

months' military instruction and to Netley after first tour of foreign or home service.

15. Entrance to the Army Medical Service to be by nomination in the first instance from the various medical schools in proportion to the number of the students and subsequently by examination in medicine, surgery, and surgical anatomy for seniority.

16. Abolition of the examination in chemistry, botany, and materia medica—which is wholly unnecessary.

17. Sufficient leave to attend post-graduate classes at the various medical schools and hospitals.

18. The formation of a medical reserve. I do not think the idea of forming a medical reserve by means of the militia and volunteers will either work or be effective. What is required is a body of thoroughly-trained surgeons and physicians who must have had considerable operative and medical experience, and who could be called upon in an emergency to take up the same sort of work the civil surgeons have so effectively undertaken in South Africa. Men of the sort and age required are not so easy to get; they should be recruited chiefly from the house-surgeons and physicians of our hospitals and from others who are known to possess the requisite qualifications. London and the other large cities would probably supply the greater number of such candidates, whose services should be secured by a liberal retaining fee, and who on appointment should be obliged to undergo the usual training in military duties both at Aldershot and Netley. No candidate should be eligible under 25 years of age or over 35, and the period of service should be limited to twelve years. Rank and title should run according to length of service, and these officers should have the preference in all militia and volunteer appointments, but I do not think it would be a good arrangement to form a medical reserve out of the militia and volunteer medical officers, for reasons which seem to me sufficiently obvious.

19. Pensioned army medical officers of twenty years' service and under to be encouraged to join the militia and to be liable to be recalled to the army up to the age of 50.

20. The formation of a militia and volunteer medical staff corps.

21. Medical candidates at Netley should be treated as qualified physicians and surgeons, and not as students. The rule which insists on having prescriptions supervised and initialled by army medical officers is both annoying and absurd.

I shall be glad to hear from any army medical officer who cares to favour me with his views on these further suggestions. At the present juncture it is most important the army doctors should show a united front, and enable those who are in a position to do so to fight their battle for them in the only place it can be done effectually, namely, the House of Commons. They have good and tried friends there—Sir Walter Foster, Dr. Farquharson, Sir Michael Foster, and others—only let us who are doctors and members of the House of Commons thoroughly understand the desires and necessities of the service, and we will be certain to do our utmost to have all legitimate grievances remedied, and the R.A.M.C. freed from all the trammels which bind it and destroy its efficiency and popularity.

One word in conclusion. It is rumoured that the Government are thinking of recommending the abolition of army titles. This, in my opinion, would be a fatal step. If it is to be prevented, now is the time to give effective expression to the wishes of the Corps.—I am, etc.,

Omagh, co. Tyrone, May 20th. EDWARD THOMPSON, F.R.C.S.I.

THE REPORT ON THE ARMY MEDICAL SERVICES.

SIR,—The report on the medical services issued by the Council of the British Medical Association with the *BRITISH MEDICAL JOURNAL* of May 4th has, as was to be expected in a contentious matter, met with a mixed reception. As an interested spectator I have watched this reception, and pronounced it good; and I hear the report as a whole is favourably regarded in influential quarters as a short, clear, practical statement of the causes which have led to the unpopularity and inefficiency of the Army Medical Service. The cure is suggested in finding out the cause.

I have read several criticisms on the report with considerable interest and curiosity, from the *Times* downward. The comments of that journal as a whole were not unfavourable; but it struck me that its chief criticism was amusingly inept: it was that the report is of little value because it is unsigned! Why, it was issued by the Council of the Association, which is surely authority and endorsement enough. Its statements are either good, bad, or indifferent, and in no way affected because the names of the draftsmen are not appended. That was surely hypercriticism.

But the most hostile review occurs in an article in the *Hospital* of May 11th, only that the writer thereof seems much more desirous of aspersing what he calls "that profoundly uninteresting body, the Parliamentary Bills Committee of the British Medical Association," than the report itself. He declares the Committee has laboured to produce "a feeble and misshapen

infant, which the utmost care of the Council will be unable to rear." He calls the reference of the Subcommittee to various seats of learning "ludicrous." In the name of common sense, Why?

He congratulates the Universities of Oxford, Cambridge, and London that they did not reply. He forgets that Oxford has practically very few medical students to reply for, and London none at all; and overlooks that St. John's College, Cambridge, did reply, and that very effectively, as the table in the report shows. But, after the outburst against the Council of the Association, the writer quietly subsides into a review of the situation, in which he complacently falls into line with the report.

Of far more value is the opinion of Dr. Gordon in his letter to the *BRITISH MEDICAL JOURNAL* of May 11th, than whom no civilian medical man is better able or entitled to speak on a subject he has so deeply studied, as follows: "It is not my intention to discuss that report. It is sufficient that it has been drawn up by men singularly well versed in all practical details of the subject, and singularly free from pettiness and partiality. Its value, therefore, is great."

I am delighted to hear this verdict, and quite content to rest in its justness.—I am, etc.,

May 18th.

MILES MEDICUS.

THE SOCIAL POSITION OF ARMY MEDICAL OFFICERS.

SIR,—With respect to some letters appearing in the *BRITISH MEDICAL JOURNAL* on this subject, will you allow me to say that I for one am very glad to see them, as they state nothing but the bare truth, and as to the statement made in the *Graphic* of May 11th that things were better in the old regimental days, I flatly deny it. Why, Sir, what brought down the regimental system more than anything else was the want of social position accorded to medical officers in their regiments. They were accorded an equality in the way of paying subscriptions, but really in nothing else. It is almost impossible to describe in language exactly how this was; it is easier to feel a thing than put it in words. It is, I think, less felt abroad than at home. It is more than thirty-five years ago since I entered the army, and I think I know something about it. The giving of regular military titles was a move in the right direction, grudgingly given though it was, and you will notice that the absurd and unusable compound titles are still continued in the regiments of Guards, no doubt in order to prevent doctors from coming between the mighty guardsmen and the breath of their nobility, though the common herd of combatant officers were not so carefully protected. One result of all this is that the taxpayer has to pay more to get medical officers at all, and every sneer by Mr. Brodrick or others only increases the pay to be given, and very probably deteriorates the quality when obtained. Let me bring this prominently forward, and ask the taxpayer if he likes it. It is not good feeling or justice that will move the authorities or the combatant officers in this matter: it is fear and fear only. Let the Government feel that they will lose votes, and there is a chance that they will try and put things on as fair a footing for the medical officers as they can, and I consider it the duty of the *BRITISH MEDICAL JOURNAL* and all medical journals at all times to keep before the profession the political aspect of the question. The way medical officers have been treated reacts on the civil medical profession, the social position of which is none too great. I believe I am stating the truth when I assert that in London society so far from the M.D. qualification being an advantage that the title of "Dr." is a positive disadvantage, and that "Mr." goes better down. If you are "Mr." you may be somebody, if "Dr." you must be a nobody. So if for the profession at large you wish advancement in a social point of view, I hope you will work for the military and, I suppose I may add, the naval branch of it. To organise politically, to bring votes to bear on the Government of the day ought to be our policy.

If the hour comes when we have to enter on a war without any medical service, and when in addition no help can be got from civilians for love or money, the Government of the day will be held responsible by the nation, just as much as if they left the country without ammunition, and then sneers,

gibes, and belittling the doctors will come home to roost. I think there are restrictions with respect to medical officers entering the Senior United Service Club, and most of us have heard about blackballing at other Service clubs from time to time. In garrison towns the county families have too often cold-shouldered the regimental and staff medical officers, and if, as it seems, they are not eligible for the G.C.B., it all proves that a medical education is derogatory to the character of a gentleman.—I am, etc.,

May 20th.

AN ARMY M.D (Retired).

THE MIDWIVES QUESTION.

SIR,—In reply to the letter of your correspondent "M.R.C.S." in the BRITISH MEDICAL JOURNAL of May 18th, may I point out that his interest, and that of his friends in the "midwife question," is entirely misplaced if, as he says, it is based on the "creation of a new class of unqualified practitioners"? It is the education and control of an existing class which is aimed at in the legislative measures which have been introduced into Parliament. His objections would apply if they dealt with a totally non-existing class to be formed in the future; but, as it is, our lines of argument would appear to run parallel, instead of being opposed the one to the other. It is hopeless to attempt to make parallel lines meet.

But there are one or two points raised in his letter which require notice. First, he characterises as extraordinary my references to the causation of the increased puerperal fever rate. May I refer him to the presidential address of Dr. Milne Murray to the Edinburgh Obstetrical Society in the BRITISH MEDICAL JOURNAL of November 24th, 1900? As quoted, Dr. Milne Murray said "An explanation of much of the increase of maternal mortality from 1827 onwards would be found in, first, the misuse of anaesthesia; and, secondly, in the ridiculous parody which, in the hands of many practitioners, stood for the use of antiseptics." I believe that this opinion is widely endorsed by our leading obstetricians.

In reply to a question of his, I would say that the sense in which the London Obstetrical Society's certificate in midwifery is accepted by the various bodies I mentioned is that it indicates, in a more or less formal manner, that the holder has a fair amount of knowledge of her work, and has been trained in elementary midwifery, in the use of antiseptics, and as to when to send for medical attendance. So far from the certificate being accepted on the score of cheapness by Boards of Guardians, as stated by "M.R.C.S.," they pay a considerably increased salary to the nurse who holds it and is employed in the lying-in ward. No doubt your correspondent wishes to imply that the parish medical officer is undersold by the midwife thus employed. But he forgets that she is only permitted—under the Order passed by Sir Walter Foster when in office—to act as a nurse, and that the medical officer is responsible for the cases.

"M.R.C.S." attempts to palliate his logically false application to midwives of the notice of the General Medical Council relative to unqualified assistants by asking me if I wished him to believe that the Council ever contemplated making midwives legally qualified medical practitioners. I reply, "Certainly not, nor anyone else;" and for that reason I object to "M.R.C.S.'s" argument dealing with midwives as if they were legislatively to be placed in that category, or in one which was a close imitation of it. It was because unqualified assistants acting under the aegis of practitioners, as if they were fully qualified themselves, that the Council put its foot down. Midwives were placed by the Council in a class with nurses, surgery attendants, and the like, as useful persons when acting within their own sphere, persons whom the public could not well mistake for fully-qualified medical practitioners. And, in reply to a further question, may I say that the primary intention of the Medical Acts was for the protection of the public and not of the medical man? These Acts protect certain titles—surgeon and the like—so that the public may know who is a qualified practitioner, and, conversely, who is not. The Act of 1886, to which he more particularly refers, carries the protection of the public a stage further by insisting that no practitioner should in future be able to register unless trebly qualified.

But I cannot see how this or any other of the Medical Acts touches midwives, then as now practising in thousands. Nor have the Medical Acts anything to do with the certificate of the Obstetrical Society, which, in spite of your correspondent's statement, does not propose to authorise anyone to practise in any branch of medicine. It merely certifies that they have passed a satisfactory examination. The wording of the certificate was agreed to by the General Medical Council itself.

The crux of "M.R.C.S.'s" objections is reached in his last three paragraphs. These refer to the notion that midwives will deprive medical practitioners of their midwifery fees. It is a perfectly legitimate contention, though weakened by "M.R.C.S.'s" denial that it will affect him if it touches cheap midwifery. I do not think I have heard more than one of all those who have advanced this argument allege that it would affect himself. Why do not those who think it will affect them, themselves speak out? The argument would then have force. The Select Committee of the House of Commons on Midwives fully considered this point, I may remind "M.R.C.S.," and came to the conclusion that there would be no serious loss to practitioners if midwives were to be registered. But has not your correspondent a very low opinion of the hold which we have over our patients? Apart from the question of better knowledge and higher skill, it will require a good deal to compensate these patients for the loss of anaesthetics, and the deprivation of the assistance of the forceps. Does "M.R.C.S." expect that medical practitioners will eventually take up the class of patients who now employ untrained midwives? Someone must attend them. It is reasonable to suppose that trained women will fill the places of the untrained in the future, as has occurred with every other class capable of being improved. People who pay decent fees will obtain the best attention to be got at the price, and this will rule the market.

Will not "M.R.C.S." look the question of the sustained puerperal death-rate straight in the face? I am sure that he will agree that we are bound to do what lies in us, regardless of all secondary considerations, to stop deaths from septic infection in midwifery as in surgery. This is the real "Midwives Question." It cannot be contended, in face of the results obtained by the lying-in charities which employ midwives, that trained midwives increase the spread of infection. The reverse has been repeatedly shown to be the case with untrained midwives.

Your correspondent, Mrs. Colby, appears to hold that the course of training of a midwife should include a full course of nursing, a training in morals, and a training in physics. Well, I agree that midwives should be as perfect as possible within their own sphere, but I do not see how we can expect to educate any person into complete perfection. Nor do I see what a training in, for example, the nursing of typhoid fever can do for the attendant of a lying-in nurse.

The present system of training midwives and the standard of the London Obstetrical Society's examinations are the outcome of a number of different considerations. At one time the examination was much more severe than it is at present; on the other hand, it is becoming harder than it was a year or two ago. Under a voluntary system, the education and training of midwives must be subject to considerable variations in different institutions, and at varying times. Until a central authority is established by law, no training or examination for midwives is likely to approach perfection.

I fancy, from one remark she makes, that your correspondent is unaware that the term "abortion" is a medical synonym for the popular expression "miscarriage." The operation to bring on an abortion is a necessary one in certain cases, and perfectly legitimate under such circumstances, but is only performed by qualified medical practitioners and after consultation.—I am, etc.,

F. R. HUMPHREYS.

Fellows Road, South Hampstead, N.W., May 18th.

VACCINIA AND INOCULATED SMALL-POX.

SIR,—In the BRITISH MEDICAL JOURNAL of May 11th there is an article by Dr. S. Monckton Copeman on the Probable Relationship of Vaccinia to the Inoculated Form of Small-pox in Man.

The author does not appear to be aware that though