

grounds, except in limbless and mental cases and cases of tuberculosis who accept sanatorium treatment. When a soldier has been approved for discharge, and when subsequently discharged, out-patient treatment may, if required, be suitably offered at a military hospital or in a Voluntary Aid or Red Cross auxiliary hospital. A course of technical training may also be desirable for many of the cases, and the provision of means for such training rests with the Ministry of Pensions.

The American Ambassador, on October 4th, opened St. Katherine's Lodge Hospital for American and British officers, situated in Regent's Park, London. Mr. and Mrs. William Salomon have lent the premises to the American Red Cross and have undertaken to equip and maintain them as a hospital for forty orthopaedic cases. Mr. Page, in declaring the premises open, said that in this hospital American orthopaedic surgeons would develop that method of surgery under the great leadership of Sir Robert Jones. Among those present at the opening ceremony were Surgeons-General Sir Alfred Keogh, Sir George Makins, and Sir Francis Treherne. The nucleus of the medical staff will be Captain F. Kidner and Captain Willard, members of the United States orthopaedic unit now in England. The nursing staff will consist of American Red Cross nurses.

## England and Wales.

### THE COLLEGE OF AMBULANCE.

THE fourth year of the College of Ambulance was opened on October 8th by the Bishop of London at the College premises in Vere Street, Marylebone. Colonel James Cantlie, F.R.C.S., the principal, described how the idea of a central institute for ambulance instruction in London had developed out of the classes he conducted at the Regent Street Polytechnic in the early part of the war. The College was a teaching body and nothing else, and since its foundation the number of complete first-aid courses given was 106; of courses in nursing, 75; and in camp hygiene and sanitation, 40. In those three subjects alone 1,160 lectures had been given; in addition lectures were given on many special subjects and frequent ambulance demonstrations. The students who had received instruction exceeded 14,000 and were now to be found in every part of the war area. The institution had been the cradle—or the kindergarten—of the Friends Ambulance Unit. At a time when the Second Army took over from the French a district in which typhoid was rife among the civil population, that unit dealt with the infected area, and nursed and fed and segregated the people to such purpose that not one British soldier was infected as a result of the new occupation. It was hoped to establish the college permanently as the head quarters of ambulance teaching in England, and to that end a number of governorships and fellowships were being instituted. The Bishop of London said that he was trying to get the military authorities to raise and take out a "Parsons' Ambulance Corps" for front line service. Sir Malcolm Morris paid a whole-hearted tribute to the work which Colonel Cantlie had done in the Red Cross and ambulance service for the last forty years; and Colonel Professor J. G. Adami, of Montreal, added a further eulogy, and said that ambulance work must continue after the war not merely as a part of the preparation in the event of another, but as a necessary element of the training in British citizenship. The bishop then distributed the college fellowships and demonstratorships, after which there was a display of stretcher drill by both men and women. Visitors also had an opportunity of inspecting the lecture and class rooms and museum on the three floors which the college has at its disposal. In addition to the anatomical models and first-aid appliances, a very large model was on view, which covered the whole of one side of the building, illustrating the medical arrangements on the field of battle.

### THE TREATMENT OF INVALIDED SOLDIERS AT VOLUNTARY HOSPITALS.

The position of the honorary medical staffs of voluntary hospitals in undertaking the care of invalided soldiers under arrangements with the Ministry of Pensions was considered at a meeting held at Crewe on September 29th. The meeting was summoned by the County of Cheshire Local Medical and Panel Committee, and was attended by

the officers of that committee and representatives of the honorary medical staffs of voluntary hospitals in Cheshire, with several in Lancashire, and Dr. Marsh, Chairman of the Panel Committee, was voted to the chair. The Honorary Secretary of the Medical Board of the Warrington Infirmary wrote that the board of management had arranged to undertake the care of discharged soldiers in the hospital on the terms proposed by the Ministry of Pensions, and had decided to allocate 10 per cent. of the sum received to the honorary medical staff. Dr. Park, of the District Infirmary, Ashton-under-Lyne, proposed (1) that whatever charges the governors of hospitals see fit to make for the use of their buildings and equipment should be paid to them by the Pensions Committee; (2) that the members of the staff of these institutions be paid for work done by the Commissioners according to their schedule. The Chairman seconded these proposals *pro forma*, but pointed out that the operations referred to in the schedule of the Commissioners were only such as come within the scope of a panel doctor's duties, and the schedule was therefore inapplicable to treatment for which hospital attendance is necessary; and, further, that the Insurance Commissioners had no connexion with this matter of hospital treatment, which was in the hands of the Ministry of Pensions. After some discussion, the proposals were by consent withdrawn, and the following two proposals suggested by the British Medical Association were unanimously adopted:

1. That the services of the medical profession should not be given gratuitously to patients who are maintained by public funds.
2. That from all payments received by the governing body of a voluntary medical institution from the State or local authority a proportion, to be agreed upon between the governing body and the honorary medical staff, should be placed to a special fund which shall belong to the honorary medical staff.

After discussion the following scale of charges was unanimously adopted:

	£	s.	d.
Major operation, including anaesthetists' and assistants' fees	7	7	0
Minor operation with general anaesthesia, and including anaesthetists' fee	2	11	6
Anaesthetists' fee where the assistant is not a salaried resident medical officer	1	1	0
Minor operation with local anaesthetic	1	1	0
Attendance on in-patients, after operation or otherwise, for each week	1	1	0
(For less than a week in proportion.)			
Attendance on out-patients:			
Initial consultation	0	7	6
Each subsequent attendance	0	2	6
Report when required	0	5	0
X-ray examination, according to case—			
10s. 6d., 21s., or	2	2	0
Electrical treatment, x-ray treatment, or ionization (initial consultation)	1	1	0
(Each subsequent sitting)	0	2	6

It was further resolved to submit these resolutions to the various hospitals concerned and to the Ministry of Pensions and the county pensions committees, and to communicate them to the honorary secretary of the Lancashire and Cheshire Branch of the British Medical Association.

## Scotland.

ON September 29th a memorial to the late Dr. William Grant MacPherson was unveiled at Bothwell, where he had practised for nearly thirty years.

### GLASGOW MILITARY HOSPITALS.

On October 2nd Field Marshal the Duke of Connaught visited a number of hospitals in Glasgow and district. After going round the military hospitals of Stobhill he went on to the Scottish National Red Cross Central Hospital at Bellahouston, where he was received by Sir George T. Beatson, K.C.B., chairman of the Scottish Branch of the Red Cross Society, and Sir Hector Cameron and Lieut.-Colonel Chaffer, commanding officer of the hospital, as well as members of the resident and visiting staff, were presented to him. After going through one of the medical wards the Duke went to the orthopaedic department, surgical wards, operating theatres, x-ray room, and electricity and massage departments. In the manual

curative workshops, where about one hundred patients are engaged in carrying out this stage of their treatment, the object of the training in wood carving, art metal work, joinery, boot repairing, tailoring, and other handicrafts was explained. There are at present 844 patients in the hospital, and the total number treated since its opening in October, 1915, is 7,560. Finally he visited the Erskine Hospital for Limbless Sailors and Soldiers, opened last June; there he was received by Mr. John Reid, vice-president, and Sir William Macewen, chairman of the House Committee, by whom he was conducted over the wards, operating theatre, x-ray room, research laboratory, and the temporary pavilions.

#### EDINBURGH TUBERCULOSIS FARM COLONY.

At a recent meeting of the Public Health Committee of the Edinburgh Town Council Sir Robert W. Philip made a report on the tuberculosis farm colony. He stated that at the end of the quarter there were in residence twenty colonists—twelve men and eight women. The health of the colonists had been generally good and the final results for the most part satisfactory, but the want of preliminary training in graduated work among the colonists received was an obstacle. The colony had been visited by representatives of the Pensions Ministry, the Local Government Board in England, and other authorities, and the National Association for the Prevention of Tuberculosis had, in issuing an appeal for the foundation of a farm colony for tuberculous sailors and soldiers, cited the results of the Edinburgh farm colony in support of the plan.

#### EDINBURGH CHILD WELFARE SCHEME.

The Public Health Committee of the Edinburgh Town Council has agreed to purchase Gogar Burn House and grounds to provide a centre for the Edinburgh child welfare scheme. The purchase comprises a large mansion house and fifty-seven acres of ground, at present largely under grass. The house will be adapted to accommodate about 150 children, the primary object being to make it a place for recuperation and preventive treatment. The necessary alterations are to be put in hand at once.

## Ireland.

A COMMITTEE has been formed in Dublin, with Sir Robert Wood, F.R.C.S.I., as honorary treasurer, and Mr. Trevor N. Smith, F.R.C.S.I., 8, Upper Fitzwilliam Street, Dublin, as honorary secretary, to assist Dr. J. F. C. Meyler, of Dublin, who is unable to earn a livelihood and in very embarrassed circumstances. He has completely lost his hearing owing to specific disease contracted during an operation.

#### SALARIES OF DISPENSARY MEDICAL OFFICERS.

The Swinford Board of Guardians (co. Mayo) has received an application from its medical officers demanding an immediate increase in their salaries and the fixing of a graded scale of increments. In connexion with this application the medical officers submitted the following considerations: First, the present salaries were fixed more than a generation ago, when the value of money was much higher than in recent years; the actual worth of the remuneration has consequently declined considerably. Secondly, the demand for a graded scale is justified by the obvious fact that the experience and skill acquired in years of practice enhance the worth of a medical man's service to the community. For these two reasons many unions, prior to the war, readily granted their medical officers an increase of salary in proportion to their length of service. At present the overwhelming majority of all the unions of the country have adopted this course. A demand which was just and reasonable a few years ago has now become an urgent necessity. The cost of drugs, surgical appliances, and the means of locomotion, has increased enormously. This has, of course, to be met out of fees, most of which are now eaten up by such extra expenses. Hitherto the medical officers have borne the loss out of their own pockets. This drain upon their resources is quite apart from the increased cost of living, which they have also to face, like the rest of the community. In

these circumstances they have postponed action until the last possible moment, but the time has now come when they are compelled to press their demands by every means in their power. Were their claim granted, only a portion of the burden would be lifted from their shoulders. While willing to share it they are not willing to bear it all. The medical officers go on to state that in the event of the Board being unable to agree to the suggestions of the County Medical Committee a new scale of fees will be brought into operation on November 1st in the respective districts, as follows: For treatment and medicine at the surgeries, 5s.; for visit and medicine, £1; for maternity cases, £2. They hope, however, that they may not be driven to this course. The recommendations submitted involve only a small addition to the rates, but would prevent the cost of treatment in sickness from falling too heavily upon the ratepayers individually. A committee of the board of guardians was appointed to meet on a fixed date to consider the question.

## Correspondence.

#### THE WOUNDED TERRITORIAL MEDICAL OFFICER.

SIR,—Now that the pay of the rank and file of the army has been improved, could not the attention of the authorities be drawn to the hard case of the misguided Territorial and Special Reserve officers who gave their services to their country before the outbreak of war?

In my own case, after several years of combatant service, I joined the R.A.M.C.(S.R.) immediately Lord Haldane asked medical men to support his Special Reserve scheme. On the outbreak of war I spent many weary months training newly joined men and officers, the latter receiving higher pay than myself. On active service the difference in pay was so small that one did not worry much, but early in this year I received a severe wound, which has kept me many weeks in hospital, and will keep me many more. While in hospital my expenses are very little less than when on active service, but my pay falls to 15s. 6d. a day, while a brother officer of the same rank, who is in the same ward with me, who is several years junior to me both professionally and in the service, is receiving 24s. a day.

I am aware that a biblical precedent has been quoted for this injustice, but in that rather notorious case the late comers received no more than those who had borne "the burden and heat of the day."—I am, etc.,

October 3rd.

A MARRIED MAN.

SIR,—With reference to the letter in the JOURNAL of September 22nd from "Captain R.A.M.C.(S.R.) Three Years' Service" regarding the pay of Special Reserve and Territorial Officers, the difference between them and the temporary commissioned medical officers is strikingly exemplified in my own case. I have recently been invalided home from France, the result of an injury sustained whilst under shell fire, and have close upon eleven years' service in the Territorial Force, including two years in France with the B.E.F.

On coming home my pay is now about £50 a year less than the temporary officer who possibly only took up a commission a few months ago. I might also add that I have been nineteen years in practice, and on mobilization in August, 1914, I had in common with so many of my Territorial brethren to submit to the loss of the greater part of it. In my opinion the payment of our war bonus yearly instead of having to wait until the end of the war is a much needed remedy.—I am, etc.,

September 26th.

CAPTAIN R.A.M.C.(T.F.).

#### PANEL COMMITTEES AND THE ASSOCIATION.

SIR,—Dr. H. B. Brackenbury, in one of the forensic efforts that seem to give him so much pleasure, has the following: "The Association hopes to do better . . . it hopes to prove its case, and, if supported by Panel Committees, to ask for ten shillings for all insured persons."

"Its case," not the case of the Panel Committees. But it is claimed in a recent pronouncement that the Insurance