

PART IV.  
MEDICAL MISCELLANY.

*Reports, Transactions, and Scientific Intelligence.*

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*Two Careers Compared: Open to the Newly Qualified Medical Man.*<sup>a</sup> By L. H. ORMSBY, M.D., F.R.C.S., President of the College; one of the Senior Surgeons of the Meath Hospital and County Dublin Infirmary.

IT has been customary to inaugurate the Winter Medical Session of study in the School attached to this College by a short address from the President. I, therefore, will endeavour, to the best of my ability, to give you a few of my views on certain subjects connected with the profession you have selected for your "Life's Work." I may mention that since last year the Council of this College appointed a Sub-Committee to confer with a like Committee of the Royal College of Physicians, for the purpose of altering and assimilating our curriculum to that of other Licensing Bodies. The alteration has been agreed to by both Colleges, and we trust that the changes made will be of advantage to our students as well as to the teachers.

I well remember, 'considerably over thirty years ago, entering this College for the first time and wondering if I should ever be able to overcome the many doubts and difficulties which seemed to beset me at every step.

Our lecturer in anatomy of that day, the late Professor Morgan, with his cheery, encouraging smile, used to advise his pupils to "cheer up and not be dismayed, and all would come right in the end to those who honestly and determinedly stuck to their work, and endeavoured by hard and industrious labour in the dissecting room to become scalpellary and not lingual anatomists."

Medical students have changed so much in the last sixty years that one can hardly believe what a medical student was like in days gone by, as depicted in the novels and periodicals of that time, which represented them as jolly, rollicking, careless young fellows of the Bob Sawyer type—idle, dissolute. It was a common

<sup>a</sup> Inaugural Address introductory to the Medical Session 1902-1903, delivered in the Schools attached to the Royal College of Surgeons, Ireland, November 3rd, 1902.

thing in those days for a young fellow never to attend lectures, never to frequent the anatomy hall, except to sit smoking and telling stories to his friends at the dissecting room fires. He often boasted he never dissected a part or attended a lecture, and yet three months before his final he was able to read up, and after two or three tries got through and became qualified. I wonder what our student in medicine of to-day would think of such a regime ! I hardly think he could understand such a system when compared with the present sessional examinations which must be passed in order, or the student's progress would be at once stopped. I think you will all agree with me how far superior the present system is for the student as regards himself, his parents, his teachers, and all concerned. The student of to-day is, as a rule, a steady, serious, hardworking young fellow, always looking forward to an approaching exam., which he knows he must pass before he can prepare for the next. As beginners, I warn you not to waste your time in looking at abstruse and uncommon cases which you will not be able to comprehend, instead of learning to dress a cut or adjust a bandage. You must educate your mind by degrees, first grasping the elementary principles of your profession, and so lay the foundation of a sound, practical knowledge of that noble science. From your hospital you will repair to the medical school, and in the dissecting room let the same rule hold good ; do not try to trace nerves and arteries until you have learned the names of the bones and muscles ; master the osseous system in your first anatomical year, and you will find the knowledge of the greatest service to you ever after. You will also attend the prescribed lectures during the session. Your lectures being over for the day, you will return home. This is the time to do a little reading, on which subject, I may mention, there is a great difference of opinion. I have always recommended a systematic course of reading for the junior and senior student—that is, find out how many hours you can read with benefit ; it may be only three or four hours, but whatever it is, let that be kept to. Let no single day pass without furthering the scheme you have resolved in your mind to accomplish. By thus working on a system you will be astonished how much good and lasting work has been got over in a month ; far more, I can assure you, than by spasmodic fits of apparently very hard labour and close reading, which, like the storm, is usually followed by a dead calm of idleness ! If you want to keep your health in a state that will enable you to study, you must also think of recreation ; for I would be the last person in the world to wish you to forget

that. Mental tension requires mental relaxation ; in this equipoise mind and body work more harmoniously together. You should, if possible, after the hours of lecture take a daily walk, not in the precincts of the city, but towards the country. If you do not care to walk or cycle, the various trams and railway lines afford a cheap mode of enjoying the open air. If you work hard all the week you may take a half holiday on Saturday, which you can spend with advantage in relaxation such as football, golf, or cricket. Sunday will, as a matter of course, be a day of rest, and you can thus begin work on Monday with renewed vigour. Lastly, gentlemen, be extremely careful to give yourselves (those who live in lodgings particularly) good, generous diet ; if you work hard you must feed in proportion ; it is false economy and will only undermine your health to do otherwise. Many students, I know, are straitened in means while proceeding with a very expensive profession ; others spend their money on other things, and stint themselves in food to the detriment of their health. To third and fourth years' men my remarks apply as well as to beginners. I would merely add, you must advance in proportion, so that when you are eligible you will be able to pass your examination without delay, instead of becoming a chronic of six or seven years' standing, a fate by no means uncommon among the procrastinating and the idle.

To you who are qualified, or who are just about to qualify, permit me to say a few words. This is a time generally of very great anxiety and doubt, and perhaps the most important era in your whole career. Like a ship freighted with precious cargo about to leave the shelter of a friendly harbour to enter upon the rough billows of the open sea, you are emerging from a state of pupillage to take upon yourself the responsibilities of life ; but a stout heart will breast its billows, and a strict adherence to the course of duty and of honour will bring you safe through its storms and turmoil to a haven of tranquil content and well-earned repose. The first step towards settling down in your profession, therefore, should be seriously and calmly considered ; the advice of judicious friends should be sought ; but above all things do not indulge in vacillation. Valuable time is wasted and good opportunities are frequently lost in coming to a decision. You will ask what prospects are before you. In answer I may mention you have the Army, the Navy, and the Indian Military Services, Foreign Appointments, Ship Surgeoncies, and lastly, private practice in the country or city. Of the present and future prospects of two

of these I would like to say a few words. To commence with the Royal Army Medical Corps.

#### ROYAL ARMY MEDICAL CORPS.

A candidate for a commission in the Royal Army Medical Corps must be 21 years and not over 28 years of age at the date of the commencement of the examination. He must possess, under the Medical Acts in force in the United Kingdom at the time of his appointment, a registrable qualification to practise. He must fill up a form of application and declaration which can be obtained on application to the Director-General, Army Medical Service, 18 Victoria-street, London, S.W., and submit it to the Director-General in sufficient time to permit of reference to the Medical School in which the candidate completed his course as a medical student.

The Dean, or other responsible authority, of such school will be requested by the Director-General to enter a confidential report as to his character, conduct, professional ability, and fitness to hold a commission in the Corps, and to this report special importance will be attached. After the form of application and the confidential report above alluded to have been received, the Director-General will have his physical fitness decided by a Board of Medical Officers, in accordance with regulations which can also be obtained from the Director-General. The entrance examinations are held twice in the year—usually in January and July. The Secretary of State reserves the right of rejecting any candidate who may show a deficiency in his general education.

An entrance fee of £1 is required for each candidate admitted to the examination, and is payable at the conclusion of his physical examination if pronounced fit.

A candidate successful at the entrance examinations will be appointed a lieutenant on probation, and will be required to pass through such courses of instruction as the Secretary of State shall decide, and after passing the examination in the subjects taught, and satisfying the Director-General that he possesses the necessary skill, knowledge, and character for permanent appointment in the Royal Army Medical Corps, his commission as lieutenant will be confirmed. The commission will bear the date of the officer's appointment as lieutenant on probation.

I have no doubt you are anxious to know what I think of the R. A. M. C. as a career.

Much has been written in the Press, and spoken in lecture theatres and elsewhere, regarding this most important branch of the Service. Change after change has been made by respective Secretaries of State for War in warrants without number, so as to endeavour to improve the Medical Department of the Army, in order to make it attractive and to induce the best and most eligible of our young qualified men to enter its ranks. Warrants are very good indeed if they guarantee all that they promise, and that the provisions will be lasting and secure. The recent War in South Africa has, perhaps, done more to direct public attention to the Corps than anything else. A recent writer on the subject has justly said that all praise is due to the increased science, knowledge, and skill exhibited by the Surgeons of the Royal Army Medical Corps and their civil colleagues in South Africa ; and if the Government and the public do not give the reward and the credit to which they are justly entitled, I hope it will be some consolation for them to know that the whole profession in the United Kingdom consider that their conduct through the whole campaign in South Africa was beyond all praise. Our eulogies of the R. A. M. C. cannot be too great, nor our support and assistance to them too thorough, in their fight against War Office starvation of the Medical Service and sentimental official red tapeism. Has any other unit of the South African field force, except the R. A. M. C., been expected to carry on an exceptionally large war service with its peace establishment, and further, with practically no reserve to draw upon (except the Civil Ambulance Organisations) to make up for the wastage which occurs even in peace, let alone in war. Yet the R. A. M. C. were expected to do it, and astonishment was shown and abuse showered when it was proved to be a physical impossibility. Here again it seems that anything is good enough for a doctor. It is useless for sentimental lay scribblers to write arrant nonsense about the necessary luxuries and requirements for the treatment of the sick and wounded in war. War is war ; and the sufferings and inconveniences of a sudden, unexpected engagement could not have been rectified or alleviated all in a moment on the barren veldt by even the willing hands of a deplorably undermanned service as it might have been in a well-equipped London or Dublin Hospital.

But it is an acknowledged fact, testified by combatants without number of the highest rank, and by one no less great than His Excellency Earl Dudley, Lord Lieutenant of Ireland, who at a public dinner recently in this city stated from personal observation

in the battle fields of South Africa that in no war ever waged at any time, or in any country, were the sick and wounded more rapidly or more efficiently attended by the officers and men of the R. A. M. C. than the one in South Africa. I would only ask my hearers to compare the treatment of the sick and wounded in our previous wars with the treatment of the sick and wounded soldier of to-day.

What about the battles of the Peninsula under Wellington, and the carnage and sufferings that took place at Waterloo? What about the Crimean War? Need I refer to the battle of Solferino on the 24th of June, 1859, which lasted for more than fifteen hours, and in which more than three hundred thousand soldiers were engaged in the most bloody conflict which has occurred in modern times, with sufferings too terrible to relate. And more recently the Franco-German War in 1870.

The want of a rapid and independent Army Medical Transport of medical comforts and appliances to the front was to a great extent the cause of the aggravation of alleged inconveniences in certain places.

However, when all is said and done (as regards Army Reform in the future), no branch of the Service behaved with greater heroism than our splendid brethren in the R. A. M. C. in South Africa, many of whom laid down their lives in the field, and none of whom flinched from going into the thick of the fight when duty called them to do all that love and skill could do for their fallen and suffering fellow soldiers. For such heroism and bravery many Army Surgeons have received at the hands of their Sovereign that priceless and coveted Badge of Bravery—"The Victoria Cross." Need I mention our honorary Fellow, Captain Thomas Crean, V.C., and as the President of this College I, on the part of our Fellows and Licentiates, offer the officers and men of the Royal Army Medical Corps our warm congratulations on their gallantry in the field and the noble discharge of their onerous and endless duties. After Mr. Burdett Coutts' violent attack on the Service a Commission was appointed, who proceeded to South Africa and inspected the situation, the arrangements, conditions, and all other matters in detail, and examined many witnesses competent to give an opinion. This Commission drew up a long and valuable report which exonerated the officers of the Royal Army Medical Corps from blame. The present Secretary of State for War, the Right Hon. St. John Brodrick, took the matter into his hands in earnest, with a firm determination to make the R. A. M. C. the most efficient organisation

in the Army, and for this he merits the best thanks of our College. He at once called to his assistance the men who were in sympathy with his ideas, and who were thoroughly competent to give the necessary information and advice.

An expert Organisation Committee was appointed by Mr. Brodrick, who acted as chairman, and after lengthened deliberation their report and suggestions were issued—Sept. 28th, 1901, and although all grievances were not removed or redressed altogether in this report, still enormous progress was made. The competitive examination for entrance was altered and made far more practical. The pay of the Army Medical Officer in all ranks was materially increased.

Sir William Taylor, K.C.B., one of the most eminent and popular administrative officers in the Service, was appointed Director-General, and in his hands the members of the Corps may always feel that their interests are safe, as he has a thorough knowledge and grasp of the wants and requirements of the Service, and is a strong and determined man, who will see that his Corps have fair play and justice done to them.

The next step was to see that the Director-General, the administrative head of the Corps, should have a seat on the Army Board and War Office Council, and should thus be able to take part in all deliberations in connection with his arm of the Service.

This has been granted, and now he takes his seat among the heads of all the other branches of the combatant ranks of the Army Council. The next in command at 18 Victoria-street is the Deputy Director-General. I am happy to say, to the credit of Mr. Brodrick, that he selected an Irishman for the post, in the person of Lieutenant-Col. A. Keogh, C.B., now ranking as Surgeon-General, a go-ahead countryman of our own, who did splendid work in No. 2 General Hospital at Pretoria during the late war, and showed himself to be a careful, painstaking, and efficient officer, who had a remarkable aptitude for administrative and constructive work. Mr. Brodrick may therefore be congratulated on the two men he selected to carry out the much-needed reform in the Service, and for the sake of our country I am glad that one is an Irishman.

An Advisory Board was then elected.

The grievance as regards increase of pay for our Army Medical Officers serving in India, on the same line as the combatant ranks, has been, I have from an official of high position the best authority for saying, almost finally arranged with the Secretary of State for India. From all I can learn there are a few minor grievances yet

to be remedied, which, no doubt, will receive attention from the Advisory Board, and will be rectified in due course. I am happy to say the retiring pension after 20 years' service at £1 a day has been also assured.

Netley Hospital as an Army Medical School has been abolished. It will be still, however, utilised as a great Military Hospital.

But Mr. Brodrick, with the enthusiasm and determination of a great reformer, has established an Army Medical Staff College in London, and it is now in temporary buildings in full active work, although somewhat hampered for suitable accommodation, which could not be produced all at once in starting. At the inaugural dinner of the Medical Staff College, held on the 8th October last, at the temporary mess in the Hotel Belgravia, Mr. Brodrick, the guest of the evening, spoke in most complimentary terms of the Corps and its Chief, and he intimated that he hoped soon to see the Medical Staff College in London accommodated in suitable buildings provided with laboratories, lecture theatres, and research class rooms, second to none in the Kingdom, where lieutenants on probation will remain for a short time on joining the Service, and where senior officers of the Corps can attend special classes during the period of study-leave, and thus keep themselves abreast of the advances in Medical Science. They will be thus enabled to complete investigation in this Metropolitan Staff College, which probably they may have commenced when serving in foreign stations.

I may mention that the Secretary of State for War and the heads of the Department are determined to make the Army Medical Officer in future the most highly trained scientist to be found in any country, and ample facilities will be given to men having different aptitudes to study and practise special and scientific work in the Service. The adaptation of the Theory and Practice of Medicine with the Science and Art of Surgery to the science and art of war, together with the successful and efficient treatment of the sick soldier, whether in peace or in war, as well as the maintenance of his physical condition as a fighting unit, will be the burning question in future; and to have this carried out these humanitarian problems must be undertaken by a highly trained and efficient body of Army Medical Officers. And I have the best authority for saying that zeal and honest work in the Corps means the securing of position and good posts in future. Seniority alone without efficiency and administrative capabilities will not. I am



led to believe, secure promotion. The best man will advance to the higher ranks, and the heads of the Service look to the civil profession to support them in this wise and just decision, and I venture to think the appointment of the Advisory Board will prove a boon and assistance to the Director-General in securing the best and most suitable candidates for the Service.

In conclusion, I shall mention the present rates of pay of officers in all ranks of the Royal Army Medical Corps, and I will ask you to compare it with the pay of other professional positions in civil life.

Inclusive of all allowances, except field and travelling allowances—

ARMY MEDICAL SERVICE.			
At Head Quarters :—			Yearly.
Director-General .. .. .	..	..	£2,000
Deputy Director-General .. .. .	..	..	1,500
Assistant Director-General.. .. .	..	..	850
Deputy Assistant Director-General..	..	..	750
Exclusive of allowances daily—			
At other stations :—			
Surgeon-General .. .. .	..	..	£3 0 0
Colonel .. .. .	..	..	2 0 0
Lieutenant-Colonel .. .. .	..	..	1 10 0
Lieutenant-Colonel specially selected for in-			
creased pay after at least 8 years' service			
abroad .. .. .	..	..	1 15 0
Major .. .. .	..	..	1 3 6
After three years as such .. .. .	..	..	1 6 0
Captain .. .. .	..	..	0 15 6
After 7 years' total full pay service			0 17 0
After 10 years' total full pay service			1 1 0
Lieutenant on probation and Lieutenant ..	..	..	0 14 0

I therefore think that a young qualified man must be very hard to please if he refuses to enter the Service where the status and position of the Army Surgeon is now so well defined, and it is, in my opinion, a military service which any gentleman should be proud to serve in, and where merit and loyalty to his Corps will secure a successful career. I therefore have no hesitation in advising all those who have a taste for military life to enter the R. A. M. C. It is undoubtedly a splendid Service, and offers great advantages to the young doctor of culture, efficiency, and social

position joining its ranks. The Service also affords the medical officer an opportunity of seeing life and the world in some of its best aspects, and foreign service has many and varied attractions in our widely-extended Empire.

#### IRISH POOR LAW MEDICAL APPOINTMENTS.

I now turn nearer home. I would wish to direct your attention to the gross and heartless treatment in many instances meted out to our medical brethren serving in the Irish Poor Law Medical Service throughout the country, particularly on the question of superannuation after a lifetime of toil and ill-requited labour.

What inducement, I would like to know, is there for highly qualified young medical men to enter the Service, when they know that after forty or fifty years of hard and incessant labour they must depend on the caprices and tempers of a set, in many cases, of hard and unsympathetic guardians to grant them a small pittance by way of superannuation, to keep them in some comfort (or rather existence) for the declining years of their lives. I find the average salary paid to Irish Dispensary Medical Officers represents a small fraction under £100 per annum, out of which the Medical Officer must pay all expenses necessary for the discharge of his duties—rent, taxes, horse, vehicle, servants, &c. So that practically no portion of his salary is available for his support, for which he has to depend on the small emoluments arising from his salary as Medical Officer of Health for his district, a salary which averages from £10 to £15 a year, and registration and vaccination fees, averaging about £30 a year, together with whatever private practice his district may afford him.

It is regrettable that there are found doctors willing to enter the Service under the present conditions, the acceptance of which degrades the honour and dignity of the whole profession, and means that so long as men can be found to fill the ranks this state of affairs will continue.

Yet, year after year, old and worn-out Dispensary Medical Officers, who ought to have received their just pensions long ago, are to be seen at all hours of the day and night, in all weathers, pursuing their beneficent work at a time when their masters, the guardians, are enjoying comfortable ease and untroubled sleep. There is, in my opinion, no more sad and discreditable system in any department of the public service than the one I am forced to allude to to-day.

Who has not heard the story of Dr. Smyth, the Dispensary Medical Officer of Burtonport, Co. Donegal, to which the district of Arranmore is attached. On this island, which is out in the Atlantic, separated some miles from the mainland, an outbreak of typhus occurred in November last, and it was while working among the fever-stricken people that Dr. Smyth lost his life by contracting the disease. The history of his work supplies one of those types of noble self-sacrifice and unflinching devotion to the path of duty, which touches our finer feelings and sends a thrill of pride to the heart. Dr. Smyth's devotion to duty among the fever-stricken homes of Arranmore cost him his life, and I believe there are many men now in the Service who would display the same heroism if it was necessary to do so. I am happy to say the widow and family of the late Dr. Smyth, thanks to the able and determined advocacy of our respected Ex-President, Sir Thomas Myles, have been amply provided for.

I have referred to this occurrence, not because it stands out in singular prominence, but because it is an act of heroism which happens to have engaged public attention, and to have evoked in a remarkable degree public sympathy. But scores, hundreds perhaps, of similar instances of devotion to duty have characterised the lives of Dispensary Medical Officers in their dealings with the sufferings of the poor, but as they were less strikingly tragic they did not challenge public attention. The following, taken from authentic records, will show how a long life spent in the Dispensary System may be rewarded towards its close.

CASE OF SUPERANNUATION REFUSED.

In the *Derry Standard* of September 15th, 1902, a report is given of the meeting of the Donegal Board of Guardians and District Council on Saturday, September 13th. The following appears :—

“An application from Dr. R. H. Pope, late Medical Officer of the Workhouse, who recently tendered his resignation through failing health, for superannuation was next considered. Mr. Edward Melly proposed, and Mr. Philip M'Golfick seconded—*That Dr. Pope be allowed no superannuation* ; and this was passed unanimously.”

Will intending candidates for Poor Law appointments read, mark, and inwardly digest the foregoing paragraph ?

There are instances without number where medical officers,

knowing that they would be refused superannuation, held office long after they were incapable of efficiently performing their duties, until, like the late Dr. Walsh, they fell by the roadside and were carried home to die.

Here is another instance taken from *The Medical Press and Circular* of October 22nd, with respect to—

#### DISPENSARY DOCTORS AND LEAVE OF ABSENCE.

The necessity for combination among medical men in the Poor Law Service is becoming daily more apparent. Another example of this is afforded by the report in the *Galway Express* of September 27th, 1902, of the proceedings of the Galway Guardians on the 24th of the same month.

Dr. Kirwan, of Oranmore, and Dr. Glynn, of Turloughmore, applied for leave of absence. It was reported to the Board that £16 had been paid for discharging Dr. Kirwan's duty when on leave in 1901, but that he had got no leave this year, whereupon the Board refused the leave sought.

Dr. Glynn's case, from the enlightened point of view of the guardians, was a very glaring one. It was shown that "during eighteen months he had caused expense to the guardians to the amount of £37 16s. He, not having the fear of the guardians before his eyes, nor the interests of the ratepayers at heart, had contracted typhus fever in the discharge of his duty, and so had imposed on the Board an expense of £37 10s. for substitutes during his illness, and of £10 10s. for substitute during leave of absence, presumably for recovering his strength. Such conduct could not be encouraged, and by a vote of thirteen to four it was resolved to give him three weeks' leave if he paid for his own substitute."

It is obvious that no combination of medical men can prevent their contracting infectious disease, nor enable them while ill to discharge their duties, but it certainly can prevent their being penalised for having the audacity to succumb to infection, or under the hardships and exposure of their calling.

The whole Irish Dispensary System at present urgently cries out for reform.

As it stands, the chief requirements (first two essential) in order to obtain an appointment are—(1) religion, (2) politics, (3) favour and affection. And this is a liberty-loving country! Day by day we read in our newspapers reports of elections where the merits of the candidates are flouted and the interests of the poor forgotten.

What, in the name of common sense and justice, has a man's religion or politics to do with his efficiency? Surely it is time to brand such a line of action as a public scandal.

Here is another instance that recently occurred in the West of Ireland: Dr. C. reported having engaged Dr. C. to act for him during the time he would be away on his holiday.

Guardian No. 1.—“This doctor is after coming from South Africa, and we will not have him.”

Guardian No. 2.—“No matter who we have, we will not have one of Chamberlain's hirelings.”

Guardian No. 1.—“I propose that one of our own medical officers be employed.”

Guardian No. 3, in supporting the resolution, said that “Dr. C. went to South Africa to help to slay liberty-loving people, and now he had come to live among them, but they would not have his services.”

Guardian No. 4.—“It would be very hard on the people of B. to have to go to C. for a doctor.”

Guardian No. 5.—“We would rather go to C. than have the South African doctor.”

The proposed resolution was then carried.

I cannot understand the attitude of the Local Government Board, which, in the exercise of its statutory powers, has a right to step in and prevent some of the grosser cases of mal-administration of the Medical Service throughout the country.

The Local Government Board, I regret to observe, in many instances where the guardians wished to increase the salaries of the medical officers for lengthened service and increased duties, for reasons best known to themselves refused to sanction such increase, thus setting an example of niggardly treatment to Boards of Guardians who are already sufficiently indisposed to give fair remuneration for efficient work.

In the Naas Union the guardians, to their credit, determined to increase the salary of Dr. Morrissey, the Dispensary Medical Officer of Ballymore, to the same level as his brother medical officers, which after much discussion and a great fight was carried by an overwhelming majority. The Local Government Board calmly looked on while the battle raged between the guardians, and then informed them that the increase of salary could not be sanctioned owing to the fact that Dr. Morrissey had been such a short time appointed, and that he had accepted the miserable sum

of £100 a year. I regret this all the more as a distinguished Fellow of this College presides over the Medical Department of the Local Government Board, in the person of my esteemed and valued friend, Dr. Thomas Stafford, who himself held the honourable post of Dispensary Medical Officer, and who must know from personal experience what the privations of the Service are, and who has, in my knowledge, used his influence to ameliorate its conditions in many instances.

For it must be observed that the legal obligation in maintaining the Poor Law Medical Service in a state of efficiency rests primarily on the Local Government Board. The Board have excellent intentions, and, I have no doubt, if the power were committed to their hands would raise the Service to a standard of efficiency, but as the law stands they are unable to give effect to the reform they have indicated.

It must be borne in mind that we do not plead in any spirit of Trades Unionism for increased advantages for our professional brethren, but for an improvement in the system of medical relief which will give the poor, the great majority of our countrymen, the full effect of the benefits to which in all humanity they are entitled. There is no one who has the hardihood to assert that they receive such benefits under the present regime. Do not misunderstand the position—it is not entirely a question of salary. All the features of the present system are objectionable—the mode of election, the issue of tickets, the treatment of the medical officers, the uncertainty of any pensions for old age. These must react to the discontent of the holder of the office and to the detriment of the public service.

I warn all young men of ability and spirit not to enter the Irish Dispensary System until the Government establishes a Local Government Medical Service, somewhat similar to the Services of the Army and the Navy.

Every newly-appointed medical officer should have a minimum salary of £200 a year, exclusive of practice, to start with, and promotion according to service and merit from the poorer to the better districts as vacancies occur, with a full month's holiday as a matter of right, as well as an assured pension according to Civil Service rules.

To bring about reform in the direction indicated, the Treasury may justly be called upon to increase its contributions to the public rates. Ireland, a country of exceptional poverty in the Empire,

requires exceptional treatment, and the additional outlay in aid of poor districts would be a sound political economy.

The Poor Law Medical Service would then be in every way improved if entrance were obtained by open competition, the whole Service administered from one central department. Such department should be controlled by Medical Commissioners who had themselves acted in the Service, and who from personal knowledge knew the necessary requirements. I could not conscientiously urge you to enter the Service until the salary is increased and the grievance remedied, the only course that will elevate in this politically-distracted country the social and professional standing of the Irish Poor Law Dispensary doctor.

Gentlemen, you have the matter in your own hands. If you are men and not slaves, you will not enter the Service as it at present exists.

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#### SCIENTIFIC RESEARCH AT KHARTOUM.

THE Gordon Memorial College at Khartoum, which Lord Kitchener opened on Saturday, November 8, is now ready for the Chemical and Bacteriological Research Laboratories presented by Mr. Henry S. Wellcome during his recent visit to the Soudan. The fixtures and appliances made in England have already been shipped. The equipment for scientific work is most complete in every detail, and will be equal to that of any similar laboratories in Europe. The Sirdar has appointed, as Director of these Research Laboratories, Andrew Balfour, M.D., B.Sc., D.P.H., of Edinburgh, whose work in bacteriology is well known. The Soudan presents exceptional opportunities for the study of tropical diseases, especially Malaria, Typhoid, and Dysentery, and it is anticipated that the results of the investigations of Dr. Balfour and his staff will be of the greatest importance. Dr. Balfour will also assist the authorities in the investigation of the criminal poisoning cases which are very frequent in the Soudan. The character of the poisons used by the natives is at present often obscure, and it is possible that the work in these laboratories may considerably increase our knowledge of toxic agents. Apart from the original researches and general sanitary work, Dr. Balfour and his staff will devote their attention to the study of the cereals, textile fibres, and various matters affecting the development of the agricultural and mineral resources of the country.