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AT THE PERIPHERY.

"Loué par ceux-ci, blâmé par ceux-là, me moquant des sots, bravant des méchants. je me hâte de rire de tout, de peur d'être obligé d'en pleurer."—BEAUMARCHAIS.

The Future of War Doctors.

THE Medical Correspondent of *The Times* is seemingly very much concerned for the fate which is in store for the war doctors on their return from the front after peace is declared. There are, he says, 10,000 doctors at present employed on war service. Of these there are, according to him, three classes: (*a*) The panel doctors, who "will have some provision made for them"; (*b*) consultants and general practitioners, "who may be expected to suffer more severely, for their practices have been difficult to keep together"; and (*c*) the young men who went to the front from hospital appointments or from the schools. It is in connection with these last that *The Times* asks for the commiseration of its readers. For my own part I confess that I am unable to drop the solicited tear of sympathy, for I cannot see that the said young man will be any worse off when he has to seek his fortune in civilian practice than he would have been if war had never been declared. But here is the plaint.

The Young Men.

"ON their return they will have three courses open to them: (1) To buy practices; (2) to become assistants to general practitioners; (3) to undertake work in one of the public services, *e.g.*, the public health service. As, however, most of the men holding appointments will return to them after the war, this last course is not a very promising one. Nor is the position of assistant to a working-class practice very satisfying if a man is married. All those, therefore, who can afford to do so will buy practices, the value of which will almost certainly appreciate owing to increased demand. Those who cannot afford to buy practices may be in a very unhappy position—and there must be thousands of young men in this latter class—especially if they have married during the war." This calls to mind the saying of the famous surgeon invited to lecture to an assembly of students at a school much larger than his own. When he entered the over-full lecture-room he exclaimed, "Good God, what will become of you all?" What, the imaginative may ask, will become of all the boys home from the front? To which I can only reply that these things seem to have a way of settling themselves without any very conspicuous hardship or injustice. And that is what I humbly opine will happen in the present case. If there were any real reason to think otherwise I should have something to say. But there is not.

Sale of Practices.

THE *Times* correspondent proceeds to hang on the above rather flimsy text a reasoned, reasonable and vigorous attack upon the existing system of buying and selling of practices. In this matter I am no more concerned to criticise his views than I am concerned to attack the Christian operations of the stockbroker or the pious punting of the bookmaker. There has always been buying and selling of practices, and so long as a medical practice has a value in the market, so long will it be bought and sold. The custom, it is true, opens the door to a great deal of fraud, but when honestly conducted there is not very much to be said against the sale of an ordinary practice. If the patients don't like the purchaser they can as a rule consult someone else. There are in reality no "unopposed" practices, except in the lists of the agents. But the point of *The Times* correspondent, if I understand him correctly, is that under the present system the transference of a patient from one panel doctor to another, though theoretically simple, is, in actual fact, extremely difficult. But let him speak for himself.

Transfer of Panel Practices.

"IT is, as is well known, a very difficult matter now to 'put up a plate' in a poor-class district and wait for work to come in. That method held good in the old days, when every poor man was free to go to any doctor he chose at any time he chose. But under the panel no patient can change the doctor he selected in the first instance, except once a year. He must give written notice in November that he means to change, and this notice entitles him to employ a new doctor in the following January. In point of fact, this mechanism is so cumbersome that few people—very few people—avail themselves of the right, with the result that to all intents and purposes in actual practice there is no 'free choice of doctor.' The public does not seem to grasp the fact that, thanks to this system,

a huge vested interest has been created in the care of the public health, and that this interest is so powerful and so independent that to all intents and purposes the public has lost control of the care of its health. The sick workman in actual fact, if not in theory, has to be treated by the doctor into whose hands he was sold by the outgoing panel practitioner. Doctors with ready money, not necessarily doctors with brains, or of special qualifications or experience, are now able to secure and keep in their own hands the care of the health of thousands of thousands of their fellow citizens." The simplest remedy for this, which is admittedly a grievance, would be to declare a doctor's panel null and void if and when he transferred his practice to another. Either that, or make it possible for a patient to change his doctor twice a year instead of once.

Canadian Medical Service.

VERY deep and very general will be the satisfaction felt in the Mother Country at the recently issued verdict of the Special Board appointed to inquire into the allegations made against the conduct of the Canadian Medical Service in Europe. Some of these allegations were referred to on page 5 of our last number; but it will conduce to a proper understanding of the situation if I recapitulate briefly the circumstances which led up to the issue which has now been decided. Last summer, Sir Sam Hughes, then Canadian Minister of Militia, for reasons which do not appear, thought it desirable to have a report upon the medical department of the Canadian Expeditionary Force. He accordingly appointed Dr. Herbert A. Bruce, of Toronto, to act as Special Inspector-General, and entrusted him with the preparation and issue of a report. The report was in due time presented, and was described as one of the "frankest" indictments ever received by a responsible minister.

Col. Bruce's Report.

"COLONEL BRUCE," says the *Times*, "reported that a reorganisation of the Canadian Medical Service from top to bottom was required. His report was divided into 23 sections, and each section was a severe criticism of one branch or another of the work. The blame was clearly put at the door of the Director of Medical Service, Surgeon-General Carleton Jones." To those who knew anything either about the organisation of the Canadian Service or its Director-General, this report came as a bolt from the blue, and it naturally excited the utmost surprise and the deepest indignation. Shortly after its issue, Sir Sam Hughes, in a public speech, made some statements which were presumably based on this report, and, as the result of that speech, he was very properly relieved of his position. His successor, Sir George Perley, evidently by no means satisfied with Colonel Bruce's report, immediately appointed a Special Board to inquire into Colonel Bruce's findings.

The Appeal Board and Its Findings.

THIS new Board, the Appeal Board, was composed as follows: Surgeon-General Sir William Baptie, V.C., president; Colonel E. E. Ashton, General Officer Commanding Canadian Training Division, Shorncliffe; Colonel J. T. Fotheringham, A.D.M.S., 2nd Canadian Division; Colonel A. E. Ross, A.D.M.S., 1st Canadian Division; and Colonel J. M. Elder. This Board issued its report just before Christmas. It consisted in a definite, decided and unequivocal reversal of the judgments expressed by Colonel Bruce and his co-adjutors. The work of Surgeon-General Carleton Jones is heartily commended, and he is especially praised for his zeal, industry, tact and discretion. No more complete vindication could possibly have been hoped for even by General Carleton Jones' warmest admirers; and we heartily congratulate him and them on a verdict than which nothing could possibly be more satisfactory in definiteness and completeness. The report further "charges Colonel Bruce with ignoring the good work done by Surgeon-General Carleton Jones and his staff under circumstances of novelty and great difficulty," and then proceeds to answer the allegations in Colonel Bruce's report in a manner which leaves very little doubt as to the value to be attached to them.

The Moral.

EVERYONE will, I am sure, rejoice that this attempt to discredit a first-class officer has failed, more especially as the whole affair smacks very unpleasantly of a personal, and possibly of a political, intrigue. It is significant that General Jones and Sir Sam Hughes do not see eye-to-eye in politics. We may, nevertheless, suppose that Sir Sam Hughes was actuated by the best of motives in ordering the original inquiry, but his subsequent behaviour does not lend very much support to this charitable assumption. Himself a man of a very commonplace, coarse-fibred type, he entrusts a task involving the greatest delicacy and the most approved diplomacy to another man who, eminent as a surgeon though he be, is of a type even more commonplace and coarse-fibred. Basing his remarks on a report drawn up by the latter, the former proceeds to make a speech which is highly calculated to make bad blood between the Dominion and the Mother Country, a speech so ill-advised and so contrary to the public interest that his Prime Minister, Sir Robert Borden, asks him to resign. That speech was obviously the salvation of Surgeon-General Carleton-Jones, and a special Providence for the protection of the principles of elementary justice. If the speech had never been delivered, Sir George Perley would never have been appointed, Sir William Baptie's Committee would never have sat, Colonel Bruce's allegations would never have been refuted, and General Carleton Jones' reputation would have remained under a cruel and wholly unmerited stigma. Sir Sam Hughes has resigned: that is satisfactory. It is now to be hoped that Colonel Bruce will be deprived of any further opportunity of exercising those administrative or quasi-judicial functions for which he has shown himself to be utterly unfitted. General Carleton Jones has resumed his duties as Director-General of the medical side of the Canadian Expeditionary Force. My humble congratulations both to the General and to the Force.