

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. 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 designed so that students can proceed to the academic diploma of the University of London. 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 26. Full-time attendance is essential for Part I of the course (September–December), but candidates selected for certain appointments in the London County Council's special hospitals will be admitted to Part II of the course as part-time students. Examinations in Parts I and II of the Academic Diploma in Public Health of the University of London are held—Part I in January and June, and Part II in July, September, and January. 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 medical 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 December and April, and for Part II in January and October. Candidates must hold an approved medical 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 whole-time courses for Part I begin in mid-September and finish in December, an examination for this part following immediately. Part II courses commence in January and continue until the end of September. The courses for Part II 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 which are accommodated in 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 are open to medical men and women who are studying for Part II of the diploma in the Welsh National School of Medicine. Applications for such appointments should be made to the respective medical officers of health. Further particulars may be obtained from the Secretary, the 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 recognized degrees or medical qualifications. 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 diploma cannot be awarded until after the lapse of at least two years from the date of obtaining a recognized medical qualification.

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.

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.

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 promotion 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 hospitals, 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.

MEDICAL OFFICERS' FULL PAY, MARRIAGE ALLOWANCE, AND
RETIRED PAY

(Annual Amounts calculated to nearest £)

	Full pay of Single Officers and Married Officers under 30 (See Note (a))	Full pay of Married Off- icers over 30 (See Note (b))	Maximum Pension for Officers over 40	Retires at Age of
Surgeon Lieutenant on entry ..	£ 438	£ 522		
After 3 years ..	478	562		
Surgeon Lieutenant-Comman- der on promotion ..	541	624	408	45
After 3 years ..	575	657		
Surgeon Commander on pro- motion ..	706	788		
After 3 years ..	773	855		
" 6 " ..	840	922	543	55
" 9 " ..	906	989		
" 12 " ..	964	1,046		
" 15 " ..	1,022	1,104		
Surgeon Captain on promotion	1,037	1,138		
After 3 years ..	1,119	1,220	815	57
" 6 " ..	1,201	1,302		
" 9 " ..	1,284	1,384		
Surgeon Rear-Admiral ..	1,734	1,734	915	60
Surgeon Vice-Admiral ..	2,263	2,263	1,082	On vacat- ing office
(Medical Director-General of Navy)				

Notes.—(a) Lodging allowance at the rate of £80 per annum is payable when service accommodation is not provided. As a general rule, lodging allowance will not be payable concurrently with marriage allowance. (b) Children's allowances are paid in addition at the following rates: 2s. a day for first child; 1s. a day for each subsequent child.

PROMOTION

Promotion to surgeon lieutenant-commander and surgeon commander is automatic, subject to the necessary minimum of sea-time being served and to satisfactory reports. Surgeon lieutenant-commanders undergo a five-months course of instruction followed by an examination, as a result of which accelerated promotion to surgeon commander can be gained. In the higher ranks promotion is strictly by selection. The total number of surgeon captains and officers above that rank is forty-one. 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 the above table are not to be looked upon as very exceptional. About a quarter of the medical officers of the Navy are drawing extra allowances.

GRATUITIES

When officers are permitted to withdraw instead of receiving pension, gratuities are payable on the following scale:

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

ALLOWANCES

(a) In addition to marriage allowance (which is included in full pay of married officers—see table above), children's allowance, and lodging allowance the following allowances are also payable:

When in charge of hospitals and sick quarters ..	10s. and 5s. a day
Specialist allowances	5s. a day
Senior medical officers in flagships	5s. and 2s. 6d. a day
Provision allowance, when victualling is not provided	£47 per annum at present

(b) Married officers over 30 appointed on shore at home for periods over three months will receive a removal allowance.

(c) Married officers over 30 employed on shore abroad will receive free passages for their wives and families.

UNEMPLOYED AND HALF PAY

In the case of surgeon lieutenants, lieutenant-commanders, and commanders a distinction is drawn between officers await-

ing employment and holding themselves at the disposal of the Admiralty, and those who are unemployed at their own request or in consequence of misconduct. In the former case officers will receive unemployed pay as follows:

For the first six months .. Full pay of rank and seniority (without allowances)	Daily rate £ s. d.
For the next six months : Lieutenants	13 7
Lieutenant-Commanders	1 0 4
Commanders	1 4 11

And thereafter half pay varying between 6s. 9d. and 23s. 6d. a day, according to rank and seniority. In the latter case officers will receive half pay at the rates indicated above.

In actual practice half pay and unemployed pay are very seldom applicable to Medical Officers below the rank of surgeon captain.

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.

Naval Dental Service

Candidates for this Service must be below the age of 28, registered under the Medical or Dental Acts, and possess a registrable qualification in dental surgery. Particulars, including the rates of pay and allowances, also withdrawal gratuities and retired pay, can be had from the Medical Director-General of the Navy, Admiralty, S.W.1.

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.

Secondment for Civil Posts

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," "Surgeon," "Ophthalmologist," "Pathologist," "Radiologist," "Hygienist," "Dermatologist," and "Anaesthetist." They would then be eligible to fill specialist appointments, which carry additional pay.

Foreign Service: Postgraduate Study

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.

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 to retire voluntarily on service retired pay.

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	950	60
Lieutenant-General	1,120	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.

With the Air Force now increasing enormously, the prospects offered by the study of the special medical aspects of aviation are greatly enhanced, while there should be available many more opportunities for gaining experience and for employment in specialist and general medical work, and in administrative posts.

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 the man of wide outlook who desires opportunities for

Rank	Pay (per annum) approx.	Allowances (Home Rates) approx.	
		Married	Single
Lieutenant	£ 362	198	134
Captain	447	237	134
Captain after 6 years' service	496	237	134
Captain after 8 years' service	535	237	134
Major	621	240	173
Major after 13 years' service	703	240	173
Major after 16 years' service	742	240	173
Major after 18 years' service	827	240	173
Major after 22 years' service	891	240	173
Lieutenant-Colonel	949	240	202
Lieutenant-Colonel after 3 years' service as such	1,031	240	202
Colonel	1,156	277	227
Major-General	1,570	433	383

Pay in India is appreciably higher than that at home.

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 point 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 headquarter 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 (as a temporary measure applications will be considered from candidates up to 31 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 normally made on joining. 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 or reached the rank of Squadron Leader 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	£ 198	£ 125
Flight Lieutenant	429	237	125
Ditto, after 2 years as such	462	237	125
Ditto, after 4 years as such	496	237	125
Squadron Leader	645	240	164
Ditto, after 2 years as such	709	240	164
Ditto, after 4 years as such	742	240	164
Ditto, after 6 years as such	809	240	164
Wing Commander	909	240	193
Ditto, after 2 years as such	943	240	193
Ditto, after 4 years as such	1,040	240	193
Group Captain	1,156	313	254
Air Commodore	1,320	370	315
Air Vice-Marshal	1,652	433	376

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	£ 914 s. 10	60
Air Commodore	860 0	59
Group Captain	814 10	57
Wing Commander	543 0	55
Squadron Leader	452 10	55

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 payable 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 invalided 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 of European doctors 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

RATES OF PAY

Year of Service	Rank	Basic Pay, Rs. per mensem	Oversea 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) Sterling 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.

£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.

Although the Service is primarily a Military Service 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 professorships 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 four or five years' service in India.

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 or ante-date and secondment combined, is limited to eighteen months. An officer granted an ante-date of twelve months is promoted Captain on arrival in India.

Periods of ante-date or secondment count as commissioned service for the purposes of increments of pay, promotion, and retired pay, but not for gratuity.

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 officers' 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 0
" 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 seventeen 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 local government hospital during the last few years has brought into existence not only greatly extended and modernized hospital provision for the public but new medical staffs in the employment of local authorities and also new 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 400 medical officers and over 250 consultants, and seventeen of the hospitals are linked with the medical schools for teaching purposes. The Royal College of Surgeons some time ago recognized sixteen of the general hospitals of the L.C.C. for the purpose of qualification for admission to the final examination for the Fellowship. The same hospitals have since been recognized by the Examining Board in England set up by the Royal Colleges for the purpose of the regulations for obtaining the diploma in anaesthetics (D.A., R.C.P. and S.Eng.). Eighteen of the Council's hospitals have been granted recognition by the British College of Obstetricians and Gynaecologists as establishments at which the medical staff may qualify for candidature for the diplomas or membership of the College.

"Appropriated" Hospitals

These local government hospitals have in most cases arisen by a metamorphosis from the old Poor Law infirmaries. Altogether 109 hospitals, containing a total of 57,318 beds, have been "appropriated" from the Poor Law as general hospitals under public health powers (besides seventy-four hospitals for other public health purposes). Of this number thirty-eight belong to the London County Council, forty-nine to county boroughs in England, and twenty-two to county councils. 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.

At the end of 1937 there were in England 122 institutions or hospitals under the Public Health Acts and 406 public assistance institutions or hospitals, as compared with 62 and 528 respectively in 1931. Of the total beds the numbers have changed from 36,000 public health and 85,500 public assistance in 1931 to 60,000 public health and 64,000 public assistance, and the time should not be far distant when the majority of the beds in local authorities' hospitals will be provided under public health powers. The total of in-patient admissions to both types of hospital in 1937 was 781,191, an increase of over 50,000 on the year before; and out-patient attendances—largely for continuation treatment of patients previously admitted to the wards—numbered 1,921,769, a gain on the year of nearly 250,000. An indication of the increasing volume of treatment provided for acute conditions at these hospitals is to be found in the fact that the total of major surgical operations under general anaesthetics increased to close upon 131,000 last year.

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 was set up in 1935; of Liverpool, where a Joint Advisory Committee was formed in 1936; and of Oxford and district, where a similar movement has taken place. In the area of the West Riding County Council, where new hospital accommodation to the extent of 1,250 beds is being provided, with the proposed building of two new local authority hospitals, one between Doncaster and Barnsley and the other to the north of Leeds and Bradford, the county council is co-operating with the governing bodies of voluntary hospitals for the provision of specialized forms of treatment. Again, the Bristol City Council has approved a scheme whereby teams of specialists in medicine and surgery will be available for the hospitals under control of its health committee, and the scheme is being worked in association with the committees of the two principal voluntary hospitals.

Altogether the municipal or county 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. Under the Local Government 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. During the present year the remaining six public health institutions under the administration of the Council have been transferred from