

(iv) That the provisions of Paragraph 2 of the Government of India Notification No. 437, dated the 25th July, 1893, shall continue to be enforced.

All this mighty machinery is to be called into play if a civil surgeon or other medical officer earns in the ordinary course of his profession a single fee of over 2 guineas, or in a month a total of over 10 guineas, by attendance on or a visit to any native gentleman of high position residing anywhere in a Native State or in British territory. If the Government had wished or intended to put a stop to private practice altogether it could hardly have taken a surer step. As we have previously stated, action in this matter has already been taken by the British Medical Association, and we trust that the orders as they stand will be considerably modified, if not withdrawn altogether.

The following leading article appeared in the *Pioneer* of October 26th last shows how the action of the Government is regarded by public opinion in India:

We referred some short time back to the plain-spoken, and in our opinion justifiable, criticisms by the Home medical papers of the attitude, or rather the latest variation of attitude adopted by the Government of India on the old question of the fees to be accepted by medical officers in the service of Government for professional attendance on Ruling Chiefs and Indian gentlemen. The strong condemnation of the Government's policy in this matter expressed in those criticisms were from the standpoint of the medical profession. But on the Indian and political side the dissent and dissatisfaction are not less emphatic. There are few things an Indian prince or gentleman resents so much as interference with his private concerns, more especially in the case of matters wherein his *izzat* is at stake, and for the Financial Department or the Political Officer to step in and dictate to him and say what fee he is to pay to the doctor who has attended him or his family and done him service, or it may be saved a life, he regards as a rankling affront to himself. We are not at all disposed to quarrel with his sentiments, but whether these are to be taken as reasonable or supersensitive is not the point on which to lay stress. The main consideration is that these petty interferences to secure a small end at the price of a great deal of irritation, and occasionally at the cost of mortifying an important personage are not worth while. The aim of the Financial Department is doubtless laudable, but it neglects to observe a just discrimination. It may be an excellent thing to prevent extortion and overcharging, but it is not a wise thing to attain that desirable end by regulations casting a slur on an honourable profession on one side, and putting feelings of irritation into the hearts of Indian gentlemen on the other hand. It is the old blunder of over-caution and over-suspicion which has led to officers in the public service being roped and bound by a system of check and counter-check, of registering and returns in triplicate which may no doubt be effective to prevent extravagance and laxity, but at the same time have made the *daftar* work of the departments a hindrance to efficiency and a political evil. Especially invidious it is that this spirit should be manifested towards the officers of the Indian Medical Service, who do more purely gratuitous work for the people than all the rest of the Government services put together.

We may add for the information of readers not acquainted with the Indian vernacular that *izzat* signifies dignity, honour, or prestige, and *daftar* means office. In a further article published on November 2nd, the *Pioneer* has the following additional comments:

It is absurd to suggest that Ruling Chiefs and Indian gentlemen generally are incapable of protecting their own interests in this matter; as we have already pointed out, the new regulations are likely to be quite as much resented by those for whose benefit they are supposed to be made as by the members of the medical services. The loss of legitimate emoluments involved in the regulations may be serious in some cases, but the services as a whole feel much more acutely the stigma cast upon an honourable profession by the implication that its members cannot be trusted to demand reasonable fees. Even if cases of exorbitant charges have occurred in the past they must be very rare, and they can always be dealt with departmentally. The record of the medical services in India is one of which any body of men may well feel proud; no class of men do more gratuitous work for the people, and none are more ready to sacrifice themselves at the call of duty. Quite recently two distinguished members of the Indian Medical Service lost their lives from blood-poisoning contracted while operating on the poor in hospital, and there are many whose lives have been endangered and whose constitutions have been shattered by sickness incurred in the execution of their hospital duties. It is men of this stamp who are to be treated "as if they were potential extortioners." Is it surprising that the whole service keenly resents the new regulations?

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES

### FEE FOR AMPUTATIONS ON PAUPERS IN COTTAGE HOSPITALS

INQUIRER asks whether he can claim a fee for amputating the leg of the son (aged 8) of a pauper, who was removed to the cottage hospital for the operation.

\*.\* We assume that "Inquirer" is a district poor-law medical officer and that the patient in question was placed under his medical care as an undoubted pauper; if these assumptions are correct our correspondent would appear to be entitled to a fee for amputation; but *even then only if* the Poor-law regulations in reference to operations were strictly adhered to, namely, that he can furnish a certificate from a registered practitioner that the operation was neces-

sary; that it was performed in his own Poor-law medical district, and further that the usual regular reports of the case were made to the guardians in the same way as they would have been made had the patient been under treatment at home in his father's house. Should it so happen that the cottage hospital in which the operation was performed was not in the medical officer's *own* Poor-law district he can have no legal claim on the guardians for any fee, as under no ordinary circumstances can a Poor-law medical officer claim remuneration from the guardians for medical attendance on paupers out of his district.

## OBITUARY.

ROBERT JOHN PATON, M.D. EDIN.,

HONORARY SURGEON, NEWPORT AND MONMOUTHSHIRE HOSPITAL.

THE death of Dr. Robert John Paton on November 16th has left a big gap in the medical world of Newport and South Wales, and is the cause of great regret amongst all classes of society. His death was due to one of those accidents to which medical men as a body, and surgeons in particular, are specially prone; and in its occurrence at the age of 45, when he was still in the prime of life and at the height of his professional success, there is an element of tragedy. While operating on a case of appendicitis in the early part of October he pricked his finger with a safety pin, and when assuring himself as a last step in the proceedings of the right position of a drainage tube, he is believed to have inoculated himself with septic matter. Symptoms of blood poisoning soon set in, and for the following five weeks he made a hard fight for his life, but finally succumbed.

Dr. Paton was of Scottish origin, and a descendant of a long line of Covenanters, but was born at Mhow, India, in 1862, his father, the Rev. J. Paton, D.D., being at the time chaplain to the old 72nd Highlanders, now the 1st Battalion of the Seaforth's. Later on the family settled at Dumfries, and it was in the high school of that town that he received his general education. His professional studies were carried on in the medical school of the University of Edinburgh, where in 1886 he received the degrees of M.B., C.M., and in the same year the diplomas of the Scottish Royal Colleges and of the Faculty of Physicians and Surgeons of Glasgow. The M.D. of his university he received in 1899. His connexion with Newport began about sixteen years ago; previously he had been a resident medical officer at the Orichton Royal Institution near Dumfries. In Newport he bought the practice of the late Dr. Pratt, and a year or two later was selected for appointment to the staff of the Newport and Monmouthshire Hospital, and at different times to a good many other posts in the locality. He acted as deputy both to the late and the present medical officer of health, and at the time of his death was medical officer of one of the districts of the Newport Union, and Lecturer on Midwifery to the South Wales Training Centre for Midwives. In ambulance work he likewise took an active interest, having as pupils the railway employees and the ambulance corps of the volunteer battalions of the South Wales Borderers, in which he held a commission as Captain. In his work at the hospital he took a particularly keen interest, and enjoyed an excellent reputation as an operating surgeon. He leaves a widow and one child—a daughter by his first wife.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Henri Lucien Folet, Dean and Professor of Clinical Surgery in the Medical Faculty of Lille, Corresponding Member of the Académie de Médecine, and author of numerous contributions to medical literature; Dr. Sievetz, formerly Professor of Therapeutics in the University of Warsaw; Professor Barbosa du Bocage, Physician to the Hospital de S. José. Emeritus Professor of Zoology in the Polytechnic School of Lisbon, and Member of the State Council of Portugal; Dr. Hache, Professor of Histology in the Medical School of Rheims; Dr. W. Nieberding, Professor of Gynaecology in the University of Würzburg; and Dr. Etienne Clement, Professor of Hygiene and Forensic Medicine in the University of Lyons, and author of many contributions to medical literature, aged 64.