

all that I can now say is that if you decide to retain her services you will take upon yourselves a responsibility which I do not envy you of and in which I for one must decline to participate."

This letter was read out at a meeting of the committee, and was the alleged libel. The matters in question were considered by the committee, and eventually the plaintiff was asked to resign.

The plaintiff was called in support of her own case. She suggested that the letter had not been written by the defendant merely in the discharge of his duty, but in order to ventilate a private grievance. Two members of the committee gave evidence in her behalf.

At the close of the plaintiff's case the defendant's counsel submitted that the alleged libel was a privileged communication, and that there was no evidence of malice. His Lordship, however, said that the case must go to the jury.

The defendant, who had pleaded privilege and in the alternative that the words of the alleged libel were true in substance and in fact, was then called to prove the truth of his allegations. He said that he had no ill-feeling whatever against the plaintiff. From what he had heard and seen he believed Miss Martin to be unsuitable for the position which she occupied, and he had conceived it to be his duty to inform the committee.

A number of nurses were also called in support of the defendant's case. The Lord Chief Justice, in summing up, said that it was the duty of the defendant to make a full statement to the committee about the management of the hospital, and that if the jury believed that the letter complained of was written *bona fide* and without malice they ought to find a verdict for the defendant.

The jury retired to consider their verdict. Upon their return into court after an absence of about two hours, the foreman said that the majority thought that as a whole the letter showed no malice, but that a few of them were of opinion that one paragraph of it displayed malice. They again retired, and did not return into court until nearly two hours or more had elapsed. The foreman then announced that there was no prospect of their agreeing. They were accordingly discharged.

MEDICAL ADVERTISING.

ELECTRICUS writes that he intends to open an electro-therapeutic institute for high frequency, static douches, and radiotherapy, and wishes to know to what extent it would be permissible for him to make it known to the public.

"* * We know of no precedent for the carrying on of such an "institute" by a registered medical practitioner. We believe great exception will be taken to the scheme, and that its advertisement in the public papers would be a breach of professional ethics. A medical practitioner who desires to practise electricity must be content to make himself known through the members of his own profession and by means of their introduction. There is no more excuse for the public advertisement of the proposed establishment than for similar notices or advertisements of a home for the treatment of diseases of the eye. We think our correspondent should reconsider his position or remove his name from the *Medical Register* before proceeding with his enterprise.

PRICE FOR PRACTICE.

VIATOR asks what would be a reasonable price to be paid for a practice in a country town in the Midlands bringing in £650 a year, with appointment of £250. It has been in the hands of a *locum tenens* for over a year. The working expenses are £200, and the rental of the house £50.

"* * "Viator" does not state if the practice is an unopposed one. If it is, the want of introduction does not much detract from the selling value, which we are advised would be from £800 to £900. If another medical man is practising in the town £650 would be a reasonable purchase price without introduction and subject to the transfer of the appointments. An agreement should be entered into with the *locum tenens* binding him down not to practise, and this should be a condition *sine qua non* of purchase.

CERTIFICATION OF LUNATICS IN SCOTLAND.

RUSTICANUS states: "A man, not a pauper, suffering from delirium tremens, but showing no signs of violence, was seen by the medical officer of a parish in Scotland who certified him insane, and the inspector of poor had him removed to an asylum. Has the patient a grievance? If so, against whom?"

"* * The inspector of poor is not in any way responsible; he relies on the accuracy of the medical certificate, or rather the two medical certificates as two are necessary. It is not uncommon for patients to be admitted into asylums suffering from delirium tremens and discharged in a few days. We do not consider that there is any grievance.

PAYMENTS ON ACCOUNT DURING PARTNERSHIP INTRODUCTIONS.

A CORRESPONDENT writes that he has recently sold his practice, and during a partnership introduction an account was incurred by one of his old patients, who owed money for a previous attendance by himself before the sale. Later on a bill was sent in to this patient, with two items, (1) £5 due for old attendance before partnership, (2) £3 for attendance during the partnership introduction. The patient paid £4 on account. It is asked how this money ought to be divided, if at all.

"* * Our correspondent is entitled to the whole of this money. Where money is paid on account, unless debts are statute barred, they take precedence in the order in which they were incurred, unless it is specially agreed to the contrary.

PUBLIC APPOINTMENTS AND SALES OF PRACTICE.

A CORRESPONDENT asks advice under the following circumstances:—The local medical officer of health has just sold his practice and wishes to transfer the public health appointment to his successor. This has been done several times before at short intervals, and the Local Board disapproves of the arrangement. He is the only D.P.H. practising in the district, and would like to become a candidate for the post. He asks:—(1) Does he offend against medical etiquette by competing for the appointment? (2) Being a D.P.H. has he not a special claim to such an office? (3) Has the retiring medical officer of health any right to be offended if he becomes a competitor? (4) Ought he to consider the appointment as a part of his practice that he is entitled to sell? (5) If he informs the retiring medical officer of health and the purchaser of his practice of his intention to apply for the appointment, will he be acting fairly in becoming a candidate?

"* * If the appointment in question is advertised, our correspondent may properly become a candidate. Such an appointment cannot be considered part of a private practice, and neither the former holder of the appointment nor the purchaser of his practice has any right to resent our correspondent's candidature, provided he competes for the appointment in an open and honourable manner.

THE BOND RESTRICTING PRACTICE.

VENDOR writes that he sold his practice some time ago, giving the usual bond not to practise within six miles of his old neighbourhood. He has since acquired another practice twelve miles away, and finds it difficult to avoid following his patients to the only hospital in the vicinity, which is situated within the prohibited radius. He has applied to the purchaser of his old practice for permission to attend patients requiring to be taken to this hospital, but has been refused. (1) He wishes to know if he can claim to be allowed to visit patients in this hospital? (2) Can he also claim to administer chloroform to a patient in a private hospital within the radius?

"* * We do not think that "Vendor" is entitled to visit professionally any patient, whether in a hospital or otherwise, without the consent of the purchaser of his old practice within the prescribed radius.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of medical officers according to the *Army List* for August, 1901:

Distribution in August Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals ...	5	1	4	—	10	—	—
Colonels ...	9	7	12	—	28	4	—
Lieutenant-Colonels...	58	53	76	1	188	6	5
Majors ...	37	155	123	3	318	3	4
Captains ...	29	71	111	2	213	7	4
Lieutenants ...	36	135	59	2	232	3	—
Total ...	174	422	385	8	989	23	33

Comparing the table with the list for June, the following changes are to be noted:

There is an apparent increase of 11 in the total number of medical officers, but of that number 5 belong to the reserve, while 5 have been removed to the seconded list, leaving a nominal increase of 1. All the reserve officers are employed at home, except 2 in South Africa.

But to arrive at the true available strength of the active list it is necessary to deduct the 56 seconded and reserve (retired) officers from the total, which leaves 933, or 1 more than in June.

There is an increase of 10 at home, 1 less in South Africa, and 6 more at other foreign stations, while the unposted are 4 less.

The number of retired officers of the Army Medical Service shown as employed is 97, including the 33 given in the active list, leaving 64, to which must be added 4 officers of the Militia Medical Staff, and 3 of the Indian Medical Service. There are also 2 officers of the Militia Medical Staff Corps shown as serving in South Africa.

The total number employed for August is thus as follows :

Active list	...	...	989
Retired list	...	...	64
Militia list	...	...	7
Indian list	...	...	3
Total	...	...	1,063

This, of course, is wholly exclusive of the civil surgeons employed at home and abroad, especially in South Africa.

ROYAL ARMY MEDICAL CORPS EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post-office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

MAJOR, R.A.M.C., at home on leave from best part of the Punjab till November 8th, when he completes nearly three years of Indian tour, will exchange for full or part tour in Egypt, nearer Colonies, or home. What offers? Apply early, with full particulars to "Exchange," care of Holt and Co.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL J. O. G. SANDIFORD, M.D., retires on retired pay, August 14th. He was appointed Surgeon, July 31st, 1880, Surgeon-Major, July 31st, 1892, and Lieutenant-Colonel, July 31st, 1900.

The undermentioned Majors are promoted to be Lieutenant-Colonels, dated July 30th:—A. M. DAVIES, H. W. HUBBARD, T. E. NODING, J. R. YOURDI, M.B., J. C. CULLING, R. I. D. HACKETT, M.D., G. T. TREWMAN, M.B., H. H. JOHNSTON, M.D., E. M. WILSON, C.M.G., D.S.O., E. J. E. RISK, W. G. BIRRELL, M.B., M. DUNDON, M.D., C. W. S. MAGRATH, M.D., A. V. LANE, G. E. WESTON, G. H. YOUNGE, F.R.C.S.I., R. F. O'BRIEN, C. W. THIELE, M.B., F. P. NICHOLS, M.B., J. McLAUGHLIN, M.D., F. J. LAMBKIN, W. L. READE, H. J. PEARD, S. J. RENNIE, J. CARMICHAEL, F.R.C.S.I., G. W. BRAZIER-CREAGH, C.M.G., F. T. WILKINSON. Their previous commissions, which are simultaneous, are dated: Surgeon, July 30th, 1881; Surgeon-Major, July 30th, 1893. Their war records are as follow:—A. M. DAVIES—Egyptian war of 1882 (medal and Khedive's star); expedition to the Soudan in 1884, engagement at El Teb and Temai (two clasps); also Nile expedition in 1884-85 (clasp). H. W. HUBBARD—Egyptian war of 1882, and battle of Tel-el-Kebir (medal with clasp and Khedive's star). T. E. NODING—Egyptian war of 1882 (medal and Khedive's star); Waziristan expedition in 1894-5. J. R. YOURDI—Egyptian war of 1882, first with Army Hospital Corps at Alexandria, and subsequently in medical charge of a battery of Royal Artillery at Ramleh (medal and Khedive's star). J. C. CULLING—South African war 1899-1900, including relief of Ladysmith (mentioned in despatches). R. I. D. HACKETT—Soudan campaign in 1885 (medal with clasp and Khedive's star); operations in Zululand in 1888. G. T. TREWMAN—Soudan campaign in 1885 (medal with clasp and Khedive's star). H. H. JOHNSTON—Soudan campaign in 1885 (medal with clasp and Khedive's star); campaign on North West Frontier of India in 1897-98 in charge of No. 1 British Field Hospital, Malakand, and engagement at Landakal, operations in Bajaur and Mahmud country, and capture of Tanga Pass (mentioned in despatches, medal with clasp); South African war, 1899-1900 (mentioned in despatches). E. M. WILSON—Zulu war of 1879 as Civil Surgeon (medal with clasp); Nile expedition in 1884-85 (medal with clasp and Khedive's star); Egyptian Frontier Field Force in 1885-86; expedition up the river Gambia in 1891-92 (medal with clasp); expedition to Ashanti under Sir Francis Scott in 1895 in charge of base hospital (C.M.G. and star); Soudan campaign in 1898, including battle of Khartoum (mentioned in despatches, D.S.O., British medal, and Khedive's medal with clasp). E. J. E. RISK—Egyptian war of 1882, and engagements at Tel-el-Mahuta and Mahsama, and the two actions at Kassasin (medal and Khedive's star). W. G. BIRRELL—Soudan campaign in 1885 (medal with clasp and Khedive's star); Burmese expedition in 1885-88 (mentioned in despatches, medal with clasp); campaign in the Soudan in 1898 (British medal and Khedive's medal). C. W. S. MAGRATH—Egyptian war of 1882, and battle of Tel-el-Kebir (medal with clasp and Khedive's star); Nile expedition in 1884-85 (clasp); Burmese expedition in 1886-87 (medal with two clasps). A. V. LANE—Egyptian war of 1882 (medal and Khedive's star); Soudan expedition in 1884, and engagements at El Teb and Temai (two clasps). G. E. WESTON—Egyptian war of 1882 (medal and Khedive's star); Bechuanaland expedition under Sir Charles Warren in 1884-83. G. H. YOUNGE—South African war of 1899-1900, including relief of Ladysmith (mentioned in despatches). K. F. O'BRIEN—Burmese Expedition in 1885-86 (medal with clasp). C. W. THIELE—South African war, 1899-1900. J. McLAUGHLIN—Expedition to Tambaka country, West Coast of Africa, in 1892, as senior medical officer, and capture of Tambi (mentioned in despatches, medal with clasp); expedition up the Gambia in 1892 as senior medical officer, and capture of Tontataba (mentioned in despatches); South African war 1899-1900 (mentioned in despatches). F. J. LAMBKIN—South African war in 1899-1900, and battles of Colenso, Spion Kop, Vaal Krantz, and Pieter's Hill, and relief of Ladysmith. W. L. READE—South African war, 1899-1900. H. J. PEARD—Campaign on North-West Frontier of India in 1897-98, with Malakand Field Force (medal with clasp); South African war, 1899-1900 (mentioned in despatches). F. T. WILKINSON—Isazai expedition in 1892; Soudan campaign in 1898, including battle of Khartoum (British medal, and Khedive's medal with clasp); South African war, 1899-1900 (medal with three clasps).

Civil Surgeons T. CALDWELL and D. M. FRENCH have been discharged to duty from hospital in South Africa.

The following are on passage home: Lieutenant A. H. MCDUGALL (attached), Major M. T. YARR, Major C. E. NICHOL, Surgeon-Lieutenant J. K. TOMORY (attached), Lieutenant and Quartermaster M. H. BRADLEY, Civil Surgeons F. A. H. CLARKE, A. THOMSON, R. CARSWELL, C. M. EKINS, H. H. SWANZY, and R. BOYD. Returning invalided: Major G. H. YOUNGE, Lieutenant T. B. UNWIN, Surgeon-Captain H. LINTON, Civil Surgeons F. A. F. BARNARDO, F. G. GROSVENOR.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL W. R. BROWNE, M.D., Madras Establishment, is appointed Principal Medical Officer at the General Hospital, and Principal Madras Medical College.

Surgeon-General CHARLES RICHARD FRANCIS, M.D., Bengal Establishment, died at Spencer Park, S.W., on August 16th, in his 81st year. He was appointed Assistant Surgeon, January 16th, 1844; became Deputy Surgeon-General, March 16th, 1870; and retired from the service, with the honorary rank of Surgeon-General, September 1st, 1875.

IMPERIAL YEOMANRY.

TEMPORARY CAPTAIN J. E. MARTIN, M.B., Medical Officer, 17th Battalion, in South Africa, is granted the temporary rank of Major, March 24th.

THE VOLUNTEERS.

MR. GEORGE JOHNSTON is appointed Surgeon-Lieutenant in the 1st City of London Artillery (Eastern Division, Royal Garrison Artillery), July 27th.

MR. GEORGE A. PATRICK is appointed Surgeon-Lieutenant in the 2nd Volunteer Battalion the Royal North Lancashire Regiment, July 27th.

Surgeon-Lieutenant R. SOUTAR, M.B., 1st Forfarshire Artillery, has resigned his commission, August 3rd.

Surgeon-Captain W. NETTLE, 2nd Volunteer Battalion the Duke of Cornwall's Light Infantry, is promoted to be Surgeon-Major, August 3rd.

The undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains: A. R. RENDLE, 2nd (Prince of Wales's) Volunteer Battalion the Devonshire Regiment, July 27th; W. G. HEASMAN, 1st Volunteer Battalion Princess Charlotte of Wales's (Royal Berkshire) Regiment, July 27th; A. L. WHITEHEAD, M.B., 1st West Riding of Yorkshire Artillery (Western Division Royal Garrison Artillery) August 3rd; D. CHRISTIE, M.B., 1st Dumbarton Rifles, July 7th, 1900; C. F. SPINKS, 1st Dumbartonshire Rifles, April 3rd.

Surgeon-Captain A. W. WIGMORE, 19th Middlesex (Bloomsbury) Rifles, resigns his commission, August 3rd.

Surgeon-Lieutenant S. CLARK, M.D., 1st Banff Artillery, retires under para. 117 Volunteer Regulations, August 10th.

The undermentioned Surgeon-Captains are promoted to be Surgeon-Majors, dated August 10th: F. SHANN, 1st Volunteer Battalion the Prince of Wales's Own (West Yorkshire Regiment); A. W. PRICHARD, 1st (City of Bristol) Volunteer Battalion the Gloucestershire Regiment; J. TURTON, 1st Volunteer Battalion the Royal Sussex Regiment.

Surgeon-Captain S. H. SNELL, M.D., 2nd Volunteer Battalion the Prince of Wales's Own (Yorkshire Regiment) resigns his commission, August 10th.

MR. JOHN P. SHINE, M.B., is appointed Surgeon-Lieutenant in the 2nd Volunteer Battalion the York and Lancaster Regiment, August 10th.

Surgeon-Lieutenant J. B. STEVENS, M.B., 2nd (Renfrewshire) Volunteer Battalion Princess Louise's (Argyle and Sutherland Highlanders), is promoted to be Surgeon-Captain, August 10th.

Surgeon-Lieutenant J. P. BROWN, M.B., 5th Volunteer Battalion Argyle and Sutherland Highlanders, is also promoted to be Surgeon-Captain, August 10th.

VOLUNTEER MEDICAL STAFF CORPS.

SURGEON-LIEUTENANT E. B. WAGGETT, M.B., the London Companies, is promoted to be Surgeon-Captain, August 3rd.

MR. WILLIAM H. PAYNE is appointed Surgeon-Lieutenant in the Woolwich Companies, August 3rd.

CHANGES OF STATION.

The following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

	From.	To.
Lieutenant-Colonel D. F. Franklin	South Africa...	Aldershot.
Major J. I. P. Doyle	Dublin ...	Brighton.
" J. F. Burke	"	Lancaster.
" J. S. Edye	South Africa...	Bermuda.
" R. N. Buist, M.B.	"	Netley.
Captain C. E. G. Stalkart, M.D.	South Africa...	Dublin.
" E. W. Slater, M.B.	Portsmouth ...	Golden Hill Ft.
" A. F. Heaton	Coldstream Gs.	South Africa.
" J. H. Power	Malta ...	Roy. Hrse. Gds.
Lieutenant H. M. Nicholls, M.B.	South Africa...	Bermuda.
" A. J. Hull	Woolwich ...	West Africa.
" J. B. Clarke	"	Aldershot.
" D. L. Harding	"	South Africa.
" R. C. Wilson	"	"
Quartermaster F. Kyle	Aldershot ...	"

The undermentioned retired medical officers have relinquished the medical charge of troops at the stations specified: Lieutenant-Colonel A. Kirwan, Leicester; Surgeon-Lieutenant-Colonel H. W. Edwards (Militia Medical Staff), Shrewsbury; Lieutenant-Colonel J. J. Crean, Brighton. Lieutenant-Colonel A. L. Browne, retired pay, has been brought on the establishment and placed in medical charge of troops at Warley.

COLONEL BOOKEY, I.M.S.

COLONEL JOHN THOMAS BROWNRIFF BOOKEY, I.M.S., who has been appointed an ordinary member of the Military Division of the Third Class of the Order of the Bath, in recognition of his services in the recent operations in China, was principal medical officer of the China Field Force. He entered the Indian Medical Service as Assistant Surgeon in March, 1872, and was promoted to the rank of Colonel in May, 1900. Colonel Bookeey served with the 6th Punjab Infantry in the Jowaki Afridi expedition in 1877-78, for which he received the medal with clasp; and in the Mahzood Wuziri expedition in 1881. He also served with the Burmese expedition in 1886-88 (mentioned in despatches, two clasps); with the Hazara expedition in 1888 (mentioned in despatches, clasp); with the Miranzai expedition in 1891 (mentioned in despatches, clasp); and with the Waziristan Field Force under Sir William Lockhart in 1894-95. With the 1st Battalion 5th Gorkhas (mentioned in despatches,

clasp). He served in the campaign on the North-West Frontier of India under Sir William Lockhart in 1897-98 with the Malakand Field Force, and was mentioned in despatches and received the medal with clasp.

IMPERIAL YEOMANRY HOSPITALS.

COLONEL KILKELLY, C.M.G., Grenadier Guards, Principal Medical Officer of the Pretoria Imperial Yeomanry, in his last report to the Countess Howe states that on July 17th there remained in that hospital 23 officers and 424 non-commissioned officers and men, the total number of cases treated in that hospital at that date being 4,932 in-patients and 994 out-patients. Colonel Kilkelly also encloses the first weekly return of patients under treatment in the Elandsfontein branch of the Imperial Yeomanry Hospitals, which shows 16 patients were then under treatment. Colonel Kilkelly then adds sickness was decreasing, and the total strength of the troops in the Transvaal reduced, in consequence of the number of columns operating in the south. Since the last list of subscriptions was published the Countess Howe has received £19 from Mrs. E. Baird, being the balance of the second Cambridge donations. Since the above reports were issued Colonel Kilkelly has cabled to the Countess Howe stating that Lord Kitchener has inspected the hospital and authorised him to cable informing her ladyship and the committee of his complete approval of the arrangements made for the comfort of the sick and wounded, and his entire satisfaction with all he had seen during his visit.

ENNO SANDER PRIZE.

A GOLD medal of the value of £20 and £20 in cash are offered as the Enno Sander Prize for 1901-02. The subject is, The Most Practicable Organisation for the Medical Department of the United States Army on Active Service. Competition is open to all persons eligible to active or associate membership in the Association of Military Surgeons of the United States. Essays must consist of not less than ten, or more than twenty thousand words, exclusive of tables. Three type-written copies must be sent in a sealed envelope so as to reach the Secretary of the Association, Major James Evelyn Pilcher, Office of the Secretary, Carlisle, Pennsylvania, on or before February 28th, 1902. Essays must be authenticated by a *nom de plume*, the competitor's name being at the same time sent in a separate envelope.

REORGANISATION OF THE ARMY MEDICAL SERVICE.

INDIGNANT writes: To secure good men in any public service, pay in kind or honours, must be fully given; the R.A.M.C. receive neither in sufficient degree. Even the Director-General after all his services remains unknighthed. The following from the *London Gazette* of February 8th, Natal Field Force, is very instructive:

	R.A.M.C. Officers Mentioned.	R.A.M.C. Officers Rewarded.
<i>Steege of Ladysmith</i>	9	1
<i>Relief of Ladysmith</i> :		
R.A.M.C. officers with regiments	9	1
" bearer companies	8	0
" field hospital... ..	16	1
<i>Laing's Nek, Natal, June 2nd</i>	6	1
<i>Summary of Natal Field Force, Despatch, November 9th</i> :		
R.A.M.C. officers of brigades		
2nd Cavalry Brigade	0	0
3rd Mounted Brigade	2	0
2nd Infantry Division	3	2
2nd Infantry Brigade	1	3
4th Infantry Brigade	2	1
4th Infantry Division	1	1
7th Infantry Brigade	0	0
8th Infantry Brigade	2	0
5th Infantry Division (Warren's)	1	0
10th Infantry Brigade	2	0
11th Infantry Brigade	4	0

Here there is absolutely no recognition of the hard work done by the 4th and 5th divisions in spite of recommendations of their generals.

FESTINA LENTE writes: It is perhaps less the improvement than the very existence of the R.A.M.C. which is involved in prospective changes. What is wanted is a homogeneous corps in direct touch with the Commander-in-Chief, and with freedom of action in its legitimate sphere; that is one ideal, and one accorded to other branches. But the military ideal is a medical service entirely subordinate to the combatant element, not only in military but in professional matters. It is the claim of independence that offends the military element; hence, among other things, a return to the discredited regimental system is desired; and the present race of medical officers are ridiculously declared to be the professional inferiors of those of the regimental days. A vicious system in the past stereotyped the inferiority of the medical officer in the military mind, and it is hard to get over. On account of these long ingrained divergencies between the military and medical ideal, it will be no easy matter in reorganising the R.A.M.C. to adjust differences which will satisfy both parties.

DENTAL TREATMENT IN THE ARMY.

THE Secretary of State for War has to provide dental services for the troops in South Africa, and that in the Home District and at Aldershot dental surgeons have been appointed as an experimental measure. We now hear from India that a similar experiment is to be tried in that

country, in the form of a dental institution for the benefit of the British troops stationed in Quetta. It is impossible to say how many recruits are rejected on the ground of faulty dentition alone; but inasmuch as recruits for the Navy are allowed to have as many as seven deficient or defective teeth, and this number has recently been increased to ten, it stands to reason that a very considerable proportion of the men in the two services must require attention sooner or later. Lack of this attention will certainly lead, in many cases, not only to misery to the individual, but to loss of efficiency in the service. It is not to be expected that the medical officers of either service should be expert dental surgeons, in addition to their other qualifications, any more than the ordinary general practitioner. It would seem, therefore, that there is much scope for the wider employment of professional dentists; above all is this the case in India, where the teeth suffer to a greater extent than in temperate climates. With 70,000 British soldiers permanently stationed in the country, and dentists few and far between, many a man must get to the point of submitting to what is really an unnecessary extraction from the mere lack of opportunity to get proper treatment.

TOTAL STRENGTH OF THE OFFICERS, ARMY MEDICAL SERVICE.

A CORRESPONDENT gives the strength of the service during the past fifteen years as under:

March 31st,	1887	...	...	1894	March 31st,	1895	...	...	...	1897	...	...	...	1901
...	974	...	...	857	...	857	...	...	...	847	...	...	...	825
...	958	...	...	825	...	825	...	...	...	820	...	...	...	835
...	861	...	...	867	...	867	...	...	...	859	...	...	...	861
...	848	...	...	859	...	859	...	...	...	859	...	...	...	961
...	857	...	...	859	...	859	...	...	...	859	...	...	...	859
...	859	...	...	859	...	859	...	...	...	859	...	...	...	859
...	854	...	...	854	...	854	...	...	...	854	...	...	...	854

* Minimum.

HONOURS FOR THE OPERATIONS IN CHINA.

A SUPPLEMENT to the *London Gazette* was issued on July 24th containing honours granted for the recent operations in China. The following are included:

Lieutenant-Colonel W. J. R. RAINSFORD, Royal Army Medical Corps; Major John J. C. WATSON, Royal Army Medical Corps; and Lieutenant-Colonel LAWRENCE A. WADDELL, Indian Medical Service, to be Companions of the Order of the Indian Empire (C.I.E.).

CIVIL SURGEONS IN SOUTH AFRICA.

WE have received several communications on matters concerning these gentlemen:

ONE CORRESPONDENT writes that, from inquiries he had made, it is certain if a civil surgeon accepting a commission in the R.A.M.C. at the end of his year of service was allowed to reckon the time as service towards pension, many valuable men could be secured for the Corps. But they hold back until this question is decided upon.

A CIVIL SURGEON writes: The pay and allowances of civil medical officers are insufficient, and they are treated indviduously compared with other officers; thus civil veterinary surgeons, acting chaplains, and nursing sisters receive 3s. per diem Colonial allowance; civil surgeons no such allowance; acting chaplains after twelve months' service receive a gratuity of £100; civil surgeons £61 only. The pay of £365 a year seems sufficient, but "pans out" very indifferently when the unavoidable expenses are placed against it. Also, instead of engaging fresh and inexperienced men, had the pay been increased to 30s. per diem after twelve months' service, many tried men would have remained on another three or six months. In a country where artisans get 20s. a day, surely the surgeon is worth 30s.

ANOTHER CORRESPONDENT states: Civil surgeons receive nothing for uniform or camp outfit, and any advance of pay made before embarkation is swallowed up in obtaining these. The Colonial allowance of 3s. a day is insufficient.

** We give these statements as to pay and allowances as we find them, without attempting to reconcile apparent contradictions. We cannot but think it would be well for civil surgeons entering the R.A.M.C. after twelve months' service at the Cape to be allowed to count such service towards pension. Unless we are mistaken there is a precedent for this, in that acting assistant surgeons, as they were called, in Crimean and Mutiny days, who finally received permanent commissions, were allowed to count acting time both in regard to seniority and pensions.

COLONIAL CIVIL SURGEONS WITH THE FORCES IN SOUTH AFRICA.

MR. H. B. TREHANE SYMONS, L.R.C.P.I., attached A.M.S., writes from Pretoria under date July 1st, 1901: I wish briefly to point out that Professor Watson, whose statement concerning pay and allowances of civil surgeons serving in South Africa appears in the BRITISH MEDICAL JOURNAL of March 30th, has been misinformed on this matter.

I have it on the authority of those best in position to decide. No civil surgeon is allowed more than one servant, and when that one is a soldier, he is employed in whatsoever capacity, servant allowance is not to be drawn, and to this there is no exception.

Touching the £60 gratuity (parsons and militia officers get £100): men proceeding from England require to obtain possession of a kit adapted to the country whither they are bound, and so do not benefit much by the envied £60. In any case, as things go in South Africa, the pay cannot be considered as an equivalent for services rendered.

LIEUTENANT-COLONEL R. W. FORD, R.A.M.C., D.S.O., lately stationed at Portland, has been appointed Deputy Surgeon of Chelsea Hospital.