of open-air living. In a year or so there will be an opportunity of drafting off suitable cases to the new hospital at Northwood.

The efficiency of the institution in regard to the hygienic education of patients has been increased during the past year by the adoption of another method of collecting the sputum, and one which can be carried out by the patients themselves later. Each patient is now provided with a Dettweiler's sputum flask during the day, and these are thoroughly disinfected each night in order to be ready for use the following day, the patients retaining their respective flasks throughout their stay. The paper handkerchiefs formerly given out for the purpose of receiving the expectoration are still provided for more limited use, and all the patients are required to use them in place of their own. Sputum and handkerchiefs alike are burned each day to ensure thorough destruction of all possibly infective matter. The patients are thus taught to use these flasks and keep them clean while in hospital, so that, when on leaving they obtain one for their own use at home, as they are all urged to do, they are able to observe the same methods, and so to avoid risk to their friends and further danger to themselves. A steam disinfectant has been provided, in which all personal and bed clothing is efficiently rendered innocuous before being sent to the laundry. Of 448 cases under open-air treatment, 103 were much improved, some of them being practically cured and leaving the hospital without any symptoms or physical signs of disease; in 206 there was distinct improvement, in 79 slight improvement, 33 were discharged *in statu quo*, 22 were worse, and 5 died.

SOUTH WALES AND MONMOUTHSHIRE.

An appeal has been sent out widely by the Executive of the South Wales and Monmouthshire Branch of the National Association for the Prevention of Tuberculosis to people in the counties of Glamorgan, Monmouth, Brecknock, and Radnor, and has been responded to in a very encouraging way. The following have become donors to the branch, each of five guineas: Colonel H. Davies-Evans (Lord Lieutenant of Cardiganshire), Dr. A. Garrod Thomas (Newport), Mr. Clifford T. Cory, Mr. F. W. G. Gore (Courtyrala), Colonel H. Oakden Fisher, Dr. Lewis W. Morgan, J.P. (The Hafod, near Pontypridd); and the two following gentlemen each sent a guinea: Dr. D. J. Richards (Risca), and Dr. Evan Jones (Aberdare). There is also an addition of forty to fifty fresh "ordinary" subscribers. Circulars have been sent out relative to spitting to managers of railway, omnibus, and tramway companies, and to sanitary authorities, urging the adoption of the voluntary notification of phthisis.

ADIRONDACK COTTAGE SANATORIUM.

In the seventeenth annual report of the Adirondack Cottage Sanatorium, Saranac Lake, New York, dated November, 1901, Dr. Edward L. Trudeau, to whose efforts the sanatorium owes its origin and continued prosperity and usefulness, states that two new buildings have been erected during the year. The Louise Childs Memorial will accommodate ten bedridden patients who can undergo the open-air treatment on its broad, sheltered verandah. A new cottage, the Eugene Hoffman Memorial, accommodates four patients. The number of patients treated during the year ending November 2nd, 1901, was 263, of whom 124 were discharged apparently cured or with the disease arrested after an average of about six months' residence. Only 1 patient died, 5 failed to improve, and in 4 the result was doubtful. Five patients were treated by injections of "modified" tuberculin in conjunction with the usual open air and climatic plan, and all improved, the disease being arrested in four of these. The number of applicants for admission has continued to increase, and there has been a long waiting list almost throughout the entire year.

THE CONSUMPTION OF TOBACCO.—According to recent statistics, the average consumption of tobacco by each person in the various countries of the world is as follows:—Netherlands, 3,400 grams; United States, 2,110; Belgium, 1,552; Germany, 1,485; Australia, 1,400; Austria and Hungary, 1,350; Norway, 1,335; Denmark, 1,125; Canada, 1,050; Sweden, 940; France, 933; Russia, 910; Portugal, 850; England, 680; Italy, 635; Switzerland, 610; and Spain, 550.

THE NEW ROYAL WARRANT FOR THE ARMY MEDICAL SERVICE.

THE following report of the Subcommittee of the Parliamentary Bills Committee on the Royal Medical Warrant of March 24th, 1902, was accepted by the Council of the British Medical Association on April 16th, and directed to be printed in the **BRITISH MEDICAL JOURNAL**:

The Subcommittee are glad to report that, taken as a whole, the new Royal Medical Warrant offers distinct advances in the organization of the Army Medical Service.

They view with satisfaction that several of the more important of the recommendations made by this Committee in December last to the Council of the British Medical Association, and submitted to the War Office, have been adopted; while other of the recommendations of Mr. Brodrick's Committee, to which they took strong exception, have been omitted.

They do not now propose to analyse the provisions of the Warrant in detail, but remark that, where adverse criticisms are not herein expressed towards any of the Articles, general concurrence may be inferred.

They, however, express much satisfaction in the enhanced status of the Director-General in rank, position, and emolument. As a member of the War Office Council and Army Board, he will now be able to exercise an important and beneficial influence not only on the efficiency of his own department, but of that of the Army at large in all that relates to its sanitation.

They commend the endeavour to lift promotion out of the dead rut of seniority, and to place it better within the reach of the more capable and energetic members of the medical service.

They regard the increase of pay, with one exception, as liberal and equitable; especially is charge, special, and brevet pay an immense advance on previous Warrants.

The points on which the Subcommittee would offer specific criticism are as follows:

Article 347.—Appointments will be made on the recommendation of the Commander-in-Chief to duly-qualified persons under regulations approved by the Secretary of State. It is hoped that under this regulation only a thoroughly eligible class of men will be nominated, and that the regulations promised will be judicious.

Article 349.—It is hoped that in the seconding of Lieutenants herein proposed, due provision will be made that the establishment of officers is not thereby unduly reduced. Otherwise, certain less favoured officers may, in an undermanned establishment, be made to do the duty of men who receive a gratuity of a year's service towards promotion and pension, etc.; thereby, while of doubtful value to the State, likely to cause much heart burning and discontent in the service.

Article 349a.—In order to provide for the wastage due to the employment of Lieutenants on probation as Resident Medical Officers in Civil Hospitals (par. 349), to the possible failure of Lieutenants on probation to take up their commissions, to non-effectives from sickness and other causes, two or three additional Lieutenants on probation should be appointed above the number required to complete the establishment—any excess being absorbed as vacancies occur.

Article 351.—This seems indifferently drafted; an officer need not "complete at least 20 years' service" to be selected for Lieutenant-Colonel; he may have attained it in 18½ years through examination as in the paragraph following.

Article 352.—The Subcommittee think the "distinctions" herein made in the quality of the examinations passed are too distinctive, and that instead of four there should only be two or three—

- 1st. A special certificate.
- 2nd. A pass—first class.
- 3rd. A pass.

Also that brevet promotion and extra pay would be fairer than substantive promotion, as many men might not have the same opportunities for study as others, and would thus be superseded through no fault of their own.

Article 354.—They consider that an officer in his examina-

tions herein should be placed in no worse position than another under Article 361, and that a recasting of the Article is desirable.

Article 357.—They consider that, viewing the privileges of medical officers in the Household troops, when one is promoted to the rank of Colonel for distinguished service in the field, he should be seconded, and in italics, in order that a step may not be lost to those in the general medical service who bear the burden of service abroad.

Article 360.—They offer no comment on the limitation of the appointment of the Director-General for 3 years, provided such is the rule in other branches of the War office, but object to it if it is an exception.

Article 365.—In this very important Article the point to which the Committee take strong objection is the pay of Colonels. All ranks have shared in an increase of pay except this important one. The result will be, and they believe already is, that a Lieutenant-Colonel in charge of a hospital of 100 beds draws equal pay to the Colonel under whom he may be serving, that is, the P.M.O. of the district; one in charge of 200 beds 2s. 6d. more daily; and one in charge of 300 beds 5s. a day more. It must also be remembered that in the future Colonels unpromoted at 57 are to be retired, thus depriving them of three years' full pay, or about £1,200. To meet this very obvious anomaly they propose the daily pay of a Colonel should be £2 5s.

Article 370.—They consider that this Article will, in all probability, prove futile towards the formation of a Reserve; but if it should possibly come into operation, it will be found absolutely unworkable. Past experience has shown that few medical men who enter the Army desire to leave it at an early stage of their career therein. The attempt some thirty years ago to get medical men to enter the Army and retire on £1,000 gratuity after ten years' service, thereby saving pensions, proved a total failure. They cannot think this regulation will now prove different; no man, with foresight, would elect to retire at three years' service on a nominal retaining fee of £25 per annum, to be handicapped for seven years with liability of recall, in any settlement of civil practice. If he wished to leave the service he would probably resign his commission altogether, for it cannot be supposed this right hitherto is to be denied, and men forced into a Reserve. But, supposing Lieutenants did so elect to retire, unless they are to be kept at home, which seems an impossibility, the dislocation of the foreign service roster would seem complete. Supposing a Lieutenant elects to retire at three years and is serving abroad, who is to pay his passage home, and of his relief going out? Such a vista opens up endless confusion and expense, with no prospect of advantage either to individuals or to the State.

Article 383.—It may well be asked, If promotion in the general service to Lieutenant-Colonel is to be made strictly by selection, why should it be by "seniority" in the Household troops? Are these officers to be "privileged" so as not to be subjected to the same tests as their brethren?

The above criticisms apply strictly to the terms and provisions of the Royal Warrant itself, which the Subcommittee are aware cannot embrace collateral issues, even if of much importance.

Among these which will largely affect the efficacy of the Warrant are the regulations and instructions promulgated from time to time.

One of the most important is the fixing of Establishments, so vitally affecting the incidence of foreign service, general duty, ordinary leave, and study leave. No Warrant can popularize an undermanned service.

Another is the question of Indian pay, which constantly affects one-third of the entire Army Medical Service, or no less than 335 officers. There can be no effective rehabilitation of the service with this question unsettled.

Finally, they feel compelled, with regret, to advert to matters affecting the social status of medical officers. On two recent ceremonial occasions the rank even of Surgeon-General was entirely ignored; a service so treated can never be popular; while again the King's honorary surgeons and physicians (members of the Household) are never invited to State functions.

J. B. HAMILTON,
Chairman.

April 14th, 1902.

ROYAL NAVY MEDICAL SERVICE.

NEW REGULATIONS FOR THE ENTRY OF CANDIDATES FOR COMMISSIONS.

We have been favoured with an early copy of these new regulations, and propose in the first instance to deal with some of the most important of them for the information of the profession as a whole, and especially of possible candidates for entry into the Medical Service of the Royal Navy, reserving for subsequent consideration a more detailed examination and comparison of them with those for the Army Medical Service, as indicated in the recent Royal Warrant for that service.

The regulations as to professional and personal qualifications for admission into the Medical Department of the Royal Navy are unchanged, and will be found in our Educational Number of August 31st, 1901.

Examinations.

The examination for entry has, however, been reformed in accordance with modern ideas as to the examination of qualified medical men. The changes are indicated in the accompanying table:

SUBJECTS FOR EXAMINATION FOR ENTRY.

Old.	Compulsory.	New.	Marks.
The entrance examination consists of two parts; in Part I, <i>Compulsory</i> :			
(a) Medicine, including therapeutics and the diseases of women and children (marks 1,200).	(a) Medicine, Materia Medica, Therapeutics, and General Hygiene...	...	1,200
(b) Surgery (1,200).	(b) Surgery and Surgical Anatomy ...	...	1,200
(c) Anatomy and Physiology (600).	The examination in Medicine and Surgery will be in part practical, and will include, beyond papers, the examination of patients, the examination of pathological specimens, a knowledge of bacteriology, the performance of operations on the dead body, and the application of surgical apparatus. The attention of candidates is especially drawn to the importance of the section of Operative Surgery, as a competent knowledge in this subject is essential in order to qualify for a commission.		
(d) Chemistry and Materia Medica, with a practical knowledge of drugs (600).	No candidate shall be considered eligible who shall not have obtained at least one-third of the maximum marks in each of the above compulsory subjects.		
The examination in Medicine and Surgery will be in part clinical, and include the examination of pathological specimens and Operative Surgery on the dead body to which great importance is attached. The examination in Chemistry will be limited to the elements of the science, and to its application in medicine, pharmacy, and practical hygiene, and that in Materia Medica will include a knowledge of the physiological actions and therapeutical use of drugs.	<i>Voluntary</i> : Candidates may be examined in the following voluntary subjects, for which the maximum number of marks obtainable will be :		
Part II <i>Voluntary</i> , consists of two divisions :	Marks.		
(a) French and German (200 marks each) ; a knowledge of modern languages being considered of great importance, all candidates are urged to qualify in them.	Natural Sciences :— Chemistry (300) ; Physiology (300) ; Zoology (300) ; Botany (300) ; Geology and Physical Geography (300) ...		
(b) Natural Sciences (Zoology, Botany, Physics, Geology, and Physical Geography (300 marks each) ; the two latter subjects are combined for the 300 marks.	600		
Candidates will be examined in not more than two of these sciences. Candidates who qualify in the compulsory subjects by obtaining a minimum of one-third of the maximum marks attainable will be allowed to count marks in those of the two <i>voluntary subjects</i> only in which they obtain one-third of the maximum marks for each.	No candidate will be allowed to present himself for examination in more than two of these subjects.		
	French and German (300 each) 600		
	A number less than one-third of the marks obtainable in each of these voluntary subjects will not be allowed to count in favour of the candidate who has qualified in the compulsory subjects.		
	The knowledge of modern languages being considered of great importance, all intending competitors are urged to qualify in French and German.		

The new regulations specify also that

The examination in Chemistry will include the general principles of inorganic and organic chemistry; the preparation and properties of the chief non-metallic and metallic elements and their compounds; the preparation, properties, and classification of the more important compounds, such as marsh gas, ethylene, acetylene, methyl and ethyl alcohols, glycerine, ether, formic, acetic, lactic, and oxalic acids; cyanogen and cyanides; carbohydrates; fats; proteids.

The examination in Physiology will comprise the minute structure and functions of the various tissues and organs of the body; the physiology of the blood; the nature of food and the processes of its digestion; the mechanics of the circulation and of respiration; the physiology of nutrition, secretion, and excretion; animal heat; the nature of sensation, volition, reflex action, inhibition, and influence of the nervous system on other organs and their functions.