

The Sydenham District Medical Society has considered this aspect of the question at several meetings and has recently unanimously resolved:

That, subject to any mutual arrangement between the practitioners concerned, where a doctor (A), during the war, acquires patients who would presumably have gone to an absent colleague (B), he is at liberty to continue in attendance on payment to B of a purchase price equivalent to the fees earned during the last completed year of B's absence, with the addition of 25 per cent.

It is fully realized that the resolution of a local medical society can only be binding on its own members, but it is hoped that its publication may lead to a wider discussion, and if the scheme meets with approval to its general adoption.—I am, etc.,

H. M. STEWART,  
Honorary Secretary, Sydenham District  
Medical Society.

Dulwich, Jan. 14th.

#### MEDICINE AND THE LAY PRESS.

SIR,—You have opportunely and effectively rebuked "Our Medical Correspondent" of the *Times*, on account of the harm he may have done or may do, by publishing in the lay press his somewhat undigested and perfunctory opinions on medical theories of disease; yet it seems to me one may read these views of his, however misleading, with equanimity, knowing how little they will affect medical opinion as a whole. But when "Our Medical Correspondent" deals with matters of public policy, such as the proposed Ministry of Health, or the question of handing over the medical officers of the R.A.M.C. *holus bolus* to the tender mercy of his new found friend the Director of Medical Services to the Ministry of Pensions, I am much more concerned as to the amount of harm which he may do.

However unreasonably, the public is apt to take the views of this anonymous member of the medical profession as representing the considered opinion of the profession as a whole upon matters which (to our discredit be it said) we have discussed little, and as to which we have as yet decided nothing.

Two thoughts arise: (1) The British Medical Association should at the earliest possible moment reconsider and redefine its policy on such vital matters as the establishment of a Ministry of Health, a State Medical Service, and the future treatment of our war-disabled men. (2) Some means should be found of rendering innocuous such pronouncements as those of "Our Medical Correspondent" in the *Times*.

As expressions of opinion, if published in a medical journal, "Our Medical Correspondent" might quite justifiably state his views, over his own signature. The medical profession would know how to appraise them, but published in a great newspaper to the public, who may regard them as authoritative, serious harm may result to the State and to the medical profession. My temporary employment in the R.A.M.C. prevents me from signing my name.—I am, etc.,

January 12th.

"SAMOTH."

### The Services.

#### TEMPORARILY COMMISSIONED OFFICERS AND ACTING RANK.

IN the JOURNAL of March 16th, 1918, p. 330, the substance was given of a General Routine Order applying to the Expeditionary Forces, which laid down that an officer of the R.A.M.C. (Regular, Special Reserve, Territorial Force, or Temporary) below the rank of major, holding an appointment definitely assigned to a major in war establishments, might be granted the acting rank of major to fill a vacancy. Temporarily commissioned officers granted such acting rank would receive the pay and allowances of a major with special provision for the adjustment of their gratuity.

In reply to various inquiries, we understand that the following is a correct statement of the special provision in question:

In the case of a temporary officer given such acting rank he will be granted the pay and allowances of major. As regards his gratuity, no further contract gratuity will be issued while the officer holds the acting rank of major. If the officer's services are terminated while the acting rank is still held, the gratuity will be calculated as laid down in Art. 497 (6) of the Pay Warrant, and

that amount will be issued less the amounts already received under the contract. In the event of the officer ceasing to hold the acting rank, the contract conditions will again apply, and any gratuity that may have fallen due under these conditions will then be issued.

#### OFFER OF REGULAR COMMISSIONS R.A.M.C.

WE believe that in 1916 medical officers serving temporarily in the army were invited to apply for permanent commissions in the R.A.M.C., and a number of those who applied were subsequently chosen for this purpose on the recommendation of their superior officers. At the close of last year commanding officers of medical units abroad were, we understand, again instructed to furnish lists, arranged in order of merit, of Special Reserve, Territorial Force, and temporarily commissioned officers R.A.M.C., who desired permanent commissions in the corps, and could be specially recommended. The terms of appointment were announced to be as follows:

1. Officers will be appointed in the permanent rank of lieutenant, but if already holding the rank of captain will be granted the temporary rank and pay of captain for the period of the war. If holding the rank of lieutenant, they will be promoted to the rank of temporary captain for the period of the war on the completion of one year's service in the usual way.
2. Commissioned mobilized service as a medical officer rendered since the beginning of the war will be permitted to reckon for substantive promotion to captain.
3. Previous service will count towards retirement on retired pay or with gratuity under the provisions of Article 540 (1) Pay Warrant.
4. Officers who have drawn a gratuity will not be required to refund it, but no further gratuity will be issuable.
5. The limit of age is 28 years, but approved candidates will be allowed to deduct from their age the period of their mobilized service if such deduction will bring them within the age limit.

### Universities and Colleges.

#### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination for the diploma in Public Health:

Shaikh Ghulam Mohamed, P. P. Wright.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 9th, when Sir George Makins, president, was in the chair.

*Donations to the Library.*—The thanks of the Council were given to Mr. Alban Doran for presenting to the library five volumes of his literary contributions, together with five other volumes of pamphlets and articles, mainly on anatomical and gynaecological subjects.

*Practical Anatomy.*—The Council adopted the following resolution, proposed by Mr. H. J. Waring:

That, in pursuance of the action taken by the Council in 1915, the president be requested to represent to His Majesty's Government that, in any legislation relating to the promotion of the public health, provision should be made for ensuring an adequate supply of material for the anatomical and surgical instruction of students and practitioners of medicine.

### Obituary.

DR. WILLIAM LONGBOTTOM, who died at Sheffield on December 12th, 1918, was born at Leeds in 1858; he studied at Edinburgh in medicine in 1880 and soon after taking the diplomas of L.R.C.P. and S.Edin. settled in Sheffield. He built up a large practice there, and held appointments under the Sheffield Board of Guardians from 1888 until his death; he held also the honorary appointment of medical officer to the Girls' Orphanage of the National Union of Teachers. During the period of the war, Dr. Longbottom, though not in robust health, refused to spare himself, and continued to work at full pressure; thereby he enabled others, younger and more fit than himself, to undertake military work elsewhere. His exertions during the last four years shortened his life, and he was laid aside from work for a few months before his death. Dr. Longbottom had a striking personality. He was always ready to champion any cause that had to do with the uplifting of his profession, and his straightforwardness was the admiration of all who knew him. Naturally of a cheerful disposition he had a great influence for good, and was beloved by all who came in touch with him. Dr. Longbottom is survived by a widow and three daughters.