

THE LANCET.

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The New Regulations for the Medical Service of the Royal Navy.

WE publish to-day the new regulations for the entry of candidates for commissions in the Medical Department of the Royal Navy. Apart from other considerations the re-organisation of the Army Medical Service, with the publication of a new Royal Warrant for that service, made it imperative on the Admiralty to draw up and to issue fresh regulations for the Medical Department of the Royal Navy. The document now published is dated March 26th last, and it is one not only of interest to the profession as a whole but, of course, of still more importance to those who are thinking of the Naval Medical Service as a career. By the latter the new regulations should be carefully studied—as they no doubt will be—and in order to see what changes have been introduced and what additional advantages have been conferred upon members of the Naval Medical Service they should be read and compared with the regulations previously in force as set forth in the last Student's Number of THE LANCET. Speaking generally we may say that such a comparison will show that a good many changes have been made and that a great deal has been done to increase the efficiency of the Naval Medical Service and to improve it generally; moreover, many new and additional inducements are held out to those who may be thinking of becoming candidates for admission into the service. It will, no doubt, be generally conceded that the framers of these new regulations have set about their work in an earnest and sincere spirit, that the objects aimed at are in the right direction, and that the changes and improvements introduced are of a necessary and wholesome kind.

To a great extent the regulations for the Royal Navy Medical Service are framed on the same lines as those laid down in the Royal Warrant for the Army Medical Service. The entrance examination becomes of a much more practical and clinical nature and better adapted to, and more befitting, candidates already qualified to practise their profession. The subjects are divided into compulsory and voluntary, and the voluntary subjects have been apparently selected with a view to secure men with some knowledge of foreign languages and aptitude for natural science. Provision is reserved for the Admiralty to appoint at its discretion a limited number of candidates from medical schools of the United Kingdom and the colonies without such competitive entrance examination. All these changes made with respect to entrance to the service should, in our opinion, ensure that those most fully educated and least crammed will be selected for the service, if a sufficient number of candidates put in their appearance and so lead to the principle of selection being adopted with

any freedom. With the exception of a few specified appliances, all surgical instruments are, very rightly, to be provided at the public expense. We may refer here to the new and, as we regard it, very important regulation in regard to courses of instruction under which it will be seen that medical officers will have practical opportunities and facilities for keeping abreast with the progress of their profession and for studying special branches of it. Such courses of instruction are absolutely necessary in order to maintain professional efficiency, but naval medical officers have not hitherto enjoyed an opportunity for entering on them. We trust and believe that the practical advantages to the whole naval service which will follow upon this reform will become generally recognised. It will be observed that the medical officers of the navy are required to undergo the course of post-graduate study at their own expense although they are paid lodging allowance as are all other officers not provided with quarters on a ship. Is it too much to hope that the time will soon come when our naval medical officers, like the medical officers of the German navy, will receive full subsidies from Government? That time will be when the Admiralty recognises that a medical officer in the navy does not exist only "to doctor people," but that he has, or should have, functions of the highest importance to discharge in the prevention of disease. It is a case in point here that ex-house surgeons of large civil hospitals may be promoted to the rank of staff surgeon six months or a year earlier than their fellows. The principle is an excellent one, but why does the Admiralty desire only to secure proficiency in surgery in particular? The holder of a diploma in public health might well have the same privilege as an ex-house surgeon.

As regards pay and allowances, charge pay, the provision of cabins for naval medical officers, and other points, our readers will notice that material changes have been made, and in respect of some of these, as in rates of full-pay for example, the changes are unquestionably of a kind advantageous to the medical service. In the case of the deputy inspector-generals, however, the pay remains as it was. The question of half-pay service comes in where naval medical officers are concerned and such service does not count towards promotion. The allowances for charge pay form a good feature and have to be taken into account in calculating the sum total of attainable income. The application of the principle of promotion by selection instead of by seniority is more fully recognised and extended and more encouragement is held out in this direction for professional knowledge and merit. Our readers will gather from what we have said that, as a whole, our impressions regarding the new regulations for the Medical Department of the Royal Navy are distinctly favourable.

The End of the Birmingham Consultative Institution.

ON May 18th, 1899, at a meeting of the supporters of the Hospital Saturday Fund in Birmingham, a report was read in favour of a proposal by Mr. ARTHUR CHAMBERLAIN to establish what was termed "A Consultative Medical Institution." The scheme, as at first suggested, was that rooms