

attendance consists in a practitioner "looking in" once a day.

Again, one not infrequently sees advertisements for resident medical officers for sanatoriums, the remuneration offered being £100 to £150 per annum. Such a salary does not and never will attract men of experience, and a sanatorium without an experienced resident medical officer may be very aptly compared to a motor car without a chauffeur. If, then, local authorities desire to ensure success for the sanatorium part of their tuberculosis schemes the first essential is that in every sanatorium there should be a resident medical superintendent, experienced not only in administration, but also in the treatment of phthisis. To obtain this a minimum salary of £400 would have to be offered. In any tuberculosis scheme the tuberculosis officer and the medical superintendent of the sanatorium are both important factors, but no valid reason can be put forward why the salary of the latter should be less than that of the former.—I am, etc.,

March 16th.

M.D.

TUBERCULOSIS MEDICAL OFFICERS.

SIR,—The appointment of tuberculosis medical officers having now become general throughout the country, it has occurred to me that the formation of an association of such officers is a matter worthy of consideration.

If such an association came into existence tuberculosis medical officers would be provided with a means thereby of meeting, and thus have the opportunity afforded to them of discussing together, and amongst themselves, various topics connected with their particular field of labour. This I think would be a most desirable thing. It would tend to their mutual benefit, and also to the advancement of the treatment of the patients of whom they have charge. Cases could be compared, opinions interchanged, difficulties met with in practice discussed, etc.

Local authorities are framing a general attack upon tuberculosis, and the tuberculosis medical officer is the important factor of the authority responsible for the treatment of the disease in their area. With an association such as I suggest a much greater benefit would accrue from the interchange of knowledge thus afforded than by each individual officer working single-handed in his own field. The object of the attack on the disease is to ultimately—and in the shortest possible space of time—stamp it out altogether. We ought to leave nothing undone which will assist us in our efforts to bring about this result.

In such, then, lies the object of my appeal, and I hope to see some expressions of opinion on the matter in reply hereto. If the general opinion is in favour of an association being founded, a preliminary meeting to formally discuss matters in connexion therewith could easily be called. Such an association as I suggest has, I believe, already been formed in Ireland.—I am, etc.,

J. T. CROWE,

33, Bowling Green Street,
Leicester, March 17th.

Tuberculosis Medical Officer
for Leicestershire.

The Services.

INDIAN MEDICAL SERVICE. THE PUBLIC SERVICES COMMISSION.

(Continued from page 628.)

BOMBAY.

THE Commission, during its session at Bombay, took evidence concerning the Medical Department on February 13th and 16th. Lieutenant-Colonel C. T. Hudson, I.M.S., Captain H. A. Lafond, and Assistant Surgeon D. E. Kothewala sat as co-opted members, representing the Indian Medical Service, the Military, and the Civil Submedical Departments respectively.

Lieutenant J. E. B. Macqueen, representing the Military Subordinate Medical Department, was the first witness. He stated that his service asked for increased pay and study leave; also that the rules limiting recruitment to Europeans and Anglo-Indians should be enforced, many Goanese Indians being admitted at present.

Surgeon-General R. W. S. Lyons, head of the Bombay Medical Service, thought that Indians entering the Indian Medical Service should have spent two years in study in England. Officers appointed as Professors in the Medical College were fully qualified for their posts, except that they had no previous teaching experience. It would not be practicable to get competent professors from Europe, as they would

drop out of competition at home while in India, and on their return would find that their Indian experience told against them, not in their favour. The training given in the Bombay Medical College was superior to that of Calcutta or Lahore, but not equal to that given in England, where teaching staff and appliances were much greater. In Bombay private practitioners had been doing hospital work for some years past, and they would work in the new King Edward Hospital when it was opened. Indian Medical Service officers in the Bombay Presidency had very little private practice. To forbid them all practice would be unfair to the general public. Competition for the service was not so severe as it used to be.

Lieutenant-Colonel J. B. Smith, I.M.S., gave evidence on behalf of the Indian Medical Service in the Bombay Presidency. He said that civil surgeons did not make very much by practice. He said that one civil surgeon made more than 600 rupees a month, one from 400 to 500 rupees, three over 300 rupees, five over 200 rupees, three about 126 rupees, and seven about 100 rupees a month. This gave an average of about 200 rupees.

Assistant Surgeon B. E. Ghaswala, representing the civil assistant surgeons, objected to the title of "assistant surgeon," and asked that the members of his service should be allowed to use the title of "Dr." They also required an increase of pay. Private practice had much diminished of recent years.

Major C. S. Lowson, I.M.S., Inspector-General of Prisons, was in favour of an Imperial Gaol Department. All the prisons in Bombay, except two, had Indian superintendents. Where there were European prisoners, a European superintendent was required. No gaol in Bombay received European prisoners only.

Major F. H. C. Hutchinson, I.M.S., Sanitary Commissioner, complained of the monotony of the work in the sanitary department, the chief duty of which was the supervision and inspection of vaccination. It was essential that this work should be done by medical men. At present sanitary work was entirely subordinated to vaccination. A separate staff should be appointed for vaccination. Sanitary officers, if relieved of vaccination, could do much more important work.

The Bombay Medical Union, a society of Indian medical practitioners in Bombay, submitted a memorial, dated May 1st, 1913, to the Commission asking for "the equalizing the status, privileges, and emoluments of Indian aspirants for the medical services with those of their European peers, especially in the higher grades." As the means by which this equalization is to be accomplished it suggested the entire abolition of the civil branch of the Indian Medical Service and the substitution for it of a purely civil medical service, recruited in India, to fill all civil medical posts, from that of the Surgeon-General with the Government of India downwards, including all professorships in the medical colleges and all appointments in the sanitary and bacteriological departments as well as the ordinary civil surgeoncies. The representation stated that, under the withering shadow of the "noxious overgrowth" of the Indian Medical Service the Indian profession is dwarfed, that the growth of Indian medical science and research is stunted, and that the members of the Indian Medical Service, with few exceptions, exhibit no capacity for research in tropical disease. The memorial suggested that the military branch of the Indian Medical Service might continue to exist, either as a purely military medical department of the Indian army or as an Indian section of the Royal Army Medical Corps, allowing free exchange with the Home branch, but in either case must be open, as at present, to all British subjects. In criticizing the statement that the civil branch of the Indian Medical Service is necessary as a war reserve, the memorial stated that "a more absurd theory it is impossible to conceive." The memorialists further asserted that none of the men in civil employ could be spared for war service, and that, "so far, not more than two officers have been called on military duty in the largest expedition on record." Lord Morley's dispatches of 1908-09, advocating the substitution of Indian medical practitioners for members of the Indian Medical Service in civil employ, are quoted with high praise, but the changes suggested by the memorial were more sweeping. A subject of complaint is that, owing to the distance and the expense of the journey, the open competition for the Indian Medical Service in England was practically closed to Indians. The memorialists further ask that the professors in the medical colleges, even when recruited in India, should be entirely debarred from general practice, and allowed only consulting practice. The civil surgeons also, even when all Indians, should be strictly confined to consulting practice. As regards the civil assistant surgeons, the memorial points out how low the pay and how poor the prospects are in this service, as compared to those of analogous departments, the Provincial Judicial and Executive Services. The memorial also criticized the Military Assistant Surgeons Service, which is recruited exclusively from Europeans and Eurasians, and serves with British troops only, except that a certain number of its members are in civil employ as a war reserve. The memorialists asked that this service should be amalgamated with that of the Military Sub-assistant Surgeons (formerly Hospital Assistants).

Dr. Sir Bhalchandra Krishna and Dr. Jehangir J. Cursetji gave evidence on behalf of the Bombay Medical Union, which they said had 189 members. All qualified practitioners were eligible for membership. They had no European members, but "two or three dozen" of their members had European qualifications. They claimed that Indian graduates were fully equal to Europeans, and asked for the entire abolition of the civil side of the Indian Medical Service. That