SIR,—Although there is but slight probability that the suggestions in either the Majority or the Minority Report will become law at an early date, your leading article suggests a wide field for discussion.

Dr. Lyster's experience can hardly be derived from the Home Counties, or he would not have made such sweeping assertions as to the position of medical officers of health in rural and small urban areas. I can assure him that many of us (at all events, those devoting our whole time to the work) are heads of our departments, are treated with the greatest respect and courtesy by both our local authorities and their clerks, and have as much control over our sanitary inspectors as we can legitimately expect or require. If a medical officer of health has acquired practical as well as book knowledge, and possesses the knack of dealing with men, he need have little fear on these scores—at all events, in some parts of England. Sanitary inspectors, like all other officials, vary; my experience of them is that most are reasonably reliable and efficient—at least, the younger generation of them.

We have, of course, among our grievances, that of insecure tenure—a matter which might have been dealt with once and for all by the present Government, had they so chosen, in the Housing and Town Planning Bill, and it was not for want of support from their own side of the House that they failed to do so. To remedy this it is suggested that we shall either receive "full compensation" or become "local assistants" to the county medical officer. The former alternative is not attractive to whole-timers, since the compensation is never adequate under such circumstances, while—speaking for myself and many of my colleagues—we have not the slightest desire to be assistants to any medical officer of health—county or otherwise.

At present we are responsible executive officers who can control our own comings and goings, and we should be sorry to account for our actions to an official who might be junior in age and experience, and who might perhaps have never held an important executive appointment. Presumably, we should not even be assured of the humble salaries that we now draw. It is not difficult to conceive that a county council, after providing for a chief and one or two principal assistants, would consider £250 a year adequate for the hosts of assistants that would be required for the sanitary, education, and other functions of the department.

Dr. Lyster criticizes Dr. Downes's scheme as taking away from the medical officer of health many of his present interests. With the possible exception of the education work, surely this suggestion is fanciful? Even as regards the inspection of school children, at the present time it is by no means every education authority that has availed itself of the services of the medical officer of health, and, until the recent Act was passed, the number of medical officers of health who undertook such work could almost have been counted on one's fingers. Did the remainder find time hang heavy?

The Minority Report must strike some who have had experience of administration on a large scale as the scheme of a visionary whose idea is centralization, but who has no knowledge of what practical and efficient supervision of such an enormous number of subjects, many of them demanding prompt action, by one individual would involve in county areas, at all events outside that of London. It is difficult to believe that it would lead to efficiency; it would be much more likely to lead to interminable delays and red-tapeism.

Even in some large towns with which I am acquainted it has proved desirable to decentralize the water, sewage, and general engineering departments, formerly under one management, but now under separate responsible heads, to the great benefit of the community. If this be so in a town with its compactness, with its common interests, and with this comparatively small field of energy, how much more is it likely to be true in a county of considerable area composed of all types of communities, and ranging over so vast a field of activity as is suggested by the authors of the Minority Report!

The field is so extensive and the number of meetings of the councils and their committees would be so great that the present constitution of these authorities would have to be entirely changed. It may be possible for a man of affairs to attend his numerous committees in a town with

reasonable regularity, but it is entirely different in a county, where a member may not be able to reach his home the same day if he stays till late in the afternoon. Hence it is doubtful if men who had other occupations could find time to serve on county councils.

The alternative would be for the administration to become a mere bureaucracy—perhaps an advantage in some respects, but entirely contrary to popular notions of local government.—I am, etc.,

September 27th.

M.O.H. TO A COMBINED DISTRICT.

COURT-MARTIAL ON A FLEET SURGEON.

SIR,—The thanks not only of the Naval Medical Service, but of the entire medical profession, are due to you for your outspoken editorial on the scandalous prosecution of Dr. Charles Geekie Matthew. I hope also that the matter will form the subject of a question in the House of Commons.

As an old naval surgeon I know to my cost how very true your words are. As a rule, to which there are few exceptions, every self-respecting naval surgeon leaves the service as soon as he can possibly afford to do so. When I resigned my commission I was holding a special appointment with a house and extra pay; but even this, and the fact that the Director-General himself pressed me to stop on, and I think I can truthfully say, it was hinted that I was about to receive special promotion—even in spite of all this I resolved to be one of the many who prefer the self-respect of multi to the glittering gold stripes, which in a naval surgeon's case mean nothing.

When the navy makes up its mind to treat doctors properly, it need not fear for the qualities of those members of the medical profession who enter its service.—I am, etc.,

Sevenoaks, Sept. 25th.

GERALD SICHEL, F.R.C.S.

SIR,—With all respect, I think that the tone of your article (p. 901) on this unhappy incident is greatly to be deplored, and that you are not promoting the welfare of the Naval Medical Service by trying to deter the best men from entering it. You must know that this case is most exceptional. The normal relationship between the medical and executive officers is excellent. They are generally the best of friends, as was evidenced even in this court-martial, where the witnesses in the defendant's favour were the captain and a lieutenant. The current number of the BRITISH MEDICAL JOURNAL affords a striking instance of the friendship generally existing between the medical and executive officers, where, on p. 881, a lieutenant and a surgeon combine to write a paper on a subject each is equally interested in. The Naval Medical Service has been brought to a high state of professional efficiency under our present able Director-General, and we do not want to throw it open to the wasters of the medical schools. It is a splendid service, and no one need regret joining it either from a professional or a social point of view. With the best of companions (and who so popular as the average naval officer?) one sees the world; the opportunities for visiting foreign hospitals and studying rare diseases are to be envied; whilst the naval hospitals are up to date, and the work done in them is of a high order, as may be seen from a study of the operation tables in the Statistical Report of the Health of the Navy which has just been published. It would therefore be most deplorable if this wretched case should prejudice the entries into the senior service, whose glorious traditions are shared alike by all naval officers, in whatever branch they are serving.—

September 25th.

ANOTHER FLEET SURGEON.

We may point out that no charge was made against the bulk of the executive officers of the navy, who are generally level-headed and sensible. The article was directed against a certain class which it is evident does exist, or this "unhappy incident," as it is termed, would not have occurred. No one can read the evidence as reported without indignation, and not to resent such an occurrence would indicate a lack of self-respect which is happily not wanting in the majority of medical officers. Rhetorical commonplace about the "glorious traditions of the senior service" will not ameliorate the unfortunate conditions under which medical officers sometimes have to serve, and professional ability in hospitals will not make up for arbitrary