

assumption is correct, it is proposed to call a special general meeting of the trustees, of which notice will be issued at an early date. This will raise the whole question once more.

## CORRESPONDENCE

### THE ROYAL ARMY MEDICAL CORPS.

SIR,—The question of the competitive examinations for admission into the Army Medical Service was discussed by Lord Camperdown's Commission. Sir Thomas Crawford and Sir William Mackinnon did not think the existing system was calculated to draw high class medical men into the service. Dr. Norman Moore, in his evidence before the Commission, observed that in his opinion the examination was "foolish" because of the way it examined men, and that a system of this kind had been proved elsewhere to be a mistake. This and other evidence to the same effect led the Commissioners unanimously to adopt the following recommendation in their report forwarded to the Secretary of State for War as far back as the year 1889:

#### ADMISSION INTO THE SERVICE.

The medical witnesses have almost without exception stated that, in their opinion, it would be an advantage if a certain number of vacancies were offered to medical men who have filled the office of house-surgeon or physician at hospitals recognised by the General Medical Council without examination. The power to admit in this manner is already possessed by the Secretary of State for War under Art. 332 of the Royal Warrant of 1887, but up to the present it has not been exercised. We think that in this manner a certain number of desirable medical officers might be obtained. House-physicians and surgeons of large hospitals must necessarily be men who can with confidence be entrusted with responsible duties, and if candidates of this description were nominated by the medical schools, at the invitation of the Director-General of the Army Medical Department, and with the approval of the Secretary of State for War, we consider that the exercise of this alternative mode of appointment would be found beneficial.

There can, it seems to me, be but little doubt in the minds of those persons who have studied this question that the above is a recommendation in the right direction; by this means also the number of appointments into the Army Medical Service by open competition would be curtailed, and so probably the standard of the examination would be raised. These examinations might with advantage revert to the Royal Colleges of Physicians and Surgeons, who are accustomed to deal with these matters, and would probably as regards the subjects for examination and the method of applying the necessary tests, follow out the plan best calculated to test the qualification of candidates for the A.M.S.—I am, etc.,

Grosvenor Street, W., June 27th.

N. C. MACNAMARA.

### MEDICAL SICKNESS AND ACCIDENT SOCIETY.

SIR,—As one who took part in the formation of the above Society, allow me to say that the age at which sick pay should cease—if at all during life—was carefully considered at the time, and the age 65 was decided on after mature deliberation, and under the best actuarial advice, the chief reason for this decision being the extreme difficulty experienced by all friendly societies of dealing with old age sickness. It is found that members after a certain age tend—in spite of the greatest vigilance on the part of the management—to become permanent burdens on the funds, thus in effect receiving an annuity for which they have never paid, and it is this more than any other cause which makes many of these institutions find themselves in difficulties as soon as their members begin to grow old.

I do not understand why more of our members do not avail themselves of the annuity arrangement; the premium is trifling, provided always, of course, that the payments are commenced at a sufficiently early age; and it is surely better for them to have the sum—whatever it may be—paid subject to no conditions, and to be at liberty to do any practice they are capable of, than to receive it under the very necessary, but often harassing, rules which must always govern the receipt of sick pay, one of the chief being that all work, however little, must be given up.

It has, further, to be borne in mind that all privileges of this kind must be paid for, and if the Society were to be reorganised on the lines suggested by "A Member" in the BRITISH MEDICAL JOURNAL of June 18th—a proceeding to which I, for one, should strongly object—a considerable addition would have to be made to the sums paid to the sick fund,

as much probably as would cover the cost of a moderate annuity, for it is clear that the surplus funds would under the most favourable circumstances be wholly inadequate, and it seems hardly necessary to say that the invested funds are not, and never will be, more than enough to maintain the Society on its present footing; it is also certain that any such change would greatly increase both the cost of management and the work of the Committee.—I am, etc.,

Bordesley, Birmingham, June 20th.

T. H. RAVENHILL.

SIR,—The fact that all sick pay ceases at the age of 65 is indeed a weak point in the Medical Sickness and Accident Society, and one which ought, if possible, to be removed, by raising the present subscriptions somewhat, and doing away with the granting of bonuses—a very unnecessary gift, and one which is, I believe, little appreciated by the members. It is in the declining years of life, when help is most needed, that it will fail.—I am, etc.,

June 20th.

M.D.

SIR,—I think the proposal made by "A Member" in the BRITISH MEDICAL JOURNAL of June 18th is very good, and ought not to be passed over unnoticed by the other members of the Society. A vote of all the members ought to be taken, and acted upon accordingly. It is a most beneficial Society, and I don't think there ought to be an age limit to the sick pay, as we all know that we shall want it more after the age 65 than before, if alive.—I am, etc.,

June 21st.

ANOTHER MEMBER.

SIR,—Permit me to endorse the views of your correspondents on the hardship of the sick allowance benefit ceasing at the age of 65. I believe that I am the first of the original members to have been struck off the list for this cause. During my membership, dating from the foundation of the Society, I only drew two weeks' sick pay, and I do not know whether I shall even participate in the next bonus which my contributions have assisted to make. Like many men of my age I am in perfect health and vigour, but the prospect of being laid aside as life advances is not a happy one to contemplate. I would urge upon the members the desirability of increasing the time limit to the end of life or cessation of professional work.—I am, etc.,

June 21st.

Vox.

### THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

SIR,—In view of the approaching election of members to the Council of the Royal College of Surgeons, I have asked for an expression of opinion from the various candidates, and especially from the provincial ones, who naturally rely on the votes of the provincial Fellows. It seems certainly strange that although circulars have been sent out on behalf of the latter named gentlemen, no statement of policy or opinion on matters of interest to the Fellows has been made. Why this should be I cannot understand; every candidate who is to be elected by the votes of a constituency, such as candidates for Parliament, etc., always makes some pronouncement as to his policy. Why not candidates for the Council?

As to the question whether Members should be admitted to some share in the management of their own Council, Mr. May says:

I am opposed to any change in the present mode of election to the Council and the Presidency.

With regard to the question of the Council taking action to check those Members and Fellows who act for medical associations which allow touting for members, he says:

While I strongly disapprove of Fellows and Members holding appointments in which touting for sick members is allowed, and would support any reasonable and legal efforts to check this evil, I cannot promise beforehand to support any particular course of action which is unknown to me.

As to the point how the College representative on the General Medical Council is to be elected, he says:

I am not in favour of election of representative on the General Medical Council by direct vote of the whole body of Fellows and Members. I should be sorry to see this mode of election introduced, and cannot promise to support in that direction.

I may say that Mr. Richardson Cross does not wish me to publish his letters to me about the matter; but generally speaking, while not promising to support any of the proposi-