

those who wish the Union to act in a manner contrary to the wishes of the majority of members that want it changed. I have put members on their guard. Let them see to it at the next annual meeting. I need not reply to Dr. Leslie Phillips's remarks on my "special mission," my "monopoly of wisdom," etc. The subject is not one of general interest.—I am, etc.,
 HUGH WOODS,
 Vice-President of the Medical Defence Union.
 Highgate.

"L.S.A. AND SURGEON."

SIR,—I think the enclosed letter from Mr. J. R. Upton shows that the Society of Apothecaries have at last recognised the unsatisfactory position held by their Licentiates registered since June 30th, 1887. Such being the case, it is of the utmost importance that each Licentiate should at once write to each of our direct representatives and to the representative of the Society of Apothecaries, pointing out clearly the nature of the grievance, so that, when the subject comes on for discussion in the May meeting of the Council, it may receive their attention.—I am, etc.,

ONE ALLOWED TO PRACTISE SURGERY.

(Copy of letter.)

14, Austin Friars, London, E.C., December 18th, 1891. DEAR SIR.—In reply to your letter on the subject of the title of an L.S.A. whose diploma is dated subsequently to June 30th, 1887, I beg to inform you that, having regard to the recent decision of the High Court in the matter of the Queen v. the Justices of Aston, and the general unsatisfactory position of the whole question of medical titles, it is the intention of the Society of Apothecaries to approach the General Medical Council at an early date, with a view of having the matter placed on a clear and definite basis.—Yours faithfully, JAMES R. UPTON, Clerk to the Society of Apothecaries.

THE IRISH DISPENSARY DOCTOR.

SIR,—At a time like the present, when the grievances of Irish dispensary doctors are being so fully discussed, it may not be out of place to call your attention to a matter that has just occurred in this union, and which is the more interesting just now, when one at least of our Irish boards of guardians (Rathdrum) has had the pluck and generosity to recognise the services of their medical officers by a substantial rise of salary.

Dr. John A. Osborne has for the past thirty-five years held the post of medical officer of the Milford dispensary district, and also that of medical officer to the workhouse and fever hospital. His salary for the former was £100 a year, with registration fees, etc., and for the two latter £50 a year. On account of failing health, aggravated by a recent severe attack of influenza, he has been compelled to resign all his appointments. He now applies to the board of guardians for a pension, which application is to be considered at a meeting of the board on January 18th. Meantime, the board held a meeting on Monday, December 27th, 1891, to arrange as to the salaries of the future medical officer. The result is that they have reduced the salary for the dispensary duties from £100 to £80, and that for the workhouse and fever hospital from £50 to £40—a reduction of £30 in all.

Now, this same Milford district is one of the most difficult to work in the whole county. It is very extensive, being some nine or ten miles in length, very mountainous; many of the houses have no roads at all to them, and cannot be reached except on foot after a long tramp over mountain or bog. There is no midwife supplied to the district, therefore night calls, often from long distances, are frequent. There are three dispensary days in the week, two in Milford and one in Kilmacrenan, a village some three miles off. The medical officer's salary for his dispensary duties over this large and populous though very poor district is now to be £80 a year, which being divided means a daily pay of something about the wages of a carpenter or mason. His salary as medical officer to the workhouse and fever hospital is now to be £40 a year, which being divided comes to a fraction over 2s. 6d. a day. The gentleman appointed must visit the workhouse and fever hospital every day before 12 o'clock, must see and prescribe for all the patients, and make numerous reports and returns, and for all of this he is offered the above mentioned handsome salary. This is not all, for at the end of thirty-five years' service, or even much longer, if old age or failing health compel him to resign his appointments, he cannot claim one shilling by way of pension, but is at the mercy of his board of guardians. Should he be fortunate enough to

get any pension, it is after he has been made to beg and implore for it in a way which must of necessity be most degrading to any man of education and refinement. But it is when we Irish dispensary doctors compare our position with that of others that our grievances stand out most prominently.

Take, for example, the position of army surgeons. Well, I do not think I exaggerate when I say that, as a rule, a week of our regular work is harder and more wearing than a month of theirs. They have, of course, at times to put up with bad climates, and even occasionally to go on active service, but on the whole their work is child's play to ours. They know when it is done for the day; we never do. They have assistance; we never have. They can claim a certain amount of leave every year; we cannot claim a day, unless we are incapacitated by illness. Finally, they can retire after twenty years on a pension of £1 a day. They have not to ask for this. It is their right, as it should be ours. Other comparisons could be drawn, equally, or even more, conspicuous if space permitted. We have sought to be made civil servants, but we are told that we cannot expect that because we do not give all our time to our duties. If we do not, what time, may I ask, can we call our own? Are we not at the beck and call of the sick poor every hour of the day and night? Will anyone presume to say we do not give far more of our time to our duties than any army surgeon, resident magistrate, or district inspector? In the case of resident magistrates and district inspectors, the authorities give them a liberal allowance, exclusive of their salaries, for the keep of a horse and servant. In our case no such allowance is granted, although the Local Government Board know well that no dispensary doctor in Ireland, in a country district, can perform his duties without a horse and vehicle. When all these things are considered—in addition to the other grievances which have been already so plainly set forth in former letters—it surely is no wonder that the present agitation has been set on foot. The wonder is that it was not set on foot many years ago.—I am, etc.,

Ramelton, co. Donegal.

JOHN PATTERSON, M.B. Dubl., etc.

NAVAL AND MILITARY MEDICAL SERVICES.

DESIGNATION OF OFFICERS OF ARMY MEDICAL RESERVE.

A NEW Royal Warrant has been issued from the War Office, which directs that in the Army Medical Reserve of officers the new designations of surgeon-lieutenant-colonel, surgeon-major, surgeon-captain, and surgeon-lieutenant shall be substituted for the ranks hitherto borne. It is further ordered that promotion shall take place on completion of the periods of service required according to the ranks in the militia, yeomanry, and volunteers, except that promotion to surgeon-major shall be given on completion of twelve years from the first appointment. Honorary assistant-surgeons permitted to join the Reserve will be given the rank of surgeon-lieutenant.

THE NAVY.

SURGEON F. G. WRIGHT has been placed on the retired list of his rank, December 24th. He was appointed to the service April 29th, 1880. He was Surgeon of the *Briton* during the operations near Suakin in 1884, receiving the Egyptian medal and the Khedive's bronze star.

The Greenwich Hospital pension of £50 a year, vacant by the death of Deputy Inspector-General of Hospitals and Fleets Andrew Murray, has been awarded to Deputy Inspector-General of Hospitals and Fleets W. H. ADAM. Deputy Inspector-General Adam entered the service May 17th, 1853; became Staff-Surgeon September 27th, 1861; Fleet Surgeon May 2nd, 1876; and Deputy Inspector-General, on retirement, September 23rd, 1886. He was employed in the boats of the *Brisk* on detached service off the Isle of Pines, West Indies; compelled to return to the ship by an outbreak of yellow fever. Served in the White Sea operations against the Russians, 1854; at the bombardment of Solovotskoi, and destruction of town of Puchlakta, by the boats of *Miranda* and *Brisk*. Employed in boats of the *Boscawen*, flagship of Rear-Admiral Hon. Sir Frederick W. Grey, K.C.B., on detached services on the West Coast of Africa, 1858-60. Was sent to Dartmouth to organise and take charge of sick quarters for reception of scarlet fever patients from *Britannia*, 1863-64. Wrecked in *Megara* on the Island of St. Paul's, Indian Ocean, June, 1871, and remained nearly three months on the island. Was Principal Medical Officer of the Royal Marine Artillery from September, 1880, to September, 1883.

Staff-Surgeon THOMAS E. H. WILLIAMS has been appointed to the *Impregnable*, January 2nd.

MEDICAL STAFF.

SURGEON-CAPTAINS D. D. SHANAHAN and C. W. H. WHITSTONE, M.B., on arrival from England, will do duty in the Madras and Secunderabad districts respectively, both being in the Madras command.

Surgeon-Captain C. R. BARTLETT, who is serving in the Bombay command, is transferred from Aden district to general duty in the Mhow district.

Surgeon-Captain W. A. MORRIS has been granted sick leave in extension to the 19th June next.

Surgeon-Captain P. H. WHISTON has been selected for service with the Egyptian army; there will, therefore, on his leaving for Cairo, be a vacancy for an attached Surgeon to the Coldstream Guards.

INDIAN MEDICAL SERVICE.

THE services of Surgeon-Captain W. G. P. ALPIN, Bengal Establishment, are placed permanently at the disposal of the Government of the North-West Provinces and Oude.

The undermentioned Surgeon-Captains, appointed to the Bengal Establishment, reported their arrival at Bombay on the dates specified: F. H. BURTON-BROWN, October 26th; B. C. OLDHAM, October 26th; S. B. SMITH, November 7th; W. HENVEY, November 7th; J. S. S. LUMSDEN, October 26th; G. H. FROST, October 26th; G. F. W. EWENS, M.D., October 26th; H. S. WOOD, October 26th.

Surgeon-Captain F. P. MAYNARD, Bengal Establishment, is appointed to the civil station of Dinapore, in addition to his other duties.

Surgeon-Major P. J. FREYER, M.D., Bengal Establishment, Second Class Civil Surgeon, is posted to Moradabad district.

Surgeon-Captain A. V. ANDERSON, M.B., Bombay Establishment, is permitted to return to duty.

Surgeon-Captain W. E. JENNINGS, M.B., Bombay Establishment, Officiating Medical Officer 6th Cavalry, is appointed to act as Civil Surgeon at Jacobabad, in addition to his own duties.

Surgeon-Captain A. F. FERGUSON, Bombay Establishment, 17th Bombay Infantry, is directed to officiate in medical charge of the 14th Bombay Infantry during the absence of Surgeon-Major J. E. Ferguson on furlough.

Surgeon-Major A. ADAMS, M.D., Madras Establishment, Residency Surgeon Western Rajpootana States, returned to duty on November 10th.

Surgeon-Captain R. H. WHITWELL, Bengal Establishment, received charge of Tipperah Gaol on December 1st.

Brigade-Surgeon I. B. LYON, C.I.E., Bombay Establishment, and Surgeon-Major H. J. LINTON, Bengal Establishment, are allowed leave of absence for three months on medical certificate, in extension.

Surgeon-Lieutenant-Colonel S. M. SALAMAN, Bombay Establishment, received charge of the office of Superintendent of Yerrowda Central Gaol, and of the duties of Medical Officer of the Gaol, on November 22nd.

Surgeon-Captain W. H. QUICKER, Bombay Establishment, received charge of Kaira District Gaol on December 1st.

Surgeon-Major JAMES ALLAN, F.R.C.S., Retired List, died at St. Leonards-on-Sea on January 2nd, aged 68 years.

THE NEW WARRANT.

ROYAL SURGEON forwards a cutting from the *Irish Times*, containing a report of a lecture on "The Ambulance in War," by Brigade-Surgeon-Lieutenant-Colonel Gore, read by Surgeon-Captain Thompson, at which Major-General Moncrieff, commanding Dublin District, presided, and referred to the lecturer and his deputy as Lieutenant-Colonel Gore and Captain Thompson. General Moncrieff, he says, has thus given an initiative which will go a long way towards settling the question how army medical officers shall in future be orally addressed and referred to.

"* * We have received several communications on this delicate question, which we also notice has been the subject of comment in some of our contemporaries. We are glad General Moncrieff has given a sensible precedent, which, indeed, is the obvious solution. There can be no question that in all communications of an official or ceremonial kind the full compound title will, and ought to be, employed, but will doubtless be too cumbersome for colloquial intercourse. The element of "phonetic decay" in all forms of spoken proper names will assert itself in these new titles, and we should think in the direction shown by General Moncrieff. It is useless to attempt forcing or unduly anticipating a solution; it will evolve under such leading examples as that here referred to. Already we notice the new titles are bringing home to the purely civil mind the fact that army medical officers not only should, but do, possess military rank, which had never been fully realised before. That, at all events, is a marked advance. We think the colloquial use of the new titles will probably become popularly fixed more through employment among volunteers than in purely military circles.

TRAVELLER writes: Your correspondent "M.S." affirms that the spirit of the regulations show that salutes and honours by guards are meant only for officers in supreme command, but the practice is very different. Take Malta, for instance; such honours are not reserved for the Military Governor in supreme command, but accorded to the subordinate major-generals commanding the infantry and artillery respectively. If they be an appanage of command, then, does not the Surgeon-Major-General command the Medical Staff Corps? But they are not paid on account of command, or to officers as individuals, but to official rank. To lower the status of anyone bearing the title of the rank is to depreciate the rank in the service at large whoever may be the possessor of it.

"* * That is so; if the military authorities were as politic as they are jealous concerning rank, they would take care that the titular possessor, whoever he be, received the honours in full of his rank when locally entitled to it.

LEX writes: The exclusion of medical officers from the presidency of sanitary boards must be detrimental to the health of the soldier. Senior and experienced officers are thus practically excluded from such boards. Has not a medical officer of health in civil life

much to do with house construction and occupation? But when a barrack is built it is a board of combatant officers, who may or may not receive a medical opinion, who decide whether it is fit or not for occupation. Now, what training or experience can these officers have in the intricate sanitary questions of heating, lighting, ventilation, or drainage?

"* * Exceedingly limited we should think.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE following volunteer medical officers, who have been under instruction from Surgeon-Captain R. R. Sleman, M.A., 20th Middlesex ("Artists") R.V., and the staff of the school have recently passed the proficiency examination conducted by the Army Medical Staff at the headquarters of regimental districts:—

Surgeon-Major C. A. Patten, 2nd Vol. Batt. Midd.; Surgeon-Captain J. E. Lane, M.D., 3rd Vol. Batt. East Surrey; Surgeon-Captain W. K. Loveless, 1st Vol. Batt. Hampshire; Surgeon-Captain Frere Webb, M.D., 1st Vol. Batt. Hampshire; Surgeon-Captain Irwin Palmer, 3rd Midd. Art. Vol.; Surgeon-Captain H. F. Hurst, 2nd Vol. Batt. Northumb. Fus.; Surgeon-Captain G. G. Hodgson, 4th Vol. Batt. "The King's," Liverpool; Surgeon-Captain W. J. Williams, M.D., Tees Div. Submarine Miners Vol. R.E.; Surgeon-Captain J. W. H. Brown, 2nd Leeds Vol. R.E.; Surgeon-Captain J. A. Kigge, 2nd Vol. Batt. Oxford L.I.; Surgeon-Lieutenant G. A. Edsell, 2nd Vol. Batt. Oxford L.I.; Surgeon-Lieutenant W. F. Lovell, 1st Cinque Ports A.V.; Surgeon-Lieutenant S. Wachter, F.R.C.S., 1st Vol. Batt. "The Buffs," East Kent; Surgeon-Lieutenant E. Downes, M.D., 2nd Sussex Art. Vol.

The next class will be held at 7, St. Benet's Place, Gracechurch Street, E.C., and commence on Thursday, January 14th, 1892, at 4 P.M., being continued on each successive Thursday up to the date of examination in April. The work has been arranged to suit the convenience of volunteer medical officers residing in the home district, and it is hoped that all who are non-proficient will at once take the opportunity of obtaining a proficiency certificate, and the extra proficiency grant for their regiments. The proficiency examination is compulsory on all surgeon-lieutenants, and must be passed before promotion and before appointment to commissions in the Army Medical Reserve of office s.

Officers desiring further information will apply to Surgeon-Captain R. R. Sleman, "Artists" R.V., 7, St. Benet's Place, Gracechurch Street, London, E.C.

A course of lectures for the training of regimental stretcher bearers will be held at the headquarters of the 20th Middlesex ("Artists"), Duke's Road, Euston Road, W.C., under the direction of Surgeon-Captain H. F. Stokes, commencing on February 4th, 1892.

Application forms can be obtained of Surgeon-Captain R. R. Sleman, or Colour-Sergeant C. J. Downer, London Scottish R.V., Fairfield, Willesden Park, N.W.

MEDICO-LEGAL AND MEDICO-ETHICAL.

A WELL-MERITED CENSURE.

AN inquest recently held at Plymouth has terminated in this strongly worded censure on the police, which was thoroughly well deserved:— "And the jury further say upon their oath that the injuries were aggravated to such an extent that they became incurable by the improper treatment she received at the hands of the police in not granting the husband's repeated request to provide medical treatment; and, further, that the deceased was of temperate habits, and when she received the injuries was suffering from illness and was not drunk."

One day last February a policeman found an elderly woman lying helpless in the streets, and with assistance conveyed her to the police station, where she was detained all night on a charge of drunkenness. The husband, who had not been allowed to see his wife overnight or to call in medical advice, took her away in a cab next morning, and got a doctor to see her at home as soon as possible; she was then found to be suffering from a transverse fracture of the patella as well as other injuries, from the shock of which she never recovered, and she died a few days ago. The evidence of the police that she was drunk at the time, and that she could move both legs freely, and even walked a few paces without assistance, was directly controverted not only by the medical evidence but by several witnesses, whose testimony much better agreed with the indisputable facts of the case. Some months ago the police had the effrontery (for we can call it nothing else) to prosecute her for being drunk, and on this trial and the way it was conducted by the magistrate we commented without reserve at the time, and the result of this second investigation has fully justified the opinion which we then formed and expressed.

CONSULTANT OR SUPPLANTER?

DR. S. AND DR. D.—A critical and dispassionate examination of the ethical points involved in the lengthy correspondence which has passed between Dr. S., Dr. D., and Mrs. C. the patient in question, leaves no reasonable doubt upon our minds (1) that Dr. D., the consultant, in having, unsolicited (as specifically alleged by Dr. S., and unrefuted), "proposed to the patient that, if she wanted him to see her again she could send by letter or telegram and he would come;" (2) that, "in subsequently examining her in the absence of all urgency, giving her directions and alterations as to her diet, and sending her medicines by rail from his own house on two occasions, not only without the knowledge of Dr. S., the practitioner in attendance, but in specific substitution for what the latter had, on the same respective days, prescribed for her, instructing her, moreover, to write to him (Dr. D.) and describe her progress," he did, in so acting, commit a serious breach of professional etiquette; nor, if her action be rightly reported, can we exempt from severe criticism the apparent disingenuousness of the lady patient herself.

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