

persons under the influence of alcohol, rage, or avarice. Will a knowledge of the dangers of venereal disease convert England into a land of ascetics?

The article of Colonel Adami, "The Policy of the Ostrich," faces courageously the facts with which we are confronted, and it is a reproach to the United Kingdom that "the Dominions are working together," while our civil and military authorities are still burying their heads in the sand. I disagree, however, with the policy of penalizing victims of venereal disease by stopping any portion of their pay—at any rate unless they neglected available precautions—because such a policy tends to encourage concealment. Stoppage of pay for this reason was abolished by the navy some time ago.

For the sake of the nation's health and for the generations to come, let us put aside our Grundian prejudices and leave no stone unturned to wipe out the evil of venereal disease by educative, legislative, chemical, and any other measures. But let us not think that the fear of infection will deter the whole of our manhood from indulging in a natural if deplorable habit.—I am, etc.,

January 30th.

TEMPORARY SURGEON R.N.

#### RISKS AND REWARDS.

SIR,—With reference to the letter of the "Undecorated Regular" medical officer in the *BRITISH MEDICAL JOURNAL* of January 25th, we do not understand how this officer arrives at such definite conclusions as those expressed in his letter. We see no reason why statistics which definitely show the higher honours being allotted to regular medical officers, in preference to auxiliary medical officers, should not be published in what is the most widely read medical journal, unless the regular R.A.M.C. fear publication of such statistics to the profession as a whole.

We do not agree with your "Undecorated Regular" correspondent when he states that military medical work is "cut and dried," but would venture to suggest, on the other hand, that, during active service, and especially in forward areas, it is anything but "cut and dried," but calls for initiative, foresight, endurance, and fixity of purpose of a high standard. The statistics shown in your *JOURNAL* give the regular officers as possessing far and away the larger number of D.S.O.'s in comparison to those given to auxiliary medical officers, although they number many more than regular medical officers.

Bearing in mind that the D.S.O. was given until quite recently as an immediate reward for gallantry as well as for continuous good service in the field, it seems strange that the regular officer, who has been seldom seen, for at least three years, anywhere near the forward area, should receive the greater number of D.S.O.'s. We would also point out that the great majority of units that work in the forward area are commanded and staffed by auxiliary medical officers, who have borne the brunt of the medical services in this war, and have gained for the R.A.M.C. the high reputation which it now enjoys.

With regard to experience, it should be pointed out that as far as field ambulances and casualty clearing stations are concerned (units in which the Territorial officers had been carefully and efficiently trained before the war), the regular R.A.M.C. officers had little practical experience owing to the non-existence of such units under peace-time serving conditions.—We are, etc.,

B.E.F., Jan. 26th.

FOUR FIELD AMBULANCE OFFICERS.

#### GRATUITIES OF TERRITORIAL MEDICAL OFFICERS.

SIR,—The suggestion of "T.F. Reservist," in your issue of January 25th, that gratuities on acting rank should be issued to all officers who had held such acting rank for six months and still held it on demobilization or on November 11th, 1918, would be as unfair as the existing army order.

Why should a man who held acting rank for over six months (in my own case for over eighteen months) be penalized just because he had the misfortune to be wounded a few months before the armistice?

I would suggest that gratuities on acting rank should be issued to all officers who held acting rank in proportion to the length of time the rank was held.—I am, etc.,

January 28th.

HONORARY MAJOR, S.R.

#### MEDICAL RESETTLEMENT.

SIR,—The letter of Dr. H. M. Stewart, Honorary Secretary of the Sydenham District Medical Society, in the *BRITISH MEDICAL JOURNAL* of January 18th is interesting. It is quite true that the question of equitable treatment of the doctors who have had to leave their practice in order to join the forces must have furnished much food for thought to those who stayed at home, and also that no general action has been taken.

I speak as the sole doctor of about three dozen who was forced to leave my town, mobilized on August 5th, 1914. I left, absolutely unprovided for, a single-handed practice worth about £1,200 a year, built up in the few preceding years by my sole efforts. It is inconceivable that such a practice should, "like the baseless fabric of a vision," fade away; and yet, in spite of repeated applications on my part to my *confrères* who have stayed at home, I have only received, up to the time of writing, less than £3 from two of them for private patients treated by them for me during my absence on military service. I am grateful that the panel fees are handled by a county committee. I have proven instances in which a *confrère* received fees from my patients (who since consulted me), but ignored my request that he should hand a share to me.

In addition to this, four desirable appointments have become vacant during the past year alone; two of them are permanently filled, one is semi-permanently filled under the Local Government Board scheme for treating venereal diseases, and one is still under consideration, but in no instance has a doctor been appointed who has done military service.

These are some of my own local conditions. Naturally, during four years of military service, I have heard of many others similar, and the impression they have produced is about to make itself felt in the shape of very strong general action, but on the part of those chiefly wronged.

The apparent intention of the resolution recorded by the Sydenham District Medical Society is commendable, but I fail to see who is to decide which particular patients "would presumably have gone to an absent colleague." Presumption will, I am afraid, lead to grave differences of opinion where money is concerned.—I am, etc.,

January 20th.

TIME BIDER.

#### THE FUTURE OF THE MEDICAL PROFESSION.

SIR,—Medical officers on foreign service have been deeply concerned with the trend of recent events in England as to what is going to happen to the profession in the near future. I have talked over the subject with many of my brother officers, and we are unanimously of the opinion that no radical changes should be instigated either by the Government or the various medical committees in England until either (a) those doctors who joined the R.A.M.C. since the outbreak of war are demobilized, or (b) every qualified medical man has been consulted (the machinery for doing this could easily be arranged) on that important question as to whether or not there is to be an all-round State medical service in England.

I can assure you, Sir, that the feeling is very strong on the subject, and I hope the *BRITISH MEDICAL JOURNAL* will, as hitherto, use its utmost endeavours to obtain equitable treatment for the profession as a whole.—I am, etc.,

B.E.F.

ACTING MAJOR R.A.M.C.(T.F.).

#### STATE MEDICAL AID CENTRES AND MEDICAL PRACTICE.

SIR,—The profession cannot already have forgotten the fight it had over the National Insurance Act of 1911, neither can it fail to remember the struggle that centred round the so-called Harmsworth Amendment, subsection 4 of section 15 of the principal Act—the section that guards the profession from being sweated by medical aid societies. We all knew in those days how strong was the feeling against this form of medical work, and that in no circumstances would it ever have obtained our help or recognition. But while the profession has guarded itself against medical aid societies being introduced through the Insurance Act, a march, it seems, has been stolen upon us to have this form of practice introduced in another way.