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The Report Of Mr. Brodrick's Committee

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I have heard of one medical man who is said to vaccinate and give the certificate at the same time—inspection is a detail not worth troubling about. And yet it has been seriously proposed to make every practitioner a public vaccinator, and pay him from the public purse! With the better class of general practitioner I have much sympathy. His well-to-do, intelligent patients accept the offer we are in duty bound to make them, whereas, the lower class say “If we get it done at all, we shall pay a shilling and have it *properly* done.”

I am happy to say the lymph issued by the Local Government Board now gives uniformly successful results both in primary vaccination and in revaccination. Of course all results are carefully and accurately recorded by the public vaccinators, and registers are available for reference at any time. The vague word “successful” sums up the information obtainable about most private cases.

Finally, with regard to the much-abused Public Vaccinators Association, I think it would be much better for all public vaccinators to join it and make it what it should be—a representative body—rather than to encourage still further the policy so dear to the profession in most matters—disunion.—I am, etc.,

Bristol, Dec. 2nd.

W. N. NEVILL, B.A., M.D.

INERT LYMPH AND REVACCINATION.

SIR,—There have been communications more than enough lately published in the BRITISH MEDICAL JOURNAL to afford *prima facie* evidence that (1) the conditions under which vaccination lymph is issued are highly unsatisfactory, and (2) a large proportion of the lymph which is on the market is more or less unreliable. Meanwhile the epidemic of small-pox is progressing, and in the opinion of the Metropolitan Asylums Board has still a long course to run.

Of writing letters there is no end and very little good, and it is time that more definite steps were taken to remedy the ill. It is possible that an influential deputation to the Local Government Board might have some effect, and perhaps it may not be too much to ask the Council of the British Medical Association as representative of medical opinion to be public-spirited enough to take the matter in hand. A committee might be formed to invite reports from public vaccinators and others, and afterwards, if necessary, to undertake, or invite the Local Government Board to undertake, an investigation as to the best method of preparation, the impurities, and standardisation of lymph, and the control of its issue by central or local authorities.—I am, etc.,

Wimbledon, Dec. 3rd.

JOHN A. HAYWARD.

SIR,—In spite of Professor Moore's reassuring letter in the BRITISH MEDICAL JOURNAL of November 30th, my preference for the lymph supplied to me by an independent establishment whose name I have but did not mention for obvious reasons, was, I think, fully justified by the superior results it yielded when compared with those following the use of the lymph sent from Aldershot.

Whatever the cause of the inefficiency of the latter, it was certainly inert when it reached my hands; whereas the lymph obtained from the independent source was active, as I clearly showed in the case of three children mentioned in my letter in the JOURNAL of November 9th. So far from misleading the public, my letter corroborated Dr. Verdon-Roe's experience of the use of an inefficient lymph.

Professor Moore states that no complaints were made as to my failures; there I wish to make a correction. Not only were complaints made to the Vaccine Institute at Aldershot, but also to the Director-General, R.A.M.C., and to the Principal Medical Officer, Home District, on several occasions. Copies of these letters I now have with me. The only encouragement received by way of reply was to the effect that, as such good results had always been obtained from the Aldershot Vaccine Institute, I had either failed in my duties or was making a frivolous complaint! At the time I heard on good authority—the then acting P.M.O. Home District—that mine were not the only failures.

In addition to the causes of the inefficiency of vaccine lymph mentioned by Professor Moore, based presumably on his own observations, I would suggest two others—cleansing

of the arm preparatory to vaccination with too powerful an antiseptic, and high dilution of the lymph with glycerine.—I am, etc.,

Clevedon, Dec. 6th.

J. GRAHAM FORBES, M.B., D.P.H.

THE REPORT OF MR. BRODRICK'S COMMITTEE.

SIR,—It was with great pleasure that all well-wishers of the Royal Army Medical Corps read Surgeon-General Hamilton's letter in the BRITISH MEDICAL JOURNAL of November 23rd. Amongst all the anonymous criticism of the Army Medical reorganisation scheme that has appeared, this letter, with those of “An Officer of Long Indian Experience,” published on October 12th, and of Dr. Edward Thompson, M.P., stands conspicuous as showing a sincere, impersonal, and discriminating zeal for the welfare of the service. With the other letters, written for the most part by officers on the active list, who naturally fear radical changes that may affect their whole future prospects, one has also the greatest sympathy; and it is in the hope of easing to some extent the minds of their writers that I venture, in an independent capacity, to take up a few of the points raised in the three letters which have more especially focussed the criticism of the scheme.

Surgeon-General Hamilton, admitting that “this new scheme has good and liberal points,” lays chief stress on four features which he finds objectionable:

(a) “The keeping at home of all the junior officers till they complete four years service.” This, as he justly remarks, would be fatal to the efficiency and credit of the scheme; but it is nowhere laid down, and, indeed, was not even contemplated. The Committee intended that lieutenants, on leaving Aldershot, should at once proceed to India, and should there, after three years service, undergo the first examination for promotion.

(b) “The right to retire on £1 a day after twenty years service is taken away.” This would, indeed, be a grave injustice to officers of the corps, and would produce the direst results. But it was not intended by the Committee. The mistake arises from a chance difference in the wording of the conditions which have always existed, by which an unsatisfactory officer may thus be retired without drawing further attention to his defects. A major of my acquaintance in South Africa was thus retired after eighteen years service at an early period of the present war.

But it may be noted that, even in the letter, apart from the spirit, of the scheme, such a punishment is never to be inflicted on an officer unless he twice fails, after three months study-leave, to get a bare 40 per cent. of marks in a simple examination on administrative subjects, in which proficiency is as essential to the service as it must be natural to an R.A.M.C. officer with eighteen years experience; and even then only with the approval of the Advisory Board, by whom the case will be considered entirely on its merits, and on the further recommendation of the Director-General and the Secretary of State for War. These are so many courts of appeal which will surely protect an officer from unjust treatment. Compulsory retirement at this stage will be, as hitherto, an active rather than a passive process.

(c) “Examinations have their value; but they are not everything that should be considered.” Quite so. Examinations test only the candidate's knowledge, the only thing that he can by his own initiative improve. It is hoped in this scheme to secure a real “practical and clinical” standard of examination to test knowledge of the right kind. The examinations will enable men, who do their best to keep abreast of the times, to get some reward in return for their labours, as hitherto they have never had; and it will be agreed that no officer, who is unable after six months special preparation to get an all-round mark of 50 per cent., is worthy of his commission. On the other hand, as Surgeon-General Hamilton puts it, tact, temper, zeal, and a host of other virtues are of far greater importance. But as these cannot be tested by any exact comparative system, the scheme provides (1) for brevet promotion, and (2) for charge-pay in command of hospitals, appointment to which will be made by the Director-General, doubtless with regard to fitness apart from examination.

(d) “The inspection of military hospitals by the Advisory Board will be unwelcome and most unpopular.” I venture to

contest both points. The Board is to inspect "as far as is practicable" and presumably will do most of its home inspections by a few short tours; it is not unlikely that it will depute proxies to inspect abroad from time to time. These inspections, it will be noticed, are of an advisory and scientific, not of a disciplinary character; for the Director-General is responsible for all discipline (Section 18). Officers in charge will be only too glad of an opportunity of pointing out their needs. The Inspecting Subcommittee will be the scientific eyes and ears of the Director-General. Well must Surgeon-General Hamilton be aware of the great gulf that has hitherto been fixed between 18, Victoria Street and the personnel of three-quarters of the corps.

(e) A further criticism—that the position of the Director-General is undermined—now falls to the ground with his new position as Lieutenant-General on the Army Board. By virtue of this position many minor points may secure attention as they arise; and by the help of the Advisory Board the corps will be in touch with the medical profession in general, and will have its weighty support.

I think these are the chief objections that have been raised to the scheme. It is admittedly only a framework on which the Advisory Board will start work. But the Royal Warrant will undoubtedly be based on the spirit rather than the letter of the scheme; it will take into consideration the points that have been raised in this discussion; it will pin down the Indian Government to their share of the bargain; and as the objections have been mostly in keeping with the spirit of the Committee—that of justice, progress, and reform—I feel confident that there is a good prospect in store for the R.A.M.C.—I am, etc.,

December 4th.

FRANCIS E. FREMANTLE.

SIR,—I think you have hit the nail on the head when you state that "the most important function of the Army Medical Service, not only in peace but in war, is the prevention of disease among troops." Your strictures *re* the constitution of the civilian part of the Advisory Board will, I am sure, be emphatically endorsed by the majority of civilian surgeons who have had the honour of serving their Queen (or King) and country in South Africa. The dominating idea which prevailed at the beginning of the Britain *v.* Boer war as regards the necessity of having a number of experts in abdominal surgery has been shown by experience to be based entirely upon theoretical grounds sound in civil life, and not upon the actual conditions which exist after engagements. In the vast majority of gunshot wounds that require laparotomy after a battle, the psychological moment for operating had passed before the arrival of the surgeon, and the safety of the patient was best considered by adopting a conservative course.

It is to be hoped that the Advisory Board will be augmented by men who have special knowledge and strong determined views regarding the prevention of disease among troops. I am one of those who believe that if Dr. Canney's ideas about the water supply of the army could be carried out, more lives would be saved than would be if the whole craft of laparotomists and dermatologists were to follow in the wake of an advancing army.

I may perhaps be allowed to relate the experience of the Welsh Hospital staff as regards enteric fever. The water for the use of the staff was boiled and filtered. The orderlies did not take the trouble to draw water from the filters for their own use, and five out of the seven we took up country with us were down with enteric within a month. Not one of the qualified staff, dressers, and sisters who eschewed unboiled water contracted enteric during the existence of the hospital. Seven of the nursing sisters stayed out in South Africa after the hospital was handed over to the authorities, and it is a significant fact that three of them afterwards contracted enteric fever. I am not in a position to state whether their drinking water was conscientiously boiled or not after we left. There is no doubt in my mind that if eminent sanitary medical officers were appointed with well-defined executive powers, an immense reduction in the mortality list would be the immediate result. Prevention "much more than the treatment of wounds or skin disease" is the most urgent problem in every campaign, but so far one cannot but feel that until the civilian element of the Advisory Board is

radically altered their opinion with regard to this important matter will not command the confidence of the medical profession.—I am, etc.,

Cardiff, Nov. 27th.

J. LYNN THOMAS, C.B., F.R.C.S.

SIR,—As the accuracy of my statement placing the pay and "advantages" of a surgeon-general at home as high as £1,480 a year has been questioned, will you kindly permit me to give the following figures, as supplied to me from an official source:

	£	s.	d.
Daily pay ...	...	2	15
Lodging allowance ...	...	0	11
Stable ...	...	0	1
Servants ...	...	0	2
Fuel and light ...	...	0	2
Forage ...	...	0	4
Total (daily) ...	£3	16	0

This multiplied by 365 equals £1,400 13s. 9d. Each surgeon-general is allowed two soldier grooms, to whom he pays about £1 a month each, or, say, £24 a year. Civilian grooms cost at least £1 18s. a week each, which amounts to 104 guineas, or £109 4s. a year; deducting the £24 paid to the soldier grooms leaves a net balance of £85 4s. to credit, which added to £1,400 13s. 9d. makes a total of £1,485 17s. 9d. per annum. The proposed pay of a surgeon-general is £1,500 a year, from the whole of which income tax has to be deducted, and this leaves the surgeon-generals £15 17s. 9d. a year to the bad; but as in the summer months there is a small reduction in the fuel and light allowance, I showed the loss to be about £10 a year for the new over the old rates.

As regards the rates of pay in India, the following table gives the new rates of home pay converted into rupees at 18s. 4d.:

	Home.	India.
Lieutenant under 3 years ...	Rs. 404	Under 5 years ... Rs. 350
Captain over 3 years ...	474	10 " ... 450
" " 7 " ...	500	Over 10 " ... 500
" " 10 " ...	597	" " 500

by which it will be seen that lieutenants and captains will draw less pay in that country than at home. Majors and junior lieutenant-colonels are fairly well paid, but the 50 senior selected lieutenant-colonels (of whom 17 are on the Indian Establishment) will draw but Rs. 1,150 against Rs. 1,450, the pay of all infantry lieutenant-colonels.—I am, etc.

J. B. HAMILTON,
Surgeon-General R.P.

Cromwell Mansions, S.W., Dec. 4th.

THE LONDON UNIVERSITY AND CONJOINT STUDENTS.

SIR,—I beg to suggest that now is a most favourable opportunity for the London University and the Royal Colleges to formulate some scheme for the institution of a pass degree in medicine for London students.

The situation is pressing. I submit that most future medical students will demand at least a pass degree as a reward for their labours. If this is not forthcoming they will not be induced to come to London.

Generation after generation of medical students have hoped that something would be done by way of relief. Long-deferred hope is at present in a dying condition and approaching the end, and will be buried in the near future; hence the falling off in the entries at the metropolitan schools.

As a result London will cease to be the great medical teaching centre, and the Royal Colleges will lose their position as a pass diploma-granting body within, say, the next 15 years.

The plea that London has great clinical advantages will no longer lure the student to London, as provincial universities, with well-equipped laboratories and able staffs of teachers, have been formed in populous manufacturing districts, which offer clinical material to satisfy the most enthusiastic teacher and student.—I am, etc.,

Wimpole St., W., Dec. 8th.

FREDERICK W. COLLINGWOOD.

SIR,—I am sure the great majority of London Conjoint men will thoroughly endorse the letter by "L.R.C.P." upon the question of a degree for London diplomates.

One cannot too strongly emphasise the fact that should the conditions of obtaining the M.D. Durh. for practitioners be withdrawn, our last chance will go with it if we except the