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NAVAL AND MILITARY MEDICAL SERVICES. [Aug. 5, 1905.


Miss Amy F. Nash (Dublin) writes: Refering to your announcement of the result of the First Professional Examination. Conjugate sphenoids. Pricked, if you say at the cutaneous, the following list has been passed. "Forgive me for suggesting that this is scarcely fair to our medical men on such a long service with honours and get first and second places out of the whole batch, such two being respectively Mr. D. Clarke and yours humbly.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Fellowship Examination.—The Council having decided upon the necessary arrangements, have been admitted Fellows to the College:—Mr. J. Campbell, L.R.C.P. & S.S., and W. F. W. Mullin, M.B., B.Ch., Ireland.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:—

**Medicine.—** G. N. Biggs, W. H. Blake, J. L. Meynell, L. W. Roberts. *


**ROYAL NAVY AND ARMY MEDICAL SERVICES.**

ROYAL ARMY MEDICAL CORPS.

The undersigned were successful in the examination for admission to the Royal Army Medical Corps on 19th July, and their names are entered in the following list:

**M.B., B.S., L.R.C.P. Lond.**

- John Allan Anderson, M.B., B.S., L.R.C.P. Lond.
- Cuthbert Garrard Brown, M.B., B.S., L.R.C.P. Lond.
- Hugh Godwin Brown, M.B., B.S., L.R.C.P. Lond.
- Wallace Benson, M.B., B.S., L.R.C.P. Lond.
- Thomas Scatchard, M.B., B.S., L.R.C.P. Lond.
- Ronald Anderson Sneath, M.B., B.S., L.R.C.P. Lond.
- Thomas Bettsworth Mortimer, L.R.C.P. & S. Irel.
- Edward Lawton Morris, M.B., B.S., L.R.C.P. Lond.
- Edward Guy Ashcroft, M.B., B.S., L.R.C.P. Lond.
- William John Newton, M.B., B.S., L.R.C.P. Lond.
- Mortimer John Crome, M.B., B.S., L.R.C.P. Lond.
- Percy Karran, M.B., B.S., L.R.C.P. Lond.
- Alfred Edward Francis Hastings, L.R.C.P. & S. Irel.
- George Edward Williams Webb, M.B., B.Ch. U.C., R.I.
- James Stuart Duncan, F.R.C.S., L.R.C.P. Irel.
- William McCombe, M.B., B.S., L.R.C.P. Lond.
- Marcus Corless, M.B., B.S., L.R.C.P. Irel.
- T. Watts.
- Charles Francis Sells, L.R.C.P. & S. Irel.
- Cecil John Wyatt, M.B., B.Ch. Dub.
- Wilfrid Cowan Nicolson, L.R.C.P. Lond.
- Edmund Thurloe Potts, M.B., B.Ch. Edin.
- Michael Keene, L.R.C.P. & S. Irel.
- Arthur Drought O’Carroll, M.B., B.Ch. U.C., R.I.
- Robertson Stewart Smyth, M.B., B.Ch. Dub.
- Arthur James Arch, M.B., B.S., L.R.C.P. Lond.
- Hugh Stewart, M.B., B.Ch. Dub.

**F.I.A.R.**

Sixty candidates entered for the competition.

**INDIAN MEDICAL SERVICE.**

The following gentlemen were successful in the examination for admission to the Indian Medical Service on 12th July and the following dates:

**M.B., B.S., L.R.C.P. Lond.**

- Palmer, C. E., M.B. ... 3,469 Wright, W. D., M.B. ...
- Reinhold, C. H., M.B. ... 3,395 Whitlamore, V. N., M.B. ...
- Hatherley, W. H., M.B. ... 3,375 de Bours, R., M.B. ...
- Newland, E. E. M. ... 3,263 Sooth, N., M.B. ...
- Anderson, J. A., M.B., B.Ch. Eng. ... 3,234 J. C. ...
- Lock, L. A. H. M. ... 3,225 Gray, W. C. M. ...
- Nates, W. R., M.B., B.S., L.R.C.P. Lond. ... 3,247 W. D. S. ...

**Captain (27 of whom at least 22 were of the competition.)**

**MEXICAN SPECIALISTS IN MEDICINE.**

The Indian Government has laid down the following rules for the granting of specialists' pay to officers of the Royal Medical Corps and the Indian Medical Service:—

**Every specialist pay to the rank of lieutenant-colonel for special sanitary or medical work done for the State, which is not in the power of the ordinary medical officers to perform with the**
same efficiency as the specialist. It will not be a personal allowance, but will be granted only to the incumbents of certain specified appointments.

4. Specialist pay will not be given to officers of the Indian Medical Service in connection with private appointments.

5. The services of specialists are absolutely at the disposal of the Government of India, and are not for private profit or remuneration.

6. Officers of the Indian Medical Corps, when not on active service, are eligible for appointment as specialists under the conditions laid down by the Army Medical Department.

7. The eligibility of an officer of the Indian Medical Service for specialist pay will be decided by the Indian Medical Service, whose decision will be based either on certificates of a recognized institution or by the examination of him by a specialist in any of his branches of the service; the allowance will be admissible to any officer who is in a position actually to perform the duties for which he is given the appointment.

8. There shall be no appointments in India, for which specialist pay at 100 rupees is given, in any other than the higher administrative capacity, or in any case where the appointment belongs to the Royal Army Medical Corps.

* * *

OFFICERS' WIVES' PENSIONS AND THE R.A.M.C.

A Junior Officer points out that the widow's pension regulations, which are framed for all branches of the service, operate unfairly on the R.A.M.C. as follows: In Article 57a, Section 2, of the Warrants, etc. (or Edition, as the case may be), it is stated that "an ordinary pension shall not be conferred if the officer's services do not amount to ten years (or five in one case of service), and no widow thereof shall be given to any officer whose service has only been directed or otherwise (from the proper discharge of his duties)" etc. This is fair and reasonable, but it is unfair as the service at the time the service is to be paid, whether 10, 20, or 30, and in whom marriage should not be encouraged under the conditions of the marriage settlement in the case of the death of an officer.

9. If an officer enters at say, 35 or 36, and marries, and dies under 35, may a widow unprovided for. He is thus handicapped by five years, of course, by the marriage settlement which practice is unfair; and yet the widows of R.A.M.C. officers should be entitled to pensions when their husbands have served three years in the Indian Army.

10. The National Army Medical Corps should be entitled to pension from the time their husbands leave Hospital.

ABOLITION OF PRINCIPAL MEDICAL OFFICERSHIP IN INDIA

The writer states: "Amongst the appointments likely to be abolished under Lord Kitchener's Army Redistribution Scheme is that of Principal Medical Officer, Indian Army. Sir W. A. Burgin, I.M.," etc. (p. 10). The Editor states: "Some years ago the Principal Medical Officer of the Mandalay District was done away with, and last year that of the Madras District ceased: thus of six (five colonels, one surgeon general) such appointments in Madras four years ago, two are still held and one threatened, and by so much are the chances of promotion to administrative rank reduced.

"* * *

Schemes of refund, especially when they include concentration, invariably involve reduction in the number of staff appointments, in all branches of the service. If the scheme is good for India, then it should be effectuated with as little detriment to individuals as possible. The author has had the following scheme of appointments which he is now current with making executive service in pay, allowances, and pension all the more attractive.

MEDICO-LEGAL AND MEDICO-EThICAL.——MEDICAL PRACTITIONERS AND CORONERS.

M.R.C.S. recommends a case to which he was not admitted and on arrival found she was dead. She had been alive for some time, but had not seen a doctor for over a month. He notified the death to the coroner, informing him that he was satisfied that death was due to natural causes. Not receiving an answer in twenty-four hours, he wired: "Can I give certificate?" and received the reply: "Cannot authorize you to give certificate; there will be no inquest; am notifying registrar." Our correspondent asks: (a) If a person's death is caused by some cause for which he is not in a position to give a certificate, could he not authorize me to give a certificate? (b) What is the usual procedure in such a case? (c) I presume I was right in communicating to the coroner.

* * *

(a) In a case of death, when a coroner after such inquiries as he may think fit, does not consider an inquest necessary, he may notify his decision to the registrar of deaths, who must, immediately on receiving such notification, register the death on the information of an officer of the death of a person in the administrative district of the deceased. If it appears to him that the death is due to natural causes, and an inquest is not necessary, there is no valid reason why the coroner should not inform the practitioner that he is satisfied in the opinion of the medical practitioner that the death is due to natural causes, and the practitioner is required to certify the cause of death in the usual way.

(b) If coroners would more frequently take the trouble to do this, many of the deaths which are now classified as "uncertified" would disappear. If the deceased person had not been "attended" by the practitioner, he might give not the registration of the death as certified.

THE ETHICS OF CONSULTATION.

Tibb writes: I called in Dr. X., who is on the hospital staff here, to see a patient. About a year afterwards, Dr. X. sent a polite note to Dr. Y., asking whether he could come as soon as possible, as his child has met with an accident. Dr. Y. had done his utmost to attend him, but had not been able to do so. In the consultation the patient's friends came to Dr. X. and asked him if he could get his patient into the infirmary. Dr. X. said: "I have been unable to attend the deceased, I was unable to come as soon as possible, as the patient had met with an accident. I could do nothing better for him.

11. (c) What is the usual procedure in such a case? (d) I presume I was right in communicating to the coroner.

THE OBLIGATION OF A SUBSTITUTE.

A. W. W. writes: A. and B. are two surgeons in a small country town on the west coast of India. During A.'s absence B. undertakes to act as his locum tenens, and in that capacity attends a child of C.'s. About a year afterwards C. sends a polite note to B., asking whether he could come as soon as possible, as his child has met with an accident. B. had not been able to attend him, and by the time he heard of the accident the baby was already dead. C. made no move to see any other doctor, but merely asked B. if he could come as soon as possible. C. was annoyed, and wrote to B. saying he had regretted he was unable to see him, and that he was not able to notify the registrar of his attendance. C. wants the report of the coroner, and asks whether he could have the services of another practitioner to administer chloroform. He charged a guinea but, as he had been unable to attend when the accident occurred, he had to pay for the services of the chloroformist. The patient, who resides in a house the rental of which the doctor pays, said he would not pay another doctor to attend him.