The rates of pension are as follows.

	Per annum. £
After 17 years' service for pension	400
,, 18 ,, ,, ,, ...	430
,, 19 ,, ,, ,, ...	460
,, 20 ,, ,, ,, ...	500
,, 21 ,, ,, ,, ...	540
,, 22 ,, ,, ,, ...	580
,, 23 ,, ,, ,, ...	620
,, 24 ,, ,, ,, ...	660
,, 25 ,, ,, ,, ...	700
,, 26 ,, ,, ,, ...	750
,, 27 ,, ,, ,, ...	800

These rates are subject to alteration on account of a rise or fall in the cost of living as compared with the year 1919 to an extent not exceeding 20 per cent. in all, the revision being undertaken triennally with effect from July 1st, 1927. A reduction of 4½ per cent. has been made on this account from the amounts shown.

There are additional pensions ranging from £65 to £350 per annum for officers who have held administrative appointments.

An officer on appointment is provided with a free passage to India. The wives and families of officers who are married prior to the date of the officers' embarkation on first appointment will also be provided with free passage to India.

Officers and their families are also eligible for passage concessions under which they are granted a certain number of return passages home at Government expense during their service.

Officers are required to undergo courses of instruction at the Royal Army Medical College, and at Aldershot, lasting approximately six months, prior to their embarkation for India on first appointment.

Further particulars may be obtained from the Under Secretary of State for India, Military Department, India Office, London, S.W.1.

PRISON MEDICAL SERVICE.

CANDIDATES for the prison medical staff are approved by the Secretary of State for the Home Office on the recommendation of the Prison Commissioners. The Chairman of the Board is Mr. M. L. Waller, C.B. Application for employment may be made to the Board on a special form, which can be obtained from the Secretary, Prison Commission, Home Office, London, S.W.1.

In the smaller prisons the medical officer is usually a local practitioner, but in the larger the members of the medical staff are required to devote their whole time to the service. In the case of those required to give their whole time to the service the appointment in the first instance is to the post of medical officer Class II, and from the seniors of this rank the medical officers Class I are selected as vacancies occur.

In February, 1923, the then Home Secretary appointed a committee to report on what changes, if any, should be made in the remuneration or other conditions of service of officers at the prisons and Borstal institutions in England and Scotland and at Broadmoor Criminal Lunatic Asylum. Evidence was given on behalf of the British Medical Association by the Medical Secretary, who pointed out that the salary offered to Class II medical officers—namely, a basic salary of £300 rising by annual increments—was, even when the allowances and bonus were reckoned in, less than the £500 a year the Association looked upon as the minimum commencing salary which should be given to a whole-time medical man holding such a responsible office. Following the report of the committee, which was issued in November, 1923, the salaries of whole-time prison medical officers were increased to: Medical officer Class II, £350, rising by annual increments of £20 to £600; medical officer Class I, £650, rising by annual increments of £25 to £800. Unfurnished quarters are provided, or an allowance in lieu is made. The civil service bonus is paid on the salary. There are 15 medical officers Class II, 12 medical officers Class I, and 23 part-time medical officers.

The service is a small one, and therefore vacancies are comparatively rare and promotion is very slow.

POOR LAW MEDICAL SERVICES.

A NUMBER of whole-time appointments exist under the various Poor Law authorities in Great Britain, certain of which, notably in the metropolis and the chief provincial cities, maintain large well-equipped hospitals organized under purely medical administration. Posts are available to medical practitioners as superintendents and assistant officers in hospitals and infirmaries, and as resident officers in other institutions, such as poorhouses, workhouses, etc. Conditions and salaries show considerable variation; salaries for resident assistant medical officers in Poor Law infirmaries usually range from £200 to £450 a year, with full board, the duties being much the same as, but as a whole more responsible than, those of a house-physician or house-surgeon in a general hospital. Medical superintendents are paid from £600 to £1,600 a year, with house, light, coal, laundry, etc., and in some cases the first assistant is termed deputy medical superintendent and receives £450 to £750 a year, with similar emoluments. This service, therefore, offers openings for young practitioners and the prospect of a reasonable degree of progress for those who may choose to make it their career, with security of tenure, and provision for superannuation. It should be added that the attractiveness or otherwise of any particular post is affected considerably by the policy adopted by the authority under whose jurisdiction it falls. In the more advanced areas there is a high degree of differentiation in treatment between the sick and mentally affected, and the purely pauper class (between the hospital and the workhouse); the tendency in such areas has been to develop the hospital services on lines approximating to those ruling in the voluntary hospitals. In the smaller unions, however, lay control, through the administration by a workhouse master of the whole organization, has been preserved, and medical appointments in such circumstances are less attractive. A considerable change in administrative conditions in the Poor Law in England and Wales may be expected in the near future, as it is the intention of the present Government to introduce legislation which will involve, among other things, the abolition of the boards of guardians, and the transfer of their functions to larger units. This should result in greater uniformity in conditions, and probably in a higher degree of specialization in Poor Law work, particularly on the medical side, and a closer assimilation to other public health services. In addition to the full-time appointments of the character mentioned, the Poor Law service offers numerous part-time posts, such as those of district medical officer, parish medical officer, public vaccinator, etc., which are practically all held by general practitioners.

MEDICAL PRACTICE IN BRITISH DOMINIONS AND FOREIGN COUNTRIES.

MEDICAL Acts have now been passed in almost all places forming part of the British Empire beyond the seas, and registers of duly qualified practitioners are consequently maintained. To these registers medical men educated in the United Kingdom are generally admissible merely on payment of a registration fee, providing they produce evidence that they are of good repute and are either registered or eligible for registration in the United Kingdom, as the local requirement may be. The only exception to this statement that need be made relates to the Dominion of Canada. Each of its provinces acts in medical matters as an independent State. The result has been that reciprocity of practice has in the past been established between this country and all the provinces of Canada except British Columbia, where certain obstacles were never overcome. It has, however, to be recorded that reciprocity with Saskatchewan, New Brunswick, Ontario, and Quebec has recently been brought to an end by those provinces. We would advise any medical man proposing to practise in Canada first to communicate with the Provincial Registrar, stating what degrees or diplomas he holds, and asking for information as to the precise steps he must take in order to obtain admission to the Provincial Register. The Licence of the Dominion Council, which can only be obtained after examination, entitles its holder to practise in any of the provinces of Canada, though in regard to Quebec there is a proviso that "he must have been registered in the province five years prior to the application for the recognition of the Dominion Licence." In order to sit for the examination for the Dominion Licence, it is necessary to obtain a licence from one of the provinces, but this can be obtained from one of those with whom reciprocity has been established.

Br Med J: first published as 10.1136/bmj.2.3530.422 on 1 September 1928. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.