

Colleges also grant these diplomas. The School of Physics of Trinity College, Dublin, was the first body in the British Isles to arrange for courses of instruction and for a Diploma in Public Health. At Cambridge the teaching and training courses for the D.P.H. were terminated at the end of 1931.

In London the postgraduate teaching and training in public health is provided mainly at one centre—the London School of Hygiene and Tropical Medicine (University of London); the only other training centre which offers such facilities is the Royal Institute of Public Health, Queen Square, Bloomsbury, W.C.1.

The course of study for the D.P.H., as provided by the London School of Hygiene and Tropical Medicine (Keppel Street, Gower Street, London, W.C.1), which is a School of the University of London, covers a period of nine calendar months in the case of whole-time students, and is so designed that students can proceed to the academic diploma of the University of London. The course of study provided in the School is intended primarily for those who can devote the whole of their time to the work. A uniform date of entry is essential in a course of this nature, and students must commence work at the beginning of the autumn term. The session opens on September 28 and closes at the end of the following June. Examinations in Parts I and II of the Academic Diploma in Public Health of the University of London are held twice yearly—Part I in January and June, and Part II in July and September. Students who possess a medical qualification which is not registrable with the General Medical Council may be permitted to enter for the examination for the Academic Diploma in Public Health, and a special School Certificate in Public Health will be awarded to all such students who satisfy the examiners. The School undertakes research work in preventive medicine, and members of the public health services have a common room placed at their disposal, and are invited to attend staff and special lectures.

The University of Liverpool grants a Diploma in Public Health to medical practitioners eligible under the rules drawn up by the General Medical Council. The course of study for the diploma extends over a period of not less than twelve calendar months (or an academic year of whole-time study covering a period of not less than nine calendar months) subsequent to the attainment of a registrable qualification. The examinations for Part I are held annually in March and June, and for Part II in June and October. On the recommendation of the examiners, the diploma may be awarded with a mark of distinction in the case of candidates who reach a required standard. All particulars regarding courses of study, examinations, and fees can be obtained on application to the Dean of the Faculty of Medicine.

The University of Manchester has a well-equipped department of bacteriology and preventive medicine, where candidates preparing for the examinations of the various university and examining boards for the Diploma in Public Health can obtain instruction. It also prepares candidates for the Diploma in Bacteriology granted by the university. Full particulars can be obtained from the Dean of the Medical School, the University, Manchester.

The University of Wales grants a Diploma in Public Health under conditions which comply with the requirements of the General Medical Council. Examinations are held twice yearly for Part I in June and October, and for Part II in October (immediately after the examination for Part I in that month) and in January. Candidates must hold a registrable qualification and have taken the courses of study for the diploma at the Welsh National School of Medicine, a constituent School of the University. The courses commence in October and continue throughout the succeeding twelve calendar months. They are so arranged as to permit of part-time study. The Institute of Preventive Medicine, situated in Cardiff, is equipped with laboratories for teaching and research in public health, and a library is provided for the use of students. The Public Health Departments of the City of Cardiff and the County of Glamorgan, and the Joint Public Health Laboratories provided by these authorities and accommodated at the institute, form the centres of practical instruction, their medical officers of health, bacteriologists, and chemists being lecturers in the department of preventive medicine of the School. In the public health departments of Cardiff and Glamorgan a limited number of salaried half-time posts, tenable for one year only, are open to medical men or women who intend to study for the diploma in the Welsh National School of Medicine. Applications for such appointments must be made

to the respective medical officers of health. Further particulars may be obtained from the Secretary, Welsh National School of Medicine, 10, The Parade, Cardiff.

The University of Edinburgh grants a Diploma in Public Health. The course, which extends over an academical year of nine months' full-time study, can be commenced in October only, and provision is made by the university for instruction in all the subjects. Candidates for the diploma must be graduates in medicine and surgery of the University of Edinburgh, or must hold corresponding degrees or registrable medical qualifications, which must be registered before a candidate is admitted to the second examination. The course for the diploma is divided into two parts, for each of which examinations are held twice annually. In each part the candidate must pass in all the specified subjects at one examination.

The University of Glasgow confers the B.Sc.(P.H.) and the D.P.H., and conducts complete qualifying courses for both at its Institute of Hygiene and, for administrative work, in the Public Health Department of the city. The course for the diploma is divided into two parts, and admission to the examination is contingent upon the candidate having complied with the following conditions, which apply also to the Edinburgh D.P.H.:

PART I.—(a) Completion, subsequent to obtaining a registrable medical qualification, of the course of instruction prescribed for Part I.

PART II.—(b) Completion, subject to obtaining a registrable qualification of the course of instruction prescribed for Part II; (c) a lapse of two years after obtaining a registrable qualification; (d) previous passing of examination in all subjects of Part I.

The Royal Naval Medical College and the Royal Army Medical College provide courses of training to the medical officers of these two Services.

Degrees and Diplomas in Public Health are registrable qualifications, but not so those in Tropical Medicine and Hygiene.

Qualifications in Tropical Medicine and Hygiene

The University of London grants a degree (M.D. in Tropical Medicine) to its medical graduates. A course of training is normally required, extending over at least one academic year.

Diplomas in Tropical Medicine and Hygiene are granted, in England, by the University of Liverpool and by the English Conjoint Board; and, in Scotland, by the University of Edinburgh. Among the institutions which provide qualifying courses are the London School of Hygiene and Tropical Medicine, the Liverpool School of Tropical Medicine, and the Royal Army Medical College. In the last-mentioned institution the training provided is restricted to Army medical officers. The training period for these diplomas is about six months. Graduates of medicine and surgery of recognized universities whose degrees are not registrable in this country may enter for the examination of the English Conjoint Board, and the conditions of study may be modified on the grounds of previous work in the Tropics or of original investigations undertaken.

Facilities for research work are provided at each of the above-mentioned centres for training.

The Colonial Office has decreed that the holder of a D.T.M. and H., or of a D.T.H., is eligible for appointment as a medical officer of health in places and districts other than those with large populations. In the latter cases a D.P.H. is required.

The Services

ROYAL NAVAL MEDICAL SERVICE

The Royal Naval Medical Service offers to well-qualified medical men a satisfactory career, with good opportunities for the practice of their profession and for specialization in many subjects, good pay, and the prospects of promo-

tion to the higher ranks, with an adequate pension on retirement.

Entrance is on a short-service basis for an initial period of three years, to be extended to five years at the discretion of the Admiralty. Officers leaving the Service at the end of three years are eligible for a gratuity of £400, while those who leave at the end of five years receive £1,000.

On appointment, new entrants undergo an initial course, during which they receive instruction in the naval aspects of medicine and the organization and administration of the Naval Medical Service. This is followed by a period of service at one of the principal naval barracks or hospital, and is succeeded by various periods of service at home or abroad, afloat or ashore, as required.

General medical and specialist courses of duration varying from three to six months are arranged, and this postgraduate instruction is supplemented by the promotion course referred to under Promotion below.

Officers may be transferred to the Permanent List at the discretion of the Admiralty during the year in which they attain four years' seniority as surgeon lieutenant. A gratuity of £1,000 (less income tax) is paid, but the officer is required to render a minimum of twenty-five years' service in order to qualify for full pension, including seniority granted, if any, in respect of civil hospital time. With regard to the latter, ante-date of seniority of not more than one year may be allowed in respect of whole-time or resident appointments in civil hospitals held prior to entry to the Royal Naval Medical Service. The ante-date counts for seniority and eligibility for increase of pay, and if the officer is transferred to the Permanent List it counts also as service for the purposes of promotion and retired pay, or gratuity on retirement.

Opportunities are afforded for officers to specialize during the course of their career, and the number of specialist posts carrying additional emoluments is over eighty-five.

Candidates should preferably be between the ages of 24 and 28.

PAY AND ALLOWANCES (Full Pay—Current Rates)

	Per annum	
	£	£
Surgeon Lieutenant (short service and permanent service)	438 to	478
Surgeon Lieutenant Commander (promoted after 6 years' service)	578 to	611
Surgeon Commander (promoted after a further 6 years' service)	742 to	1,058½
Surgeon Captain (promoted by selection)	1,074 to	1,320
Surgeon Rear-Admiral (promoted by selection)	1,734	
Medical Director-General	2,262½	

An outfit allowance of £50 towards cost of uniform is given.

	Per diem
Allowance when in charge of hospitals and sick quarters	10s. and 5s.
Specialist allowance	5s.
Allowance to Senior Medical Officer in flag ship	5s. and 2s. 6d.

PROMOTION

Promotion to surgeon lieutenant commander is automatic, subject to the necessary minimum of sea-time being served and to satisfactory reports. Promotion to surgeon commander is principally governed by success at a promotion examination, prior to which a course of five months' postgraduate instruction is given. In the higher ranks promotion is strictly by selection. The total number of surgeon captains and officers above that rank is forty. Every permanent officer becomes eligible for selection for a higher post after eight years' service as surgeon commander, and promotion usually takes place after eleven to twelve years' service in that rank.

Provision allowance and lodging allowance are paid when victualling and accommodation are not provided.

The extra allowances alluded to in this table are not to be looked upon as very exceptional. About a quarter of the medical officers of the Navy are drawing extra allowances.

PENSIONS

Naval officers retire at certain ages according to the rank they have attained. Except for those promoted to the forty higher posts, the usual retiring age is 55 as surgeon commander, the appropriate pension according to scale being £543 per annum.

The current scale of pensions is as follows:

		Maximum Retired Pay	
Surgeon Vice-Admiral	£1,082 per annum on vacating office		
" Rear-Admiral	£914½ per annum at age of 60		
" Captain	£814½	"	57
" Commander	£543	"	55
" Lieutenant Commander and Surgeon Lieutenant	£107½	"	45

Officers permitted to withdraw receive gratuities on the following scale:

Over 10 and under 15 years' service	£500
" 15 " 18 " "	£1,800
" 18 years' service	£2,700

Applications.—No examination for entry is held, but candidates will be required to present themselves before a Selection Board of the Admiralty, presided over by the Medical Director-General of the Navy, Admiralty, London, to whom application should be made for further details.

General.—The cost of living in a Naval mess, afloat or ashore, is very moderate, and does not, as a general rule, exceed £10 a month.

ROYAL ARMY MEDICAL CORPS

The Royal Army Medical Corps offers to well-qualified medical men a satisfactory career, with good opportunities for the practice of their profession and specialization in many subjects, good pay, and prospects of promotion to the higher ranks with an adequate pension on retirement.

The appointment of officers to the R.A.M.C. is, in the first instance, by means of a short-service commission for a period of five years.

In the fourth year of service an officer is given the choice of retiring with a gratuity of £1,000 at the end of five years' service or of applying for a permanent commission in either the Royal Army Medical Corps or the Indian Medical Service. In the reorganized service, introduced as a result of the recommendation of the Warren Fisher Committee, the prospect of promotion to the higher ranks necessarily depends upon a rigid control of entry into the permanent service. It is not possible on this account to say exactly what proportion of officers who now enter the Corps will be eligible for permanent commissions, but in all probability about 50 per cent. will have the opportunity of doing so. Those retiring with a gratuity after five years' service are liable to be called up for duty in the event of a national emergency arising during the twelve years following their retirement.

New entrants are commissioned in the rank of lieutenant, and the first three months of their service are on probation, during which time they undergo a course at the Royal Army Medical College, London, in hygiene, tropical medicine, entomology, etc., in addition to their military training at the Royal Army Medical Corps Depot at Aldershot. A grant of £50 is made for the purchase of uniform.

An entrant who is holding, or who is about to hold, at the time of entrance an approved whole-time appointment at a recognized civil hospital may be seconded while holding such appointment up to a maximum period of twelve months. A candidate who has held such an appointment within six months of entry may be granted an ante-date up to twelve months in respect of the period the appointment was held. The period of secondment or ante-date will not reckon in diminution of the period of five years which he is required to serve on a short-service commission, but on completing one year of actual service in the R.A.M.C. the period of secondment or ante-date will count for seniority. If appointed to a permanent commission the period of secondment or ante-date counts as service for promotion to the rank of major, increases

of pay in the ranks of captain and major, and retirement on retired pay or with gratuity.

Promotion

Promotion to captain is after one year's commissioned service on full pay. If appointed to a permanent commission promotion to the rank of major is on completion of ten years' commissioned service. Promotion to the ranks of lieutenant-colonel and colonel is by selection to fill vacancies within the establishment, which is designed to allow promotion to those ranks on the average after seventeen and twenty-five years' service respectively.

Professional Opportunity

The possibilities for good work are very great. There is scope for original research in tropical diseases, in preventive medicine, and in bacteriology, as well as in the large clinical field open to the specialist in medicine, surgery, gynaecology, diseases of the ear, nose, and throat, ophthalmology, and venereal diseases. Child welfare is also undertaken systematically by officers of the R.A.M.C.

Young officers having special qualifications or experience in particular branches of medicine or surgery can, if found sufficiently expert, be graded as "Physician," "Otolologist," "Gynaecologist," etc. They would then be eligible to fill specialist appointments.

Foreign Service

The tour of foreign service in India, Burma, and Egypt is five years, in Gibraltar and Malta four years, and in other stations three years, but in the case of those officers retiring on a gratuity after five years' service, arrangements would be made for them to return to England at public expense by the end of that period.

Postgraduate Study

A permanent commissioned officer, between his sixth and tenth year of service, undergoes a course of postgraduate study at the Royal Army Medical College and the London hospitals of five months' duration, followed by a course of study of a special subject selected by himself, provided he has shown special aptitude in the postgraduate course or during his previous service. During this course of study he remains on full pay, and the fees for the course are paid by the State. When qualified in his special subject the officer, up to and including the rank of lieutenant-colonel, becomes entitled to specialist pay at 4s. 6d. per day when holding a specialist appointment.

Pay and Allowances: Retired Pay, etc.

The present rates of pay and allowances and retired pay are given in the following tables. In addition, an officer at

home below the rank of colonel in charge of a hospital of fifty beds or more receives charge pay at the rate of 5s. a day. There are also available specialist appointments which carry with them an additional rate of pay of 4s. 6d. a day.

General.—The pay of officers even in the lowest rank is ample to enable them to be independent, and the expenses of R.A.M.C. messes are kept under strict supervision so that all tendency to extravagance may be checked and junior officers prevented from finding difficulty in living on their pay.

Retired pay consists of two parts: (a) a service element based on the officer's total service; (b) a rank element for the substantive rank from which the officer retires. An officer with less than twenty complete years' service will not be eligible for retired pay on voluntary retirement.

The following are the maximum current rates of retired pay:

Rank	Yearly Rate of Retired Pay	Compulsory Retiring Age
Major	£ 407.5	55
Lieutenant-Colonel	543	55
Colonel	724	57
Major-General	905	60
Lieutenant-General	1,086	60 (or on completion of tenure)

Gratuities

A short-service officer not appointed to a permanent commission may retire with a gratuity of £1,000 after five years' service as a medical officer. Such an officer is liable, during the twelve years following retirement, to be recalled to service at a time of national emergency. Officers holding permanent commissions, with less than twenty years' service as medical officers, may be permitted to retire with gratuities in accordance with the following scale:

With less than 10 years' service as a medical officer	£1,000
After 10 years' service as a medical officer	£1,500
After 15 years' service as a medical officer	£2,800
After 18 years' service as a medical officer	£3,500

Applications.—Entry takes place twice yearly, at the beginning of May and November. The regulations for admission, giving full details, can be obtained from the Under Secretary of State (A.M.D. 1), War Office, Whitehall, London, S.W.1, and should be carefully studied. A personal interview with a representative of the Director-General, Army Medical Services, is readily obtainable.

MEDICAL BRANCH OF THE ROYAL AIR FORCE

The Air Council attaches great importance to attracting into the service the best type of medical man, since on the capacity of the Medical Branch depends in a peculiar degree the safety and efficiency of the Air Force. The duties of a medical officer in the Air Force include not only the prevention and treatment of those ordinary diseases to which the personnel of any fighting service are liable but the special study of the mental and physical stresses imposed on the airman in diverse circumstances and climates—a new branch of medicine which still provides considerable scope for research.

As promotion to the higher ranks of the Service is by selection, and as a certain proportion of the higher ranks are reserved for purely professional as opposed to administrative appointments, it will be seen that there are excellent prospects for the young medical officer who exhibits ability and energy in his professional work. The work to be done, therefore, has a high professional interest, combined with good rates of pay and allowances, so that a career is offered to those who are selected for permanent commissions which should prove both attractive and interesting. The life is one which is certain to appeal to

Rank	Pay (per annum) approx.	Allowances (Home Rates) approx.	
		Married	Single
Lieutenant	£ 362	£ 198	£ 134
Captain	447	236	134
Captain after 6 years' service	496	236	134
Captain after 8 years' service	535	236	134
Major	621	239	173
Major after 13 years' service	703	239	173
Major after 16 years' service	742	239	173
Major after 18 years' service	827	239	173
Major after 22 years' service	891	239	173
Lieutenant-Colonel	949	240	201
Lieutenant-Colonel after 3 years' service as such	1,031	240	201
Colonel	1,156	275	227
Major-General	1,570	434	383

Pay in India is appreciably higher than that at home.

the man of wide outlook who desires opportunities for travel, sport, and games, and can find interest and enjoyment in aviation. His duties will, as a matter of course, give him flying experience as a passenger, which is necessary for the proper study of the medical problems of aviation and for gaining first-hand knowledge of the conditions under which his comrades serve. He may also, if he wishes, learn to fly when this can be done without interference with his duties.

COMMISSIONS

The establishment consists partly of permanent and partly of short-service officers, and an officer on entry is granted a short-service commission for a period of three years on the active list (which may be extended to five years) and of four years in the Reserve of Air Force Officers. Selections for permanent commissions are made from officers holding short-service commissions who are considered to be suitable and who desire a life career in the Service. Those who are not selected are transferred to the Reserve at the expiration of their period of service on the active list.

But the short-service commission with its gratuity after three or five years is in itself an attraction to many entrants who desire to enlarge their experience and outlook from the points of view of subsequently entering private practice, and who, on entry, have not made up their minds to the adoption of a permanent career in the Service.

For certain purposes medical officers may be allowed to count as service their time spent in approved whole-time post-graduate appointments in civil hospitals under certain well-defined and generous conditions.

At about five years' service all permanent officers who are judged suitable will be given the opportunity to take a course of specialist study, towards the expense of which an allowance is made. The period allowed will vary with the subject of study, but usually about nine months will be available to each officer, during which full pay and allowances will be issued. Their subsequent career will normally be as follows. Approximately three-quarters of the employment of squadron leaders and senior flight lieutenants is in specialist posts, though these are not generally of a full-time specialist character. On reaching the rank of wing commander the policy is to allow a proportion of officers to become permanent specialists and to be employed continuously throughout the remainder of their career in full-time specialist posts. In addition there are a number of hygiene posts in the rank of wing commander open to specialists in that subject, thus further increasing the proportion of specialist posts open to officers. In the rank of group captain, apart from the posts already mentioned as available for the permanent specialist, employment is nearly equally divided between posts in charge of a large hospital and headquarters administrative posts. This statement indicates the position as regards specialist employment as at present foreseen.

New entrants into the Royal Air Force Medical Branch are commissioned as Flying Officers (Medical), and are eligible for promotion to the rank of Flight Lieutenant (Medical) after one year's service on full pay. Accelerated promotion to the rank of Squadron Leader may be granted at any time after eight years' service to officers qualified to hold specialist appointments; those officers who are not so qualified will be eligible for promotion to this rank after ten years' total service. Promotion within establishment to the ranks of Wing Commander and above is by selection. The number of permanent commissions granted yearly is regulated with a view to all suitable permanent officers being promoted to Wing Commanders and of a substantial proportion of Wing Commanders being promoted to Group Captains.

There is no competitive examination on entry; candidates, who must be under 28 years of age, are interviewed by a Board presided over by the Director of Medical Services, Royal Air Force, before acceptance. Each candidate must produce: 1. Birth certificate. 2. Medical registration certificate. 3. A declaration containing the following information: (a) Age and place of birth; (b) that he is a British subject, the son of British subjects, and of pure European descent; (c) that he is ready to engage for general service at home or abroad as required; (d) the qualifications he is possessed of, and what medical or other appointments he has held (if any); (e) that he is willing to fly as a passenger whenever called upon to do so.

Each candidate is required, before acceptance, to pass a medical examination to ensure that he labours under no constitutional or mental disease or weakness, or any imperfection or disability which may interfere with the efficient discharge of the duties of a medical officer in any climate, in peace or war.

On appointment entrants undergo an initial course of three months, during which they are given instruction in the special medical aspects of aviation, hygiene and tropical medicine, the organization and administration of the Royal Air Force, and the general and special duties to be performed by officers in the Medical Branch.

UNIFORM AND EQUIPMENT: LEAVE

An allowance of £50 towards the cost of uniform is made on joining to candidates who have not had previous commissioned service in H.M. Forces. Subject to the exigencies of the service, officers at home are allowed ordinary leave up to sixty-one days in a year; officers abroad may accumulate leave up to ninety-one days, which may be taken on return home. Full pay is granted for ordinary and accumulated leave.

EMOLUMENTS

The emoluments of medical officers of the Royal Air Force are given in outline below. The rates of pay are fixed on an inclusive basis, and the fact that specialist pay and charge pay are not payable as separate emoluments was taken into account when the rates were fixed.

In addition to pay officers receive quarters (with fuel and light), rations, and attendance, or, if these are not available in kind, they are given cash allowances in lieu as shown in the table. The rates and general scheme of allowances are subject to review as circumstances may require. Married officers who have attained the age of 30 years receive either married quarters or allowances at the married rates.

Rank	Pay (per annum)	Allowances (per annum) (Present Home Rates)	
		Married	Single
Flying Officer	£ 395	£ —	£ 123
Flight Lieutenant	429	234	123
Ditto, after 2 years as such	462	234	123
Ditto, after 4 years as such	496	234	123
Squadron Leader	645	237	162
Ditto, after 2 years as such	709	237	162
Ditto, after 4 years as such	742	237	162
Ditto, after 6 years as such	809	237	162
Wing Commander	909	239	190
Ditto, after 2 years as such	943	239	190
Ditto, after 4 years as such	1,040	239	190
Group Captain	1,156	310	252
Air Commodore	1,320	366	312
Air Vice-Marshal	1,652	430	373

Special allowances are applicable at stations abroad.

RETIRED PAY AND GRATUITIES

The minimum period of service qualifying for retirement on retired pay is twenty years. The maximum rates of retired pay and the compulsory retiring ages for the several ranks are:

Rank	Yearly Rate of Retired Pay	Compulsory Retiring Age
Air Vice-Marshal	£ s. 914 10	60
Air Commodore	860 0	59
Group Captain	814 10	57
Wing Commander	543 0	55
Squadron Leader	452 10	55

Officers of the rank of Group Captain and below can normally reach the maximum rate of retired pay of their rank.

A permanent officer allowed to retire before having qualified for retired pay may be granted a gratuity, namely:

After 5 but less than 10 years' commissioned service ..	£1,000
After 10 but less than 15 years' commissioned service ..	£1,500
With 15 or more than 15 years' commissioned service ..	£2,800

Short-service officers who complete their full period of service on the active list will normally be granted gratuity as follows on transfer to the Reserve:

After 3 completed years	£400
After 5 completed years	£1,000

These gratuities will not be repayable to officers granted permanent commissions, but their service on a short-service commission will count towards retired pay.

DISABILITY AWARDS, WIDOWS' PENSIONS, ETC.

Permanent medical officers invalidated from the Royal Air Force are eligible for retired pay or gratuity however short their service may have been. If the disability in consequence of which they are invalided is attributable to the conditions of their service and is assessed at 20 per cent. or more, they receive an addition, varying according to the degree of disablement, to the retired pay or gratuity for which they may be eligible. Provision is also made in the regulations for pension to the widow and allowances to children or dependants of a deceased officer.

GENERAL

The pay of officers even in the lowest rank is ample to enable them to be independent, and the expenses of Air Force messes are strictly limited in order to check all tendency to extravagance and to prevent even the most junior officer from finding difficulty in living on his pay. The regulated limit of the daily rate of messing is 5s. and the average rate at present charged at home stations is 3s. 6d. Subscriptions and the cost of mess entertainments are charged according to an officer's rate of pay, and an unmarried officer taking his full share in the life of the mess should not incur a mess bill of more than £10 a month (6s. 8d. a day). This sum would include a wine bill of £1 a month (an actual average figure), but would not include goods, such as tobacco, bought through the mess.

INDIAN MEDICAL SERVICE

The Indian Medical Service offers a permanent career with wide opportunities of medical experience, including clinical, preventive, specialist, and research work. Admission to the Service is by selection and nomination by the Secretary of State for India, and inquiries should be addressed to the Secretary, Military Department, India Office, Whitehall, S.W.1.

Candidates should be under 32 years of age, and must possess a qualification registered in Great Britain and Northern Ireland under the Medical Acts in force, or an Indian medical qualification recognized under Section 11 (i) of the Indian Medical Council Act, 1933, and registered in British India under one of the Provincial Medical Acts. Officers are appointed in the rank of Lieutenant, and are normally promoted to Captain on completion of one year's full pay service.

COMMISSIONS AND APPOINTMENTS

All European officers are appointed to *permanent* commissions, but they may retire voluntarily with a gratuity of £1,000 after six years' service or £2,500 after twelve years' service. In such cases officers are provided with free passages to the United Kingdom.

The Service is primarily a Military Service, but 142 posts under the civil administration are specifically reserved for officers of the Indian Medical Service (Civil). European officers are appointed to 115 of these and are eligible, together with Indians, for appointment to 24 of the remainder. These posts include civil surgeoncies, which provide for the medical needs of civil officers and for general medical administration; specialist appointments as physicians, surgeons, and gynaecologists, etc., at civil hospitals; research posts; and professor-

ships at important medical schools. Officers are not normally eligible for transfer to civil employment until they have done at least one year's service in India. Except in the case of officers who are specially selected for certain appointments, transfers to civil employment are not usually made until the completion of 4 or 5 years' service in India.

RATES OF PAY

Year of Service	Rank	Basic Pay, Rs. per mensem	Overseas Pay, £ per month	Total, £ per annum
1	Lieutenant ..	450	15	585
2	Captain ..	500	25	750
3	" ..	550	25	795
4	" ..	550	25	795
5	" ..	600	25	840
6	" ..	600	30	900
7	" ..	700	30	990
8	" ..	700	30	990
9	" ..	700	35	1,050
10	" ..	700	35	1,050
11	Major ..	800	35	1,140
12	" ..	800	40	1,200
13	" ..	800	40	1,200
14	" ..	800	40	1,200
15	" ..	800	40	1,200
16	" ..	950	40	1,335
17	" ..	950	40	1,335
18	" ..	950	40	1,335
19	" ..	1,100	40	1,470
20	" ..	1,100	40	1,470
21	Lieutenant-Colonel ..	1,350	40	1,695
22	" ..	1,350	40	1,695
23	" ..	1,350	40	1,695
24	" ..	1,500	40	1,830
25	" ..	1,500	40	1,830

NOTE.—(1) The rupee is at present stabilized at a rate equivalent to 1s. 6d.

(2) An officer promoted to the rank of Lieutenant-Colonel before completion of 20 years' service will receive pay at the rate of Rs. 1,200 per mensem (basic) plus £40 per month overseas pay.

(3) Overseas pay is admissible only in the case of officers who, at the date of their appointment to the Indian Medical Service, had their domicile elsewhere than in Asia. All service which counts for increments of basic pay counts also for overseas pay.

In addition to the above rates various allowances are admissible for a large number of special appointments on both the military and the civil side which may be held by members of the Indian Medical Service. Special rates of pay are also attached to numerous administrative appointments.

ANTE-DATES IN COMMISSION

Candidates possessing certain higher medical qualifications may be granted an ante-date of one year in their commissions, and candidates possessing a D.P.H. receive an ante-date of six months. An officer who has held an approved whole-time appointment in a civil hospital is also eligible for an ante-date equivalent to the period of his appointment but not exceeding one year. Persons holding or about to hold such appointments may be seconded in those posts for a period not exceeding one year. The maximum period of ante-date secondment, or ante-date and secondment combined, is limited to 18 months. An officer granted an ante-date of twelve months is promoted Captain on arrival in India.

OUTFIT ALLOWANCE: PRIVATE PRACTICE

Officers on appointment will receive an allowance of £75 towards the cost of outfit.

With the exception of administrative officers, military or civil, and officers holding certain special appointments, officers are not debarred from taking private practice so long as it does not interfere with their proper duties.

LEAVE

Leave can be taken at reasonable intervals, and adequate rates of leave pay are provided. Extra leave (known as study leave), which may not exceed twelve months in all during an officer's service, may be granted to officers desirous of pursuing special courses of study of a postgraduate nature. During such leave study allowance, at present fixed at the rate of 12s. a day in the United Kingdom, £1 a day on the Continent of Europe, and £1 10s. a day in the United States of America and Canada, is granted to an officer in addition to ordinary rates of leave pay.

PENSIONS

The rates of pension are as follows:

							Per annum	
							£	s.
After 17 years' service for pension	372	0
" 18 "	"	"	"	"	"	"	400	0
" 19 "	"	"	"	"	"	"	428	0
" 20 "	"	"	"	"	"	"	465	0
" 21 "	"	"	"	"	"	"	502	0
" 22 "	"	"	"	"	"	"	539	0
" 23 "	"	"	"	"	"	"	576	10
" 24 "	"	"	"	"	"	"	614	0
" 25 "	"	"	"	"	"	"	651	0
" 26 "	"	"	"	"	"	"	697	10
" 27 "	"	"	"	"	"	"	744	0

There are additional pensions ranging from £65 to £350 per annum for officers who have held administrative appointments as Colonels or Major-Generals. Officers who elect to remain in civil employment after 17 years' service will not be promoted above the rank of Lieutenant-Colonel, but will be eligible for higher pensions.

PASSAGES

An officer on appointment is provided with free passage to India. The families of officers who are married prior to the date of the officers' embarkation on first appointment will also be provided with free passage to India, subject to the payment of messing charges. Officers of non-Asiatic domicile and their families are also eligible for passage concessions under which they are granted a certain number of return passages home for themselves and their wives and children at Government expense during their service.

INSTRUCTION PRIOR TO EMBARKATION

Officers are required to undergo courses of instruction at the Royal Army Medical College and at Aldershot, lasting approximately three months, prior to their embarkation for India on first appointment. Information as to the rates of pay admissible during this period and subsequently up to arrival in India is contained in the memorandum referred to below.

A detailed memorandum regarding these appointments and forms of application may be obtained from the Under Secretary of State for India, Military Department, India Office, London, S.W.1.

The Army Dental Corps

The corps is administered by the Director-General, Army Medical Services. The regulations for admission to the Army Dental Corps should be obtained from the Under Secretary of State, War Office, and carefully studied.

LOCAL GOVERNMENT HOSPITAL SERVICES

The growth of the municipal or council hospital during the last two years has meant not only greatly extended and modernized hospital provision for the public, but the creation of new medical staffs in the employment of local authorities and also the furnishing of increased teaching facilities of which many medical schools have taken advantage. In London alone, for example, the general and special hospitals of the County Council employ a staff of nearly 400 medical officers and over 250 consultants, and seventeen of the hospitals are linked with the medical schools for teaching purposes.

These hospitals have arisen by a metamorphosis from the old Poor Law infirmaries. Instead of being, as formerly, under the control of boards of guardians and other minor authorities, they are administered by county and county borough councils. No longer are they regarded merely as institutions for the reception of the chronic sick; they have assumed the curative and research functions of the voluntary hospital. Under the more progressive authorities the old institutions have become unrecognizable, with, in the general hospital, new

receiving wards, out-patient departments, more and better maternity accommodation, modernized operating theatres and sanitary annexes, the provision and extension of nurses' homes and central kitchens; and, at the special hospitals, isolation blocks, additional accommodation for patients and staff, and various reconstruction and improvement schemes.

The differentiation between the voluntary and the municipal hospital every year becomes less definite, and thus the need becomes greater for their co-operation. By one of the sections of the Local Government Act, 1929, which brought about all this municipal development, the local authority is instructed to consult with the voluntary hospitals and their professional staffs with regard to the extension of hospital accommodation. In some areas this has been done, and the range of subjects for consultation has been enlarged: witness the splendid example of Manchester, where the first Joint Hospitals Advisory Board has been set up. But in many parts of the country the section remains a dead letter. Indeed, only rather more than half the county boroughs, and of course a much smaller proportion of the counties, have so far "appropriated" to general and special hospital purposes the institutions which they inherited from the guardians. Nevertheless the municipal hospital is assuming an important place in the hospital picture. The change in administration has coincided with a change in public sentiment. The institutions which were disliked and dreaded by the poor while they remained Poor Law infirmaries, and were generally disregarded by the medical profession also, have now become popular, and their popularity extends beyond the class of persons they were originally intended to benefit.

The London County Council Services

The London County Council is the largest of the local authorities in respect of the hospital accommodation it controls and the medical staff which it employs. It has set an example by the advantage which it has taken of the Local Government Act. Under that Act it took over a total of seventy-six hospitals and institutions. These included twenty-eight general hospitals, the largest of which is Lambeth, with accommodation for 1,300 patients; eight of the others have accommodation for over 700. The total cost of maintenance of the various hospital services is some four and a half millions a year, of which nearly three millions is spent on the general hospitals. The total bed accommodation in the hospitals and allocated institutions on transfer was 41,164, but this included nearly ten thousand beds in institutions, the majority of which could not be regarded as suitable for the proper treatment of sick persons. A great deal of structural work and readaptation was put in hand, with the result that a net increase of more than 1,400 beds has been provided.

There were admitted to these hospitals a large number of acute cases, both medical and surgical, but there is, of course, this difference between them and the voluntary hospitals, that the latter can select their patients and reject whom they please, whereas the rate-supported institutions must be prepared to admit any sick poor person who applies, provided that, in the opinion of the medical superintendent, such a patient is suitable for admission. Some 37,000 operations were performed in the general hospitals during the last year for which full records were available (1935), and the number of out-patient attendances was more than 554,000. The chronic sick poor are gradually being concentrated in twelve other institutions which, unlike the rest, are for the present, for administrative reasons, not under the Public Health Acts.

So far as maternity and child welfare services are concerned, the City Corporation and the Metropolitan Borough Councils are the responsible authorities, but the London County Council has maternity beds in its general hospitals, and in several hospitals a fully equipped maternity and