THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Fleet Surgeons: R. F. Bate, to the *Commonwealth*, on recommissioning; M. L. B. Rodd to the *Mars*, on recommissioning; E. T. Meagher, to the *Emerald*, additional, for Haulbowline Yard; and G. T. T. Bishop, to the *Cumberland*. Staff-Surgeon: H. S. Burniston, to the *Britannia*. Surgeon: S. F. Dudley to the *Commonwealth*, on recommissioning; T. R. L. Jones, F. G. H. R. Black, C. F. Bainbridge, and F. W. Quirk, to the *Vivid*, additional, for disposal; G. T. Verry, W. A. H. McKerrow, F. G. Hitch, A. V. J. Richardson, S. L. McBean, and A. C. Wilson, to the *Victory*, additional, for disposal; G. R. McCowen, E. J. H. Garstin, and W. Mearns, to the *Pembroke*, additional, for disposal.

ROYAL ARMY MEDICAL CORPS.

Major G. A. Moore has been appointed a specialist in laryngology to the Eastern Command. Captain T. J. Potter has been appointed to the Queen Alexandra Military Hospital, at Millbank, as clinical pathologist.

TERRITORIAL FORCE.

Yeomanry.

Berks (Hungerford): Surgeon-Lieutenant Maurice W. Coleman resigns his commission (dated April 30th, 1909).

Royal Field Artillery.

2nd South Midland Brigade: Surgeon-Captain George H. Rutter resigns his commission (dated March 31st, 1909).

Royal Army Medical Corps.

3rd South Midland Field Ambulance: Lieutenant Bertram M. H. Rogers to be Captain (dated April 8th, 1909).

London Mounted Brigade Field Ambulance: Hugh Stanley Beadles to be Lieutenant (dated March 5th, 1909).

1st South Midland Mounted Brigade Field Ambulance: John Milne Dalrymple to be Lieutenant (dated April 6th, 1909).

2nd London Sanitary Company: Lieutenant Walter F. Corfield to be Captain (dated March 30th, 1909). Peter Caldwell Smith to be Captain (dated March 30th, 1909).

For attachment to Units other than Medical Units.—Surgeon-Captain Edward Gray, from the 2nd Cheshire (Railway) Royal Engineers (Volunteers), to be Captain, with precedence as in the Volunteer Force (dated April 1st, 1908). William James Hoyten to be Lieutenant (dated April 21st, 1909).

VOLUNTEER CORPS.

Infantry: 2nd Volunteer Battalion, The King's (Liverpool Regiment): Surgeon-Lieutenant William H. Broad resigns his commission (dated March 31st, 1908).

*†*Royal Army Medical Corps*: London District, London Companies: Lieutenant Allan C. Parsons resigns his commission (dated March 31st, 1908).

DEATHS IN THE SERVICES.

Brigade-Surgeon Lieutenant-Colonel James Wilson, retired pay, late Army Medical Department, on May 15th, aged 73 years. He entered the service as assistant-surgeon in 1858 and reached the rank of surgeon-major in 1873. In 1889 he was appointed brigade-surgeon and retired in 1891. He served with the Hisarak expedition in Afghanistan in 1878–80 (mentioned in despatches and medal) and in Egypt in 1882 (medal and bronze star).

DEATH OF AN INDIAN MUTINY VETERAN.

Dr. William Wotherspoon Ireland of Musselburgh who died on May 17th, in his seventy-seventh year, was at one time attached to the Bengal Horse Artillery as assistant-surgeon, and at the siege of Delhi was dangerously wounded and lost the sight of one eye.

THE TENURE OF ROYAL ARMY MEDICAL CORPS APPOINTMENTS.

The following is the full text of the communication to which we referred in our last issue and which appears in the May number of the *Journal of the Royal Army Medical Corps*:—

1. The tenure of the undermentioned Royal Army Medical Corps appointments is as noted.

(a) For three years but which may be extended to five: Royal Hospital, Chelsea (*); Royal Hospital, Kilmainham (*); Duke of York's School; Army Clothing Department, Pimlico; D. Block, Netley; Army Medical Stores, Woolwich (Q); Army Medical Stores, Dublin (Q).

(b) For four years: Staff at War Office (*); Royal Army Medical Corps School of Instruction, Commandant and Officer Commanding Depot, Royal Army Medical Corps; Instructor Training School; Assistant Instructor Training School; Instructor School of Army Sanitation; Commandant Royal Army Medical College (*); Professors Royal Army Medical College (*); Adjutants Territorial Force (*); Staff Officers to Principal Medical Officers; Medical Officer in Charge, Royal Military College, Sandhurst; Medical Officer in Charge, Royal Military Academy, Woolwich; Medical Officer in Charge, School of Musketry, Hythe.

(c) For three years: Members of Army Medical Service Advisory Board; Medical Inspectors of Recruits; Senior Recruiting Medical Officer, London District; Sanitary Officers of Commands, and London District; Officers Commanding Companies, Depot, Royal Army Medical Corps, Aldershot; Adjutant Depot, Royal Army Medical Corps, Aldershot; Medical Officers, Royal Arsenal, Woolwich; Embarking Medical Officer, Southampton.

Officers in Charge: Royal Victoria Hospital, Netley; Surgical Division, Royal Victoria Hospital, Netley; Medical Division, Royal Victoria Hospital, Netley; Royal Herbert Hospital, Woolwich; Medical Division, Royal Herbert Hospital, Woolwich; Surgical Division, Royal Herbert Hospital, Woolwich; The Tower, London; Queen Alexandra Military Hospital, Millbank; Cambridge Hospital, Aldershot; Surgical Wards, Cambridge Hospital, Aldershot; Medical Wards, Cambridge Hospital, Aldershot; Connaught Hospital, Aldershot; Officers and Families, Wellington Lines, Marlborough Lines, and Stanhope Lines, Aldershot; Royal Infirmary, Dublin; Military Hospitals: Colchester, Chatham, Shorncliffe, Cork, Curragh, York, Edinburgh, Tidworth, Cosham, Devonport, Jersey (Senior Medical Officer); Family Hospitals: Curragh, Fermoy, Aldershot, Chatham, Woolwich, Shorncliffe, Tidworth, Portsmouth, Devonport, Colchester.

The Registrars Royal Victoria Hospital, Netley, and Royal Herbert Hospital, Woolwich.

2. In addition the Director-General nominates officers for the following appointments which are not, however, for fixed periods:—

(a) Medical charge of the Military Hospitals Hounslow, Warley, Fermoy, Belfast, Chester, Bulford.

(b) The staff at Queen Alexandra Military Hospital, Millbank.

(c) All full-pay recruiting appointments.

(d) All retired-pay appointments.

3. Exchanges are permitted between officers on same roster, viz.:—

(a) Selected Lieutenant-Colonels.

(b) Lieutenant-Colonels on the lower rate of pay, Majors, and Lieutenant-Colonels.

(c) Captains.

(d) Quartermasters.

4. An officer who has returned to the United Kingdom on completion of a tour of foreign service will be required to serve a year at home before an exchange can be sanctioned.

(Q) For Quartermasters.

(*) Gazetted appointments.

Correspondence.

“Audi alteram partem.”

THE MEDICAL TREATMENT OF LONDON SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—In your annotation on this subject in THE LANCET of May 8th you say: “We do not suppose for a moment that the chairmen and secretaries of the London hospitals, whether they agree with any proposals made to them by the London County Council or no, will come to any decision in the matter without a proper consultation with their medical staffs.” It is as well that too great confidence should not be placed in this pious opinion, which I have good reason to believe is not wholly warranted. In your issue of May 22nd Dr. Robert Hutchison says, “They (your correspondents) write as if it were the wish of the Council to get the school children treated by the honorary staffs of the hospitals, and treated gratuitously,” and deprecates the suggestion. If he has not already received evidence to make him change his opinion he will not have to wait long for it, and he will find that this exploitation of the honorary staffs is not so repugnant to the “chairmen and secretaries” of hospitals as to ensure it being promptly negated. It cannot be doubted that nothing would please the London County Council better than thus to exploit the honorary staffs of the hospitals, and with consummate address they hold out a bait which strongly appeals to the lay committees. It is a sprat to catch a mackerel, and, *mirabile dictu*, many hospital physicians and surgeons fail to appreciate the magnitude of the mackerel. He who pays the piper will certainly want to call the tune, and anyone who has even superficially followed the trend of recent national and municipal politics must realise that in this instance we are dealing with the prologue to the municipalisation of London hospitals under the aegis of the London County Council. It is impossible to imagine unanimity in hospital matters, but probably in no case could a nearer approach to it be attained than in recoil from this fate. Centralisation of hospital control is inevitable, and

for my part I should welcome it as a relief from many of the anomalies with which we are burdened. But who really pays the piper? The charitable public, whose chief representative is the King's Hospital Fund. Well, let them call the tune, as at least the lesser of two evils.

I have written strongly on this matter, Sir, because it appears to me that a great principle is at stake, and infinite difficulty will be experienced in regaining lost ground if a mistake is made. You have wisely emphasised the importance of collaboration amongst the hospital staffs—with what result? Already a conference of the Children's Hospitals has been held, and, as I am informed, a definite policy has been adopted. Meanwhile the general hospitals are for the most part holding their hands until their medical representatives report upon the results of combined discussion. Much of the confusion in these matters is due to the varying nature of the committees, sometimes purely medical, sometimes mixed medical and lay. It would surely be wisest for *no* hospital to take any steps until the question has been thoroughly threshed out by the medical representatives of the general hospitals.

I am, Sir, yours faithfully,
Wimpole-street, W., May 24th, 1909. J. HERBERT PARSONS.

To the Editor of THE LANCET.

SIR,—As you have pointed out, the object of securing proper medical attendance for school children is not so much to secure the welfare of the individuals as to protect the State against wasteful and useless expenditure; it is definitely a public object and should be secured by the employment of public funds. It would not compare in amount with the wasteful expenditure which has been going on ever since 1870, in the employment of expensive teachers and school machinery upon children incapable of deriving benefit from teaching, and it would be incurred in the direct interests of economy. The educationists of 1870 were not physiologists. They did not even recognise the fact that a child is a young and immature living organism, and that the development of an immature living organism along any or all possible lines is a purely physiological problem. They conceived it to be possible, judging from their acts and their pronouncements, to “educate” the child of an average labourer in the same way and to the same extent as the child of successive generations of cultivated people; and they devoted an immense amount of time and millions of the national money to a task which might be likened to that of digging for diamonds in a rubbish heap. We are now beginning to realise how much of this was a mistake, and to know that our labouring classes do not contain a stock of dormant philosophers whose faculties can be brought into sudden activity by schooling. For the great majority of them the best that can be done or hoped for is to teach their children how to learn, and at the same time to remove from their path impediments fatal to any prospect of success. If this were done under the guidance of medical and physiological knowledge there would be some hope that future generations might reap a remunerative harvest. For many years to come, however, the schoolmaster will only be able to work to advantage under the guidance of the physician; and the sooner this guidance is extended to him, under conditions satisfactory to the profession, the better it will be for all concerned. In the meanwhile, medical practitioners should realise the supreme national importance of their portion of the work, and might usefully consider, in each locality, upon what terms it should be undertaken. The fear that they may be “exploited” is one which can scarcely be realised except through their own fault.

I am, Sir, yours faithfully,
F.R.C.S.

May 24th, 1909.

THE WORKMEN'S COMPENSATION ACT, 1906.

To the Editor of THE LANCET.

SIR,—In 1899 you were kind enough to allow me to place before the profession the working of the Workmen's Compensation Act, 1897, as seen from a medical point of view; as I have now had equal experience of the Act in force to-day, that of 1906, I shall be greatly obliged for the hospitality of your influential columns again.

The Act in its present form came to everyone as a surprise, for on the report of the departmental committee of

the Home Office the Government promoted a Bill which did not include compensation to shop assistants or domestic servants, grooms, and gardeners. At a psychological moment, however, the House of Commons suddenly extended the entire scope of the Act, when there was no time for any consideration of the possibilities which such an extension might produce. With practically the whole working-class population included under the Act a much greater number of safeguards were required than were necessary under the old Act, for in the first place many small employers were for the first time rendered liable, and secondly, the burden to all classes of employers was greatly increased. In the absence of carefully considered safeguards the working of the Act has been in many instances very unfair by reason of the absence of proper rules as to notice of injury, belated claims being made months after the date of the alleged accident, and in some cases I have met with no medical man has been consulted or treatment of any kind obtained.

It may be urged that the Act provides that notice shall be given “as soon as practicable,” “before the workman has voluntarily left the employment,” and “within six months from the date of the accident,” but this is all discounted, for it is further provided that no defect or inaccuracy in the notice shall be a bar to proceedings if the employer is not prejudiced thereby, and failure to make a claim within six months shall not be a bar if “it was occasioned by mistake, absence from the United Kingdom, or other reasonable cause.” There is no power of resisting a claim in which an insufficient notice has been given, except by procedure in a county court, with the production of evidence that the employer has been prejudiced. In many cases it is cheaper to admit and pay the claim. From my experience I think that every claim should be made within three months at the outside and should be accompanied by a medical certificate. If it is believed that it would be any hardship to workmen in providing this, then, considering the heavy burden cast on employers, the State might pay a small fee, as is done under the Act for the Notification of Infectious Disease, the form of certificate to be obtained at any post-office. With this greater stringency of notice I think the workman could be benefited, while what is very often a great injustice would be removed. I have constantly seen that employers take no notice of a claim and do not pay any half wages, leaving the workman to starve or pawn his goods, and I have frequently found the condition of an injured workman made much worse by privation and anxiety, and this in cases in which liability was immediately admitted on receipt of a solicitor's letter. On a notice of injury being received, accompanied by a medical certificate, the employer should within two weeks from the date of the certificate either commence the payment of half wages or repudiate the liability in writing, a penalty to be enforced if this is not done. As a matter of fact, it is in the interest of the employer not only to pay the half wages promptly but to see that the injured workman is receiving proper medical attention and nursing, as this will in many cases shorten the period of disability.

Under the Act settlements must be registered at a county-court, and a registrar has the power of refusal to register if he considers a settlement “inadequate.” The registrars are most careful and painstaking, and generally have any workman wishing to register called before them, yet they have no proper machinery for deciding whether an amount is inadequate or not, and I have known registration to be refused when a settlement had been arranged between solicitors by the workman cleverly malingering before the registrar. It may be said that the judge can be appealed to, but it costs money, and employers and those who insure them cannot afford legal expenses if they can possibly be avoided. I feel sure that if the Secretary of State would make an order giving the registrars power to obtain advice from a medical referee as to the physical condition of a workman wishing to settle it would relieve the registrars of much trouble and anxiety. This could be done at slight expense to the State. Under the present haphazard system insurance offices and employers often prefer not to register at all, taking the chance of the matter being reopened.

It must be remembered that the question of settlement by the payment of a lump sum, in lieu of weekly payments of half wages to an injured workman during the whole continuance of his disablement, is one of the greatest possible consequence. Where the disability is not permanent and