

qualified men the disadvantages to which they become liable if they place their careers in the hands of the Admiralty. For the Admiralty gives medical officers far less consideration than does the War Office. The Admiralty gives its medical officers little more than individual employment at gradually increasing rates of pay. The War Office gives its medical officers an almost autonomous corps, the opportunity of a very advanced education, and scope for ambition in a more than respectable career. Consequently the army has for years attracted many capable recruits, and has had great returns from them, as everybody knows. Another thing; when differences arise which the civil profession considers serious, the War Office, in close touch with the leaders of the profession, is prepared to discuss the difficulties and to receive if necessary deputations from conferences about alleged grievances which may then be explained away. The Admiralty takes another view. Its decisions are right, for it has made them, and are not to be changed however unjust they may appear. Perhaps it is the penalty of long years spent at sea, but the outlook of the Admiralty is sometimes narrow and even pedantic. Thus in the case which is just now causing so much discussion and indignation in the profession, the Admiralty hit upon a simple scheme: all officers of commander's rank to retire at 50. Most officers in the navy join it at 13, nearly all the others at 18; their education is mostly provided for them free, and they are self-supporting, if they choose, from the age of 21, so by the age of 50 they have had 30 years' remunerative employment with little capital expenditure to be reaccumulated. The medical officers of the navy, on the other hand, are not likely to join before 23; for ten years longer than the executive officers they have been at their own cost fed and lodged and given a long and expensive training. They were told when they joined that they might expect 32 years of paid service, and to this they looked forward as a reward for their industry, to recompense them for the early difficulties of self-adjustment to their new environment, and to re-establish their original capital. Now, as is usual, the cream of the financial benefit was found in the last five years, for which officers are promised pay at £1040 per annum. Besides, if officers of such seniority have done their work well in the past, these last five years are apt to be spent in positions of some dignity, with official residences and extra allowances which help towards the education of children and in meeting insurance payments. There appeared no reason for the discharge of these officers. They had all served through the war, with no less strain than that encountered by their juniors in the Service; they were not yet physically worn out, yet they were pushed out of the Service in the fullness of their professional and naval experience. Why was faith with them not kept? The only apparent reason is that the Admiralty desired to make an artificial uniformity in the retirement of all branches; at any rate the department will not confer with the profession and explain their action. They have gained an official simplification, they have made medical men suspicious, and they have reminded us all of the bed of Procrustes, who was a robber.

I do not desire to prevent any young doctor, enthusiastic about the sea, from joining a Service which, above all others, requires to be served by enthusiasts; but unless a man has such definite interest in the sea it is well that he should be advised of his un wisdom in taking service under the Admiralty just now, for, as so many temporary surgeons found, he will work within a narrow professional horizon, his pay will on the whole be less than in the army, he will have no married allowances, his fewer amusements will probably cost him more, and he will always be anxious lest while his duty must be done fully the promises held out to attract him to it may be only in part performed.

I am, Sir, yours faithfully,

Sept. 1st, 1922.

DISINTERESTED.

CLINIC EXPERIENCE IN CONTRACEPTION.

To the Editor of THE LANCET.

SIR,—I have no desire to enter, through your columns, into controversies on medical subjects with non-medical persons; but the letter of Mrs. Marie Stopes, D.Sc., in to-day's issue refers to me in such a way as to call for a reply.

I regret that she should think I had any intention of "jibing" at her. Nobody realises more than myself the immense service of Dr. Stopes in popularising the knowledge of birth control in this country. It is because I realise her power so keenly that I so much regret that she has abandoned her scientific attitude and discredited herself in scientific circles by publishing a volume entitled "A New Gospel to All Peoples," in which she makes the explicit announcement that she is a prophet, and claims to have received a direct revelation from God on the subject of birth control. A person who is capable of deluding herself, or seeking to delude others, with such a belief, is no longer to be treated as a scientific investigator.

As regards the gold-pin pessary I am informed by a member of Dr. Stopes's own committee that she arranged a meeting of medicals to consider the gold-pin, with the result that its use was condemned. She has omitted to mention that at the Medical Section of the American Birth Control Conference, held in New York in 1921, the gold-pin was condemned by an overwhelming majority of the 400 medical men and women present. I am still "ignorant of the fact that the pin is used by leading American practitioners in the U.S.A."

I did not allege that the pin was *used* at Dr. Stopes's clinic. I said its use was *advocated* there. It certainly was formerly; whether it still is, I cannot say.

I am, Sir, yours faithfully,

NORMAN HAIRE.

New Cavendish-street, W., Sept. 2nd, 1922.

To the Editor of THE LANCET.

SIR,—In response to the challenge of Dr. Norman Haire to name the physiological objections I have to the Dutch cap he prefers to use,¹ may I first welcome the fact that Dr. Haire has recently rewritten the practical instructions issued by the Malthusian League, so that they now accept my *main* thesis—viz., that the best form of contraceptive is an internal rubber cap worn by the woman. The differences between the different varieties of cap are minor though not unimportant.

My two main objections to the Dutch cap preferred by Dr. Haire are, put very briefly: 1. It must be worn so as to cover the whole end of the vagina and depends on stretching the vaginal walls for its power to remain in position. For the same patient the diameter of the Dutch cap necessary is very much greater than that of the occlusive cap which does not stretch the vagina. The Dutch cap then stretches the vagina in such a way that certain movements of physiological value (particularly to the man), which ideally the woman should make, are then impossible. It is true that few women either know or practise complete physiological union in coitus, but that is no reason to justify the advocacy in general for normal women of an instrument which inherently prevents certain natural and valuable movements. The Dutch cap, however, is really useful for slightly abnormal cases, such as very fat women, those with injured cervixes, &c. 2. My second objection is that it covers all the tissues at the end of the vagina, and near the cervix, and these tissues are among the most sensitive (and probably absorptive) of the woman, and it is not good that they should be needlessly covered; they are not covered by the small occlusive cap.

For these and other reasons I think the Dutch cap inferior to the small occlusive for normal women.

I am, Sir, yours faithfully,

Holloway, N., Sept. 2nd, 1922.

MARIE C. STOPES.

¹ See THE LANCET, August 12th (p. 357), 19th (p. 419), Sept. 2nd (p. 539), 1922.

To the Editor of THE LANCET.

SIR,—At the public meeting referred to by her (THE LANCET, Sept. 2nd), Dr. Marie Stopes suggested that the condemnation of the gold-pin in England and its approval in U.S.A. was due to a difference in technique. I understand from leading medical authorities that this suggestion is quite correct—that is, the English “technique” is to refuse to insert the gold-pin (as liable to cause septic miscarriage) and the American “technique” is to insert and remove the gold-pin once a month and charge \$20 for doing so. Hence the “success” of the gold-pin in America.

I am, Sir, yours faithfully,

ETTIE A. ROUT.

Queensborough-terrace, W., Sept. 4th, 1922.

* * The origin of this correspondence is indicated by its title, but it has now got into regions of personal and more or less unassociated controversy where few can want to follow it. We do not propose to publish further discussion in these directions.—ED. L.

SOME EXEMPTION FOR THE PROFESSIONAL CAR.

To the Editor of THE LANCET.

SIR,—There is a matter which I think with advantage might be taken up by the profession, and that is why medical men and veterinary surgeons should not be granted a reduction of the tax on their motor-cars. I think I am correct in stating that they are the only car owners who use their cars for professional or business purposes who do not receive an abatement of the tax, which bears very hardly on medical men at the present time.

Possibly, if this matter was ventilated and the hardship represented to the powers that be some relief might be obtained. I enclose my card and remain,

Yours faithfully,

August 27th, 1922.

“CAR OWNER.”

* * We have never heard any satisfactory reason why this proposal, which is not at all new, receives no wide support.—ED. L.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

Surg. Capt. W. H. S. Stalkartt placed on retired list with rank of Surg. Rear-Admiral.

The following appointments are announced:—Surg. Capt.: T. J. Jeans, C.M.G., to *Vivid*, addl., for R.N. Hospl., Plymouth. Surg. Cmdrs.: H. M. Braithwaite to *Valiant*; A. R. Fisher to *Champion*; S. W. Grimwade to *Ceres* (on recommg.). Surg. Lieut.-Cmdrs.: L. W. Gemmell to *Pembroke*, for R.N. Hospl., Chatham, for general specialist duties; P. L. Gibson to *President*, addl., for three months' hospl. course; and G. E. D. Ellis to *Concord*. Surg. Lieut.: T. N. D'Arcy to *Ceres* (on recommg.); H. L. Pridham to *Glowworm*, and for group.

P. C. H. Homer to be Surg. Lieut.

ROYAL ARMY MEDICAL CORPS.

Lt.-Col. M. M. Lowsley retires on retired pay.

MILITIA.

Supplementary to Units or Corps (R.A.M.C.).—Capt. R. L. Horton relinquishes his commn. and is granted the rank of Maj.

TERRITORIAL ARMY.

Maj. S. J. Fielding to be Lt.-Col. and to command 54th (E. Ang.) Field Ambulance.

Capt. J. H. Owens to be Maj.

Capt. L. Milton relinquishes his commn. and is granted the rank of Maj.

Capt. J. Muir, having attained the age limit, is retired and is granted the rank of Maj.

Capt. T. Murray relinquishes his commn. and retains the rank of Capt.

The undermentioned officers resign their commns. and retain their rank except where otherwise stated: Maj. J. H. Dixon (with permission to wear the prescribed uniform); Capt. K. I. S. Smith and H. M. Calder (granted the rank of Maj.), R. Welch, E. W. Strange, E. B. Kitching, A. G.

McFarlane, H. Evers, G. J. Linklater, F. L. Golla, W. R. Sadler, W. J. Scade, R. W. Smith, and H. P. Ashe.

General Hospitals: Maj. A. P. Watson, from General List, to be Maj.

Sanitary Service: Capt. J. M. Hamill relinquishes his commn. and is granted the rank of Maj.

Sanitary Companies: Capt. H. H. Fowler from T.A. Res. to be Capt.

TERRITORIAL ARMY RESERVE.

General Hospitals: Lt.-Col. C. A. Lees to be Lt.-Col.

Capt. R. J. McConnell relinquishes his commn. and retains the rank of Capt.

ROYAL AIR FORCE.

The undermentioned are granted short-service commns. as Flight Lts.: J. K. Ritchie Landells, J. A. Musgrave.

C. A. Harrison is granted a temporary commn. as a Flight Lt.

INDIAN MEDICAL SERVICE.

Senior Assistant Surgeon with rank of Major: M. M. O. J. Aparcar.

Senior Assistant Surgeon with rank of Lieutenant to be Senior Assistant Surgeon with rank of Captain: J. G. Williams (to remain seconded), A. T. Torpy.

To be temporary Lieutenant: P. A. C. Davenport.

Maj. W. T. McCowen to be acting Lt.-Col. while comdg. No. 712 Combd. Field Ambulance.

Maj. (acting Lt.-Col.) W. T. McCowen retains his acting rank while comdg. No. 11 Combd. Field Ambulance.

The King has approved the resignation of the following officer:—Captain and retain the rank of Captain: H. E. Magee.

The King has approved the retirement of the following officer: Lt.-Col. J. Penny.

Following a correction in the *London Gazette* of August 29th, for “Captain Eric Douglas Mackay Heriot-Hill, R.A.M.C.,” in the notice which appears on p. 417 of THE LANCET of August 19th, read “Captain Eric Douglas Mackay Heriot Hill, R.A.S.C.”

DEATHS IN THE SERVICES.

Surg. Rear-Admiral GEORGE TREVOR COLLINGWOOD, C.B., M.V.O., who died on Sept. 2nd at King Edward's Convalescent Home, Osborne House, Isle of Wight, had been a patient there since last April. He was born in 1863, and received his professional training at the London Hospital. Having qualified as M.R.C.S., L.R.C.P. Lond. in 1886, he entered the navy in the following year. For his services on three expeditions in the Gambia River on the West Coast of Africa he was mentioned in despatches. He served on the Benin River in 1894, and was senior medical officer in charge on the Brass River in 1895, and was awarded the general Africa medal with three clasps. From 1909 to 1912 he was P.M.O. at the Royal Naval College, Osborne, and was formerly in charge of the Royal Naval Hospital, Chatham. During the war he served in the *Inflexible* and in the naval hospital ship *Soudan* in the Dardanelles. His last post was at the Royal Naval Hospital, Malta. He was a Fellow of the Society of Tropical Medicine and was awarded the Sir Gilbert Blane gold medal of the R.C.S. Eng. in 1910.

Col. EDWARD HORACE LYNDEN-BELL, C.B., late A.M.S., who died on Sept. 1st at Millbank Hospital, was the son of Maj.-Gen. T. Lynden-Bell, of Brook Hill, Co. Wexford, and was born in 1858, and qualified M.B., C.M. Edin. in 1882. He served in Burma from 1885–89, receiving the medal and two clasps, and became Deputy Director of Medical Services, London District, in 1912. In the late war he served from 1911 to 1917, and received the C.B. He was a Knight of St. John of Jerusalem.

Inspector-Gen. HENRY MACDONNELL, C.B., R.N., retired, who died on August 31st at Southsea, aged 83, was the son of William Macdonnell, of Dublin. He qualified as L.R.C.S. Irel. in 1860, and L.R.C.P. Irel. in 1861, and entered the navy as surgeon in that year, being ultimately promoted to Fleet Surgeon in 1882, and Inspector-General of Hospitals and Fleets in 1897. He was Fleet Surgeon of the *Invincible* at the bombardment of Alexandria in 1882, and served during the subsequent Egyptian War. He had been Deputy Inspector-General at Haslar, Malta, and Chatham. He was Inspector-General of Hospitals and Fleets in 1897 and retired in 1899. He was awarded the C.B. in 1897.

WALLASEY: SALARY OF M.O.H.—The medical officer of health of Wallasey having been appointed to Gillingham, the corporation decided to advertise for a successor, at a salary of £600. The British Medical Association pointed out to the corporation that this salary was inadequate for a medical officer of health who had also to attend to tuberculous and venereal cases, and was below the standard fixed by the Association. It was thereafter resolved to offer £700, rising in four years to £800.