have the honour to be, Sir, your obedient servant,  
LIONEL JAS. PICTON, Honorary Secretary.

#### COUNTY GALWAY.

At a meeting of the County Galway Medical Committee at Galway on September 12th the following resolution, proposed by Professor P. J. PYE, M.D. (Galway University), and seconded by Dr. J. J. GANNON (Oranmore) was passed:

The County Galway Medical Committee having had before them the proposals of the Insurance Commissioners of the 22nd August, 1916, having reference to the appointment of temporary referees in cases where a second medical opinion is called for by approved societies, beg to say:

1. That these proposals appear to be a breach of the agreement between the Commissioners and the Irish Medical Committee representing the Irish medical profession that referees should be appointed by the Commissioners.

2. That the appointment of a referee by one of the parties in a dispute seems to be unfair. We therefore beg to protest against these proposals.

### INSURANCE NOTES.

#### DISCHARGED SAILORS AND SOLDIERS: MEDICAL AND SANATORIUM BENEFITS.

THE Insurance Joint Committee has by an order dated September 16th, 1916, added the following paragraph to Article 25 of the National Health Insurance (Arrears) Consolidated Regulations, 1916:

Notwithstanding anything contained in these Regulations, no man discharged from service as a seaman, marine, or soldier after the beginning of the present war shall be suspended from or cease to be entitled to medical or sanatorium benefit on account of arrears.

### CORRESPONDENCE.

#### FINANCIAL ADMINISTRATION OF THE INSURANCE ACT. *Disabled Insured Persons.*

PANEL PRACTITIONER writes: I was very interested to read the letter of Dr. Marsh in your issue of September 23rd, and agree with him that the subject of the return to our lists of thousands of disabled soldiers, for whom no stamped cards will be given up and accordingly no contribution made to the general pool, is a gross scandal which the British Medical Association should take the strongest measures to rectify.

Another grievance which strikes me as a very real one, both to the medical profession and to the insured, is the extraordinary delay in issuing medical cards on entering insurance. A lad in my employ was 16 years of age on January 20th. He has required medical attention on many occasions during the past few months, but despite repeated applications he only received his card on August 30th. To-day, September 25th, a girl brought me her medical card, having only just received it from her society, who also was 16 in January. If the same thing is happening all over the country it is easy to see how many hundreds of pounds are filched from individual doctors. Are there no rules to govern society secretaries, or, if penalties can be imposed, are they never fined? Yet we meekly acquiesce when a doctor is fined the outrageous sum of £50 for being too conscientious in signing a certificate. How long are we going to sit quiet under this one-handed justice?

## Naval and Military Appointments.

### ROYAL NAVAL MEDICAL SERVICE.

The following appointments are announced by the Admiralty: Deputy Surgeons-General G. T. Broatch, M.B., to the *Egmont*, additional, for Malta Hospital; W. J. Colborne to the *Victory*, additional, for Haslar Hospital; J. H. Stenhouse, M.B., to the *Vivid*, additional, for Plymouth Hospital. Fleet Surgeons A. H. H. Vizard, M.D., to the *Hibernia*; J. Menary, M.D., to R.M.A. Eastney, Portsmouth; J. H. Fergusson to the *Lord Nelson*; H. P. Turnbull to the *Zevathan*, for Bermuda Hospital and Yard. Temporary Surgeons J. G. Nicholson and G. E. Heath to the *Victory*, additional; G. Lilico to the *Pembroke*, additional; R. M. Dannatt to the *Venus*; S. F. Abbot to the *Pembroke*, additional, for disposal; W. W. Rorke, M.B., to the R.M.A., Eastney; G. E. Heath to the *Hercules*; A. Young, M.B., to the *Thistle*; J. G. Nicholson, M.B., to R.M. Division, Chatham; T. J. T. Wilmot, M.D., to the *Crescent*, additional, for medical transport duties and supervision of naval patients in Edinburgh hospitals; T. W. Drummond to the *Conqueror*; W. Ibbotson to the *Pembroke*, additional, for Chatham Hospital.

### ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon H. C. W. Nuttall to the *Conqueror*, vice Lilico. To be Surgeon Probationer: C. N. Armstrong.

### ARMY MEDICAL SERVICE.

Surgeon-General T. J. O'Donnell, C.B., D.S.O., to rank as Lieutenant-General whilst employed as Director of Medical Services in India. Lieutenant-Colonel A. Kennedy, from R.A.M.C., to be Colonel, vice Colonel J. C. Morgan.

### ROYAL ARMY MEDICAL CORPS.

Temporary Lieutenant-Colonel W. G. P. Graham relinquishes his commission on account of ill health.

Temporary honorary Lieutenant-Colonel D. W. Finlay, M.D., relinquishes his commission on vacating the appointment of Officer in Charge, Red Cross Hospital, Bellahouston, Glasgow.

Major E. E. Powell, from supernumerary list, to be Lieutenant-Colonel.

Temporary honorary Major H. Chaffer, F.R.C.S., to be temporary honorary Lieutenant-Colonel whilst officer in charge, Red Cross Hospital, Bellahouston, Glasgow.

Captain R. E. Todd, M.B., is restored to the establishment. Temporary Captains relinquish their commissions: W. Hutcheson, M.B., N. Black, M.C., M.B., F. R. Featherstone, M. McK. McAtee, M.B., T. D. Jago.

Temporary Lieutenants to be temporary Captains: F. K. Kerr, M.B., H. S. Raper, M.B.

The commission as temporary Lieutenant granted to Thomas Coffey in the name of William Joseph Greehy announced in the *London Gazette* of October 26th, 1915, is cancelled.

Temporary Lieutenants relinquish their commissions: J. T. Bowman, M.D., D. A. Volume, M.D., D. L. Dick, M.B., C. T. Galbraith, M.B., E. M. Pearce, B. F. Keillor, M.B., A. P. Robertson, M.B., W. Girwood, M.B., F.R.C.S., L. B. Burnett, M.B., F. C. Stewart, M.D., J. F. Wood, M.D., J. F. Lambie, M.B.

F. D. Saner, F.R.C.S., M.B., to be temporary Lieutenant.

### INDIAN MEDICAL SERVICE.

Majors to be Lieutenant-Colonels (July 29th, 1916): J. M. Woolley, M.D., J. H. Hugo, D.S.O., M.B., W. H. Kenrick, R. H. Price, M.B., F.R.C.S.E., R. Bryson, F.R.C.S.E.

Captains to be Majors (August 1st, 1916): H. C. Buckley, M.D., F.R.C.S.E., M. R. C. MacWatters, M.B., F.R.C.S., W. H. Hamilton, F.R.C.S., J. Cunningham, M.D., H. Falk, M.B.

The provisional promotion to the rank of Captain of E. R. Armstrong, M.B., and C. J. Stocker, M.B., with effect from July 29th, 1914, has been confirmed.

### SPECIAL RESERVE OF OFFICERS.

#### ROYAL ARMY MEDICAL CORPS.

The name of Hugh Montagu Cameron Macaulay is as now described, and not as in the *London Gazette* of August 29th, 1916.

Lieutenant (on probation) A. A. Dear relinquishes his commission.

Lieutenant (on probation) R. L. Newell is confirmed in his rank. To be Lieutenants: E. Keen, M.B., R. W. H. Miller (from Edinburgh University Contingent O.T.C.).

L. A. B. Moore to be Lieutenant.

### OVERSEAS CONTINGENTS.

#### CANADIAN ARMY MEDICAL CORPS.

To be temporary Captains: N. B. Taylor, D. W. Davis, and W. S. Macdonnell (late temporary Lieutenants R.A.M.C.), H. E. H. Chipman, M. S. Inglis, Captain A. N. Aitken, F. R. Nicolle, W. E. Campbell.

Major C. Lavolette relinquishes his temporary commission. Sergeant C. H. Hudson, from 99th Canadian Infantry Battalion, to be temporary Captain.

### TERRITORIAL FORCE.

#### ROYAL ARMY MEDICAL CORPS.

*London Sanitary Company*.—Captain T. J. Murray is seconded for duty as anti-gas instructor. Lieutenant W. Johnstone, M.B., to be Captain.

*South Midland Field Ambulance*.—Lieutenant E. G. Anderson, M.B., to be Captain.

*North Midland Casualty Clearing Station*.—Captain G. Holmes, M.B., from North Midland Field Ambulance, to be Captain.

*Eastern General Hospital*.—Captain H. M. Galt, M.B., resigns his commission.

*Wessex Field Ambulance*.—Captain H. N. Collier to be temporary Major whilst commanding a stationary hospital.

*Supernumerary for Service with the O.T.C.*—Lieutenant A. Macphail to be Captain.

*Attached to Units other than Medical Units*.—Major W. G. Sutcliffe, F.R.C.S., to be temporary Lieutenant-Colonel whilst commanding a casualty clearing station. Major J. Nightingale, M.B., to be temporary Lieutenant-Colonel whilst commanding a field ambulance. Major W. W. Jones, M.D., from T.F.Res., to be Major. Captain H. C. Barr, from a field ambulance, to be Captain. Captain S. Southam relinquishes his commission on account of ill health. Lieutenant J. L. Hamilton to be Captain.

### TERRITORIAL FORCE RESERVE.

#### ROYAL ARMY MEDICAL CORPS.

Major W. V. Sinclair, from London Field Ambulance, to be Major. Captain A. Cruickshank, M.B., from attached to units other than medical units, to be Captain.

### VACANCIES.

BARROW-IN-FURNESS: NORTH LONSDALE HOSPITAL.—Assistant House-Surgeon.

BEDFORD COUNTY HOSPITAL.—Assistant House-Surgeon. Salary, £150 per annum.

BOLTON INFIRMARY AND DISPENSARY.—Second and Third House-Surgeons. Salary, £200 and £180 per annum respectively.

BRISTOL ROYAL INFIRMARY.—House-Physician. Salary, £120 per annum.

CHESHIRE COUNTY ASYLUM, Parkside, Macclesfield.—Temporary Assistant Medical Officer. Salary, £300 per annum.

CROYDON UNION INFIRMARY.—Locumtenent. Remuneration, £10 10s. per week.

DORCHESTER: DORSET COUNTY EDUCATION COMMITTEE.—School Dentist. Salary, £250 per annum.

HUDDERSFIELD COUNTY BOROUGH.—Assistant School Medical Officer. Salary, £300 per annum.

HUDDERSFIELD ROYAL INFIRMARY.—Two Assistant House-Surgeons. Salary: Qualified, £150; unqualified, £80.

HULL CORPORATION.—Resident Medical Officer for the Infectious Diseases Hospitals. Salary, £300 per annum.

ITALIAN HOSPITAL, Queen Square, W.C.—House-Surgeon. Salary, £80 per annum.

LEEDS PUBLIC DISPENSARY.—Resident Medical Officer. Salary, £200.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—House-Surgeon. Salary, £150 per annum.

LONDON THROAT HOSPITAL, Great Portland Street, W.—House-Surgeon (non-resident). Honorarium, £50 per annum.

MONMOUTHSHIRE COUNTY COUNCIL, Newport.—Lady Assistant Medical Officer. Salary, £350, rising to £400 per annum.

NORTH BORNEO: GOVERNMENT MEDICAL SERVICE.—Medical Officer. Salary, £500 per annum, rising to £650.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Physician-in-Charge of Antenatal Department.

ROCHDALE BOROUGH.—Assistant Medical Officer of Health. Salary, £350 per annum.

SHEFFIELD ROYAL INFIRMARY.—Two Resident Medical Officers. Salary, £100 per annum.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—House-Physician. Salary, £150 per annum.

STAFFORD: STAFFORDSHIRE EDUCATION COMMITTEE.—Four temporary Women Assistant School Medical Inspectors. Salary, £300 per annum.

SUNDERLAND: ROYAL INFIRMARY CHILDREN'S HOSPITAL.—Resident Medical Officer. Salary, £150 per annum.

WARRINGTON INFIRMARY AND DISPENSARY.—Senior and Junior House-Surgeons. Salary, £200 and £150 per annum respectively.

WEST BROMWICH AND DISTRICT HOSPITAL.—Assistant House-Surgeon. Salary, £120.

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s., which sum should be forwarded with the notice not later than the first post on Wednesday morning in order to ensure insertion in the current issue.

#### BIRTH.

LEIGHTON.—September 27th, at 3, St. George's Street, Chorley, to Dr. and Mrs. Wm. J. Leighton, a daughter.

#### MARRIAGE.

ASHTON—MORHAM.—At 17, Mansion House Road, Edinburgh, on September 23rd, by the Rev. James Lumsden, B.D., Minister of Tolbooth Parish, Captain Basil Cedric Ashton, R.A.M.C., to Agnes May, youngest daughter of George Morham, Edinburgh.

### DIARY FOR THE WEEK.

#### MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—8 p.m., General Meeting, 8.30 p.m., Presidential address by Lieutenant-General D'Arcy Power, R.A.M.C.(T.): John Ward and his Diary.

#### TUESDAY.

SOCIETY OF INEBRIETY, 11, Chandos Street, W., 4 p.m.—Discussion on Alcohol and Antenatal Child Welfare, to be opened by Dr. J. W. Ballantyne.

### DIARY OF THE ASSOCIATION.

Date.	Meetings to be Held.
-------	----------------------

#### OCTOBER.

6 Fri.	London: Central Ethical Committee, 2 p.m.
10 Tues.	London: Organization Committee, 2.15 p.m.
11 Wed.	London: Medico-Political Committee, 2 p.m.
18 Wed.	London: Finance Committee, 2 p.m.
19 Thurs.	London: Conference of Representatives of Local Medical and Panel Committees, Connaught Rooms, Great Queen Street, 10 a.m.