THE REPORT OF MR. BRODRICK'S COMMITTEE.

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II.

LET me next draw attention to one or two points in the report in which more information is needed. First regarding the specialist appointments. These are to be given on the strength of an examination in which 70 per cent. of marks have been obtained. But does this indicate more than the capacity to assimilate and reproduce the contents of some popular textbook, and is no evidence of further training to be required? And when the captain or major is labelled with the qualification to treat the eye or the skin, or to pull teeth or inspect drains, how is this exceptional skill to be maintained in full working order in the absence of opportunities for its practical use. And is this superior guild of practitioner to condescend to ordinary work in the intervals of special, or are they to be kept in reserve to be turned loose upon hospitals and stations in occasional need of their help?

I am next rather perplexed at the suggestion in Paragraph 3 that a military hospital and medical staff college should be constituted without delay. It seems to me that the early lessons of discipline and *esprit de corps* can be perfectly well learnt at Netley, where candidates will have the additional advantage of seeing chronic cases of wounds and tropical diseases which are sent there from abroad, and the idea of a military hospital must be founded on the delusion that there is any essential difference between the diseases of civil and military life. Under the short service system, the army doctor has to keep in health and to treat young, picked, sound men, free of course from degenerative changes and subject largely to enthetic disease, the most serious developments of which are held over until he retires into private life, and to various acute disorders affecting the chest and throat, acute rheumatism and occasionally the exanthemata, and these, with attendance on the women and children of the station, will partially meet the suggestive, though at this stage slightly obscure, exception made in Paragraph 4 of my friend, Professor Ogston's, very practical protest.

I must confess also to feeling much surprise that any experienced army surgeon should have authorised the suggestion to treat soldiers as out-patients. Any student of human nature in general and of Tommy Atkins in particular should, I think, have foreseen the complications and difficulties to which this must give rise.

Finally, and perhaps this ought to have come first, I do not quite understand the machinery by which a prospective candidate obtains his nomination, nor do I like the system as much as the old competition, at once the rule and the glory of our English life, which places practically every career and opportunity within the reach of all competent people. It seems to me like taking a step backwards to substitute for the open door free to all, and the earlier passage through which was creditable to the student and his school, a plan by which the young fellows who can attain the favourable notice of their deans are to be shoved ahead of those more retiring or less attractive people, who have been unable to press to the front in the crowd of a big university or hospital.

If Government apologists were asked their reasons for immersing prospective candidates in this hotch-potch of civil and military ingredients, I presume their answer would be that they hoped in this way to get into sympathetic touch with the medical schools, and persuade good men to join the service. I should indeed be rejoiced if I thought this were likely to come about. My impression is that the newly-fledged practitioner is pretty wide-awake and capable of taking care of himself, and that unless the terms offered seem to be fairly satisfactory he will not be persuaded to go against his better judgment even by the advice of his teachers; and I hope I am not too cynical when I hint that he may look with some suspicion on the persuasions of the Advisory Board, who after all must be regarded as the paid official defenders of a system which they themselves have helped to create.

Let me add that as these recommendations have to be worked into practical shape by this ubiquitous and all-em-

bracing Board, is it safe for qualified medical men to take the shilling before they know definitely what their future conditions of service are to be?

It is an old story to tell once more why the Army Medical Department has fallen away from its old position of popularity, but perhaps it may not be entirely useless to sum up the reasons under some brief heads:

1. The want of consistency and stability in official dealings with the Department, the perpetual shuffling of warrants and regulations, cutting off privileges, taking away with one hand what was given with the other, until the unfortunate surgeon half-way through his career sees retrospective force given to new conditions which break those on the strength of which he joined, and casts his eye over a blank and monotonous future.

2. The various social drawbacks to which I have already referred, and which are considered highly important by some of my most experienced correspondents.

3. The treatment of the late Director-General. The Secretary of State may have thought it spirited and prudent to make a scapegoat of some one, and to choose the line of least resistance along which effective remonstrance was unlikely to travel. But I hope that he was undeceived by the dinner at which the leaders of the medical profession assembled to do honour to Dr. Jameson, and to protest against his scurvy supersession without the decoration invariably awarded to his predecessors; and he got and took the opportunity of giving a conclusive reply to the accusations of those who tried to make out that he and his department were responsible for the medical confusion during the latter part of the war.

4. The imperfect and grudging recognition of the services of the medical staff. All competent observers, including foreign *attachés*, admitted their skill and devotion, and the success that attended their efforts, until military exigency, which could have neither been foreseen nor avoided, brought about pressure and difficulty which were inherent to the necessities of the hour; and although grave and admitted mistakes were made by those in high military authority, official inquiry was restricted to the poor doctors, as though they were the only people to blame. And when the President of the College of Physicians and his colleagues in their calm judicial summing-up exposed the difficulties of the situation, and the devoted way in which they had been met by those in medical control, we all remember what happened. The report was called a whitewashing one; the insinuation was freely made that a set of high-minded professional men were sent out for the express purpose of screening defects, and absolving officials from blame, and weakly yielding to popular clamour. The authorities of the War Office have never, in my hearing at least, said a single word of cordial appreciation of the services of the distinguished body of men who, at great personal inconvenience and some risk, went out to South Africa to do their work. Further comment on all this is unnecessary, but these things have made a deep impression on the minds of the medical profession, and will not be soon forgotten.

SCOTTISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE annual meeting of the Scottish Poor-law Medical Officers' Association will be held at the St. Enoch Station Hotel, Glasgow, on Friday, January 17th, at 5 P.M., when the report of the Committee will be presented and office-bearers elected.

The report states that the Bill of the Association to amend the Local Government (Scotland) Act was again introduced into Parliament last year, and read a first time, but did not reach a second reading. During the absence of Mr. Cross, M.P., Mr. J. Cathcart Wason, M.P., took charge of the Bill, and presented to Parliament the petition, to which over 200 members of the Scottish Poor-law Medical Officers' Association had attached their names. Mr. Wason also drew up and presented to Lord Balfour of Burleigh, the Scottish Secretary, a petition signed by the majority of Scottish members of Parliament from both sides of the House, setting out that Scottish medical officers only asked that they should enjoy the same fixity of tenure as their