- (c) Encouragement, under due supervision, of private medical schools.
- (d) Demonstration of advantages of Western medical science.
- (e) Association of private practitioners with the staff of Government hospitals as honorary physicians and surgeons.
- (f) Checking the abuse of hospitals by patients able to pay.

It is interesting to see that this last complaint, so commonly made in England, is also put forward in India. Every civil surgeon knows that such abuse of hospitals by well-to-do patients is more common in India than in England, though doubtless with more excuse.

Paragraph 7 speaks of the necessity for registration of duly qualified practitioners, and for the publication of a medical register; while paragraph 8 states that medical certificates from registered medical men may in future be accepted without countersignature.

Paragraph 10 quotes some opinions of local governments on the whole subject; and paragraph 11 asserts the agreement of the supreme Government with these opinions.

Paragraph 12 emphasizes the importance of not doing anything to lower the attractiveness of the Indian Medical Service, and paragraph 13 notes the falling off in the number and quality of the candidates for that service. It is acknowledged that Lord Morley's dispatches of 1907-8 have given rise to widespread uneasiness, and this point is emphasized by quotations from the three medical journals above mentioned.

The next three paragraphs speak of the difficulties of the policy proposed by Lord Morley, of the lack of qualified Indians, and of the impracticability of recruiting European medical men in India, and state that the promotion of civil assistant surgeons is the only practicable method of carrying out this policy.

Paragraph 17 insists on the necessity of providing European medical attendance for the European servants of Government.

Paragraphs 18 and 19 recount the civil appointments held by members of the Indian Medical Service, including special appointments, and paragraph 20 recalls that the late Decentralization Commission, which sat and took evidence some five years ago, reported that the establishment of a separate civil medical service was inadvisable. Paragraph 21 states that the civil appointments held by the Indian Medical Service cannot be reduced in number.

The Conclusions of the Government of India.

Paragraph 22 recapitulates the whole subject, and is of such importance that we quote its summary in full.

"We sum up our conclusions as follows:

"1. An independent medical profession trained on Western lines is steadily growing up in India, but it has yet to overcome its universal rival in the form of the *kaviraj*, *hakim*, *vaid*, *ojha*, and the like, who are trained according to indigenous methods, and whom the mass of the population still trust.

"2. Government can do much to encourage an independent medical profession in the various ways enumerated in this dispatch.

"3. The giving up of a few appointments to private medical practitioners will have no appreciable effect on the development of an independent medical profession, and might, on the contrary, tend to hinder a healthy development.

"4. The present policy of reduction, which was inaugurated without previous reference to the local governments, has already given rise to considerable uneasiness in professional circles, and, if carried further, is likely to cause a decided deterioration in the Indian Medical Service.

"5. The bulk of the civil surgeoncies must be manned by officers of the Indian Medical Service, exceptions being made in favour of civil assistant surgeons.

"6. The Government medical colleges and schools must, in the main, be manned by officers of the Indian

Medical Service, but a few professorial posts can be made available to locally recruited men.

"7. European medical men cannot be expected to establish themselves in this country, except in cities and large towns and in special areas where there is a large European population, and it is, generally speaking, undesirable to recruit from among them.

"8. When European medical men are required, they should usually be recruited in the Indian Medical Service. Indians and Europeans recruited locally in special cases should be employed on special terms."

Paragraphs 23 and 24 complain of the difficulty of carrying out Lord Morley's order that no increase in the civil cadre of the Indian Medical Service should be permitted, and recommend the withdrawal of that order. Paragraph 25 states the impossibility of recruiting men locally to fill bacteriological appointments. Paragraphs 26 to 28 again summarize the previous arguments, and refer to the extravagance of the claims put forward by some Indian medical men in memorials submitted last year to the Public Service Commission.

DISPATCH OF SECRETARY OF STATE, 1912.

The dispatch summarized above was answered by one from the present Secretary of State for India, Lord Crewe, dated November 22nd, 1912, which agrees that the constitution of the Indian Medical Service must remain unchanged, and withdraws the order that no increase in the number of civil appointments may be made; it also suggests that military assistant surgeons should no longer be promoted to civil surgeoncies.

DISPATCH OF THE GOVERNMENT OF INDIA, 1914.

In a short dispatch (Home Department, No. 2 Medl. of March 5th, 1914) the Indian Government repeats the advantages, to India and to the army, of the appointment of a certain number of selected military assistant surgeons as civil surgeons; and in the third and concluding paragraph states, in the following words, that some increase in the strength of the Indian Medical Service is inevitable.

"3. There are several proposals pending before us for an increase of the civil cadre of the Indian Medical Service, which we shall hereafter submit separately for Your Lordship's orders. In all these cases we hope that we will be able to show that, looking to the work to be done, the services of Indian Medical Service officers are indispensable. In view of the growing medical needs of the country which necessitate the employment of a larger staff of medical officers, some expansion of the Indian Medical Service is inevitable, and such expansion should not, in our opinion, be regarded from a different standpoint from the enlargement of any other cadre in response to the development of the work to be performed."

LETTER OF GOVERNMENT OF INDIA TO PROVINCIAL GOVERNMENTS.

The last paper is a letter, dated May 23rd, 1913, from the Government of India to the provincial governments on the subject of medical registration and the suppression of bogus degrees and diplomas.

MOTOR AMBULANCE DEVELOPMENTS.

BY H. MASSAC BUIST.

THE NEED FOR STANDARDIZATION.

A STUDY of the miscellaneous efforts that are being made with the common and wholly laudable aim of further relieving suffering by the provision of adequate supplies of motor ambulances for our forces at the front, suggests the urgency for cohesion and centralization. Too many appeals are being made. To judge from not a few examples of what has materialized, it must regretfully be concluded that in a vast number of cases ambulances of a kind, certainly not the most suitable, have been produced. Far from the trouble of overhang—to which attention was drawn in these columns many weeks ago—being overcome, later examples seem to point to the fact that in many cases stocks of short wheelbase chassis have been "worked off" and fitted with ambulance bodies, two-

thirds of which project beyond the back axle. Were all the efforts centralized and supervised by one authority, there would be no opportunity for any mistakes of this sort to occur—far less to be repeated—because anybody who was trying to “work off” chassis of unsuitable length would be checkmated before his plans had materialized.

In the meanwhile the British Red Cross Society, which is dealing with this matter in a really businesslike fashion, has not been content with mere theorizing as to what is or is not a suitable type of motor ambulance. It has made very careful study of how the first machines sent out answer under the actual conditions of field service in France and Belgium. As the result of this study, which has produced much knowledge concerning the possibilities of the motor ambulance, the Society has modified the specification of its requirements, with results that are portrayed in practical form in *Cooper's Vehicle Journal*. That organ has been requested by the Society and by the Engineering Department of the Royal Automobile Club that examines its chassis and complete ambulances before they are sent abroad, to print drawings of the types of body now approved. These embody the Red Cross Society's modified standard specifications, the drawings being supplied, together with all particulars, by the journal in question at 104, Long Acre, London, to motorists who offer their cars for ambulance work. Before giving orders to local coachmakers, therefore, particular care should be taken that these specifications are faithfully adhered to, because all the modifications embodied in them are the result of experience on active service in France. The designs, moreover, are suitable to various forms of chassis and sizes of motor ambulances, some being for two, others for four stretcher bodies.

SUPPORTED IN PLACE OF SUSPENDED STRETCHERS.

The chief point of departure in the modified design is that the stretchers are supported and are no longer suspended. Methods of spring support or suspension have been discarded. The lower stretchers rest on the floor-board of the vehicle, and the upper on ledges, shelf fashion. The central pillars supporting the two inner ledges are carried quite down to the floor of the well of the car.

Experience at the front has confirmed what was written in these columns in anticipation at the outbreak of war concerning the disadvantages of overhang. This has been found to cause very appreciable trouble in early vehicles. Hence it is the more to be regretted that later ones sent by some organizations to the front have this fault in very pronounced degree.

In the new designs the Royal Automobile Club's engineers have stipulated that four-stretcher bodies may be fitted only to chassis affording a minimum length of 6 ft. 3 in. from the steering wheel to the centre of the back axle. Thus, in the modified design now approved by the British Red Cross Society, the overhang, that is to say the projection of the ambulance behind the back axle, in no case exceeds 2 ft. 9 in. Even that is too much for the ideal. Unfortunately, we have in large measure to improve our motor ambulance service for this war; therefore we have to make the best use possible of the chassis available.

AMBULANCE BODIES LAST ONLY TWO MONTHS.

The necessity for good suspension and reduction of vibration will, perhaps, be better realized in this country when it is stated that the work which the ambulances have to do at the front is so rough that it is not expected that the wearing life of the coachwork will be much longer than a couple of months. This does not mean that each motor ambulance is utterly done with in that period. On the contrary, after slight readjustment, the chassis are good for very much more service. But the coachwork springs and warps, therefore new motor ambulance bodies are needed very frequently. Medical men can do good work by bringing some of these facts to the notice of those they encounter who are interesting themselves in this splendid effort to save valuable lives and reduce suffering to a minimum. Each chassis sent to the front should be capable of being fitted with a succession of new bodies as each is rendered unsuitable by the racket of active service conditions.

TYPES OF CHASSIS NEEDED.

It should also be widely understood that there are nothing like a sufficient number of motor ambulances for the immediate needs of the campaign. The information as to the rapidity with which these vehicles wear out will make it abundantly plain that redoubled efforts must be made to increase the number of motor ambulances. In some districts omnibus chassis have to be employed for carrying the worst cases. Considering the rough nature of the country often to be traversed, it will be appreciated that vehicles so hardly sprung are scarcely ideal for the purpose.

In the beginning certain well-meaning folk seemed to have the idea that any old chassis they could spare was good enough; whereas the truth is that it is no use sending out a chassis other than one in thoroughly sound condition, of modern design and thoroughly standardized type, so that there may be no difficulty about spare parts for any minor feature of it that may develop a defect.

As far as chassis are concerned, the ideal method would be to employ as small a variety of types as possible, each convoy being made up of a common type of chassis so that the travelling workshop that ought to be provided with every convoy would only have to carry sets of parts for one sort of chassis. In this respect the problem is exactly the same that obtains in regard to other portions of the mechanical transport services, including those of the ammunition and commissariat columns and the motor equipment of the Royal Flying Corps. Undoubtedly, in future warfare, we shall have a standardized type of chassis for ambulance work only. That type will be reproduced in every example employed by a given army in a campaign. This will enormously simplify the problem of stores and spares. The campaign has already illustrated in quite other branches of motoring than ambulances that by far the greatest wastage of motor vehicles is sustained merely through multiplicity of types. Often chassis are to be found abandoned on the roads in the most extraordinary numbers for need of some little part that has failed, which weighs only a few pounds, which often costs only a few shillings, but a spare example of which does not happen to be available, therefore a vehicle costing anything up to £750 is perforce cast on one side. These are among the valuable lessons of the war we are learning by which to profit not only as the campaign progresses, but also, and in more absolute fashion, in our equipment for future campaigns. Of course, should the campaign be much prolonged, such a misfortune might itself provide the margin of time in which to produce a complete equipment of motor ambulances designed throughout in the light of actual experience in the field. In the meantime the manner in which the war is spreading is such as to leave no leisure for designing and building motor ambulance chassis as chassis; therefore the most intelligent compromises possible must be made by putting the most suitable sorts of ambulance bodies on the likeliest varieties of touring-car chassis.

DURING the three weeks ending November 5th ten cases of plague and nine deaths from the disease occurred at Mauritius.

The past and present members of the scientific staff of the Rockefeller Institute for Medical Research, New York, gave a dinner to Dr. Simon Flexner on October 16th in celebration of the tenth anniversary of the opening of the laboratories under his direction. Dr. S. J. Meltzer presided, and a short address engrossed on parchment and signed by the members of the staff, was presented to Dr. Flexner. Among the speakers were Dr. W. H. Welch, Dr. Hideyo Noguchi, Dr. Jacques Loeb, and Dr. Flexner.

A FREE public issue is now being made by the British Fire Prevention Committee of the necessary “Fire Warnings” for emergency hospitals, convalescent homes and refugee hostels. They are small red posters measuring 8 in. by 20 in., embodying useful reminders and hints as to matches, smoking, illuminants, open fires, stoves, the use of spirit, celluloid, etc. Copies are supplied upon written application to the Registrar of the Committee, 8, Waterloo Place, Pall Mall, S.W., stating the number of beds or number of refugees which the applicant has to deal with. Summarized translations in the Flemish and French languages, on posters of a somewhat smaller size, will also be provided on request.