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ON

THE ENLISTING,

DISCHARGING, AND PENSIONING

OF

SOLDIERS,

WITH THE

OFFICIAL DOCUMENTS

ON THESE BRANCHES OF MILITARY DUTY.

BY

HENRY MARSHALL, F.R.S.E.

DEPUTY INSPECTOR-GENERAL OF ARMY HOSPITALS.

" Si l'Ouvrage plait, j'en serai très-flatté ; j'en serai encore plus content s'il est utile."—DUCLOS.

SECOND EDITION.

EDINBURGH:

ADAM AND CHARLES BLACK;

AND LONGMAN, ORME, BROWN, GREEN, AND LONGMANS,

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TO

MAJOR-GENERAL THE RIGHT HON.

SIR HENRY HARDINGE, G. C. B.

THIS VOLUME,

WHICH HE ORIGINALLY SUGGESTED,

AND

UNDER WHOSE AUSPICES, WHEN SECRETARY AT WAR,

THE MATERIALS WERE CHIEFLY COLLECTED,

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BY HIS HUMBLE SERVANT,

HENRY MARSHALL.

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PREFACE.

In the following pages I have endeavoured to give a practical commentary on the regulations which have been issued in regard to the duty of examining recruits and the discharging of disabled soldiers; and in the execution of this design, my principal aim has been to explain the practice of carrying the rules into effect, not to argue their policy, or to suggest reforms, —to narrate rather than to discuss. In a financial, a political, and, perhaps, I may add, in a medical point of view, I am not aware of any part of the duty of a medical officer which is of more importance than the inspection of recruits on a large scale, and the examination of inefficient soldiers; and consequently these duties deserve a very careful consideration.

Should this manual contribute, in however small a degree, to the compilation of a comprehensive work on military *hygiene*, including a treatise on the duties of medical officers, I shall be much gratified. In the simple but expressive language of Sir John Pringle, it may be asked, "What inquiry can be so useful as that which hath for its object the saving of the lives

of men?" "The prevention of diseases," he very justly observes, "cannot consist in the use of medicines." To preserve the health of soldiers, and to promote their efficiency in all climates, and under the various circumstances of peace and war, are highly important objects which should engage not only the attention of Government, but the careful study of both military and medical officers. There is, I fear, too much truth in the following observation of Vaidy: "*Tant que les peuples seront gouvernés par des hommes et que les hommes auront des passions, la guerre sera un mal inevitable.*" "*Peace,*" says Segur, "*is the dream of the wise; war is the history of man.*"

I am under many obligations to Sir James M'Grigor for his liberality in offering me permission to examine the valuable documents in the record room of the Medical Department of the Army, for the purpose of gleaning materials for my volume; and I take this opportunity of sincerely thanking him for his kindness, of which I should have been most happy to take advantage, had I been a resident in London.

From my worthy friends, Major Tulloch and Dr Balfour, Assistant-Staff Surgeon, I have received much assistance in revising the proof-sheets; and I avail myself of the present occasion, with great pleasure, to return them my grateful thanks.

H. M.

EDINBURGH, *June* 1839.

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PART I.

ON THE ENLISTING OF SOLDIERS.

Enlistment.—The British army is recruited by voluntary enlistment. Recruits enlist with parties acting under the immediate control of the commanding officer of the regiment in which a man engages, or with recruiting parties which are placed under the command of the inspecting field officer and subdivisional officers of a recruiting district. Enlistment for limited service was abolished or discontinued by authority on the 18th April 1829, consequently all the men who now enlist engage to serve an unlimited period, or till they shall be legally discharged. Every person who has received enlisting money from a soldier employed in the recruiting service is considered as having voluntarily enlisted. After enlistment, a recruit is to be taken to a military medical officer, or, should there not be one stationed within a convenient distance, he is to be brought to a civil medical practitioner, for the purpose of being examined as to his fitness for the army. When, if found fit, a certificate to that purpose is inserted on the attestation. If a recruit be found unfit he is dismissed, and the person who enlisted him loses the enlisting money; but should he be approved, he may, after the lapse of twenty-four hours from the time he enlisted, be brought before a magistrate for attestation, and if he then admits that he enlisted voluntarily, the magistrate puts to him the several questions comprehended in the schedule or attestation, viz. respecting his name, parish, age, trade, &c. and particularly whether he is willing to be attested. (*Vide Note I.*) Should his answer be in the affirmative, the magistrate reads to him the articles of war relating to mutiny and desertion, administers the oath of alle-

giance, and he is then a soldier. The attestation is signed by the recruit, and also by the magistrate; and if the former refuses to take the oath, he may be imprisoned until he does so. The ceremony of attestation must, however, take place within four days, Sunday not included, from the date of enlistment; and if a recruit during any of these days prior to attestation declares before a magistrate his disinclination to enter the service, and returns the enlisting money, with twenty shillings of smart money, and the amount of the subsistence he may have received, he must be forthwith discharged. "Any officer who shall act contrary to the provisions of the mutiny act in regard to the enlisting and attesting of recruits, shall, upon proof thereof before a court martial, be cashiered, and disabled from holding any civil or military office or employment in His Majesty's service." Government allows one guinea for the enlistment of each recruit, who is finally approved at the regiment for which he enlisted, namely, 15s. to the serjeant and party, 5s. to the subdivisional officer, and one to the clerk of the attesting magistrate. Each recruit receives a nominal bounty of L. 3, of which sum only 10s. are paid him in cash, the remaining L. 2, 10s. being reserved to purchase clothes and other articles of equipment.

In the French service a *remplaçant*, or substitute, for a conscript, commonly receives from the principal from 1500 to 2000 francs, (L.60 to L.80.) The substitutes are generally men who have been in the army as volunteers or conscripts, and who sell themselves for seven years to conscripts who having been drawn prefer paying the above amount to serving in person. Neither volunteers nor conscripts receive any bounty upon becoming soldiers in France, but they are provided with the requisite equipment.

There are nine recruiting districts in the United Kingdom, namely, London, Coventry, Bristol, Leeds, Liverpool, North Britain, (including Glasgow and Edinburgh,) Dublin, Cork, and Newry. The staff of each of these districts consists of an inspecting field-officer, an adjutant, a paymaster, and a staff surgeon. The elements of stature and period of life in recruits fall peculiarly under the superintendence of the military branch of the service, while those of health and general efficiency are usually in a great

measure left to the decision of a medical officer. According to the existing regulations, soldiers are not entitled to reckon service under eighteen years of age as a claim for a pension, and consequently recruits commonly allege that they have reached that period of life. The *minimum* age of recruits for regiments serving in India is twenty years, but for all other regiments no specific age is fixed by authority. Provided a youth have attained the *minimum* height, he is eligible for enlistment; however young he may be. "Growing lads" are sometimes enlisted, although they are under the *minimum* height. In the French army the minimum age of volunteers is eighteen, and of conscripts twenty years. The *maximum* age at present in the British army is twenty-four years for regiments of the line, and thirty for the army of the East India Company; but as there is seldom any mode of obtaining information respecting the age of recruits, except from themselves, it is not to be presumed that the statements in that respect are always very accurate. Sometimes the inspecting field-officer refuses to approve of a man whom he thinks above the maximum age, unless a suitable certificate of birth be produced.

Stature of Recruits.—A certain degree of stature is indispensably required to qualify men for being soldiers, partly on account of appearance, but chiefly because stature is considered a tolerably accurate measure of physical power. A due degree of strength is essentially necessary to enable a soldier to surmount the fatigue incident to a military life. Within a certain range of stature men may be deemed equally efficient, but soldiers who are either much below the mean height, or much above it, are not so well fitted for all the duties of the army as men of a medium height. Very tall men are said to be deficient of energy, and comparatively incapable of enduring fatigue. Men of a medium height are commonly very efficient soldiers, being often as powerful as tall men, and generally more able to undergo severe exertion. The *minimum* height of recruits for infantry regiments is usually 5 feet $5\frac{1}{2}$ or 5 feet 6 inches, for light cavalry corps 5 feet 7, and for heavy dragoons 5 feet 8 inches. The mean height of the men of an infantry regiment is commonly about from 5 feet 7 inches to 5 feet 8 inches; in the heavy dragoons it varies from

5 feet 9 to 5 feet 10 inches. The *minimum* height of soldiers in the French army is 5 feet 2 inches. The duty of ascertaining the height of recruits, which is one of considerable importance, belongs to the staff of regiments and the staff-officers of recruiting districts. During the month of June 1819 an order was issued to examine recruits without shoes and stockings, probably in consequence of frequent imposition. The position of a recruit when he is measured ought to be exactly that of a soldier under arms, with his eyes looking straight before him. Sometimes when a recruit is very anxious to be approved, he endeavours to appear taller than he really is, and various artificial means have been successfully adopted for that purpose, such as pasting buff leather on the soles of the feet, or concealing a small piece of wood under the hair of the head. At other times, when he wishes to be relieved from his engagement, he endeavours to appear below the *minimum* height, by reducing his apparent stature. This object is occasionally effected by flexing the head forwards a little, protruding the abdomen, and slightly bending the knees. By these means, and by removing the thick cuticle which covers the sole of the foot, and cutting the hair closely to the head, a man may appear to be half an inch or perhaps a whole inch lower than he really is, without being detected by an inexperienced measurer. Many intelligent and experienced officers have been imposed upon in this way. When the slightest suspicion of fraud exists, the recruit should be placed under the standard in a state of nudity. But the best means of obviating deception in regard to stature, is to measure a suspected person extended on his back. To ascertain how much the horizontal length of a man exceeded his perpendicular height, I measured 52 recruits with the same standard, and the following statement is the result,

Horizontal length exceeded the perpendicular height in	5, by	$\frac{4}{8}$ of an inch,
	5,	$\frac{3}{8}$ do.
	13,	$\frac{2}{8}$ do.
	14,	$\frac{1}{8}$ do.
	15,	no appreciable difference.
	52	

which is a mean difference of $\frac{3}{16}$ of an inch that a man is taller in a horizontal than in a vertical position.

Weight.—The chief physiological qualities which require to be attended to in the selection of recruits for the army, are a due degree of stature and weight, a suitable age, sound health, a perfect condition of the organs of sense, particularly the eyes and ears, with aptitude of the limbs. A man may have the requisite stature, but unless he has also a certain weight, he may not be able to perform the duties of a soldier, or to endure the labour incident to an army, and, with the view of appreciating his efficiency, I would recommend a recruit to be weighed. Hitherto it has been the usage to estimate the strength of recruits by the eye, as was formerly the case in regard to stature. The weight is perhaps a better criterion, as it affords a definite standard, which is of great importance when recruits are to undergo more than one inspection, and by different examiners. According to the investigations of Quetelet the mean weight of males at

17	years of age is		116	lbs. 9	ounces	avoirdupois.
18	do.	do.	127	$9\frac{1}{2}$	do.	do.
20	do.	do.	132	$7\frac{1}{3}$	do.	do.
25	do.	do.	138	$12\frac{1}{2}$	do.	do.

consequently, when athletic men are required, recruits should not be approved who weigh less than the medium weight of the respective ages at which they may be enlisted.

Magnitude of the Chest.—To ascertain the magnitude or circumference of the chest of a recruit is a good method of appreciating his physical power. In popular opinion, which is probably well founded, persons who have large capacious chests are capable of executing much labour, and of enduring great fatigue. In as far as the efficiency of troops is concerned, it would perhaps be as advisable to fix a *minimum* circumference of the chest for recruits as a *minimum* height.

For the purpose of ascertaining the mean girth round the chest of men of different heights, Dr Balfour, assistant staff-surgeon, while he was acting in London as district surgeon, measured 1439 recruits, and constructed the following very interesting table :

TABLE showing the average circumference of the Chests of the Recruits examined in the London District, from the 13th October 1838 to the 12th January 1839, inclusive, arranged according to the height of the Recruits.

Height of the Recruits.	Town Recruits.				Country Recruits.				Aggregate.			
	No. examin.	Aver. size of chest.	No. found fit.	Aver. size of chest.	No. examin.	Aver. size of chest.	No. found fit.	Aver. size of chest.	No. examin.	Aver. size of chest.	No. found fit.	Aver. size of chest.
F. I. F. I.		In.dec.		In.dec.		In.dec.		In.dec.		In.dec.		In.dec.
5 5 to 5 6	83	32.44	53	32.54	23	32.77	20	32.66	106	32.51	73	32.57
5 6 to 5 7	425	32.03	279	32.19	233	32.71	197	32.80	658	32.15	476	32.44
5 7 to 5 8	223	32.24	127	32.53	103	33.11	93	33.13	326	32.52	220	32.79
5 8 to 5 9	122	32.57	79	32.81	56	33.00	47	33.13	178	32.70	126	32.93
5 9 to 5 10	58	32.76	35	32.59	28	33.75	23	33.57	86	33.08	56	33.00
5 10 to 5 11	44	32.54	27	32.94	13	33.61	8	33.81	57	32.77	35	33.14
5 11 to 6 6	20	32.92	10	33.00	3	33.67	2	35.00	23	33.02	12	33.33
and upwards	4	32.38	1	32.00	1	33.00	1	33.00	5	32.50	2	33.50
	979	32.06	609	32.22	460	32.91	391	32.99	1439	32.47	1000	32.66

It will be observed that the average magnitude of the chest was about 32½ inches, the minimum of the whole number was 28 inches, and the maximum 37 inches. The magnitude of the chest does not appear by the above table to increase in the same ratio as the height, but the numbers examined above 5 feet 8 inches are too few to warrant a physiological conclusion on the subject. But it is the *minimum* not the *maximum* magnitude which it is of importance to settle, as is done in regard to the height of recruits. Perhaps no recruit should be approved whose chest does not measure 30 or 31 inches, even at the minimum height.

Class of the population from which recruits are procured.—The following statement is intended to show the state or condition of life of recruits, and the relative ratio of each trade or occupation among men who enlist at Dublin. A table of this kind, embracing all the recruits enlisted for the whole army during a series of years, would be very interesting.

Statement of the condition of life, or occupations of the Recruits inspected at the Dublin recruiting Depot during the years 1825, 1826, *and* 1827.

Condition of life or occupation of the Recruits.	Examined.				Ratio per 1000 examined
	1825.	1826.	1827.	Total	
Apothecaries and druggists,	3	5	11	19	1
Bakers,	59	25	21	105	8
Basket-makers and brush-makers,	9	3	3	15	1
Blacksmiths and armourers,	116	55	52	221	18
Boys,	...	...	26	26	2
Bricklayers and masons,	23	26	15	64	5
Butchers,	35	31	18	84	7
Carpenters,	107	68	48	223	18
Chandlers and merchants,	5	7	2	14	1
Clerks,	144	133	131	408	31
Coachmakers,	2	5	5	12	1
Coopers,	30	18	4	52	4
Cotton-spinners,	11	15	7	33	3
Dyers,	7	13	6	26	2
Farmers,	...	23	30	53	4
Gardeners,	3	26	11	40	3
Gentlemen,	4	12	7	23	2
Hairdressers,	9	5	1	15	1
Hatters,	11	9	3	23	2
Husbandmen and labourers,	4414	2368	1487	8269	645
Millers and mill-wrights.	10	9	7	26	2
Miners,	9	15	9	33	3
Nailers,	36	14	7	57	4
Painters,	61	3	10	74	5
Printers,	6	33	3	42	3
Saddlers,	22	12	8	42	3
Sawyers,	10	19	6	35	3
Schoolmasters and land-surveyors,	...	2	10	12	1
Servants,	361	268	192	821	65
Shoemakers,	252	194	112	558	43
Slaters and stone cutters,	6	15	17	38	3
Surgeons,	...	4	2	6	...
Tailors,	132	128	53	313	24
Tanners,	1	11	1	13	1
Tinsmiths,	8	9	6	23	2
Weavers,	300	351	163	814	63
Forty-two other trades,	23	86	94	203	16
	6229	4018	2588	12835	1000

The above statement shows that 64 per cent. of the recruits enlisted in the Dublin districts during the three years specified were husbandmen and labourers, and, consequently, considerably more than one-half belonged to the agricultural class. Whether a higher relative ratio of men belonging to this class enlist than of artisans, I am unable to state. The question is an

interesting one ; but I have not access to adequate statistical materials to enable me to arrive at a satisfactory conclusion on the subject.

Agricultural labourers generally enter the army in consequence of some family difficulty or discord, or some scrape in which they are involved, or from want of work ; and it is alleged by competent authority that they become the most trustworthy soldiers. Recruits who are enlisted in the manufacturing districts and large towns are frequently idle and dissolute, and require all the means in the power of their officers to correct the intemperate and vicious habits in which they have indulged, and to enforce subordination.

I believe it is very generally observed, that, wherever manufactures and commerce prevail so as to be a source of opulence to the people, the military profession is held in very low estimation. Wealth, with domestic comfort, discourages any enterprise which is attended with danger and uncertainty. A very poor man may gain something by enlisting, and he has little or nothing to lose. It is remarked by Professor Millar, and indeed the fact is notorious, that " when the son of a tradesman enlists in the army, he is looked upon as a profligate who has been deluded to his ruin, and if he cannot be bought off, he is given up for lost." The amount of the pay and contingent recompense of a soldier is less than the mean wages of the manual labour classes of the population, and a very inadequate return for the dangers, the toils, and the privations to which they are exposed. Dr Jackson says, " the desire of money to buy bread fills the military ranks ;" and I may add, the comparatively idle, dissipated, and adventurous life of a soldier seems to have a very seductive influence over the young and inconsiderate. Necessity, not an ardent liking for the profession, compels many to enlist, they having lost their character, or contracted habits of idleness or improvidence, which more or less exclude them from the better paid walks of civil industry, by which means they are constrained to devote themselves to a military life.

The unpopularity of the army may be expected to increase in proportion as the condition of the manual labour class of the population is improved ; and there are many reasons for presuming

that the circumstances of the working classes are greatly meliorated within the present century. As an evidence of the operation of the improved condition of the people upon the recruiting of the army, I may state that, on an average, about from one-fourth to one-third of the men who enlist at the head-quarters of ——— recruiting district, obtain a relief from enlistment by paying each the smart money of L. 1, together with all the other expenses which have been incurred on their account. I have no reason to believe that an equal ratio of recruits was relieved from enlistment twenty or thirty years ago.

I am not enabled to class the recruits inspected at Dublin according to the degree of instruction they had received. Had I been able to arrange them under the following five heads, the result would have conveyed some interesting information :

1. Neither read nor write.
2. Read but not write.
3. Read and write imperfectly.
4. Read and write well.
5. Instruction beyond reading and writing.

The manual labour class of the population from which recruits for the army are drawn, may, in general, be placed under the first three heads, and as it may be presumed the men who enlist for soldiers have not commonly received a degree of instruction equal to the average of the class, their literary attainments must be extremely limited. Hitherto no means have been adopted by authority to obtain any information respecting the intellectual and moral character of recruits, or the instruction they have received. From some attempts which have been made to ascertain the degree of education among recruits raised in Scotland, it would appear that from 7 to 10 per cent. can neither read nor write, and that 1 out of 5 is unable to sign his name. Out of every 100 young men enrolled in France during the years 1828 and 1829, in the military census, 36 could read and write. The highest degree of enlightenment was in the department of the Meuse, where 74 per cent. could read and write, and the lowest is in Corrèse, where only 12 per cent. were so far instructed.

When a man possesses the requisite physical strength and

aptitude, and is of sound mind, he is considered fit for military service, no farther investigation being commonly made in regard to his mental qualities, except to ascertain that he has not a "weak or disordered intellect." As to his moral character, it is generally deemed inexpedient to make any inquiries on the subject, for what is generally called a good character, namely, a character for morality and good behaviour, such as would be required for a servant, does not appear to be absolutely necessary in a recruit. The condition of a soldier is very little calculated to induce an industrious man who can obtain subsistence in any other way, to embrace it, consequently those who enter the service are commonly thoughtless youths, petty delinquents, men of indolent habits, persons who are unable to procure work, or who are in very indigent circumstances. The great desideratum of military officers, namely, that of inducing the parents and friends of young men of a better and more educated class of life than that of which the army is now composed, to encourage their enlistment, and by that means to improve the moral character of the army, is not likely to be realized. Experience holds out no hope that, under existing circumstances, any but the worst educated, and certainly not the best conducted of the manual labour rank of the population will deliberately make choice of a military profession. The army is unpopular, and will ever continue to be so in this country, not in consequence of the severity of the punishments of military service, but on account of the necessary restraints upon the habits of the man who becomes a soldier, and the severity of the service and duties which he has to perform, namely, service for life at moderate pay, in unwholesome climates, at great distances, and incurring enormous risk to health and life. *(Vide Note II.)*

By an ordinance of the 21st March 1832, neither a substitute nor a volunteer can be received into the French army without producing a certificate of good character from the mayor of the commune in which he last resided, and in the case of a volunteer who may be under twenty years of age, the sanction of his relations must be given before he be enrolled. A similar rule obtains in the army of the United States of America, for no officer is permitted to enlist a recruit who is under age, unless the con-

sent of his parents, guardians, or master should previously have been obtained in writing. Some of the officers of the French army entertain a very unfavourable opinion of the measure of recruiting by voluntary enlistment. Baron Rogniat *(Considerations sur l'Art de la Guerre)* states that *voluntary* enlistment made the French army a receptacle for deserters and foreigners of all nations, idle profligates, by whom the noblest of all professions was rendered contemptible and degraded to such a degree, that an honest man, instead of being proud when his son engaged in the service of his country, blushed with shame when he saw him enrolled as a soldier. I presume this account of the volunteers of the French army applies to the period of the war, for at present the substitutes are excellent soldiers, and not remarkable for misconduct. General Foy characterizes that class of the population who voluntarily enlist, as "the scum of society," "the dregs of the people," whose constitutions are impaired, and whose morals are depraved, by the vices and excesses of large towns : persons who engage, as in the time of Francis I. "*tuer pour vivre.*" The French government does not seem to encourage the recruiting of the army by voluntary enlistment. The care that is taken to prevent profligate characters from entering the service will, in some measure, operate as a means of preserving the morals of the conscripts, of whom the army is principally composed.

Minimum Age of Recruits.—The period of life when a youth may be deemed fit for military service is a highly important element in the selection of recruits. Before a youth has acquired the physical and moral qualities calculated to enable him to endure the fatigue, and to execute the duties, incident to a military life, a certain age must be attained. When a youth is examined by a medical officer, regard should be had to the nature of the duties which may be required of soldiers before he is approved. The arms, clothing, and necessaries, carried by an infantry soldier, commonly amount to about 60 or 62 pounds; and as troops, even during a period of peace, are constantly liable to move from one place to another, a man cannot be considered an efficient soldier who is not easily able to undergo a march of

a few weeks. It will be recollected that, when bodies of troops are obliged to act simultaneously, any exertion to which they are exposed may be easily executed by the general mass; but if a portion of the men is unable to surmount the fatigue without great difficulty, the operations of the corps or army are thereby retarded, as the exertions of the whole must be more or less regulated by the men who are the least efficient. Great and long-protracted exertions, whether in marching with a heavy knapsack, or in military exercises, tend to exhaust the frame, more especially of young striplings, who may be very willing, but who are commonly unable to undergo the fatigue which men a few years older are capable of executing with ease.

Dr Fallot, in his excellent work on the duty of inspecting conscripts, &c. thus expresses himself: "To conclude, conscripts at the age of 18 have not attained their full growth; and medical men are well aware that the complete developement of the human body requires an exemption from great fatigue, abundance of healthy nourishment, undisturbed sleep, and a tranquil mind—a concurrence of circumstances which never occurs in the army."—(*Memorial de l'expert dans la Visite Sanitaire des Hommes de Guerre.* Bruxelles, 1837.)

During a period of war, the necessity of physical power as well as health, in carrying on aggressive operations, is universally admitted. When a stripling soldier complains that he is unable for a particular duty, he is frequently sent to the surgeon of the corps, who, in his turn, sends him back to his company, because physical weakness, without disease, is not always recognized as an adequate reason for receiving a man into hospital, or admitting him on the sick list. Over-exertion, however, soon produces disease in a youth, when he must become an inmate of the hospital. War in modern times consists so much in the science of making men march for the purpose of striking an unexpected blow on the enemy, that the efficiency of soldiers depends greatly on their capacity for executing long marches with comparative ease. Marshal Saxe and General Foy, both of whom had great military experience, do not hesitate in stating that the secret of war lies in the power of marching—namely,

in the strength of the legs. Young lads will fight with great gallantry, but they are unable to endure the fatigue of long marches in wet weather or upon heavy roads. Napoleon sometimes transported his young infantry soldiers to distant stations by post carriages, for the purpose of preserving their health, strength, and efficiency.

Recruits for an army should therefore be selected with a view to their capabilities of resisting the influence of the physical and moral causes of disease to which they may be exposed, and the fatigues and privations they are liable to undergo. These facts are well known, and indeed familiar, to all classes of officers who have lived with soldiers, and who have encountered difficulties with them ; so that any argument calculated to show the impolicy of enlisting very young recruits may appear to be superfluous. M. Coche, in his valuable work entitled "*De l'Operation Medicale du Recrutement et des Inspections Générales*," says, "I shall conclude these important considerations by stating my deliberate opinion, that recruits at 18 years of age are commonly unfit for the duties of the army, not only in time of war, but even in a period of peace."—"Even during peace, volunteers of 18 or 19 years of age, who do not possess unusual strength, frequently pass two, three, and even four years of their period of engagement (eight years) in hospital, should they not be discharged. This is what takes place in corps of the line, as must have been observed by military as well as medical officers."

Numerous examples might be adduced to show that young lads are much less able to endure the fatigue of marching than men a little more advanced in life. During the year 1805, a French army, which was cantoned in the neighbourhood of Boulogne, marched about 400 leagues to join the grand army in Moravia, before the battle of Austerlitz, which was fought on the 2d December. This object it effected without leaving almost any sick in the hospitals on the route. The men of this army had served two years, and were all above 22 years of age. Compare the above result with the march of another army under different circumstances. During the campaign of 1809, the troops cantoned in the north of Germany marched to Vienna,

which is a much shorter distance than that which the other army travelled; but, by the time they arrived at the place of their destination, all the hospitals on the road were filled with sick. The first battle which took place this campaign was that of Eckmühl, which was fought on the 22d April. More than one-half of the men composing this army were under 20 years of age, the annual levy of conscripts having been anticipated. After the battle of Leipsic, Napoleon made great exertions to recruit his army, and called upon the members of the Legislative Senate to give him their assistance, to which they showed some reluctance. "*Shame on you!*" *cried the Emperor.* * * * "I demand a levy of 300,000 men;—*but I must have grown men—boys serve only to fill the hospitals, and encumber the road-side.*" During the last three years and five months of the Peninsular war, the period when the greatest activity prevailed, the mean strength of the British army amounted to 61,511 men, and the sick to 13,815, being 22½ per cent. There is perhaps little doubt that a large portion of the inefficient troops were unfit, in consequence of inadequate physical strength, more than from actual sickness. The mean ratio of inefficiency from wounds did not exceed 1½ per cent. *(Edmonds.)*

Although young lads are unfit to surmount the fatigue of warlike operations and long marches so well as full-grown men, it has been satisfactorily ascertained, that, in time of peace, and when they are not exposed to much physical exertion, the ratio of mortality is invariably lower among young than old soldiers. This result obtains in all climates where British troops are employed; and it would appear, that the mortality rises in nearly an exact ratio with the age of individuals. Age has been found the chief regulator of the ratio of mortality among the indigenous inhabitants of all countries; and this law of nature does not appear suspended or interrupted among British troops serving in tropical climates. *(Vide Note III.)*

In a moral point of view, it appears to be impolitic to enlist lads at a very early age. What degree of prudence or discretion can be expected of a stripling of 16, 17, or even 18 years of age.

He cannot be aware of the importance and consequence of his

engagement; and it appears rather an anomaly in the law of the country, that while a young man is incapacitated for making a will, so as to dispose of real or even personal property before he has reached 21 years of age, he is, nevertheless, permitted to surrender his liberty for life. By an order which was issued from the Horse Guards, dated 28th December 1804, L. 2, 2s. was allowed to *parents* who brought a boy under 16 years of age, and who was 5 feet 2 inches in height. A similar sum was allowed to the bringer of a boy, although no relationship existed between them. Young lads rarely enlist from a decided predilection for a military life: this irretrievable and important step is commonly taken in consequence of some sudden thought or fit of passion, occasioned by a domestic broil, chagrin or disappointment, inebriety, want of work, indigence, and perhaps a few are excited to take "the shilling," the symbol of enlistment, by the *finesse* of a recruiting serjeant. "They figure to themselves, in their youthful fancies, a thousand occasions of acquiring honour and distinction which never occur. These romantic hopes make the whole price of their blood. Their pay is less than that of common labourers; and, on actual service, their fatigues are much greater. A young man may go to sea with his father's consent; but if he enlists, it is always without it."—*(Wealth of Nations.)*

As enlistment is seldom or never entered upon from mature deliberation, it may easily be inferred, that stripling recruits frequently soon feel more or less the sentiments of regret, remorse, and depression of spirits, followed by impaired health, home-sickness, and comparative inefficiency. The army is not a natural state of society; and every considerable deviation from the natural condition of mankind brings with it a corresponding deleterious influence on the constitution of individuals, more especially upon youths, who are very susceptible of the injurious consequences of sudden changes. The indissoluble and interminable nature of a man's engagement,—hopelessness, change of diet, new comrades, and new habits,—removal from friends,—the thraldom of command, and the restraints of discipline,—all contribute to occasion great mental disquietude, which in young lads is a frequent precursor of impaired health and physical inefficiency.

How often does it happen," says Kirckhoff, (*Hygiène Militaire,*) " that an inexperienced youth is deluded by a recruiting serjeant, or excited by an ebullition of passion, or a paroxysm of inebriety, to enlist,—a measure which he deeply regrets before the succeeding morning!—He becomes dejected,—the love of home, and of friends, whom he may never see, paralyses his mind and ruins his health; he is incapable of being made an efficient soldier, and frequently terminates his career in hospital." This is a picture of what occurs in the army of the King of the Netherlands, which has very little foreign service, and in which the period of engagement extends to only five or six years. How different is the prospect of a soldier in the British Army! two-thirds or three-fourths of whose service must be abroad, chiefly in tropical climates, and, as his engagement is unlimited, he can have no hope of regaining his liberty until his health is gone, and his constitution irrecoverably exhausted. To enlist recruits before they have acquired sufficient strength to qualify them to execute the duties, and to undergo the fatigues, of a military life, is to multiply the victims of disease and vexation, and to augment the expenses of an army without adding to its strength.

In general no great dependence can be placed upon the age of a recruit as stated by himself on enlistment; but a suitable age is only one important element in the choice of a recruit. Lads of 18 are sometimes more matured, and possess in a greater degree the qualities which constitute an efficient soldier, than some men of 20 or 21 years. The changes in the physical character of man are so imperceptible, and the transition so little apparent, that no very definite marks of particular age can be assigned. During the age of adolescence the head is often comparatively large, the spine straight and long, and the inferior extremities proportionally extenuated. At about 19 or 20 years of age some of the wisdom teeth generally appear. This circumstance, although liable to many exceptions, is the most specific mark that organization affords of a particular period of life. The bones become gradually thicker, the joints strong, and the shoulders broad—the muscles firmer and better developed.

Maximum Age of Recruits.—It is desirable that a young

man should join the army as soon as he has acquired the necessary physical power, and his constitution has been so far matured as to enable him to undergo the bodily exertion which may be required of soldiers. Kirckhoff, Physician to the army of the King of the Netherlands, who had much experience of active warfare, thus expresses himself in regard to the *minimum* and *maximum* age of recruits. "We ought to establish it as a general rule, not to receive a recruit into the army below 20 years of age, or above 25. Under 20 years of age a man has not the requisite strength to enable him to undergo the fatigue of military duty, and after 25 his joints do not possess that flexibility or freedom of motion which is necessary for acquiring the discipline of a soldier." As recruits engage for an unlimited period, it is of great importance that they should not be enlisted at an advanced period of life; and perhaps 24 or 25 is, under existing circumstances, the utmost age at which a man should be received into the army. An extremely small proportion of the men belonging to infantry corps of the line exceed 40 years of age, I believe, about 5 per cent. By the time they reach that age they have nearly all become unfit for active service, and require to be discharged on account of disabilities. The period, therefore, during which a man's efficient service may be depended upon, is limited to between 20 and 40 years of age. But there is another consideration which ought not to pass unnoticed,—namely, that many of the men who enlist after 25 or 26 years of age, are habitually dissipated and profligate characters, or persons who have been unsuccessful in business, broken-down gentlemen, discharged soldiers, deserters, &c. all of which classes of society are very ineligible recruits. It has already been stated, that implicit credit should not always be given to the statements of men in regard to their age. This is particularly the case in the older class of recruits, as men of 35 not unfrequently assert that they are not above 25 years of age; and to promote the deception, *Warren's Blacking* is employed, when required, to conceal the brightness of grey hairs. In such cases, the period of life must be estimated by physiological appearances, not by the testimony of a recruit. After 25 or 26 years of age, corpulency, to a certain extent,

commonly supervenes, with more or less prominence of the belly. The approach to an advanced period of life is indicated by wrinkles on the forehead, particularly round the eye, in consequence of the absorption of fat, and by the muscles becoming less firm, the skin softer, and the extremities less plump.

I have no materials which are calculated to enable me to state with any degree of accuracy, the average annual number of recruits required for the British army in time of peace. The annual mortality may perhaps be estimated at about 4000, and the men discharged at an equal number,—amounting together to 8000; but this number does not include the annual decrement by desertion. I am disposed to presume that from 11,000 to 12,000 recruits will be annually required to supply the vacancies which occur in the army.—(*Vide Note, No. IV.*)

Having premised these remarks on the mode of enlisting recruits, and the general qualifications necessary for soldiers, I shall now proceed to consider in detail the causes on account of which a recruit ought to be considered unfit for the army by a medical officer.

(Circular, No. 686.)

SIR, WAR OFFICE, *30th July* 1830.

I HAVE the honour to forward for your information, a copy of instructions, dated the 30th July 1830, which have been issued with my concurrence by the Army Medical Board, to medical staff and regimental officers, relative to the inspection of recruits, and of soldiers brought forward for discharge, and to desire that you will cause these instructions to be strictly attended to in the regiment under your command.

I have the honour to be, SIR,

Your most obedient humble Servant,

H. HARDINGE.

Officer Commanding
Regiment of

Army Medical Department.

Instructions for the Guidance of Staff and Regimental Officers belonging to the Medical Department, in the duty of examining Recruits who may be brought before them for Inspection.

I. The leading object of the following instructions is to guard against the approval of recruits for the army, whose health of body or mind is unsound, who have any suspected taint of disease or disability, and who at the period of inspection are incapable of undergoing the fatigue to which troops are liable.

II. Medical officers of the army are, from their professional knowledge and experience of the duties of a soldier, presumed to be capable of forming a correct opinion of the health of recruits, their capacity for exertion, and general efficiency. The external characters of a sound constitution and efficient limbs may be briefly stated, viz. a tolerably just proportion between the trunk and different members of the body, a countenance expressive of health, with a lively eye—skin firm and elastic—lips red—teeth in good condition—voice strong—chest capacious and well formed—belly lank—limbs muscular—feet arched and of a moderate length—hands rather large than small. The reverse of these marks of a good constitution and efficiency, may be considered to indicate infirm health or inefficiency.

III. The question of fitness or unfitness of a recruit, must in a great measure be determined by the discretion and experience of the officer who inspects him, for no rule can be formed of so definite a character as to dispense with the exercise of the deliberate reflection and judgment of a medical officer.

The essential qualities of a good recruit may be comprehensively stated in a few words, namely, *a suitable age; aptness for military duty; a healthy body, and a sound mind.* These principal or essential qualities may exist with a number of blemishes, which in the opinion of an unfettered, conscientious, skilful, and experienced medical officer, may be considered of no material importance, inasmuch as they do not impair a man's efficiency, or diminish his prospective longevity. It is very desirable that medical officers should arive at some degree of uniformity in regard to their estimation of the fitness or unfitness of recruits. One

medical officer fixes his attention upon the *maximum* of the good qualities of recruits, and rejects about 2000 out of every 3000 whom he examines; while another, who is guided by the spirit of his instructions, keeps in mind the *minimum* of efficiency of recruits, and approves of 2000 out of every 3000 whom he inspects. The difference of these two results is highly important in a financial as well as a military point of view.

IV. As soldiers are liable to serve in every variety of climate, to endure great changes of temperature, to be exposed to frequent vicissitudes of weather, to undergo much fatigue, to brave the greatest danger, and often to sustain considerable privations of the common necessaries of life, recruits should possess vigorous constitutions and great muscular capability;—hence no man ought to be approved for the service whose health is unsound, and who does not possess adequate strength for the duties which he may be called upon to perform.

Until towards the end of the last century, it appears that the duty of examining and approving of recruits for the army belonged chiefly to the captains and field officers of regiments, and that the assistance of medical officers was not essentially required for that purpose. In the business of inspecting recruits, medical officers have usually had their attention directed chiefly to the assumed indications of *inefficiency* or *inaptitude* of candidates for the army; whereas the instructions of military officers uniformly bear prominently in mind the *efficient* qualities of recruits. Two examples may be given from military writers.

"Forasmuch as the profession of a souldier is of all other the most painefull, it is requisite that he be of a strong composition of body to abide both heate and cold, hunger, and thirst, travell and watching, and that when he enter into this course of life, he put on a resolution to abide all kind of hardnesse."—*Stratioticos by Thomas Digges, Esq.* London, 1590.

"In recruiting the regiment no man shall be entertained exceeding 6 feet; nor under 5 feet 11 inches, in stockings. They must be *well-faced, well-shouldered, well-limbed, light-timbered* men, and known to be Protestants. Their age from 18 to 23." (*Standing orders for the Royal Dragoons of Ireland*, 1738.)

V. The following enumeration of the more common causes for which a recruit should be rejected, when any of them exist to such a degree as will immediately, or in all probability at no very distant period, impair a man's efficiency, is intended as a general guide to medical officers in the performance of the duty of inspecting recruits.

1.—Feeble constitution :—unsound health from whatever cause, indications of former disease, as leech-bites, traces of blisters, thereby shewing a liability to infirm health, nodes, glandular swellings, or other symptoms of scrofula, &c. &c.

Feeble Constitution.—The disqualifying effects of a feeble constitution will, perhaps, be better appreciated by a few observations relative to a robust healthy frame than by any other means. A good constitution implies a due proportional development and healthy condition of the various organs of the body. Persons who have strong constitutions are not only less liable to disease than those whose constitutions are weak, but when they are attacked, the symptoms commonly yield to remedial means, and recovery is not often tedious. Tall men are presumed to be more liable to disease than middle-sized persons, and their complaints are alleged to be more apt to become chronic. They are seldom able to endure long continued fatigue so well as men of a medium height, and in general they act with less energy. "*Les petits resistent long-tems, les colosses succombent de bonne heure. La campagne de Moscou est décisive à cet égard.*" *(Coche.)* Men of short stature are usually thicker and stouter in their relative proportions than persons who are much above the medium height. A tall man has in general very obviously a less capacious thorax in proportion to his height than a middle-sized man. Certain trades, occupations, and conditions of life, are, in some degree, indicative of the state of the health or constitution. A very small proportion only of the children of soldiers reach the age of manhood; and those who survive the privations and exposure they undergo are commonly stunted, often scrofulous, and frequently vicious. This observation applies not only to boys brought up with their parents, but also to the children of soldiers who have been received into the Royal Military Asylum at Chelsea, and the Royal Hibernian Military School, Dublin. Men of idle habits and greatly depraved morals make excessively bad soldiers; they are seldom long out of the hospital or the guard-room. Persons who have been abundantly supplied with food, and who have been engaged in rural employments, are presumed to be more likely to become healthy, efficient soldiers, than artisans and the enfeebled or often vicious inhabitants of large towns. A great many of the conscripts found unfit for the army in the French service are rejected in consequence of a weak habit of body. The mean annual number of conscripts examined during the years 1831, 1832, and 1833, amounted to 126,669, of which number 11,007 were exempted from serving on account of feebleness of constitution, being 87 per 1000, or nearly 9 per cent. But notwithstanding all the care that can be taken to execute the duty of examining recruits, in a conscientious man-

ner, towards the country, the recruits themselves, and the persons employed on the recruiting service, individuals may be occasionally approved who will not become good soldiers,—sometimes on account of physical inefficiency, and sometimes from intellectual incapacity. The Romans were well aware of this circumstance; and, consequently, a conscript was never finally approved until he underwent a probation of four months. If, by the end of this period, it had been satisfactorily ascertained that he possessed the requisite aptitude and strength, to enable him to surmount the hardships of a soldier's life, with a sufficient mental capacity for acquiring a knowledge of his profession, and a due degree of courage, he received the military mark, which was indelibly imprinted on the hand, probably by branding. This mark served not only to show that a man had, after trial, been approved, but also to discover deserters. The Apostle Paul is supposed to allude to this military custom, GALATIANS, vi. 17.

Unsound Health.—The causes on account of which recruits may be found unfit for military service are comprehended under three heads,—namely, *low stature*, *deformities*, and *infirmities* (unsound health.) The duty of a medical officer is limited to an examination of the last two heads. Disease, or imperfect health, implies a state of the body in which the exercise of some of its functions is impaired. Unsound health comprehends, therefore, every variety of disability which is not included under the head *deformity*. It includes not only all the obvious infirmities, but also obscure and periodic disabilities, which consequently may be simulated. Among the latter class may be enumerated mental alienation, stammering, deafness, epilepsy, vertigo, lameness, rheumatism, pain in some part of the body, morbid paleness, indicative of an unhealthy constitution. When the evidence of the existence of a disability depends solely upon the testimony of a recruit, a medical officer must consider well how far he is warranted in finding him unfit on that account. The man may no doubt state the truth, and he may be liable to epilepsy, for example; but the presumptive evidence against his statement may be stronger than his testimony; and a medical officer ought to incur no blame for approving of a man under such circumstances. Commonly, however, in alleged epileptic cases, not a word is said of a disability at examination; the recruit swears, on being attested, that he has never been subject to fits; he is transferred from the depot, where he enlisted, to the head-quarters of the regiment to which he belongs, inspected by the surgeon of the corps and finally approved. By and by the man alleges that he is affected with epilepsy, and states that he has suffered from this disability for several years. He is discharged: and the staff-surgeon

who primarily examined him receives a reprimand, sometimes by being directed to pay increased attention to the orders issued for the examination of recruits. Persons who have not had much practical experience of the examination of recruits are not aware of the difficulties of the duty, and the contending interests which it involves. With respect to epilepsy, they frequently presume, that a man who is liable to the disease has a particular cast of countenance, whereby his alleged disability may be discovered. This presumption of knowledge is, I believe, a complete fallacy. A case of this kind happened to a staff-surgeon, a friend of mine, who, being conscious that, in the performance of his duty, he was minute, vigilant, cautious, and strictly attentive to all the orders and instructions which had been issued in regard to the inspection of recruits, felt somewhat vexed and hurt when he received the usual admonition or reprimand. In his defence he addressed the following query to three eminent medical gentlemen, whose character for talents and experience was well known :—

" Are you acquainted with any peculiarities of appearance by which you are able to detect the existence of epilepsy, where the general health of an individual liable to that disease appears to be good ?"

The answer from each of the three medical gentlemen was in the negative; they knew of no sign by which, on viewing a recruit subject to epilepsy, the disease could be detected. My friend considered this vindication due to his own character, for professional knowledge and attention to his duty. In the Ordnance Medical Regulations for the examination of recruits, careful inquiry is directed to be made as to a man's ever having been troubled with fits; but, it may be asked, where is the inquiry to begin and where is it to end ? The statement of a recruit, in regard to the disability in question, either negatively or affirmatively, is not very conclusive; and there is no other more satisfactory source of information.

Numerous orders and instructions have from time to time been issued, for the purpose, among others, of preventing the loss sustained by the public service in the admission of recruits who have, on intermediate or final inspection, been considered unfit, and discharged. The loss incurred has, I believe, frequently arisen from the premature discharge of men who have feigned disabilities, and by that means effected their release from the army. In the performance of the duty of inspecting recruits, the utmost vigilance is absolutely indispensable. On a large scale the attention ought never to flag, or the mind of the examiner for a moment to be withdrawn from the subject before him : if it is, there is a probability of something escaping him necessary to form an accurate

estimate of the fitness of a recruit. This observation is, of course, more especially applicable where the subjects under examination are pretty numerous, as, for example, 15, 20, or 30, daily. The most accurate external view is not always conclusive, as to the ultimate eligibility of a recruit; and men are sometimes approved on an inspection and examination of from five to ten minutes (the time usually required for each), who, on an acquaintance of a month or more, would have been rejected. But the process is necessarily a summary one;—the recruit must be promptly rejected or approved. The best set of external tests or marks are fallible; a man may become, or may be already epileptic, whose countenance betrays no sign of the disease: another may have that obtuseness of mind, which unfits him for being an efficient soldier; he may be practically an idiot, and yet his replies, and conversation, and countenance, evince no want of comprehension; and men of this class are occasionally approved. In the great diversity of manner and aspect, no single examination will always be sufficient to detect these defects: to be recognized they must be experienced. Others may have a liability to pulmonic, hepatic, or febrile affections, without any obvious indication of such a predisposition. But it may be reasonably presumed, that, in the great majority of cases, the ordinary marks of health and sufficiency will be fully adequate to protect the public from any considerable loss. This is undoubtedly true; but in numerous inspections, for example 2000 or 3000 annually, these exceptions will amount to something; and in every such exception the medical officer is liable to censure. Every promising recruit will not become a good soldier; and every youth raised in Kerry or Caithness will not be an available man when he reaches Chatham barracks. Young men seldom enlist from any rational preference to a military life; it is generally the result of folly, misfortune, poverty, or intemperance. Until a recruit is domesticated with a corps, his attachment to the service can never be calculated on, and recruits raised for regiments serving abroad, in the period between enlisting and reaching the place of final embarkation, often betray great reluctance to the service. Sometimes they endeavour to accomplish their discharge by feigning disabilities, and sometimes they try to relieve themselves from the thraldom of military control by desertion. A very considerable number of recruits desert within three or four days after enlistment.

Indications of former Disease.—The traces of leech-bites, blisters, setons, cupping, &c. all deserve attention, and the probable consequences require to be duly appreciated. Taken in connection with the appearance of infirm health, they ought to have considerable weight in determining a medical officer to reject a recruit, but when the man

under consideration is evidently robust and in excellent health, they become of less importance. In cases where any suspicion is entertained that a recruit has previously been in the army, every trace of former disease ought to be carefully scrutinized, *(vide Article* 40, *Pensioning Regulations,* 1829.*)* I have frequently detected men who had served in India, where leeches are much employed, and who had been discharged on account of ill health, by the cicatrices of numerous leech-bites on the body. Attempts are sometimes made to conceal scars on the neck, by bringing the chin close to the neck. In the same manner I have seen a cicatrix, resulting from an unsuccessful attempt to commit suicide by cutting the throat, temporarily concealed.

Nodes.—Inequalities of the surface of a bone are not always the result of syphilis ; they are occasionally found in robust healthy individuals, where no suspicion can be entertained of the existence of disease, and consequently are not infirmities which invariably disqualify a recruit.

Glandular Swellings.—Scrofula is commonly indicated by a short thick neck, fair hair, blue eyes, face puffy or slightly swelled, particularly the upper lip, abdomen prominent, glands of the neck and groin swelled. Scrofula is an adequate cause for the rejection of a recruit.

2. Weak or Disordered Intellect.

The attention of medical officers should be invariably directed to the mental capacity of recruits. In almost all regiments there are some men who never acquire the art of performing the duty of soldiers correctly, seemingly on account of want of intellect. But a medical officer must be prepared not to pay implicit credit to the testimony of interested persons in this respect. I have been repeatedly waited upon by the relations of a recruit, for the purpose of informing me that his mind was unsound,—a character he had obtained, apparently, because he had enlisted without their approbation.

3. Chronic Cutaneous Affections, especially of the Scalp.

This class of disabilities almost invariably renders a recruit ineligible. With respect to *tinea capitis, Souville,* in his Thesis on the Diseases which disqualify Conscripts for the French Army, says, " Cette maladie est quelquefois rebelle à tout traitment interne et bien raisonné : Si celui qui est affecté de la teigne approche de vingt ans et au-dela, elle peut étre réputée incurable."

4. Severe Injuries of the Bones of the Head.

Great injuries of the skull, followed by exfoliation, extraction,

or depression of the bones, should invariably cause a recruit to be rejected. Injuries of this kind are frequently succeeded by alleged disabilities of the mind or body, and it is often difficult to distinguish whether these consequences are real or feigned. Slight blemishes or defects in recruits are sometimes magnified into serious disabilities when they become soldiers; and as it is impossible to estimate the intensity of a complaint, or the influence it may have on the general health, medical officers often find much difficulty in coming to a conclusion in regard to such cases. A blemish of this kind may be concealed by long hair, and hence the propriety and expediency of applying the fingers to the head. Wigs are sometimes employed to conceal fractures of the skull as well as *tinea capitis*. On this subject I may quote an extract from Isfordink (*Military Police of the Austrian Army*):—"Men who have grown bald from some internal cause, or in consequence of a previous disease, use scalps to conceal this blemish. Though at first sight it appears extremely easy to find out the deception, yet it will certainly not be discovered unless a medical officer directs his attention particularly to the covering of the head, because the modern art of wig-making very closely imitates nature. The detection of this defect is, however, important, not only with regard to baldness, but also with respect to a cutaneous eruption on the head, and depression of the bones of the cranium. Hence, when a medical officer inspects a volunteer recruit, or a substitute, the soundness of the hairy covering of the head should be satisfactorily ascertained. The eyebrows likewise will require his attention; he must examine whether they are natural or false." In the examination of recruits I have certainly found wigs where I did not anticipate that there was any artificial covering of the head employed.

5. Impaired Vision from whatever cause, Inflammatory Affections of the Eye-lids, immobility, or irregularity of the Iris. Fistula Lachrymalis, &c. &c.

Vision is sometimes impaired by obvious causes, as specks, ulcers of the cornea, and cataract. Complete or even partial amaurosis of an eye is a decidedly disqualifying defect, and one which may escape detection. Chronic inflammation of the eye, together with such affections of the eyelids as *ectropion*, or a turning out of the eyelid, and *entropion*, or a turning in of the eyelid, render a recruit unfit for the service. Any considerable irregularity of the iris implies that the eye has suffered from inflammation, and, consequently, that it may be liable to a similar affection. During the years 1831, 1832, and 1833, of the conscripts examined in

France, 7.3 per 1000 were exempted from serving in the army on account of short sight. *Strabismus*, which is frequently a modification of imperfect vision, disqualifies a recruit for the army, when it exists in any considerable degree.

6. Deafness, copious discharge from the Ears.

Deafness may no doubt exist without any physical evidence of loss of hearing; but it will be recollected that an impaired function of the ear is easily feigned, and, consequently, the truth of an allegation of deafness must generally be decided rather by moral than physical evidence.

7. Loss of many Teeth, or the Teeth generally unsound.

When the incisors and canine teeth of the superior or inferior jaw are wanting, a man is deprived of the means of easily and rapidly tearing a cartridge—he is consequently said to be unable to execute the different modes of firing with precision. Rather more than one per cent. of the conscripts examined for the French army, during the years 1831–1833, were exempted from serving on account of loss of teeth. Recruits often endeavour to conceal the loss of teeth by covering the gums with the lips. The assistance of the dentist is occasionally resorted to. So widely, and perhaps absurdly, is this article sometimes interpreted, that I have known a healthy efficient recruit rejected upon medical inspection, because he had lost *one incisor tooth* by an accident; and others returned unfit because they had lost *two* molar teeth by caries.

8. Impediment of Speech. (Stammering.)

It may be observed, that some stammerers can utter a few short sentences in succession without any remarkable hesitation of speech. When any doubt is entertained in regard to the existence of this defect, a recruit should be placed for some time under probation; and if he be unable to speak distinctly, the circumstance will commonly become soon obvious. But stammering is easily feigned; and recruits sometimes simulate it for the purpose of being rejected. As it is extremely difficult to detect impostors of this kind, perhaps they are frequently successful. Stammering often exists where there is no apparent deformity of the organs of sound, by which means, if a recruit persist in stammering, he will have a considerable prospect of being rejected. Dr Fallot, principal physician to the Belgian army, very cleverly detected a conscript who feigned hesitation of speech. He was, in consequence of violent contortions of the muscles of the face

when he began to speak, suspected of being an impostor,—in fact, he overacted his part. Fearing that stammering was not likely to effect his purpose, he pointed out a small goitre which he had, as an additional reason for his being exempted from serving. Dr Fallot assumed a serious countenance, and observed to another medical officer, that, as the tumour was a large aneurism, it disqualified the conscript for the army, and proceeded, apparently, to make out the certificate of his unfitness for serving. The man was delighted, forgot to stammer, and was finally approved. *Hare-lip* is a decided disqualification of a recruit.

9.—Want of due capacity of the chest, and any other indication of a liability to Pulmonic Disease, (Disease of the Heart.)

The practical application of this rule must be left to the discretion and skill of medical officers, for it is impossible to give specific instructions in regard to so wide and indefinite a subject. Dr Fallot says " Tout homme dont la poitrine est *mal conformée ou trop retrecie,* doit être jugé impropre au service militaire." Every medical officer who is employed in the duty of examining recruits must judge for himself, in regard to the degree of deviation from symmetry of the chest, which may be considered an indication of an unusual liability to pulmonic disease, and as disqualifying a man for the army. Different minds will unavoidably arrive at different conclusions on this as on many other presumed disabilities.

Heart.—While a recruit is under examination, the circulation is commonly quicker than usual, and the heart palpitates strongly, so much so as occasionally to be obvious to spectators. Anxiety of mind, and the novelty of a man's situation, will satisfactorily account for these circumstances, without concluding that they indicate disease of the heart or large blood-vessels. I have never rejected a recruit on account of an affection of the heart; but I am aware that men have been found unfit for the army in consequence of the alleged disability of " organic disease of the heart." A satisfactory diagnosis of disease of the heart, so as to warrant a medical officer to reject a recruit on that account, will very rarely be obtained during a period of five or ten minutes, the time usually employed in examining a candidate for the army.

10.—Impaired or inadequate efficiency of one or both of the superior extremities, on account of Palsy, old Fractures, especially of the Clavicles, Contraction of a Joint, Mutilation, Extenuation, Deformity, Ganglions, &c. &c.

Palsy.—Loss of power of one or more of the fingers of a hand, occasionally occurs, sometimes as a consequence of mechanical injury. The degree of the infirmity which follows will require to be duly appreciated.

Fractures.—Due care should be taken to ascertain that the long bones are sound. When a man is approved whose arm has been fractured, he is liable to allege at a future period that his arm is painful and inefficient; consequently, unless the fractured bone has been well united, he should not be found fit for the service. The late Dr Brown, Staff-Surgeon, examined a recruit who performed satisfactorily all the evolutions to which recruits are commonly subjected, although he had a disunited fracture of the *radius* and *ulna* of the right arm. For a similar reason, men who have had a clavicle fractured ought almost invariably to be rejected. They frequently complain that the strap of the knapsack excites uneasiness.

Contraction of a Joint.— Impaired motion of one of the large joints, such as the shoulder or elbow, is a very important defect, and a cause of inefficiency that occasionally escapes observation. The little and sometimes also the ring-finger are found contracted, apparently in consequence of heavy manual labour, which is a disability that requires to be carefully examined and duly estimated, so as to ascertain whether the hand is sufficiently apt to handle the firelock. Each finger should be examined separately, for the purpose of ascertaining that the flexor and extensor muscles are sound, and their functions unimpaired.

Mutilation.—By the regulations comprehended in the French *Code de la Conscription*, a conscript is not to be exempted from service on account of any mutilation of a hand less than the loss of a thumb or the fore-finger of the right hand. But regulations for inspecting conscripts apply much better to the examination of alleged disabled soldiers, than to the examination of recruits who voluntarily enlist. The loss of any finger of a hand should cause a recruit to be rejected; and no man who had lost the last joint of the index finger of the right hand should be approved.

Extenuation.—In general, the right arm has a circumference of about one-fourth or one-third of an inch greater than the left; but even where the difference of bulk is a little more than one-third of an inch, there is commonly no unusual inferiority of power in the smaller arm. Occasionally, however, instances occur where one arm is so much smaller than the other, as to be a sufficient cause for rejecting a man. The want of symmetry, or difference of size between the right and left arm, does not seem to depend much upon the nature of the man's employment, for it is sometimes observed in youths and in persons who have

not been liable to much exercise, to as great a degree as in mechanics, such as carpenters, &c.

Deformity.—Any deviation from the natural formation of one or both arms, which impairs a man's efficiency, should be considered as an adequate cause for rejecting him. A congenital deviation from symmetry commonly affects both sides of the body; a circumstance which helps to distinguish natural blemishes from traces of injuries.

Ganglions.—Tumours of this kind may impair the efficiency of soldiers; they certainly give some colour for an alleged disability, and consequently should be carefully considered before a recruit is approved.

11.—An unnatural excurvature or incurvature of the Spine.

Stooping or round-shouldered men are objectionable as recruits, more especially if they are above 21 or 22 years of age, even although they possess sound health and adequate muscular power.

The spine is frequently deflected laterally, but unless the curvature is considerable, this deviation does not, by any means, disqualify a man for the army. In lateral curvature, there are commonly two inflections, by which means the spinal column has a sigmoid form. The convexity of the lower or lumbar curve is generally towards the left, while the convexity of the upper is to the right side.

Lateral curvature of the spine is intimately connected with civilized life. In the male sex it occurs more frequently among boys who study very closely, clerks, and persons who exercise sedentary trades. The agricultural peasant is seldom affected with it, and the tribes of people commonly denominated savage, perhaps never. I have had good opportunities of observing the natives of India, and of the Malay Islands, and I do not recollect having seen a single case of this deformity among them.

There is a variety of lateral curvature which is occasioned by an unequal length of the inferior extremities. When this is the case, the pelvis is oblique, and the convexity of the curve is towards the shorter limb. In this deformity the spinal column may be made straight by placing a body equal to the difference of the length of the extremities, under the foot of the limb on the convex side of the curve. When a deflection of the spine depends upon a short limb, the curve may be observed by viewing the body in front, as the sternum and linea alba have a flexure corresponding with that of the vertebral column. Unless one limb is more than half an inch shorter than the other, and there is some inequality as to development, so as to render it probable that

the extremity is deficient in power, a recruit need not be rejected.

In the examination of recruits, I found so frequently a slight deviation of the spine, more especially laterally, and often in individuals who possessed great aptitude for the duties of the army, with sound health and well developed muscles, that I did not consider that blemish, when in moderate degree, a disqualifying defect. It is expedient, however, not to say a word of the circumstance in the hearing of a recruit, as he might at some future time found a disability upon the unnecessary, if not injudicious, surmises of a zealous, well-meaning medical officer. I believe that not a few, perhaps I may say many, very eligible recruits, have been rejected in consequence of this hypothetical disability.

12.—Hernia, or a tendency to that disability from preternatural enlargement of the abdominal ring.

Three varieties of hernia are occasionally found upon examining recruits, namely, ventral, umbilical, and inguinal hernia. The first two varieties are commonly of little importance, and rarely incapacitate a man for military duty; the latter is a decided cause of disqualification. The cases of *ventral hernia* which come before a medical officer in the inspection of recruits are, in most instances, scarcely perceptible even during the act of coughing, the protrusion being often not larger than a pea or half a hazel-nut. *Umbilical hernia* is also commonly trifling or unimportant in degree. It may be mentioned that a large proportion of the natives of Tropical Africa have this affection, and perhaps no class of people in the world are capable of enduring greater fatigue. Recruits sometimes endeavour to conceal the existence of inguinal rupture, and when the protrusion is but small, and appears after violent exertion only, it may escape notice. The dissimulation is promoted by a purgative, and by a short abstinence from food, and, as may be supposed, a recruit under such circumstances will not greatly exert himself in coughing or jumping. It sometimes happens that the protrusion of the intestine, and consequently the appearance of the disability, does not take place until towards the end of the inspection, and particularly after the man has been directed to put one knee on the ground. The inspecting medical officer should invariably direct his attention to the usual situation of hernia immediately before a man leaves the inspection room. Sometimes the existence of hernia is not detected except by the stain or discoloration of the skin in the neighbourhood of the groin, caused by wearing a truss, an instrument which is occasionally found concealed under the clothes of a recruit. Hernia

has been simulated by persons who possessed the power of elevating one or both of the testes to the rings of the external oblique muscles so effectually as to deceive medical officers. Little or no dependence can be placed upon the allegations of a recruit, in regard to the previous existence of a disability, as it is not an uncommon circumstance for a man to regret having enlisted, and with the view of being rejected by a medical officer, falsely to allege that he is occasionally affected with rupture, or some other disqualifying infirmity. Medical officers who inspect volunteers have not only to guard against being imposed upon by the concealment of diseases, but also by the simulation of infirmities.

"En France, la visite des conscrits avait specialement pour but de leur prouver qu'ils etaient propres au service. En Angleterre la visite des recrues a specialement pour objet d'examiner s'ils ne sont pas impropres au service."—*(Force Militaire de la Grande Bretagne, par Charles Dupin.)*

13.—A Varicose state of the Veins of the Scrotum, or Spermatic Chord. Sarcocele, Hydrocele, Hemorrhoids, Fistula in Perineo.

A varicose enlargement of the veins of the scrotum *(varicocele,)* or of the spermatic chord *(cirsocele,)* is occasionally attended with pain and inconvenience during much fatigue, and consequently a man who suffers under either of these affections to any considerable degree may allege that he is unable for a particular duty, such as a long march. *Cirsocele* seldom occurs, except on the left side. I do not recollect having ever seen a well-marked case of it on the right side, although I have examined nearly 30,000 recruits. An enlargement of the veins of the chord is often much more evident at one period than at another, and hence a liability to this affection may escape observation during the time a recruit is under examination. In a moderate degree, a varicose state of the veins of the spermatic chord or of the scrotum is rather a nominal than a real disability. I never had occasion to admit a soldier into hospital on account of this affection, and I believe many highly efficient recruits have been rejected in consequence of this alleged disqualification.

Sarcocele.—Any remarkable enlargement or induration of a testicle disqualifies a recruit.

Hydrocele—This affection is often very slight, and in that state it can hardly be considered a disqualifying disability, but when there is any enlargement of the testicle a recruit should be rejected.

On an average of every 1000 recruits examined, I found one man in whom only one of the testicles had descended into the scrotum,

and in about every 10,000 examined, one in whom neither of the testicles had descended. In some cases a testicle was situated in the ring, thereby simulating hernia.

14.—Impaired or inadequate efficiency of one or both of the inferior extremities on account of varicose veins, old fractures, malformation (flat feet, &c.) palsy or lameness, contraction, mutilation, extenuation, enlargement, unequal length, bunions, overlying or supernumerary toes, ganglions, &c. &c.

Varices, or an unnatural and permanent dilatation of the veins of an inferior extremity, is a defect in a recruit which should in general be considered as a cause of rejection. Under the term *varicose*, three different conditions of the veins of an extremity are sometimes comprehended, 1*st*, a net-work of superficial blue veins: 2*dly*, a large size of the veins without the functions of the valves being impaired; 3*dly*, a preternatural dilatation of the veins, with a failure of the functions of the valves. In this state they frequently assume the appearance of a chain of cysts or bags, and the limb is commonly in some degree enlarged, the cellular membrane indurated, and the skin much disposed to ulcerate. The first and second conditions of the veins are of little importance, while the third incapacitates a man for the army. In the early stage of this affection, the turgidity of the veins is sometimes not very apparent until after exercise; hence the propriety of making a man walk smartly for a short period while he is under examination.

Fractures.—The same observations will apply to fractures of the inferior extremities which were made in regard to fractures of the superior extremities, No. 10.

Malformation.—Flatness of the soles of the feet (splay-footed) is the most common malformation in the inferior extremities among recruits. This deformity is found in every possible degree. Many of the slighter deviations from symmetry, however, do not disqualify a man for military duty; indeed, I believe a very small ratio of recruits is disqualified for the army on this account. Men who have the soles of the feet not merely flat but in some degree convex, are ineligible as recruits; they are unable to walk steadily, or to undergo the fatigue of long marches with equal ease as men with well-formed feet. Great care should, however, be taken not to confound broad but sufficiently well-arched feet with the deformity in question,—a mistake which I believe occurs very frequently. The arch of the foot is admirably adapted for saving the body from shocks by

the elasticity of the supports, and for grasping the inequalities of the ground in standing or walking. The heels and the balls of the toes are the two extremities of the elastic arch upon which the leg rests. In the action of walking the heel is raised, and the body supported by the muscles of the calf of the leg; the foot bends in some degree, and the weight of the body rests for some time on the toes. At each step the ankles and knee-joints are gently flexed, by which means the limb is made shorter or longer, as may be required, in different stages of the step, and thus the body is carried forward nearly perpendicularly. But when the sole of the foot is convex, the functions of the inferior extremities are greatly impaired; the weight of the body rests upon the centre of the sole, nearly in a line with the leg, and hence a mis-shapen foot of this kind is, in some degree, as inapt for graceful or easy motion as a wooden leg. Owing to there being no arch, there is very little elasticity of the foot, and the motion of the ankle and knee-joints is greatly diminished. In the action of walking, the leg in motion is but little flexed, consequently the body describes, at each step, a portion of a circle, of which the middle of the sole of the foot is the centre. On this account, the body is constantly rising and falling, and moving from side to side. The disabling effects of decidedly flat or convex feet, may be artificially displayed by placing a body, such as tying a handkerchief under the arch of the foot, so as to make the sole flat, and attempting to walk. When the sole of the foot is convex, there is little or no motion of the ankle-joint in walking, the muscles of the calf of the leg become nearly useless, the person is incapable of running, the toes are turned out, the side of the foot is thrust forward in progression, instead of the toes, and walking is performed in a shackled unsteady *(shaughling)* manner. Inexperienced examiners are apt to mistake *large, broad,* but in other respects, well-formed and highly efficient feet, for deformed ineffective feet, and, in consequence of erroneously concluding that a broad foot is a disqualifying defect, I believe that many efficient recruits have been thus rejected. I have been informed that the returns of one district show that a seventh of the recruits rejected, or about 5 per cent. of the men examined, were found unfit on account of *flat feet.* Now, if 2000 men were taken indiscriminately on the street, I do not think above one individual would in general be found who walked so infirmly or so unsteadily as to disqualify him for military service.

Flat feet were, I believe, first comprehended in the "Rules to be observed by medical officers in the examination of recruits," issued from the Army Medical Department in August 1821.

On this subject I shall take leave to quote the excellent work of Coche on the Examination of Recruits, (p. 273.) He says, " Je ferai seulement remarquer, en passant, que celle si connue, sous la denomination de *pieds plats*, (c'est-à-dire n'offrant point de creux à leur partie inferieure,) ne saurait être un motif d'exemption ni une cause de réforme du service militaire, quand l'individu est bien conformé d'ailleurs, et qu'il parait jouir de toutes ses facultes intellectuelles."—*(Vide Note V.)*

Palsy or Lameness.—The efficiency of the limbs relative to the exercise of marching should be carefully investigated. Recruits under examination for the Austrian army used to be obliged to walk upon wet clay, for the purpose of ascertaining, by the impression of the feet, whether both of the inferior extremities were equally efficient. Lameness is frequently feigned by recruits who wish to be rejected, and, consequently, a medical officer must sometimes exercise much discretion and caution before he either rejects or approves of a recruit who alleges that he is lame, provided there is no obvious cause of such an infirmity. In such cases disinterested evidence can scarcely be obtained.

Contraction of a Joint.—A permanent contraction of the flexor or extensor muscles of a limb implies incapacity for military service. This affection is occasionally the result of injuries received in early life.

Mutilation.—According to the French code, a conscript is not exempted from serving on account of a mutilation of the foot less than the loss of a great toe, or two other toes of one foot. The loss of a great toe incapacitates a man for the army, but a deficiency of any other toe of a foot is not of much importance.

Extenuation.—Frequent examples occur among recruits where one inferior extremity is from half to three-fourths of an inch thicker than the other without the function of the smaller limb being impaired. This condition of an extremity is to be carefully distinguished from partial atrophy, sometimes denominated *blight*, which is characterized by considerable extenuation and want of firmness of the muscles, and the slightest degree of which is a decided cause for rejecting a recruit.

Enlargement.—It has been observed that the right arm is generally larger than the left; but I am not disposed to think that the right leg is commonly thicker than the left. Sometimes one leg is disproportionately thick, and occasionally both are in this condition. In some cases the enlargement seems to be the result of an affection of the skin; but whether a natural deformity, or a consequence of disease, a man is thereby disqualified for service in the army.

Unequal Length.—This is not a rare occurrence. When the short extremity is not extenuated, and the difference between the length of the limbs not more than half an inch, I do not consider this a disqualifying defect: it is only a blemish, and not an adequate cause for rejecting a recruit. *(See page* 30.*)*

Bunions.—A bunion is a partial dislocation of the great toe, which commonly lies under or over the second toe. The projection of the ball of the toe is occasioned by subluxation, and an unnatural separation of the distal extremities of the first and second metatarsal bones. Bunions are invariably a consequence of wearing short or tight shoes, by which means the foot is permanently maimed, and frequently a man is thereby rendered unfit for the army.

Overlying, Distorted, and Supernumerary Toes.—Any disabling infirmity of the feet is an important defect in a soldier; he becomes soon fatigued, and is generally unable to endure a long march. Supernumerary toes, whether in one or in both feet, decidedly disqualify a man for the army; because soldiers do not individually get shoes made for their feet. *Ganglions* are commonly situated on the back of the foot, and frequently render the wearing of shoes irksome and painful.

15.—Ulcers, or unsound cicatrices of ulcers likely to break out afresh.

Cicatrices of ulcers when they adhere to the bone, and particularly if surrounded by discoloured or diseased integuments, should invariably cause a man to be rejected. Attempts are sometimes made by recruits to conceal cicatrices, by covering them with paint.

16.—Traces of corporal punishment, (this circumstance is an unqualified cause of rejection in regard to Recruits.)

With the view of guarding against the admission of exceptionable characters into the service, the enlistment of recruits having marks of corporal punishment was prohibited by the Commander-in-Chief in 1818. I presume the prohibition comprehends corporal punishment in a general sense, whether on the back or breech, and that it is not limited to military flogging. Marks of corporal punishment, including the mark of the letter D, do not disqualify a *deserter* for the army. Traces of punishment are commonly attributed to the consequence of a blister or scalding water by recruits. The marks of punishment are generally the result of ulceration, which is not an invariable consequence of

flogging. I have seen several instances of men who received 500 lashes, without bearing the marks of having undergone corporal punishment. I am aware of one instance where a man who received 700 lashes, and "was drummed out of a corps," reinlisted and was finally approved ; the medical officer who examined him was at first supposed to have overlooked the state of the back, but upon a subsequent examination no trace of punishment could be perceived. The ulceration which follows flogging sometimes leaves extensive unsound cicatrices, which prevent a man from carrying his knapsack, and, consequently, he becomes permanently disabled and unfit for the service. Frequently the mark of the letter D is scarcely apparent, probably from the imperfect manner in which the marking operation was performed, and occasionally the obliteration seems to have been effected by means of artificial ulceration. When the tatooed mark is observed, the individual frequently alleges that it was made by a priest, and that it is the initial letter of the word *Jesus*.

17.—Diseases, whether acute or chronic, for which medical treatment is required.

Some exceptions to this rule may be admitted, such as scabies, small incised wounds, abscesses, &c.; but with respect to syphilis, and other diseases, the duration of which is uncertain, they are adequate causes of rejection. To conceal *gonorrhœa* cobbler's wax is sometimes introduced into the urethra.

VI. Every recruit is to be undressed before inspection, and it is directed that the examination shall be conducted agreeably to the following routine, by which means blemishes are not likely to escape detection.

No man should be examined while he is intoxicated, and recruits who have been intermediately approved in the country ought not, unless under pressing circumstances, to be inspected the same day they arrive at a depôt. Serjeants should be instructed not to bring forward a recruit for examination until his feet have been washed. Should it be discovered during the inspection of a recruit that he has formerly been in the army, he should not be approved before he produces his " discharge," or his Chelsea " instructions," by which means the cause of his leaving the service may be ascertained. (*Vide Articles* 40 *and* 41 *of the Warrant for regulating the Pensions of Discharged Soldiers*, 1829, and the Warrant of 1833.) Discharged men who reinlist, and deserters, who wish to re-enter the service, frequently omit to state that they have

been soldiers, and consequently it is of importance to distinguish a man who has been in the army from the ordinary class of recruits. A well-drilled soldier is in general easily recognized, his posture is generally upright, both when he is in motion and at rest; his chest is full, partly from an elevation of the sternum, and also from a greater development of the pectoral muscles; the shoulders are drawn back, and the scapulæ nearly approach each other. When, however, he wishes to conceal that he has been in the service, he sometimes assumes a slouching manner, which commonly disappears when he is desired to march smartly backwards and forwards in the inspection-room, and, if the word "halt" be given, the influence of discipline becomes instantly evident.

The examination of recruits has not hitherto been practically taught as a branch of medical education, and, like novices in other branches of information and duty, young examiners, who may not always be young officers, frequently arrive at very different conclusions from those who have had greater experience in this duty. Unaccustomed to frequent and careful examination of the human form, beginners do not readily discriminate the shades of difference in the development of the different organs of the body. Experience in this, as in all other branches of knowledge, is the best, indeed, the only school where a medical officer can qualify himself for the accurate and skilful performance of the duty.

VII. Upon entering the inspection-room, the recruit is to walk a few times pretty smartly across the apartment for the purpose of shewing that he has the perfect use of his lower extremities.—He is then to be halted and set up in the position of a soldier under arms, with the knees about an inch apart, and examined both in front and rear, from head to foot. Should no material defect be discovered during this survey, the examination may go on. The recruit is then to perform in imitation of the hospital serjeant the following evolutions:—to extend the arms at right angles with the trunk of the body, then to touch the shoulders with the fingers, next to place the backs of the hands together above the head; in this position let him cough, while at the same time the examiner's hand is applied to the rings of the external oblique muscles. Let the inspecting officer examine the spermatic cord and testes, then pass his hands over the bones of the legs. The recruit next stands upon one foot, and moves the ancle-joint of each extremity alternately;

when any doubt is entertained respecting the efficiency of this joint, or any part of an inferior extremity, he should be made to test his strength by hopping upon the suspected limb for a short period, and the size and aspect of the corresponding joint or part of the opposite limb should also be accurately compared. He is next to kneel on one knee, then on the other, and subsequently on both knees. Let him then stoop forwards and place his hands on the ground, and while in this position it ought to be ascertained whether he be affected with hæmorrhoids.

He is then to extend the superior extremities forward, for the purpose of having his arms and hands examined, and with this intention he is to perform flexion and extension of the fingers, and to rotate the fore-arm.

The head is next to be examined, including the scalp, ears, eyes, nose, mouth : the surgeon is then to ascertain that he possesses the function of hearing, and the faculty of distinct enunciation. In regard to the mental faculties, the inspecting medical officer should invariably ask a recruit a few short questions, as what corps he belongs to, or what occupation he had previously followed, &c. &c. or adopt any other means which he may deem necessary to ascertain the condition of the intellect.

In general no dependence should be placed upon any account a recruit may give of his health and efficiency. Recruits are usually denominated volunteers, but by the time they are brought to a medical officer, not a few of them would much rather be rejected than approved, so that they are quite ready to allege a cause of inefficiency, should an opportunity offer. Medical officers have therefore to guard against being imposed upon, not only by the concealment, but also by the simulation of infirmities. Were a recruit to be believed and rejected when he states that he is liable to an obscure or doubtful disease, such as epilepsy or incontinence of urine, very few men would pay smart money. Often have I been informed by the relations of a recruit, sometimes before examination, and sometimes after it, that he laboured under a variety of disabilities, was idiotic, or liable to epilepsy.

When a man is rejected, the cause of his unfitness is recorded in the recruiting register, and at recruiting depots the subdivision officer is furnished with a copy of the entry. The pecuniary inte-

rest of the subdivisional officer and the parties under his command is directly opposed to the rejection of recruits, and consequently the conduct of the staff-surgeon in regard to the execution of his duty is narrowly watched by that branch of the service.

When men are much required for the public service, the minimum height is lowered, and the period of life during which they may be enlisted extended, and *vice versa*. The supply of recruits is thereby regulated according to the wants of the army, without relaxing the regulations in regard to *aptness, health,—general efficiency.*

VIII. The next point is to learn whether a recruit has passed through small-pox or has been vaccinated.

IX. When a recruit is approved, the attestation is to be filled up and signed by the inspecting medical officer.

X. Under the head, "Remarks and Observations" in the register for recruits, all incidental facts of importance in regard to each individual case are to be recorded, including the causes for which recruits have been rejected; blemishes, peculiar marks, &c.

XI. Should a medical officer, or a private medical practitioner, intermediately approve of a recruit who has a trivial blemish, such as a slight cicatrix on the leg, he is to inform the surgeon of the corps to which the man belongs of the circumstance. He is also to inform him when he detects a recruit, previously examined, simulating disabilities; the requisite information on those subjects may be conveyed by means of attaching a slip of paper to a man's attestation. District surgeons are also directed to conform to this rule.

XII. The signature of a medical officer to an attestation, will be considered tantamount to a declaration, that he has personally examined the recruit in question according to the routine mode above described, and that the man had no blemish except as stated in the attestation.

The routine mode of examination should invariably be adopted. It is impossible to urge this point too strongly on the minds of offi-

cers who have not had much experience in the examination of recruits.

In the Austrian military service, when a medical officer approves of a recruit or a conscript, he is directed to state in his certificate that the man declares he is in the enjoyment of good health, or rather that he is not affected with any internal disease. This measure is intended to obviate the simulation of disabilities after a man joins his regiment. In the British service, when a recruit is attested, he swears that he is not lame, and that he has no disability or disorder which impedes the free use of his limbs, or unfits him for ordinary labour. Notwithstanding this precaution to prevent any but healthy efficient men from entering into the army, disabilities are frequently alleged by a recruit on joining a depôt or regiment, and occasionally his simple allegation on that subject obtains more credit than the oath he has taken, by which means he sometimes succeeds in procuring his discharge.

XIII. The certificate of surgeons or assistant surgeons of regiments, when they approve of recruits for the corps to which they themselves belong, will be considered final.

XIV. Recruits who have been intermediately approved by a regimental medical officer, or by a medical officer on the staff under the rank of staff-surgeon, or by a private practitioner, are to be re-examined by a district staff-surgeon, or by a medical officer of the regiment to which they belong. Should a district surgeon consider an intermediately approved recruit ineligible for the service, the man in question is to be reported to the inspecting field-officer, for the purpose of being brought before a board of medical officers, whose decision in regard to his eligibility or ineligibility shall be final. Whenever a medical board cannot be assembled, a reference shall be made by order of the Director General to any army medical officer, whom he may appoint, or he will, on the reports received, decide upon the case himself.

It will appear by this article, that all the men enlisted in a recruiting district are eventually examined by the staff-surgeon of the district, except the few who occasionally enlist at the head-quarters of a regiment or depôt, and are inspected by the medical officer in charge. Those raised at the head-quarters of a recruiting depôt are usually denominated "*town recruits*," while those enlisted in

other parts of the district are commonly named "*country recruits.*" When the staff-surgeon considers a country recruit ineligible for the service, and a medical board concurs in that opinion, he is commonly discharged. By a circular letter from the War Office, bearing date 29th April 1817, it appears that, in consequence of a number of recruits who had been intermediately approved by medical officers, having been rejected by the district surgeons on account of disabilities which ought to have been discovered, the Prince Regent directed that, in all such cases, the expense incurred on account of the recruits should be charged against the medical officer by whom they were passed in the first instance. In consequence of this order, a number of medical officers had to pay very heavy fines, and the ratio of recruits rejected was greatly increased. The regulation of the 29th April 1817 was rescinded by a letter from the War Office, bearing date 11th March 1822.

XV. A similar course will be adopted with respect to intermediately approved recruits, who may be deemed ineligible by a regimental medical officer of the corps to which they belong.—*Vide Form of Return, Nos.* 1 and 2.

XVI. The certificate of a district staff-surgeon, in regard to the fitness of a recruit for the service will be deemed a *final* approval in as far as respects a medical examination, except in the case of recruits for the Honourable East India Company's Service.

"Whenever a recruit who has been approved by a district staff-surgeon, joins the head-quarters of the regiment, whose fitness the regimental medical officer does not feel himself justified in confirming, the regimental medical officer is to transmit, through his commanding officer, to the Director-General of the Army Medical Department, a report of the case, showing in what the unfitness of the recruit consists, and whether, in the regimental medical officer's opinion, it has originated since the recruit was approved by the district staff-surgeon."—*War Office Circular, 22d Dec.* 1832.

Hitherto this Article (XVI.) has remained a dead letter, as far as the regular army is concerned; or rather in practice it has been usually abrogated, the approval of a recruit by a staff-surgeon being not more *final* than the approval of one by a civil medical practitioner. Although a man is certified as fit for the service by a staff-surgeon, if he be deemed ineligible by the medical officer in charge of the reserve companies or regiment to which the recruit belongs, he is

usually submitted to the decision of a board of medical officers, in the same manner as is directed in Article XIV. I am not aware that any reason has been officially assigned for annulling Article XVI. and, consequently, I plead ignorance of the circumstances which may have led to it. Regimental officers, I am aware, allege that they have a greater interest in selecting good recruits for the corps to which they belong than staff-officers; and, perhaps, on this account they have obtained the privilege of disapproving of the decisions of the inspecting field-officers and staff-surgeons of recruiting districts. A staff-surgeon who has been some time employed in the duty of inspecting recruits, is well aware that it is highly incumbent on him not to approve of a recruit who is unfit for the duty of a soldier, but he is also aware that it is equally obligatory on him not to reject men unless they are decidedly unfit for service in the army. The line of demarcation between these two points is so undefined, that I fear the most conscientious and skilful performance of the duty of a district surgeon will not always avert censure, in consequence of being supposed to incline too much either to one side or the other. Were the medical boards, to which ineligible recruits are referred, commonly constituted of officers who have had more experience in the inspection of recruits than district surgeons, an appeal to their opinion and decision might be highly expedient and satisfactory; but when a board happens to be composed of officers who have had little or no experience in this duty, and some of whom may never before have examined men with a view to their fitness for the service, its decision does not always give general satisfaction. Safety is not insured by a "multitude of counsellors," except the counsellors have acquired wisdom from attention and experience. The examination of recruits is a daily occupation with district surgeons; and provided they devote the requisite attention to the subject, they are more likely to perform that duty impartially, skilfully, and correctly, in every respect, than officers who may not inspect ten recruits in a year.

With regard to the importance of the duty of inspecting recruits, and the attention and care which is required to perform that duty well, I shall subjoin two extracts, one from the Austrian, and another from the Prussian official instructions on the subject, together with the opinion of two medical officers of great experience, one belonging to the French, and the other to the Belgian army.

The first extract is from the Austrian recruiting regulations:—"The duty of inspecting conscripts and recruits requires the utmost impartiality, skill, and circumspection on the part of a medical officer: he has to decide upon the fitness or unfitness of a man for the army, and if his decision be subsequently found incorrect, he

becomes responsible for the consequences, and is liable to a penalty which will not be remitted."—(*Instructions from the Austrian War Office, Jauuary* 1809.)

The second extract is from the Prussian regulations:—" The duty of inspecting recruits, and of determining whether they are fit or unfit for the military service of the country, is one of the most difficult and responsible an army surgeon has to perform. To enable him to execute it correctly and with suitable promptitude, he would require more knowledge and experience than is generally believed: he must possess an intimate acquaintance with anatomy, physiology, and pathology. A knowledge of these sciences is essentially required to qualify him to decide on the health and general efficiency of recruits, and to distinguish between defects that may be real from those that are only feigned. He must also be well acquainted with the duties of the different classes of soldiers, infantry, artillery, and cavalry, during war as well as in peace. The qualifications for performing so important a duty can be acquired only by long service and much experience. It is impossible to frame specific rules for the examination of recruits, so as to obviate every difficulty. In a great variety of cases, the decision must depend on the discretion and experience of the inspecting medical officer."—*Regulations for the Medical Examination of Recruits for the Prussian Army.*

The examination of conscripts in France resembles, in some measure, the inspection of men who are alleged to be disabled and unfit for further service in the British army. In the French army the inspection of conscripts is conducted by a recruiting board, composed of civil and military officers, assisted by a medical officer, specially appointed for the purpose, and to whom the title of Inspector is given. He does not, however, form one of the board, being only its assessor, and consequently has no vote in the deliberations. The duty of the medical officer has been summarily detailed in the following passage by Beaupré. " Conscripts are entitled to have their alleged disabilities examined and duly appreciated, for the purpose of being exempted from serving, should they be unfit for the army. This right is founded upon two principles, namely, that of justice and humanity, and the interest of Government. Medical officers who are employed on this duty should invariably be guided, in the opinion they deliver, by impartial justice and the strictest equity. Neither power nor prejudice should have any influence upon their decision; they are equally the advocates of the State and of mankind; consequently, they may be alternately called upon to defend the cause of Government and to plead the rights of the people. Before they decide on the fitness of a conscript, they should invariably keep in view the irksome-

ness of the profession and mode of life for which he is destined, more especially the constraint occasioned by military equipment, the weight he will be required to carry, the fatigue of marching, the wearisomeness of long standing in the ranks, the toil he must undergo in the performance of military manœuvres, and the influence these circumstances may have on the health, particularly upon the organs of the chest. They should never forget, that a feeble puny conscript or recruit rarely becomes an efficient soldier. Slight disabilities or diseases become aggravated by a military life; and a conscript or recruit, who does not possess adequate strength and health to enable him to execute his various duties without much fatigue, soon droops, infirm health supervenes, he is admitted into hospital, and in the course of twelve or eighteen months his disabilities render it necessary to discharge him from the service."—(*Beaupré sur le Choix des Hommes, &c.*)

Extract from a work by Dr Fallot, Physician to the Belgian army, on the inspection of recruits, &c. " The duty of inspecting conscripts and recruits is not only an important, but a very difficult task, partly in consequence of the obscurity of the indications or symptoms of some disabilities. But to ascertain the existence or the name of a disability, is not the only difficulty a medical officer meets with;—he has also to appreciate the disqualifying degree of an infirmity, for the purpose of deciding upon the fitness or unfitness of a man for the army. Rules and regulations on this subject, however carefully they may be devised, and however minutely they may enter into detail, are but very imperfect guides. They furnish an outline, it is true, of the track which requires to be followed; but they do not enable us to escape the many mistakes into which we may fall. Whoever is employed in the duty of inspecting recruits, ought to be intimately acquainted with the anatomy, physiology, and the diseases of the human body: and, above all, he should have devoted a long and careful attention to the practice of his profession; for in this part of the duties of a medical officer there is no substitute for experience."—*Memorial de l'expert dans la visite Sanitaire des Hommes de Guerre. Par* L. Fallot.

In Belgium, when a physician or a surgeon is employed to examine conscripts or substitutes for the army, he takes the following oath:

" *Je jure (promets) de me conformer exactement dans l'examen de la constitution physique, tant interieure qu'extérieure des volontaires, inscrits et remplaçants, designés pour le service de la milice nationale, aux dispositions arrêtées par la loi sur cette milice, de declarer franchement et de bonne foi, sans haine ni faveur, s'ils sont sujets à des maladies ou des infirmités, qui les rendraient incapable de servir.—Ainsi Dieu me soit en aide.*"

Dr Hamilton, *(Duties of a Regimental Surgeon considered,)* has very graphically described the difficulties which a medical officer had to contend with in the inspection of recruits for the army about the year 1782. " It is the surgeon's duty (he says) to pass recruits, *i. e.* to examine whether men enlisted be fit for the service. In performing this he labours under some difficulties; for if this man be rejected by him as improper, the officer who enlisted him is offended,—indeed, in all probability he is a great loser; for if a recruit be not approved of, all that was given him is lost to the officer. But if, to please the officer, the surgeon accepts, and signs his name to the sound list, he is blamed afterwards by the regiment, as well as by the commanding officer, when it is discovered the man is always in the sick reports, and really unfit for a soldier. Hence he must be discharged; the King loses by him, and the service is injured. We may place this, however, among the surgeon's difficulties; for he often times finds himself in a dilemma; and let him act as he will on these occasions, he may be sure of giving offence to some party. It is wrong to cheat the King and sign a falsehood;—it is a pity to put an officer, who perhaps has only his pay to support him, and is now under the increased expense of the recruiting service, to the loss he must sustain by rejecting his recruit." Dr Hamilton is, so far as I know, the earliest medical author who alludes to the duty of examining recruits. I have not been able to learn when the assistance of medical officers was first required in the examination of recruits in the British army.

In addition to the difficulties attending the duty of the inspecting recruits, enumerated by Dr Hamilton, a district surgeon, when he approves of a recruit who is subsequently deemed ineligible for the service by a medical board, is liable to be called upon by the General Commanding in Chief, and by the Director-General of the Medical Department, to give his reasons for passing him. The only reason which a district surgeon can render is that he considered the recruit fit for military duty; and as he can have but a very imperfect, if any recollection of the man, what more can be expected? In general the members of medical boards have had but little practical acquaintance with the duty of inspecting recruits; and, consequently, no great deference is usually paid to their opinion. It is not a rare circumstance for a district staff-surgeon to appove of a recruit who he knows had been formerly found unfit by a medical board. Indeed, a district surgeon who considered a recruit qualified for the service would not be warranted in rejecting him merely on account of a different opinion having been expressed in regard to his fitness by a medical board at a former period.

Colonel Robinson, who published *A Letter to a General Officer on the Recruiting Service* in 1811, highly disapproved of the mode of inspection, and the rejection of recruits by district surgeons, who, he says, "are so hampered by their instructions, that they cannot freely exercise their own judgment in performing their duty, and great numbers of actually serviceable men are in consequence entirely lost to the army." When Colonel Robinson published his letter, he was Inspecting Field Officer of the London District; and, as he had much experience in the recruiting service, his opinion deserves careful consideration.

Medical boards and military officers are commonly more credulous than district surgeons, who find from experience that they are very liable to be deceived, if much dependence is placed upon the testimony of recruits regarding disabilities which have no obvious cause. When a recruit is attested he swears that he does not suffer under any disability or disorder which impedes the free use of his limbs, or unfits him for ordinary labour, but sometimes, when a man joins his depot, he alleges that he labours under some disability, such as lameness, or dimness of vision, and on account of these alleged infirmities recruits are occasionally found unfit for the service by a board. I have seen a copy of a letter from a staff-officer, high in rank, serving on a foreign station, of which the following passage is an extract: "As old soldiers, who have been discharged and sent home, frequently are returned as recruits; and men suffering from fractured skulls, with *plates introduced into their heads*, have found means to be enlisted," &c. I have no doubt that men who wished to be discharged would relate such stories; but what opinion could they entertain of the common sense of the officers who credited their fictions?

In the duty of inspecting recruits, officers of experience and observation are guided, in a great degree, by their knowledge of the duties and habits of soldiers; whereas young officers, or officers who have had but little experience in this particular branch of duty, are apt to be more influenced by the letter than the spirit of the "Instructions," and frequently consider men disqualified for the service on account of a blemish which a more experienced officer would not deem a disqualification for the service, or the existence of which they might think so doubtful as not to warrant rejection. I have known recruits who were approved by staff-surgeons of much experience, and who were reported ineligible by regimental medical officers, and subsequently found unfit by medical boards, on account of alleged blemishes of a very unimportant or doubtful character,—for example, *a slightly enlarged state of the veins of the scrotum; imperfect execution of the "goose step;"*

loss of the first joint of the middle finger of the left hand; the cicatrix of a scald on the thigh, which was not concealed by a kilt. A collection of the alleged disabilities for which medical boards have found recruits unfit for the service, would be both an amusing and an instructive document. I am well aware that instances occasionally occur of recruits, respecting whose efficiency two officers, of whatever standing, rank, or experience in the army, may conscientiously entertain different opinions, without any reflection upon the attention or ability of either.

XVII. To enable a man who secures a deserter to receive the usual reward, a certificate of his fitness for the service must be produced to the magistrate who commits him. In the examination of a deserter, medical officers will recollect that he is already in the service, consequently he should not be found unfit for military duty, unless he suffers under a serious disqualifying disability, such as would render it necessary to discharge a soldier from the army.

Were a similar degree of strictness observed in regard to the fitness of deserters as of recruits, many a soldier who knew that he had a slight blemish, such as a little enlargement of the veins of a leg, or might easily feign one, would desert in the hope of being certified unfit for the service, and thus obtain his discharge, when he pleased to surrender himself. Deserters who are returned unfit for service receive a protecting certificate from the Adjutant-General. I have inspected deserters who were brought to me with extensive sloughs on the legs, apparently occasioned by the recent application of aquafortis; to have certified these men unfit would have been to become the dupe of their knavery. Deserters sometimes voluntarily mutilate themselves after they are taken, and before they are brought to a medical officer for inspection.

XVIII. Every recruit who has not passed through small-pox, or vaccine disease, is if possible to be vaccinated by the inspecting medical officer; and if the exigencies of the service will not permit this to be done, the circumstance is to be reported to the surgeon of the corps to which the man belongs.

XIX. The books required to be kept in regard to this branch of the duty of a medical officer, are :—

1. A register of recruits, which is to be ruled so as to contain the following heads :

A.—Date of examination,
B.—Regiment.
C.—Name of each recruit.
D.—Age.
E.—Country of birth (as England, Ireland, or Scotland).
F.—Previous occupation, or station in life.
G.—Small-pox or cow-pox.
H.—Remarks and observations.

2. A letter and return book.
3. A vaccination register.

XX. Medical officers attached to recruiting depôts will forward to the Director General a numerical return, dated on the 1st of each month, of the recruits examined, with the numbers rejected and approved during the preceding month.

XXI. District surgeons and regimental medical officers are directed to transmit to the Director General an annual return of the recruits they examine.—*Vide Form of Return, No. 3.*

XXII. When district surgeons have the charge of sick, they are to comply with the regulations issued for the guidance of regimental medical officers in the exercise of their duty, and to forward similar returns.

(Signed) J. M'Grigor, *Director General.*

FORM OF RETURNS.

No. 1.

Return of (one or more recruits) who have joined the Recruiting Depôt or Regiment, and who, upon examination, have been considered ineligible for His Majesty's Service.

NAME.	Date of Enlistment.	Intermediately approved by	Cause of Ineligibility.

Signatures Surgeon.
Commanding Officer.

No. 2.

PROCEEDINGS of a Board of Medical Officers, assembled by order of for the purpose of reporting upon the state of A. B., a Recruit, who has been considered ineligible for service, by

} Members of the Board.

The Board, having carefully examined A. B. a Recruit belonging to Regiment, who has been deemed ineligible for the service, by in consequence of [*here insert the cause of the alleged disability*], and find that he [*here describe the kind and degree of whatever disability he may labour under*], We are of opinion that the above-named recruit is for the service.

Signatures of the Members of the Board. }

The decision of a board of medical officers is commonly conclusive, and the opinion or finding forthwith acted upon, but their proceedings are, however, liable to be revised; at any rate I was a member of a medical board, which was called upon by the Adjutant General through Dr Renny, Director General of Hospitals in Ireland, to assign reasons for the finding which we had given in regard to the inefficiency of a recruit, and in consequence of which he had been rejected. As the recruit in question was not produced for a second examination by the board, the members had it not in their power to reconsider the *evidence* upon which they had pronounced an opinion, namely, the appearance of the man himself, and, consequently, could not revise their finding and final decision in respect to his unfitness,

In Ireland, when a board was ordered to examine recruits who were considered ineligible by a district staff-surgeon, or by the medical officer of a regiment, it was customary, and perhaps the practice still prevails, to inform the members that, "in the event of the recruit being pronounced unfit to be retained, it is desirable that the board should express its opinion as to the probability of his being unable to impose on the public by re-entering the service;" and when a recruit was found unfit, the board usually added, "that he is not likely to re-enter the service." The question respecting "the probability of a recruit being again enabled to im-

pose on the public," is often very difficult to solve. It involves two important points, *first*, the cognizable and disabling nature of the infirmity; and *secondly*, the talents, experience, and judgment of the medical officers before whom he is brought for examination. The circumstance of a recruit having been approved, appears satisfactory evidence of the possibility, if not the probability, of his being approved again, should he present himself for examination.

No. 3.

RETURN of Recruits inspected at the Recruiting Depot or Regiment, from the 1st January , to the 31st December inclusive

Approved	
Rejected	
Total Inspected	

CAUSES OF REJECTION.

	No.
Unsound Health	
Weak Intellect	
Traces of Scrofula	
Muscular Tenuity	
Chronic cutaneous affections	
Specks on the Cornea	
Cataract	
Deafness	
Loss of many Teeth	
Defective condition of the Superior Extremities, in consequence of Old Fractures, Contractions, &c. &c.	
Deformed Spine	
Hernia, Inguinal	Right side Left side
Laxity of the Ring of the external oblique Muscles	Both sides Right side Left side
Varicose Veins, left Spermatic Chord	
Ditto right ditto	
Disease of the left Testicle	
Ditto of the right ditto	
Hydrocele, both Testicles	
Ditto right	

Hydrocele, left Testicle . . . . . .
Defective condition of the Inferior Extremities, in consequence of Old Fractures, Malformation, &c. &c. . }
Varicose Veins of both Legs . . . . . .
Ditto of the right Leg . . . . . .
Ditto of the left . . . . . .
Ulcers, Wounds, or Cicatrices of ditto . . . . .
Traces of Corporal Punishment . . . . .
&c. &c. &c.—*(Vide Note, No. VI.)*

Obscure or doubtful Disabilities.—The instructions relative to the inspection of recruits are more particularly calculated to prevent men from being approved for the army who suffer under concealed (dissimulated) disabilities; and when an army is recruited by voluntary enlistment, this is certainly the class of infirmities concerning which a medical officer should be especially on his guard. But as many recruits regret enlisting before they are inspected, some of them endeavour to be relieved from enlistment, by alleging that they are liable to certain disabilities, such as vertigo, frequent headach, short sight, occasional hæmoptysis, chronic rheumatism, epilepsy, periodic asthma, incontinence of urine, weakness of memory, and partial lameness. A medical officer requires to be on the watch, lest he should be imposed upon by the feigning (simulation) of disqualifying infirmities, as well as to detect and recognize concealed disabilities.

The following disabilities may exist without the knowledge of a recruit, and they may also escape the cognizance of a very careful medical officer, *incipient consumption, aneurism of an arterial trunk, lumbar abscess, certain degrees of weakness of intellect.*

Efficiency required of different branches of the Service.—According to Dr Jackson, the duty imposed upon medical officers in the inspection of recruits is "not to select what is every way good, but to reject what is absolutely unfit." The instructions, however, direct that no recruit is to be approved, unless he possesses "adequate strength for the duties which he may be called upon to perform," and a medical officer will require to take into consideration the specific duties of different branches of the army, for which the recruit may be intended.

Ordnance Department.—Recruits for this branch of the

service ought to be powerful athletic men. The duties of the field, and even of the arsenal, are laborious, and require great strength. In some respects, however, artillery-men undergo less fatigue than infantry of the line. They do not, in general, carry their knapsack on a march, and are little exposed to night duty.

Cavalry.—Dragoons are almost constantly employed either at drill or in the stables, but their duty is not commonly very fatiguing. As they do not carry their necessaries, a march does not add so much to their exertions as to those of infantry soldiers, and on active service they are generally much better protected from vicissitudes of weather. According to the Prussian regulations for the examination of recruits, an equal degree of care is not required in the examinations of men whose chests are contracted, or whose limbs are ill-formed, if intended for cavalry, as if for infantry corps. The following blemishes do not disqualify men for service in the Prussian cavalry; the deformity usually denominated in-kneed, cicatrices of ulcers on the legs, loss of a great toe, moderately deformed feet, and flatness of the soles of the feet.

Infantry.—An infantry soldier does not usually undergo much fatigue during peace, but on active service he is exposed to perhaps greater fatigue than either artillery-men or dragoons. On a march he is obliged to carry his knapsack, accoutrements, &c. which weigh about sixty pounds. He is also liable to much night duty. Infantry soldiers look sooner old than persons in civil life, so do sailors,—a circumstance which perhaps depends chiefly on night duties and disturbed sleep. This branch of the army has always a larger proportion of sickness and perhaps of mortality than either the ordnance or cavalry, which probably arises from greater fatigue and more frequent exposure to the vicissitudes of weather. Recruits for the infantry should, therefore, as far as regards health and muscular capability, be selected with even more care than for cavalry corps.

NOTES AND ILLUSTRATIONS.

NOTE I. page 1.

Form of Attestation.

UNLIMITED SERVICE.

ATTESTATION FOR REGIMENTS.

QUESTIONS. To be separately asked by the Magistrate.	ANSWERS. To be sworn to by the Recruit.
1. What is your name?	
2. In what parish, and in, or near what town, and in what county, were you born?	In the parish of in or near the town of in the county of
3. What is your age?	Years. Months.
4. What is your trade or calling?	
5. Are you an apprentice?	
6. Are you married?	
7. Are you ruptured, or lame; have you ever been subject to fits; or have you any disability or disorder which impedes the free use of your limbs, or unfits you for ordinary labour?	
8. Are you willing to be attested to serve in the Regiment of until you shall be legally discharged?	

9. On what day, and by whom were you enlisted? *..... } On the

10. For what bounty did you enlist? .....

11. Do you now belong to the militia? † .....

12. Do you belong to any other regiment, or to the Marines, Ordnance, or Navy? .....

13. Have you ever served in the army, marines, ordnance, or navy? ‡ .....

I do make oath that the above questions have been separately put to me; that the answers thereto have been read over to me; and that they are the same that I gave, and are true.

I do also make oath, that I will be faithful and bear true allegiance to Her Majesty, Her Heirs, and Successors, and that I will, as in duty bound, honestly and faithfully defend Her Majesty, Her Heirs, and Successors, in Person, Crown, and Dignity, against all enemies, and will observe and obey all orders of Her Majesty, Her Heirs, and Successors, and of the generals and officers set over me.

So help me God.

Witness my hand,

Sworn before me, at

this day of

One Thousand Eight Hundred and

Signature of the Magistrate.

_____ *Signature of the Recruit.*

_____ Witness present.

* The recruit cannot be attested sooner than twenty-four hours, nor later than four days after his enlistment.—33*d Clause of Mutiny Act.*

† The magistrate is directed, in putting the 11th question to the recruit, and before he receives his answer, distinctly to apprize the recruit, that if he belongs to the militia and denies the fact, he is liable to six months' imprisonment.

‡ If so, the recruit is to state the particulars of his former service, and the cause of his discharge, and is to produce the certificate of his discharge, if he has it with him.

ARTICLES OF WAR.

First and Second Articles of the Second Section.

1. " Any officer or soldier, who shall begin, excite, cause, or join in any mutiny or sedition, in any of our land or marine forces, or in any party, post, detachment, or guard, on any pretence whatever; or who, being present at any mutiny or sedition, shall not use his utmost endeavour to suppress the same; or who, coming to the knowledge of any mutiny or intended mutiny, shall not without delay, give information to his commanding officer;—or

2 " *Who* shall desert from our service, (whether or not he shall reenlist therein;) shall suffer *death*, or such other punishment as by a general Court Martial shall be awarded."

Description of _____

Age, apparently
Height Feet Inches.
Complexion
Eyes
Hair
Any distinctive mark.

To wit, } I one of Her Majesty's Justices
of the Peace of do hereby certify
that the above is the description of the recruit,
and in my presence all the foregoing questions were
put to the said that the answers written
opposite to them are those which he gave to me; and that the 1st and
2d articles of the 2d section of the Articles of War were read over to
him, that he took the oath of allegiance and fidelity, that he received
the sum of on being attested this day, and that I have
given him a duplicate of this certificate, signed with my name.

{ *Signature of the Magistrate.*

SURGEON'S CERTIFICATE.

I have examined the above-named recruit, and find that he has no rupture nor mark of an old wound or ulcer adhering to the bone: he is free from varicose veins of the legs, and has the full power of motion of the joints and limbs. He is well formed, and has no scrofulous affection of the glands, scald head, or other inveterate cutaneous eruptions; and he is free from any trace of corporal punishment. His re-

spiration is easy, and his lungs appear to be sound. He has the perfect use of his eyes and ears. His general appearance is healthy, and he possesses strength sufficient to enable him to undergo the fatigue to which soldiers are liable. I consider him fit for Her Majesty's service. He has the following particular marks or scars.

Dated this day of

Signature of Surgeon.

Confirmed, _____ *Surgeon to* _____ *Regiment.*

having been finally approved, I caused his name, age, date of attestation, and every prescribed particular, to be recorded in the regimental register, with the No. affixed to his name; and I certify that I am satisfied with the correctness of this attestation, and that the forms required by the Mutiny Act appear to have been complied with.

Date

Signature, Officer Commanding.

NOTE II. page 10.

Extract from Evidence delivered before His Majesty's Commissioners for inquiring into the System of Military Punishments in the Army March 15, 1836.

FIELD MARSHAL THE DUKE OF WELLINGTON.

"*Question* 5806.—Has any mode ever suggested itself to your Grace, by which a better class of persons might be induced to enter into the army, under the present mode of voluntary enlistment? I should say not. The objection to entering into the army, in my opinion, is the severity and regularity of the duty, the regularity of the discipline, and the life which the soldier is obliged to lead, and which you must oblige him to lead; the climates to which he is exposed, and the constancy of the service in those climates. I do not think that a better description of persons would be induced to enlist than at present, voluntarily, not even for any bounty, because the amount of the bounty is no consideration. *** I do not think any bounty would procure the service of a better description of men than is enlisted at present."

NOTE III. page 14.

Statement of the Mean Ratio of Mortality which occurred among the Troops employed at the following Stations, from 1st January 1831 to 31st December 1836, being a Period of Seven Years.

Stations.	Annual ratio of Mortality within the specified periods of Life, per 1000 of the mean strength.				Mean annual ratio of Mortality per 1000 of all Ages, from 1831 to 1837.
	18 to 25.	25 to 33.	33 to 40.	40 to 50.	
United kingdom. Dragoon Guards and Dragoons,	13.9	14.0	17.3	26.7	15.3
Household Cav.	14.7	11.4	16.3	22.8	14.5
Foot Guards,	22.3	22.5	17.7	27.5	21.6
Gibraltar, - -	18.7	23.6	29.5	34.4	22.3
Malta, - -	13.0	23.3	34.0	56.7	22.3
Ionian Islands, -	12.2	20.1	24.4	24.2	19.3
Windward and Leeward Islands, - -	50.0	74.0	97.0	123.0	67.0
Jamaica, - -	70.0	107.0	131.0	128.0	91.0
Bermuda, -	16.5	42.0	42.0	76.	28.9
Upper and Lr. Canada,	19.7	27.7	37.7	35.7	25.7
Nova Scotia and New Brunswick, -	14.	22.5	30.8	41.5	20.3
Cape of Good Hope,	9.	20.6	29.7	32.0	17.6
Mauritius, - -	20.6	38.0	52.7	86.7	34.7
Ceylon, - -	24.0	55.0	86.4	126.6	48.3
New South Wales,	9.8	18.2	17.6	20.9	14.1
Bombay, - -	18.2	34.6	46.8	71.1	33.1
Madras, - -	26.	59 3	70.7	86.5	52.2
Bengal, - -	23.8	50.3	50.6	83 3	44.5

Noxious agents or causes of mortality exist in all countries, and these causes of mortality will have greater or less influence upon the human body, in proportion to its conservative powers. The rate of mortality among a body of troops is therefore in some degree a test of the existence, and a measure of the power of these destructive agents. It has long been supposed that the conservative powers of the constitution acquired strength by length of residence in unhealthy climates, but this inference or conjecture derives no confirmation from statistical investigation, for example, the observation in regard to Jamaica in the above statement one man in seven dies annually in Jamaica, and the strength is usually kept up by young recruits varying from 19 to 21 years of age. Now, if the conservative powers of the constitution gained strength by length of residence in Jamaica, the ratio of mortality between the ages of 25 and 33 should be very obviously lower than during the period between the ages 18 and 25, but the reverse is the case, not only in regard to Jamaica, but also in regard to the Windward and Leeward Island station, and

uniformly in all the other stations, both in the temperate and torrid zones. I may also state that the mortality of epidemics has been found to follow the general law of the mortality of age.

NOTE IV. page 18.

Estimate of the annual number of Recruits required for the British Army.

Statement of the effective Strength of the British Army employed at Home, and on Foreign Service—the number of Deaths, and the ratio of Mortality, together with the number Discharged for a period of ten years,—or from 1819 to 1828 inclusive.

Years.	Effective strength, 25th Dec. at Home.	Died.	Proportion of Deaths per cent.	Effective strength, 25th Dec. Foreign Service.	Died.	Proportion of Deaths per cent.	Discharged.
1819,	53,380	492	0.9	54,992	3755	6.3	15,940
1820,	54,527	740	1.1	50,557	2584	5.1	7,654
1821,	37,988	620	1.6	51,277	2220	4.2	19,965
1822,	41,530	560	1.3	46,709	2692	5.7	7,300
1823,	40,786	566	1.3	48,995	1981	4.0	5,250
1824,	42,585	651	1.5	49,888	2257	4.5	4,925
1825,	57,048	854	1.6	53,755	3849	7.1	5,703
1826,	48,826	1082	2.2	58,339	4513	7.7	8,613
1827,	47,747	824	1.7	58,440	3713	6.3	5,670
1828,	46,193	828	1.8	58,592	2814	4.7	4,471
Total,	470,610			531,534			
Mean of ten years,	47,061	721	1.5	53,153	3037	5.7	8,549

General Abstract.

Years.	Strength.	Decrement by Deaths and Discharges.
1819,	108,372	20,187*
1820,	105,084	10,977*
1821,	89,265	22,805*
1822,	88,239	10,552*
1823,	89,781	7,799
1824,	92,473	7,833
1825,	110,803	10,406
1826,	107,165	14,208*
1827,	106,187	10,207
1828,	104,785	8,113
Aggregate Strength and Decrement.	1,002,144	123,078
Mean of 10 Years,	100,214	12,307

From this abstract it appears that the mean annual decrement of the

army by death and discharges, for a period of ten years, amounted to 12,308; but an exact or conclusive inference cannot be drawn from this circumstance in regard to the ordinary decrement by death and disabilities, and the annual number of recruits required to keep up the strength of the army, inasmuch as it is more than probable that during the years marked with an asterisk the number of discharges may have been considerably increased by the reduction or disbandment of one or more regiments. The decrement by desertions, it will be recollected, is not included in the above return. In all likelihood, the annual number of recruits required to fill up the vacancies in the British army arising from death, discharges, and desertion during a period of peace will amount to about 11,000 or 12,000 men.

Note V. page 35.

Flatness of the Soles of the Feet. (Circular addressed to the Medical Officers of the Prussian Army, by Gorcke, *Director-General of the Medical Department.)*

In the examination of recruits mistakes are often made by confounding two different kinds of deformity of the feet, of which one is in common language termed *flat feet*, the other *broad feet*. Want of due discrimination in this respect gives rise to errors on the part of a medical officer who is directed to examine whether a recruit be fit for military service. The following observations will, it is hoped, obviate such mistakes in future. In the flat foot the bones of the leg are for the most part natural; there is, however, an irregularity in the manner in which the bones are placed on the foot, and in the relative position of their distant extremities with respect to the bones of the tarsus. The inner ankle is very prominent, and is placed lower than usual. A hollow exists below the outer ankle, of a greater or less extent, according to the degree of the deformity. The dorsum, or back of the foot, is not sufficiently arched; the foot is broader in the neighbourhood of the ankle than near to the toes. The inner side of the foot, which in a well-formed person is concave, is flat and sometimes convex. When a flat foot is placed on the ground, the sole projects so much on the inside that the finger cannot be introduced below it. A person with flat feet usually walks with his knees bent, and assumes an attitude like a man when he pushes forward a wheelbarrow. He rests upon the inner side of the sole, and the usual degree of motion of the ankle joint is impeded.

Flatness of the soles of the feet is almost never seen among the higher ranks of society, and very rarely among females. Children under ten years of age are seldom affected with this deformity. It is therefore possible that the disposition to flatness of the soles of the feet may exist in childhood, although the full developement of the deformity does not take place until the body is nearly fully grown.

The remote cause of flatness of the soles of the feet is not satisfactorily known. Individuals who have this deformity in one foot only,

usually attribute it to an injury, as a sprain, &c.; and when both feet are affected, they commonly aver that they have had flat feet from childhood. Whatever notion we may entertain of the origin of the deformity, it has no other foundation but conjecture or analogy. There is no reason for supposing that the bones, or even the ligaments, are diseased in flat feet. In all probability the deformity consists in a sinking of the arch of the os calcis, and a corresponding displacement of the astragalus, whereby the inner surfaces of these bones become the inferior, and the exterior surface the superior. When a foot is remarkably flat, it is not unlikely that there is a subluxation of the anterior articular surface of the head of the astragalus from the posterior articular surface of the os naviculare, and an elongation of some of the ligaments which connect the bones. These circumstances would give rise to the appearances by which the deformity is distinguished, viz. the altered position of the tibia and fibula, the flattening of the back of the foot, the convexity of the inner margin of the foot, the treading on the inner border of the sole, the peculiar gait, which depends on an unnatural degree of motion between the astragalus and the os naviculare, the difficulty of moving the foot in consequence of a stretching of the ligaments.

May not the deformity be owing to a displacement or flattening of the internal tubercle of the tuberosity of the calcaneum? Various causes may contribute to this effect, namely, a tardy ossification of the bones of the tarsus; infirm health, or a feeble constitution, scrofulous habit, &c. and the constantly increasing weight of the body. Flatness of the soles of the feet is particularly observable among the labouring classes of a community, which perhaps may in part be occasioned by a practice which especially prevails among the poor, namely, that of placing children very early upon their feet. Scrofula seems to contribute to flat feet, and perhaps in a great degree on account of the weight of the swelled bellies of children, a very frequent symptom in this disease. Females may be less liable to the deformity, because boys are earlier employed in laborious occupations than girls.

By a very moderate degree of attention, a flat foot may be easily distinguished from a broad foot. In the broad foot the bones of the leg are well placed upon the foot; the usual hollow exists under the inner portion of the sole; the back of the foot is arched, the foot is not disproportionately broad at the tarsus; the expansion of the foot commences with the bones of the metatarsus, and it is broadest near to the toes. Broad feet are usually more fleshy than flat feet.

The function of walking is in no degree impeded by this slight deviation from the regular form of a foot, which consists simply in an extension of the lateral ligaments of the heads of the metatarsal bones, occasioned in all probability by much use of the feet. It will therefore appear that men with broad feet, in consequence of being much

inured to walking, are particularly well adapted for active military duty, more especially in the infantry; while men with flat feet are totally unfit for the army. When the deformity is considerable, a man is incapable of marching easily, for the feet swell and the soles get chafed. A flat-footed man wears his shoes on the inside, so that the shoe of a person who is thus deformed may be readily discriminated.

The remote and proximate causes of this deformity are still but very imperfectly known, and it is therefore much to be wished that army medical officers would avail themselves of every opportunity which offers to investigate the subject. To do this effectually, deformed feet should not only be carefully inspected, but the parts of the foot ought to be examined after death. By this means we may be able to attain greater certainty in regard to the cause of the deformity, and perhaps to discover a rational plan of treatment.

Berlin, July 31, 1818.

NOTE VI. page 52.

On the Examination and the Rejection of Recruits.

I have stated in the text, page 42, that the order which rendered medical officers approving of recruits who were subsequently rejected on final examination, liable to defray the expenses incurred on their account, was rescinded by the Secretary at War in March 1822. But although the order issued by the Secretary at War was then cancelled, it will appear by the following circular letter from the Adjutant-General, that medical officers continue to be liable to heavy penalties from the Commander-in-Chief for alleged professional delinquencies regarding the approval of recruits.

Recruiting Department.

(CIRCULAR.)

SIR, Horse Guards, 14th August 1824.

It appearing by reports which have been made to the Commander-in-Chief, that of the recruits which are raised, more especially for foreign service, the majority are of an ineligible description, notwithstanding the minute and positive instructions which have from time to time been issued for the guidance of those who are charged with the recruiting inspections, the Commander-in-Chief is at length obliged to declare that his Royal Highness will consider it to be his duty to recommend the immediate removal of the staff of any district, which, after the present warning, shall be reported to have produced objectionable recruits, as well as to fix on the culpable officer in every practicable case, the expense attending the enlistment of a subsequently rejected recruit. His Royal Highness finds that, however, the instructions as to stature may be kept sight of by the inspectorial authorities, those relating to the general appearance of the recruit are overlooked.

His Royal Highness, therefore, applies this caution more particularly to points connected with the constitutional appearance, mould of chest, size of bone, and likelihood of growth of the recruit.

I have, &c.

(Signed) H. TORRENS, A. G.

The Inspecting Field-Officer,
District.

In practice the circumstances or causes on account of which recruits are rejected, may be arranged under three classes:

1*st*, Diseases or deformities which a medical officer, from his professional knowledge and acquaintance with the duties of soldiers, concludes are infirmities which disqualify men for service in the army.

2*d*, Slight blemishes which do not disqualify a man for the army, but which an unwilling soldier may exaggerate, and allege that he is thereby rendered unfit for military duty. An old fracture may be considered a type of this class of blemishes.

3*d*, Unimportant deviations from symmetry, or slight variations from the usual form or condition of the body, technical or nominal blemishes which do not incapacitate a man for the army, or in the smallest degree impair a man's efficiency. Recruits are commonly ignorant of the existence of this class of causes of rejection. A lateral deviation of the spine, broad feet, loss of a few teeth, may be given as types of this class. District staff-surgeons reject recruits who come under the first two classes, from a conviction that they render a man unfit or ineligible for the army; but those under the third head are frequently rejected from fear of responsibility—a dread of an epistolary correspondence if objected to by regimental medical officers, and an ultimate loss of professional character.

The following Returns of recruits examined at the Centre Recruiting District (Dublin), during the years 1825–28, comprehending part of the period I was attached to the staff of the Dublin District, will show the causes of the rejection of recruits, and the relative frequency of each disability.

RETURN of Recruits inspected at the Recruiting Depôt, Dublin, (Centre Recruiting District) from 25th December 1824, till 24th December 1825.

Approved, . . .	4839
Rejected, . .	1390
Total inspected, . .	6229

Causes of Rejection.

Ophthalmia tarsi, ...	3

Pulmonic diseases,	2
Epilepsy,	3
Weakness of intellect,	7
Unsound health,	158
Traces of scrofula,	68
Syphilis primitiva	26
——— consecutiva	3
Gonorrhœa,	3
Chronic affections of the skin,	5
Tinea capitis, or traces of this affection,	15
Muscular tenuity,	30
Nebulous obscurity of the cornea,	3
——— specks on the cornea,	30
Cataract,	7
Closed pupil,	7
Amaurosis,	2
Strabismus,	2
Puriform discharge from the ears,	10
Deafness,	3
Loss of teeth, diseased gums, &c.	22
Enlarged tonsils,	1
Narrow chest,	10
Depressed sternum,	14
Deformed spine,	55
Defective condition of the superior extremities from malformation, contractions, mutilations, ganglions, &c.	90
Deformed pelvis,	7
Hernia, inguinal — both sides,	1
Hernia, inguinal — right side,	14
Hernia, inguinal — left side,	17
——— ventral,	44
——— umbilical,	6
Laxity or enlargement of both rings,	19
——————— of the right,	6
——————— of the left,	56
Varicose condition of the veins of the left spermatic cord	46
Right spermatic process unusually large,	3
Left testicle strangulated in the ring,	1
Hydrocele,	8
An unusually large state of both testicles,	3
——————— of the right,	3
——————— of the left,	10
Defective condition of the inferior extremities from malformations, nodes, exostosis, mutilations, misplaced toes, ganglions, &c.	155
Varicose veins of both legs,	35

Varicose veins of the left leg,	71
——————— of the right leg,	64
Ulcers, cicatrices of ulcers, wounds, &c.	138
Old fractures,	18
Tumours,	7
Flatness of the soles of the feet,	34
Traces of corporal punishment,	36
Men who have been in the army, but who refused to show their discharge,	3
Total,	1390

Abstract.

	Inspected.	Approved.	Rejected.	Per cent. rejected.
Town Recruits,	3315	2226	1089	32.8
Country Recruits,	2914	2613	301	10.3
Total,	6229	4839	1390	22.3

(Signed) H. Marshall,
Staff-Surgeon.

According to the above abstract it appears that 32.8 per cent. of the town recruits, or first inspections, were rejected, and 10.3 per cent. of the country recruits or second inspections.

Of the 2914 country recruits who had been examined and approved in the country before they arrived at the depôt, 585 were deemed ineligible for the service, of which number 20 were found unfit and discharged by the inspecting field-officer, 284 were found fit, and 281 unfit by medical boards, the total finally unfit being 301, or 10.3 per cent.

Return of Recruits inspected at the Recruiting Depôt, Dublin, from 25th December 1825, till the 24th December 1826.

Approved - -	3,243
Rejected - -	775
Total Inspected	—— 4018

Causes of Rejection.

Unsound health, - - - -	71
Weak intellect - - - - - -	3
Traces of scrofula - - - - - -	52
Muscular tenuity - - - - - -	27
Chronic cuticular affections - - - - -	7
Traces of tinea capitis - - - - -	4
Ophthalmia tarsi - - - - - -	10

Obscurity of the cornea	8
Specks on the cornea	39
Closed pupil	1
Amaurosis	1
Cataract	2
Puriform discharge from the ears	5
Deafness	2
Loss of teeth	12
Impediment of speech	5
Enlarged tonsils	1
Narrow chest, sternum in some cases protruded	6
Contraction of the chest	2
Defective condition of the superior extremities, on account of old fractures, contractions, mutilations, extenuation, &c.	45
Projecting scapulæ	2
Deformed spine	19
Deformed pelvis	3
Hernia, inguinal, both sides	1
——— right side	6
——— left	7
——— ventral	3
——— umbilical	1
Laxity of both rings	7
——— right ring	6
——— left ring	17
Spermatic cord, right side thickened	3
Varicose veins, left spermatic cord	18
Right testicle strangulated in the ring	1
Both testicles unusually large	1
Right testicle unusually large	1
Left testicle unusually large	3
Hydrocele, both testicles	4
——— right testicle	5
——— left ditto	5
Gonorrhœa	3
Syphilis primitiva	17
——— consecutiva	2
Defective condition of the inferior extremities on account of old fractures, malformation, extenuation, nodes, misplaced toes, supernumerary toes, contractions, ganglions, &c.	86
Varicose veins, both legs	13
——— of the right leg	47
——— of the left	36
Ulcers, wounds, and old cicatrices	66
Traces of issues, chiefly on the back of the neck	16

Traces of fracture of one or both of the clavicles	17
Flatness of the soles of the feet	16
Traces of corporal punishment on the back	37
——————————— on the breech	2
An old soldier failed to show his discharge	1
Total	775

Abstract.

	Inspected.	Approved.	Rejected.	Per cent. Rejected.
Town Recruits	2347	1675	672	28.6
Country Recruits	1671	1568	102	6.1
Total	4018	3243	775	19.2

(Signed) H. MARSHALL,
Staff-Surgeon.

Return of Recruits inspected at the Recruiting Depot, Dublin, from the 25th of December 1826, till the 24th of December 1827.

Approved,	2006
Rejected,	582
Total inspected,	2588

Causes of Rejection.

Unsound health	48
Discharged from the service on account of visceral disease	4
Weak intellect	5
Traces of scrofula	28
Muscular tenuity	28
Chronic cutaneous affections	10
Traces of tinea capitis	7
Wen on the head	1
Ophthalmia tarsi	7
Obscurity of the cornea	11
Falling down of the eyelids	1
Specks on the cornea	26
Fistula lachrymalis	1
Cataract	12
Strabismus	3
Puriform discharge from the ears	2
Deafness	1
Loss of teeth	8
Impediment of speech	2
Transverse cicatrix on the front of the neck, supposed to be the result of an attempt to commit suicide	2

Excessively large tonsils	1
Want of due capacity of the chest	4
Defective condition of the superior extremities on account of old fractures, contractions, mutilations, extenuation, deformity, ganglions, &c. &c.	49
Fracture of one or both of the clavicles	5
Deformed spine	8
Inguinal hernia, right side	7
Inguinal hernia, left side	6
Ventral hernia	3
Laxity of the ring of the external oblique muscles, both sides	10
Laxity of the ring of the external oblique muscles, right side	7
Laxity of the ring of the external oblique muscles, left side	5
Varicose veins left spermatic cord	10
Left testicle strangulated in the ring	1
Both testicles unusually large	1
Left testicle enlarged	3
Gonorrhœa	1
Hydrocele, both testicles	2
——— right	4
——— left	5
Syphilis primitiva	5
——— consecutiva	3
Defective condition of the inferior extremities from old fractures, malformation, extenuation, enlargement, disproportioned length, bunions, ganglions, &c.	65
Varicose veins of both legs	7
——— of the right	28
——— of the left	39
Ulcers, wounds, or cicatrices of injuries,	48
Traces of issues, chiefly on the back of the neck	9
Flatness of the soles of the feet	16
Traces of corporal punishment on the back	23
Mark of the letter D under the left arm-pit	1
Total,	582

Abstract.

Recruits.	Inspected.	Approved.	Rejected.	Per cent. Rejected.
Town Recruits	1778	1253	525	29.6
Country Recruits	810	753	57	7.09
Total,	2588	2006	582	22.5

(Signed) H. MARSHALL,
Staff-Surgeon.

Return of Recruits inspected at the Recruiting Depôt, Dublin, from 25th December 1827, to 24th December 1828.

Approved	829
Rejected	285
Total inspected	1114

Causes of Rejection.

Unsound health	25
Weak intellect	1
Traces of scrofula	11
Muscular tenuity	38
Chronic cutaneous affections	3
Traces of tinea capitis	2
Baldness	1
Obscurity of the cornea	3
Falling down of one of the eyelids	1
Specks of the cornea,	2
Cataract,	1
Amaurosis,	1
Loss of teeth,	5
Impediment of speech,	2
Loss of the soft palate,	1
Want of due capacity of the chest,	7
Defective condition of the superior extremities, on account of old fractures, contractions, mutilations, extenuation, deformity, ganglions, &c.	14
Deformed spine,	10
Hernia, inguinal, right side,	8
——— left side,	1
Laxity of the ring of the oblique muscles, both sides,	4
Laxity of the ring of the oblique muscles, left side,	7
Varicose veins left spermatic chord,	6
Right testicle strangulated in the ring,	2
Left testicle enlarged,	1
Right do. do.	3
Gonorrhœa	1
Hydrocele right testicle,	1
——— left do.	4
Syphilis primitiva,	4
Defective condition of the inferior extremities from old fractures, malformation, extenuation, enlargement, bunions, ganglions, &c.	35
Varicose veins, both legs,	3
——— right leg,	15
——— left leg,	12

Ulcers, wounds, or old cicatrices,	19
Traces of issues chiefly on the back of the neck,	5
Flatness of the soles of the feet,	21
Traces of corporal punishment on the back,	9
Total,	285

Abstract.

	Examined.	Approved.	Rejected.	Per cent. Rejected.
Town Recruits,	841	570	271	32.2
Country Do.	273	259	14	5.1
Total,	1114	829	285	25.5

Signed, H. Marshall,
Staff-Surgeon.

Abstract of the preceding Returns for four years.

	Inspected.	Approved.	Rejected.	Ratio per cent. rejected.
Town Recruits,	8281	5724	2557	31
Country Recruits,	5668	5193	475	8.7
	13,949	10,917	3032	21.8

This abstract shows, that, for a period of four years, 31 per cent. of the town recruits (first inspections,) examined at the Dublin depôt, were found unfit for the army; and 8.7 per cent. of the country recruits (second inspections), the mean being 21.8. But it is obvious that this abstract does not comprehend the men rejected at first inspection in the country.

Note VII.

Town and Country Recruits.

Table showing the relative proportion of Town and Country Recruits rejected at the Head-Quarters of the Dublin, Edinburgh, and London Districts, during the following periods.

	1826	1827	1828	1829	1830	1831	1832	1833	1834	1835	1836 15m.	183
DUBLIN.												
Town Recruits.												
No. examined	2347	1778	841	731	648	721	572	695	413	376	691	957
Of these rejected	672	525	271	310	413	415	325	397	296	208	281	445
Cent. ratio reject.	28.6	29.5	32.2	42.4	63.7	57.3	56.8	59.1	71.7	55.3	40.7	46.5
Country Recruits.												
No. examined	1671	810	273	92	54	682	256	356	177	193	449	571
Of these rejected	103	57	14	9	7	88	63	97	41	34	48	132
Cent. ratio reject.	6.2	7.	5.1	9.8	12.3	12.9	23.7	27.2	23.2	17.6	10.7	23.1
EDINBURGH.												
Town Recruits.												
No. examined	...	...	...	...	...	...	...	494	373	390	442	563
Of these rejected	...	...	...	...	...	...	...	215	211	189	216	265
Cent. ratio reject.	...	...	...	...	...	...	...	43.5	56.5	48.5	48.9	57.1
Country Recruits.												
No. examined	...	...	...	...	...	...	...	73	2	107	121	51
Of these rejected	...	...	...	...	...	...	...	8	32	17	18	7
Cent. ratio reject.	...	...	...	...	...	...	...	19.6	6.2	15.9	14.9	13.7
LONDON.												
Town Recruits.												
No. examined	...	...	...	...	...	...	...	1363	1479	1764	2972	3086
Of these rejected	...	...	...	...	...	...	...	463	614	677	1069	1305
Cent. ratio reject.	...	...	...	...	...	...	...	34.	45.1	38.4	36.	42.2
Country Recruits.												
No. examined	...	...	...	...	...	...	...	375	219	325	691	789
Of these rejected	...	...	...	...	...	...	...	79	48	70	108	139
Cent. ratio reject.	...	...	...	...	...	...	...	21.1	21.9	21.6	15.6	17.6

By this table it appears that the range of the rejections of town recruits in Dublin extends from 28.6 to 71.7, being a difference of 43 per cent. and of the country recruits from 5.1 to 27.2, showing a difference of 22 per cent.

NOTE VIII.

Contribution to a Statistical Report of the Number of Recruits examined and rejected at the Depôts of the Nine Recruiting Districts of the United Kingdom.

	Ireland, Three Districts.									North Britain, One District.						England, Five Districts.														
	Dublin.			Cork.			Newry.			Edinburgh.			Glasgow.			London.			Leeds.			Coventry.			Bristol.			Liverpool.		
Years.	No. examined.	Rejected.	Centesimal ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.	No. examined.	Rejected.	Ratio of rejections.
1817	1426	437	30.6							661	140	21.	613	107	17.4															
1818	1801	713	39.5							614	148	24.1	593	133	22.5															
1819	2783	754	27.4							597	196	32.7	805	180	22.3															
1820	1836	590	31.2							927	198	21.3	1136	243	21.3															
1821	1986	600	31.							629	227	31.	788	214	27.3															
1822	3233	959	29.6							1041	274	26.5	1122	315	28.1															
1823	3100	971	31.5							866	302	34.9																		
1824	3558	1062	30.							832	209	25.2	1270	370	41.1															
1825	6229	1390	22.3							1406	204	14.5	2478	478	23.9															
1826	4019	775	19.2	2300	596	25.9	1349	219	16.2	1457	210	14.4	1545	429	27.7	3023		14.6	1181	234	20.3	1471	244	16.5	706	168	23.7	2008	264	13.1
1827	2588	582	22.5	1328	288	21.6	1026	148	13.8	1081	395	36.5	1144	337	29.4	2140	547	25.5	687	205	29.8	844	166	19.6	494	117	23.6	1434	329	22.9
1828	1144	285	25.5	629	147	23.9	481	65	13.5	492	124	25.2	566	153	29.	1385	423	30.5	332	49	14.7	433	71	16.3	251	38	15.1	907	186	20.3
1829	823	319	37.5	651	194	29.8	443	44	9.9	285	63	22.1	290	94	32.4				318	40	12.5	335	67	20.0	141	36	27.5	693	166	23.9
1830	702	420	59.8	488	159	32.6	281	49	17.4	260	98	37.7	406	139	34.2	916	228	24.9	299	110	36.8	251	33	13.1	148	39	26.3	568	150	26.4
1831	1403	503	35.8	680	227	33.4	1467	222	15.1	833	355	18.6	1661	544	32.1	2803	706	25.2	742	235	31.6	1194	133	11.2	1016	220	21.6	1066	257	24.1
1832	838	388	46.3	500	114	22.8	1613	207	12.8	369	117	31.7				1827	649	35.5	495	185	37.4	787	95	12.07	533	164	30.7	887	252	28.4
1833	1051	494	47.	466	121	25.9	483	129	26.7	567	223	39.3				1738	542	31.2	617	194	31.4	616	80	12.9	356	120	33.7	954	296	31.0
1834	590	337	57.1	630	151	24.	389	147	37.8	405	213	52.6	437	191	44.3	1698	662	39.	475	142	29.9	580	129	22.2	138	56	40.6	504	163	32.3
1835	569	242	42.5	838	213	25.4	345	106	30.7	497	206	41.5	683	209	30.6	2089	747	35.8	382	116	30.4	601	165	27.4				863	333	38.6
1836	1140	329	28.9	893	179	20.	644	192	29.8	563	234	41.5	1315	457	34.7	3663	1177	32.1	482	158	32.8	784	196	25.	416	148	35.6	1008	255	25.3
1837	1526	577	37.7	844	186	22.	902	229	25.4	614	272	45.9	1387	465	33.5	3875	1444	37.2	612	256	41.8	940	226	24.	753	234	31.1	1277	241	18.9

From this statement it appears that the range of the ratio of rejections among the different depôts has been from 9.9 per cent. in Newry to 59.8 per cent. in Dublin, being a difference of about 50 per cent. and at the same depôt from 19.2 per cent in Dublin in 1826, to 59.8 in 1830, showing a difference of about 41 per cent. A considerable addition may be made to the ratio of rejections in each district for the purpose of comprehending the recruits rejected on first inspections at dependent stations (country recruits,) consequently, it will appear that, in a number of districts, from 40 to 60 per cent., or 1 out of 2 of the recruits for the army are rejected upon medical examination. But another circumstance requires to be mentioned, namely, that when a high ratio of recruits is rejected, recruiting parties become very fastidious in regard to the men they enlist, lest they may lose by the transaction, and no doubt they refuse to enlist persons whom they fear may be found unfit upon examination. Recruiting parties are excited by the same motive which impels persons in civil life to active exertions—a little money. The object of recruiting parties is to enlist men who will be approved, by which means they obtain their remuneration. On an average, a recruiting party loses from about 2s. 6d. to 3s. by every recruit who is found unfit for the service,—a sum which is frequently considered too heavy a stake to risk upon a recruit.

The subdivisional officers employed on the recruiting service, or the serjeants of parties, approve of all recruits in regard to their age, height, and general appearance, before they are submitted to a medical examination, consequently it may be supposed that the recruits who are brought forward for examination in the different districts, or at the different depôts, are nearly equal in as far as efficiency for military duty is concerned. Upon this assumption it will therefore appear, that the difference of the ratio of rejections in different stations, or in different years, depends on the judgment of medical officers, and the opinions they entertain respecting the efficiency or the inefficiency of recruits. It would be no small benefit to the recruiting of the army and to the public, if the views of medical officers were somewhat more uniform on this subject than they appear to be. Widely discordant conclusions in regard to recruits are calculated to convey an opinion that the examination they undergo is not regulated by fixed principles, but that the decision regarding their fitness or unfitness is in some measure a question of fancy, rather than the result of a knowledge of the anatomy and physiology of the human frame, and an intimate acquaintance with the duties, disabilities, and diseases of soldiers.

PART II.

ON THE DISCHARGING OF DISABLED SOLDIERS.

General Order.

Horse-Guards, 1*st January* 1830.

His Majesty having been pleased, by His Royal Warrant, bearing date 14th November, 1829, to authorize certain alterations in the mode of discharging soldiers, the General Commanding-in-Chief deems it proper to issue the following orders to the army in consequence.

---

1. Non-commissioned officers or private soldiers are not to be discharged without the authority of the General Commanding-in-Chief, signified through the Adjutant-General.

2. Previously to any soldier being proposed for discharge on account of *unfitness for service*, the Commanding Officer of the corps is to make a full report of the case to the General Officer, under whose orders he is stationed, that he may personally inspect the man, assisted by the Superior Medical Officer under his command; and if his opinion coincide with that of the Commanding Officer and the regimental surgeon, he is to certify the same at the bottom of a return prepared according to the annexed form (No. 1.) which return is then to be transmitted direct to the Adjutant General by the Commanding Officer, for the purpose of being laid before the General Commanding-in-Chief, whose instructions relative to the disposal of the man will be communicated to the Commanding Officer.

3. If the regiment be stationed in Ireland, the return is to be transmitted to the Deputy Adjutant-General in Dublin, for

the purpose of being laid before the General Officer commanding the Forces in that part of the United Kingdom.

4. Before a soldier is henceforward permitted to leave the corps to which he belongs, preparatory to his removal from the service under any circumstances whatever, whether of unfitness for duty, or at his own request, a regimental board must be assembled, to investigate, verify, and record, the following particulars, viz. :—

1st. His services :
2d. His disability :
3d. His character :
4th. His accounts and claims :

according to the mode prescribed in the Regulations annexed to His Majesty's Warrant before-mentioned.—The board is to be composed of three officers, viz. the Major of the regiment, or the second in command, as President, and two Captains as members.

5. From the proceedings of this board the discharge of the soldier, according to the annexed form (No. 2.) is to be filled up, and when signed by the President, and countersigned by the Commanding Officer, is in every case to be transmitted, together with a *duplicate* of the proceedings of the board, to the Adjutant-General.

6. Every soldier, on being *finally discharged*, is to be furnished with a parchment certificate, according to the annexed form (No. 3.) which must be confirmed in the Adjutant-General's department, before it is delivered to the man.

7. When soldiers are sent home from foreign stations for the purpose of being discharged, the General or other officer commanding will take care, that the medical staff-officers have had full opportunity of investigating the cases, before the men are permitted to embark. He will also take care that the same course with regard to the previous assembling of a regimental board, and the preparation of the prescribed documents, be pursued, and that the several discharges, parchment certificates, and duplicates of the proceedings of the board be forwarded, carefully sealed up, to the Commandant of the Invalid Depôt at Chatham, which place is the destination of all invalids returning from foreign stations.

8. The serious evils, which have resulted to the public, as well as to individuals, from the very careless and incorrect manner in which the regimental records have been kept, and discharges filled up, having been fully ascertained and placed beyond question, by the investigations recently instituted, and now in course of progress, throughout the whole army, the General Commanding-in-Chief feels it incumbent upon him to require officers in command, and all others concerned, to give the strictest attention to the preparation of the documents now required, for the accuracy of which in every respect they will be held personally responsible; and Lord Hill trusts that there will be no occasion or opportunity, in future, for recurrence to measures which are painful to his feelings, in proportion as they expose the misconduct of individuals, and reflect discredit upon the army at large.

9. In cases where soldiers serving on foreign stations may be desirous of being discharged on the spot, the General or other officer commanding, shall, if he see fit, forward their applications to the Adjutant-General, together with all the prescribed documents, in the same manner as if the men were on their way home, on the receipt of which documents the pleasure of the General Commanding-in-Chief will be signified.

10. With regard to soldiers who may be allowed, under certain conditions and limitations, to obtain their discharges at their own request, according to the scale laid down in *Article* 46 *of the Pensioning Regulations*, 1829, the General Commanding-in-Chief desires that Commanding Officers, in recommending individuals for this indulgence, will be careful always to give the preference to men according to the goodness of their character; a course which, if steadily pursued, cannot fail to operate as a strong inducement to good conduct.

11. In the cases of soldiers who are prepared to pay the regulated compensation for their discharge, the mode of application now in use may be continued; but in the cases of men with length of service giving them a claim to pension on that account, who may be desirous of obtaining free discharges, with or without gratuity, Commanding Officers will allow a period of thirty days to intervene between the receipt of the soldier's application

and its transmission to the Adjutant-General, in order to afford the man sufficient time to reconsider the step he is about to take, and to withdraw his request, if on mature deliberation it shall appear to him imprudent or unadvisable. It will also be the duty of the Commanding Officer to assist the man with the best information and advice in his power on so important a point, and it is presumed that every Commanding Officer will discharge this duty with the utmost alacrity, and in the most conscientious manner.

12. His Majesty having been graciously pleased to authorize the General Commanding-in-Chief to exercise his discretion as to the extent to which this indulgence is to be granted, Lord Hill will be inclined to give it the utmost limits which may appear to him consistent with a due regard to the welfare of the service at large, and the particular circumstances and situation of the corps, from which the applications are made: and Commanding Officers are to keep a record, according to the order of date, of all applications which may be made to them for discharges, stating distinctly and fully in each the character and claims of the individual; a copy of which record shall be transmitted to the Adjutant-General at the termination of each half-year, for the information and guidance of the General Commanding-in-Chief, with reference to any applications which may be addressed direct to head-quarters.

The General Commanding-in-Chief thinks it unnecessary further to enlarge the present orders, especially as the instructions issued from the war-office, touching the financial bearings of the measure in question are so detailed; and His Lordship requires a diligent perusal of these instructions, and a strict observance of them, from officers in command, and from all others in any way connected with the interior economy and discipline of regiments.

By command of the Right Honourable
The General Commanding-in-Chief,
HERBERT TAYLOR,
Adjutant-General.

Form, No. 1.

Return of Men belonging to the Regiment of Inspected by

and found unfit for the Service of the Regiment.

Head Quarters. _____

No.	Rank and Names.	Age.		Size.		Service.			Disease or Cause of Incapacity.	Remarks.	
		Years.	Months.	Feet.	Inches.	Years.	Months.	In what Corps.		Fit for Home Duty, or totally unfit.	General Character.

_____ Signature of the Medical Staff Officer.

_____ Signature of the General Officer.

_____ Signature of the Regimental Surgeon.

_____ Signature of the Officer Commanding.

FORM, NO. 2.

HIS MAJESTY'S

_____ REGT. OF _____

Whereof _____ is Colonel.

No. 55. *THOMAS ATKINS, Serjeant,*
Born in the Parish of *St Mary* , in or near the Town of *Portsmouth,*
County of *Hants* , by trade a *Labourer.*
ATTESTED for the *5th* Regiment of Foot, at *Coventry* , in the County of *Warwick,*
on the *9th May*, 1806, at the Age of *Seventeen.*
1st SERVICE. AFTER the Age of 18 Years, *which he is entitled to reckon up to the* 30*th September* 1829, is *Twenty-three Years and One hundred and Forty-five Days, the Statement of which is as follows:*

Regiment.	Promotions, Reductions, &c.	Rank.	Period of Service in each Rank.		Amount of Service	
			From	To	Years.	Days.
5th Foot.		*Private* . .	*9th May*, 1807 .	*24th December*, 1812	5	230
	Promoted .	*Corporal* . .	*25th December*, 1812	*18th May*, 1814 .	1	145
	Ditto . .	*Serjeant* .	*19th May*, 1814 .	*4th December*, 1815	1	200
	Ditto . .	*Serjeant-Major*	*5th December*, 1815	*14th December*, 1820	5	10
	Reduced .	*Private* . .	*15th December*, 1820	*7th July*, 1822 .	1	205
	Promoted .	*Corporal* .	*8th July*, 1822 .	*29th March*, 1824 .	1	235
	Ditto . .	*Serjeant* .	*30th March*, 1824 .	*30th September*, 1829	5	185

For Soldiers enlisted previous to the 15th March 1818.

	From	To	Years.	Days.		
* INDIES, East,	25*th December*, 1812,	24*th December*, 1814,	2	—	Half period,	1
* INDIES, West,	15*th December*, 1820,	14*th December*, 1822,	2	—	Half period,	1
					* WATERLOO	2
					Total of the foregoing Statement	26 / 145
					Deduct, *Three Years not allowed to reckon as stated in the proceedings of the Regimental Board*	3
					Total Service up to the 30*th September*, 1829	23 / 145

A Non-commissioned Officer enlisted after the 14th November 1829, must have served not less than Three Years without interruption as such, immediately preceding his discharge. Vide Art. 6 of the Pensioner Regulations.

† Of which, as

	Years.	Days.
Corporal	3	45
Serjeant	7	20
Serjeant-Major	5	10

† Further Service from the 1*st October* 1829 to the 14*th December* 1829, when finally discharged — 75

Total Service allowed to reckon to the day of final discharge — 23 / 220

† To be erased, when not required, by drawing the Pen through the Lines.

Form, No. 2, continued.

SERVED. *Two years in the East Indies, two years in the West Indies, six at Gibraltar, two in the Peninsula, the remainder at home. Wounded in the leg at Waterloo; present at the siege of Bhurtpore; distinguished himself at the storming of the place.*

2nd. DISABILITY, or cause of Discharge. *According to the Surgeons' Report annexed, it appears that this is a case of disease or disability, contracted on duty; without being attributable to neglect, design, vice, or intemperance; and the Regimental Board approves of the opinion of the Surgeon; as it is shewn by the proceedings of the Board hereto annexed.*

Or, is a case of disease originating in constitutional infirmity, or in misconduct, and not contracted by the exigencies of the service.

Or by purchasing his discharge for £

Or by receiving a Gratuity of £ and a Free discharge.

3rd. CHARACTER. The Regimental Board is of opinion, *that his general conduct has been that of a good and efficient soldier, seldom in the hospital, trustworthy and sober.*

Or think his character and conduct have been bad, for the reasons set forth in the proceedings of the Board.

Form, No. 2, continued.

4th PAY and CLOTHING. He has received all just demands from his entry into the service, up to *the* 30*th September*, 1829.

I *THOMAS ATKINS, &c.*

Certified _____ *Captain.*

I Certify that the foregoing statements are correct Extracts from the Regimental Records, and the Proceedings of the Regimental Board.

Major, and President.

Confirmed by me,

Lieutenant-Colonel Commanding.

OPINION. Of the Principal Medical Officer, at

December 4*th*, 1829.

After a treatment of One Month in the General Hospital, I am of opinion that Thomas Atkins is unfit for service, and likely to be permanently disqualified for Military Duty, and I approve of the opinion of the Surgeon.

Or, I am of opinion that the soldier is capable of further service, &c. &c.

Horse Guards, _____

Order Serjeant Thomas Atkins to appear personally before the Commissioners of Chelsea Hospital, or

By order of the General Commanding-in-Chief the Discharge of Thomas Atkins is confirmed.

Form, No. 2, continued.

DECISION. The Commissioners award *Thomas Atkins* to receive a Pension of a day *commencing*

Secretary, or Chief Clerk.

DESCRIPTION of *Thomas Atkins*, at the time of his Discharge.

He is 40 years of age, 5 feet 10 inches in height, {*bald* / *or* / *light*} hair, *grey* eyes, *sallow* complexion.

By trade a *Labourer*.

He has a scar or mark on his left hand.

When he left the Regiment, *Thomas Williamson* was the Pay Serjeant of his Company.

MARCHING ALLOWANCE. *Thomas Atkins* received from *Pay-Master* at *Chatham*, on the 14*th December* 1829, *Ten* Days' Marching Allowance, to carry him to *Coventry*, the place of his enlistment, or to the Port at which he is to embark on the way to the place of his enlistment.

THOMAS ATKINS.

FORM, No. 3.

PARCHMENT CERTIFICATE.

5th Regiment of Foot.

THESE are to Certify that *Thomas Atkins, Serjeant*, born in the Parish of *St Mary*, in or near the Town of *Portsmouth*, in the County of *Hants*, was enlisted at *Coventry*, for the *aforesaid Corps*, on the 6*th May*, 1806, at the Age of 17 Years. That he has served in the Army for *Twenty-six* Years, and 5 Months. *Was a Corporal Six Years, a Serjeant Ten Years; was in the West Indies Four Years, and in the East Indies Five Years.* That he is discharged in consequence of *being unfit for further Service, and has been granted a Pension.*

*Signed*_____ Commanding Officer.

Dated at *Manchester*, 30*th September*, 1829.

Horse Guards.

DISCHARGE of *Serjeant Thomas Atkins* confirmed.

CHARACTER.

Thomas Atkins has been a well-conducted Soldier; was wounded at _____, *and has distinguished himself by several acts of Bravery; and, in consequence of his long and meritorious Service, he has received a special Gratuity of £* , *in addition to the Pension to which he is entitled.*

*Signed*_____ *Commanding Officer.*

The Soldier's Character is to be inserted only when recommendatory; if the general conduct of a Soldier whilst in the Service, has been such as to give him no claim to have any thing said in his favour, the space for character in the above Certificate is to be cut off close under the black line following the confirmation of the Discharge, thereby leaving no opportunity for any addition to be made after the Certificate is given to the Man.

When a Soldier is *discharged* on account of *disgraceful conduct*, that will appear in the body of the Certificate.

On the Duty of discharging Disabled Soldiers.

The preceding General Order was issued from the Horse Guards, for the purpose of carrying into operation the "Regulations for Pensioning Soldiers," promulgated in a warrant, bearing date 14th November 1829. The same order is also calculated to carry into effect the provisions of the warrant of 1833 and subsequent warrants. The duty of medical officers, in the discharging of soldiers, is more especially comprehended in the second and seventh articles of the order, as they have a principal reference to the discharging of men for disability, or, as it is expressed in the order, "*unfitness for service.*" As soldiers engage to serve "until they shall be legally discharged," they have no claim as a matter of right to be relieved from their engagement, after any period of service, and indeed, comparatively few men are discharged, except "on account of incapacity for further service." "*A soldier is not to be discharged on account of disability, unless the existence thereof is satisfactorily ascertained, and the infirmity is calculated to render the man permanently unfit for military service.*" (*War-Office Memorandum, 30th July* 1830.) Soldiers should not be brought forward for discharge on account of doubtful, trivial, or temporary disabilities; for although men of this class may not be finally recommended to be discharged by a medical staff-officer, they are apt to presume on the sanction of a regimental medical officer, and to make more of a slight infirmity than it really deserves. "The commanding officer and regimental medical officer having determined that a case is proper to be brought forward for discharge, the latter will draw up an abstract of the history of the disease in clear terms, so as to enable the military authorities to understand the nature and the degree of the disability." (*War-Office Memorandum.*) This

abstract is to be delivered to the General Officer of the district, who will in all practicable cases inspect the man, assisted by the Principal Medical Staff-Officer under his command, and should he deem the case to be a proper one for discharge, a report is to be prepared as prescribed by the general order of the 1st January 1830, and forwarded to the Adjutant-general or the Lieutenant-general commanding in Ireland, as the case may be." If the case appear to the Commander-in-Chief, according to the report made, to be one for discharge and pension, the soldier will be ordered to the Invalid Depôt at Chatham, or to the General Hospital in Dublin. *(War-Office Memorandum.)* Whenever a soldier is ordered to the Invalid Depôt, Chatham, or to the General Hospital, Dublin, the medical officer who had him in charge is to transmit to the principal medical officer of the respective establishments, a particular account of the man's case, for the purpose of eventually enabling the Commissioners of Chelsea Hospital to decide upon his claim for pension. In drawing up an account of the disabilities of men sent to Chatham or Dublin, reference should be had to the circular letters from the Army Medical Department, bearing date 22d January and 30th July 1830, and the 14th September 1837, in which the Director-General has requested the following points to be more especially noticed, viz. the name, age, length of service of each man, the origin, nature, and history of his disability, together with an account of the time he has been in hospital, and how far the alleged infirmity disqualifies him for service in the army.

An abstract of the information contained in the report of each case is to be inserted in the man's discharge by the military and medical authorities in Chatham or Dublin. On the day appointed for the commissioners to hold a board at Chelsea or Kilmainham, the principal medical officer, or the staff-surgeon, who has had the soldier in question under his care at the General Hospital, will attend with an abstract of his professional observations on each man's case, when the board will decide upon his claim to pension *(vide Pensioning Regulations*, 1829, *No.* 52.) It does not appear, by the official documents which have been issued on the subject of discharging disabled soldiers, that either regimental or staff medical officers are directed to classify

the disabilities which confer a claim for pension; that important duty seems to be executed by the Commissioners of Chelsea Hospital. In France a different plan is followed, for by an ordonnance of 1831, the medical officers employed on the duty of inspecting disabled soldiers are instructed to classify the disabilities which arise from wounds and other infirmities occasioned by military service, and which confer a claim for a pension, under six heads or degrees, and according to this classification the amount of pension is awarded.

On the Examination of alleged Inefficient Soldiers.

The duty of proposing and recommending soldiers to be discharged on account of disabilities belongs primarily to regimental medical officers, (*Circular from the Medical Department, 30th July* 1830,) who are instructed to furnish the medical staff-officer who may be appointed to examine them, with an account of the cause and degree of each man's disability. Soldiers proposed for discharge in Scotland are examined at the head-quarters of the respective regiments and reserve companies by a surgeon to the forces; but in England, they are usually transferred to the Invalid Depôt, Chatham; and in Ireland, to the General Hospital, Dublin, without such previous examination.—(*Pensioning Regulations*, 1829, *Article*, *No.* 52.)

A regimental medical officer should exercise great caution in proposing soldiers for discharge on account of unfitness for the service, especially in regard to doubtful, trivial, or temporary disabilities. By close attention he may, in general, be able to gain a tolerably correct opinion of a man's case, from his knowledge of the previous character, habits, constitution, manner, and former complaints; and whether the alleged disability be, in a greater or less degree, feigned, as well as whether the disease may be considered incurable. Before a medical officer proposes a man to be discharged, he should be able to reply affirmatively to the following questions:—

1. Does the alleged disability exist?
2. Does it disqualify the man in question for military duty?

3. Is it incurable,—or will it, in all probability, render the man permanently unfit for the service?

By the Warrant of 1806, every soldier had a legal right to a pension for life, who was discharged in consequence of being *disabled* and *unfit* for military duty; and as long as the pensioning of disabled soldiers was regulated by that warrant, and with little reference to length of service, the simulation of disabilities was much practised in the army. A soldier had then two prizes in view if discharged in consequence of unfitness for the service, viz. his discharge, and an annuity for life; but by the Warrant of 1829, although he may obtain a discharge by successfully feigning a disabling infirmity, he has no chance of being pensioned for life without long service. There is no better means of preventing fraud than to take away every encouragement to commit it, and, as far as possible, to diminish the hope of practising it successfully. But so long as soldiers presume that they can impose upon officers, military and medical, and that the result will be for their advantage, so long will examples of imposition occasionally occur in the army.

Every medical officer who may have to propose or to recommend soldiers to be discharged on account of inefficiency, must be in a great measure guided by his own professional skill, discretion, and practical acquaintance with the duties of soldiers. He should invariably pay due regard to the claims of soldiers, while he devotes the requisite attention to the public interest. I most cordially agree with Dr Cheyne in the following passage of his letter to Dr Renny, *(On the Feigned Diseases of Soldiers,)* —"The wiles of soldiers in hospital will be with more certainty discovered by those who have an accurate knowledge of disease, obtained by clinical observation and pathological writings of authority, than by those possessing natural sagacity in the highest degree, if unassisted by a habit of carefully contemplating and studying disease."

Some diseases or disabilities, such as deafness or stammering, are much more easily feigned than others, and, consequently, the imposture is more difficult to detect. In all diseases of which the symptoms are obscure, periodic, or intermitting and uncertain, much care should be taken not to come to a wrong

conclusion. "Melancholy instances have come to my knowledge where men have died in making exertion above their strength, after having been looked on and treated as malingerers, and others, where slow decay and uncontrollable disease have carried them off." (*On some forms of Rheumatism prevailing in India, by Mr Malcolmson, Madras*, 1835.) There are some real and not unimportant diseases, which are not indicated by a change of the pulse, or by any remarkable alteration of the colour or temperature of the body, or by any evident derangement of its functions. There are also other diseases which are capable of being simulated by the use of certain drugs, or by external applications. An intimate knowledge of the anatomy, physiology, and pathology of the human body, and of the effects of the articles of the Materia Medica, is therefore essentially requisite to prevent a medical officer from occasionally arriving at false conclusions in obscure cases.

It is difficult for the simulator of a disease to give a consistent account of the origin and progress of his alleged infirmity. By a little management on the part of a medical officer, an imposter will commonly be led to enumerate incompatible symptoms, or greatly to exaggerate unimportant lesions; but it ought to be recollected, that patients suffering under real disease are apt sometimes to fall into a similar error. He is constantly prone to overact his part; and, if carefully watched, it will frequently appear that he is inventing symptoms, which is a much more difficult operation than simply and frankly to state his feelings. Two soldiers were transferred from a regiment in Ireland to the General Hospital, Dublin, for the purpose of being discharged, in consequence of alleged incurable disabilities. The designation of a disease was, as is usual in like circumstances, affixed to each name; but the countenance and general appearance of the men indicated little, if any, derangement of the healthy functions of the body. The medical officer at the General Hospital made them stand up together, and requested one of them to give an account of his complaint, which he did very fully, being occasionally encouraged to enter minutely into a detail of symptoms and feelings. By his account, it appeared that he suffered more or less under disease from the crown of

the head to the sole of the foot. Not a word of observation indicative of the incredulity of the medical officer was uttered in regard to the man's statement. The other man was then asked, "What is the matter with you?"—"*The same as this man*," was his reply. The inference is obvious: he was evidently not prepared with a set of symptoms, and, without perceiving the trap laid for him, he instinctively availed himself of the ingenuity and talent of his fellow-imposter. They were sent back to the corps to which they belonged; but I have no doubt that each of them succeeded in eventually "*working out*" a discharge.

Harsh or arbitrary measures of any kind should never be adopted by a medical officer in doubtful cases of alleged disease; neither should he be stigmatized in severe terms with the character of being a malingerer; for, as Dr Cheyne observes, such a method, "although it may sometimes intimidate a raw soldier, will only afford a stronger motive to the hardened knave for perseverance; and if the opinion thus rashly pronounced should prove erroneous, the consequences may be very unhappy,—the confidence of the soldier in his surgeon will be destroyed, and the latter will be subjected to the just displeasure of his military superior." Mild, firm, and in other respects judicious treatment, deprive a man of hope, which is perhaps the most effectual means of inducing a malingerer to return to his duty. Medical evidence in regard to the existence and disabling consequences of disease is in many cases merely presumptive; and very rarely, indeed, does it amount to absolute certainty. Mistakes have happened—diseases, which were at first supposed to be feigned, have eventually proved genuine—and, consequently, however much appearances may be against an individual, it is prudent, and highly expedient, to proceed regularly, deliberately, and patiently, in every case. Medical officers are not warranted in employing any means which would be inapplicable to a genuine case of disease. This observation applies not only to coercive or penal measures, but even to irritating applications, nauseating medicines, and spare diet. Whenever there is any doubt, in regard to the existence or permanently disabling degree of an infirmity, the safe plan is to keep the man in hospital,

for the purpose of prolonged professional treatment, and longer, if not more careful investigation. It may also be observed, that a man who has been in hospital for an alleged disability of a doubtful character, should invariably be afforded an opportunity of *giving in* (in other words, of apparently recovering,) without taking him much to task for his conduct; or, in the language of the hospital, he should be *let down softly*. Unless when absolutely necessary, no suspected case should be transferred from a regimental hospital (where the man is known) to a general hospital. The reasons are so obvious as not to require a detailed illustration. Malingerers are more frequently instructed in the art of imposture in general hospitals, than detected and rendered useful soldiers; for there every new comer, if his natural disposition harmonizes with that kind of instruction, is corrupted by the information he receives in regard to the various modes of imposition.

A disposition to malinger and to feign disease is one of the most *disqualifying disabilities* with which a soldier can be afflicted. An old soldier who attempts to simulate a defect, and persists in his plan of imposition for a little time, is frequently lost to the service, notwithstanding the adoption of every means to bring him to a proper sense of duty. Recruits and young soldiers are more frequently reclaimable. Old soldiers, who prosecute their schemes with art—who possess great fortitude, and an inflexible resolution—will, I believe, commonly succeed in obtaining their discharge, either by making falsehood appear to be more probable than truth, or perhaps more frequently, by exhausting the patience of medical and commanding officers. It is only after some experience that a medical officer is aware of the difficulties he has to encounter in his endeavours to reform persevering malingerers. Let him be ever so assiduous, and adopt the most judicious measures for the recovery of simulators, who suffer under some real, although only trifling cause of inability, he will frequently find his measures rendered nugatory by their unwillingness to be restored to the ranks, and the pains they take to retard convalescence. He will also find himself much perplexed how to act, for the purpose of rectifying the mental aberration, or moral obliquity, of some schemers, whose

disabilities are merely pretended. Imposters often display a spirit of invention, and an art in concealing fraud, which could not have been anticipated. The mind, by becoming concentrated on one object, appears to acquire new powers; so that persons with naturally weak intellects have evinced a tact and dexterity in the prosecution of a design far beyond what their general conduct would have warranted us in assuming. In coming to a conclusion with regard to the measures which should be adopted with a malingerer, commanding officers have frequently only the choice of two evils; to recommend his discharge, or to retain him in the service, with scarcely any prospect of his being a useful soldier. When an imposter is discharged, he almost invariably throws off the mask abruptly, and boasts of the success of his artifice, thereby giving a bad example to his comrades, and one which may be influential in exciting them to imitation. A malingerer if retained in the service is likewise liable to injure the morals and discipline of a corps. Many a simulator will hold out not only for several months, but for a number of years, probably passing his time chiefly in hospitals; and during all this period the contagion of bad example is in operation, by which influence individuals, who would have continued to be good soldiers, have been seduced from the strict path of duty, and induced to feign disabilities, and to persist in schemes of fraud, with the most inflexible endurance.

When a malingerer has, by mild and judicious measures, been induced to give in, I consider the circumstance of some importance to the service. Owing to the frequent intercourse which exists among soldiers, the event becomes often extensively known; hence, a useful warning is afforded, by which means individuals, who may be disposed to simulate disabilities, are deterred from making an attempt to do so. On the other hand, when a schemer succeeds, hope is excited, and his example may be extensively imitated. In a great many instances, I believe, the inmates of an hospital are aware when their comrades are malingering, although they very rarely, indeed almost never, give the medical officer a hint on the subject. An informer, when discovered, becomes an object of universal detestation; and hence one cause of the difficulty of accurately ascertaining the

various methods of simulating disease. In all cases respecting which a medical officer finds some difficulty in making up his mind, patience and attention are strongly indicated; and when a soldier is presumed to be a persevering malingerer, it is in general bad policy to recommend him to be discharged, under the idea, that, as he is not likely to become useful in the ranks, the service would be benefited by getting rid of him; or to promote his views, by assigning, as a reason for discharging him, *some possible or imaginary physical infirmity*, when the real cause for wishing to discharge him is his unwillingness to do his duty. Similar reasons may be urged with regard to the propriety of exercising much care, not to send a malingerer home from a foreign station, such as India, on account of infirm health. The mere circumstance of a man having been so transferred at the recommendation of medical officers, is calculated to excite a presumption that he had suffered under some serious cause of disability, although no well-marked trace of any important disease may be recognized on his arrival in this country; and persons of the stamp alluded to never fail to adduce this fact in their favour most forcibly; indeed, they commonly seem to consider it alone as an incontestible proof that they ought to be discharged, either with or without a pension. This kind of evidence is sometimes difficult to set aside, although it certainly does not always produce conviction.

Many a soldier is admitted on the sick list on account of some complaint which requires medical treatment, who, during the period of convalescence, becomes in love with the ease and comfort of the hospital establishment, and evinces no disposition to return to his duty. His first intention as a schemer may be merely to evade duty; but by degrees his views extend to an endeavour to get his discharge, and, if possible, with a pension, "on account of disability contracted in the service." Whenever a convalescent begins to think himself somewhat comfortable in hospital, he is in a fair way of becoming a malingerer. "The least evil that can happen by soldiers remaining too long in hospital, is, that they will contract a slothful, lazy, idle habit, and turn, according to the military phrase, *malingerers*, that is, men who have lost all spirit to the service, and feign themselves

sick when there is a prospect of action, or that they are to undergo any great hardship or fatigue, in order to be sent to the hospital; which life, through habit, becomes agreeable to them." —(*Bland's Military Discipline*, 1727.)

The simulation of infirmities for the purpose of being discharged from the service, is not confined to privates, or to morally vicious and irregularly conducted soldiers. Non-commissioned officers, and men of good character, occasionally feign disabilities, as well as young soldiers and alleged incorrigible offenders. Many well-conducted serjeants are extremely anxious to be discharged when they have completed twenty-one years service, more especially when they have some prospect of a suitable employment in civil life. Not long ago, a serjeant of the 62d Regiment, while it was quartered in Ireland, purchased a pistol, and hired a man to shoot him through the arm, probably hoping by this means to make it believed that he had been fired at by some person disaffected to the military, and that he would not only obtain his discharge, but also a large pension. That well-conducted soldiers, whose names are not to be found in the defaulter's book, sometimes adopt improper means of obtaining their discharge, need not surprise us, when we consider the circumstances which usually impel young lads to enlist, and the interminable nature of their engagement. "A soldier in the British army sees men in other situations, not always his betters, rising to wealth, and affluence, and distinction around him; he feels that he is stationary for life, that his prospects cannot mend," and that every attendant misery of poverty awaits him when his health and strength is exhausted. Need we wonder, therefore, that men so situated should frequently suffer under depression of spirits, and consequently of impaired health, (home sickness,) and that they should sometimes adopt improper means of obtaining their liberty. Hope is as essential a requisite for promoting good conduct as it is for attaining happiness. Tytler, in his *Essay on Military Law*, says, "If a soldier complains of the restraints of his vocation, he throws no impeachment on his profession, but arraigns himself of *folly*, who did not perceive that these restraints are essential to its condition." This opinion is no doubt theoretically true; but the thraldom impos-

ed by folly is not less galling than the bondage occasioned by misery or congenital servitude.

2dly, Does the disability in question render a man unfit for military duty?—This point frequently requires much consideration, and every case will demand special investigation. The conclusion in regard to each man must be decided by professional knowledge, and practical experience of the duties of soldiers, of their habits, their hopes, their wishes, and modes of thinking. There are many degrees of loss of vision, varicose veins, hernia, rheumatic pains, lameness from old fractures, mutilations, &c., which do not disqualify a soldier for performing his duty, and which will be little heard of by a medical officer, provided a soldier wishes to serve, and has an object to gain by doing so. But if an old soldier, who suffers under any disability, although in no very great degree, wishes to obtain his discharge, he has only to complain, and to persevere by "*lying in*" (becoming a patient in hospital,) regularly a few weeks before the periodical inspections, and eventually he will attain his object. The constitution of an infantry soldier may be good, and his health tolerably sound; but if he has served 21 or 22 years, and is above 40 years of age, his strength has in some measure passed away, by which means he is not able for the active duties of the service. There are no invalid or garrison battalions in the British army, to which partially inefficient men might be transferred; and consequently it will be necessary to discharge them, as being more or less unfit for military duty.

3dly, Is the disease or disability incurable, and will it permanently unfit a man for military duty?—This is a question which in some cases requires much discretion and consideration. Few diseases can be called absolutely incurable. Those which consist in impaired action or disordered function of some organ of the body, are considered incurable, when the morbid process is unsusceptible of being modified by any treatment or remedy; when human interference appears to be unavailing; and when remedies have been employed and persevered in, until, in all probability, permanent recovery, so as to render a man fit for performing the duty of a sol-

dier, cannot be expected. In some diseases, more especially in such anomalous disabilities as wandering pains, a considerable time should elapse before recovery be deemed hopeless. A great majority of the patients received into military hospitals are admitted during a period of life when the vital actions are energetic, by which means recoveries are rapid; and medical officers are on that account apt to think that a patient whose disease is unusually protracted suffers under an incurable malady. They have not always sufficient confidence in the curative influence of a youthful constitution and an adequate period of time. Many men recover rapidly after they have been discharged,—much more rapidly than was anticipated while they were soldiers.

I shall conclude these observations by warning young medical officers against employing harsh or violent language, or adopting unprofessional or coercive measures towards soldiers. Intemperate language will not intimidate a veteran malingerer, or induce him to return to his duty, and coercive treatment, which is not required by the nature of a case, is decidedly illegal. In 1822, a staff surgeon was arraigned before a court-martial for using opprobrious and disgraceful words towards soldiers whom he suspected of being malingerers. He was acquitted of all the charges, five in number; but not without much trouble and anxiety. I allude here to the circumstance, as it may prove a useful warning to young medical officers, and it is for that purpose I have done so. *(Vide Note, No. I.)* We learn from Dr Cheyne, that the strait-waistcoat, the log, and the solitary cell, have often been used by medical officers of character, but he adds, that those who thus act very gratuitously expose themselves to censure: "There used," says he, "to be the greatest coarseness and severity in the treatment of men in hospital, nay, military as well as medical officers frequently treated common soldiers as if they belonged to an inferior order of beings. I have heard soldiers called the greatest villains on the face of the earth, only to be kept in subjection by the lash. This was folly in the extreme, and happily it has become obsolete."

Diseases and disabilities which disqualify soldiers for service in the army.

Extrait de l'instruction sur les appels en France.

"*Tout médecin, chirurgien ou autre officier de santé qui, pour favoriser quelqu'un certifiera faussement des maladies ou infirmités propres à dispenser du service public, sera puni d'un emprisonnement de deux à cinq ans.*"—(*Loi sur le recruitement du* 21 *Mars* 1822.)

"*Any officer who shall, by any false statement, certificate, or document, or omission of the true statement, attempt to obtain for any officer or soldier, or other person whatsoever, any pension, retirement, half-pay, gratuity, sale of commission, exchange, transfer or* DISCHARGE, *shall, on conviction thereof before a General Court-Martial, be* CASHIERED."—(*Rules and Articles* 1830, *Article* 46.)

These two extracts from official documents will show the importance of the duty of examining conscripts in the French army, and soldiers in the British, and the care which should be taken in each case, before a certificate of *unfitness* be granted.

The disabilities which may unfit soldiers for military duty cannot be accurately defined or specifically enumerated, for there is hardly any infirmity, however trivial in its general character, which may not exist in so severe a degree as to impair the efficiency of a soldier. The *aptitude* or fitness of a man for military duty is the point which requires to be investigated in the case of a recruit; but, with regard to a soldier proposed to be discharged in consequence of disabilities, it is his *inaptitude* or unfitness for duty which requires to be ascertained and appreciated. When any doubt is entertained respecting the *fitness* of a recruit, it is usual for a medical officer to reject him, and unless the *unfitness* of an alleged disabled soldier be satisfactorily established, a medical officer is directed not to recommend him to be discharged.

Disqualifying Disabilities of Soldiers.

I have in the following arrangement classed the disabling infirmities of soldiers under ten heads. Respecting some of the diseases on the list, I have added a few observations on their nature and degree, for it is of much importance that a medical officer should duly appreciate the value or degree of a disability before he recommends a soldier to be discharged. A few remarks in regard to the phenomena which distinguish real from feigned infirmities are commonly given under each head, and for the purpose of exhibiting the difficulty which sometimes occurs in detecting simulators, as well as the labour and patience necessary to be exercised to induce a soldier who feigns a disability to return to his duty, I have given a brief account of a number of cases where imposture was satisfactorily discovered. I concur with what Dr Cheyne states, that "probably there are not (now) two malingerers for ten who were found in the military hospitals thirty years ago." I have also detailed a few cases where a real infirmity was supposed to be feigned. For obvious reasons I have confined the examples of feigned disabilities chiefly to cases belonging to the army.

The observations in regard to the disabilities are necessarily very brief, for it did not come within my plan to discuss the pathology of diseases, and, except in a very superficial manner, I have no intention to enter upon the extensive and important subject of legal military medicine.

Class I.—*Diseases of the Eyes—partial or total loss of Vision.*

1. *Ophthalmia.—Inflammation of the Eyes.*—Ever since the year 1806, when Mr Windham's act passed, whereby a soldier had a legal right to a pension for life when he was discharged on account of a disability, a considerable number of men have been discharged in consequence of impaired vision, and total blindness. During the year 1818, 477 men were discharged and pensioned on account of partial or total loss of sight. The ratio of men discharged from this cause appears to have become considerably lower, for during a period of five years, or from 1823 to 1828 inclusive, the numbers discharged and pen-

sioned were 867, viz. 90 on account of total blindness, 300 in consequence of the loss of one eye each, and 477 from impaired vision of both eyes. For a great number of years partial or total loss of sight, was in an especial manner considered to confer a claim to a large pension for life. The bounty of government was followed by a great increase in the number of men disabled by impaired vision ; and factitious inflammation of the eyes was carried to a very great extent in the British army, as is well-known to both military and medical officers of long standing. The alleged means employed in factitious ophthalmia are, lime, corrosive sublimate, tobacco, ashes, &c. Urine has been employed for the purpose of producing inflammation ; but I presume without effect. The eye will endure with comparative impunity the application of very stimulating substances in a fluid state, such as spirits, juice of lemons, &c. It was proved before a committee of the House of Commons that, in a barrack where several hundred cases of inflammation of the eyes occurred, a large proportion of them had been produced by gonorrhœal matter, or at any rate the attempt had been made to do so. On such a subject as this, we cannot often obtain demonstrative evidence; we can only in general arrive at a strong presumption that disease has been artificially excited. As soon as a regiment was ordered to the West Indies, or any other unpopular station, disease of the eyes became common among the men, and continued so till the corps had embarked. The number of cases then decreased, and no more was heard of it until the period when a detachment was ordered to embark for the service companies. In the following extract, Dr Cheyne gives a frightful picture of the practice of exciting inflammation of the eyes, which at one time prevailed in the British army: " I may take the present opportunity of observing, that I never saw a more humiliating picture of depravity or perversion of reason, call it what we may, than I have witnessed in a ward filled with soldiers labouring under ophthalmia,—most of the cases, as I learned from the surgeon in attendance, being factitious. Inflammation artificially excited is most painful, and is kept up under every privation which can make life miserable ;—locked up in a dark ward,

and permitted to have intercourse only with the officers of the hospital, nurses, and orderlies, confined to diet which, from the absence of every stimulating material, is most disrelishing; suffering under painful external applications and nauseating internal medicines, phlebotomised and leeched till their complexions are bloodless, their pulse hæmorrhagic, and the frightful train of nervous symptoms which excessive blood-letting produces, is established in the system. All these evils, in many cases, have no effect, but to confirm the soldier in his determination to destroy one or both of his eyes, that he may be dismissed from the service with the chance of a small pension."—*(Letter to Dr Renny by Dr Cheyne.)*

In the year 1809, *three hundred* of the men of two regiments which were on duty at Chelmsford became affected with ophthalmia; the healthy men of both corps were transferred to another station, while the sick remained in hospital, but under strict military control. Information reached the Commanding-officer that one of the nurses was in the practice of going to a druggist's shop for the purpose of purchasing drugs, by which means his suspicions were excited, and in conjunction with the medical officer, a successful attempt was made to discover whether the men had any articles in their possession which might be employed to excite inflammation of the eyes. The Commanding-Officer entered one of the wards, which contained 24 men, about midnight, and ordered them to form rank entire in a state of nudity, and they were in that condition marched into an adjoining empty ward, which had been prepared for their reception. The old ward was secured for the night, and next day the beds were examined, when a number of parcels of corrosive sublimate was found concealed under the clothes. Means were taken to prevent a fresh supply of this drug, and in a very short time 250 of the men had recovered, and were transferred to their respective corps. In the years 1804 and 1805, ophthalmia became excessively prevalent in the 50th Regiment, and after a very careful investigation a correspondence was detected between the men under treatment, and their parents and friends. The ophthalmics requested that corrosive sublimate, lime, and blue-stone, might be forwarded to them, through which they hoped to get

their eyes in such a state as would enable them to procure their discharge with a pension; and they mentioned the names of men who had been successful by similar means. Proofs of guilt having been established, the delinquents were tried by a court-martial, convicted, and punished. Instances have occasionally occurred where the evidence that a soldier intentionally excited disease of the eyes, was sufficiently strong to warrant a court-martial in convicting him. The late Mr C., Surgeon to —— Regiment, brought two men before a court-martial, one for submitting to have an eye destroyed, and the other for actively abetting him, in fact, for performing the work of destruction. The instrument employed was a common table-fork. Mr C. saw the operation performed through the key-hole of the ward in which the men were accommodated. Conclusive evidence being produced, the men were convicted, and received corporal punishment. Other convictions for a similar offence have taken place chiefly for introducing irritating substances into the eyes, which by long continued application, occasion chronic ophthalmia, nebulosity, and ultimately blindness, from opacity of the cornea. I once detected a man who had a small fragment of cloth spread over an eye under the eyelids, for the purpose of exciting inflammation. Blindness of an eye has been successfully simulated in France by applying a pencil of the nitrate of silver to the cornea.

The 15th article of the Pensioning Regulations, 1829, direct that no soldier is to be discharged on account of blindness or impaired vision, provided the sense of sight is perfect in one eye. This regulation will have an excellent effect in discouraging the practice of mutilating the organs of vision, for many a man might destroy one eye, who would hesitate to render himself totally blind. During the year 1828, there were 33 men blind of one eye at the same time in the Invalid Depôt, Chatham; 13 of this number belonged to one regiment. Previously to this period it had been customary to discharge a soldier when he became blind of one eye, and to award him a pension of ninepence a-day without reference to length of service. The 19th article of the Pensioning Regulations, 1829, if it be strictly and judiciously observed, is also eminently calculated to prevent the

practice of factitiously exciting inflammation of the eyes, and eventually occasioning blindness.

When impaired vision follows inflammation of the eyes, it is in general not difficult for a medical staff-officer to decide whether a man has so far sustained the loss of sight as to render him permanently unfit for military duty; but whether the impaired vision is a consequence of artificially excited inflammation or not, is a question of another kind, and one extremely difficult to solve. Both regimental and medical staff-officers would require to take the utmost pains to satisfy themselves on this point, before recommending a man to be discharged. The sources of deception are often manifold. I have more than once found some difficulty in deciding respecting men proposed for discharge, because, as was presumed, they had immediately before examination introduced a quantity of common salt, or some similar irritating but soluble substance in their eyes. Snuff is sometimes employed, but, as it is not soluble, detection frequently follows. To prevent being duped by this means, it is sometimes expedient to examine the men more than once, and at periods when they have not had time to prepare themselves for inspection.

2. *Amaurosis.*—This disability is defined to be a total or partial loss of vision from a paralytic affection of the organ of vision. The loss of vision may be confined to one eye, or both eyes may be affected. In amaurosis the pupil is commonly dilated, and the iris is little or not at all sensible to the influence of light. Where one eye is completely amaurotic, there is generally a want of consent in the expression of the countenance, and frequently the centre of the lucid cornea projects a little. Blindness without any obvious cause is sometimes pretended by soldiers, and there is much reason for supposing that some of them are acquainted with the means of simulating the symptoms of this affection by the agency of drugs. The use of snuff which has been moistened with a decoction of the *Atropa Belladonna*, has the effect of dilating the pupil of the eye corresponding with the nostril into which the snuff was introduced. Where any doubt is entertained in cases of this alleged disability, they should be examined repeatedly, and at uncertain periods. It may also be useful to propose an operation on the eye. Should the sense of

vision not be lost, the sight of an instrument may make a man wince and blink, by which means it will be obvious that he is not blind. Simulators of amaurosis sometimes discipline themselves, so as that an eye may not appear, by shutting the eyelids, to be sensible to light, or to the presence of a sham instrument. Dr Fallot met with a conscript who had prepared himself in this way, and who, by the aid of *Belladonna*, had completely simulated the principal symptoms of amaurosis. Having suspicions that the disability was feigned, he placed one hand over the region of the heart, and with the other appeared as if he intended to pierce the eye with a sharp instrument; the head moved not, but the heart palpitated, which induced Dr Fallot to give a decided opinion that the disability was feigned, and under the influence of surprise and shame, the man avowed that his conclusion was correct, and he was consequently found fit for the service.

3. *Cataract.*—This disability consists in an opacity of the lens. Cataract in both eyes is a decided disqualification for the army, and consequently soldiers who have this disability are commonly discharged. It may be of importance for medical officers to know that cataract has been factitiously excited for the purpose of obtaining a discharge, 8 or 9 cases having occurred a few years ago at Fort Pitt General Military Hospital. A considerable period elapsed before the means which had been adopted to produce this variety of blindness was discovered; but eventually it was found that a needle, or some similar instrument, had been introduced through the lucid cornea, by which means the lens was rendered opaque. The late Mr Melin, surgeon to the 9th or Queen's Royal Lancers, had the merit of discovering this novel mode of mutilation. He operated successfully upon all the 8 or 9 men, as cases of cataract; vision was restored, and they were all sent to join their respective corps.

Class II.—*Disease of the Ears—Deafness.*

Deafness may exist without any obvious mark or trace of disease of the ears, or of any symptoms to distinguish a simulated from a real defect of the organ of hearing. Suspicion of the reality of alleged deafness in soldiers is therefore common-

ly excited rather by moral than physical evidence. Deafness does not often come on suddenly, and in general it is only partial. Isfordink says that a really deaf man has a singularly rough voice. The simulator of deafness is apt to overact his part, to assert that he was suddenly affected with the disability, and to pretend that he is totally deaf. During the year 1818 there were 36 men discharged from the army, and placed on the pension list in consequence of alleged deafness, and I have no reason to believe this number unusually high. The perseverance with which deafness has been feigned, the difficulty which frequently exists in ascertaining whether the disability is real or simulated, and the means most likely to detect imposture, will perhaps be most satisfactorily shown by recording two cases of simulated deafness, where the deception was discovered.

A simulator of deafness is rarely if ever discovered, except by finesse or accident, such as addressing him by name while he is asleep. In the following two cases, finesse was very successfully employed.

A recruit from Cork, who joined the Depôt of the East India Company at Chatham, alleged that he had almost totally lost the sense of hearing, and the testimony of his comrades from Ireland served to support his statement. Dr Davies, surgeon to the depôt, admitted him into hospital, and put him upon spoon diet. For nine days Dr Davies passed his bed during his daily visit to the hospital, without seeming to notice him. On the tenth day, he felt his pulse, and made signs to him to put out his tongue; he then asked the hospital serjeant what diet he gave the man. *Spoon diet* replied the serjeant. The Doctor affected to be displeased, and in a low voice said, Are you not ashamed of yourself, the poor fellow is almost starved to death. Let him instantly have a beef-steak and a pint of porter. The recruit could contain himself no longer. With a countenance expressive of gladness and gratitude, he addressed Dr Davies by saying, God Almighty bless your honour; you are the best gentleman I have seen for many a-day.

A marine, while serving on board a ship of war, complained from time to time to the surgeon, that he was gradually losing the sense of hearing, and at the end of several months he asserted that he was completely deaf. It being, however, presumed that the alleged infirmity was feigned, and as he could not be made to perform his duty, he was brought to the gangway and flogged; but previously to his being paraded for punishment, and during its

infliction, he was informed that he should be pardoned if he would admit the fraud, and return to his duty. Every means that promised to be successful in surprising him into showing that he possessed the sense of hearing was resorted to, but without success: firing a pistol close to his ear, suddenly rousing him during sleep, and endeavouring to alarm him, elicited nothing satisfactory. The officers at Haslar Hospital, to which he had been sent, resolved to punish him a second time. Dr Lind, who was then physician to the hospital, begged that punishment might be deferred, with the view of gaining time to try by another experiment whether the man was an imposter or not. His request was granted. The doctor chose a favourable opportunity, and coming unperceived behind him one day, he put his hand on the man's shoulder, and said in an ordinary tone of voice, "I am happy to tell you, that you are invalided at last." Am I by —— !" replied the overjoyed marine. The imposture being thus rendered evident, he was forthwith punished, and sent on board ship.

The simulators of deafness sometimes pretend that they are unable to speak, thereby endeavouring to show that they suffer under a very serious disability,—*deaf-dumbness*. The deaf-dumb imposter evades answering the puzzling questions which might be made to him were he to admit that he had the power of speech.

A trooper, named M'Keon, who belonged to the 7th Dragoon Guards, then quartered at Piershill Barracks, appeared one morning to be both deaf and dumb; a disability which did not exist the previous evening. Many means were adopted to ascertain that he possessed the sense of hearing, but without success. Firing a pistol close to his ear produced no effect. After keeping him a long time in the regimental hospital, he was sent to the Edinburgh Infirmary, from which he was subsequentlydischarged as incurable. No noise, however sudden, or artfully employed, succeeded in rousing his attention. Eventually it was believed that the alleged disability was real, and his situation excited the pity and commiseration of the officers of the corps. At the end of about a year he was recommended to be discharged, and left Dundalk, where the regiment was at that time quartered, on his way to Dublin to pass the invaliding board. During the first day's march he got intoxicated, and at the same time recovered the use of his tongue and ears. His escort brought him back to the regiment next day, but before he arrived his deaf-dumbness had returned. He was tried by a court-martial, and sentenced to receive 800 lashes; but as he still held out, it was deemed advisable to send

him to the General Hospital in Dublin, for the purpose of being examined by the medical officers of that establishment, before the sentence of the court-martial should be carried into effect. Here various attempts were made to induce him to give in, and, among other means used for that purpose, he was informed that, if he returned to his duty, the sentence of corporal punishment would be remitted; a promise which produced no immediate consequences. Upon admission into hospital, he was for some time accommodated in a ward in company with several other patients, but he was afterwards confined in a solitary cell, with no other sustenance but a small allowance of bread and water. The orderly who attended M'Keon was instructed to give him his scanty fare; but on no account to speak to him. In this manner things went on for nearly three months, when one morning the pretended deaf-mute accosted the orderly by saying, "Good morning to you, James." James was completely astounded for some time; he soon, however, so far regained his self-possession as to secure the door, and to make all haste to inform the steward of the hospital of what had taken place. When M'Keon was interrogated in regard to the recovery of the faculties of hearing and speaking, he stated that he had had a dream, and that when he awoke he found that the long lost functions had returned. He was not punished, he returned to his duty, and conducted himself with great correctness for a considerable time, but eventually he deserted, taking with him his arms, accoutrements, &c. M'Keon must have been desperately disgusted with the service, or possessed an ardent love of liberty to enable him to endure the restraint, the privations, and the deferred hope to which he was so long exposed.

Class III.—*Diseases of the Organs of Respiration and Circulation.*

1. *Stammering.*—As an impediment of speech is a disability which prevents a recruit from being approved for the service, and as stammering rarely appears after adult age, few soldiers are discharged on account of this alleged infirmity.

During the winter of the year 1826–1827, a sentry, while on duty at a post in the garrison of Chatham, alleged that he had become unable to speak distinctly, and as the stammering or hesitation of speech was considered by the medical officers an involuntary disability, he was, after being some time in hospital, discharged from the service. Shortly after, another sentry, while on the same post as the former had been, became similarly affected. In this case the impediment of speech was presumed to be feigned. The man deserted from the hospital, and, after a few months, he was taken

and brought back to Chatham. His utterance was still indistinct. Electricity, shower baths, and various other remedial means were employed in vain. Some of the medical officers who watched this case carefully were of opinion that, although the disability might have been originally simulated, it had become by custom habitual and involuntary. I am ignorant of the result of this man's case, as my applications for information in regard to him were not successful.

2. *Consumption, Asthma.*—Under this head I include the various affections of the lungs which disqualify soldiers for military duty, and on account of which a great number are annually discharged. The diagnosis of diseases of the lungs has become much more certain since percussion and auscultation have been adopted by the medical profession. When the external and functional symptoms of disease, together with the stethoscope, indicate a material disorganization of the substance of the lungs of a soldier, it is in general deemed expedient to recommend him to be discharged. The stethoscope in the hands of an adept is highly useful in detecting the simulators of consumption,—a class of imposters who are found in all general hospitals, and sometimes also in regimental hospitals.

Dr Cheyne very graphically describes some of the manœuvres of a simulator of phthisis. "He expresses a wish to be let blood or blistered for a pain in his chest; he begs for some medicine to relieve his cough; applies for a furlough; in short, so well does he act his part, that, unless the surgeon is very circumspect, he will discover when too late that he had been made a dupe of." But imposters are not always content with merely pretending disease; a more complicated system of fraud is sometimes attempted. Emaciation is occasioned by abstinence and drinking vinegar—cough and hoarseness are imitated—debility is pretended,—and a puriform expectoration is easily obtained by purchase or otherwise from the spitting-pot of a patient really labouring under consumption. Many imposters are sufficient adepts in the art of deranging the circulation, to simulate hectic fever by quickening the pulse, so that by these means all the leading symptoms of consumption are more or less completely counterfeited. Chronic catarrh is often the ground-work upon which a case of fictitious consumption is founded. When the

patient is in hospital, the expectoration is regularly shown to the medical attendant, and to increase the quantity it is mixed with saliva and mucus from the nose. It is often tinged with blood, which is commonly produced by pricking the gums. In cases of this kind the breathing is generally quick, and there are always complaints of pain in the chest, and of disturbed rest from cough.

" *L'imitation* de l'asthme serait risible si elle n'etait déplorable. Des jeunes gens dans l'espoir de representer le signe essentiel de cette affection (la difficulté de respirer), se sont occasioné des palpitations dont les suites ont été quelquefois bien funestes; il est des *simulateurs* chez qui elles ont determiné l'hypertrophie du cœur.—(*Coche*, page 191.)

3. *Hæmoptysis or Spitting of Blood.*—Many soldiers are proposed to be discharged on account of this alleged symptom of impaired health. Hæmoptysis may be a consequence of inflammation of the mucous membrane of the trachea, which commonly admits of speedy recovery. When hæmoptysis is accompanied by other symptoms of tubercular disorganization of the lungs, the congeries of symptoms deserve the highest consideration, and the man in question may be recommended to be discharged, as being likely to be permanently inefficient. Where spitting of blood occurs without other symptoms of consumption, such as emaciation, purulent expectoration, hectic fever, &c. the attention should be especially directed to ascertain the circumstances connected with the hemorrhage. Imposters are aware that spitting of blood is occasionally a symptom of consumption which disqualifies a soldier for the service, and as this symptom is easily feigned, it is more commonly simulated than any other indication of pectoral disease. Various means are therefore frequently resorted to by soldiers who wish to obtain their discharge and a pension. For the purpose of deceiving medical officers in this respect, some secretly provide themselves with bullock's blood for the purpose of colouring the saliva; others make small incisions in the mouth or arm, and thus procure the colouring matter. To detect an imposter who feigns spitting of blood, all that is commonly required is to carefully examine the contents of the spitting-pot. Blood from the lungs is florid and

coagulated in smaller or larger portions; but where this symptom of disease is feigned, the colouring matter is intimately mixed with saliva. The absence of all the other pathognomonic symptoms of organic disease of the lungs should invariably excite a considerable degree of doubt in regard to the alleged source of the expectorated blood.

Dr Fallot relates an interesting case of a soldier who simulated this affection. The man had voluntarily enlisted, but he soon after regretted that he had done so, and became anxious to regain his liberty, One evening Dr Fallot was sent for in great haste, and found a large quantity of coagulated blood before the bed of the man who, with an affected feeble voice, complained of his deplorable condition. Seeming to believe all he said, the doctor ordered him to be bled, and directed some other remedial means to be followed. Next day Dr Fallot was informed that the cough and spitting of blood had continued all night. The healthy appearance of the man, the absence of fever, and the clear distinct sound of the chest, excited the doctor's suspicions, and induced him to watch the soldier carefully, and for a considerable time, during which he ascertained two facts, first, that the man ejected large clots of blood without coughing; and secondly, that, before the blood was ejected, he turned his face to the back of the bed, which was situated in an alcove. Eventually a pot containing about a pound and a-half of bullock's blood was found under the cover of the bed. This circumstance was considered conclusive evidence that the hemorrhage was feigned.

A soldier who had for some time simulated a pectoral affection showed Dr Fallot his spitting-pot, which contained a mixture of blood and puriform matter. The man had got out of bed during the night, and appropriated part of the contents of the spitting-pot of a man suffering under consumption, to which he had added a portion of blood which he found in a bleeding basin. He had not, however, taken the precaution to break down the coagulum which remained in the basin, and, as the portion he had removed left a vacancy in the clot, he was thereby detected.

4. *Diseases of the Heart or Large Blood-Vessels.*—The diagnosis of diseases of the heart is frequently attended with much difficulty; when a soldier complains of uneasiness or sensations indicative of a morbid condition of the heart or aorta, the utmost care ought to be taken duly to investigate the origin of the symptoms, and to place him in circumstances favourable for his comfort and

recovery. This measure is esentially necessary, inasmuch as extensive disorganization of the aorta may take place without being indicated by any obvious symptom. A long-continued probation is advisable, before recommending a discharge on account of obscure affections, particularly of this class of disabilities. Nothing very specific can be learned from a frequent, a slow, an irregular, or an intermitting pulse, as these may at intervals occur in the same individual, under a variety of circumstances, without much, perhaps without any disease. Recruits have almost always a frequent pulse while they are examined, and not a few men have been rejected under the presumption, that a quick pulse is a satisfactory indication of disease of the heart or large blood-vessels. Much caution is required on the part of a medical officer before he concludes that a soldier is suffering from organic disease of the heart, and that, in consequence of this affection, he is unfit for the duties of his profession, and not likely ever to recover.

Disease of the heart is sometimes simulated by soldiers when they wish to be discharged. To excite an undue action of the vascular system, various means are employed, some of which are known to medical officers, but of others I believe they are completely ignorant. The introduction of tobacco or garlic into the anus greatly deranges the circulation, and disease of the heart is thereby simulated. The *Veratrum album*, in doses of from ten to twelve grains, has been successfully used for a similar purpose. The ingenuity of medical officers will readily suggest the means of discovering whether any irregularity of the action of the heart be fictitious or not. Total seclusion, so as to render it impossible for a man to procure drugs, and coming upon him unawares for the purpose of ascertaining the state of the circulation, will commonly afford strong presumptive evidence of the soundness or unsoundness of the heart, and whether artificial means have been used to excite palpitation. I believe palpitation is sometimes produced by the immoderate use of tobacco, without any intention of thereby exciting disease, but there is too much reason for suspecting that this narcotic is occasionally employed for the specific purpose of simulating an affection of the heart.

Palpitation of the heart may, it is alleged, be excited by strong compression on the abdomen by means of a tight bandage, such as the waist-band of a pair of trowsers. Professor William Schmitt relates the case of a young engineer officer in the Austrian service, who adopted that means for the purpose of being permitted to retire from the army with a pension.

A temporary derangement of the function of the heart, and consequent palpitation, is not unfrequent among soldiers, more particularly young recruits, before they are dismissed from drill. For some time previously to a general inspection, the men are often kept long under arms, and to this circumstance may sometimes be attributed slight derangement of the circulation, fainting of weakly individuals, &c. Standing under arms has lately been forbidden as a punishment, which is a wise and humane measure. Frequent tedious drills and inspections are supposed to be sometimes the precursors or causes of rupture, aneurism of the heart, varicose veins of the leg, &c. and perhaps not altogether without foundation. The practice of the French army in this respect may be quoted as a warning for British officers to avoid.

"Every Sunday there is a general inspection of all the corps of infantry, during which the soldiers stand under arms from sunrise to mid-day, and sometimes till one in the afternoon. An inspection is first made by the non-commissioned officers, then by the officers of each company, next by the commanding officer of a battalion, then by the lieutenant-colonel, and after him they are inspected by the colonel of a regiment. The men then proceed to mass, and afterwards return to parade, when the Lieutenant-general, after a final inspection, expresses his satisfaction at the fine appearance of the corps; but it is presumed he is ignorant of the extreme fatigue which has been incurred to gain his approbation."

5. *Varicose Veins.*—This morbid affection consists in a permanent dilatation of the veins. The external veins of several parts of the body become occasionally varicose; but this affection rarely disqualifies a soldier for military service, except when the veins of the inferior extremities are affected. When varicose veins of the legs are large and numerous, marching is accompa-

nied by a sense of fulness above the ankle, with more or less œdema of the whole leg, and consequently a soldier is thereby disqualified for service in the infantry or artillery. If the affection exists in a very severe degree, the legs become swelled, tense, hot, and painful, the skin red and inflamed, and the cellular tissue condensed. The slightest abrasion of the skin may give rise to ulceration, and in this condition of the veins ulcers on the legs are frequently incurable. Attempts are sometimes made by soldiers who wish to be discharged, to excite, or at any rate to aggravate, this affection by tight ligatures; but to what extent these means answer the purpose intended, I am unable to state.

Class IV.—*Diseases or Impaired Functions of the Organs of Digestion.*

1. *Visceral Turgescence (Physconia.)*—This term is intended to comprise a number of diseases consisting in an enlarged or protuberant condition of one or more of the organs of digestion. As all the viscera of the abdomen are subject to an indurated enlargement, and as the various organs occasionally become affected simultaneously, the symptoms may be very complicated. Instances frequently occur where the real nature of the swelling cannot be determined, except by a post mortem examination. The origin of visceral turgescence is commonly attributed to disease contracted while serving in unhealthy climates, and much care and attention is required by medical officers to satisfy themselves of the existence and extent of the alleged disability, how far it disqualifies a man for military duty,—and whether or not it was contracted by service, as well as whether it be incurable. Any material disorganization of an important viscus may in general be considered incompatible with health and complete efficiency.

"Les cas doivent être jugés suivant l'importance des viscéres malades, la profoundeur de l'alteration qu'ils ont subie, et l'étendue de ses effets sur la constitution générale, la nature de leurs causes et le degré de leur curabilité."—*(Fallot, Memorial de l'expert, &c.* page 167.*)*

This disability is not unfrequently feigned by soldiers who

wish to be discharged. Mr Bamfield, formerly surgeon of the 35th Regiment, had three cases of this kind under his care; the enlargement of the abdomen was effected by means of a deep inspiration, and keeping it distended with very short expirations. The detection he found was simple and easy, as it was only necessary to surprise the patient while asleep, when his abdomen was soft and unprotruded. I have met with three or four cases of alleged "organic disease of the abdomen," which was imitated by simply elevating the spine. The advantage of examining men brought forward for discharge in a state of nudity is very obvious where visceral turgescence is feigned in this manner. During the year 1811 a greatly distended condition of the abdomen became in some measure epidemic among the men of the 84th Regiment, then stationed in Dublin. From thirty to forty men belonging to that corps were admitted into the General Hospital, complaining of pain and distension of the abdomen, with excessive thirst; some of them drank daily more than a gallon of water. Dr Harvey, who was physician to the hospital, eventually concluded that the symptoms were factitious, and under that impression he prescribed a solution of Glauber salts, dissolved in weak infusion of tobacco, which he called the *Infusum Benedictum*. A cupful of this bitter mixture was given in the morning, and repeated every fourth hour until it operated, and with complete success; all the patients who were in hospital recovered speedily, and the disease soon disappeared. Sixteen men had, however, succeeded in obtaining their discharge before this method of treatment was adopted. The means by which the tympanitic symptoms were occasioned remains unknown. It was conjectured that large quantities of chalk and vinegar might have been employed, but this was only a surmise.

A great expansion of the abdomen is sometimes excited or pretended by soldiers in India when they wish to evade duty or to obtain their discharge. The means adopted is commonly supposed to be drinking fermenting toddy, and rice water, to which a small quantity of soap is added.

2. *Chronic disease of the Liver.*—Soldiers who have served in India are pretty well acquainted with the leading symptoms

of this affection, and when they become tired of a military life, some of them feign liver disease, while others exaggerate the uneasiness under which they may in reality be suffering. The diagnosis of a morbid affection of the functions or structure of the liver is frequently very obscure, and hence a medical officer must chiefly depend upon the general indications of health or disease in his estimation of the ultimate efficiency of a man who has been for some time under medical treatment, on account of this alleged complaint. Unless the uneasy sensation of the right side, which is the common complaint, be corroborated by well marked symptoms of impaired health, or rather when there is no obvious fulness in the region of the liver, when the pulse and breathing are regular, the secretions and excretions natural, when there is no remarkable emaciation, and when the alleged pain resists topical bleeding and blistering, we are not warranted in concluding that much real disease exists, and, consequently, should not recommend a man to be discharged as permanently unfit for military duty. I have seen a number of men who had lain for many months in bed, on account of alleged liver disease, but whose healthy countenances and plump frames satisfied me that the functions of the liver were not much out of order. It is surprising how long a healthy person will resist the debilitating effects of the daily exhibition of a moderate quantity of medicine, low diet, and confinement to bed, without being greatly extenuated, or seeming to suffer by hospital discipline of this kind. Malingerers rarely succeed in feigning a languid sickly eye, or the voice of genuine indisposition, however well they may feign other indications of disease.

In alleged cases of disease, where testimony is doubtful, and where there are no obvious symptom of impaired health, a medical officer cannot use too much care to ascertain the real state of the health of his patient, and until he has made up his mind in regard to a case, the remedies employed should be very simple. A soldier complained that he had "liver," and alleged that he had a severe pain in his *left* side. Seeming to believe that his disease was of a grave nature, he was confined to bed, and, with the professed purpose of preventing his sleep from being disturbed by the conversation of his comrades, he was accom-

modated in a ward by himself. He was kept on low diet, and a weak solution of the tartrate of antimony alternately with the *Mistura Diabolica* regularly exhibited. This mixture consists of Glauber salts, infusion of tobacco, and assafœtida, and it is commonly given in very small quantities, but so frequently as to keep the taste pretty constantly in the mouth. He held out under this careful treatment for a month, and recovered rapidly. Soon after he was discharged from hospital he confessed the imposture, and swore that, if it had not been for his stupidity in locating the pain in his left side, the imposition would not have been suspected. He was mistaken; the imposition was considered pretty obvious from the first; but I am not aware that any other means would have made him sooner return to his duty. Every medical officer of experience will concur with the late Dr Cheyne in his remarks regarding alleged chronic hepatitis. "We ought," he says, "never to put a malingerer under a course of mercury, as, by the requisite stay in the hospital, he will not only be enabled to mature his plans of villany, but his constitution will thereby be injured if forced to return to his duty. After being salivated he will soon be again in hospital, asserting that the pain in his side has returned. As soon as his mouth gets well, a new course of mercury will then be instituted, which is precisely what he wishes."

3. *Vomiting.*—When the stomach is much diseased, vomiting is a frequent consequence or symptom of the affection. Organic disease of this viscus is commonly accompanied with pain of the part affected, regurgitation of the ingesta, and general emaciation. When there is no other obvious symptom of disease of the stomach but a regurgitation of the food swallowed, it may generally be inferred that the alleged disability is not of a very serious nature.

Some persons who have the voluntary power of rejecting the contents of the stomach avail themselves of that faculty to simulate disease. I have seen several soldiers who were proposed for discharge on account of this alleged disability, namely, the rejection of food after every meal; but as they continued to increase in weight upon half diet, and had each a healthy countenance, no doubt could be entertained that the vomiting was vo-

luntary. They were all sent to their duty; and I have since learned in regard to some of them, that they became efficient soldiers, without making any complaint of indigestion or want of nourishment. In 1828, there was a man in the General Hospital, Dublin, who had been under observation and treatment for five or six months, in consequence of frequent vomiting. Some doubt was at first entertained respecting the nature of the alleged disability, but eventually it was presumed that the disability was feigned, and the man was sent to his duty. Shortly before he left the hospital, four men in the same ward with him regurgitated their food, so that the disability became partially epidemic. None of these men were discharged from the service at that time.

4. *Bowel complaint.*—Under the head "Dysentery and Hepatic," it appears that, on an average, more than 200 men are annually discharged from the service. (*Circular Letter, 22d January* 1830, *Medical Department.*) Cases of bowel complaint require very careful deliberation before they are recommended to be discharged; more especially the age of the man under consideration, his length of service, the climate in which he has served, the intractable nature of the symptoms, and the duration of the disease. It is presumed that no man is ever discharged while he is suffering under urgent symptoms of bowel complaint, or an advanced stage of any disease. The hospital is the best place for this class of patients, where they ought in general to remain until the disease terminates either in recovery or death.

Bowel complaints are occasionally pretended by recruits when they wish to avoid leaving a district depôt to join their corps. The fraud is easily detected by inspecting their linen: if it be clean, the bowels are not much out of order. In climates where dysentery is prevalent, such as India, bowel complaints are often alleged as a pretext for being relieved from duty; the use of a night-chair satisfactorily discovers the fraud when no disease exists. Care must, however, be taken in hospitals, that a patient really suffering under dysentery does not lend his assistance to promote the imposture, for aid of the kind alluded to has been bought and sold. In civil life, I have known bullock's blood

exhibited in a chamber utensil to the physician of a dispensary, for the purpose of obtaining some of the comforts of the establishment.

5. *Hernia.*—According to the 20th article of the Pensioning Regulations of 1829, no infantry soldier is to be discharged for *rupture alone* except in extreme cases of disability. By the French conscription law no man is to be exempted from serving in the army on account of rupture, unless the intestine is irreducible, or that it cannot be kept in its place by means of a truss. I believe that in all regiments there are a considerable number of ruptured men, who perform their duty regularly without complaint, and who are capable of performing all the ordinary duties of the army during a period of peace. Does hernia occur more frequently among the men in cavalry corps than in infantry regiments? What is the relative ratio of ruptured men serving in cavalry corps and infantry regiments? These are interesting questions, which I am unable, for want of materials, to solve; but I hope the subject will be carefully investigated Under what circumstance should a soldier, who is ruptured, be deemed disqualified for the performance of military duties? He may, perhaps, be considered unfit for the army when he suffers from *single hernia*, if a truss fails in preventing the intestine from protruding through the ring, and in all cases of *double hernia.* " Rien n'est quelquefois plus difficile que de préter un jugement bien décisif sur le véritable état d'une hernie, c'est-à-dire de prononcer que la reduction est opérée, et qu'elle est bien et solidement contenue. Toutes les fois qu'un homme est porteur d'une hernie, il pourra non-seulement s'il veut tromper, affirmer qu'elle est difficilement contenue, mais il pourra aisément la reproduire à volonté par une fort inspiration ou des mouvements précipités d'inspiration ou d'expiration."—(*Souville, Examen des Infirmités ou Maladies qui peuvent exempter du Service Militaire, et nécessiter la Reforme.*—Paris, 1810.)

Every man who is affected with hernia may be considered unfit for military duty during *active warfare.* War is a state of privation of every kind, and, in general, a ruptured man is unable to surmount the fatigue of a campaign. Indeed, no man who is affected with hernia should be permitted to take the field, however willing he may be to accompany his comrades.

Hernia is not a cause of much inefficiency in the army, nor are there many men discharged on this account. By a return, comprehending a considerable portion of the army, it appears that, among an aggregate strength of 10,000, there were admitted into hospital 10 men on account of hernia, or one in 1000, the range being from 5 to 17 per 10,000. The ratio of admissions among the cavalry is 10 per 10,000, which is exactly the amount of the general mean. Among every 78.796 men one died of hernia, and, with respect to the number of men discharged, it appears that of every 10,000 men serving in India, 3 were annually disabled and discharged from the service in consequence of hernia. I have no documents which enable me to state, whether, in any of the fatal cases, or indeed in any instance the operation for strangulated hernia was performed. The operation for hernia is but very seldom required in the army. Perhaps there is no class of the population among which there are so few surgical operations performed during peace. Many medical officers have passed through a long period of service, and left the army without ever using any more capital instrument than a lancet and a tooth instrument.—*(Note, No. II.)*

Although hernia be not a cause of much inefficiency in the army, it is occasionally alleged as a reason for being exempted from particular duties; and medical officers frequently find considerable difficulty in determining whether the plea arises from want of will or from physical infirmity.

Hernia has been simulated by soldiers who were anxious to obtain their discharge.

Pat Gafney, second Battalion, Rifle Brigade, having been "unfortunate," by which term is implied that he had been convicted of a crime, and punished, complained that he had become ruptured. He was forthwith examined by Dr Connel, assistant surgeon to the Brigade, who found a slight degree of fulness over the left inguinal ring, and eventually he ascertained that the left testicle was not in the scrotum. By means of considerable pressure applied above the ring, the testicle was extruded and restored to the scrotum. Gafney had served several years in the marines, and was discharged, as his "Instructions" stated, in consequence of inguinal hernia, the result of service, with a pension of fivepence a-day. It would appear that he succeeded in obtaining his discharge and a pension from the marines by simulating

hernia, but he failed, however, in imposing upon Dr Connel. He was discharged from the army with every mark of ignominy in September 1827.

To discharge a bad man with ignominy,—in other words, with loss of good name, or, indeed, in any way, may be to promote the object of his wishes, and consequently this *punishment* has little effect in preventing crime.

I have seen several men who had the voluntary power of drawing up a testicle to the ring and retaining it there for some time. According to Baron Percy some men can retract a testicle within the abdomen. Some years ago a paper was picked up in the General Military Hospital, Dublin, which contained a "receipt for making a rupture." The scrotum was to be punctured with a large pin, and then, by means of a piece of tobacco-pipe, it was to be blown up with air. The same operation was to be performed on the other side, if a double rupture was required; poultices were to be applied to reduce the inflammation. The manuscript was supposed to have been dropped by a man belonging to the 18th Hussars, who had been left in hospital when the regiment embarked for England. He joined his corps at Rumford, in Essex, with his scrotum greatly enlarged; according to his own statement, the swelling came on in consequence of his jumping from a window shortly after he left the hospital; on his landing at Liverpool, it became so large and painful that he could not walk, and was in consequence forwarded in a cart. When the scrotum was pressed a crepitus was perceptible. The swelling was in all likelihood excited, and probably by the means directed in the "receipt." This man succeeded eventually in obtaining his discharge by simulating disease of the hip-joint.—(*Dr Cheyne's Letter to Dr Renny.*)

Class V.—*Diseases and Lesions of the Genito-urinary Organs.*

1. *Diseases of the Testicle.—a. Hydrocele* (or water in the *tunica vaginalis testis*) sometimes exists in so trifling a degree, as hardly to be considered a disease or disability. When, however, the operation for a radical cure has failed, or when the body of the testicle is considerably enlarged, a man is com-

monly deemed unfit for the army, and recommended to be discharged.

b. Sarcocele.—In this disease the testicle is enlarged, indurated, heavier than natural, and sometimes unequal on the surface. Sarcocele is frequently presumed to be an ill-conditioned affection of the gland, and little under the influence of remedial means. The testicle may, however, become enlarged, without having a tendency to a scirrhous induration. As these two conditions of a testicle may be confounded, and indeed during the early stage of the affection there is no definite line to distinguish them, the unfitness of a man for the service on account of this disease must be determined by the extent of the enlargement, the duration of the disease, and the intractable nature of the symptoms.

c. Varicocele and Cirsocele.—A varicose dilatation of the veins of the scrotum (*varicocele*), or a similar condition of the veins of the spermatic cord (*cirsocele*), if the enlargement has attained such a size as to impede a soldier from marching, it renders him unfit for the service.

The testicle of one side is sometimes considerably smaller than the other, without any satisfactory appearance of disease, but many recruits have been rejected on this account. A man was approved at the Dublin Depôt, who was subsequently rejected at the head-quarters of the regiment to which he belonged, in consequence of the alleged state of his left testicle, which, (according to the report of the surgeon,) "appears proceeding to a dissolution." This is certainly a very hypothetical reason for rejecting a man. Had the surgeon been well acquainted with the duty of inspecting recruits, he would have known that the testes are comparatively small in some individuals, occasionally not larger than horse beans in stout muscular men.

2. Incontinence of Urine.—An involuntary flow of urine is an indication of functional, if not of organic, disease of the bladder; but as a want of the power of retaining the urine for a considerable time is a rare disability, and as the affection is frequently feigned, great care ought to be bestowed upon the investigation of every case which is proposed to be discharged on this account. Persons who really suffer under incontinence

of urine have commonly a weak lax constitution, and infirm health. The flow seldom intermits above two hours at a time, either by night or day, the body and clothes exhale a strong ammoniacal odour, and the scrotum and inside of the thighs are found to be excoriated. In cases where incontinence is feigned, the action of the abdominal muscles may be perceived, and the urine comes away in jets. If the bladder be capable of retaining a considerable quantity of urine, it may be inferred that the alleged incontinence is feigned; hence a simulator may sometimes be detected by coming upon him unawares, and desiring him to make water instantly, or by using the catheter. The alleged disability of incontinence of urine occasionally disappears, by making a man sleep on straw instead of in a comfortable bed, which he had wet regularly every night. The application of moxa to the scrotum has been found useful, inasmuch as the alleged disability was very soon said to be cured. But perhaps the most effectual means of making a schemer announce a recovery, is to oblige him to wear a urinal, and do his duty. This disability, like many others, is apt to become epidemic among the men of a regiment. In one instance which came under my notice, five men of one corps complained that they suffered from incontinence of urine, and were in consequence of their allegation brought forward by a credulous commanding officer to be discharged.

Dr Cheyne, in his Letter to Dr Renny, states a curious fact, which shows the importance of attending to the subject of feigned disease among soldiers. During the year 1803, the medical charge of a regiment of Irish militia devolved upon a private practitioner, unacquainted with the diseases or the tricks of soldiers. In a short time a number of the men were admitted into hospital, in consequence of alleged incontinence of urine. This imposition extended to such a degree among the men, that numbers of them had their white breeches completely destroyed by urine. The imposition was instantly discovered by Deputy-Inspector Comyns, and the progress of the epidemic arrested, by ordering all the men who had spoiled their clothes to be marched to a lake, morning and evening, for the purpose of cold bathing.

3. *Calculus Vesicæ.*—Stone in the bladder is a rare disease in the army, and I believe it is generally considered an adequate cause for discharging a man. Lithotomy is very seldom performed. Dr Hennen, in his chapter on the Examination of Recruits, *(Principles of Military Surgery)*, states, that "diseases of the urinary passages and stone in the bladder are a sufficient cause for rejection." I presume the attempt to ascertain by means of a sound whether a recruit suffered from stone never was made; I should certainly consider it a highly inexpedient measure.

Class VI.—*Diseases and Lesions of the Skin and Cellular Membrane.*

1. *Ulcers.*—It appears by the Circular Letter from the Medical Board, bearing date 22d January 1830, that rather more than 100 men are on an average annually discharged on account of "ulcers and varices." How far this may be a higher or a lower ratio of discharges on account of ulcers than at present, I have no means of ascertaining. Disabilities such as ulcers, which are easily produced by artificial means, require to be carefully investigated. The practice of exciting ulcers in the army during the last war is said to have prevailed to a considerable extent; the means commonly employed were corrosives or irritants, such as nitric acid, acetate of copper, quicklime, lime and soap, bruised garlic and vinegar. In India the juice of the euphorbium is principally used. Mechanical means are also sometimes adopted, particularly abrasion; this object is attained by rubbing the skin over the shin-bone with a small quantity of sand, so as to excite inflammation, the sand being allowed to remain on the irritated surface. Ulcers of a very intractable nature are rapidly excited upon old cicatrices by this means. The integuments which surround factitious ulcers are in general more healthy and less callous than when the ulceration is spontaneous. To prevent suspected imposters from applying irritating substances to ulcers on the legs it is frequently necessary to seal the bandages, which measure is so far effectual as to prevent the dressings from being removed unknown to the medical officer, but it does not altogether prevent the injurious application of

mechanical means. Wooden boxes, when they are constructed so as to prevent the introduction of a rod at the top, are more effectual. The following cases will show the difficulty which sometimes occurs in discovering the cause of an ulcer.

Mr W. had a man under his care on account of an ulcer on his leg, which was suspected to be factitious. Sealed bandages, and eventually a tin case for the leg, was tried, but still the ulcer continued to spread, and it was presumed some means were adopted to prevent the sore from healing. There was a man in hospital at the same time, whose leg Mr W. had amputated, and who, seemingly influenced by gratitude, told Mr W. privately, that the man with the ulcer on his leg had a " receipt" for exciting several diseases, in his knapsack, which was forthwith examined, and the document found. It contained instructions for injuring an eye, simulating hernia, and exciting an ulcer. Factitious blindness was to be effected by " the prog of a needle in sight of the eye," and after a pension had been procured, soft soap was to be applied to the eye, by which means it was stated that vision would be restored. A rupture was to be simulated by inflating the cellular membrane, or by tying a ligature round the dartos. To excite or imitate an ulcer, yellow arsenic was to be employed. Although this man was not allowed to have access to his ulcer, he found means for some time to introduce a small portion of yellow arsenic into the sponge with which it was washed, and by this means the sore continued to spread. His scheme failed chiefly in consequence of the information received from the man in question.

Imposters are very rarely, indeed almost never, detected by means of information obtained from their comrades, although exceptions occasionally occur as in the following case.

Private P. Devlin was admitted into the hospital of the —— regiment, when it was stationed in St Helena, in consequence of an extensive ulcer on the outside of one of his thighs, a little above the knee, which mended rapidly under the use of common dressings. Before the ulcer had, however, completely healed, the newly formed skin was found one morning to the extent of a half-penny in a sloughing state. Again the ulcer began to improve, and was nearly skinned over, when the sloughing process reappeared. Suspicion was excited, and the hospital serjeant and orderlies were directed carefully to watch the man, with a view of detecting him. At length the artifice was discovered. A soldier was in hospital, in consequence of punishment, to whose back the man who had the ulcer applied a nostrum, and told him he might remain in hospital as long as he pleased, provided he would

inviolably keep the secret. The application produced excessive pain, with inflammation, and extensive sloughing of the back, and eventually the man became alarmed, and told the whole story. The imposter who made the application was tried by a court-martial, and received corporal punishment. It was found that the irritant employed to excite the sloughing was a slice of the —— apple, a plant that abounds in St Helena, but the scientific name of which I have not learned.

Unless in cases where ulceration is accompanied by varices, and where the constitution is unsound, it is very rarely necessary to discharge a man on account of this disability.

2. *Œdema—Swelled Leg.*—Diseases of the lower extremities contribute in a remarkable degree to disqualify soldiers for military duty, and although œdema or anasarca of a leg is a rare disease, the simulation of this disability occurs occasionally.

A private belonging to the —— regiment arrived at the Invalid Depôt, Chatham, from India, during the summer of 1829. He was sent home in consequence of alleged elephantiasis of the left leg and foot, which, according to the man's own statement, had supervened while he was suffering under an obstinate intermittent fever. He was admitted into Fort Pitt General Hospital, and the following is an outline of his case at the time of admission. The left leg and foot were greatly swollen: the swelling was remarkably firm; the integuments were dry, rough, and dark-coloured: the knee-joint had partly lost its mobility. The man's general health was good, and the enlargement of the limb was reported to have existed for about eighteen months. Shortly after admission into hospital, it was discovered that he had a bandage bound tightly round the left thigh, which he stated he had "worn by the advice of his doctor, for the purpose of preventing the disease from extending to his belly." From this period care was taken that he should not have it in his power to apply another ligature, and in the course of eight or ten days the size of his limb was greatly reduced; the skin had in some degree assumed its usual colour, and hardly any symptom remained of the disability for which he had been admitted into hospital, except a slight stiffness of the knee-joint, probably arising from long-continued inaction.

Dimensions of the limb in inches:

	Thigh.	Cf. of leg.	Ankle.	Instep.
On admission into hospital, 25th October 1829,	22¾	17½	15	14
Six days after the removal of the ligature,	20	15	14	9

Mr Jones, Assistant Inspector of Hospitals, had a serjeant under his care on account of swelling and inflammation of the right leg, and the means usually adopted in like cases were employed without success. Mr Jones at one time thought there was an abscess in the leg, and had a lancet in his hand for the purpose of opening it, but, thinking the feeling of fluctuation not sufficiently obvious, he desisted. From the anomalous character of the symptoms Mr Jones suspected that some means were employed to excite and prolong the affection, and, with the view of discovering whether his suspicions had a good foundation, he visited the hospital one evening when he was not expected, and, promptly proceeding to the serjeant's bed, turned off the bed-clothes, and discovered the trace of a ligature round the thigh, for, notwithstanding his expedition, the cord had been removed and concealed. The swelling had almost completely disappeared by the following morning. It is worthy of observation, that the serjeant did not show the slightest reluctance to the insertion of the abscess lancet when Mr Jones had it in his hand for that purpose.

Œdema and swelling of an arm have been excited by similar means. Dr Fallot gives an account of a soldier who was twice admitted into hospital in consequence of swelling of the left fore-arm and hand. During the first period he was in hospital an incision was made on the back of the hand for the purpose of giving exit to the contents of what was supposed to be an abscess, but nothing escaped except some dark-coloured blood. The second time he was admitted it was discovered that the swelling was occasioned by a ligature round the arm.

Isfordink once met with a case of anomalous disease of the extremities, which had been artificially excited by means of a ligature. The soldier complained of rheumatic pains, and after employing a variety of remedial means he was directed to use the warm-bath. When he was undressed for the bath the impress of a tight ligature was observed on each arm and leg; he seemed to have applied a leather thong alternately to the different extremities.

Class VII.—*Diseases and Impaired Function of the Organs of Locomotion.*

1. *Rheumatic Pains.* — Under the head of rheumatism a great number of soldiers are annually discharged. Chronic rheumatism is an adequate cause for discharging a soldier when it occurs in an individual who has been long in the service with impaired general health, enlargement of the joints, and extenuated extremities. Rheumatism may no doubt attack young men,

and disable them for a longer or shorter period, but it rarely disqualifies an individual permanently for military duty.

Rheumatism is frequently counterfeited by soldiers, more especially those who have served the period which entitles them to a pension for life, provided they are discharged as disqualified for military duty. These men commonly think that to gain their object, it is only necessary to affirm that they have pain in some of the joints, to put on the aspect of suffering, and affect decrepitude or loss of power in the limbs. The back, loins, and hips are the parts usually selected, the knee, ankle, and superior extremities less frequently. In general there is no adequate cause assigned for the complaint, and no relief from remedial treatment is acknowledged, and while real rheumatic affections are commonly aggravated by changes of weather, the imposter complains equally at all times. When he is asked how he is today, his usual answer is, "Just the same, Sir." Patients of this kind seem to think that the constant use of a crutch or stick, and a ready submission to such remedies as blisters, issues, &c. affords irrefragable evidence of the reality and the alleged degree of their disability. When the disability is real, the patient is commonly found in bed, or moving about very leisurely; whereas in simulated rheumatism, if we surprise cases, they will frequently be found apparently at their ease, and enjoying the amusements of their comrades. Perhaps there is no class of disabilities which requires more care and more caution on the part of medical officers than cases of alleged pain, rheumatism, lumbago, &c. in men of comparatively short service. The most experienced eye, the soundest judgment, and the most delicate tact may be deceived; for many a soldier has been discharged, and even pensioned, in consequence of alleged chronic rheumatism, whose health was good, and who satisfactorily demonstrated that he had the complete use of his limbs almost immediately after he regained his liberty. When the health is good, and the seat of the alleged pain unaffected by swelling or increased temperature, a medical officer will probably, in nineteen out of twenty cases, be safe in concluding that no material, or at any rate no permanent disease exists. To admit the allegation of wandering pains unsupported by physical changes as an adequate cause for discharg-

ing young men is to open a door for simulation, which it would be impossible to shut.

However frequently the existence of pain may be alleged without foundation, no man should be pronounced or even presumed to be a malingerer until careful examination, hospital discipline, and adequate observation, have afforded a medical officer the requisite opportunity of arriving at a sound conclusion. The following brief history of a case will show the propriety of this precaution.

When Dr G——— was surgeon to the ———Regiment, he admitted a private into hospital, in consequence of a large ulcer of the leg, which was eventually presumed to be self-made. When the soldier was discharged from hospital, Dr G——— told him that it was perfectly evident he had himself made the ulcer, and recommended him to abstain from such practices, as care would be taken that he should not continue them with impunity. In a few weeks this man returned to hospital, complaining of pain in the articulation of the right thigh. There was no obvious swelling or discoloration, and as he had the character of being a malingerer, strong, and apparently well grounded suspicions were entertained that the alleged disability was merely pretended. The doctor did not decide precipitately, but prudently resolved to allow some time to elapse before he made up his mind on the case. Violent inflammation eventually came on, which terminated in permanent loss of motion of the joint. This man was a profligate character, and had lain in a state of intoxication on his right side in a ditch, for nearly the whole night, previously to his being admitted into hospital.

This case is very instructive. It strongly inculcates the propriety of proceeding with great caution under all circumstances, and of letting the evidence of neither good nor bad previous conduct suspend a careful investigation of symptoms in each case. Finesse will sometimes succeed in detecting imposture, when harsh measures would completely fail.

The late Dr Davies, surgeon to the East India Company's Depôt, Chatham, had a young soldier under his care, who alleged that, in consequence of a severe pain of the back, he was unable to move or to be moved from his bed. His alleged pain had existed for about a month, and still no indication appeared that he intended to return to his duty. For the convenience of being watched, &c. he was accommodated in a ward by himself. Dr Davies, who considered him an imposter, saw no prospect of his *giving in*—a cir-

cumstance which induced him to adopt a very simple measure for his detection. He went to the window of the ward in the dusk of the evening, and after gently tapping upon the glass, he in a low tone called the man by name, he was at the window in an instant, and the doctor had the pleasure of congratulating him upon the recovery of his locomotive faculty. This man went forthwith to his duty.

Dr Fallot succeeded in restoring a malingerer to his duty by a new plan of treatment. A deserter who, after being for some time pursued by the *gens darmes*, was eventually caught, and brought to Namur, alleged that he had lost the power of moving one of his lower limbs, which was as plump and as warm as the other. Cupping, blisters, and moxas produced no good effect. After being a long time in hospital, Dr Fallot adopted the plan of treatment recommended for gout by Cadet de Vaux, namely, causing his patient to swallow a large quantity of warm water. The man took the first dose with apparent resignation, but his courage failed him before it required to be repeated. Without giving any explanation, or making any confession, he stated in a few days that he was quite well, and able to proceed to his duty.

Mr Bourchier, surgeon to the 36th Regiment, succeeded in restoring a man to the ranks, who had been long under his care for alleged lumbago, by introducing a little *tartar emetic* into his food, which produced the usual effects—sickness and vomiting. The man became alarmed, and forthwith sent for a priest. He soon returned to his duty.

In no case should means be adopted to induce a suspected malingerer to give in, which a medical officer would regret having employed, were the disability to prove real. If a suspected patient possesses sufficient fortitude to support a rigorous trial, the medical officer who directed it will be regarded with indignation, while the patient is considered a martyr by his comrades. There is good reason to conclude, that many a simulator has persisted in his plan of endeavouring to obtain his discharge, and has undergone great physical pain, even corporal punishment, without flinching. Dr Cheyne relates the case of a man "who pretended that he laboured under rheumatism, and after persevering for four months bent nearly double, was at last tried by a court-martial, convicted of malingering, and sentenced to receive 300 lashes. One hundred and fifty were inflicted without flinching, he obstinately declaring his utter inability to stand erect." He gave in, however, on being ordered out to receive the remainder

of his punishment, and became a good soldier. Had second punishment been declared illegal, when this man was tried, it might have been supposed that he suffered under a real disability. The custom of inflicting second punishment prevailed more or less till within a few years; but it has been gradually falling into desuetude since Mr Manners Sutton stated in the House of Commons, in February 1813, his opinion of its impropriety and injustice.

2. *Lameness—old Fractures.*—Soldiers are frequently proposed for discharge in consequence of lameness, alleged to be the result of a bruise or an injury, of which, perhaps, there is no other evidence but their own testimony. Some men will persist for a number of years, complaining of pain and loss of power of an inferior extremity, and assert that they are unable to perform their duty, while there is no obvious cause of lameness. In doubtful cases, a medical officer may ask himself the following questions,—Is it probable that the circumstance to which the lameness is ascribed could occasion genuine disease? Is the alleged disability a consequence of the ascribed cause? By attentively investigating these points, he will probably arrive at as definitive a conclusion as the nature of the subject will warrant. Simulators of lameness, like those who feign other disabilities, are liable to give very exaggerated accounts of their feelings; for example, they will assert that the uneasiness occasioned by the application of a blister is excruciating, and that it has excited a variety of tormenting sensations far beyond its usual effects.

A fracture of a lower extremity is frequently assigned as a cause of lameness,—indeed, many soldiers seem to think that they ought to be discharged when they happen to get a leg fractured; and it would appear, by a circular letter from the Medical Department, dated 22d January 1830, that a number of men are annually discharged on this account. In civil life, persons usually recover completely from the disabling effects of a fractured limb; and there seems no reason why soldiers should not be equally fortunate; apparently they have a much better chance of recovery than the labouring classes of the community, inasmuch as, from the moment of the accident, they are attended by a medical officer, and receive not only the most ap-

propriate treatment, but every necessary accommodation which their situation requires.

When a soldier who has had a leg fractured wishes to obtain his discharge and a pension, he commonly refuses to admit that he has recovered the use of his limb; he affects lameness, and complains of pain at the part where the fracture took place, and upon these grounds endeavours to establish his inability for duty, and consequently his claim to be discharged. He frequently, however, fails in his scheme by overacting. But it is not only the disabling effects of an actual fracture, which are sometimes feigned; imposters occasionally assert that a limb has been fractured, when no evidence of it can be adduced but that of their own testimony. While I was employed in examining the inefficient men of the troops stationed in the Northern and North British districts, I met with three cases of this kind, where a thigh-bone was said to have been fractured. Each of the men stated that the accident took place while he was absent from the regiment, and while none of his comrades were with him. He walked lame, and the alleged fractured limb seemed shorter than the other. There was no trace of callus, or displacement of the ends of the bone, and the limb was not extenuated. I soon discovered by what means the extremity appeared to be diminished in length; for when the men were placed on their back, I found the muscles of the alleged infirm limb powerfully contracted, while those of the other thigh were relaxed and soft. All the three men were evidently great adepts in this means of imposition, and, although they belonged to different regiments, the plan they followed was very similar.

The disabling effects of disease of the hip-joint are sometimes counterfeited by the same means, and for a similar purpose.

The simulation of lameness is not confined to European soldiers. Seapoys and native dragoons belonging to the Honourable the East India Company's service are not exempt from this military delinquency, as will appear by the following extract from a general order issued by the Marquis of Hastings, Calcutta, 29th March 1818.

"The Commander-in-Chief takes this opportunity of caution-

ing the men of the native cavalry against a practice which is understood to be by no means uncommon among them, viz. that of men who receive simple fractures, or other hurts by falls from their horses, or other accidents, using means to distort their limbs, and otherwise to retard and render imperfect the cure of such parts, for the purpose of being placed on the invalid establishment, any man found guilty of the practice in future is to be reported to head-quarters, it being the Commander-in-Chief's determination, not to allow any *malingerer*, or person guilty of using means to render himself unfit for duty, to remain in the service or to burden the invalid establishment."

Isfordink succeeded twice in detecting a case of simulated lameness, by giving his patient a drastic purgative, likely to operate during night, and stationing a trustworthy orderly to watch his passage to the water-closet. The first time he proceeded to the closet, he limped all the way, but subsequently, being in greater hurry, and thinking himself not perceived, he moved with a free and quick step.

The passion of fear is sometimes usefully excited in cases of counterfeited lameness, by hinting the propriety and expediency of adopting some disagreeable remediable means at a fixed period, should no recovery take place before that time. When the actual cautery has been talked of, a patient has sometimes regained his efficiency before the period it was proposed to be applied.

3. *Deformity of the Spine.*—Of all disabilities which disqualify men for military service, personal deformity would appear to be the most unlikely to be feigned, as the imposture is so easily detected. Malformation has, however, been frequently simulated by recruits, and in some instances with success.

E. Brady, a recruit for the 58th Regiment, was approved by Mr M'Leod, lately surgeon to the 42d Regiment, and acting district surgeon in Dublin, in August 1819. He was forwarded to the army depôt, Isle of Wight, where he feigned malformation so effectually, that a board of medical officers, which was assembled on the 4th September, to report on his case, found that he was unfit for the service, on account " *of deformity of the spine and chest—strong inclination of the body to the right side, defective motion of the right arm and leg—pain on pressure upon the spinous processes of seve-*

ral of the dorsal vertebræ." In compliance with the finding of the board he was discharged; he returned to Dublin, where he was minutely examined on the 22d September, by Dr Peile, Deputy-Inspector of Hospitals, the late Dr Thomas Brown, and the late Mr Todd, Professor of Anatomy, who found his spine and chest well formed, no inclination of the body to the right side, or defect in the power of motion of the right arm and leg; and that he did not complain of pain on pressure upon the spinous processes of the dorsal vertebræ. But, previously to the latter examination, the object for which deformity had been simulated, was obtained. In January 1822, Brady enlisted for the 89th Regiment, and was approved at Newry, by Staff-surgeon R. J. Brown. The above case is by no means a solitary instance of success in this variety of imposition. T. Darby, a recruit for the 59th Regiment, was approved by Dr Thomas Brown during the autumn of 1821, and transferred to the depôt of the corps in the Isle of Wight. The nature of the farce he acted there may be inferred from the subjoined copy of a report made on his case, by a board of medical officers: "*The board have minutely examined recruit Timothy Darby, 59th Regiment, and find a curvature of the upper part of the spine, with deformity of the chest and shoulders, the left shoulder nearly two inches higher than the right, and the body slightly bent forward, with the head inclining to the left side. He has been in hospital upwards of two months, under observation and treatment; large caustic issues have been made on each side of the spine, and the cough and pain he complained of on admission are removed; the board are of opinion, that the deformity is incurable, and recommend his removal from the service.*" This report is dated 10th December, and Darby was discharged on the 13th of the same month, "in consequence (as his discharge stated,) of *a deformity in the spine and chest.*" Dr Brown having been furnished with a copy of the above report very naturally inferred that there must be some fraud in the business, as it was morally impossible that he would have approved of so deformed an object as appeared to be described by the board. Darby was intercepted on his return home through Dublin; and on the 21st January 1822, he was inspected by three eminent surgeons, Messrs Colles, Todd, and Cusack, an extract from whose report I shall subjoin: "We have this day minutely inspected Timothy Darby, and we are of opinion, that he does not labour under any disease or deformity of the spine or chest; on the contrary, he appears to be remarkably well formed." On the 2d of November 1825, Darby enlisted for the 87th Regiment, but apparently presuming that he would be rejected, on account of the cicatrices of two large issues on his back, he refused to accept of a

smaller sum than five shillings as enlistment money from the recruiting serjeant. He was brought to me for inspection, and I found him fit for the service, being perfectly aware at the time that Darby had been found unfit by a medical board. He was soon after transferred to the depôt of the 87th Regiment, and finally approved.

4. *Contractions.*—The continued and rigid contraction of a joint does not frequently occur among soldiers without some obvious external cause. This variety of disability used, however, to be very often simulated, and perhaps it is still pretended occasionally. The parts most frequently alleged to be affected are the neck, constituting an imitation of *Wry-neck ;* the vertebral column simulating *crooked-back*, the *shoulder-joint*, the *elbow-joint*, the *knee-joint*, and the *fingers*.

Contraction of a joint is usually attributed to chronic rheumatism, or to an injury. In consequence of inaction, and sometimes by means of bandages put on by stealth, the alleged infirm limb becomes occasionally a little extenuated. Sometimes the suspicions of a medical officer are not excited till an imposter presumes that his success is nearly secure, in other words, that he has " done enough," and when a schemer happens to be transferred to the care of a new medical attendant his prospect of success becomes still more certain. It is not always easy to arrive at a definite conclusion in regard to an alleged disability of this kind, for medical officers well know that a considerable degree of disease may exist in a joint without any well-marked external character. The investigation of each case should be conducted with care and patience, and in this, as in most other alleged disabilities, a medical officer should not profess to discover imposture at once even when the imposition is pretty obvious.

Wry-Neck.—A man belonging to —— regiment was about to be discharged from the service in consequence of this disability, when, on account of intoxication, he was confined to the guard-room. Here he quarrelled with his comrades, and, during the scuffle, forgot his assumed infirmity, by which means his imposture was discovered.

Crooked Back.—The perseverance with which this disability has been simulated, and the irksomeness of the posture assumed

by individuals, would greatly exceed belief did the facts not depend upon the most undoubted authority.

A man, named Fitzgerald, belonging to the second battalion Royal Regiment, while serving in India, alleged that, in consequence of an injury on his loins, he was unable to stand upright. For a period of eighteen months he walked with his body bent forward in such a manner as that his fingers nearly touched the ground. Neither medical nor moral means had any influence in restoring him to the ranks. He held out until a communication was received from the Horse Guards, authorizing Commanding-Officers to re-enlist men whose period of service had expired, and that, when approved, they were to receive a bounty of sixteen guineas. This was the case with Fitzgerald; and two days after the arrival of the communication had been announced, he presented himself for inspection as straight as a well drilled soldier before the medical officer under whose care he had long been. Moral turpitude, not physical disability, prevented his being re-enlisted into the Royal Regiment; but he eventually enlisted in the 25th Regiment of Dragoons, which was at that time in India.

Private J. W. —— Regiment, was sent home from India to be invalided, and on the 10th of June 1828, was admitted into Fort Pitt General Hospital. He stooped so much that the upper half of his body formed nearly a right angle with his inferior extremities, and he usually moved from place to place by the help of a stick about two feet long, which he grasped by the middle. This disability was eventually presumed to be feigned, and he was consequently placed on his back on the floor, under the superintendence of a medical officer, when he held his legs in nearly a vertical direction, and complained most piteously upon any attempt being made to put his inferior extremities in the same line with his body. This position was reversed, and for some time he supported himself on his head, hands, and feet. He soon became tired of this state of prostration, and at last, when he could endure it no longer, he stretched his legs fully out, and lay flat upon his chest and stomach. He then warmly expressed his gratitude to the medical officer for having so effectually cured him of a disability under which he had long suffered, and observed, that, if the surgeon of the corps to which he belonged had done as much for him in India, what a happy man he should have been!! He was discharged to duty on the 7th August 1828.

Crooked back is occasionally feigned in this country as well as in India. I am aware of one case which was *cured* not long ago by means of a warm-bath; the patient was placed in a

cask, and water gradually added until he found it expedient to stand upright to prevent being drowned; he was not aware of the ultimate object of the bath, and consequently he was in some measure taken by surprise.

The Shoulder-Joint.—A soldier belonging to —— Regiment, while it was serving in the Bombay Presidency, was brought before an "invaliding board," in consequence of alleged immobility of the right arm, which projected from the shoulder, forming a right angle with the side. Nothing satisfactory could be ascertained in regard to the origin of the disability. The evidence of the medical officer under whose care he had been, together with that of his comrades, tended to prove that the arm had been unintermittingly extended in the manner described for a period of about sixteen months, and that, although various means had been employed to flex the shoulder-joint, they had all been ineffectual. The invaliding board recommended him to be discharged, as being unfit for the service; and this recommendation was subsequently approved by the medical board at Bombay. Just on the eve of embarkation, the man in question was walking with a large bottle of arrack under his left arm, when a person approached him unperceived and seized it. Fearing that the prize might be lost he instinctively bent *the right shoulder-joint*, and firmly grasped the bottle with the right hand. This circumstance was accidentally observed by an officer who knew him: the man was forthwith tried by a court-martial, and sentenced to receive 1000 lashes.

It is probable that the immobility of the shoulder-joint was simulated in imitation of the Indian Fakirs, who exhibit strange displays of self-penance and mortification. I received my information in regard to this case from the President of the "invaliding board" which recommended the man to be discharged.

The Elbow-Joint.—When Dr G. was on duty at York Hospital as staff-surgeon, a serjeant belonging to the German Legion was admitted a patient, in consequence of an alleged contraction of the elbow-joint of the right arm. This man bore a remarkably good character, as may be inferred from the circumstance of his having been for a number of years orderly-serjeant to a general officer. Documents accompanied him to the hospital, testifying the fact of his having, while on duty, met with an accident, to which the lameness of his arm was attributed, and also bearing evidence of his excellent moral and military character. Dr G. did not suffer himself to be put off his guard by testimony; but, having carefully examined the arm, came to the conclusion, that, in all pro-

bability, the disability was feigned. The means of detection were ingenious, and successful. He placed a small cushion between the arm and side of the serjeant, so as to prevent him from resting the elbow on the hip. He then held his own arm in a position similar to that of the serjeant's, and desired an assistant to append, by degrees, equal weights to his hand and to that of the patient. Dr G.'s arm became overburdened, and, being unable longer to support the weights, he straightened his elbow-joint, and placed them on the floor, The serjeant continued, however, to keep the joint in a flexed state, but at length the arm began to quiver; a circumstance which the doctor quickly noticed, and coming unperceived behind him, completed the extension by the aid of his hand.

The Knee-Joint.—Cases of simulated contraction of this joint are not rare. One occurred in the Royal Regiment in India. The medical officer who had charge of the regiment was satisfied that the disability was feigned; for although he could easily straighten the leg it was instantly retracted when the force applied was withdrawn, but the impudent imposter would not *give in.* He was transferred to the care and discipline of the Commanding-Officer, who directed him to be paraded daily at the orderly room, where he was extended on a cot or platform under his own superintendence, and the contracted limb straightened and retained in this condition for about two hours. Day after day the same process was repeated for a long time without any advantage, and, after a period of about eighteen months, the patience of the Commanding-Officer became exhausted, and the man was discharged.

I had a case in many respects similar under my care; a Mussulman, a native of Bengal, enlisted in the troop of Ceylon cavalry, but after a few weeks, he alleged that his right knee-joint had become contracted, and that he was lame. I succeeded easily in straightening the limb without effecting any permanent advantage; he continued to persist in simulating lameness with so much perseverance that, although it was quite obvious he was an imposter, he obtained his discharge.

The Fingers of a Hand.—A man of the 52d Regiment alleged that the fingers of his right hand had suddenly, and without any obvious cause, become contracted, by which means his fist was permanently closed. He was long in hospital, but the disability remained. General Ross, who then commanded the corps, directed him to be confined in a solitary cell, in which was an elevated shelf; his left hand was secured to his body, and a loaf of bread and a pitcher of water were placed upon the shelf so that he could not partake of them without employing the contracted hand. At the end of the first twenty-four hours the bread

and water were untouched, but, by the termination of another diurnal period, the bread had disappeared, and the pitcher was empty. The soldier returned to his duty.

It is in general much more difficult to deal with an exaggerated disability than with a completely feigned infirmity. A medical officer belonging to the depôt of a regiment, lately approved of a recruit for the corps, and probably, from omitting to follow the prescribed routine for the examination of recruits, a slight contraction of a finger escaped notice. Nothing was said of this blemish until the recruit was some time at drill, and had become tired of being a soldier, when he asserted from day to day that he was unable to handle the musket. Every attempt to induce him to do his duty failed, and the medical officer, rather than have his oversight reported to the authorities, deposited L. 20 for the purpose of purchasing the man's discharge, by which means he left the service.

The investigation of a case of alleged contraction of a joint should be conducted with much care and patience, and no fact connected with the history of the disability should escape due attention. Mildness, firmness, attention, and perseverance, will, I believe, in general succeed in satisfactorily discovering whether it is real or feigned. Various means have been employed in suspicious cases of contraction, and sometimes a measure which has been successful in one case has failed in unveiling truth in another. A tourniquet applied to the thigh in a case of contracted knee-joint has an excellent effect in destroying the voluntary action of the muscles and in relaxing simulated rigidity. Some men cannot endure repeated shocks of electricity, and consequently report favourably of its influence in restoring the motion of a stiff-joint; other individuals will bear the application of this agent in almost any degree without flinching.

It is frequently useful to depart from the usual mode of examining a case of alleged disease when its existence is doubtful. I recollect being asked to look at an old soldier who had been long in a civil hospital on account of alleged contraction of the *left* knee, and after approaching the side of the bed, and examining the knee, I desired him to lie upon his face, by which

means the right leg assumed the place of the left. I then placed my hand upon the *right* knee, which became gradually flexed, while the contraction of the left knee disappeared. This man's attention was so completely engaged with the right knee when it was under examination, that he forgot that it was his left knee which he had alleged was contracted.

5. *Mutilation.*—I am not aware that any regulation has been issued in this country, specifying the smallest degree of the mutilation of a hand or a foot, which would warrant a soldier being discharged as disqualified for military sevice; but conscripts are, in the eye of the law, soldiers, and the following rule which obtains in the French and other continental armies may, so far at least as efficiency is concerned, apply also to soldiers in the British army.

France.—The total loss of a thumb or a great toe, or the index-finger of the right hand, or two fingers of one hand, or two toes of one foot.

Prussia.—Loss of a thumb or the index-finger of the right hand. Loss of a great toe.

Netherlands.—Loss of a thumb, or of a great toe, or of the index-finger of the right hand, of two fingers of one hand, or two toes of one foot.

Belgium.—Loss of a thumb, or of the first phalanx of an index-finger, or of more than one finger or toe.

The loss of a thumb or the index-finger of the right hand, or a great toe, unfits a soldier for duty, and warrants his being discharged; but the loss of any other finger or toe does not, I presume, completely disqualify him for the army.

Mutilation has been long practised by conscripts as a means of exemption from serving in the army, and by soldiers for the purpose of being discharged from the service. Constantine made a law, directing that soldiers who mutilated themselves should be branded, and that they should not be discharged; but be employed at whatever labour they were capable of performing. Valentinianus and Valens confirmed this law, and ordered that the mutilators should be still more severely punished. The practice of mutilating the hand by cutting off some of the fingers became frequent in the time of Theodosius,

both among soldiers and persons in civil life who were liable to be called to serve in the army. This emperor confirmed the laws formerly enacted in regard to *poltroons (pollice truncus)*, persons who had been guilty of hand-maiming; and, in consequence of the difficulty which some of the provinces had to raise the full quota of efficient men, he directed that two mutilated conscripts should be allowed to reckon as one man of a prescribed levy. Thumb-maiming must have been very common at one time, when it required such severe enactments against it, and gave origin to the term *poltroon*,—a coward, a dastard, or mean-spirited fellow.

Conscripts for the French army are, by a circular letter of 1819, to be finally approved, although they are mutilated, if it shall appear that the mutilation was voluntary. The councils of revision examine minutely into the circumstances of each case, and when it appears that mutilation has been effected intentionally, the following observation is appended to the departmental list: "The Council is satisfied that ——— has mutilated, or caused himself to be mutilated, for the purpose of evading a legal obligation." These cases are directed to be reported to the Minister at War, who gives directions in regard to their future destination.

These facts show the importance which the voluntary mutilation of conscripts and soldiers obtained both under the Roman Government, and also at present in France. Until lately, the British soldier, having not only the prospect of liberty, but also of an annual pension, had a greater inducement to commit this crime than the conscripts or soldiers of either of these countries, and consequently voluntary maiming was at one time practised to a considerable extent. During a period of four years immediately previous to 1829, twenty-one soldiers were pensioned for life in Ireland, in consequence of being disabled by the explosion of their own muskets. The disabilities thus occasioned invariably consisted of mutilations or injuries of the right or left hand. That most, if not all of these cases of maiming were voluntarily inflicted, hardly admits of a doubt. It cannot have escaped the notice of officers that, when a soldier meets with an accident, it is almost always in the fingers, and

many more mutilations take place while men are on furlough living with their friends, whom they do not wish to leave, than at any other time.

I have no means of knowing the number of men who may be annually discharged in consequenee of injuries accidentally received or voluntarily inflicted, without which branch of information I am unable fully to show the importance of the subject under consideration.

Suicide, which is the highest degree of mutilation, is, I believe, more frequent among soldiers than among men of the same age and rank in civil life. The ratio of cases of self-murder among the cavalry branch of the service has been found to amount for a series of years to one suicide out of 20 deaths, or nearly one annually per 1000 of the strength. It is obvious that this statement does not comprehend the number of men who attempted suicide, but merely the cases where the result was fatal.

The practice of maiming has been so frequent in some regiments as to appear epidemic. The author belonged to a regiment in which nine men maimed themselves in the course of six weeks, and in every instance the injury was presumed to have been inflicted voluntarily. The explosion of their own muskets was the plan they invariably adopted to effect their purpose; and the injury was always in a foot or a hand. They all, as may be inferred, attributed the explosion of the musket to accident and not to design; but one man who maimed himself in a necessary found much difficulty to account for his taking a loaded musket into a place of that kind. Very lately when ——— Regiment was at Cork, and about to embark for the West Indies, four of the men made their appearance with the first joint of the thumb of the right hand mutilated. Voluntary mutilation sometimes takes place under very extraordinary circumstances even during a conflict with an enemy.

During the insurrection of the Kandians in 1818, a private, and a tailor by trade, belonging to ——— Regiment, and who had been only a short time in the service, was on sentry a little in advance of a post occupied by British troops, and while on this duty he was occasionally fired at by the enemy from the surrounding jungle. This man was found severely wounded, the calf of the left leg being greatly torn, the whole charge of a musket having passed through it. He attributed the wound to a shot from the ene-

my; but the black charcoal on the leg, the nature of the injury, and the recent explosion of his own musket, told a different tale. He was, along with other men of the regiment, discharged, and received a pension of sixpence a-day. When I was on duty in Edinburgh as staff-surgeon, (1823,) a pensioner applied to me to report on his case, in consequence of an alleged aggravation of the disability for which he had been discharged, with a view of moving the Lords Commissioners of Chelsea Hospital to increase his pension. He complained of a pectoral affection; but I learned from his "instructions," that he had been discharged on account of a gunshot wound in the leg, the cicatrix of which he uncovered with great reluctance, and by this means I recognized my old patient the tailor. He disappeared without repeating his solicitation for me to report upon his alleged pectoral complaint.

In the course of about three years, or from 1819 to 1821, inclusive, a great number of soldiers belonging to the Bombay European regiment and artillery, mutilated themselves principally by cutting off a thumb. Sometimes the wrist-joint of the right arm was destroyed by a gunshot wound. At first, these men were sentenced by a court-martial to undergo severe corporal punishment, which they received previously to being discharged; but this measure did not arrest the progress of what may be considered an epidemic. Subsequently solitary confinement for twelve months was substituted for flogging, and apparently with good effect, and examples of mutilation became much less frequent than they had been formerly; the long protracted period which elapsed before the men were sent home was supposed to have had a greater influence in discouraging mutilation than corporal punishment.

When soldiers are tried by a general court-martial for maiming themselves, the result is sometimes published in general orders in the following manner:—

G. O. 28th February 1816.—At a general court-martial, Private J. Lennon, of His Majesty's Royal Scots, was arraigned upon the undermentioned charges, viz:—

1*st*, Highly unsoldier-like conduct, in wilfully disabling himself by firing a musket ball through his left hand on the night of the 23d or morning of the 24th instant.

2*d*, For making away with one round of ball cartridge issued for field service,—Camp at Akowla, 24th September 1815.

Finding—Guilty—*Sentence*, to forfeit all benefit arising from his former services, and to receive 1000 lashes.—Confirmed,

(Signed) J. Hislop, *Lieut.-General.*

The 26th and 27th articles of the Pensioning Regulations of 1829 direct, that, whenever a soldier is maimed, the circumstances of the case are to be investigated by a court-martial, and when it shall appear to the court that the injury in question was the effect of design, the soldier shall not be discharged. In such cases, the evidence of a medical officer in regard to the means by which a wound was inflicted will very generally be required, and his testimony ought invariably to be given with much caution, for, notwithstanding the greatest skill and attention, he will sometimes find it not an easy matter to satisfy himself respecting the cause of the injury. A careful examination of the wound, aided by collateral circumstances, will, however, in many cases, lead to a satisfactory conclusion. Very few individuals who mutilate themselves consider beforehand in what manner they are to answer the questions, *how*, *when*, and *where* the accident happened, and to explain all the accessary circumstances. A private in —— Regiment, to which the author belonged, was one morning dividing the meat for the different messes of a company, when he cut off the thumb of the left hand. The mutilation was stated to be the result of accident, but when the amputated portion of the thumb was examined a deep incision was found in it, obviously shewing that the amputation must have been voluntary, and that it had not been accomplished by the first stroke of the cleaver.

A court-martial, when occupied in the investigation of a case of maiming, would require to devote great attention even to minute incidents, for voluntary mutilation occurs sometimes under very remarkable circumstances. There was an instance of voluntary mutilation in —— Regiment not long ago. A soldier attempted to mutilate a thumb, but his courage failed him, and the operation was effectually concluded by his wife. A soldier who was at the time quartered in the Dublin depôt barracks alleged, that, in consequence of falling forwards upon a fractured glass bottle lying at the bottom of the barrack stair, he had a thumb nearly amputated ; in fact, a small portion of skin on the

palmar side of the hand was all that remained. He could not explain why the thumb should have been wounded towards the back of the hand by his falling forwards, he received 300 lashes. A dragoon asserted that his horse bit off the left thumb when he was feeding him, but the traces of blood on the man's sword satisfactorily demonstrated that a more artificial instrument had been employed than a horse's teeth. Dr Fallot gives an account of a soldier who, intending to destroy his eyes, threw a quantity of sulphuric acid on his face, but, as the eyelids were instinctively closed when he moved his hand, the eyes were not injured. This man made several very unsuccessful attempts to explain by what means the acid was applied to his face.

In countries where the armies are recruited by conscription the mutilation of young men who may be enrolled for military service is not unfrequent; but, as far as I know, the following circumstance, which marks the popular dislike to the army, is unique in this country.

> "A dissolute son of a widow, at Longashford, some time since enlisted as a soldier to the great grief of his parent, who with much difficulty succeeded in obtaining his release. He has since frequently threatened to take the same step, with the view of obtaining from his mother any object he desired. On Monday he came home intoxicated, and his mother, believing that he intended to carry his threat into execution; had recourse to the following extraordinary expedient for its prevention. With the assistance of her daughter, while her son was asleep, she bandaged his wrist to prevent hemorrhage, and the daughter having placed the fore-finger of his right hand on a block the mother actually chopped it off with a hatchet a little beyond the first joint."—*United Service Gazette, 12th Nov.* 1837.

Perhaps the most remarkable investigation which ever occurred in regard to the mutilation of soldiers happened at Douane, near Dresden, 19th June 1813. After the battles of Lutzen and Bautzen, it was represented to Napoleon that a great number of the wounded had merely lost fingers, or had their hands injured by musket-balls, and suspicions were entertained that the wounds had been voluntarily inflicted. A board of medical officers was directed by the Emperor to assemble for the purpose of examining 2632 soldiers, each of whom had been wounded in a hand. Baron Larrey was appointed President of the

board. The examination of each man was made with great care, 1*st*, in regard to the disabling effects of the wounds; 2*dly*, in regard to their immediate causes; 3*dly*, respecting the circumstances which preceded and attended the infliction of the injuries.

The board, after mature deliberation, came to the conclusion, that it was impossible to distinguish between wounds occasioned by the fire of an enemy and injuries voluntarily inflicted, and consequently they reported that there was no satisfactory evidence of any of the soldiers under examination having mutilated themselves.

During the year 1833, 176 soldiers in the French army were convicted of the crime of voluntarily mutilating themselves, being relatively as 1 to 39 of all the other convictions, and actually as 1 in 2262 of the strength of the army.

Soldiers commonly maim themselves to obtain their discharge, and sometimes even to become convicts, as was the case in New South Wales a few years ago. The men were ordered to be kept in the regiment to which they belonged, and to perform the duties of scavengers. "The Commanding Officer lately complained that he had six or seven of these maimed men, who were a dead weight and a disgrace; but the example is so important that the Commander-in-Chief has directed the Commanding Officer to keep them as long as they live, as a warning to others to avoid the same fate."—(*Evidence of Sir Henry Hardinge before the Commissioners on Military Punishments.*)

When regiments are kept for a long time in a station which the soldiers do not like they sometimes mutilate themselves. During the last century, maiming became so prevalent among the troops stationed in Minorca, as to lead to an investigation by Parliament into the circumstances to which it was attributable. Major-General Anstruther, who was then Lieutenant-Governor, in his examination before the Lords, being desired to acquaint the House with some examples of the despair in the soldiers, answered, "There have been a good many instances of soldiers upon that island shooting off their hands, and some of them shooting off their feet, and some of them shooting themselves through the head, of those who have been longest there,

by which your Lordships will observe they will incapacitate themselves from earning their bread at home rather than continue there." The 9th Regiment served from 1719 to 1746, a period of twenty-seven years, at Minorca.

6. *Wounds.*—In the Warrant of 1829, disabilities arising from wounds received in action, and which disqualify soldiers for military duty, have been arranged under four classes or degrees, each class conferring a particular rate of pension ; but in the Warrant of 1833 they are classed under three heads. I am not aware, however, that medical officers are called upon to give an opinion in regard to the class to which a man's disability entitles him to belong, their province being confined to a decision upon the disabling effect, and the cause of an infirmity. Every man's statement in regard to his disabilities and consequent claims upon the service demands a candid unbiassed investigation ; but the opinion given upon the disabling effects of an injury must be founded on a knowledge of the anatomy and functions of the organs implicated.

A medical officer will require to exercise much discretion in regard to the alleged cause of wounds, as also in regard to the disabling effects of injuries. Dr Hennen informs us that the cicatrices of common ulcers have been shown as gunshot wounds, and he states that he once saw the mark of a *square* blister pointed out as the effect of contusion from a *ball.* I was once requested to visit an officer for the purpose of dressing a gunshot wound of the left arm, which he alleged had been received during a conflict with the enemy. He commanded a small detachment a few miles in advance of the post where I was stationed, and left his party in order that, as he stated, I might examine and dress his wound. Upon inspecting the site of the alleged injury no wound could be discovered except an abrasion of the cuticle, about the size of a large pea, which appeared to have been done with a pen-knife. Care had been taken to destroy the sleeve of the jacket, so that it was impossible to obtain any information respecting the cause of the alleged wound by examining the clothes. I recommended the officer to return forthwith to the station he commanded, and he followed my advice.

Soldiers sometimes calculate largely upon the credulity of medical officers, as will appear by the following instance.

W. Dempsy was approved by Dr John Brown, at the Dublin Depôt, for the 83d Regiment, in the month of February 1813, and transferred in the usual way to Dunbury Barracks, the quarters of the Depôt of the regiment. He was there "surgically rejected," in consequence, as stated, of having a "*plate inserted*" in his skull. According to Dempsy's own account of himself, he had served in the Phœnix frigate, and was shipwrecked in her, when he met with an accident by which his skull was fractured; a circumstance that rendered the insertion of a plate necessary. In consequence of this fictitious disability he was discharged, and immediately after a letter was addressed to the Commander of the Forces in Ireland by the Adjutant-General, signifying his Royal Highness' "command, that the expenses incurred by the enlistment of William Dempsy must be paid by Dr Brown, who does not appear to have used due attention in the examination of this man;" observing at the same time, that Surgeon Brown's experience might have taught him, that in general no dependence is to be placed on the assertion of those who offer themselves as recruits in the *Dublin district*; and that, in order to guard against the like imposition being again practised, and to avert the consequence resulting from it, he will no doubt see the necessity of trusting only to his own judgment, and of not depending upon what any recruit may himself advance." The same man appeared at the Depôt, under the name of C. Dempsy, as a recruit for the 12th Regiment, on the 18th May 1813; he was recognized, Dr Brown, who after examining him carefully, was of opinion that his skull had never been fractured. He was next examined by the Army Medical board, whose certificate, attested by the signatures of Drs Harvey and Renny, stated, that "Dempsy is fit for service, as every part of the skull appears at present to be perfectly firm and sound." He was transferred to the Army Depôt in the Isle of Wight.

Class VIII.—*Diseases and Lesions of the Lymphatic System, and of the Constitution generally.*

1. *Scrofula.*—Men who are labouring under scrofulous affections are occasionally brought forward by regimental medical officers for the purpose of being discharged. The more common symptoms of this disease are great enlargement of the lymphatic glands, especially of the neck, which is sometimes accompanied by a tuberculous disorganization with, or without, an ul-

ceration of the parts affected, sinuous ulcers, swelled joints, &c. As the general health of persons who suffer under the external symptoms of scrofula is seldom good, they rarely become efficient soldiers. Well-marked scrofula, when the symptoms disable a man for duty, is an adequate cause for discharging him from the service, even although the disease is not of long standing.

2. *Cachexy.*—Under this head a considerable number of men are discharged from the service. The origin of the alleged inefficiency is usually attributed to organic disease, sometimes indicated by emaciation, and other symptoms of marasmus. The existence of visceral disease may be ascertained, in so far as pathological facts can be appreciated, by means of percussion, auscultation, pressure, the aspect of the person under examination, and by the history and duration of the disease. The term cachexy comprehends a great variety of disabilities, including those occasioned by disease contracted in tropical climates, together with the disabilities which result from syphilis, or the remedial means adopted for its cure, and that numerous class of physical and moral infirmities which accompany an abuse of ardent spirits. The diseases of tropical climates frequently occasion extensive organic derangement, which injures the functions of the viscera, and often permanently impair the health and efficiency of soldiers who are its victims, and many a soldier who would enjoy good health and be efficient in every respect, destroys his constitution by habits of intemperance, and disqualifies himself for the army. A moral disease of so intractable a nature as drunkenness, and one so intimately connected with physical disability, frequently incapacitates a man for military duties, and therefore is too often an adequate cause of discharge from the army. This observation must, however, be limited to extreme cases, and particularly to men who are frequently in hospital on account of the consequences of habits of intemperance, and who are found after long trial to be incorrigible drunkards.

By the abolition of an indiscriminate issue of spirit-rations to soldiers on board ship and in foreign stations, one important excitement to habitual intemperance among them has been removed. So long as a quantity of spirits (amounting in India to

the twentieth of a gallon) formed part of the regular diet, or daily ration of a soldier, which he was obliged to swallow or throw away, what rational hope could be entertained that the exertions of commanding-officers, however well directed, would have much influence in preventing habits of inebriety among the men under his command,—more especially in countries where spirits were cheap, and easily procured by soldiers? The daily use of spirits is not necessary for the efficiency or health of troops in any climate, and the abuse of spirituous liquors is a fertile source of inefficiency, disabilities, disease, and crimes, both moral and military. To swallow nearly half a pint of spirits daily was, until the abolition of spirit-rations, a part of the *duty* of a soldier; and that this duty might be effectually executed, it was the usage of the service in many stations to have it performed under the immediate superintendence of a commissioned officer, who certified to his commanding officer that he had actually seen each man drink his *drams*. Perhaps a more successful plan of converting temperate men into drunkards could not have been invented. It would be difficult to speak too highly of the discrimination of Sir Henry Hardinge, in perceiving and appreciating the evils of the practice, and of his firmness and judgment in remedying the abuse.

For temporary purposes, such as to evade a duty, and to obtain sick leave from a foreign station, cachexia or general bad health is sometimes simulated by swallowing nauseating medicines, such as a solution of tartar emetic, &c. A medical officer informed me that he succeeded in feigning sickness so as to obtain leave of absence from the West Indies, by indulging freely in wine, and depriving himself of sleep for two or three nights immediately before the day he was to be examined by a medical board; his disordered attire, unshaven chin, sunken eye, depressed lower jaw, pale and contracted countenance, tight clothing, aided by a pair of excessively large boots, which he borrowed from a friend, so changed his usual appearance that he was scarcely recognizable by his acquaintance. The board decided at once that he should have leave to proceed to England.

3. *Dropsies.*—The number of men discharged from the ser-

vice under this head is considerable, being, according to the Circular Letter of 22d January 1830, rather more than 50 annually. As the diseases of which dropsy is frequently only a symptom are rarely long protracted, it becomes the duty of a medical officer to deliberate whether a man thus affected should not be accommodated in hospital until the issue of his case be determined.

4. *Worn Out.*—On the 19th August 1823, a Warrant was issued from the War Office, which authorized the admission of soldiers on the pension list, who had been discharged and had claims to the out-pension arising from *service alone*, without personally appearing before the Commissioners of Chelsea Hospital, and as it does not appear to have been necessary to assign a specific disability for a man's unfitness for further service in his discharge the indefinite term "worn out" was very generally adopted. When the term in question was applied to men who had served above 14 or 21 years in the infantry, or above 17 and 24 in the cavalry, the periods when pensions might be granted, its meaning was pretty well understood, but when it was employed in the case of men who were discharged after very short service, and in consequence of being disabled by disease, it conveyed no specific information. The Warrant of 1823, (which was cancelled by the Warrant of the 14th November 1829,) excited a very general belief in the army that a soldier had a right to claim to be discharged, and to receive a pension after serving a certain number of years, even although he had enlisted for unlimited service, or, in other words, engaged to serve until he was discharged. By the Warrant of 1829, the disease or cause of incapacity of every man who is proposed to be discharged on account of unfitness for service is directed to be specifically stated by a medical officer for the purpose of being transmitted to the General Commanding-in-Chief, without whose authority no man is to be discharged. When a man wishes to leave the army he endeavours to establish a claim for his discharge from the service, by alleging that he suffers under some disabling infirmity; and if a soldier has served 21 years in the infantry or 24 years in the cavalry, medical officers are commonly very much

disposed to give ample credit to his statement. The ratio of men who are serving in the infantry of the line above 21 years service is very low, being about from two to three per cent. This circumstance may depend upon two causes, first, the men may be disabled or "worn out" by that period of service, or, secondly, because, by the pensioning regulations, every man enlisted before the 14th February 1833, who is discharged on account of the public service, in other words, in consequence of *unfitness for service*, after having served the respective periods of 21 and 24 years, is entitled to a pension for life. When an old soldier wishes to leave the service he is not in general long in attaining his object. The Romans appear to have been very careful that none but really inefficient soldiers should be discharged as disabled for military service. Bruce, in his Institutes of Military Law, states, "That dismission on account of age, infirmity, &c. was not lightly, nor of course granted by the Roman Generals. For before it could be competent, there behooved to proceed a solemn declaration of physicians that the person was utterly unfit for further service. And if thereafter it was discovered that the dismission was obreptitiously procured, the impetrant was ordained to be heavily fined."

CLASS IX.—*Diseases and Lesions of the Nervous System.*

1. *Palsy, partial or general.*—Palsy is usually indicated by a diminution or abolition of the muscular power, with a partial or total loss of sensation in the part affected. When a soldier has been under treatment on account of this disease in an extremity, for a few months without success, little hope can be entertained that he will ever become fit for military duty, and, consequently, he may be recommended to be discharged. The first and principal object is to ascertain whether the disease exists, for when no doubt is entertained of the existence of palsy, the man may be considered unfit for the army.

Palsy is easily and frequently simulated, and, in many instances, considerable difficulty exists in determining whether an alleged disability of this kind is real or feigned. *Hemiplegia* and *paraplegia* are both occasionally simulated; but

loss of the power of an arm is that variety of palsy which is most frequently feigned. In feigned palsy, as in the simulation of almost all other disabilities, imposters are apt to overact their part, and to enumerate incompatible symptoms.

I recollect examining a man who belonged to the ——— Regiment of Light Dragoons, who was proposed to be discharged in consequence of *hemiplegia* of the right side. He stated, that immediately after a fall from his horse, he had lost the power of the right arm and leg. His health was obviously good, his limbs muscular and firm; the right arm hung like a pendulum by his side, but when I flexed the elbow joint, he forgot to let the fore-arm fall to its original position, indeed, he thought it necessary to resist for a time a slight attempt to straighten it. The appearance of the man rendered the existence of the alleged disease doubtful, and the incompatible symptom of contracting the arm satisfied me that it was simulated. The man in question committed a mistake, which is very frequently made by the simulators of palsy; they are not commonly aware that paralytic limbs are very pliant, and occasionally offer some resistance when any attempt is made to bend them. A healthy arm trembles when a heavy weight is appended to it,—a circumstance which does not take place when it is paralytic.

Paraplegia is sometimes simulated, and the most uncomfortable condition endured with martyr-like perseverance.

A man belonging to the Cavan Militia alleged that he had lost the power of his inferior extremities, was recommended to be discharged on account of palsy, by Dr Harvey, Physician to the General Hospital, Dublin. Having received his discharge and the balance of his pay, he hired a car and was driven in it to the Phœnix Park, where the Cavan Militia was at exercise. Upon approaching the corps he threw away a pair of crutches which he had long used, and bounded like a deer for some time in front of the line, and after slapping his breech, scampered off as fast as he could. The object of some imposters appears to be incomplete, until they have effectually demonstrated to their comrades that their alleged disabilities were simulated.

A man belonging to the 10th Regiment, while it was serving in the Mediterranean, asserted that he had lost the power of his inferior extremities, and underwent hospital discipline for two years, at the end of which period the existence of any real disability was still doubted. As a final trial, the medical officer directed him to be confined in a room, containing a shelf amply stored with pro-

visions, which he could easily reach by standing on his legs, but not otherwise. The food remained untouched at the end of forty-eight hours, and, as it was not deemed advisable to prolong the experiment, he was included in the list of invalids, and carried on board a transport bound for England. Before the ship sailed an alarm was given about midnight that she was on fire; every one on board hurried into a boat alongside, and after reaching the quay the passengers were mustered, when it was found that the alleged paralytic cripple had not only succeeded in saving himself, but he had brought his trunk also on shore with him. He was sent back to the ranks.

I am indebted to a very talented and experienced medical officer, Mr Gulliver, Assistant-Surgeon, Royal Horse Guards, for the following case of simulated paraplegia.

Private James Bell, 37th Regiment, while the corps was stationed in Jamaica, alleged that he had received an injury on the loins, which was followed by total loss of power of the lower extremities. He was sent home, and admitted into Fort Pitt Hospital, where it was soon presumed that the disability was feigned. Bell was a robust healthy man; he moved from place to place by means of crutches, at the same time dragging his legs on the ground, and when they were touched he bellowed and roared with all the force he was able. When the crutches were taken from him he remained with a kind of dogged stupidity in one place, deploring his condition, and shedding abundance of tears. Mr Gulliver, who had the charge of Bell, had occasion to send for his patient to the ward he was in, when the alleged paralytic cripple was brought to him between two orderlies, round whose necks he supported himself, with his thighs drawn up to the abdomen, and his heels nearly touching his buttocks. This circumstance was quite satisfactory in proving that he had not lost the motive power of the muscles of the inferior extremities; but he would not *give in*, and he was forwarded, in the usual way, to Chelsea to be discharged. Bell had been in the service for about nine years; a space of time which he had spent chiefly in different hospitals.

When a malingerer possesses adequate fortitude to endure the uneasiness occasioned by the remedial means directed by a medical officer, together with the irksomeness of hospital discipline for a considerable time, he will in general succeed in obtaining the common object of simulators—a discharge from the service. In many instances it becomes a trial of patience be-

tween the surgeon, the commanding officer of a regiment, and the simulator; so that detection, or what may be called conviction, frequently fails in making an imposter return to his duty. The success of some imposters is so surprising, as almost to exceed belief; for example, the following case, which rests on the most undoubted testimony.

Private Reilly, belonging to —— Regiment, having been detached from the corps while it was employed in the Deccan (1819), complained that he had lost the power of his left side, which was alleged to have been occasioned by wet and cold, to which he had been exposed during the monsoon winds. He was accommodated with a dooly, a species of palanquin, and for eight months he was carried along with the troops in the field, there being no good opportunity all that time of sending him to the rear. At the conclusion of the war he joined the head-quarters of the corps to which he belonged, and came under the care of the medical officers belonging to it, who knew Reilly. After a careful examination by the surgeon and assistant surgeon, they concluded that his alleged disability was simulated. He was then informed of the opinion entertained of his case, and also that he would be allowed till twelve o'clock on the following day to deliberate whether he would then return to his duty or be brought before a court-martial. He did not seem to decide until very near to the hour named, when he left the hospital and proceeded to the barracks. He continued at his duty till the drafting of the men in 1822, when the corps returned to Europe, and he was transferred to another regiment. Reilly must have had a much higher opinion of the liberality and kindness of the medical officer who accommodated him with a dooly for so long a period than of his professional skill and discrimination.

Partial palsy, such as the loss of the power of an arm, is much more frequently feigned than either *hemiplegia* or *paraplegia*.

A private belonging to the 44th Regiment alleged that he had fallen asleep in the open air, and that when he awoke he had lost the power of the right arm. Mr Jones, Assistant Inspector of Hospitals, who was then surgeon to the corps, was satisfied that the disability was feigned, and reported the circumstance to the commanding officer. The man was tried by a court-martial, and sentenced to receive 300 lashes, but the sentence was not carried into effect. Shortly after the trial, he was transferred to the General Hospital, Dublin, and placed under the care of the late Dr Cheyne, who states in his letter to Dr Renny, with reference to this case, "that, after due consideration, I concurred in the

opinion of the surgeon, that this man was an imposter, and prevented him from being discharged. I tried various remedies, and among the rest sharp shocks of electricity, which he bore with great resolution. At last, finding that he made no impression upon me, and that my report would be an unfavourable one, he gave in. We came to this compromise; he agreed to return to his duty, and I undertook to use my influence in preserving him from punishment." This man rejoined the regiment, and made several other unsuccessful attempts to feign disabilities, probably with the view of avoiding embarkation for India. Determined, however, to effectually disqualify himself for the service, he placed his right hand before the wheel of a baggage waggon, by which means some of the bones were fractured. He was again foiled; he accompanied his regiment to India, and the functions of the hand became so far restored as to enable him to perform the usual duties of a soldier.

The courage and coolness with which some imposters resolve to brave pain is very remarkable. A private belonging to —— Regiment complained that he had lost the power of his right arm, but, from the absence of any physical evidence of disease, the medical officer considered him a malingerer, and tried various means to induce him to return to his duty, but without success. With the view of intimidating him, a proposal was made to amputate the arm, and, in prosecution of this object an unusual degree of solemnity was observed on the occasion. All the surgical instruments which could be collected were exhibited; but, nothing daunted, he allowed himself to be conducted to the chair preparatory to the operation. The tourniquet was put on, and the amputating knife placed under his arm ready to make an incision. He sat unmoved; the surgeon was puzzled, and made the best excuse he could for postponing the operation. Being, however, still impressed with the opinion that the arm was not disabled, he resolved to attempt another means of conviction. He recommended change of air for some of his patients, and among others the case of alleged palsy. To reach the place where the surgeon professed he intended to convey the sick, it was necessary to cross a river in a boat. The party embarked, accompanied by the surgeon, who, by a preconcerted signal, directed the boatmen to throw the man in question (who he knew was a good swimmer) into the river. After a little time he seemed to be much exhausted from the exertions necessary to keep himself afloat by means of his left arm only. The surgeon became alarmed, and had resolved to take his patient on board, when he uttered an oath, and struck out vigorously with both arms. The evidence was conclusive.

Experience teaches us that moral means are, in general, the most effectual in moving simulators of disabilities to return to their duty. When a schemer has been deprived of hope, and has a safe retreat left open to him, he is prepared to report favourably of the influence of remedial measures. During the temporary absence of the surgeon of —— Regiment, a number of men were admitted into hospital on account of alleged disabilities, mostly of a character calculated to disqualify them for the service. In a few days the surgeon made up his mind in regard to the case of each of the men. He then called them together, and observed, that he was well aware of their motives for being admitted into hospital, and concluded by stating to all and each of them as follows;—"The state of your health does not require the use of medicines, and none shall be expended upon you. Rest assured, that so long as I belong to this regiment, not one of you shall be discharged, unless I think he is really disabled." They knew he would keep his word; and, in the course of a short period, they one by one all reported themselves fit for duty.

Palsy is occasionally pretended by out-pensioners, who wish to obtain a higher pension than that which they receive. Applications for an increased pension will not be attended to, without a report by a medical officer respecting the alleged disability; and consequently the pensioners usually apply to a staff surgeon for that purpose. An applicant of this kind presented himself to me while I was employed in Dublin, who stated that he had palsy of the right leg. I desired him to stand upon his left, and to push forward his right leg; a measure he asserted was beyond his power. He was next desired to stand upon his right leg, and to push forward his left, and in an instant his leg was projected to its full extent. This circumstance satisfied me that he was feigning a disability. He completely forgot that the force employed in the experiment was chiefly exerted by the quiescent extremity.

In cases of feigned disabilities of a chronic character, as palsy, contractions, &c. medical measures should rarely or never be employed. By treating a simulator of this class of disabilities actively, we are apt to impress him with the opinion that he has

succeeded in masking his plan,—in fact, that a medical officer believes his infirmities are real and not feigned. Influenced by this opinion, he presumes that nothing but patience and fortitude are required to bring his imposture to a favourable issue. In proportion as he thinks he has borne much, he presumes he has the less to endure.

2. *Epilepsy.*—Under the head of " epilepsy and palsy," about 70 or 80 men are discharged annually from the army. (Circular, 22d January 1830). The consideration of this disability is obviously therefore of some importance. Epilepsy appears under very different degrees of severity ; in some cases a paroxysm consists of little more than an uneasy feeling in the head, which may not last above two or three seconds or minutes; the common length of a paroxysm is, however, about from 10 or 15 minutes. The frequent or even an occasional paroxysm of epilepsy is commonly considered an adequate cause for recommending a man to be discharged. It is an important point, therefore, to verify a liability to the disease, more especially as attempts are occasionally made to simulate it.

The leading indication of a well defined or well marked paroxysm of epilepsy, is loss of sense, which is commonly accompanied with involuntary contraction of the muscles of the whole body. The symptoms come on suddenly, and the person affected falls to the ground, the face becomes swelled, and the countenance livid, general convulsions supervene, the eyes and muscles of the face are greatly distorted, and the head is commonly bent backwards. During a paroxysm an epileptic grinds his teeth, and foam gathers round his mouth, the thumbs are grasped in the hands, and frequently the contents of the bladder and rectum are discharged. The pulse is generally not very quick, and the skin is cooler than might be expected from the muscular agitation.

Epilepsy is not unfrequently simulated, and much care and caution is required to distinguish a paroxysm of the disease from a mere imitation of it. In regard to suspected epileptics ; and indeed with respect to every doubtful case of disability, the obvious duty of a medical officer is to free himself to the utmost of his power from every bias, whether it be in favour of or

against the statements of an individual. He should simply endeavour to discover the truth, without being afraid to find a man guilty, or without entertaining a wish that the person under examination may be detected as an imposter.

In a feigned paroxysm of epilepsy, the muscular contortions of different parts of the body do not commonly occur simultaneously. Thus the superior extremities may be in motion, while the inferior are at rest. When the hands are forced open, they are quickly clenched again; whereas, in the real disease, they commonly remain extended, and as inflexible as a piece of wood. If an imposter be narrowly watched, he will be found to open his eyes occasionally, for the purpose of observing what effect his acting produces upon spectators. An imposter can easily counterfeit a number of phenomena, which may by inexperienced persons, be considered indicative of epilepsy,—such as violent muscular motions; rolling of the eyes; sighing; suppressed cries; grinding of the teeth; foam at the mouth; discharge from the bladder, &c. &c.—but he is not able to distort the muscles of the face, like a person suffering under epilepsy, to render the iris insensible to light, or to evince a total abolition of sense.

The imposter commonly selects a place where he is likely to play off his tricks to the greatest advantage, and with the least inconvenience to himself. He is also not inattentive as to the time when a fit may be enacted with due effect, which is in general about the period when a medical officer is likely to be in the way to see him.

Malingerers are commonly much more successful in counterfeiting the accession and violent symptoms of a paroxysm, than the stage of recovery. They seem often to have carefully studied the phenomena of an early period of a paroxysm, while the symptoms which accompany a decline of the fit seem to have escaped attention. The symptoms of epilepsy disappear gradually, and are followed by sleep; but when the phenomena are counterfeited, they commonly terminate abruptly, and the sleeping stage is omitted.

An insensibility to external agents is, however, the most decided proof that can be obtained in regard to the existence of

epilepsy, for, during a paroxysm, sensation is totally suspended; hence, if any evidence of sense be excited by stimulants, it may generally be inferred that the symptoms are counterfeited. For the purpose of probation, a variety of stimuli have been applied to different senses, of which a few may be mentioned:

Smelling.—Snuff blown up the nostrils,—hartshorn applied to the nose,—tickling the nose with a straw.

Tasting.—Common salt, in the quantity of a tablespoonful, has obtained great celebrity as a means of cutting short a fit of epilepsy, and there can be no doubt that it has gained this character in consequence of its having been exhibited to a person who was counterfeiting epilepsy. Salt possesses peculiar advantages for the purpose intended; it is safe, easily obtained, and tolerably effectual. When a spoonful of salt is introduced into the mouth, and insinuated between the lips and teeth of an imposter, he soon shows that he possesses the sense of taste, and endeavours to spit it out.

Hearing and Feeling.—A proposal to apply the actual cautery (a hot iron) to the skin, is frequently followed by a rapid recovery, when a paroxysm is counterfeited. A still more effectual means may be resorted to, when necessary, by proposing to pour boiling water from a kettle on a leg, but instead of using hot to employ cold water.

During an alleged paroxysm of epilepsy, where the symptoms were supposed to be counterfeited, Mr R. exhibited seven or eight drops of croton-oil, through an opening left by the loss of two teeth, and in a few minutes the man started on his feet, and ran to the water-closet. Dr Cheyne informs us that he successfully employed the method of introducing into the eye a portion of spirits.

Medical officers cannot be too careful to avoid becoming the dupes of simulators. There is, I believe, much reason for assuming that many a soldier has been discharged and pensioned in consequence of feigning convulsions, which medical officers denominated *epilepsy*.

I was once instructed by the Deputy Adjutant-General of the Forces in Ireland, to inspect a pensioner who had been discharged on account of alleged epilepsy, and to grant him a certificate in regard to his infirmity. The man stated that he had a paroxysm

of the disease every day about twelve o'clock. I observed to him, that, unless I was present during a fit, I could not certify that he suffered under epilepsy; and as it was then only eleven o'clock, and being obliged to leave the depot, I should not have it in my power to see the fit come on that day. In a few minutes he began to tremble, and his whole body became more or less agitated; at length he sunk to the ground, and the contortions and contractions of the limbs became very violent. I soon perceived that the paroxysm of epilepsy which he was zealously enacting was voluntary, and after allowing him to exhaust himself, I told him to get upon his feet, as I was quite satisfied in regard to the nature of his alleged disability. The contractions and agitation of the limbs soon subsided, and he rose from the floor, in a few minutes, apparently well satisfied with his imitation of a paroxysm of epilepsy. In 1828, this man had drawn a pension for fifteen years.

Dr Fallot relates an account of a Swiss soldier who feigned St Vitus's dance. The symptoms were a little exaggerated, but in general they were exceedingly well imitated. The man appeared to suffer much by the complaint, and anxiously begged for medicines to relieve him. He was about to be discharged, but Dr Fallot's suspicions being excited, the man was then requested to give a minute account of his feelings, which, aided by the promptings of the doctor, were obviously very absurd. The fraud was by this means discovered. Although this man was quite an adept in imitating the symptoms of the disease, he could not give any thing like a satisfactory history of the progress of the affection. Dr Fallot afterwards discovered that the imposter had been tutored in the art of imitating St Vitus's dance, by a relation who was a medical practitioner. The man deserted from the hospital when he found that his imposture was discovered.

There can be little doubt that soldiers occasionally qualify themselves for carrying on a scheme of imposition by the perusal of medical books. Patients in general hospitals commonly evince an excessive anxiety to study case books, and avail themselves of every opportunity that offers to acquire information by that means.

3. *Mental Alienation—Weakness of Intellect.*—Soldiers who have been liable to one or more attacks of insanity are, I believe, in general considered unfit for the army, and recommended by the medical authorities to be discharged. During the existence of a state of mental derangement soldiers have, for a number of years, been accommodated in a military asylum or

hospital, at Fort Clarence, Rochester, which is specially appropriated to such patients. The character or symptoms of insanity are in general so well marked as to be easily recognized by attentive and experienced medical officers, especially by those who have had an opportunity of observing the phenomena of mental alienation. Insanity has been frequently feigned by soldiers who wished to obtain their discharge, and no doubt some have gained their object. But it is also true, and the fact is a melancholy one, that real insanity has been mistaken for feigned, and the patients treated and punished as imposters. Facts of this kind ought to lead medical officers to study with great care the indications of insanity, a branch of information which can only be thoroughly obtained in receptacles for the insane, and, whenever there is a shadow of doubt, to proceed with the utmost caution. Much knowledge of importance in regard to insanity may, however, be obtained from books, more especially from those works which treat specifically upon mental diseases, and to these the reader is referred. I shall content myself with submitting a few interesting cases, for the purpose of showing the importance of the study of mental diseases in the army, and the difficulty which sometimes exists in discriminating between real and fictitious disease, or of recognizing mental alienation. It is not so much because fictitious madness has been treated as real, but because real madness has been treated as fictitious, that I urge the necessity of medical officers devoting some attention to the study of this class of diseases.

Private Charles Louis, —— Regiment, complained, during the month of December 1826, of pain in the loins, which was stated to be the result of a sprain received in the preceding July, but which he had not previously mentioned. He went on furlough soon after, and did not return until the 24th February 1827, when he continued to state that he was unable for duty. He was then admitted into hospital; his appetite was good, the other functions of the body were apparently healthy, and no symptom of disease could be detected. He was in general remarkably taciturn. He was discharged from hospital, but would do no duty. He was tried by a regimental court-martial for disobedience of orders, and sentenced to undergo corporal punishment, and on the 15th March he received 175 lashes without making the slightest complaint. He continued to refuse doing duty,

and was a second time tried by a court-martial, and sentenced to be confined for one month in a solitary cell, but when released from confinement he still refused to do duty. He was transferred to the General Hospital, in Dublin, on the 30th of May, where he remained under the care of Dr Cheyne, until the 12th July, when he rejoined the regiment to which he belonged. During the time he was in Dublin the greatest care was taken to investigate his case by Dr Cheyne and other medical officers, but no satisfactory evidence of disease, either physical or mental, was observed. Shortly after Louis joined the regiment, symptoms of alienation of mind appeared, which were for some time supposed to be feigned, but, after close observation for a period of several months, the surgeon was satisfied that his mind was unsound. In July 1827, he was again admitted into the General Hospital, Dublin, in consequence of decided mental alienation, and during the year 1828, was transferred to the Military Asylum at Fort Clarence, where he expired on the 26th August 1838.

It would be a difficult task to decide upon the time when Louis's mind became unsound. He had an ardent desire to obtain his discharge, but all his measures for this purpose failed. Was he insane when he refused to do his duty in February 1827, or should we consider the mental disorder a consequence of frustrated hope since that period? It is, I believe, admitted by competent medical authorities, that insanity may be a consequence of the despondency and anxiety which arise from ungratified desire.

Other instances might be quoted where mental alienation was mistaken for feigned disease. From the report of a coroner's inquest held on the body of Joseph Godfrey, it appears that he belonged to the 83d Regiment, and served with that corps at the Cape of Good Hope eleven years. During this period he evinced symptoms of derangement on five different occasions, was five times tried by a court-martial for pretending insanity with a view to his discharge, and was, on each occasion, sentenced to receive corporal punishment, which was uniformly inflicted. Maniacal paroxysms continued to recur after he was discharged, and during one of the accessions, he committed suicide by drinking a quantity of sulphuric acid.—(*Times Newspaper, 22d February* 1826.)

The following is a case of a different character. E. Pigott enlisted at Limerick, for the Honourable East India Company's military service, in March 1828. He was transferred to Cork, where self-made ulcers appeared on his legs; and when this scheme failed in procuring his discharge he seemed to become an idiot. Towards the end of September he arrived at Chatham, when he had what was considered the aspect of "*a genuine idiot.*" He was placed

under strict observation for four or five weeks, during which period he was never heard to utter a word distinctly; his looks were wild, his manners almost savage; he appeared to have lost all regard to decency, and to have become completely helpless, for he required to be washed and dressed like a child. He refused to take food when offered to him, but if it was set beside him he devoured it clandestinely, and occasionally he would neglect it for a whole day. He was at first treated with great kindness, but, after some time, he became in some measure ferocious, which was evinced by attempting to bite the orderlies, and by using missiles, so as that it was deemed necessary to confine him in a strait waistcoat. On the 3d November, he was examined by a board of medical officers, who stated, that, in their opinion, Pigott was "a most determined malingerer, and affects insanity. Having maturely considered the infamous moral character of this recruit, his perseverance in simulating various diseases, his utter worthlessness to the service, and, moreover, the great improbability of his re-enlistment," the board recommended him to be discharged from the East India Company's service. So far as I know, no reason was assigned by the board for concluding that Pigott's re-enlistment was improbable.

The decision of the board led to the usual steps being taken to obtain an official order from the Horse Guards for his being discharged, but by the time his discharge reached Chatham (7th November) Pigott appeared to be totally incapable of comprehending what a discharge meant. The order for his being discharged was repeatedly read to him with the greatest care and attention, and it was explained to him that he was at liberty to leave the hospital for the purpose of returning to Ireland, but all these endeavours to make him comprehend how matters stood produced no evidence that he understood or paid any attention to what was said to him.

On the 20th November, the late Dr Davies, who was Surgeon to the East India Company's Depot, and had the care of Pigott, addressed a letter to the Commandant, recommending him to apply for permission to send Pigott to the Military Lunatic Asylum at Fort Clarence. In this letter Dr Davies states that, "Notwithstanding the strong documents which have been received respecting this man from Ireland, and the opinion of the Medical Board, as expressed in their report, dated November 3d, having very attentively observed the case for a long period, I am far from being convinced that he is 'a decided malingerer.' On the contrary, I am inclined to believe that there has been throughout, and there certainly is now, a reality in the affliction."

Several weeks elapsed without any appearance of improvement, and

as he was a very troublesome patient, and sometimes outrageous he was commonly confined either in a strait-waiscoat or by straps to the bedstead. On the 12th January 1829, he was transferred to Fort Clarence. When he arrived at the asylum, he would neither stand nor speak; he lay with his legs doubled up, and his knees nearly approaching the chest, and when questions were put to him, he sometimes emitted a hollow groan. He was rapidly and forcibly conveyed, by a long subterraneous passage, to the extremity of the establishment, where he was exposed to a shower bath, well washed, and subsequently dressed in the hospital uniform. Owing to the gloomy condition and singular appearance of the asylum, and the unceremonious manner with which he was moved from one place to another, Pigott no doubt became greatly alarmed. He was placed in the whirling chair, which ultimately determined him to *give in*, for on coming out of it, he stated that his disability was feigned, and subsequently detailed to Dr Davies a course of the most persevering and determined fraud that had ever been practised. He acknowledged that, roughly as he had been handled in the Depot Hospital, he never thought of flinching from his purpose until he was transferred to Fort Clarence. To transfer a feigned maniac to a lunatic asylum is a most effectual means of detecting imposture. On the 4th March, about one year from the time he enlisted, he was marched from Fort Clarence to the Depôt of the East India Company, perfectly sound in mind and body, and it was now determined that he should not be discharged. The same night he joined the depôt he deserted, and was secured next day, after a stout resistance, by a constable at Gravesend, who brought him back to Chatham. Finally he embarked for Madras on the 7th March, along with a detachment of recruits.

It has been asserted, with what truth I do not know, that the long continued imitation of some maladies, such as insanity, has excited real disease. " Il est aussi dangereux d'imiter la folie que de contrefaire l'epilepsie, toutes deux pouvant se développer réellement."—*(Coche de l'operation Medicale du recruitement, &c.* page 306.*)*

Weakness of Intellect.—In almost every regiment or corps, there are a few men who are alleged to be defective in memory, perception, and judgment, who never acquire, or seem never to acquire, a perfect knowledge of their duty, and who usually pay but little attention to the state of their dress and accoutrements. Men of this class are commonly harmless and unobtrusive;

sometimes, however, they are morose and irritable. There is perhaps no species of disability which requires to be appreciated with more care and circumspection than that of intellectual deficiency. Mental incapacity or inaptitude for acquiring the manual and platoon exercise, is easily feigned, and very difficult of detection.

A few years ago, a smart-looking young man, of a respectable class of society, joined the ——— Regiment of Dragoons as a recruit. He was excessively backward in acquiring a knowledge of the first principles of the duties of a dragoon. The greatest care was ineffectually bestowed upon him. On some occasions he appeared to show a certain degree of skill, in a particular branch of his exercise, while at other times he seemed to have forgotten every thing he had been taught. The drill corporal, whose patience became exhausted, privately offered him a sovereign, if he would desert, his character as a good drill being likely to be impugned, in consequence of his want of success with the recruit. This offer, as might have been foreseen, neither induced him to disappear, nor to make more progress. At the end of about nine or ten months, he got drunk, and was in consequence confined in the guard-room for a few days. During his incarceration, a complete revolution took place in his plans, for on his returning to drill, he not only evinced an aptitude to learn, but he showed that he had in a perfect manner acquired the art of performing every thing which the drill corporal had attempted to teach him. He afterwards confessed, that the incompetency of mind, with which he was long supposed to be affected, was simulated for the purpose of procuring his discharge. Confinement, the collapse that followed the paroxysm of intoxication, but chiefly despair of obtaining his liberty, determined him to *give in* It is worthy of remark, that, in this instance, the simulation of weakness of intellect was not even suspected.

It is very natural that regimental officers should wish to get inefficient soldiers discharged, whether the unfitness arises from physical, moral, or intellectual causes; but the general interests of the service require, that no doubtful case of disability should be recommended to be discharged, more especially on account of alleged weakness of intellect. The degree of mental incapacity is very difficult to appreciate,—for many individuals will evince no remarkable want of intellectual endowment in conversation, who cannot be taught a particular trade or profession. Some may obtain tolerable proficiency in one trade,

while they show great want of aptitude in learning another. A man may be a good shoemaker, though no degree of labour will enable him to acquire the dexterity requisite for performing the usual military evolutions in a correct manner, or to become a cleanly and efficient soldier. When a man shows no decided want of general intellect, how is a medical officer to distinguish a defect of intellectual capacity from a want of will? The evidence of an adjutant or a drill-serjeant, that they have not been able to make the individual in question comprehend his duty, cannot invariably be admitted as conclusive proof of his incapacity. A few years since, a man enlisted in the —— Regiment, who, although he had been at drill for an unusually long period, did not seem to know any thing of his duty. Every exertion was made by the adjutant and drill-serjeant to make him perform the manual and platoon exercise, but without success. This pretended idiot was eventually discovered to be a deserter, and a very clever fellow. I am disposed to think that, unless in well marked cases, where the mind is weak on all subjects, and where that weakness is expressed in the countenance, or readily discoverable during conversation, no man ought to be recommended for discharge on account of mental defects, because, if the disability is not obvious, he may enlist and be approved for the service.

Examples sometimes occur where it is difficult to determine whether disgraceful conduct depends on moral depravity, or mental incapacity. Occasionally, the disabling cause appears to be a compound of roguery and imbecility, as was perhaps the case in the following instance.

R. G. West enlisted into the Honourable East India Company's service, at Liverpool, in 1823, and, soon after enlistment, embarked for Bombay. The following year, he was discharged and sent home, "on account of want of intellect." He subsequently enlisted in a regiment of the line, from which he was discharged in December 1827 for the same cause. In February 1828, under the name of George Ryan, he again joined the Depôt at Chatham as a recruit for the East India Company's service. The intellectual and moral character of this man have been very differently estimated; some officers represented his mind to be "unsound," others reported that he was not "unsound of mind," but an art-

ful, intriguing man; one alleged that he was a "gross imposter," and another described him to be, "without exception, the greatest blackguard in point of general conduct and behaviour in the kingdom." An application was made by the Commandant of the company's depot for an authority to discharge him, but there being no security against his re-enlisting, he was retained in the service. West was sent to his duty; but before two or three weeks had elapsed, he sold his regimental clothing. He was in consequence tried by a court-martial, and sentenced to be confined in the Maidstone Gaol, and employed at hard labour.—Shortly after this period of confinement had expired, he embarked to join the corps to which he belonged—the Madras European Regiment.

It may be questionable whether a number of the men in the army, whose conduct is excessively irregular, and who are sometimes individually characterised as being "more rogue than fool," are not suffering more or less under mental alienation, or intellectual imbecility; for instance,

In the year 1827, J. Leonard enlisted at Dublin for the 87th Regiment, and being brought before me, as District Staff Surgeon, for examination, was approved. He had shown some unwillingness to comply with the routine of the inspection room, in consequence of which, I had noted on his attestation as a warning to the surgeon, that Leonard was likely to prove a very reluctant soldier. He joined the regiment in England, and was forthwith examined by the medical officers of the corps, and finally approved. Shortly after he was sent to drill, when he stated, in the Irish language, that he did not comprehend the words of command, and that he neither understood nor could speak English. This statement was obviously untrue, because he had, both in Ireland and in England, spoken English as well as his comrades. He was confined for several days in a solitary cell, where he received no other diet but bread and water. He still, however, pretended that he did not understand the English language, and he was transferred to the hospital for the purpose of being under the observation of the surgeon, as the adjutant could make nothing of him. On the fourth day after admission into hospital, he admitted that he understood the English language, and spoke it as he had formerly done. He subsequently went to drill, and conducted himself like other soldiers. In 1831, when on board a transport bound to Mauritius, he pilfered some articles of dress belonging to a comrade, and was in consequence tried by a court-martial, convicted, and sentenced to receive corporal punishment. He received 150 lashes. He evinced at intervals great violence of temper, and occasionally refused to perform the duty assigned to him. In 1832, he was a se-

cond time sentenced to receive corporal punishment; and when brought to the halberts or triangles, he refused to be tied up, and resisted the drummers with all the strength he possessed. The punishment was eventually inflicted. His temper continued to be violent; and during the year 1833, suspicions were entertained that his mind was unsound. In 1834, he absented himself without leave from the regiment; but returned within a few days in a state of great wretchedness. At this period he obviously laboured under mental alienation; and in consequence of this disability, was sent to England, and became an inmate of Fort Clarence, where he remained until he was transferred to a lunatic asylum in Galway in December 1838.

The plea of insanity is sometimes adduced by soldiers, for the purpose of mitigating or of escaping punishment; and medical officers require to be prepared to give their evidence in regard to the existence of the disability, as in the following instance:—

Private Ralstone, 69th Regiment, was arraigned before a court-martial on the 9th November 1818, upon three charges. It is sufficient for my purpose to copy the last:—

"3*d*, For discharging his musket, loaded with ball, at a Seapoy sentry, who was endeavouring to stop him (from deserting,) by order of Lieutenant Hall, and for attempting to reload it."—Finding guilty—Sentence, *Solitary confinement for the space of five calendar months.* This sentence was confirmed, but not approved.

When the foregoing sentence was promulgated to the army by Lieutenant-General Hislop, he deemed it expedient to make the following observations:—

"The great disproportion between the crime and the punishment appears to have arisen from the *plea of insanity;* but this plea has not been substantiated by evidence. The prisoner states that he received a wound on the head. No evidence is called to speak to the effects which that had produced on his constitution. The wound does not seem to have been examined by a surgeon in presence of the court, nor indeed shown to the court at all; and one question only is asked regarding it, namely, Is it generally understood in the regiment that the prisoner was wounded in the head? —*Answer*, Yes."

To throw some light upon the proceedings of the court, Sir Thomas Hislop directed a Medical Committee to report upon the state of private Ralstone, namely—

"To state whether he had been visited by insanity? Whether he laboured under this heavy calamity at or about the period when he fired at Cuspali, (the Seapoy sentry.) And, finally, whether

any disease incapacitates him from continuing in His Majesty's service?

"The Committee were unanimously of opinion,—

"1*st*. That the prisoner is at present in a state of perfect health.

"2*d*. That his mental organs (faculties?) appear unimpaired.

"3*d*. That, so far as the Committee can ascertain, he has never been visited by insanity.

"4*th*. That, at or about the period when he fired at Cuspali Sea-poy, it seems probable he was under the influence of liquor.

"5*th* and *lastly*, That the prisoner is not affected with any disease, mental or bodily, to incapacitate him for his Majesty's service.

"The plea of insanity set up by the prisoner, like every other ground of palliation or defence, should have been established by competent evidence, before it ought to have been admitted to influence the opinion of the court."

The observations of Lieutenant-General Hislop upon Ralstone's court-martial are so just and so appropriate, that I have given them in detail. They convey a good lesson to both military and medical officers, in regard to a very important branch of their duty.

Class X.—*Moral Disabilities.*

Some individuals are so addicted to vice of different kinds,—ill-tempered, quarrelsome, or dishonest,—that they are in many respects disqualified for living in society, more especially in a barrack-room, where soldiers are crowded into a small space, and where no precaution can prevent a thief from having it in his power to pilfer. Inveterate intemperance, with all its concomitant evils, also disqualifies many men for military duty. Habitual inebriety may be considered an incurable moral disability—a vice which neither flattery nor flogging will remedy. It is remarked by a French author, (and the fact is obviously true,) that a dissolute soldier invariably neglects his duty; he is frequently insensible to remonstrance or to punishment; and his example has a powerful effect upon conscripts, or young soldiers, in exciting them to indiscipline and to habits of dissipation. One or two *mauvais sujets* (evil-disposed men) may be the cause of a spirit of insubordination in a company, which, like a gangrene, spreads rapidly through a whole corps, unless early and efficient means be taken to arrest it. Moral infirmities are not confined to the most illiterate; for young men of the better order of society, who have had much of their own will, and

whose moral education is but imperfect, are extremely apt to run headlong into error, and eventually into crime, and thereby to incur the penalties of military law. Being accustomed to submit to no guide but their own self-will, they transgress the rules of discipline, sometimes from carelessness, sometimes from caprice, and occasionally from vexation, disappointment, and hopelessness or despondency. They are impatient of restraint; and having no self-respect, seem to disregard the good opinion of others. The indefinite nature of the soldier's engagement affords no safety-valve by which his regrets may evaporate, and seeing no termination to the thraldom of his situation, he is too often ready for the commission of any act, except that of submitting calmly to his fate, and habitually exercising that concentration of military virtues—obedience.

Commanding officers of regiments are commonly very anxious to "get rid" of troublesome men, whom they deem irreclaimable; consequently there is no class of disabilities which requires to be more carefully considered than moral infirmities, as many a crime has been perpetrated by soldiers for the avowed purpose of being brought before a court-martial and ultimately discharged. The infamous character of the ceremony which attends his dismissal gives a vicious soldier no concern; he has in many instances gained his object, and he may never again see any individual who was present when he was "*discharged from the army with every mark of ignominy and disgrace.*" To discharge men who commit great irregularities may, therefore, be a means of encouraging vice, rather than a wise measure for repressing indiscipline. "A soldier," says the Duke of Wellington, "cannot be allowed, as a servant or labourer might be, to quit the service in which he is engaged as soon as it becomes irksome to him, nor can he be sent away because he is *disobedient*, *irregular*, *unwilling to learn*, or that he *insults* and *strikes* those whom he is bound to respect and obey. He must be constrained to serve the State according to his engagements, and must be taught and must be forced to learn how to serve in his station of soldier." With respect to recruits, the Duke states, that "it cannot be denied that, in 99 instances out of

100, some idle or irregular, or even vicious motive, is the cause of the enlistment of the volunteer."

The evil consequence which may result from the measure of discharging soldiers on account of moral disabilities is strongly pointed out by Sir Henry Hardinge, in the following extract from his evidence before the Commission on military punishments, "*If you give the Commanding Officer the power of getting rid of bad men because they are bad, you will offer a premium for misconduct, and would make a great number of men bad for the purpose of gaining their discharges.*"

NOTES AND ILLUSTRATIONS.

NOTE I. page 97.

ADJUTANT-GENERAL'S OFFICE,
DUBLIN, 13*th April* 1822.

GENERAL ORDERS.

No. 1.—AT a General Court-Martial held in the Royal Barracks, Dublin, on the 30th day of March 1822, and continued by adjournment, *Staff-Surgeon, J. Stringer*, was arraigned upon the under-mentioned charges, viz.—

1st.—' For conduct highly unbecoming an officer, and particularly culpable in his medical capacity as a staff-surgeon, by treating in a harsh, unfeeling, and unwarrantable manner, several privates of the 12th Regiment of Lancers, when patients under his care at the Royal Infirmary, in the months of May and June last."

2d.—" For having in the month of May last, at the Royal Infirmary, in a most improper manner, unbecoming his station in the army as a staff-surgeon, used opprobrious and disgraceful words reflecting on the character of the 12th Lancers, to the following effect, ' that he had formed his opinion of the 12th Lancers, they were all schemers and malingerers."'

3d.—" For harsh, cruel, and unjust conduct, highly improper and incompatible with his duty as a surgeon, towards *Joseph Ashman*, a private in the 12th Lancers, when a patient under his care for the ophthalmia, at the Royal Infirmary in the month of May last."

4th.—" For conduct highly unbecoming and particularly reprehensible in a medical practitioner, by using violent, intemperate, and unjust language towards *William Clyde*, a private in the 12th Lancers, when a patient under his care at the Royal Infirmary in the month of July last."

5th.—" For cruel and oppressive conduct most unbecoming his medical station in the army, by placing two privates of the 12th Lancers, in strait waistcoats, when patients under his

care for ophthalmia, in the Royal Infirmary, in the month of August last."

Upon which charges the Court came to the following decision:

"The Court being cleared and closed in, and the prisoner being withdrawn; the Court having maturely considered the evidence adduced on the part of the prosecution, as well as what was offered by the prisoner in his defence, is of opinion, that the prisoner, *Staff-Surgeon Stringer*, is not guilty of the first charge, and does acquit him of that charge.

"The Court is of opinion that the prisoner is not guilty of the second charge, and does acquit him of that charge.

"The Court is of opinion that the prisoner is not guilty of the third charge, and does acquit him of that charge.

"The Court is of opinion that the prisoner is not guilty of the fourth charge, and does acquit him of that charge.

"The Court is of opinion that the prisoner is not guilty of the fifth charge, and does therefore acquit him of that charge also."

It is the Commander of the Forces' order, that the foregoing charges preferred against *Staff-Surgeon Joseph Stringer*, together with the finding of the Court, shall be read at the head of every regiment in Ireland, and entered in the General Order Book.

No. 2.—The King's Infirmary in the Phœnix Park is to be visited daily by the Field Officer, and the Captain of the day, who will report respectively to the officer commanding the garrison, any irregularity which may fall under their observation, and any complaint which may be made to them by the patients.

No. 3.—The use of the strait waistcoat, or of any other *coercive* mode of treatment, is not to be resorted to, except in cases of insanity, in any military hospital on this establishment, without the sanction of the Surgeon General or Physician General, if in Dublin, or of the Senior Medical Officer in the respective districts.—In either case an immediate report is to be made to the Director General of Hospitals.

No. 4.—The general court-martial of which *Major-General Wulff* is President, is dissolved.

By order of the Commander of the Forces,

AYLMER, *Adjutant-General.*

NOTE II. page 119.

Statistics of Hernia.

STATEMENT showing the Number of Recruits and Conscripts examined in different stations, together with the Number and Ratio of Men rejected in consequence of *Hernia*.

Station or country.	Period of observation in years.	Total Numbers examined.	Total Numbers rejected.	Rejected in consequence of Hernia.	Millesimal ratio of rejections in consequence of Hernia.
Dublin District,	25	59,111	14,013	1,184	19
North British District,	6	9,258	2,375	69	7.1
German Legion,	15	40,462		365	9
France, (mean of 3 years),	3	126,669	46,669	3,948	31.2
Department of the Seine,	11	26,083	11,148	834	31.9

The much greater prevalence of hernia among the recruits examined in Dublin than in North Britain, is worthy of observation, as also the high ratio of conscripts rejected in consequence of this disability. The similarity of the statistical results on this subject among the conscripts of all France for three years, and among the conscripts of the department of the Seine, for a period of eleven years, is very remarkable.

STATEMENT showing the Number of Admissions into Hospital in consequence of Hernia, together with the Mortality occasioned by that disease among the Troops employed in the following stations.

Station.	Class of Troops.	Periods of observation.	Number of years.	Mean strength.	Aggregate strength.	Aggregate admission into hosp. under the head Hernia.	Aggregate deaths from Hernia.	Ratio of admission into hospital per 10,000 of the strength.
Windward and Leeward Islands,	Infantry,	1817 to 1836	20	4333	86,661	77	1	8
Ditto Ditto	Blacks,	1817 to 1836	20	2496	40,934	79	1	16
Jamaica,	Infantry, Whites,	1817 to 1836	20	2728	51,567	35	1	6
Ditto	Do. Blacks,	1817 to 1836	20	286	5,729	3		5
Bengal,	Infantry and	1819 to 1834	16	7497	119,957	127	3	10
Madras,	Cavalry,	1826 to 1834	9	7135	64,244	81		15
Bombay,		1826 to 1834	9	3466	31,198	36	3	17
United Kingdom,	Cavalry,	1830 to 1836	7	6166	43,163	57		10
Gibraltar,	Infantry,	1817 to 1836	20	3013	60,269	56	1	9
Malta,	Do.	1817 to 1836	20	2041	40,826	35		8
Ionian Islands,	Do.	1817 to 1836	20	3514	70,293	55		8
Canadas,	Do.	1817 to 1836	20	3214	64,281	49		7
Nova Scotia and New Brunswick,	Do.	1817 to 1836	20	2222	46,442	27		6
Mauritius,	Do.	1818 to 1836	19	1606	30,515	37		12
Cape of Good Hope,	Do.	1822 to 1833	12	1823	21,882	12		6
		Total,			787,961	766	10	

Mean ratio of Admissions into Hospital about 10

This statement is interesting in many respects. Among an aggregate strength of 787,961 men, 766 were admitted into hospital under the head " hernia," being about 1 in 1000 of the strength. Ten cases terminated fatally, being 1 in 78,796 of the aggregate strength, and 1 in 76 of the cases admitted into hospital on account of this disease.

The ratio of admissions among the cavalry of the united kingdom is 1 per 1000, being exactly the mean ratio of admissions among the troops, (infantry and cavalry) employed in the different stations.

The obvious conclusion that may be drawn from these facts is, that hernia adds very little to the inefficiency or the mortality of the army.

PART III.

ON THE PENSIONING OF SOLDIERS.

I.—*Military Pensions—Chelsea Hospital—Out-Pensioners.*

The earliest notice which I have discovered of the awarding of military pensions is in the reign of Edward IV. who made a grant to John Sclatter of four marks for the loss of his hand at the battle of Wakefield; and another to Rauf Veshynden of an annuity of ten pounds, by letters-patent under the Great Seal, till rewarded with an office, "for the good and agreeable service which he did unto us," says the patent, "in carrying and holdying of our standard of the Black Bull at the batayl of Sherborne."

By the Statute of the 43d of Queen Elizabeth, justices of the peace had power to charge every parish towards a weekly relief of maimed soldiers and mariners, so that no parish paid weekly above tenpence, nor under twopence; nor any county, which consisted of above fifty parishes, to pay above sixpence, one parish with another: which sums, so taxed, were to be assessed in every parish by the parishioners, or, in default, by the churchwardens and constables, or, in their default, by the next justice or justices of the peace. The tax thus collected was to be paid over to the treasurer of the county. A maimed soldier or mariner who had been pressed, was to repair to the treasurer of the county where he had been pressed; if he were not pressed, then to the treasurer of the county where he was born, or where he last dwelt for the space of three years, at his election; but, if he was not able to travel, then to the treasurer of the county where he landed. He was to be furnished with a certificate under the hand and seal of the chief commander, or of the captain under whom he had served, containing the particulars of his hurts and

services. Upon a proper certificate the treasurer might allow a man the means of subsistence until the next quarter-session, when the justices were empowered to grant him a pension, not exceeding L. 10 to a soldier, to an officer, under a lieutenant, L. 15, to a lieutenant L. 20.

A soldier or mariner who was found begging, or who counterfeited a certificate, was to suffer punishment as a common rogue, and to forfeit any pension he might have.

During the reign of Charles I. (1643,) Parliament passed an act empowering a tax to be levied upon the parishes in England for the purpose of raising a fund for the relief of maimed soldiers, and the widows and fatherless children of slain persons. All persons claiming relief from this fund were to bring a certificate, under the hand of an officer belonging to the regiment " wherein the said soldiers, or slain persons did formerly serve, of the truth of their being maimed or slain in the said service."

By a statute of 12th King Charles II. all officers and soldiers who served under the command of the Captain-general of the King's forces in 1660, and who had not since deserted or refused to take the oaths of supremacy and allegiance, might exercise any handicraft or trade in manner following : viz. such as had been apprentices might exercise such trades as they were bound to, though they served not out their time, with like immunities as if they had, and all other such trades as they were apt and able for in the towns and places within the several counties where they were born ; and, if implicated or indicted for the same, they might plead the general issue, and should have double costs, if a verdict passed against the prosecutor, or if he was non-suited or the suit discontinued. The privilege of exemption from penalties for exercising trades in corporate towns has been continued to discharged soldiers, their wives and children, by subsequent Acts of Parliament, to the 56th George III. cap. 67.

Chelsea Hospital.

Louis XIV. founded the Hotel Royal des Invalides in Paris in 1670. On the 16th February 1682, 12 years after, the first stone

of the Royal Hospital at Chelsea was laid by Charles II. who was attended by a great concourse of nobility and gentry. How far the latter monarch intended to rival the magnificence of Louis XIV. in providing for his disabled soldiers, it is difficult to conjecture. Several large subscriptions were received from wealthy individuals for the purpose of contributing to the erection of Chelsea Hospital. The construction of the edifice was carried on during the successive reigns of Charles II., James II., William and Mary, and finally completed in 1690. The whole expense incurred in its erection is said to have amounted to L. 150,000. The hospital, together with the out-buildings, gardens, courts, and appurtenances, occupies a space of about thirty-six acres. In all probability the Hospital was, immediately after its completion, converted to the purpose for which it was intended, namely, the accommodation of "decayed cavaliers." Simon Box, the first person who was buried in the ground appropriated to the interment of pensioners, died on the 23d of April 1693. Charles II. also founded Kilmainham Hospital, for the reception of disabled soldiers in Ireland.

The affairs of Chelsea Hospital are managed by Commissioners, appointed by patent under the Great Seal; they are commonly *ex officio*, namely :—

The Lord President of the Council,
First Lord of the Treasury,
Paymaster General of the Forces,
Secretary at War,
Comptroller of Army Accounts,
The Governor and the Lieutenant-Governor of the Hospital.

The Commissioners hold boards for the admission of pensioners, and the internal regulation of the hospital.

By a warrant bearing date 1684, five per cent. or one-twentieth shilling (poundage) was deducted from the pay of every officer and soldier in the army; and under the head of "hospital money," one day's gross pay annually. The amount of these deductions was chiefly devoted to the support of Chelsea Hospital. In May 1771, his Majesty was pleased to direct

that the private men of the infantry should be exempted from poundage in those dear times, as also from the deduction made for the Regimental Pay-master and Surgeon, amounting to 16s. 6d. a year; and since this period, I believe, neither "poundage" nor "hospital money" has been deducted from the soldiers' pay. These deductions were made from the pay of Commissioned Officers until the year 1783, when they ceased.

There are commonly about from 450 to 520 in-pensioners, who are divided into the following classes.

	Weekly Pay.
29 Captains who receive each	3s. 6d.
34 Serjeants	2 0
38 Light horsemen	
36 Corporals	0 10
17 Drummers	
Privates	0 8

Captains, serjeants, and corporals are appointed from the most deserving men. The "light horse" are generally selected for distingushed conduct in the army, or good behaviour while in the hospital; they have for the most part been serjeants in regiments of cavalry. The pensioners are clothed in a uniform of scarlet, faced with blue.

In the year 1695, the Earl of Ranelagh vested the sum of L. 3250 in the hands of trustees, and directed the interest to be laid out in purchasing great-coats for the pensioners once in three years. By another benefaction, the sum of L. 60, 10s. is distributed among the pensioners annually on the 29th of May. —*(See Note I.)*

Out-pensioners.

The Hospital at Chelsea was perhaps at first capable of accommodating all the disabled soldiers who were considered fit objects for the bounty of Government, so that for some time no out-pension list existed. From the restoration of Charles II. (1660,) to a comparatively late date, a portion of the British forces consisted of "invalids." The men of these corps or companies were soldiers partially disabled by wounds, or veterans who, from old age and length of service, were rendered

incapable of the duties of an active campaign; but who were still judged fit for garrison duty. In the year 1731, a motion was made in the House of Commons, " That a sum not exceeding L. 25,348, 2s. should be granted to his Majesty upon account for out-pensioners of Chelsea Hospital for the year 1732." During the debate which took place on the motion, it was stated that the several bodies of invalids amounted to 4000. A member observed, that the pensioners were " admitted as old and infirm, but, being in they seem, immortal, their numbers never decrease, surely many of these immortal old men might have served as good soldiers even in a marching regiment, especially in peace, when there's no occasion for any great fatigue." Another member, who had been a Commissioner at the Chelsea Board, asserted, that while he was so employed, every care had been taken to admit no invalids on the list of pensioners, but such as were disabled in the service, or who had served their country for at least twenty years. " We have," said he, " made them strip to the skin, the better to judge of their inability, and after such strict inquiry we could not in humanity refuse to admit them."

Previously to 1754, the pensioners did not receive their pension until a year's allowance had become due; but a bill was passed in that year, authorizing the pensions of discharged soldiers to be paid in advance at half-yearly periods; and to this bill a clause was added, enacting that all contracts should be void by which a pension might be mortgaged. The out-pensioners continued to be paid half-yearly until 1815, when an Act of Parliament was passed to enable the Commissioners of Chelsea Hospital to pay the pensions quarterly, which mode of payment continues. Poundage is deducted from the amount of pensions, in consequence of the issue being made in advance.

Invalid soldiers seem to have been originally admitted into the Royal Hospital, or upon the out-pension list, in different modes. One was by a letter addressed to the Commissioners of Chelsea Hospital by the Secretary-at-War, signifying his Majesty's directions, that certain soldiers should be admitted as pensioners, provided they were qualified. Sometimes the communication signified the positive commands of his Majesty.

In 1761 or 1762, a warrant was issued, directing that no person should be made a pensioner unless he came from a regiment, and appeared in person before the Commissioners. It seems also that he forfeited his claim to a pension if he did not make his appearance within six months from the time he was discharged, or gave a good reason for omitting to do so.

During the Session of 1806, certain Acts of Parliament were passed, in pursuance of which a new warrant was issued, containing a code of "Orders and Regulations for the better ordering of our army, and for improving the condition of non-commissioned officers and soldiers, and for fixing the pensions, allowances, and relief, to which non-commissioned officers and soldiers are to become entitled on their discharge, by reason of the expiration of certain periods of service, or as invalid disabled or wounded." The Warrant is dated 7th of October 1806.

Abstract of the Orders and Regulations contained in this and several subsequent warrants which were issued for the guidance of the Commissioners of Chelsea Hospital.

I.—Rates of pensions of men who shall be discharged after having completed certain periods of service; namely, 14 years in the Infantry, and 17 years in the Cavalry: Serjeant-Major, Quarter-master Serjeant, Serjeant, Corporal, and Private 5d. per day.—Rates of Pensions after having served 21 years in the Infantry, or 24 years in the Cavalry: Serjeant-Major and Quarter-Master Serjeant, having served three years as such 2s.; Serjeant from 1s. to 1s. 10d. per day. Halfpenny a-day to be added to the 1s. for every year of service as a corporal, and 1d. for every year of service as a serjeant; but the pension is in no case to exceed 1s. 10d.: Corporals from 1s. to 1s. 6d. Halfpenny a-day to be added to the 1s. for every year of service as a corporal, but the pension is in no case to exceed 1s. 6d.: Private 1s. per day.

To non-commissioned officers or privates who serve after twenty-one and twenty-four years respectively, one halfpenny a-day to be added to the pension for every year of service after the expiration of these periods, without limit as to the amount.

II. Rates of Pensions of Non-commissioned Officers, and Soldiers discharged as *disabled* or *unfit* for service; 6d. per

day, if unfit for service, but able to earn a livelihood ; 9d. per day if disabled, but able materially to assist themselves ; 1s. per day if disabled, but able to contribute something towards their livelihood ; 1s. 3d. to 1s. 6d. per day if incapable of contributing to earn a livelihood.

III. The third class of pensions were obtained by men in consequence of a combination of claims, namely, length of service and disabilities. The amount of the pension in this class is regulated by the degree of a man's disability and his length of service : thus, a soldier who, in respect of his disability merely, would be placed on either of the two lower rates, shall, if discharged after serving fourteen years in the infantry, or seventeen in the cavalry, be entitled to the pension of one shilling.

Soldiers discharged after seven years' service in the infantry or ten in the cavalry, were to be allowed to reckon one year for every two of absence subsequently to such discharge, and to be entitled to a pension of 5d. on the expiration of fourteen or seventeen years respectively, but registered men were liable to serve in case of an emergency. In like manner, when men were discharged after fourteen or seventeen years' service, who had not received a pension, on account of disability, they were to be allowed to reckon one year for every two of absence subsequently to such discharge, so as to be entitled to the full pension of 1s. a-day at the expiration of twenty-one or twenty-four years respectively.

Soldiers were allowed to reckon three years for every two of service in the West or East Indies, for the purpose of claiming increase of pay and pension in case of discharge.

Such is an abstract of that part of Mr Windham's Act which relates to the granting of pensions. By this Bill the power of the Crown to grant or take away pensions was abrogated, and it gave to the soldier a claim of right to a pension, upon the condition of serving for certain periods of time, or if he were discharged as *disabled* and *unfit* for service, without reference to length of service.

By a Warrant of the 30th June 1812, the Commissioners of Chelsea Hospital were empowered to extend the rates of pension, under certain circumstances, in the following proportions :

To every serjeant who shall have lost more than one limb, or who shall have received such other bodily injury as to render him totally incapable of earning a livelihood, or to subject him to the necessity of requiring personal assistance, a rate of pension not exceeding per day, 3s. 6d.; to every corporal, 3s.; to every private, 2s. 6d.

On the 16th February 1818, a Warrant was issued, by which the following rules were established:

1. That the rates of pension to be granted to soldiers enlisting subsequently to the 14th March 1818, be in no case higher than the rate of full pay enjoyed by them at the time of their discharge, excluding the additional pay, if any, for length of service.

This rule was essentially necessary to prevent malingering, as it could hardly be expected that a soldier would serve cheerfully and faithfully when a pecuniary prize, amounting to a sum above his pay, was to be gained by successfully feigning a disability, and thereby procuring his discharge.

2. That in reckoning the service of soldiers claiming pensions, no distinction be made between service in the East or West Indies, and service in any other part of his Majesty's dominions.

Under the provisions of Mr Windham's Act, a soldier who had served in the East or West Indies might be entitled to a service pension of 5d. a-day for life at twenty-eight, and 1s. a-day at thirty-two years of age.

3. That soldiers enlisting subsequently to the 14th of March 1818, shall not be allowed to reckon absent time (one year for two) as in Mr Windham's Act.

I am not aware of any good reason which can be assigned for pensioning men on account of "absent time." Registered men might be called out, no doubt, in cases of emergency; but it would have been much easier to raise young recruits, and to make them adepts in the military exercise, than to induce reluctant, and consequently malingering pensioners, to perform their duty efficiently.

4. That, with respect *to soldiers at present serving*, the Commissioners of Chelsea Hospital shall have the discretion of granting, as a final pension, more than 5d. and less than 1s. to those who shall have served more than fourteen years and less than twenty-one years in the infantry, or more than seventeen,

and less than twenty-four in the cavalry, according to the number of years such soldiers shall have served.

5. That the Commissioners shall not grant pensions, in respect of disability, unless such disability be stated in the discharge of the soldier to have been *contracted on service.* Commanding officers to recommend the discharged soldier, when they think him deserving of recommendation.

This rule was evidently framed for the purpose of excluding from the bounty of Government, all those individuals who had become disabled, except by the exigencies of the service.

According to the Warrants of the 22d March 1822, and 4th November 1826, no soldier, who enlisted after the 24th April 1822, shall be entitled to a pension for service alone until he shall have completed twenty-one years in the infantry, or twenty-four in the cavalry.

In the appreciation of a man's claim on account of disabilities, the Board is assisted by the Assistant Surgeon of Chelsea Hospital and the principal medical officer attached to the invalid depôt, Chatham, or a Staff-Surgeon belonging to that establishment. The discharge of a man, who receives a pension, is retained at Chelsea Hospital, being the record upon which the bounty of Government is granted. In the working of this system the Commissioners used to exercise considerable discretion in regard to the amount of pensions given in particular cases, the following pensions being commonly awarded on account of specific disabilites, without reference to the service of the parties; and, except in particular instances, little attention was paid to rank.

		Per diem.
		1*s.* 9*d.*
Total blindness,		2 0
A serjeant when blind,		0 9
Loss of one eye,		0 9
Amputation of an arm,	below the elbow-joint,	1 0
	above	1 6
	at the shoulder-joint,	0 9
Amputation of a leg,	below the knee,	1 0
	above	0 6
Hernia,	single,	0 9
	double,	

When a soldier was entitled to one shilling per diem, or above that amount, on account of service alone, and was discharged for any ordinary disability, he was commonly awarded

to the amount of the service rate only, inasmuch as the Board considered that such rate was an adequate remuneration. He generally obtained a pension according to the claim which was most favourable to him, whether it were on account of length of service, or the degree of his disability.

The Commissioners carried the 4th Article of the Warrant of the 16th February 1818 into effect, according to the following scale :—

Cavalry.			Infantry.			Rate per diem.
17 years' service, and under		18	14 and under		15	0*s.* 5*d.*
18	ditto	20	15	ditto	17	0 7
20	ditto	24	17	ditto	21	0 9

According to the regulations of 1806, a soldier had a legal right to a pension for life, when he had served a prescribed period, or was discharged in consequence of being *disabled* and *unfit* for service, provided that he was not specifically deprived of that right by the sentence of a Court Martial, or that the disability for which he was discharged was not occasioned by " vice or misconduct." The " vice or misconduct" contemplated in the act is defined to be conduct which occasions a *physical disability*, such as voluntary maiming, &c.

In framing these regulations it does not appear to have been contemplated that a soldier might become disqualified for the service by disgraceful conduct. According to the opinion of counsel, *moral depravity* does not, under this act, cancel a soldier's claim to a pension for length of service. Hence, when a man has served the prescribed period which entitles him to a pension, he may procure his discharge by feigning disabilities, or, by the commission of crimes, which may render it expedient to discharge him from a corps.

The Commissioners of Chelsea Hospital were, therefore, in a great measure prevented from exercising a discretionary power in regard to the *character* and *conduct* of a man when they awarded a pension. When a soldier who had been " discharged as disabled or unfit for service," was brought before the Board, the chief business of the Commissioners was to apportion a pension according to the alleged *disability* or degree of *unfitness* for labour.

THE following statement will show the Numbers on the Pension List from 1741 to the year 1831.

Years.	Pensioners.	Amount of pensions.	Mean rate of pensions.
1741	3,865		s. d.
1745	5,133	.....	.....
1750	9,087	.....	.....
1755	8,422	.....	.....
1760	6,612	.....	.....
1765	15,229	.....	.....
1770	15,928	.....	.....
1775	15,770	.....	.....
1780	10,961	.....	.....
1785	20,273	.....	.....
1790	20,091	.....	.....
1792	20,150	158,102	0 5½
1795	16,995	133,375	0 5½
1800	16,695	132,298	0 5½
1805	22,290	187,281	0 5
1810	23,050	417,035	1 0
1815	36,757	665,646	1 0
1820	55,911	972,704	0 11½
1825	81,877	1,350,113	0 10½ *
1826	82,734	1,372,330	0 10
1827	85,515	1,420,464	0 10
1828	85,835	1,437,756	0 10¾
1829	85,756	1,436,663	0 10¾
1830	85,724	.....	.....
1831	84,534	.....	.....

This statement shows that the pension list gradually increased during a long period of profound peace,—a circumstance which indicates that the regulations required alteration. A large proportion of the pensioners in 1829, were neither old men, nor suffering under serious disabilities, as may be inferred from the annual ratio of mortality, which was only between three and a-half and four per cent. There were in 1828, 19,000 men on the Chelsea List, whose mean age was about thirty-one years, and who received sixpence a-day in consequence of alleged disabilities. During the year 1828, ninety men were placed on the out-pension list who had not served two years, or reached twenty-two years of age. A system under which soldiers could for very short service be pensioned for life, easily accounts for the constantly increasing numbers of pensioners. A facility of quitting the service on false grounds, whether a man receives a pension or not, is calculated to encourage imposition, and to injure the discipline of the army.

* The Kilmainham pensioners were this year (1825) joined to the Chelsea pensioners.

To show the practical operation of Mr Windham's act, I have subjoined a return of the number of men admitted on the pension list during the year 1828, distinguishing the average age, and length of service, and the proportion per cent. of the men discharged after each period of service.

Number.	Average age about	Period of Service.	Proportion per cent. of the number discharged.
90	21 years	From 1 to 2 years.	4.1
122	24	3 — 5	5.5
192	29	5 — 10	8.7
326	33	10 — 13	14.8
176	34	14 — 15	8.
785	37	15 — 20	35.8
188	41	21 — 22	8.5
118	41	22 — 23	5.4
65	43	23 — 24	3.
76	44	24 — 25	3.8
17	43	25 — 26	8
6	47	26 — 27	3
7	48	27 — 28	3
12	47	28 — 29	5
6	52	29 — 30	3
4	51	30 and upwards	1
2190			100

The out-pension list amounted, in 1823, to 81,189, and in 1827 it was 85,515; showing a great annual increment of permanent pensions. The number of men discharged, on account of disabilities, from 1823 to 1827, both years inclusive, amounted to 18,378, or annually, 3675, a number equal to about 3.7 per cent. of the army. Of the 18,378 alleged disabled men who were discharged, 17,486 were pensioned for life under the subjoined three classes of claims.

	Number.	Mean rate of pension.	Mean length of service.		Mean age.	
		s. *d.*	Yrs.	Mths.	Yrs.	Mths.
Alleged disabilities, without reference to length of service,	1,714	0 7	4	4	24	0
Alleged disabilities, and service combined,	5,475	0 8¼	13	10	33	3
Alleged "worn out," pensioned for length of service,	10,297	1 0½	22	2	40	2

It would be interesting to ascertain what has been the ratio of mortality among the 1714 men who were pensioned on account of alleged disabilities at the mean age of twenty-four years.

Sir Henry Hardinge instituted an investigation into the pension list in 1828, and, owing to his exertions, the increment during that year exceeded the decrement by only 319. In 1829 the list amounted to 85,756, which was a reduction of seventy-eight below the list of the year 1828, and the amount of charge was less by L. 1093.

Subjoined is a detailed statement of the numbers at present on the pension list, extracted from the Army Estimates, 18th February 1839.

Out-Pensioners of Chelsea Hospital.

Numbers in 1838–9.	Regulars.	Black Pensioners.	St Helena Regiment.	Ordnance.	Yeomanry.	Totals.	Rate.	For one day. L	s.	d.
2			2			2	at 2½d. a-day	0	0	5
1		3	1			4	3	0	1	0
35	19				14	33	4¾	0	13	0¾
4,728	2,114	1097		1363		4574	5	95	5	10
27				24	41	24	5½	0	11	0
15,024	13,653	98		946		14,738	6	368	9	0
25				25		25	6½	0	3	6½
2,167	2,003	18		85		2106	7	61	8	6
15				14		14	7½	0	8	9
471		450		34		484	8	16	2	8
20				19		19	8½	0	13	5½
13,182	11,732	5	23	1012	6	12,778	9	479	3	6
29				28		28	9½	1	2	2
1,546	1489	18		61		1568	10	65	6	8
21				20		20	10½	0	17	6
30	12			28		40	11	1	16	8
42	14			26		40	11½	1	18	4
2				2		2	11¾	0	1	11½
18,157	15,093	17	50	2430	1	17,591	1s.	879	11	0
22,369	19,424	3	1	3388		22,816	*	1551	7	8
1,439	1,214	2	6	243		1465	Between 2s. and 3s. 6d.	162	6	0
79,332	66,767	1711	83	9748	62	78,371	do. for 1 day.	3687	18	8¼

Which for 366 days is L. 1,349,783, 19s. 7½d.

* At various rates between 1s. and 2s. a-day, in consideration of being totally disabled by blindness or otherwise, or of having been more than 21 years in the infantry, or 24 in the cavalry.

II.—*Pensioning Warrant* 1829.

General Heads of Arrangement of the Regulations for Pensioning Soldiers.

REVISED WARRANT, cancelling all existing Warrants, Regulations, &c.

Articles.

1 to 14. Division of Pensions into Four Classes.
- 1st. Length of Service.
- 2d. Wounds received in Action.
- 3d. Disabilities, *after* 14 years' Service.
- 4th. Disabilities, *under* 14 years' Service.

15 to 21. Special cases of Disability, how to be dealt with.

22 to 33. Forfeiture of Pension for Misconduct, specified in each Article.

34 and 35. Commutation of Pension for a Sum of Money, or Grant of Land.

36 to 45. Rules in reckoning Service, showing what description of Service will be admitted or excluded.

46 to 56. Conditions under which Discharges may be obtained.

57 to 62. Deductions to which the Pensioner is liable.

GEORGE R.

WHEREAS We have judged it expedient to revise, amend, and consolidate the Rules, Orders, and Regulations, which, in furtherance of Various Acts of Parliament, have from time to time been established for the better ordering of Our Army, and for improving the condition of Soldiers, by granting them Pensions, Allowances, and Relief, on their Discharge after certain periods of Service, as wounded, disabled, or invalided, in Our Service :

7th Oct. 1806.
30th June 1812.
28th Feb. 1814.
25th Mar. 1816.
19th Dec. 1816.
16th Feb. 1818.
26th Mar. 1822.
28th July 1823.
19th Aug. 1823.
4th Nov. 1826.

Our Will and Pleasure therefore is, that the several Warrants bearing the respective dates specified in the margin hereof, and that all Rules, Orders, and Regulations consequent thereupon, shall (subject to the reservation herein contained) be void; and that in lieu thereof the Rules, Orders, and Regulations annexed to this Our Warrant, shall henceforth be in force.

It is Our further Will and Pleasure to reserve and continue to all Non-commissioned Officers and Soldiers enlisted before the first day of December 1829, every benefit to which they may respectively be entitled under the Warrants and Regulations hereby made void.

And We do hereby direct and order, that the Commissioners of Our Royal Hospital at Chelsea, as well as all other Persons whom it may in any wise concern, shall strictly observe and obey this Our Warrant and the Regulations annexed to it.

Given at Our Court at Windsor, this fourteenth day of November 1829, in the Tenth Year of Our Reign.

By His Majesty's Command,

HENRY HARDINGE.

Regulations.

1. All non-commissioned officers and soldiers enlisted previously to the first day of December 1829, shall, as regards their right to claim pensions for service and wounds, remain entitled to every benefit or provision which they can at present claim under any warrants or regulations which were in force at the time of their enlistment; but the following rules and regulations only shall be in force and applicable to all non-commissioned officers and soldiers enlisted after the thirtieth day of November 1829.

2. Claims for pensions shall be divided into the four following classes :

First Class,—Length of Service.

Second Class,—Wounds received in Action.

Third Class,—Disabilities contracted in the Service, *after* Fourteen Years' Service.

Fourth Class,—Disabilities contracted in the Service, *under* Fourteen Years' Service.

FIRST CLASS.—*Length of Service.*

3. A soldier enlisted for unlimited service has no claim as a *matter of right* to his discharge, either with or without a pension, after any period of service, however long.

4. No soldier, when discharged, shall be allowed a pension for length of service alone, unless he shall have served twenty-four complete years in the cavalry, or twenty-one years in the infantry; but when discharged after those periods of service, he may be allowed a pension, not exceeding the under-mentioned rates, viz.

		Private. After Years of Service.	Rates per Diem.
If discharged on account of the Public Service.	Cavalry	24	1s. 0d.
		28	1 2
	Infantry	21	1 0
		25	1 2
If discharged at his own request.	Cavalry	24	0 10
	Infantry	21	0 10

Soldiers are bound to serve until they are legally discharged; but this contract is not mutual, inasmuch as a soldier may be "discharged on account of the public service," whenever it is deemed expedient by Government to do so, and without his consent being required for that purpose. Soldiers are said to be "discharged on account of the public service," when they receive their discharge in consequence of "*unfitness for service.*" Men belonging to the infantry, who enlisted previously to 1833, and who have served 21 years, and have been discharged as disqualified for military duty, become entitled to an annuity of 1s. a-day for life; but if a man be discharged at his own request, after a service of the same period, he receives only 10d. a-day. The practical effect of this regulation will be to promote the simulation of disabilities, inasmuch as an alleged infirm man will receive 2d. a day more than a man, with the same service, who does not allege that he is unfit for military duty. If a discharge from the army and a pension can be more easily obtained by a soldier on account of alleged disabilities, than after the same length of service, without any specific infirmity, disabilities will come upon him all at once, when he has completed the period of 21 or 22 years in the army; and if a man who has served that time, including the usual share of foreign service, alleges that his strength is inadequate for military duties, worn out in fact, or that he suffers from rheumatism, what medical man will have the hardihood to gainsay him? But it may be asked, ought alleged disabilities to enhance the claim of a soldier to a pension, after 21 years service? Impaired health is rarely an evidence of merit in a soldier,—it is

frequently a result of culpable conduct, intemperance, moral delinquency; and consequently, when a man is discharged on account of alleged disabilities, he may be indebted for the extra 2d. a-day to moral or physical infirmities, rather than to good conduct or a meritorious character. Health and efficiency in an old soldier may be considered as tolerably conclusive evidence that he has lived temperately, performed his duty regularly, and conducted himself creditably.

The practice of other powers in regard to the remuneration of soldiers, after certain periods of service, deserves consideration. When the Duke *de Choiseul* became Minister at War, in 1761, he fixed a soldier's engagement in the French army at eight years. Those who re-enlisted at the expiration of that period were entitled, at the end of sixteen years, to half-pay and clothing, and if they served a third period of eight years they retired with full pay and clothing, without reference to disabilities.

In the East India Company's service, serjeants of the European force, who have served twenty-one years, whereof the last eight have been in that capacity, are entitled to receive, during life, a pension of 1s. 9d. a-day, and those who have lost a limb 2s. a-day.

Serjeants who have served fourteen years in the Company's army, and who have been discharged on account of debilitated constitutions, are entitled to 1s. a day for life.

All corporals and privates discharged at their own request, after twenty-one years service, are to receive 1s. a-day; and corporals and privates after fourteen years service, discharged as unfit on account of broken constitutions, are entitled to receive ninepence a-day.

In the Army of the United States of America, each recruit who enlists for a period of five years is allowed a premium of 124 dollars, 50 to be paid at enlistment, 50 after joining a regiment, and 24 when he is discharged; and each non-commissioned officer and private becomes entitled to receive in possession 320 acres of land when he is honourably discharged. By a law passed in 1816, the legal representatives of soldiers who were killed or died in the service, were allowed to claim the bounty of land by virtue of their right. *(Dr Seybert, Statistical Annals, page* 591.*)*

The Commissioners, in their report on the subject of military punishments, suggest, that "*No consideration of expense, within reasonable bounds, should be allowed to stand in the way of attending to the comforts of the soldier while in the service, and of a sufficient pension for the good and deserving men, after the service has been performed,*"—a recommendation with which I most cordially

agree. Rash and imprudent contracts may be entered into by parties, but they will not be cheerfully fulfilled, nor will compulsion efficiently enforce them, unless the terms of the agreement are found upon trial to be mutually advantageous. A recruit commonly enlists when he is a minor, and ignorant of all the consequences of his engagement, but, by exposing himself to death and mutilation, or the diseases and mortality of tropical climates, he acquires a strong claim to an adequate means of subsistence, when, from long service, he becomes unfit for the duties of his profession.

5. If a soldier shall be discharged on *Reduction* or *Disbandment* of his corps after a service of fourteen years, but under twenty-four years in the cavalry, or twenty-one years in the infantry, he may, at the discretion of the Commissioners, be allowed the gratuity specified in Article 46 of these Regulations; and shall be eligible to re-enter the service, according to the rule laid down in Article 41.

6. Serjeant-Major, Quarter-Master Serjeants, Troop Serjeants-Major, Colour-Serjeants, Serjeants, and Corporals, shall have their pensions computed at the same rate as Privates, with the following addition for every *year* of service as non-commissioned officers, viz :—

Serjeants-Major	2½d.	Total pension for service not to exceed	2s. 4d.
Quarter-Master Serjeants	2d.		2s. 2d.
Serjeants	1d.		1s. 10d.
Corporals	0½d.		1s. 4d.

Provided always that the non-commissioned officer shall have served twenty-four years in the cavalry, or twenty-one years in the infantry, and shall have been discharged as a non-commissioned officer, having served without interruption as such for the *three years* immediately preceding his discharge. And no non-commissioned officer shall receive the aforesaid superior rates, if discharged whilst holding an inferior rank.

The period during which any soldier may have been employed as an acting *lance*-serjeant or corporal, shall not be allowed to reckon as non-commissioned officers' service.

A soldier exchanging from cavalry to infantry, or from any regular service, shall reckon his service according to the regula-

tions applicable to the corps in which he may be serving when discharged.

[When a non-commissioned officer is discharged at his own request, a diminution of twopence a day shall be made in all ranks, from the rate of the pension to which he would otherwise, according to the scale in this article, be entitled for actual service.]—*Art. 6. by order of the King, signified to the Secretary at War, July* 30, 1830.—*H. H.*

SECOND CLASS.—*Wounds received in Action.*

7. The daily Rates of Pensions for *Wounds* or *Injuries* received in *Action* are to be governed by the rules contained in the following Schedule: viz.

RANK.	First Degree. Men losing two limbs, or both eyes, from wounds, or being so severely wounded as to be totally incapable of earning a livelihood, and to require the assistance and care of some other person.		Second Degree. Men rendered incapable of earning a livelihood, but not requiring the care of another person.		Third Degree. Men able to contribute in a small degree towards a livelihood.		Fourth Degree. Men able to contribute materially towards a livelihood, although unfit for the ordinary duties of the service.	
	From	To	From	To	From	To	From	To
	s. d.	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*
Serjeant	2 6	3 6	2 0	3 0	1 6	2 0	1 0	1 6
Corporal	2 0	3 0	1 6	2 0	1 0	1 6	0 9	1 0
Private	1 6	2 0	1 0	1 6	0 9	1 0	0 6	0 9

8. In cases of *severe wounds* or *injuries* received in *action*, the pension shall be fixed, according to the rates in the foregoing schedule, by the Commissioners of Chelsea Hospital, who will grant the lowest or the highest, or any intermediate rate, according to the *degree* of the injury received, the *length* of the soldier's previous service, his character, or any peculiar circumstances attending his conduct at the time the wound was received.

THIRD CLASS.—*Disabilities or Injuries contracted on Service, after Fourteen Years' Service.*

9. Any non-commissioned officer or soldier discharged *after*

fourteen years' service, but *under* twenty-four years in the cavalry, or *under* twenty-one in the infantry, for a *permanent* disability contracted by and in the service, may be awarded a *permanent* pension at the following rates, viz :—

A Serjeant, from 9d. to 1s. 3d.
A Corporal, from 7d. to 1s. 0d.
A Private, from 6d. to 0s. 9d.

Provided that the serjeant or corporal shall have served at least five years in the rank he holds when discharged, and that the disability was not occasioned by any want of proper care on his own part. But unless the injury for which the soldier may have been discharged be considered by the Commissioners to be *permanent*, he shall be awarded a *conditional* pension only, at their discretion.

I presume the period of "*five years*" mentioned in this article, must be uninterrupted.

The term "conditional pension" implies that the soldier shall be liable to occasional examinations, and that the bounty of Government is not intended to be allowed for a longer period than the actual existence of the disability for which he was considered disqualified for the service and discharged.

In the French army, all persons who have been pensioned on account of disabilities under twenty years' service, are held liable to be examined annually by medical officers until they reach fifty years of age, for the purpose of ascertaining whether they continue disabled. Those who recover have the option of joining the army or not, but the pension ceases if they remain at home. It would appear that a considerable portion of the Chelsea pensioners do not labour under disabling infirmities. Of about 26,000 pensioners that were in Ireland in 1828, 6000 were, upon examination, found fit for service in the field or in a garrison; and when the pensioners who receive less than one shilling per day in Great Britain were examined early in 1831, from one-third to one-half of the whole number were found fit for military duty. In one station of 1300 pensioners which were inspected, 600 were returned fit for duty. The most surprising recoveries had taken place. Men who had been discharged as blind were restored to sight, the deaf heard, and the lame ceased to halt.

10. The precise amount of pension for permanent disabilities *after* fourteen years' service shall be regulated at the discretion of the Commissioners of Chelsea Hospital, according to the *time*

the soldier may have served; the *climate* in which he may have been serving; the *degree* of the disability as affecting his means of earning a livelihood, and his *good conduct* whilst serving; but no pension shall be granted on account of disability, if it has been occasioned by vice, intemperance, or misconduct.

Fourth Class.—I. *Disabilities under Fourteen Years' Service.*

11. Any non-commissioned officer or soldier discharged *under* fourteen years' service, in consequence of disability contracted in and by the service, and not from a want of proper care on his part, may, at the discretion of the Commissioners, be awarded a *temporary pension*, according to the following scale:—

Under 14 years, and above 10 years' service; a *temporary* pension of 6d. a day for a period extending from two to three years. Under 10 years, and above 7 years' service; 6d. a day from one to two years. Under 7 years' service; 6d. a day from one to eighteen months.

In *special* cases, where a *gratuity* in money, proportioned to the length of the soldier's service, may be considered more advantageous to his interests, than a *temporary* pension, a sum varying from L.1 to L.18 may be given him, as a commutation, under the authority of the Secretary-at-War, if the soldier be discharged without being examined by the Commissioners, or under their authority, if examined by them.

12. In extreme cases of disability or injury, *under* fourteen years' service, resulting from military duty, or the effects of climate, the *temporary* pension of 6d. a day may, under extraordinary circumstances of severe suffering from service, be augmented to 9d. and *renewed* for a specific period, at the discretion of the Commissioners; but these cases shall be deemed *special*, and registered as such, with the grounds on which they have been decided.

13. In all *special* cases when pensions on account of disabilities or accidents are granted, and likewise when pensions are refused, or claims are deemed to be forfeited, the decision of the Commissioners, with the grounds thereof, shall be communi-

cated to the Secretary-at-War, in order that the result may be notified to the regiment from which the soldier was discharged.

14. The decision of the Commissioners in fixing the rate of pension granted for service, wounds or disabilities, shall be *final*, and the amount of the pension shall not be augmented on account of alleged increase of disability, after the soldier shall have left the service, unless any *special* circumstances shall occur and be brought forward within two years after the original grant of pension, to justify a re-consideration thereof.

II. *Special Cases of Disability or Injury.*

15. No soldier shall be discharged for the loss of *one eye* only, whether it be the *right or left.*

16. If a soldier shall have lost one eye by a wound, and shall receive other wounds or injuries in action, which render his discharge necessary, the loss of an eye may be taken into consideration by the Commissioners, in fixing the pension at such a rate as his *service* and *disability* combined may, in their judgment, entitle him to receive.

17. In cases in which an eye shall have been lost by the effects of service, and not by wounds, the loss may be considered by the Commissioners at their discretion, in apportioning the rate of pension. If *under* fourteen years' service, the loss of an eye may be taken into consideration, and a *temporary* pension, or a gratuity, be granted, according to the scale laid down in the 11th and 12th Articles of these Regulations.

18. In case a soldier shall become totally blind from unavoidable causes, clearly attributable to *service alone*, and not occasioned by vice, intemperance, or other misconduct, he may be allowed a pension varying according to the following scale, viz.

Serjeant, having served as a non-commissioned officer ten years, and not less than five years as a serjeant, from 1s. 3d. to 2s. ; corporal, having served as such for seven years, from 1s. to 1s. 3d. ; private from 9d. to 1s.

If the soldier shall have served more than fourteen years, and is discharged with a *good character*, and with a constitution impaired by the effects of Colonial service, an increase not exceeding 3d. a-day may be added to the aforesaid rates ; but

the precise rate shall be determined at the discretion of the Commissioners, according to the principles laid down in Article 10 of these Regulations.

19. Whenever a case of total or partial blindness shall be involved in so much doubt, as to have been reported by a Court-Martial or by a medical officer to be a "*suspicious case*," the Commissioners shall deal with it as to them may seem most just; but in every case in which it is proved that a soldier has tampered with his eyes, or that his loss of sight has been caused by vice, intemperance, or other misconduct, and that his character is bad, instead of being discharged on a pension, he shall be detained in an *eye infirmary*, or shall be sent home to his parish, or dismissed without a pension.

20. Except in extreme cases of disability, no infantry soldier shall be discharged for *rupture alone;* should a ruptured soldier be discharged before he has served fourteen years, his case shall be considered according to the 11th and 12th Articles of these Regulations.

See page 119. The number of cases of rupture which *require to be discharged* from the army during peace appears to be very small.

21. Any cavalry soldier who shall be discharged *under* fourteen years' service for a rupture which would not disable him for infantry service, may, at the discretion of the Commissioners, either be transferred to a veteran or garrison battalion or company, or be allowed a temporary pension or gratuity, according to Article 11.

III. *Forfeiture of Pension.*

22. Any pensioner refusing to serve, or not appearing when called upon by the Commissioners, or other lawful authority, shall forfeit his pension, unless a satisfactory explanation be subsequently given; but no pensioner who has actually served twenty-four years in the cavalry, or twenty-one years in the infantry, shall be liable to be called upon to serve. And any pensioner who neglects to draw his pension for *four successive quarters* shall be struck off the pension list, and shall not be replaced unless he shall satisfactorily account for such omission; and the Commissioners shall, at their discretion, grant or withhold the arrears, or any portion thereof.

23. Every soldier convicted by a Court-Martial of being a deserter, may, in addition to any other punishment awarded by the court, be sentenced to forfeit all claim to pension. Such sentence shall, in all cases, be recorded on the discharge sent to the Commissioners of Chelsea Hospital, but if, after such sentence has been passed, he shall have performed good and faithful, or gallant service, he may be eligible for a pension, provided that he be recommended by his commanding officer, through the Commander-in-chief, in conformity with the rules laid down in the Mutiny Act and Articles of War.

Mutiny Act, Clause 9. This clause will, no doubt, have a suitable effect in impressing upon a soldier the serious nature of the crime of desertion, and at the same time hold out the strongest inducement to reformation, by convincing him that subsequent merit as a soldier may at any time, on the recommendation of his commanding officer, relieve him from the penalty attached to his former crime.

24. If a soldier shall have been convicted by the civil power of a misdemeanour, or by a Court-Martial, of any *vicious* or *disgraceful conduct*, such as to render him unworthy of belonging to the army, and consequently to be unfit for the military service, he shall, on being discharged in consequence thereof, have the sentence, or cause of his dismissal from the service, recorded in his discharge, and shall forfeit all claim to pension.

In order that the practical application of the words "disgraceful conduct," and offences of a "disgraceful character," may be liable to the least possible misconception, and that soldiers guilty of unmilitary conduct, of neglect of duty, and of other offences distinctly specified in the Articles of War, may not be tried under, and be subject to the penalties of this charge, I have to state that "disgraceful conduct" implies confirmed vice, and all unnatural propensities, indecent assaults, repeated thefts and dishonesty, ferocity in having maimed other soldiers or persons, self-mutilation, tampering with the eyes, and all cases of confirmed malingering where the conduct is proved to be so irreclaimably vicious, as to render the offender unworthy to remain in the army.—*War Office Circular*, No. 643.

25. Any soldier convicted before a competent Court-Martial of *feigning* or *producing disease* or *infirmity*, or of materially injuring his health by habitual *drunkenness*, or of being detained in hospital by any disease contracted by his own vice

or intemperance, thereby rendering himself unfit for service, or of *absenting* himself from an hospital whilst under medical treatment, or of being guilty of a gross violation of the rules of the hospital, or of intentionally protracting his cure, or of wilfully aggravating his disease, shall be liable to be brought to trial by the regimental commanding officer, or on charges preferred by the surgeon of the hospital, and to have the whole time of such detention in hospital deducted from his service, or of forfeiting all claim to pension, provided such forfeiture form part of the sentence of the Court-Martial by which he was convicted.

The purport of this article is thus stated in the Articles of War:

"*Any soldier who shall be convicted of malingering, feigning, or producing disease or infirmity—absence from hospital—protracting cure, &c. shall be tried for disgraceful conduct, and be liable to the punishments attached to that offence.*"—(Articles of War, 1830, Art. 40.)

To suppress malingering among soldiers is an important part of the duty of a medical officer, but in the performance of this duty he must be guided by just principles. He should never adopt harsh, arbitrary, or unauthorized proceedings. He is not of his own authority warranted in employing restraint or coercion. When, after due caution in deliberation, and patience in investigation, a medical officer is convinced that a soldier is feigning a disability, and when he has patiently and perseveringly, but without success, endeavoured to persuade him to perform his duty, he should report the case to the Commanding Officer, with his reasons for believing the man to be an imposter. The case is then in some respects out of the hands of the medical officer; all further measures must be directed by the Commanding Officer, with whom the responsibility rests.

When an alleged malingerer perseveres in a course of imposition he is, as directed by the article in question, occasionally tried by a court-martial. Dr Cheyne suggests, that, as a preliminary measure, a malingerer should be examined by a board of at least three medical officers of mature experience, and that, according to their report, the final measures should be directed. In such cases would it not be advisable to have one or more experienced medical officers on a court-martial? All commissioned officers of the army on full pay are eligible to sit on courts-martial, surgeons and assistant-surgeons being competent as members of such courts, although the custom and convenience of the service forbids recourse being

had to them except in extreme cases.—(*Simmons on Courts-Martial*, page 36.)

The crime of "malingering, feigning, or producing disease or infirmity," was, I believe, not included in the Articles of War until 1830. In the military codes of other nations it has been long comprehended. The Romans were at great pains not to "give occasion to cowards or sluggards to counterfeit sickness, therefore such as were found to have done so, were of old ordained to be punished as traitors. Nay, whosoever mutilated their own or their children's bodies, so as thereby designedly to render them unfit for carrying arms, were adjudged to perpetual exile."—(*Bruce, Institutions of Military Law.*) By the Dutch Articles of War, as early as 1717, counterfeiting sickness was punished by discharging a soldier with disgrace, and depriving him of the privileges he would have been entitled to had he conducted himself correctly.

26. Any soldier *maimed* by the *firing off of his musket*, or by other means, and who thereby becomes unfit for service, whether the injury occurred *on* or *off duty*—whether *accidentally* or *intentionally*, shall in all cases be tried by a District court Martial, as soon after the event as possible; and if it shall be proved before such court that the injury was the unavoidable result of military service, and was in no way attributable to *design*, *negligence*, *drunkenness*, or *misconduct* on his part, the Court may recommend the soldier for a pension, stating the proofs adduced, and the grounds of their recommendation, or of their rejection of the claim, as the case may be. The finding of the court, and the confirmation of the Commanding officer, must invariably be annexed to the discharge, and adverted to therein; but the final decision upon the claim to pension shall in all cases which are brought before the Chelsea Board rest with the Commissioners.—*Rules and Articles* 1830, *Articles* 41, 42, 77.

27. Any soldier who shall be *disabled* or *mutilated* by an *accident*, which did not happen in the immediate execution of some act of military duty, or which, if it did so happen on duty, was owing to his own *negligence*, shall not be entitled to a pension, although he be discharged for such disability.

His claim in such case can only be considered with reference to the *service* he may have performed, or to the *wounds* he may have received in action, or to the *goodness of his character*. The finding of the District Court-Martial, stating the whole of

the circumstances of the case, must be annexed to the discharge. The Commissioners will exercise their discretion in granting or withholding a pension, but in no case shall a *permanent* pension be granted for such accidental injury, unless the soldier has served *above fourteen years*. If the soldier shall be ordered to be discharged at the regiment, his Majesty's pleasure, and the amount of any gratuity, will be signified by the Secretary-at-War.

If it shall appear to the Court, that the injury or mutilation was not the effect of *accident*, but of *design*, the soldier shall not be discharged, but shall be employed in such regimental or garrison duty or work, as the Commander-in-chief may direct. —*Rules and Articles* 1830, *Articles* 41, 42, 77.

28. If a pensioner be guilty of gross violence or outrage towards the persons employed in paying the pensioners, he shall be punished by the loss either of a part or of the whole of his pension, at the discretion of the Commissioners, in addition to any other punishment which the law may inflict for such offence.

29. If a pensioner be discovered to have received *credit* for a longer period than he actually served, by a *false entry*, *alteration*, or *erasure*, in any regimental book or document, or by a *misrepresentation* of his claims, or to have obtained *through any other means* a higher rate of pension than he was entitled to at the time of his discharge, when he was sworn to the truth of his statement of services, such pensioner, in the event of the Commissioners deciding that he was cognizant of the fraud, or guilty of the concealment of the truth, shall forfeit his pension; and if a pensioner shall commit any *felonious act*, or practise any *gross fraud*, which shall be proved to the satisfaction of the Commissioners, they shall either strike him off the pension list, or reduce the rate of his pension at their discretion. In all cases of over issue the pensioner shall have his pension lowered to the true rate, and shall by a stoppage from his pension refund either the whole amount overissued, or such part thereof, as the Commissioners may think proper to direct; but if the overissue originated in any error of computation over which the soldier could have no control, the pensioner shall not be called upon to refund any part thereof.

If a non-commissioned officer or soldier be privy to the making of any false entry, or producing any fraudulent document, either as regards his own services or those of any other person, he shall, on conviction thereof, before a competent Court-Martial, be rendered incapable of receiving a pension, according to the provisions of the Mutiny Act and Articles of War.

30. If any pensioner shall apply to any *parish for relief* for himself or family, or shall suffer his family to become chargeable to the parish, his pension, by the Acts of Parliament of 59 Geo. III. cap. 12, and 6 Geo. IV. cap. 27, will be payable to the parish officers, according to the provisions of the said acts.

31. Any pensioner or other person, who shall *knowingly personate* or *falsely assume* the name or character of a soldier who is or may become entitled to a pension, or shall falsely pretend to be the *heir*, *administrator*, *or assignee* of a pensioner or soldier, for the purpose of fraudulently obtaining money or effects, or shall knowingly and wilfully assist in forging or counterfeiting the name or handwriting of any such pensioner or soldier as aforesaid, or in forging any document relating thereto, is liable, on being legally convicted thereof, to be *transported as a felon*, according to the Act 7th Geo. IV. cap. 16, clause, 38, (1826.)

32. Any pensioner imprisoned in a gaol by order of a magistrate, as a vagrant, or as having committed any misdemeanour or crime, if he *assumes a false name*, whether he be convicted or not of the offence for which he was apprehended, shall, on proof of such *concealment of the true name* under which he was pensioned, have his pension suspended, reduced, or altogether taken away, at the discretion of the Commissioners.

And if any pensioner gives a false statement as to his place of residence, or for a fraudulent purpose draws his pension at a place different from that where he usually resides, he shall be liable to have his pension taken away, reduced, or suspended, at the discretion of the Commissioners.

33. Non-commissioned officers and soldiers, who have forfeited their claims to pension in consequence of misconduct, shall have their names, and the circumstances under which their pen-

sions were forfeited, published in the orderly book of the regiment to which they belonged, and a memorandum of the fact shall be sent to their *parishes* by the commanding officer.

[After the word parishes, erase the words, "by the commanding officer," and insert "by the Secretary at War, as provided in the Mutiny Act and Articles of War.]—*Art.* 33. *By order of the King, signified to the Secretary at War, July* 30, 1830. —*H. H.*

By the 83d article, (Rules and Articles 1830,) soldiers who have performed good, faithful, or gallant service in his Majesty's army, are, in addition to every benefit which the regulations of the service may entitle them to on discharge, to have their meritorious conduct notified to their respective parishes; and soldiers discharged for disgraceful conduct are equally liable to have their misconduct notified to their parishes by the Secretary at War. His Majesty's intention by this proceeding, (as well as by the power of restoring service forfeited for desertion,) is to give to every commanding officer the most powerful means of stimulating the soldiers under his command to good conduct, by the certainty that character and conduct will at all times be duly considered, and particularly at the termination of a soldier's service.

IV. *Commutation of Pensions.*

34. Pensioners *not being natives* of the United Kingdom, may have their pensions *commuted* for a sum of money, on his Majesty's pleasure being signified to the Commissioners of Chelsea Hospital by the Secretary at War; the money to be paid out of funds appropriated for the use of the said hospital.

35. If a pensioner, being *a native* of the United Kingdom, should be desirous of settling abroad in any of his Majesty's colonies, his pension may be commuted in the manner laid down in the preceding article. But if any pensioner shall have received a commuted allowance for his pension from the Commissioners, and shall at any subsequent time fraudulently attempt to revive a claim to the pension so commuted, he will be liable to be proceeded against under the Act of Parliament referred to in Article 31.

V. *Rules in Reckoning Service.*

36. No soldier shall be allowed to reckon his service under eighteen years of age.

If a soldier at the time of enlistment shall misrepresent or conceal his real age, and his real age be afterwards discovered, he shall in no case benefit by such discovery ; if, for instance, he swore that he was under eighteen years, although he was actually older, the age specified on his attestation shall be the standard for calculating his service, and consequently his service under eighteen years of age, according to such attestation, will not be allowed to reckon.

37. The distinction between service in the East and West Indies, and service in any other part of his Majesty's dominions, having ceased since the year 1818, as regards the reckoning of service for pension, the same rule will apply as regards the claim to *additional pay*, which, in the case of men enlisted after the 30th November 1829, will only commence after fourteen years' service actually completed.

38. Any soldier may be *transferred* from one battalion to another of the same regiment, or he may be permitted to volunteer into another regiment on the disbandment of his corps, or on its being ordered home from a foreign station ; but he shall *not be liable to be drafted* from one regiment to another without his consent, unless by sentence of a Court-Martial. Pensioners who have not served twenty-one years, will be held liable to be called upon to serve in a veteran or garrison battalion, or in the militia, or in a regiment of the line within the limits of the United Kingdom.

39. Non-commissioned officers and soldiers shall not be allowed to reckon as service the period of *imprisonment*, whilst under the legal sentence of a civil or military court, nor the period of confinement previous to trial, unless acquitted of the offence alleged against them, according to the provisions of the Mutiny Act and Articles of War.

40. If any person discharged from the army for disability, or for any other cause, shall subsequently re-enter the army, and shall, when questioned by the magistrate at the time of his being attested, conceal the fact, or misrepresent the cause of his former discharge, he shall not be allowed to reckon his past service, nor to receive any pension, if again discharged for disability.

This article is intended to obviate a very serious evil, namely, the concealment of infirmities at enlistment. When a medical officer is informed that a recruit he may be called upon to examine has been discharged on account of a disease or disability, he is put upon his guard, and is very cautious in approving him. Should a recruit not conceal or misrepresent the cause of his discharge, he will, on final approval, be allowed to reckon his former service as a claim for pension, even although he shall have received a temporary pension, agreeably to Article 11.

41. If any soldier discharged on *reduction* or *disbandment* of his corps, shall not have the opportunity of immediate re-enlistment into any other corps, he shall, on *re-enlisting within three years*, be allowed to reckon his former service, provided that he shall not have passed the age at which *disbanded* soldiers may be allowed to re-enter the service—and that he shall in every respect be eligible for the service. The man so re-enlisting must, at the time of being attested, declare his former period of Service in the Army, Ordnance, or Marines, and the cause of his discharge from his last corps ; but if he should fail to make such declaration of his previous service, so that it may be recorded in his Attestation, he shall not be permitted to reckon it at any subsequent period.

42. Pensioners who shall, under a Proclamation of his Majesty or other lawful authority, be called upon to serve in a veteran company or battalion, or in the militia, or to be attached to a regiment of the line within the United Kingdom, shall, in addition to their previous services, reckon such service, provided the period thereof shall not be less than *one year*.

43. Any pensioner who *voluntarily enlists* into a *Veteran* Company or Battalion, or the *Militia*, or who is appointed to be a *District*, *Barrack*, or *Garrison Serjeant*, or a Military *Clerk*, or *Hospital Steward*, or who is employed in any other military capacity, shall, when discharged, revert to his former pension, unless it be pronounced by competent authority to have been forfeited. If he shall have served *Ten Years* or more in any of the situations above-mentioned, and shall have

been discharged therefrom with a good character, or even if he shall have served less than ten years, and shall have been discharged under circumstances entitling him to special consideration, as a deserving soldier, His Majesty's pleasure will be signified by the Secretary-at-War, that such increase of pension may be granted, as the Commissioners shall think fit; not, however, exceeding in any case the rates specified in Articles 4 and 6.

44. The services of all soldiers at present in the army shall be accurately revised and balanced up to the 31st December 1828, by the Military Boards established, and now sitting for the investigation of those services. The period of service which each man may be allowed to reckon to that date, shall be recorded and certified in words at length, by the particular Board before which the examination takes place, and such Record shall be admitted by any other Military Board which may be hereafter assembled for deciding upon the soldier's claims, as the only correct statement of his service, to the termination of the year 1828, from and after which time the balance of every soldier's services shall be struck periodically, and under such instructions as His Majesty may be pleased to give through the Secretary-at-War.

45. No Soldier shall hereafter reckon as Military Service, the time he may have previously served in His Majesty's Navy.

VI. *Conditions under which Discharges may be obtained.*

46. His Majesty having been pleased to direct that Soldiers may be allowed to *purchase* or *obtain their discharges*, under certain conditions and limitations, the terms are to be regulated by the following scale, viz.

Period.	For Men serving in the	
	Cavalry.	Infantry.
Under 7 Years' actual Service .	L.30	L.20
After 7 Years' ditto .	25	18
— 10 — .	21	15
— 12 — .	15	10
— 14 — .	12	5
— 15 — .	6	Free Discharge at home, and in addition three Months' Pay abroad.
— 16 — .	Free Discharge.	Free Discharge, and in addition three Months' Pay at home, and six Months' Pay abroad.
— 17 — .	Free Discharge, and three Months' Pay.	Free Discharge, and in addition six Months' Pay at home, and one Year's Pay abroad.
— 18 — . and to 21 — .	Free Discharge, and six Months' Pay.	Free Discharge, and in addition one Year's Pay at home, and one and a half Year's Pay abroad.

[The gratuities shall be calculated at the respective rates of full pay of cavalry, of foot guards, or of infantry, excluding additional pay.]—*Art.* 46, *By order of the King, signified to the Secretary at War, July* 30, 1830.—*H. H.*

Where grants of land in addition to free discharges can be made in the Colonies, the precise terms of the grant, and the most advantageous mode of paying the gratuity of full pay, shall be clearly explained to the soldier before he receives his discharge, and shall be registered in the regimental records. When the soldier has been settled three months, and is actually residing on his grant, and is industriously employed in clearing it, the Governor, under authority from the Secretary at War, may, in addition to the gratuity, authorize the issue of a quarter's pension at 6d. a day; and may from time to time renew such issue for a period not exceeding in the whole one year.

This is a highly important article, not only as regards soldiers individually, but also in respect to the discipline of the army. The beneficial effect of rendering an exit from the service less difficult than formerly, must be very considerable; but perhaps it may eventually be deemed an expedient measure to shorten the time when a soldier may obtain a free discharge, and to give him

a claim of right to leave the service after the expiration of the prescribed period. Any regulation which makes the yoke of perpetual servitude sit easier will tend to render obedience more cheerful, and by that means improve the discipline and efficiency of the army. In 1749, a bill was brought into Parliament for limiting the time and conditions upon which soldiers might be discharged the service, but it passed in the negative. It appears to have been intended by this bill that a soldier who had served *ten years* might purchase his discharge by paying *three pounds.* The debate which took place when the bill was before the House is very interesting. One member observed, that, " as long as soldiers are listed for life, the service will always be despicable in the eyes of the people, and none but the most abandoned or the most thoughtless will enter into it." Another said, " It is despair that renders our common soldiers generally so idle and dissolute ; offer them but a view to freedom—give them a prospect, though a distant one, of their becoming a part of the people—and you will see a remarkable, a happy change in the behaviour of the army."

During the last war, before a dragoon could obtain a discharge from the army, his friends required to furnish *three* approved substitutes.

47. Soldiers who have *actually* served twenty-one years in the infantry, or twenty-four in the cavalry, and who being fit for service, are *discharged at their own request*, may be allowed a pension of 10d. a day, as shown in Article 4.

48. But in all cases of soldiers allowed to *purchase discharges* or to *obtain free discharges*, or pensions on discharge at their *own request*, (if they have served the requisite period,) the number of men to be annually discharged, and the selection of the individuals, shall be governed by such instructions as the Commander-in-chief may give from time to time, or the Master-general of the Ordnance for that department, for extending or limiting the numbers, or wholly suspending the permission, according to circumstances.

Provided that in all the aforesaid cases a period of *not less than thirty days* shall elapse between the soldier's application, and the commanding officer's consent to recommend the discharge ; this interval being allowed for the express purpose of giving the soldier sufficient time for due deliberation. At the same time it shall be clearly explained to him what prospect of

permanent pension he will forfeit, in consequence of accepting a free discharge at his own request.

But nothing in this regulation is to be construed, as giving any *right* to a soldier to claim his discharge by purchase or otherwise, it being intended as an *indulgence* to be conferred upon the deserving soldier, in proportion to his good conduct, and the length of his service.

It seems highly desirable that the principle on which soldiers are allowed free discharges should be still further extended so as to admit of their being discharged if they wish it after a service of eight, nine, or ten years. Experience has convinced the powers on the continent, that the system of binding a man during the whole course of his life to military subjection is contrary to every principle of economy and efficiency. An indefinite period of service, that is to say, service as long as health and strength remains, presents something appalling to a reflecting mind. Recruits commonly enlist without thought or consideration, or from sheer necessity, but regret and dejection frequently follow, and, as there is no definite period at which their engagement is to terminate, the influence of hope, which is necessary for the efficient execution of any duty, becomes annihilated, and a state of mind succeeds, by no means favourable either to sound health or military subordination. The natives of France appear to have great reluctance to unlimited service in the army. M. Dupin, *(Force Militaire de la Grand Bretagne)*, says with reference to the recruits who enlisted in this country in the year 1814," *Que penser ensuite des classes inferieures d'un peuple dont les neuf dixiemes des enroles engagent pour jamais leur liberté.*" Enlistment for life, I believe, never was adopted in France; the period of engagement has varied considerably, and been successively three, four, six, eight, and by the ordonnance of March 1832, it is seven years. A soldier may re-enlist or extend his services for a period of from two to five years, when they become entitled to a higher rate of pay. But soldiers who wish to remain in the army commonly re-engage as substitutes for seven years, and by this means obtain a premium of from L. 60 to L. 80, being on an average about L. 10 a-year in addition to their pay. In 1810, an act was passed, under which recruits for the European force of the Honourable the East India Company, amounting to about 14000 men, might enlist either for life, or a limited service of twelve years, and with respect to the native force, amounting to about 190,000 men, they may obtain their discharge during a period of peace at their own request, after having served three years, but during war they have no claim to be discharged, after having served any

period. In the United States of America the period of enlistment for the regular army is five years.

A recruit who enlists for a definite period, or whose engagement permits him to claim his discharge, after a term of years, reserves the right of resuming, at a given time, the place he occupied among his fellow-citizens, and thereby retains some prospect of his liberty. The condition and duties of a soldier require the stimulus of hope—a hope of having it in his power to retire from the service with credit and respectability, at a time of life when he is able to resume the employment of his early years. Hitherto parents have shown much reluctance to permit their sons to enlist; but I have no doubt that the unwillingness would be partly obviated, were the facilities for quitting the service increased. By this means it is hoped the army would become somewhat more popular, that a military feeling would be excited, discipline improved, obedience rendered more cheerful, and that hankering to quit the service, which is a most disabling infirmity, probably decreased. We cannot, however, expect that a superior class of men will enter the army, namely, men with some degree of intellectual culture, and a fair character for correct conduct, until the condition of a soldier be greatly improved; for this purpose his situation would require to be rendered, in time of service, in present emolument, in future provision, and in respectability, so desirable as to place him on a level in popular opinion with men of other employments.

49. If any soldier *purchase* his discharge, or receive *a free discharge* at his own request, he shall have *no claim* to pension; and should he subsequently re-enlist, he shall not be permitted to reckon his former service.

50. With the view of *rewarding meritorious soldiers* when discharged, and of encouraging good conduct in others whilst serving, his Majesty has been pleased to direct that a gratuity in addition to the pension may in certain cases be given to one serjeant or corporal, and one private, annually, in every regiment of an establishment of 700 rank and file and upwards.

The men to be recommended must have completed twenty-one years of actual service in the infantry, or twenty-four in the cavalry; have never been convicted by court-martial, and must have borne an irreproachable character, or have particularly distinguished themselves in the service.

The serjeants must have served ten years, and the corporals

seven years, in their respective ranks as non-commissioned officers, and must have been discharged as such.

The gratuity to the serjeant shall be L. 15; corporal, L. 7; private, L. 5.

The names and services of the individuals receiving the gratuity shall be published in regimental orders, and sent to the parishes to which they belong, *after* the Commander-in-Chief shall have confirmed the regimental commanding officer's recommendation, and *after* the Commissioners of Chelsea Hospital shall have notified to the Secretary at War that the gratuities have been paid.

In corps of a lower establishment than 700 rank and file, one individual may be recommended every year for the above-mentioned gratuity, to be selected by alternate years; that is to say, one year a serjeant or corporal, the next year a private.

[Discharged soldiers receiving a gratuity for *meritorious conduct*, shall be entitled to wear a silver medal, having on one side of it the words, "For Long Service and Good Conduct," and on the other side, in relief, the King's arms, with the name and rank of the soldier, and the year inscribed on the medal. The medal will be transmitted by the Adjutant-general to the officer commanding the regiment, who will deliver it to the soldier on the parade, with the parchment certificate of discharge, on which the grant will be recorded, as well as in the regimental orders, and in the register of soldier's services.

If circumstances should prevent the discharged soldier from receiving the medal at the regiment, it will be delivered to him through the Adjutant-general, at the Board of the Chelsea Commissioners.]—*Art.* 50. *By order of the King, signified to the Secretary at War, July* 30, 1830.—*H. H.*

51. In order to secure the interests of the soldier, at the close of his military service, a regimental board shall henceforward be assembled under the orders of the Commander-in-Chief, for the purpose of verifying the following particulars, before any soldier be recommended to be discharged.

"In order to secure to the deserving soldier, when discharged, a provision proportioned to the length and nature of his service, and to enable Our Commissioners of Chelsea Hospital to carry into full

effect Our rules and regulations for the pensioning of soldiers,—We do hereby order, that no soldier shall be discharged, whether for unfitness, or for any other cause, unless his services, conduct, character, and the cause of the discharge, be ascertained before a regimental board, to be held for the purpose of verifying and recording all these necessary particulars in the discharge, on which document the decision of Our Commissioners of Chelsea Hospital on the soldier's claim will be made.—The Board shall be composed, in all cases, of *three* officers:—the Major, or second in command, shall be the president, and two Captains shall be members;—and all military persons who may be summoned by the president thereof are directed to attend, and give information to the Board on the subject of their inquiry:—such Board is not competent to award any punishment or forfeiture of service, their duty being restricted to the faithful and impartial record of the soldier's services and conduct at the close of his military career;—and they will be governed in this their duty by a reference to Our rules, orders, and regulations for the pensioning of soldiers, which regulations shall be produced before the Board whenever it is assembled:—When the Board is assembled by order of the commanding officer, or other superior authority, the members thereof shall severally make the following declaration in the presence of the soldier whose case is under inquiry:—

I, A. B. *do declare, upon my honour, that I will duly and impartially inquire into the matters to be brought before this Board, according to the rules and regulations of his Majesty's service, and if any doubt shall arise, according to my conscience, the best of my understanding, and the custom of the service in like cases.*"—Rules and Articles, 1830, page 34.

1st. *His Services.*—The regimental records shall be produced, from which the Board will make a report, stating the period of the soldier's service, the countries in which he has served, the wounds he has received, the battles, sieges, or campaigns, in which he was present, and any instances of remarkable bravery he may have displayed.

2d. *His Character.*—The regimental records shall be referred to, and parole evidence be required from those officers of the corps, particularly the medical officers, and others who have had the best opportunities of witnessing the soldier's conduct in all situations. If he shall have forfeited his service by the sentence of a court-martial, and shall not have had such service restored, the fact and cause of such forfeiture are to be stated;

and as the rate of pension to be awarded will be influenced by *character*, the Board will, after the most careful investigation, report whether the soldier's conduct has been generally good, bad, or indifferent, in the terms best calculated to express their opinion, more especially directing their attention to the latter years of his service.

3d. *His Disability.*—The Board is to specify the nature, degree, and cause of the disability, in their report, and to affix to it the report from the medical officer, stating the origin and progress of such disability, the manner in which it was contracted, the conduct of the man whilst in hospital, and the degree of his unfitness for military service, in order that no soldier may be discharged as disabled, unless the disability shall be ascertained to be such, as in all probability to disqualify him permanently for military service.

4th. *His Accounts and Claims.*—The Board will ascertain and report upon all just demands of pay, clothing, &c. and before the soldier leaves the regiment, the settlement of his accounts is to be certified in his discharge, and signed by him.

But no soldier shall be examined before a regimental board, with a view to his discharge for disability, unless he shall have been previously inspected by the General, or other superior officer in command, by whose orders the regimental board will be convened.

The Board shall be composed of three officers: A Field Officer, or the second in command, shall be the President, and two Captains shall be Members. When the report of the Board shall have been confirmed by the officer commanding the regiment, the President shall fill up the discharge, according to the substance of the regimental board's proceedings. The discharge shall then be signed by the President, and countersigned by the Commanding Officer, and be transmitted, together with a certified copy of the court's proceedings, to the Adjutant-General, through the general or other officer commanding on the station.

52. In any case of disability, requiring the soldier personally to appear before the Commissioners of Chelsea Hospital to obtain a decision upon his claim for pension, the soldier in the first instance will be ordered to the Invalid Depôt at Chatham,

or to the General Hospital in Dublin, in order that the remarks of the military and medical authorities at those stations may be inserted in the discharge; and on the day appointed for the Commissioners to hold a Board at Chelsea, or Kilmainham, the principal medical officer, or the staff-surgeon who has had the soldier, whose case is before the Board, under treatment at the General Hospital, will attend, with an abstract of his professional observations on each man's case, when the Board will decide upon the claim to pension.

If the regimental investigation shall have been held abroad, the General, or superior officer on the station, will, according to his judgment, order the soldier to a convalescent station abroad, or to the Invalid Depôt at Chatham.

Upon the report of the military and medical authorities at the Invalid Depôt at Chatham, or at the General Hospital in Dublin, the Commander-in-Chief will give the necessary orders for the personal appearance of the soldier at Chelsea, or Kilmainham, or for his joining the depôt companies of his regiment, or for his final discharge, according to the circumstances of the case; but no soldier who may have been sent from the Invalid Depôt Chatham, or from the General Hospital Dublin, to his regiment, on a medical report of his fitness for duty, shall be returned to the said Depôt or Hospital, until after the expiration of one year, unless specially directed to be so returned by the Commander-in-Chief.

[And whenever a decision shall have been given by order of the Commander-in-chief, to retain a soldier in the service, proposed to be discharged, the case of such soldier shall not be again brought forward for discharge, until after the expiration of one year, dating from the last decision.]—*Art.* 52. *By order of the King, signified to the Secretary at War, July* 30, 1830.—*H. H.*

53. If the case of the soldier be clearly such as not to entitle him to any pension, and that there is no necessity for his personal appearance before the Commissioners of Chelsea Hospital, the proceedings of the Regimental Board, and the discharge stating the grounds of the rejection of his service, shall nevertheless be sent to Chelsea: if the Commissioners shall con-

cur that the soldier has no claim, they will communicate their decision to the Secretary-at-War, according to Article 13 of these Regulations; but if the Commissioners shall entertain a different opinion, they will make further inquiry.

No discharge, to which a claim for pension may attach, shall be finally confirmed by the Adjutant-General's Department, until the case shall have been decided upon by the Commissioners of Chelsea Hospital.

[Recruits under three years' service, who, upon trial, have been proved to be never likely to be made good and efficient soldiers, may be reported once a year after the summer half-yearly inspection, for the purpose of being discharged, under such instructions as the Commander-in-Chief and the Secretary-at-War may issue.]—*Art.* 53. *By order of the King, signified to the Secretary-at-War, July* 30, 1830.—*H. H.*

I fear much that the permission granted in the last paragraph of this article is liable to be greatly abused. A great majority of young soldiers, more or less dislike the army during the period of drill; and, until they become domesticated in a corps, " a recruit," says the Duke of Wellington, " must be constrained to serve the State according to his engagement, and must be taught and must be forced to learn how to serve in his station of soldier, how to keep his equipment in order, and, above all, to attain habits of obedience and good order, and of respect and attention to his official superiors." Now, before a soldier can be thus far trained, his irregular habits and propensities must be checked, his inclinations thwarted, and his habits altered. Under this discipline some recruits or young soldiers desert, others suffer in health, and not a few simulate disabilities. In the French army, where the period of service is short and well defined, which is not the case in the British army, loss of health seems to be very prevalent among young conscripts. " Cette maladie (home sickness) etait surtout assez fréquente dans l'armée Française parmi les jeunes gens que la conscription arrachait du sein de leurs familles et de leurs plus chères affections. * * * La discipline du corps l'obeissance à la quelle les soldats sont astreints, les punitions, le changement de nourriture et de climat contrastent singulierement avec la liberté dont ils jouissaient auparavant."—*(Vade Mecum par le Chevalier Sarlandière.)*

These circumstances will, in some measure, account for the great number of young soldiers who are brought forward under the

sanction of this article for discharge, and who are lost to the service. Regimental officers are commonly not unwilling to promote the dismissal of unpromising recruits, whether their alleged inefficiency arises from physical or moral causes; but the discharge of one man may excite many to simulate unfitness for the service. I am therefore disposed to question the policy of rendering the discharge of men under three years' service more easy than that of soldiers who have served a longer period; this being a time when soldiers are much disposed to feign disabilities for the purpose of leaving the service.

54. Lists of the soldiers allowed to purchase discharges, or obtain free discharges, shall be periodically sent to the Secretary-at-War, with the discharges themselves and other requisite documents, in order that an accurate register may be kept of this class of discharged men at Chelsea.

55. Soldiers who obtain permission to be discharged at their own request for length of service and good conduct, as laid down in Article 46, and soldiers discharged in the Colonies or garrisons abroad, as being disabled, if they have in both cases completed twenty-one years' service in the infantry, or twenty-four years in the cavalry, and are desirous of settling in such Colonies, may be admitted on the Out-Pension List, without appearing personally before the Commissioners of Chelsea Hospital, provided that the recommendation from the officer commanding on the station, with the reports and discharges, shall be transmitted through the Commander-in-Chief to the Secretary-at-War, who will signify His Majesty's pleasure to the Commissioners for the pensioning of any soldier, without his appearing personally before them, at such rate of pension as they may determine; and until such decision shall be received abroad, the soldier will continue to draw his full pay, without allowances: but in all these instances the soldier's case shall be investigated, and his claim to pension regulated according to the 51st and 52d Articles of these Regulations.

56. Any soldier *discharged while serving abroad*, shall, if the superior authorities on the spot think fit, and the good conduct of the soldier justifies the indulgence, have the option of receiving assistance by a grant of land, to become a settler in the Colony in which he may be serving, as regulated in Article 46, or

of being sent to Great Britain or Ireland, free of expense; in the latter case he shall receive the regulated marching-money, from the place of his being landed, to the parish or place in which he was originally attested, or to such other place as he may choose, provided no additional expense be incurred.

VII.—*Deductions to which the Pensioner is liable.*

57. The only deduction to which Pensioners shall be liable from their pension, is one shilling in the pound, as heretofore directed by the Act of the 28th of George II. and no agent or clerk paying the pensioners shall demand or take from them any fee or reward, without subjecting himself to the penalty of forfeiting his office, together with the sum of L. 100 in conformity with the Act of the 7th Geo. IV. cap. 16.

[By an Act relating to army pensions, of the 16th July 1830, the Secretary-at-War, with regard to pay and pensions, and the Commissioners of Chelsea Hospital, with regard to prize money and pensions, paid by order of the Commissioners, are respectively empowered to issue any balance due to a deceased officer, soldier, or pensioner, when the amount does not exceed L. 50, to the next of kin or legal representative of the deceased, without the production of letters of administration.]—*Art. 57, Bis.*

58. No person employed to pay the pensioners shall be allowed to charge more than threepence for the affidavit required to be transmitted quarterly to the Secretary to the Board of Chelsea Hospital.

59. Should a pensioner lose his instructions, and make an application for a fresh copy, he may be supplied therewith, on making affidavit of the circumstances under which the original was lost, and provided it shall be shown that the same had not been pledged, or improperly disposed of; but if the pensioner be proved to have taken a false oath, he shall be struck off the pension list. When new instructions are given, he shall be liable to pay for them a sum not exceeding two shillings and sixpence, nor less than one shilling.

60. The Commissioners shall, as heretofore, at their discretion, dismiss any in-pensioner from the Hospital if guilty of mis-

conduct; and upon such dismissal they shall have the power of reducing the amount of the pension to which such pensioner was entitled on his admission, or of taking it away altogether.

61. Whenever a grant of land is made to a discharged soldier, either in commutation of the pension, or in aid of his becoming a settler, he shall be exempt from the payment of any fees for such grant; the terms upon which grants to soldiers and pensioners are to be made shall be governed by such instructions as his Majesty may be pleased to give, through the Secretary of State for the Colonial Department.

62. Should any doubts arise, as to the true intent and meaning of any part of the foregoing regulations, his Majesty's pleasure will be signified through the Secretary at War,

By his Majesty's Command,

HENRY HARDINGE.

[The foregoing amendments and alterations of the 6th, 33d, 46th, 50th, 52d, 53d, and 57th Articles were issued from the War Office, in a Circular under date the 30th July 1830, and directed by the Secretary at War to be affixed to the articles to which each respectively belongs in the Pensioner Regulations. On the first reprint of the warrant, these alterations are to be inserted in their proper places in the Regulations, but the date of the alteration in the margin is to be retained.]

III.—*Warrant regulating the Grant of Pension, Allowance and Relief to Soldiers on their Discharge from the Army. Dated 7th February* 1833.

WILLIAM R.—WHEREAS we have judged it expedient to revise the Warrant of our late Royal Brother, dated the 14th day of November 1829, for granting Pensions, Allowances, and Relief to Soldiers on their Discharge from our army as wounded, disabled, or invalided, and disbanded or reduced; Our will and pleasure therefore is, that this our Warrant shall be established and obeyed as our sole authority under which Pensions, Allowances, and Relief, may be granted to Discharged Soldiers who

shall be enlisted into our Service after the First day of March 1833, but that all Non-Commissioned Officers and Soldiers enlisted previously to that day shall, as regards their claim to Pension on Discharge, remain entitled to every benefit or provision which they can at present claim under any Warrants or Regulations which were in force at the time of their original enlistment.

A Soldier enlisted for unlimited service cannot demand his Discharge as a *matter of right*, either with or without a pension; but discharge may be granted—

1. On account of incapacity for further service.

2. In consequence of reduction of the military establishment.

3. As an indulgence upon certain conditions.

The Commissioners of Chelsea Hospital are charged with the application of those rules which are to govern the ordinary grants of pension, the amount of which shall in no case exceed the rates fixed by this warrant, and when once granted the amount cannot be *increased* by the Commissioners. But the Commissioners shall not, without the concurrence of the Secretary at War, act upon any discharge which shall not have been completed according to the form prescribed by the Secretary at War; nor upon such discharge unless it be brought before them within six months after the date on which the soldier shall have quitted the service.

Such special deviations from those general rules as are hereinafter expressed, or as may appear advisable to His Majesty, will be made by the Secretary at War, with whom alone it rests to interpret the true intent and meaning of any passage in the warrant or regulations on which a doubt may arise.

The pecuniary benefits attaching under this warrant to cases of disability, are expressly and strictly to be limited to disability caused in and by the service, and pensions are not to be bestowed upon those who have not acquired strong claims to them; or who, by want of proper care, or by vice, intemperance, or other misconduct, have rendered themselves incapable of further service.

In exercising any discretion within the range of the allow-

ances prescribed by this warrant, the points to be kept steadily in view are, the gallant conduct and good character of the soldier ; the length of his good and faithful services ; the extent of that disability which can fairly be ascribed to the effect of service only ; and the degree to which it interferes with his power of earning a livelihood.

I. *Permanent Pensions.*

Wounds in Action.—Permanent Pensions may be granted to men discharged in consequence of being rendered incapable of further Service by Wounds or Injuries received in Action, according to the following Scale :—

RANK.	First Degree. Men able to contribute towards earning a livelihood, although rendered by Wounds unfit for the ordinary duties of a Soldier.		Second Degree. Men rendered incapable by Wounds, of earning a livelihood, but not requiring the aid of another person.		Third Degree. Men losing two Limbs or both Eyes, from Wounds, or being so severely wounded as to be totally incapable of earning a livelihood, and to require the assistance and care of some other person.	
	From	To			From	To
	s. *d.*	*s.* *d.*	*s.* *d.*		*s.* *d*	*s.* *d.*
Private,	0 6	0 9	1 0		1 6	2 0
Corporal,	0 9	1 0	1 4		1 10	2 4
Serjeant,	1 0	1 6	1 10		2 6	3 0

In cases of extreme suffering from wounds received in action by non-commissioned officers or soldiers of long service, or of gallant conduct in the field, a sum not exceeding *sixpence* a-day, may be granted at the recommendation of the Commander in Chief, by the Commissioners, with the consent of the Secretary at War, as His Majesty's Royal Bounty, in addition to the pension which may have been awarded by the Commissioners of Chelsea Hospital.

Blindness.—Permanent pensions may be granted to men who shall become totally blind from unavoidable causes other than wounds, but clearly attributable to the military service alone, according to the following scale :—Private, from 9d. to 1s. ; Corporal, having served seven years as such, 1s. to 1s. 3d. ; Serjeant, having served as a non-commissioned officer ten years, and not less than five years as a serjeant, 1s. 3d. to 1s. 10d.

If the soldier shall have served more than fourteen years in the infantry, or more than seventeen years in the cavalry, and be discharged with a constitution impaired by the effects of Colonial service, besides being afflicted with total blindness, an increase to the above rates, not exceeding for a private *threepence* a-day, and for a non-commissioned officer, *fourpence* a-day, may be added by the Commissioners with the consent of the Secretary at War.

No soldier shall be discharged for the loss of an eye only, whether it be the right or the left; but if a soldier shall have lost one eye by a wound in action, or by the effects of service, and shall receive other wounds or injuries in action, or be otherwise so disabled as to render his discharge necessary, the loss of an eye may be taken into consideration in fixing the pension at such a rate as his combined wounds or disabilities may entitle him to receive.

Men unfit for the ordinary duties of a soldier, after twenty-one years service in the infantry, or twenty-four years in the Cavalry.—Permanent pensions, according to the following scale, may be granted to men, who having completed twenty-one years actual service in the infantry, or twenty-four years in the cavalry, may be discharged in consequence of being rendered unfit for the ordinary duties of a soldier, by disabilities contracted in and by the service.

		From s. d.	To s. d.	
Private	. . . . .	0 6	1 0	
Corporal	Who shall have served continuously as Corporal Five Years immediately preceding his discharge	0 8	1 2	
Serjeant, Colour Serjeant, Troop Serjeant Major .	Who shall have served continuously as a Non-Commissioned Officer Five Years, of which the Three Years immediately preceding his discharge shall have been as Serjeant . .	0 10	1 4	
Ditto	Who shall have served continuously as Serjeant Five Years immediately preceding his discharge	1 0	1 6	The increase from the minimum shall be, in each case, ½d. a Day for every Year of actual Service completed beyond 21 Years in the Infantry, or 24 Years in the Cavalry; but in no case shall the maximum be exceeded.
Quarter Master Serjeant, Serjeant Major .	Who shall have served continuously as such Three Years immediately preceding his discharge	An addition to the Pension to which he would have been entitled as a Serjeant of 3d. a Day for a Quarter Master Serjeant, and of 6d. a Day for a Serjeant Major.		

By this warrant, a soldier's ordinary pension after twenty-one years' service is *sixpence* a day in lieu of one shilling, or tenpence if a man retired at his own request, by the warrant of 1829. Soldiers who have served twenty-five years in the infantry are entitled by the warrant of 1829 to receive each a pension of 1s. 2d., but by the warrant of 1833, they will receive only 8d. Men who have served twenty-one years in the infantry, or twenty-four years in the cavalry, are well entitled to a pension, upon which they may be able to exist; but a soldier who has been long accustomed to the pay and comforts of the army, is not able to live upon 6d. a day,—he must become a pauper. Recruits seldom think of pensions when they enter the army, but after ten or twelve years service, this subject engages much of their attention; and those who have enlisted since 1833, will be apt to draw comparisons, and to find that they have been less liberally dealt with than men who enlisted before that period. This circumstance may lead to ill-humour, discontent, and ultimately to malingering for the purpose of being discharged. In the event of the breaking-out of a war, and a large augmentation of the army being necessary, a higher

rate of pension will require to be granted not only to the men who then enlist, but to all the men in the service who have enlisted since 1833. If I recollect rightly, the men who had enlisted for unlimited service previous to Mr Windham's Act were included in the new rates of pension given to men for limited service, and even the old pensioners had their rates raised.

Men unfit to earn a livelihood after twenty-one years service in the Infantry, or twenty-four years in the Cavalry.—If a man be discharged, not only as unfit for the ordinary duties of a soldier, after the above periods of service, but on account of permanent disabilities or injuries contracted in and by the service, so as to be permanently incapable of earning a sufficient livelihood, an increase to the above rates not exceeding for a private, 3d. a-day; corporal, 4d.; serjeant, 6d. may be made by the Commissioners with the consent of the Secretary-at-War; but the pension of a private shall in no case exceed *one shilling* a-day, of a corporal *one shilling* and *four-pence*, of a serjeant *one shilling* and *tenpence*, of a quarter-master serjeant *two shillings* and a *penny*, and of a serjeant major *two shillings* and *four-pence* a-day.

Men unfit to earn a livelihood, under twenty-one years service in the Infantry, or twenty-four years in the Cavalry.—Permanent pensions may also be granted to men discharged on account of disabilities or injuries contracted in and by the service, which shall be so permanently prejudicial to their bodily exertions as to render them incapable of earning a sufficient livelihood; according to the following scale:

After fourteen and under twenty-one years' service in the infantry, or after seventeen and under twenty-four years service in the cavalry:—Private from 6d. to 8d; corporal, having served seven years as corporal, from 7d. to 9d.; serjeant, having served five years as serjeant, from 9d. to 1s.

These cases are, however, to be deemed special, and the pension is not to be granted by the Commissioners without the consent of the Secretary-at-War.

The temporary pensions which may have been awarded by the Commissioners of Chelsea Hospital, under a subsequent clause of this Warant, to men discharged as unfit for the ordinary duties of a soldier on account of disabilities contracted

in and by the service previously to the completion of fourteen years service in the infantry, or of seventeen years in the cavalry, may, under extraordinary circumstances of extreme suffering, or of permanent incapacity to earn a sufficient livelihood, be made permanent on the recommendation of the Commissioners of Chelsea Hospital, by the Secretary at War.

Permanent Pension on Reduction.—Permanent pensions may be allowed to men discharged without disability, in consequence of the reduction or disbandment of their regiments after a service of twenty-one years in the infantry, or of twenty-four years in the cavalry; but the rates shall in every case be within those granted by this warrant, to men discharged as unfit for the ordinary duties of a soldier, and shall be proportioned to the length of the man's service, and his merits as a soldier.

Permanent Pension as an Indulgence.—Soldiers of good character, who have served twenty-five years in the infantry, or twenty-eight in the cavalry, may, although not unfit for the service, obtain, at their own request, their discharge and a permanent pension, not in any case to exceed for a private *sixpence* a-day, for a corporal *eightpence* a-day, and for a serjeant *tenpence* a-day.

As to the indulgence of granting a permanent pension to soldiers of good character, who have served twenty-five years in the infantry, or twenty-eight in the cavalry, I have only to observe, that very few soldiers have hitherto served these periods in the respective branches of the service. Long before twenty-five or twenty-eight years' service, they are in general completely unfit for duty, and discharged as worn out.

In the following classes of troops and stations, the centesimal ratio of men above forty years of age, from 1st January 1830, till 31st March 1837, was as understated :

Stations.	Aggregate Strength.	Aggregate No. above 40 years of age.	Ratio per cent above 40 years of age.
Household Cavalry,	8,345	570	6.8
Dragoon Gds. & Dragoons,	43,163	2,920	6.7
Foot Guards, . .	33,410	2,035	6.0
Mediterranean stations including Gibraltar,	53,196	1,639	3.0
Bermuda, . .	3,445	79	2.2
Jamaica, . .	16,653	352	2.1
Canadas, . .	16,561	346	2.0
Windward and Leeward Command, .	30,413	609	2.0
Nova Scotia and New Brunswick, .	12,599	241	1.9

II. *Temporary Pensions, or Gratuities in lieu thereof.*

Men unfit for the Ordinary Duties of a Soldier, under twenty-one years' service in the Infantry, or twenty-four years in the Cavalry.—Men discharged previously to the completion of twenty-one years' service in the infantry, or of twenty-four years' service in the cavalry, on account of their being unfit for the ordinary duties of a soldier, in consequence of disability contracted in and by the service, may be allowed temporary pensions according to the following scale, viz.—Under seven years' service, *sixpence* a-day from one to eighteen months; above seven but under ten years' service, *sixpence* a-day from one to two years; above ten but under fourteen years' service in the infantry, or under seventeen years in the cavalry, *sixpence* a-day from two to three years; above fourteen but under twenty-one years' service in the infantry, and above seventeen but under twenty-four years in the cavalry, *sixpence* a-day from three to five years.

A non-commissioned officer, who shall have served continuously at least three years in the rank he held when discharged, may be allowed an addition not exceeding for a corporal *twopence* a-day, and for a serjeant *fourpence* a-day, to the temporary pension which would have been granted to him if he had been discharged as private.

In severe cases of disability or injury resulting entirely from military duty, or from the effects of climate, under twenty-one

years' service in the infantry, or under twenty-four years' service in the cavalry, the temporary pension may be renewed by the Secretary at War for such further period as the special circumstances of the case may in his judgment warrant.

In special cases where it may be considered more advantageous to the soldier's interest, that a gratuity in money, proportioned to the length of his services, and the duration of the temporary pension awarded, should be given instead of the temporary pension, a sum varying from L. 1 to L. 30 may be allowed by the Commissioners, if the soldier appear personally before them, or by the Secretary at War, if the soldier be discharged without being examined personally by the Commissioners; but in every instance the gratuity shall only be paid to the soldier after his arrival at the place of his intended future residence.

Temporary Pension on Reduction.—Temporary pensions, or the gratuities in lieu thereof, according to the foregoing scales, may be also granted at the discretion of the Commissioners to men discharged, without disability, for the convenience of the public service, in consequence of the reduction or disbandment of their Regiments, after a service of fourteen but under twenty-one years in the infantry, or after seventeen but under twenty four years service in the cavalry.

III. *Discharges by Indulgence.*

Soldiers of good character may be allowed to purchase discharges, or to obtain free discharge at their own request, if they have served the requisite period; but the number of men to be annually discharged, and the selection of the individuals, shall be governed by such instructions as the Commander-in-Chief, with the concurrence of the Secretary at War, may from time to time give for extending or limiting the numbers, or for wholly suspending the permission.

In all cases of free discharge, a period of not less than thirty days, for the purpose of giving the soldier a sufficient time for deliberation, shall elapse between the soldier's application and the commanding officer's consent to recommend the discharge; and the prospect of permanent pension which the soldier will for-

feit by accepting a free discharge at his own request, shall be clearly explained to him.

Soldiers may be permitted to purchase or to obtain discharge, at their own request, upon the following terms :—

	Cavalry.	Infantry.
Under 7 years upon payment of -	L. 30 -	20
Above 7, - - - -	25 -	18
10, - - - -	21 -	15
12, - - - -	15 -	10
14, - - - -	12 -	5
15, - - - -	6 -	Free.
16, - - - -	Free. -	Free.

When it is the intention of a soldier who has been permitted to obtain a free discharge at his own request, to settle in any of His Majesty's Colonies, he may, if in good health, be allowed, in furtherance of that object, by the Secretary at War, a gratuity proportioned to the length of his services, according to the following scale; but this gratuity shall be paid to him only in the colony in which he proposes to settle, and in such manner and at such times, but within eighteen months after his arrival, as shall be deemed best for his interests by the general officer in command of the station, or by the governor of the colony; but the permission to settle in the colonies will of course be governed by the instructions of the Secretary of State for the Colonies.

Cavalry.	Infantry.	To a private.	To a corporal.	To a serjeant.
After 21 years.	After 18 years.	L. 10 -	L. 15 -	L. 20
22 -	19 -	12 -	18 -	24
23 -	20 -	14 -	20 -	28
24 -	21 -	16 -	24 -	32
25 -	22 -	18 -	27 -	36
26 -	23 -	20 -	30 -	40
27 -	24 -	24 -	36 -	48

provided that, in the case of the corporal and serjeant, he shall have served continuously five years immediately preceding his discharge in the rank he held when discharged.

Where grants of land in the colonies can be made in addition to free discharges, the precise terms of the grant, and the most advantageous mode of paying the gratuity, shall be clearly explained to the soldier before he receives his discharge, and shall be registered in the regimental records. When a soldier who

has received a free discharge, with or without a gratuity, has been settled three months, and is actually residing on his grant, and is industriously employed in clearing it, the governor, under authority from the Secretary at War, may authorize the issue of a quarter's pension at sixpence a day, and may from time to time renew such issue for a period not exceeding in the whole one year.

IV. *Rewards for Meritorious Conduct.*

With the view of rewarding meritorious soldiers when discharged, and of encouraging good conduct in others whilst serving, His Majesty has been pleased to direct that a gratuity, in addition to the pension, may in certain cases be given to one serjeant or corporal, and one private annually, in every regiment of an establishment of 700 rank and file and upwards; and in regiments of a lower establishment than 700 rank and file, one individual may be recommended every year for the above-mentioned gratuity, to be selected by alternate years; that is to say, one year a serjeant or corporal, the next year a private.

The men to be recommended must have completed twenty-one years of actual service in the infantry, or twenty-four in the cavalry; have never been convicted by court-martial, and must have borne an irreproachable character, or have particularly distinguished themselves in the service. The serjeants must have served ten years, and the corporals seven years in their respective ranks as non-commissioned officers, and must have been discharged as such. The gratuity to the serjeant shall be L. 15; corporal, L. 7; private, L. 5. These gratuities will be paid under the directions of the Secretary at War, to whom the Commander-in-Chief will notify the individuals selected, previously to their discharge; the names and services of the individuals receiving the gratuity shall be published in regimental orders, and the Secretary at War will notify them to the parishes to which the men belong.

Discharged soldiers receiving the gratuity for meritorious conduct shall be entitled to wear a silver medal, having on one side of it the words "For long Service and good Conduct," and on the other side, in relief, the King's Arms, with the name and

rank of the soldier, and the year of his discharge inscribed on the medal. The medal will be transmitted by the Adjutant-General to the officer commanding the regiment, who will deliver it to the soldier on the parade, with the parchment certificate of discharge, on which the grant will be recorded, as well as in the regimental orders, and in the register of soldiers' services.

This rule is obviously impracticable in a great number of instances.

If circumstances should prevent the discharged soldier from receiving the medal at the regiment, it will be delivered to him through the Adjutant-General at the board of the Commissioners of Chelsea Hospital.

V. *General Provisions.*

Medical Examination of Soldiers claiming Pensions for Disability.—In no case shall a soldier be pensioned for disability until his case shall have been reported upon by some other medical authority than the medical officers of the regiment to which he belongs; and the principal medical officer or staff-surgeon, who has had under treatment at the General Hospital, the soldier who is required to appear personally before the Commissioners of Chelsea Hospital, or before the Governors of Kilmainham Hospital, will attend on the day appointed by the Commissioners to hold a board at Chelsea or Kilmainham, with an abstract of his professional observations on the man's case, when the board will decide upon the soldier's claim to pension.

Personal appearance before Chelsea Board dispensed with in certain cases.—Soldiers who obtain permission to be discharged to pension at their own request for length of service and good conduct, and soldiers discharged as being disabled if they have completed twenty-one years' service in the infantry, or twenty-four years' service in the cavalry, may be admitted on the out-pension list without appearing personally before the Commissioners of Chelsea Hospital, provided that the reports of the regimental boards and the discharges shall be transmitted through the Commander-in-Chief to the Secretary at War, who will signify to the Commissioners His Majesty's pleasure for the pensioning of such soldiers without their appearing personally before the board, at such rate of pension as the Commissioners

may determine; but no soldier shall be pensioned by the Commissioners without personal appearance, except under such dispensing authority conveyed to them by the Secretary at War.

Proceedings of Commissioners to be reported to the Secretary at War.—Immediately after each board at Chelsea Hospital, a return shall be forwarded by the Commissioners to the Secretary at War, showing in detail the pensions which have been granted, and the claims which have been refused at the board. The Secretary at War, on receiving the return, shall make such communications on the subject to the Commanding Officers of the regiments from which the men shall have been discharged, and to the parishes to which the men belong, as may in his judgment seem proper.

Rules for reckoning Service towards Pension.—The date of attestation shall be the commencement of a soldier's service, which shall reckon towards pension from the age of eighteen only. The age specified in the attestation shall be taken to be the real age, and he shall in no case benefit by the subsequent discovery of any misrepresentation. His service shall be reckoned according to the rules applicable to the corps in which he may be serving when discharged.

But he shall not reckon as military service any previous service in His Majesty's navy, nor any period during which he shall not be entitled to pay, according to the provisions of the Mutiny Act.

Service of Non-Commissioned Officers.—No non-commissioned officer shall, on his discharge, have any claim to the allowance or pension awarded to a corporal or serjeant, except for continuous service immediately preceding his discharge in the rank he held when discharged: but if a serjeant shall be discharged without having served continuously as serjeant the full period prescribed by this Warrant to entitle him to the pension of that rank, he may be allowed to reckon as corporal's service the whole of his continuous service as a non-commissioned officer to entitle him to the rate of pension allowed to the rank of corporal; and antecedent service as a non-commissioned officer in a rank from which he may have been reduced, may be specially admitted to reckon as part of his continuous service, pro-

vided it be established to the satisfaction of the Secretary at War, that such reduction in rank was on account of the public service, and did not result from any irregularity or misconduct on the part of the soldier himself.

The period during which any soldier may have been employed as an acting lance serjeant or corporal, shall not be allowed to reckon as non-commissioned officer's service.

Discharged Men Re-enlisting.—A soldier discharged on the disbandment or reduction of his corps, shall, on being permitted to re-enlist within three years, reckon his former service, provided that at the time of being attested he shall declare his former period of service, and the cause of his discharge from his last corps, so that they may be recorded in his attestation.

A soldier who has purchased his discharge, or has received a free discharge at his own request, shall not, if he re-enlist, reckon his former service.

A soldier discharged from the army for disability, or for any other cause, who shall on re-enlisting conceal the fact or misrepresent the cause of his former discharge, shall not be allowed to reckon his past service, or to receive any pension if again discharged for disability.

A pensioner who shall, under a proclamation of His Majesty or other lawful authority, be called upon to serve in a veteran battalion or company, or to be attached to a regiment of the line within the United Kingdom, shall, on his discharge, reckon such service towards increase of pension, provided the period be not less than one year.

A pensioner who voluntarily enlists into a veteran company or battalion, or who is appointed to be a district, or barrack, or garrison serjeant, or a military clerk, or hospital steward, or who is employed in any other military capacity, shall not be entitled to reckon such service towards increase of pension; but if such pensioner shall have served ten years or more in a veteran company or battalion, or as district serjeant, and shall be discharged therefrom with a good character, or even if he shall have served less than ten years, and shall be discharged under circumstances entitling him to special consideration as a deserving soldier, an increase of pension may be granted to him, not exceeding in

any case the rates allowed by this warrant to men discharged as unfit for the ordinary duties of a soldier, upon His Majesty's pleasure to that effect being signified to the Commissioners of Chelsea Hospital by the Secretary-at-War.

Forfeiture of Pension.—A soldier forfeits all claim to pension who has been convicted by a Court-Martial of the crime of desertion; of having wilfully maimed himself; or of having tampered with his eyes, or caused a total or partial loss of sight by his vice, intemperance, or other misconduct;—of having made or of being privy to the making of any false entry, or of producing any fraudulent document, either as regards his own services, or those of any other person;—and upon conviction by a Court-Martial, or by a Civil Tribunal, of any vicious or disgraceful conduct.

If in either of the above cases the soldier shall, subsequently to such conviction by Court-Martial, have performed good, faithful, or gallant service, he may, on the same being duly certified by the Commander-in-chief, be restored to the benefit of the whole or of any part of his service, upon His Majesty's pleasure to that effect being signified by the Secretary-at-War.

Non-commissioned officers and soldiers who have forfeited their claims to pension in consequence of misconduct, shall have their names and the circumstances under which their pensions were forfeited, published in the orderly book of the regiment to which they belonged, and a memorandum of the circumstances may, at the discretion of the Secretary-at-War, be sent to the parishes to which they belong when the men are discharged.

A pensioner shall be subject to forfeiture of pension under the following circumstances:—For wilfully obtaining credit for more than his actual service, by means of false entries, alterations, or erasure in regimental books or documents, or by any misrepresentation of his real claims;—for the commission of any felonious act, or gross fraud, proved to the satisfaction of the Commissioners;—for not appearing when called upon, according to the regulations and conditions of the service, by the Commissioners of Chelsea Hospital, or other lawful authority, to serve in a veteran or garrison battalion or company, or in a regiment of the line within the limits of the United

Kingdom, or for refusing so to serve when required;—for neglecting to obey the call of the magistrates or other sufficient authority, to assist in preserving the public peace ;—for gross violence or outrage towards any person paying the pensioners;—for assuming a false name when committed or imprisoned by the magistrates on any charge of vagrancy, or of any misdemeanour or crime;—upon conviction by a civil tribunal for felony or for any vicious or disgraceful conduct. But the Commissioners at Chelsea Hospital, with the consent of the Secretary-at-War, may, in certain cases appearing to them to admit of such an act of grace, restore the pensioner, who has so forfeited his pension, to the whole, or to a portion of his original rate of pension.

Any pensioner who neglects to draw his pension for four successive quarters shall be struck off the pension list, and shall not be replaced unless he shall satisfactorily account for such omission, and the Commissioners shall, at their discretion, grant or withhold the arrears, or any portion thereof.

If a pensioner shall apply to any parish for relief for himself or family, or shall suffer his family to become chargeable to the parish, his pension will become payable to the parish-officers, according to the provisions of the Acts of Parliament, 59 Geo. III., c. 12, and 6 Geo. IV., c. 27.

A pensioner on his admission to Chelsea or Kilmainham Hospitals as an in-pensioner, forfeits, in conformity with the Act 7 Geo. IV., c. 16, all claim to the out-pension; but the Commissioners of Chelsea and Governors of Kilmainham Hospitals may, upon reasonable cause assigned to them, permit any in-pensioner to retire from the said Hospitals, and may also dismiss any in-pensioner who has been guilty of misconduct; reserving to themselves the power of restoring, or of reducing the amount of the pension to which such pensioner was entitled on his admission.

Deductions to which the Pensioner is liable.—Every pension granted under the authority of this warrant shall be subject to a deduction of sixpence in the pound.

No person employed to pay the pensioners shall be allowed to charge more than threepence for the affidavit required to be

transmitted quarterly to the Secretary to the Board at Chelsea Hospital; and no agent or clerk paying the pensioners, shall demand or take from them any fee or reward, without subjecting himself to the penalty of forfeiting his office, together with the sum of L. 100, in conformity with the Act 7 Geo. IV., c. 16.

Should a pensioner lose his instructions, and make an application for a fresh copy, he may be supplied therewith on making an affidavit of the circumstances under which the original was lost, and provided it shall be shown that the same had not been pledged or improperly disposed of; but if the pensioner be proved to have taken a false oath, he shall be struck off the pension list. When new instructions are given, he shall be liable to pay for them, a sum, not exceeding two shillings and sixpence, nor less than one shilling.

Given at our Court at St James's, this seventh day of February 1833, in the third year of our reign.

By his Majesty's command,

JOHN HOBHOUSE.

IV. *Warrant*, 18*th August* 1836.

WILLIAM R.—WHEREAS it has been represented to us that it would materially tend to the encouragement of good conduct in the army, if a reward, to be attained only by the well-conducted soldier, were substituted for the additional pay now granted to soldiers who have completed certain periods of service: Our will and pleasure is, that all soldiers who shall enlist into our service on or after the 1st day of September 1836, shall have no claim to additional pay after any period of service, but that a reward of additional pay for good conduct shall be granted to such soldiers under the following rules:—

1. Soldiers who shall have completed seven years' service shall be entitled to claim 1d. a-day, and to wear a ring of lace round the right arm, provided their names shall not have been entered in the Regimental Defaulters' Book for at least two years immediately preceding such claim.

2. Soldiers who shall have completed fourteen years' service shall be entitled to claim a further reward of 1d. a-day, and to wear two rings of lace round the right arm, provided they shall

have been uninterruptedly in the enjoyment of the 1d. a-day for at least two years immediately preceding such further claim.

3. Soldiers who shall have completed twenty-one years' service shall be entitled to claim a further reward of 1d. a-day, and to wear three rings of lace round the right arm, provided they shall have been uninterruptedly in the enjoyment of the 2d. a-day for two years immediately preceding their claim to the third penny.

4. Soldiers who by their good conduct shall have obtained the distinction of one or more rings, shall be entitled to have the full rate of that good conduct pay, of which they shall have been in uninterrupted possession for five years immediately preceding their discharge, added to the rate of pension, whether temporary or permanent, to which they may have a right under the provisions of our warrant of the 7th February 1833.

5. Soldiers who have been in the possession of some one or other of the rates of good conduct pay for five years uninterruptedly, but who have only been in possession of either of the higher rates for some period not less than two years immediately preceding their discharge, shall be entitled, if discharged with two rings, to an addition of 1½d., and if discharged with three rings, to an addition of 2½d., as an augmentation of the pension to which their services will entitle them.

6. Soldiers who shall have been in the uninterrupted possession of good conduct pay for at least three years immediately preceding their discharge for disability, or by reduction, and who shall not have acquired claims to pensions, or who shall be entitled only to temporary or conditional pensions, shall have their names registered at Chelsea Hospital; and upon their attaining sixty years of age, shall receive, as a reward for their former good conduct, a pension of 4d. a-day if discharged with one ring, and of 6d. a-day if discharged after having been twelve months in possession of two rings; and this reward for former good conduct shall also be extended to soldiers who may be permitted to obtain free discharge at their own request, as an indulgence, after certain periods of service, as described in the 10th article of this warrant.

7. All soldiers now in our service who enlisted since the 1st March 1833, shall have the option of relinquishing all right to the additional pay of 2d. a-day, to which they are now entitled after the completion of fourteen years' infantry, or of seventeen years' cavalry service, and shall then be entitled, by their good conduct, to claim the 1d. a-day after seven years' service, and shall be, in all respects, entitled to all the advantages both of good conduct pay while serving, of pension on discharge, and of deferred pension, which are hereby granted to soldiers henceforward enlisting.

8. All soldiers now serving, who enlisted on or before the 1st March 1833, shall, by relinquishing their right to additional pay for length of service, be entitled to claim all the advantages of good conduct pay while serving, which are hereby granted; but as the warrants which were in force at the time of their original enlistment, give them a right to higher rates of pension on discharge, than those which are to be granted to men enlisted after the 1st March 1833, they will not be entitled to have their good conduct pay added to their pensions on discharge.

9. In special cases, however, of men enlisted on or before the 1st March 1833, who, by their good conduct, have obtained the distinction of one or more rings, and who, after short service, may be discharged for disabilities or by reduction either without pension, or with temporary or conditional, or permanent pensions, (not exceeding those granted for similar disabilities and services under our Warrant of the 7th February 1833,) the good conduct pay may, by the consent of our Secretary at War, be added to their pensions; and such men, if not placed upon permanent pensions, may be registered at Chelsea for the deferred pension, under the same rules as the men enlisted after the 1st March 1833.

10. Soldiers who shall have obtained the distinction of one or more rings, and who may be permitted to purchase or to obtain free discharge at their own request, shall be allowed free discharges upon the following terms, instead of those prescribed by the Warrant of our late Royal Brother of the 14th November 1829, and by our warrant of the 7th February 1833; but the

conditions, limitations, and regulations for granting discharges by indulgence, laid down in the said warrants, shall, in the cases of all other soldiers, remain in full force :—

	Cavalry.	Infantry.
Under 5 years' service, . . .	L. 30	L. 20
After 5 years' service, and with 2 years' absence from the Defaulter's Book,	25	18
After 7 years, with one ring, . . .	20	15
After 10 do. do. . . .	15	10
After 12 do. do.	10	5
After 14 do. do. . . .	5	Free.
After 16 do. do. free, with the right of registry for deferred pension of 4d. a-day.		
After 16 years, with two rings, having possessed the second at least 12 months, free, with the right of registry for deferred pension of 6d. a-day.		

11. Soldiers enlisted since the 1st March 1833, who are in the enjoyment of two or of three rings, and of the good conduct pay, may obtain permanent pension as an indulgence, at the rate fixed in the Warrant of 7th February 1833, two years earlier than other men who have not earned this distinction, and may further receive the same amount of good conduct pay which would have been added to their ordinary pension, under the rules laid down in this warrant, if they had been discharged as unfit for further service, or by reduction.

12. As it is our will and pleasure that this reward shall be strictly an honourable distinction, to be conferred only upon the well-conducted soldier, the commanding officers of regiments are strictly enjoined to enter in the regimental defaulters' book the name of every soldier who, in consequence of any misconduct whatever, shall have been confined in the guard-house, or subjected to any punishment ; and the commission of every offence, which shall impose upon the commanding officer the necessity of recording the soldier's name in the regimental defaulter's book, shall render the man ineligible for this reward for two years from that date ; and if he be already in possession of this distinction, shall deprive him of his ring and good conduct pay for one year ; and a second recorded offence within

twelve months shall render two years of uninterrupted good conduct necessary to obtain a restoration of such reward.

13. The soldier having two or three rings shall in like manner for the first and second recorded offences forfeit one ring, and the good conduct pay allowed with it for one year for each offence; and if a third offence be recorded against him in the regimental defaulter's book within twelve months, he shall forfeit all claim in consequence of his previous good conduct, and shall only be entitled to obtain a restoration of his honourable distinctions, by subsequently serving with uninterrupted good conduct for two years to obtain one ring, for four years to obtain two rings, and for six years to obtain three rings.

14. Any soldier who, by having been recorded in the regimental defaulter's book, shall have been adjudged to have been guilty of an offence by which he is to forfeit the whole or a part of his reward for previous good conduct, shall, if he denies the commission of such offence, have the right of appeal to a court-martial.

15. A soldier may, for a first offence of a serious nature, be adjudged, by the sentence of a court-martial, to forfeit all or any part of the advantages he had derived from his previous good conduct, either absolutely, or for a longer or shorter period, according to the circumstances which shall have appeared in evidence.

16. The distinction and the rewards granted by this warrant will be extended to corporals and drummers, both as regards pay and pension, but serjeants and other non-commissioned officers will not be allowed, while serving, any addition to their established pay, but on their discharge they may, for peculiarly good conduct, on the special recommendation of our general commanding-in-chief, and by the consent of our Secretary at War, communicated to the Commissioners of Chelsea Hospital, be allowed additions of 1d., 2d., or 3d. a-day to their pensions; provided that the aggregate pension shall in no case exceed for a serjeant 1s. 10d., for a quarter-master serjeant 2s. 1d., and for a serjeant-major 2s. 4d. a-day.

Given at our Court at Windsor, this 18th day of August 1836, in the seventh year of our reign. By his Majesty's command,

HOWICK.

V.—*Instructions consequent upon His Majesty's Warrant of the 18th August 1836.*

1. The rules established by the warrant in regard to soldiers who shall enlist on or after the 1st September 1836, will apply to men who shall re-enlist after that date.

2. The service requisite to entitle corporals, drummers, trumpeters, fifers, buglers, and private men to the distinction and rewards granted by this warrant may include former service in all ranks after the age of eighteen.

3. Men discharged on reduction, or for disability, and re-enlisting within three years after the date of their discharge, may reckon their former service, provided they shall declare such former service at the time of re-enlistment; but men purchasing their discharges, or receiving free discharges shall not reckon former service.

4. The forfeiture of service now attaching to individuals in respect of additional pay, in consequence of the sentence of a Court-Martial, or of conviction for desertion, will equally attach to them in respect of good conduct pay.

5. All soldiers now serving who enlisted on or before the 1st March 1833, and who have completed twenty-one years' service, may, on relinquishing their right to additional pay, receive 3d. per diem good conduct pay, provided their names shall not have been entered in the regimental defaulters' book for at least *six* years immediately preceding the exchange.

6. Soldiers of less than twenty-one years' service, already in the receipt of additional pay at 2d. a-day for length of service, may, on relinquishing their right to additional pay, continue to receive the same amount, as good conduct pay, provided their names shall not have been entered in the Regimental Defaulters' Book for at least *four* years immediately preceding the exchange.

7. Soldiers who are already in the receipt of additional pay of 1d. a-day for length of service may, on relinquishing their right to additional pay, continue to receive the same amount, as good conduct pay, provided their names shall not have been entered in the Regimental Defaulters' Book for at least *two* years immediately preceding the exchange.

8. Soldiers not yet in the receipt of additional pay for length of service may, by relinquishing their right to the same, receive good conduct pay, on completing the respective periods of seven, fourteen, and twenty-one years, provided their names shall not have been entered in the Regimental Defaulters' Book—in the first case, for at least *two* years; in the second case, for at least *four* years; and in the third case, for at least *six* years immediately preceding.

9. Soldiers who were present at the Battle of Waterloo shall be allowed to reckon two years in addition to their actual service, and those who were enlisted before the 1st December 1829, shall be allowed to reckon three years for two of actual service after the age of eighteen, in the East and West Indies (in other than West India regiments.)

10. Soldiers enlisted before the 1st September 1836 shall be entitled to the distinction of rings under the provisions of the warrant, whether they accept or not the option of relinquishing additional pay for good conduct pay; and they shall be entitled to the same addition to their pensions for the number of rings they may severally possess at the period of their discharge, as is allowed, under the provisions of the warrant, to men in receipt of good conduct pay.

HOWICK.

War-Office, 13*th Sept.* 1836.

VI.—*Good Conduct Warrant, dated 9th May* 1839.

VICTORIA R.—WHEREAS it has been represented to Us, that it would materially tend to the encouragement of good conduct in the army if a reward, to be attained only by the well-conducted soldier, were substituted for the additional pay granted to soldiers who have completed certain periods of service; Our will and pleasure is, that all corporals, trumpeters, drummers, fifers, buglers, and private soldiers, enlisted or re-enlisted into Our service on or after the 1st day of September 1836, shall have no claim to additional pay after any period of service, but that a reward of additional pay for good conduct shall be granted to such soldiers under the following rules:—

1. Soldiers who shall have completed seven years' service shall be entitled to claim 1d. a-day, and to wear a distinguishing

mark, provided their names shall not have been entered in the Regimental Defaulters' Book for at least two years immediately preceding such claim.

2. Soldiers who shall have completed 14 years' service shall be entitled to claim a further reward of 1d. a-day, and to wear two distinguishing marks, provided they shall have been uninterruptedly in the enjoyment of the 1d. a day for at least two years immediately preceding such further claim.

3. Soldiers who shall have completed 21 years' service shall be entitled to claim a further reward of 1d. a-day, and to wear three distinguishing marks, provided they shall have been uninterruptedly in the enjoyment of the 2d. a-day for two years immediately preceding their claim to the third penny.

4. Soldiers who shall have completed 28 years' service shall be entitled to claim a further reward of 1d a-day, and to wear four distinguishing marks, provided they shall have been uninterruptedly in the enjoyment of the 3d. a-day for two years immediately preceding their claim to the fourth penny.

5. Soldiers, who by their good conduct shall have obtained one or more distinguishing marks, shall be entitled to have the full rate of that good conduct pay of which they shall have been in uninterrupted possession for five years immediately preceding their discharge, added to the rate of pension, whether temporary or permanent, to which they may have a right under the provisions of the warrant of Our late Royal Uncle, dated the 7th February 1833.

6. Soldiers who have been in the possession of some one or other of the rates of good conduct pay for five years uninterruptedly, but who have only been in possession of either of the higher rates for some period not less than two years immediately preceding their discharge, shall be entitled, if discharged with two distinguishing marks, to an addition of ½d.; if discharged with three distinguishing marks, to an addition of 2½d.; and if discharged with four distinguishing marks, to an addition of 3½d., as an augmentation of the pension to which their services will entitle them.

7. Soldiers who shall have been in the uninterrupted possession of good conduct pay for at least three years immediately

preceding their discharge for disability, or by reduction, and who shall not have acquired claims to pension, or who shall be entitled only to temporary or conditional pensions, shall have their names registered at Chelsea Hospital; and upon their attaining sixty years of age shall receive, as a reward for their former good conduct, a pension of 4d. a-day if discharged with one distinguishing mark, and of 6d. a-day if discharged after having been twelve months in possession of two distinguishing marks; and this reward for former good conduct shall also be extended to soldiers who may be permitted to obtain free discharges at their own request, as an indulgence, after certain periods of service, as described in the 11th article of this warrant.

8. The service requisite to entitle men to the distinction and rewards granted by this warrant, may include former service in all ranks after the age of eighteen.

9. Men discharged on reduction, or for disability, and re-enlisting within three years after the date of their discharge, may reckon their former service, provided they shall declare such former service at the time of re-enlistment; but men purchasing their discharges, or receiving free discharges, shall not reckon former service.

10. The forfeiture of service now attaching to individuals in respect of additional pay, in consequence of the sentence of a court-martial, or of conviction for desertion, will equally attach to them in respect of good conduct pay.

11. Soldiers of good conduct, who may be permitted to purchase or to obtain free discharges at their own request, shall be allowed free discharges upon the following terms, instead of those prescribed by the Royal Warrant of the 14th November 1829, and by his late Majesty's Warrant of the 7th February 1833; but the conditions, limitations, and regulations, for granting discharges by indulgence, laid down in the said warrants, shall, in the cases of all other soldiers, remain in full force.

	Cavalry.	Infantry.
Under 5 years' actual service, . . .	L. 30	L. 20
After 5 years' actual service, and with 2 years' absence from the Defaulters' Book,	25	18
After 7 years' actual service, with one distinguishing mark,	20	15

	Cavalry.	Infantry.
After 10 years' actual service, with one distinguishing mark,	L. 15	L. 10
After 12 do. do. . . .	10	5
After 14 do. do. . .	5	Free.
After 16 do. do. free, with the right of registry for deferred pension of 4d. a-day.		

After 16 years' actual service, with two distinguishing marks, having possessed the second at least 12 months, free, with the right of registry for deferred pension of 6d. a-day.

12. Soldiers enlisting since the 1st March 1833, who are in the enjoyment of two or more distinguishing marks, and of the good-conduct pay, may obtain permanent pension as an indulgence, at the rate fixed in the Warrant of 7th February 1833, two years earlier than other men who have not earned this distinction, and may further receive the same amount of good-conduct pay, which would have been added to their ordinary pension, under the rules laid down in this warrant, if they had been discharged as unfit for further service, or by reduction.

13. As it is our will and pleasure that this reward shall be strictly an honourable distinction, to be conferred only upon the well-conducted soldier, the commanding officers of regiments are strictly enjoined to enter in the Regimental Defaulters' Book the name of every soldier who, in consequence of misconduct, shall have been subjected to any punishment beyond *six days' drill, or seven days' confinement to barracks*, and the commission of every offence, which shall impose upon the commanding officer the necessity of recording the soldier's name in the Regimental Defaulters' Book, shall render the man ineligible for this reward for two years from that date, and, if he be already in possession of this distinction, shall deprive him of his distinguishing mark and good-conduct pay for one year; and a second recorded offence within twelve months shall render two years of uninterrupted good conduct necessary to obtain a restoration of such reward

14. The soldier having two or more distinguishing marks shall, in like manner for the first, second, and third recorded offences, forfeit one distinguishing mark, and the good-conduct pay allowed with it, for one year for each offence; and if a fourth

offence be recorded against him in the Regimental Defaulters' Book, within twelve months, he shall forfeit all claim in consequence of his previous good conduct, and shall only be entitled to obtain a restoration of his honourable distinctions by subsequently serving, with uninterrupted good conduct, for two years, to obtain one distinguishing mark, for four years to obtain two distinguishing marks, for six years to obtain three distinguishing marks, and for eight years to obtain four distinguishing marks.

15. Any soldier who, by having been recorded in the Regimental Defaulters' Book, shall have been adjudged to have been guilty of an offence by which he is to forfeit the whole or a part of his reward for previous good conduct, shall, if he denies the commission of such offence, have the right of appeal to a court-martial.

16. A soldier may, for a first offence of a serious nature, be adjudged, by the sentence of a court-martial, to forfeit all or any part of the advantages he had derived from his previous good conduct, either absolutely or for *any period not less than eighteen months*, according to the circumstances which shall have appeared in evidence.

17. The distinction and the rewards granted by this warrant do not extend to serjeants and other non-commissioned officers above the rank of corporal, and they will not be allowed, while serving, any addition to their established pay; but if permitted to purchase their discharges, or to obtain free discharges at their own request, they will be admitted to the benefits of Article 11 of this warrant; and if discharge to pension, they may, for peculiarly good conduct, on the special recommendation of Our General Commanding-in-Chief, and by the consent of Our Secretary at War, communicated to the Commissioners of Chelsea Hospital, be allowed additions of 1d. 2d. 3d. or 4d. a day to their pensions; provided that the aggregate pension shall in no case exceed, for a serjeant, 1s. 10d., for a quarter-master-serjeant, 2s. 1d., and for a serjeant-major, 2s. 4d. a day.

18. All soldiers now in our service, who enlisted since the 1st March 1833, but before 1st September 1836, shall have the option of relinquishing all right to the additional pay of 2d. a day,

to which they are now entitled after the completion of fourteen years' infantry, or of seventeen years' cavalry service, and shall then be entitled, by their good conduct, to claim the 1d. a day after seven years' service, and shall be, in all respects, entitled to all the advantages both of good-conduct pay while serving, of pension on discharge, and of deferred pension, which are hereinbefore granted to soldiers enlisted on or after 1st September 1836.

19. All soldiers now serving, who enlisted on or before the 1st March 1833, shall, by relinquishing their right to additional pay for length of service, be entitled to claim all the advantages of good-conduct pay while serving, which are hereby granted ; but as the warrants which were in force at the time of their original enlistment give them a right to higher rates of pension on discharge than those which are to be granted to men enlisted after the 1st March 1833, they will not be entitled to have their good-conduct pay added to their pensions on discharge.

20. In special cases, however, of men enlisted on or before the 1st March 1833, who, by their good conduct, have obtained one or more distinguishing marks, and who, after short service, may be discharged for disabilities, or by reduction, either without pension or with temporary, or conditional, or permanent pensions, (not exceeding those granted for similar disabilities and services under the warrant of the 7th February 1833,) the good-conduct pay may, by the consent of our Secretary at War, be added to their pensions ; and such men, if not placed upon permanent pensions, may be registered at Chelsea for the deferred pension, under the same rules as the men enlisted after the 1st March 1833.

21. All soldiers now serving, who enlisted on or before the 1st of September 1836, and who have completed twenty-eight years' service, may, on relinquishing their right to additional pay, receive 4d. a day good-conduct pay, provided their names shall not have been entered in the Regimental Defaulters' Book for at least *eight* years immediately preceding the exchange.

22. Soldiers who have completed twenty-one years' service may, on relinquishing their right to additional pay, receive 3d.

per diem good-conduct pay, provided their names shall not have been entered in the Regimental Defaulters' Book for at least *six* years immediately preceding the exchange.

23. Soldiers of less than twenty-one years' service, already in the receipt of additonal pay, at 2d. a day, for length of service, may, on relinquishing their right to additional pay, continue to receive the same amount as good conduct pay, provided their names shall not have been entered in the Regimental Defaulter's Book for at least *four* years immediately preceding the exchange.

24. Soldiers who are already in the receipt of additional pay of 1d. a day for length of service, may, on relinquishing their right to additional pay, continue to receive the same amount as good-conduct pay, provided their names shall not have been entered in the Regimental Defaulters' Book for at least *two* years immediately preceding the exchange.

25. Soldiers not yet in the receipt of additional pay for length of service, may, by relinquishing their right to the same, receive good-conduct pay, on completing the respective periods of seven, fourteen, twenty-one, and twenty-eight years, provided their names shall not have been entered in the Regimental Defaulters' Book—in the first case, for at least *two* years; in the second case, for at least *four* years; in the third case, for at least *six* years; and, in the fourth case, for at least *eight* years, immediately preceding.

26. *In establishing their claims to the good-conduct pay*, soldiers who were present at the Battle of Waterloo, shall be allowed to reckon two years in addition to their actual service, and those who were enlisted before the first December 1829, shall be allowed to reckon three years for two of actual service, after the age of eighteen, in the East and West Indies (in other than West India regiments,) *but in claiming their discharge under the eleventh Article actual service only will be reckoned.*

27. Soldiers enlisted before the first September 1836, shall be entitled to distinguishing marks, whether they accept or not the option of relinquishing additional pay for good-conduct pay, and they shall be entitled to the same addition to their pension for the number of distinguishing marks they may severally pos-

sess at the period of their discharge, as is allowed to men in receipt of good-conduct pay.

Given at Our Court at Buckingham Palace, this ninth day of May 1839, in the second Year of Our Reign. —By Her Majesty's Command,

HOWICK.

The words in italics in the 13th, 16th, and 26th articles are not in the Good Conduct Warrant of May 1837.

The administration of this warrant, especially its penal enactments, depends much upon the discretion of the commanding-officer of a corps, who is the primary arbiter and judge in regard to the delinquencies of the men under his command. It may be anticipated that it will be very differently administered by different individuals. Some commanding-officers may rarely deem it expedient to subject men "to any punishment beyond simple admonition," while others will think that they are under "the necessity of recording a soldier's name in the Regimental Defaulters' Book" for very trivial faults. Where offences are not classed, and the requisite punishments more or less defined, there is no absolute security against very different notions being entertained of the conduct of soldiers, and widely different punishments inflicted for similar breaches of discipline.

The Defaulters' Book is intended to contain the names of such men as are guilty of offences and irregularities, on account of which they are reported to the commanding-officer, and for which it *may not* be deemed necessary to order a court-martial. The insertion of a name in the Defaulters' Book may, in its consequences, be a very heavy penalty, being taken as evidence of the fact which it professes to record. The proof, therefore, of the guilt of a soldier does not rest on oath; it is simply an entry made according to the decision, and by the direction, of a commanding officer. (*Articles of War*, 1830, *Art.* 51.) In this case, therefore, a considerable deviation is made from the usual rules of evidence.

I hail with much pleasure any attempt to improve the condition, and to promote the good conduct of soldiers, and I sincerely wish the Good Conduct Warrant may be ultimately beneficial in repressing irregularities. Much still requires to be done in furtherance of the leading object of the warrant. Should the army become more popular, by bettering the situation, and stimulating the hopes of soldiers, perhaps a somewhat superior class of recruits may volunteer for the service. Young men who have, under the direction of their parents, received some elementary instruction, are likely to be better conducted than soldiers whose

parents have given them no early tuition; for it may in general be inferred, that those persons who are best instructed in reading and writing are best instructed in morals. The ultimate object of education is to make men better and more useful members of society. I am also in hopes that increased attention may be paid to the tuition of soldiers in the regimental schools. An important step has already been made on this subject by Lord Howick, as in the army estimates for 1839-1840, a charge for the first time appears, of L. 2000 to be expended in the purchase of books, for the purpose of forming libraries in barracks at home and abroad. In civil life there is a great lack of instruction, probably arising in part from a want of leisure to attend school, and a want of means to pay for education; but these obstructions to the attainment of information do not exist to an equal degree in the army. Education, more especially a moral and religious education, is eminently calculated to make men respectable; it inculcates sound principles, and, by instructing them in regard to their position in society, contributes greatly to render them obedient to the laws. Notwithstanding the indiscriminate admission of recruits into the army, in as far as instruction and moral character are concerned, every regiment contains many excellent and deserving individuals—men who would have distinguished themselves if they had received a moderate degree of education in the youthful period of life, and had been placed in situations where their talents might have been properly exercised and cultivated. The manual labour class of society are endowed with similar capabilities of education with the class above them, with the like faculties for the acquisition of knowledge and moral elevation. The late zealous and experienced Dr Jackson said, "The soldier has no liberty to exercise his mind; and as no man can be great, or even good, without exercise of mind, it is worthy of the consideration of the wise to determine how much intellectual liberty may be permitted to the soldier, without danger to the sovereign authority."

Whether some system of rewards to the good and well-behaved soldier may not improve the moral character of the army, so as to render corporal punishment unnecessary, or still less so than at present, is a difficult problem to solve, and one which does not belong to my subject. His Majesty's Commissioners for inquiring into the system of military punishments in the army, state that, during their investigation, they found ample evidence of the earnest desire, and the most strenuous efforts upon the part of the officers of all ranks, so to conduct the discipline of the army, as to render corporal punishment as rare as possible; and the following statistical facts bear evidence of the gradual reduction of that description of punishment of late years.

For a period of thirty-two years, or from 1797 to 1828, inclusive, the mean monthly ratio of punished men in hospital among the troops in Ireland, was $1\frac{1}{18}$ man per 1000. Now, if, as we may presume, the mean period during which each punished man remained in hospital, was about seven or eight days, we may suppose that 4 men per 1000 were punished monthly, or 48 per annum; consequently, on an average, 1 man in 20 was punished annually. The following table exhibits a great diminution of the number of punishments among the troops employed in some foreign commands.

Stations.	Period of Observation.	No. of Years.	Annual ratio of Corporal Punishments per 1000.			Mean proportion of men punished.	Punished in 1836.
			First year of the Period.	Mean.	Last year of period. (1836.)		
Windward and Leeward Com.	1817 to 1836	20	72	38	6	1 in 26	1 in 166
Jamaica, .	1817 to 1836	20	193	64	8	1 in 15	1 in 125
Gibraltar, .	1818 to 1836	19	14	16	7	1 in 62	1 in 143
Malta, .	1817 to 1836	20	65	40	18	1 in 25	1 in 55
Ionian Islands,	1817 to 1836	20	56	37	8	1 in 27	1 in 125
Bermudas, .	1817 to 1836	20	64	59	5	1 in 17	1 in 200
Canada, .	1817 to 1836	20	80	32	3	1 in 31	1 in 333
Nova Scotia & N. Brunswick	1817 to 1836	20	65	31	12	1 in 32	1 in 83

This table shows that a very remarkable reduction of the ratio of corporal punishments has taken place in all the stations, but in none to such an extent as in Jamaica,—the number punished in 1817, being 1 in 5 of the strength, and in 1836, only 1 in 125.

Statement showing the establishment of the British army, and the number of corporal punishments which were inflicted for a period of ten years, or from 1825 to 1834.

Years.	Strength.	Number of corporal punishments inflicted.	Annual ratio of punishments per 1000.	Proportion of men punished.
1825	98,948	1737	17	1 in 59
1826	111,058	2242	20	1 in 50
1827	111,107	2291	20	1 in 50
1828	110,918	2143	19	1 in 52
1829	103,749	1748	17	1 in 59
1830	103,374	1754	17	1 in 59
1831	103,413	1489	14	1 in 71
1832	103,572	1283	12	1 in 83
1833	103,527	1007	9	1 in 111
1834	103,063	963	9	1 in 111

From this statement it appears that the number of corporal punishments was reduced on an average from about 20 per 1000, to 10 or one-half during the above period of ten years.

NOTES AND ILLUSTRATIONS.

NOTE I. see page 180.

Diet Table of the Pensioners in Chelsea Hospital.

Breakfast at 8 A. M. A pint of cocoa containing three-quarters of an ounce of ground cocoa; three-quarters of an ounce of moist sugar; one-third of a gill of milk; sixteen ounces of bread.

Dinner at 12 noon.—A pint of broth; thirteen ounces of meat from which the broth has been made, with one pound of potatoes. There is a certain quantity of oatmeal put into the broth, amounting to about one pound and a-quarter per man monthly.

Each man has also one pound of cheese, and two ounces of butter weekly, and one and a-half pint of porter daily. Salt and mustard are provided *ad libitum*.

Once in three weeks each man has roast instead of boiled meat.

Hotel des Invalides and Chelsea Hospital.

"The Hotel des Invalides is altogether a fine structure, and well calculated for the purpose of an asylum for a portion of the disabled and wounded men of an army; but I must confess, in going through this building, as well as in some visits I have paid to Chelsea, I had not that sort of satisfactory feeling which many persons have expressed on the same occasion. To me there appeared a sort of monotony, of inertness, and melancholy, that pervaded both the places and their inhabitants, difficult to describe by words. The same constant, dull routine of mere animal existence, unchequered with any accident that can raise the mind from the torpor of a life of consumate idleness; it gives a dull and stupified air to the inmates, which I suspect is never thrown off, except under the stimulus of wine or beer;—a man has nothing to do in the world, but recollect the number of his mess, and look after his eating and drinking utensils. I went several times into the library of *Les Invalides*, in search of rare military books, and never saw above two or three of the pensioners there at a time. It would appear that even reading to those who were capable was too great an exertion; and *summum bonum* of life seemed to consist in basking on a bench in the sun, and turning over the gravel with the point of a stick.

" I have often thought, that, had I been placed in similar circumstances, and had merited pension, how much more I should have preferred having my shilling a-day to do what I liked with, and go where I pleased, to be locked up in a palace, and regularly fed and put to bed, like an animal in a menagerie, in place of repeating a twenty-times told tale to the same circle of acquaintance, or listening to theirs, to wander about in search of relations, or long-lost friends settled in trade or business, and to their attentive ears give the history of a chequered life, and fight battles o'er again.

" I have no intention to depreciate the establishments of the Invalids or Chelsea, as national charities, but merely to say that they are somewhat overrated.

" Neither of them is capable, in time of war, of receiving one-fourth or one-fifth of those who have claims on them; and I would therefore suggest that these buildings should be devoted to those who have no friends or relations alive."—*Cogitations of a Vagabond, by authority of the King's Commision, &c.*—1838.

Vaidy, a French surgeon, who has published an excellent article in the *Dictionnaire des Sciences Medicales*, on the means of preserving the health of soldiers, recommends that the invalids who have a right to be admitted to the *Hotel des Invalides* should be awarded a pension equal to four-fifths or three-fourths of the average expense of the establishment. Thus, if the mean annual expense be 600 francs, (L. 24,) they might receive 500 or 400 francs, (L. 20, or L. 16,) by which means, he asserts, that the expense of remunerating worn-out soldiers would be greatly reduced without diminishing the comforts of veteran pensioners.

Note II.

Recruiting of the Army and the Medical Examination of Recruits.

By the ancient form of levying soldiers in England, every person having any office, fee, or annuity, of the King's grant, was personally to attend upon him when he went to the field in time of war, and individuals who neglected to do so, forfeited their office, fee, or annuity. The mutual inconveniences attendant on the nature of military services due from those who held the feudal tenures of the crown, disposed both parties to consent to frequent commutation of money for service. By this means a revenue was acquired, which was expended in the hire of native born subjects to serve in the army. The King covenanted with influential persons to serve him with a certain number of followers for a specific sum of money during each enterprize. When Henry V. was about to invade France, he engaged by indenture the attendance of one surgeon, a certain John or Thomas Morstede, having in his company fifteen assistants, three of which were to act as archers·

Notwithstanding this precaution, there was only one surgeon at the battle of Agincourt, (*25th October* 1415,) namely, Morstede himself, for the fifteen assistants he had *pressed* under a royal warrant had not joined the army,—indeed they had not landed. Surgeons were at that time, and for two hundred years after, liable to *impressment*, and in early ages they seem to have been under the necessity of making some of their own instruments; for in 1416, the King commanded Morstede and Bredewerdyn, his own surgeons, to take (press) as many surgeons and other artisans as were needful to make the instruments required. Until towards the end of the 17th century the supply of medical recruits for the army appears to have been very inadequate for the wants of the service. The Barber-Surgeons' Company was commanded, in 1626, to provide sixteen of the best surgeons for His Majesty's army; and in 1630 the Surgeons' Company was empowered by Charter to take (press) as many barbers and surgeons in any part of England as were required for His Majesty's fleet.—(*Medical Almanack*, 1839.)

In the year 1641, a bill was passed, which, after reciting that, by the laws of the realm, none of His Majesty's subjects ought to be impressed, or compelled to go out of their own country to serve as soldiers, except in urgent necessity, or in case of their being bound by tenure of lands to do so, enacted, that, for service in Ireland, it should be lawful from the 1st of December 1641, to the 1st November 1642, for the justices, &c. to raise as many men by *impress* for soldiers, gunners, and *chirurgeons*, as might be appointed by His Majesty and both Houses of Parliament. When the army was about to be disbanded in 1649, an assurance was given by Parliament, that "no person who had been engaged in the late war should be liable to be *pressed* for the service beyond sea." The old soldiers do not, however, appear to have been exempted from compulsory military service at home.

There was an Act of Parliament passed in the third year of the reign of Queen Anne, (1704,) and annually renewed for a long time, appointing all justices of the peace, &c. to raise, (press,) such able bodied men as have no lawful calling or visible means of livelihood, to serve as soldiers. The acts against mutiny and desertion having been read to the *pressed* men, they received 20s. of earnest, and were thenceforth considered soldiers. The practical mode of carrying this act into operation, may be inferred from some passages in Farquhar's play of the Recruiting Officer, which was acted in 1705.

Act II. Scene III.

Enter Kite with two Recruits drunk.

Kite.—You are a king—you are an emperor, and I am a prince.

Thomas.—No, serjeant, I'll be no emperor.

Kite.—No!

Thomas.—I'll be a Justice of Peace.

Kite.—A Justice of Peace, man!

Thomas.—Ay Wauns, Will, I—for since this *pressing* act they are greater than any emperor under the sun.

Act V. Scene IV.

A Court of Justice—Balance, Scale, and Scruple upon the Bench, Constable, Kite, Mob.

Balance.—What are you, friend?

Mob.—A collier—I work in the coal-pits.

Scruple.—Look'e gentlemen, this fellow has a trade, and the act of Parliament here expresses that we are to impress no man that has any visible means of livelihood.

Kite.—May it please your worship, this man has no visible means of a livelihood, for he works under ground.

Balance.—Right.—Bring in the rest.

Constable.—There are no more, an't please your honour.

Balance.—There were five two hours ago.

Sylvia.—'Tis true sir; but this rogue of a constable let the rest escape for a bribe of *eleven* shillings a man, because he said the act allowed him but *ten*, so the odd shilling was clear gain.

Mr Bruce, in his work on the *Institutions of Military Law*, published in 1717, recommends that an army should not be "altogether *pressed*, nor altogether *volunteers*." "A middle way," he says, "is likest to succeed, viz. neither too *forcible* on the one hand, nor too *frank* on the other; for a method thus wisely tempered betwixt *fair* and *foul* means can scarce ever make a government run the hazard of discontents—far less of mutinies and disorders. In this island we do indeed compel, yet not all promiscuously, but only idle vagabonds, and such as have no employment, or are guilty of smaller crimes. But as to voluntary listing, captains and other officers do commonly receive warrants to beat up drums in every city, and thereby all are invited to list themselves under pay, which whosoever doth, he is, after receiving earnest, solemnly attested by a magistrate, and is thenceforth looked upon as a soldier." Mr Bruce being an *advocate*, was no doubt profoundly learned in the law; but he seems to have entertained very queer notions in regard to the rights of individuals.

Enlisting money, which is, I believe, peculiar to this country, appears to be equivalent to an earnest or early penny—a pledge that the parties intend to fulfil the agreement.

During the last century, various Acts of Parliament were passed, authorizing the justices of peace to *press* men for the army. In 1778, an act was passed for the more easy and better recruiting of his Majesty's land forces, which renewed the power of the justices and commissioners of the land tax to do so. No class of individuals were specifically exempted from being pressed, except persons who had a right to vote for a Member of Parliament, labourers during harvest,

and "*known Papists.*" The inhabitants of the different parishes were to receive ten shillings for giving information of any able-bodied man who was in consequence thereby apprehended. By former acts the reward offered was L. 1. This recruiting act was put in operation by a letter from the War Office, bearing date June 1778.

In 1788, an inspector-general of recruiting was appointed, who seems to have had the charge of the recruiting of the regiments on foreign service, his head-quarters being at Chatham; and I presume a surgeon was attached to his staff to examine the recruits. The regiments at home were instructed to enlist men to fill up the vacancies which occurred in corps.

Dr Hamilton (*Duties of a Regimental Surgeon considered*, 1782,) is, so far as I know, the first medical author who alludes to the duty of examining recruits. It does not, however, appear that recruits were generally examined by a medical officer before 1790. Mr Reide, surgeon to the first battalion of the 1st, or Royal Regiment of Foot, in his work (*A View of the Diseases of the Army, &c.* 1793,) complains in his journal, (*West Indies, January* 1790,) of the unfitness of recruits who had been sent to the regiment to which he then belonged. "I wrote," says he, "to the late Mr Adair, Surgeon-General, informing him, that, of seventy-four men which arrived in December last, fifteen or sixteen were totally incapable of doing duty on account of lameness, ruptures, contracted joints, consumption, epilepsies, ulcers on the legs, and other maladies. When I examined these men on their arrival, I inquired whether any surgeon had seen them; they answered in the negative. To the present Surgeon-General (John Hunter, Esq.) I likewise complained of the circumstance, and since that, a stop has been put to the evil."

Until about the year 1799, every person who enlisted was obliged to swear that he was a Protestant, consequently, a Roman Catholic could not become a soldier without perjuring himself. Dr Bell, formerly surgeon to the 5th Regiment, makes a strong appeal on the subject of religious disabilities: "Shall an infamous vagabond," says he, "unacquainted with every principle of religion, who has been tried at the Old Bailey, and convicted of various acts of depredation on society, be exempted from the punishment of his crimes, provided he agreed to serve his Majesty as a soldier; and shall a Roman Catholic, however virtuous, however respectable, a subject of Great Britain, be prevented from entering into the service of his country, because he believes in the doctrine of *transubstantiation*, in proportion to the reverence every sensible Episcopalian entertains for that very *wise, pious*, and *charitable*, though rather *enigmatical* compound, *the Athanasian Creed.*"—(*Inquiry into the Causes which produce Diseases in the West Indies, by* Dr Bell, Lond. 1791, page 178.)

By a warrant which was issued from the War Office, bearing date 27th October 1790, the commanding officers of regiments serving abroad, who took upon themselves the approbation of recruits for their own corps, were directed to "*require and receive sufficient chirurgical testimony respecting the same.*" And by the regulations for conducting the recruiting service, issued in 1796, a hospital mate was placed under the orders of each field officer of a recruiting district, to examine the recruits when brought for inspection. In 1799, an order was issued, directing that the chirurgical testimony of the fitness of a recruit should be certified on the back of each attestation. I do not know when a form of attestation, which contained a certificate of fitness for the signature of a medical officer was introduced, nor have I been able to ascertain at what date a medical examination became usual, or in some measure indispensable. In 1805, the commanding officer of a regiment was tried by a court-martial for approving of a recruit who had been rejected by the surgeon of the corps, but he was acquitted. The approval of a recruit by a medical officer relieves a commanding officer of great responsibility; and on that account he should, and no doubt will, be very cautious in enlisting a man who has not been found fit for the service by competent medical authority. For a long time past, I believe no recruit has been admitted into the army without undergoing a medical examination; but an approval by a medical officer of the corps to which a man belongs, although usual, does not appear to be indispensable.

A new class of medical officers was appointed in 1802, namely, *District Surgeons*, who were employed in Great Britain and Ireland in the recruiting districts to examine recruits. They were usually selected from old regimental or staff-surgeons or apothecaries, but sometimes vacancies were filled up from the rank of assistant surgeons. Their pay was ten shillings a-day without allowances. Twenty-six district surgeons were employed in 1808. In consequence of the recommendation of a board of officers assembled in 1809, to take into consideration the state of the medical department, an order was issued from the Horse Guards, February 1810, directing that the employment of staff-surgeons should supersede that of district surgeons in the duties of recruiting districts; but this regulation was not to take effect, except as vacancies occurred. A staff-surgeon was not appointed to the Dublin district until 1816.

Dr Hennen, who published the Second edition of his work on Military Surgery in 1820, states that the regulations for the instruction of medical officers connected with the recruiting department, contained little or nothing to guide them in dubious cases, and that, consequently, much was left to their own discretion; hence, he adds, very striking differences of opinion take place between the examining officers, as to the

fitness of recruits for service, and as the expenses incurred for recruits who are ultimately found unfit for the army, fall upon the first medical examiner, he often finds that he is a considerable pecuniary sufferer by his *carelessness*, his *ignorance*, or *his good nature*.

In 1824, a new code of regulations to medical officers, in regard to the inspection of recruits, was promulgated by the Medical Department, and on the 30th July 1830, the existing instructions were issued.

THE END.

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REMARKS

ON THE

EXAMINATION OF RECRUITS

INTENDED FOR THE USE OF

YOUNG MEDICAL OFFICERS

ON ENTERING THE ARMY.

BY H. H. MASSY, A.B. M.B.

4TH LIGHT DRAGOONS.

"It must always be kept in mind, that the power of the greatest armies depends upon what the individual soldier is capable of doing and bearing."—WELLINGTON.

LONDON:
JOHN CHURCHILL, PRINCE'S STREET, SOHO.
1854.

TO

ANDREW SMITH, Esquire, M.D.,

DIRECTOR GENERAL

OF THE

ARMY AND ORDNANCE MEDICAL DEPARTMENTS

My Dear Sir,

Your well known desire to encourage literary pursuits amongst the Medical Officers of the Army, emboldened me to solicit your countenance for this small work, which I almost feared to make public on its own merits; but while wishing for the honour of connecting your name with these pages, a difficulty suggested itself that requires a word or two in explanation. It might be imagined that I wished to render you responsible for all the views advanced by me on the subject of the Examination of Recruits; this is by no means the case. A discretionary power is allowed to Medical Officers, and controversy frequently arises

upon the different questions involved, concerning which I can only offer an individual opinion, unsupported by the advantage of very lengthened experience.

Your kindly expressed approval of my efforts, and your sanction to permit them to follow the intention expressed in the title page, is most highly esteemed by me. Allow me then to offer you the following "Remarks" in dedication, as an humble mark of respect and as a trifling acknowledgment of gratitude for your many kindnesses to me.

I am,
My Dear Sir,
Your's very truly,
H. H. MASSY.

PREFACE.

The object of these remarks is expressed in the title page. Being addressed to Young Medical Officers, on first entering the service, ideas that to the Army Surgeon of standing would appear trite, may to them bear an interest as a practical commentary on the "Instructions," which, by alluding to the duties of Soldiers, in a somewhat more extended sense, viewing the essential attributes and inquiring into the causes that ought to constitute unfitness, may assist in the comprehension of the very numerous questions thence arising. In this respect, chiefly, can interest pertain; as an investigation of the pathological relations of disease or its treatment, in statistical, authorative, or other connexions, is totally out of the question, beyond what is merely necessary for impressing upon the mind the objections to such diseases as they occur in Soldiers.

A further discussion of the extensive associations of disease is likewise inadmissible, as these are usually familiar to an educated Young Surgeon, and in the elementary degree here introduced, would only be interesting as details previously unassociated with Soldiers.

The usefulness of a publication is generally estimated by its object, and in proportion to the attainment of that object. The author is aware that in both respects these pages may be open to criticism, inasmuch as it is questionable how far the examination of Recruits can be practically considered in writing, and in what degree the intention has been fulfilled in proportion to the possibility of accomplishing it. In both

respects these objections are candidly admitted; yet, in the first place, it is to be borne in mind, that this work is not intended for the use of those who have practical experience, but as a help to the Young Medical Officer, when first placed in the position of an examiner; and, in the next place, indulgence may reasonably be claimed on account of circumstances extraneous to the author's controul. Stationed in country quarters, reference to many books by English, French, and other Military Surgeons, acknowledged authorities on various features remarked upon in the following pages, has not been attainable. The influence of this want has been seriously experienced, and in the composition of suggestive instructions, on such a variety of topics, can hardly be exaggerated. Nevertheless, the object of this work will be amply attained if the accomplishment of a most important duty is in any way facilitated.

The mode of arrangement which has been adopted is that pursued by the late Mr. Marshall, Deputy Inspector General of Army Hospitals, in his valuable book on the "Enlistment, Discharging, and Pensioning of Soldiers," from which the author has not hesitated to borrow some observations deserving of recollection, as the results of his great experience and sagacity. He, however, always acknowledged the plagiarism. Mr. Marshall's views, though very briefly expressed, are so accurate, that occasionally it has been impossible to avoid similarity of diction, and indeed in these instances had there been much difference, the author would have feared to have fallen into error.

The letter *of the "Instructions" has been rarely exceeded, and, in the few instances where such is the case, a justification will, it is hoped, be apparent; but the author cannot believe that the most guarded inference from the intention and authorised discretionary power has been transgressed.*

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REMARKS

ON THE

EXAMINATION OF RECRUITS.

THE complete consideration of the subject of Recruiting would require more extended notice than is consonant with the intention of these remarks. Setting aside, therefore, the investigation of the system of recruiting in this and other countries, the effect of locality, the influence of trades, and many other important and interesting relative considerations, it is purposed, with but a few preliminary observations on some general questions that could not be judiciously omitted, to proceed at once to the examination of recruits; the perfect or imperfect performance of which duty must materially influence the efficiency of an army, inasmuch as, that muscular, symmetrical, and sound men, carefully selected, are better calculated to endure fatigue and bear privation than those in whom a less guarded selection has been instituted. That our source of supply admits of care in selection is explicable, when the physical proportion and the small rate of mortality of the inhabitants of this

country are contrasted with other nations in Europe, and still more so when it is recollected that the population of the united kingdom exceeds twenty-nine millions, to which our standing army bears but a moderate proportion. The same fact is likewise, in a great measure, practically shown by a reference to the statistics of recruiting, where it can be seen, that of the men brought forward for medical inspection, the number rejected exceeds half the number of those approved. Circumstances might nevertheless, at any time, temporarily alter the relation between the supply and demand for voluntary service, such as a sudden augmentation of the regular army, or the creation of any supplementary force, or other causes of a purely civil character affecting the resources of the country. Yet the conclusiveness of an argument founded on the relation between the population and its employments, is not a feature that can be directly connected with the province of a medical officer; as, after all, the incentive to circumspection in selection is, that freedom from certain conditions established as disabilities is absolutely necessary, and no circumstances can invalidate the conclusion that certain attributes are essential in a soldier, and that care is requisite in determining their existence.

The experience of years has provided a code of instructions enumerating the disabilities to be guarded against, and the mode of procedure in investigation, though most explicit as far as it comprehends, is

in intention little more than a code of enumeration, granting discretionary power. Upon this foundation, following it in detail, it is meant to form these remarks almost exclusively.

By the adoption and trial of different arrangements, influenced occasionally by circumstances which render slight alterations convenient, the height most expedient and advisable for soldiers can be easily ascertained and concisely defined. Not so, however, as regards the discrimination of the man fit or unfit for the duties of a soldier. No rules could be made definite, no directions explicit enough, to include the numerous contingencies that daily arise. The best instructor is experience; yet, as this cannot be available for all, the only other source of information can be the published experience of others. The honest and complete performance of his office is the duty of every hired servant, still I conceive a higher feeling should influence every man assisting materially in so great a national work. The military legislature, however, have wisely placed a far surer and more effective barrier to the admission of non-effective soldiers when enlisted by district recruiting parties; since when district recruits are passed by a private practitioner, or by a medical officer under the rank of a staff surgeon, it is necessary that they shall undergo a second examination by a district staff surgeon, and obtain his approval, before they are conclusively deemed fit for service.

When men are enlisted at places not in a district, or in the case of head-quarter recruits for a regi-

ment, many other circumstances conduce to effect the same object. A surgeon, for his own sake, for his regiment's sake, and in deference to the authority of his commanding officer, will take such precautions that no delicate or otherwise inefficient men are admitted; his length of service and opportunities of contrasting individual power and capability in numbers will always have afforded sufficient experience to determine satisfactorily the eligibility of a recruit.

The case is different when a young assistant surgeon on the staff, or in a regiment, is placed in the position of examining officer. The resources of a previous good professional education do not alone directly provide the necessary information. I do not from this wish to be understood that there is any abstruse acquirement or peculiar intelligence requisite in the examination of recruits, but that it requires either some experience, or else that the mind of the examiner should be decidedly directed to the comprehension of the subject; that reflection upon the duties of soldiers in comparison with their physical capabilities, and in connection with derangements and peculiar conditions, is a necessity. I conceive these points are not at first sufficiently appreciable by medical men unless the attention is drawn by some detail to the consideration, and even then they will constantly have to exercise their judgment upon circumstances that no descriptive statements could include. The subject ranges over such an extent that an attempt at a very minute investigation would be tedious, voluminous, and, in the end, imperfect. There can be no ques-

tion but that the ordinary causes of reflection and discrimination for the surgeon and physician, as the nature of diseases, their types, their symptoms, their lesions, the physiological effects of medicines, the prognosis, and other numerous features, are beyond comparison more difficult; still this does not affect the principle, that the examination of recruits can hardly at first be efficiently performed by a medical man without special attention to the question. Yet that thus correctness of decision can in a great measure be acquired by those who have not experience, is easily understood from the fact that the discrimination for the most part involves plain and recognizable considerations; the detection of diseases is most usually the rule for rejection, the necessity for estimating their amount the exception. For these plain features plain means alone are necessary; the detection, by physical signs or otherwise, of a disease of the heart is sufficient without discriminating its nature. When recruits are passed by a medical officer and subsequently rejected by a staff surgeon, the objections to the man are communicated to that officer, and his reasons for passing such a man required: the censure that generally follows is most unpleasant, as the purport usually implies carelessness or misconception, and to an educated man this is most galling,* in addition, no doubt, ascertained omis-

* It does not follow that *invariably* such fault rests with the medical officer who first passed the recruit, as the fitness or the reverse is frequently a matter of opinion, and the most experienced and intelligent surgeons have had recruits approved by them afterwards rejected.

sion of duty, whether from neglect or misconception, if often occurring, is likely to be recollected by those in authority on a future occasion.

Many Lieutenant-Colonels likewise esteem the selection of recruits a seriously important matter, but their predilection is usually for fine-looking men. They generally, however, fully and quickly detect any physical or decided constitutional incapacity or mental deficiency in a man; the admission of such men, if repeated, sometimes loses a young assistant surgeon the confidence of his commanding officer, which he may never regain. It must not be forgotten that bad recruits remain as living reminders of a serious fault. Circumstances often conduce to the influencing men's minds in returning recruits as eligible, such considerations are always to be dismissed; the question admits but one interpretation, is or is not the individnal fit for the duties of a soldier? No incidental circumstances or associations ought to bias the opinion of a medical man; good looks often exert an influence in approval, but if to the suppression of a disability, this is a cardinal error. The respectability of individuals is sometimes another inducement, yet I am doubtful that it should be so as a rule; they are often the most worthless members of their family, in which case they are invariably bad soldiers. Should the cause of enlistment be the enthusiastic misconceptions of a young lad, the restraints of discipline and menial occupations

soon occasion a revulsion of feeling; this most frequently ends in purchasing a discharge, after all the trouble of drilling and forming a soldier has been perfected; occasionally, it is true, the reverse is the case, and such men make and continue good soldiers; still as a circumstance creating a bias in favour of a man otherwise hardly fit, it is at least hazardous; the just course to pursue as a rule is to decide on the recruit's actual fitness.

At the head quarters of a regiment, sometimes an interest is endeavoured to be excited by urging the plea of relationship to some soldier of the corps. This is often a falsehood by connivance; and even if true, ought not to procure the approval of an ineligible recruit. These and similar circumstances might often produce a prejudicial influence which is to be carefully guarded against as the various duties of the service require, and our instructions are so far definite as to direct the disapproval of all such men. The positive and implied opinions of the best authorities on recruiting, inculcate a particularity in choice. Mr. Hennen and Dr. Cheyne have both gravely considered the subject. Mr. Marshall says, "the duty imposed upon a medical officer in the inspection of recruits is not merely to reject persons who are absolutely unfit, he is to select men who are in every respect well fitted for military service."

The age within which recruits are to be enlisted is a matter defined by the Legislature. In adopting a limit no doubt many circumstances must have

influenced, and the conclusion have been perfected from different reasons, including especially the burthen on the resources of the country, the maintenance of the system of *voluntary* enlistment, and the efficiency of the service. As the age for enlistment, at least the maximum age, will always be determinate, this point might be left without further remark as one definitively appointed. Still I think a short discussion is needed, in order to bring it under observation as a question in itself necessitating careful reflection on the part of the medical officer, and the more so as it might otherwise be passed over, because it is not, as in the case of the fitness of a recruit, left in a great measure as a matter of opinion.*

The general opinion advanced a few years back, by eminent army surgeons was, that we enlisted too early, the marches of armies mainly composed of lads, and their effects were contrasted with similar exertions of older soldiers; the superiority, as might be expected, was uniformly associated with the men nearest the maximum of adult strength and vigour. A similar opinion prevailed with reference to enlisting for tropical service. Sir George Ballingall, Mr. Marshall, and others, whose vast experience entitles their ideas to the greatest attention, recommend

* There is no minimum age for enlistment in the British army except for the troops serving in India, China, Australia, and St. Helena, for these the minimum is eighteen. The maximum age is established at twenty-five.—A soldier's service, by the present regulation, does not begin to count as actual service, until he is eighteen, though except for regiments serving in the above localities, he may enlist prior to that age.

twenty as the minimum age for enlistment, especially for service in tropical climates In any condition of life where the possession of resistance to the causes of disease, unavoidable during a tropical residence, are specially advantageous, the attainment of age exceeding twenty is unquestionably a great object, as men at this time of life are less susceptible of disease than lads of eighteen, from constitutional resistance; and the more mature the age, the greater the likelihood of the exercise of reflection in preserving the health and avoiding temptation. Were men required for immediate active service, to undergo immediately after enlistment the fatigues of a campaign, to endure hardships, to continually sustain weight, and to resist by strength and the moral dignity of energetic men the many sources of fatigue thence arising; a close approach to the fullest strength, both physical and mental, is undoubtedly advisable; and enlistment, as far as it is possible over the age of twenty, could not but be conducive to real power in every relation of an army in the field. At this time of life the figure is approximating its physical perfection, and in a calling which usually, on service, affords supremacy to the physically endowed, self-confidence and independence are the natural result, the true secret of resistance to enervating influences. Orders have been issued, at different periods, applying to this question; yet from some reason, probably expediency, alterations have from time to time been introduced; other changes

may again occur, so that they are only definite for the time being.

So far as the requirements for tropical and active service are alone to influence, there can be but little question as to the advantage of a time of life approaching maturity. Yet it appears to me that these are not the only points to be regarded; that numerous questions arise and various reasons can be urged in mitigation of exclusive opinions against admitting recruits under twenty into the service. By the admission of youths of eighteen, if not decidedly contra-indicated, the attainment of a sufficiency by our system of voluntary service must be much facilitated, as youths under twenty are much less likely to be established in life than when of more advanced age. The words of Napoleon, after the battle of Leipsic, are commonly advanced in favour of age in recruits, "I demand a levy of 300,000 men, but I must have grown men, boys serve only to incumber the hospitals and roadsides." The opinion here intrcduced, comprising the solution of so great a question by so great an authority, admits of some explanation that affords a modification of its full decisive value, when advanced as an argument applicable to the British army. The French army was, at that period, recruited in the proportion of one in forty of the population, a drain upon the resources of a nation employed at the same time with the necessary pursuits of civilized countries, never, I believe, equalled; and so excessive were the effects of the conscription, "which

was necessarily brought down to boys of seventeen and eighteen, that during the greater part of the last war the minimum height of conscripts for the French army was five feet seven-tenths of an inch, English measure." It can readily be conceived that young lads of such a height could make but very indifferent soldiers, even for the minor degree of duties in time of peace. Recruits at anything like such a height as this, and mere boys as the French conscripts then were, raised by compulsory levies and required for excessive duties on an arduous and disastrous campaign, might well be designated an incumbrance. For the infantry of the line in England recruits are not enlisted within several inches of this standard; youth and height much exceeding the above are found sufficiently combined to meet the exigencies of the service. The careful provision for the recruit's passing the first year or two of his service at home, usually attained by the arrangement of depôts, secures his having completed his novitiate, learned his drill, and approximated the time of life when strength is established and the frame is less susceptible of the effects of climate before serving abroad. Bearing upon this point, a portion of the regulations which were issued by Lord Hill, in 1828, is of peculiar merit.* "In the selection of men to complete the service companies, and more especially those

* Mr. Marshall on the "Enlisting, Discharging, and Pensioning of Soldiers." Page 11.

stationed in hot climates, attention must be paid to the age and constitution of the individuals, so that the draft may consist, as far as possible, of the oldest and most seasoned recruits, and therefore best qualified to bear the effects of change of climate. The opinion of the medical officers must, of course, be consulted in the selection."

In an instance where a regiment required unusually frequent support by drafts to replace the casualties from climate or other causes, a slight increase in the age of the recruits could be easily directed if deemed necessary.

As the fatigue of marching was to the infantry soldier one of his most debilitating duties in youth, it was a material objection to early enlistment; the baneful effect of sustaining too early in life the weight and drag of the knapsack on the chest on long marches, is now in a great measure obviated by the very general system of transporting soldiers on home service by railway. Night duty on guard is enumerated as an objection to young men's enlistment, since the enervating effects of want of rest in youth are fully admitted, and always deserve the attention of those who have the power of interference. In time of peace, on home service, however, this objection seems over estimated; soldiers in some garrisons are occasionally hard worked; but this is, I believe, usually accidental, and is certainly the exception. The improvements in discipline, the judicious restraints, the habits of obedience, cleanliness,

and system, at the present day inculcated, are more readily received and permanently retained in young minds than in those of older growth, which have possibly already acquired habits inconsistent with the duties of a soldier. The much greater prevalence of temperance than formerly, has likewise diminished a fearful source of temptation to lads too easily led into the insidious vice of intoxication. Depression of spirits, or occasionally even recklessness, said at one time to be induced by the hopeless prospect of being bound for twenty-one and twenty-four years service, has now been relieved by the power of enlistment for shorter periods.

Whether the foregoing remarks are generally admitted or not, as intended, with regard to the admission of recruits under twenty for service in infantry, I believe few important objections can be urged to enlistment at this time of life for cavalry on home service. The duties of dragoons, though constant, are very rarely severe, the employment is continuous, but not distressing or enervating. As youths they can be moulded to their work, taught to ride, to groom, acquire position, and hold themselves erect. Full grown men do not usually make such good horsemen. I have obtained the verbal opinion of many old cavalry officers, and feel I am pronouncing the conviction of the majority when stating that commanding officers of dragoons much prefer promising lads of eighteen joining their regiments than men exceeding twenty.

Thus far then I have been endeavouring to diminish the force of arguments advanced against the admission of recruits under twenty. Some objections can, on the other hand, be urged against exclusive enlistment over twenty, or rather of establishing this age as the minimum. Recruits of four or five-and-twenty frequently cannot be set up well, consequently never could look soldier-like; they have often contracted habits of walking and holding themselves, sometimes the effect of occupation, that no amount of drill can undo; at this time of life, flexibility, elasticity, or rather formative power, has frequently given place to a fixed position; and whether erect, round shouldered, or crooked, that position often cannot be materially altered. Idle, drunken, or dissolute habits, are sometimes the cause why men of four or five-and-twenty are not settled, or have not obtained a station in life capable of returning a means of living, and after enlistment it has occurred that such men have not made good soldiers. Nevertheless, well-made, smart, erect recruits, of the maximum age, are daily admitted who make excellent soldiers; nor is it intended to argue against any arrangement of the maximum, beyond contrasting the merits of age in reconciling early enlistment under specified conditions. How far below the age of twenty enlistment is judicious for the general service, is a question of very great importance. Yet if a minimum was established, a difficulty at once suggests itself;

how is the age to be determined if a man chooses to deceive? The general appearance of a recruit could alone guide; however equivocal this might be, a medical officer could at least judge in the instances of mere boys presenting themselves, since I believe the arguments used by different army surgeons as hostile to the general principle of enlistment under twenty, are applicable to the system when reduced for infantry below eighteen. The mind and body are in the undeveloped condition of boyhood. The ordinary marches, escorts, drills, guards at night, and other duties of infantry soldiers, if incurred much below eighteen, may with truth be designated exciting causes of disease; for the reasons before observed, this does not so fully apply to cavalry. By the decree of the 21st of January, 1852, reviving the old law, the minimum age at which volunteers are admitted into the French army is eighteen.

As a prelude to the investigation of the various disabilities, I trust to be excused for trespassing a little, while making a few general remarks that in an extended sense at least merit consideration, inasmuch as these are intended to direct the mind into a more general channel before proceeding to individual disabilities. Yet deductions from general arguments are always to be admitted with great care, for if understood as of universal application, or exercised to an excessive particularity, great numbers of eligible recruits might be dismissed. Selection

is not to be conducted on the probability of every deviation becoming a formidable disability. Medical officers ought not to be supposed to be infallible; since though diligence and care are exercised with intelligence, mistakes will occasionally occur. Our decisions must be from inferences purely practical, and our assumptions supported by probability and the confirmation of frequent occurrence under similar circumstances. Nothing more conduces to understanding disease, its prophylactics and remedies, than a fair and probable view of cause and effect, so far as they can be truly applied, and the arranging as far as possible diseases or disabilities into causes assignable to exciting and predisposing influences. It is from the result of such a principle applied in a more or less extended sense, that for different employments arrangements are usually made. If we allow ourselves to be guided by such a rational means of discrimination, and provision for difficulties, the simplest, safest, and least liable to erroneous results; the course to follow in the selection of soldiers is obviously to be fully aware of the duties, the habits, the influences, and enervating causes incidental to their position, by which it can be comprehended that individuals deficient in certain physical proportions, although not of depraved health, cannot perform such duties or resist such enervating circumstances as they may possibly be subjected to; and the exciting causes of disease can also be easily understood, rendering more plain what are to be es-

teemed the predisposing causes most liable to be aroused to actual disease by such exciting influences.

A man with enlarged veins of the legs, or even a decided tendency to this affection, is not a fit subject of selection for an infantry soldier, to engage in possibly harrassing marches, sustaining considerable weight, and requiring the exercise of muscles and endurance; the effect must be the developement of varicose veins, deranged circulation, and debility, which increasing, of itself becomes a cause of extension and accumulation. Nor should a man with a narrow sunken chest be subjected to carry a heavy knapsack, occasioning compression and fatigue, or be submitted to the influence of cold night air and want of rest; he is from his conformation most likely predisposed to pulmonary disease, or at least is of a delicate habit, and these causes will assuredly create or invoke the assumption of epidemic or casual disease. General debility without organic or local predisposition is open to similar objections, as it is an established law that such habit absorbs morbific poisons far more readily than a vigorous constitution similarly exposed.* The greatest difficulty is often experienced in separating the intimate connexion between the exciting and predisposing causes of disease, in fact it is sometimes impossible;

* Any predisposing cause liable to develope disqualifying disease as the effect of continued submission to the exciting influence, must, as a matter of course, be not only condemnatory in individuals of an otherwise doubtful appearance, but is likewise applicable where the frame is in its general characters robust.

knowledge is only derivable from experience, or rather comparison of numbers subjected to the same influence, and it may be argued that predisposition as a remote cause of disease may often pertain, and not be appreciable; yet that idiosyncracy, by constitution or the arrangement by natural formation, may actually exist, but to a degree not discoverable. Select a number of cavalry soldiers, expose them to similar duties, some become ruptured, the very great majority escape. It appears a rational inference that the few in whom similar causes produced dissimilar effects, were predisposed, by congenital or accidental anatomical arrangement, to hernia, though a weakness of tissue or a laxity of the rings was not appreciable. Still such an argument is only referable in regard to universal application, and if a predisposition be discoverable in the majority, or even in a very great minority, its value and importance as a guide to selection must be immense. Incipient or chronic disease, also, when limited, not developed by constitutional, sympathetic, or local derangements, frequently escapes detection, and men so affected gain admission into the service. After a time, active duties or exposure developes most usually by increase, the unobserved condition. Such a state of things must always exist, even if we look with certainty to vast improvement in diagnosis. In instances of hereditary or constitutional tendency, there is more than likely no actual disease; and were the prophylactics of climate,

occupation, and other circumstances attended to, such disposition would, in human probability, often be replaced by a habit associable with perfect health. However difficult this discrimination may be, still assuredly it is frequently much less confusing and not so problematical; for turning to the converse where symptoms or signs, or the general characters traceable not to positive local disorganization exist—(though its advance may be determinate hereafter)—how often may such assistance be derived by the power or frequency of the pulse, by emaciation, by feeble muscle or traces of strumous habit; or still more, referring to local derangement; how often is structural delicacy discovered in the lungs by auscultation, or a predisposition to fatigue by the shape of the feet, or a tendency to rupture by a laxity of the rings. The value of the detection of a predisposition to disease, or to any formation, which from certain similar appearances, repetition, and comparison, have been established as ill-suited for the duties of a soldier; are but to us appreciable for selection, as the discovery of causes, the effects of which would be objectionable in a man so situated; it is, therefore, unnecessary in any other relation to consider the subject here.

We are directed, and it is our duty, to reject those predisposed to disease; such is contemplated by the instructions. The knowledge that disabilities may be present by predisposition, though not decidedly so as regards extensive organic change—should

always be borne in mind, and it should not be forgotten, that experience and a scientific education, by assembling and separating facts, will often form a diagnosis when the mere application to an organ, *per se*, for evidence of extensive disease might be made in vain. Nevertheless even here a great difficulty is presented; the assistance derivable from the evidence of the individual is not available; he is in the position of a dissimulator, if he has a disability, he endeavours to conceal it. The effect of this is often to induce scepticism in cases not meriting it, which however is a fault of less frequent occurrence than the reverse; still such scepticism may easily be carried too far. Prejudice is too often dominant in the selection of recruits, maxims are occasionally inculcated and received by young medical officers entering the service as absolute, which when taken in a universally definite sense, are precepts the result of less extended views than seem to be the intention.—*E. g.*, some hold that in all cases where marks of medical treatment are detectable, the man is unfit; others are similarly influenced if a slight lateral curvature of the spine exists, yet it is obvious that bleeding, leeches, or a blister, may have been resorted to as treatment for acute disease or injury, which very possibly is completely cured, leaving no derangement, sequela or even trace, save the evidence of treatment; and slight lateral curvature may exist in a robust man, produced by a particular employment, occasioning neither actual nor disfiguring unfitness.

In all investigations where predisposition, or presumption of predisposition, is assumed as sufficiently important evidence from which to draw definite conclusions, errors must occasionally arise; as such predisposition may never be developed into actual derangement, or the legitimately conceived presumption may be altogether unfounded in reality, depending on other causes unassociated with or irrelevant to the presumed malady. But in cases where if the disability did afterwards become apparent it would be of serious consequence, and in which experience by extensive comparison had rendered the probability great that this predisposition would end in the disease, or that phenomena warranted the conclusion of presumed predisposition, such decision is quite justifiable, as upon this strong evidence and such penalty, in the matter of soldiers, the hazard is inadmissable. Many examples as direct cases in point could be deduced, but neither original intention permits, nor does necessity require, the subject to be followed in detail further than is merely requisite in exemplification of the argument. A narrow chest, having the conformation designated chicken breast, associated even with a form of moderate proportions in other respects, would very properly create a suspicion of tendency to disease of the lungs, which might never be rendered prominent or might not even exist Old cicatrices of scrofulous ulcers in the neck or elsewhere, would indicate the presence at some period of a strumous habit, from which the

individual might very possibly have recovered. Nevertheless in these instances were the conformation remarkable, or the cicatrices of strumous disease plainly observable, the risk should not be incurred, but the subjects, as is most usually the case, concluded to afford evidences of predisposition.

INSTRUCTIONS REGARDING THE SURGICAL INSPECTION OF RECRUITS.*

"I. The first object is to guard against the approval of ineligible Recruits.

"II. The external characters of a sound constitution and efficient limbs may be briefly stated as follows, viz.: a due proportion between the trunk and members of the body—a countenance expressive of health, with a lively eye—skin firm and elastic—lips red—teeth sound—voice strong—chest capacious and well formed—belly lank—limbs muscular—feet arched and of a moderate length—hands large rather than small. The reverse of these marks may be considered to indicate infirm health and inefficiency.

"III. The question of fitness or unfitness of a recruit must, in a great measure, be determined by the discretion and experience of the officer who inspects him; for no rule can be formed so definite as to dispense with the exercise of such discretion.

"IV. As soldiers are liable to serve in every variety of climate, to be exposed to frequent vicissitudes of temperature and weather, to undergo much fatigue and danger, and often to sustain considerable privations, no recruit who is not vigorous ought to be approved."

* These Instructions are taken from the printed Regulations for the Management of Army Hospitals, &c. &c.

The first points to be determined, on the actual examination of a recruit, are, as to whether he possesses the requisite amount of osseous and muscular developement for the performance of the duties of a soldier, and if their arrangement is so apportioned as to constitute their perfect exertion, and the disposition of moderate symmetry. It would seem that these are desiderata not always sufficiently attended to; the subject at first sight appears very difficult; yet, when analysed, resolves itself to an easier consideration. The muscular fitness of men is to be considered in reference to two classes; into those over twenty-one, where increase of muscular developement cannot be speculated upon, and into growing lads. In the latter class great circumspection is imperative, lest the minimum be lower than advisable; a most dangerous and deceptive discrimination, the allowance for which ought always to be most limited.

The term "growing lads" is often interpreted in too vague a sense, more so than seems likely to be the intention of the authorities. A slight spare-limbed lad, with a thorax hardly thirty-two inches in circumference, small boned, though possibly of sufficient height, under twenty, is looked upon occasionally as "a growing lad," as well as a large-boned moderately-muscular lad, with a thorax of about thirty-three inches, with a countenance expressive of health, skin firm and elastic indicating vigour, under the age of nineteen; yet they are very different. The latter, I conceive, implies "a growing

lad," and the minimum description. In the first class, or those who have attained an age or appearance where a further developement cannot be safely speculated upon, the decision ought to be most definite; it should never admit of a doubt; the want of muscular power ought always without modification, independent of any cause of which I am aware, be a sufficient warrant to reject a man. Recruits are sometimes, when slight, instigated by old soldiers to declare that they have been subjected to hard labour and a scarcity of food. This is by no means uncommon, especially in Ireland; it is a dangerous statement to believe in most instances, as it is not founded on fact; yet, even if true, these men's constitutions have most frequently been irretrievably impaired; constantly when this allowance has been made these men have not improved, and have never made efficient soldiers. Questions may admit of argument, medical men will and ought to be allowed to differ as to the extent or importance of disabilities, connected with incipient or suspected disease or injuries; a discretionary power is of course granted to army medical officers in passing men, but no argument or difference ought ever to occur relative to the muscular capacity of a man who has reached a period in life when the limbs cannot be expected to afford much greater muscular proportion. For instance, were there any doubt relative to the complete fitness of a man of twenty-one, he should be rejected; for if he was not then fully competent for every contingency,

no medical officer would be justified in assuming he ever would be. The determination of this point must comprise not only what he may be called upon to do immediately after enlistment, but what at any period of his service a soldier's eventful life may subject him to. At the enlistment of lads they may not then from their age be capable of sustaining the fatigues of duty on active service, but if care is instituted in their selection, if a healthy and vigorous frame is considered essential, there is an assurance that a year or two will provide for the deficiency. Not so in the other case, if not thoroughly physically qualified at the period of enlistment, he more than likely never will be; in such a man immediate fitness ought not to be deemed enough, he should be fully equal to every contingency.

Independent of the baneful effects of climate, the exposure to morbific poisons, and numerous other exciting sources of disease on foreign service, an infantry soldier, on active service, is at all times liable to the exhausting and debilitating influence of hardships, consequent upon want of rest and long marches, frequently carrying very considerable weight. Attention is particularly directed to these points in the instructions, "as soldiers are liable to serve in every variety of climate, to be exposed to frequent vicissitudes of temperature and weather, to undergo much fatigue and danger, and often to sustain considerable privations, no recruit who is not vigorous ought to be approved." A reference to

historical details will put us in possession of the exertion and endurance, the marches and privations, sustained by our troops in the Peninsula, India, and elsewhere, the fatigues of continuous marches of many hundred miles by our's and other troops, as well as the remarkable energy and perseverance displayed in accomplishing distances in an almost incredibly short time. Even the ordinary marches men may have to perform are to be estimated at nearly fifteen miles a day; the usual weight they carry, including thirty rounds of ammunition, is between forty-five and forty-eight pounds When an infantry soldier is completely equipped for service, he generally carries, besides the above, three days' rations, additional ammunition, blanket, &c., which would, altogether, constitute a burthen to be borne of little less than sixty pounds.*

The routine of service is such that the soldier is always subjected to these influences to a greater or less amount; but, in making his examination, the medical officer is bound to bear in mind that fitness should consist in the capability of the recruit to bear the maximum of exertion.

Attention to the proportions of the different parts of the figure demands very particular notice. This can be fully estimated without dwelling on measurements or minute description; moderate symmetry is

* Subsequent arrangements may reduce the burthen at present borne by the infantry soldier, but the weight of his arms, ammunition, appointments, &c., can never be inconsiderable.

essential in every soldier, and its components are of course known to all medical men; deficiencies and irregularities will be more fully considered when investigating each individual organ. There is connected with this portion of the subject another point of material consequence, requiring reflection and special remark: that is, the branch of the service for which the recruit is enlisted, Artillery, Cavalry, or Infantry.

The Royal Foot Artillery are the largest framed and most muscular men of the three branches of the service, the nature of their employment requiring the exercise of strength more than activity; lifting weights, moving heavy guns, and working in the arsenal, tend to increase their muscular proportions. The chief characteristic of a gunner ought to be strength. Observation at a parade at Woolwich will shew how well this distinguishing feature is observed. In no army in Europe is it possible to find finer men than the Royal Artillery; they are pre-eminent for this characteristic.

A heavy cavalry soldier is above the ordinary height, and, whether on foot or horseback, is remarkable from his size and general appearance; an awkward or ill-made man rarely rides well, a tendency to corpulency or undue developement in any way is objectionable; round shoulders are most unsightly; knock-knee, if prominent, is objectionable in any soldier, but in none more than a heavy

dragoon The object ought to comprise a selection of men at least moderately symmetrical.

In the choice of light cavalry, the institution of still greater circumspection is admissable, as the standard is much lower, nearer the average height, the facilities of obtaining recruits is far greater, affording a more extensive selection, admitting, if sought for, the acquisition of the stamp of men most eligible for this branch of the service. A frame manifesting strength and muscular developement is absolutely necessary in a light cavalry soldier; yet the nature of his duties in every respect, especially in the instances of not having to carry weight, and being but little subject to loss of rest or exposure at night, are vastly less productive of fatigue or other consequences injurious to the constitution than those of infantry, wherefore to the same extent it does not appear so essential. A dragoon's chief value consists in his being a good horseman, wherefore a figure manifesting activity, suppleness, and ease of motion, ought to be the object of acquisition.

The absolute necessity of such an arrangement when extensively pursued, or the vague unlimited standard that any medical officer may picture to himself as the requisite proportion may be open to objection; but such is erroneous, as the possession of these characters can only be insisted on as desirable; and though possibly it would not be judicious to imply a censure for passing a healthy man for a light dragoon who is inactively made yet not deformed, still

it appears to me very easy to understand the spirit of a suggestion to be particular that a proportion, indicating the presence of the features most necessary for the fulfilment of his employment, shall exist; and that it is a consideration recommendatory in recruits for each branch of the service that the general appearance of the man should, as much as possible, associate with his peculiar duties.

Assuming that equal attention is devoted to ascertaining the freedom from disabilities in each branch of the service, the stamp of man calculated for an infantry soldier, from the nature of his employments, comprises a combination of characteristics which must always be recollected as necessary and not merely desirable; he ought to be compact, strong, but not awkwardly made; the figure preserving a due proportion between the trunk and members of the body, combining the evidences of muscular power with the attributes of a good walker, or at least possessing a figure displaying no deficiency in this most necessary trait.

"V. The more common causes of rejection are enumerated below:—

"1.—*Feeble constitution: unsound health, indications of former disease, as leech-bites, traces of blisters, nodes, glandular swellings, or other symptoms of scrofula, &c. &c.*"

The general appearances indicating a feeble constitution or unsound health, when discoverable at

the age of puberty, are usually symptomatic of organic disease, which would, on careful examination, be most likely observed; still this is not invariably the case, as some cachexia, syphilitic, mercurial, strumous, or otherwise, may occasion the appearances to a greater or less degree; the existence of the general effect is alone disqualifying without proceeding further. Often in such habits there is the assisting diagnosis of indications of former disease, the traces of medical treatment such as leech bites, blisters, issues, setons, cupping, and the signs of bleeding in the veins of the arms; some of these marks, however, may exist under very different conditions, and although they are enumerated as alone causes of rejection, it does not appear to be the intention to instruct that a fine robust lad is unfit because bearing evidences of a few leech bites: it is especially a case where the medical officer is intended to use that discretionary power allowed him; still that discretion ought to be exercised with the greatest care and consideration, as the chief indication must always be the accompaniment of symptoms or signs of the least organic or constitutional disturbance; if either can be traced even in any degree, it would be imprudent to approve a man; but if associated with all the characteristics of rude health, it seems to me a great error to conclude all such traces as necessarily disqualifying. Were leech bites discoverable on the extremities, they would of course attract attention to the locality, and suggest the subjection of

the position so circumstanced to minute examination; if accompanied by characters of complete integrity I would pass the man, remarking the fact in the attestation. The integrity of the limbs, by the exercise of motions and accurate investigation, can almost invariably be determined; so that the mark of a blister situated on the extremities need not attach much more serious importance, especially as such means of treatment are usually applied in young men calculated for soldiers, for the effects of injury; however, marks of medical treatment, connected either with the trunk or limbs, are obviously of diminished seriousness when the period of application is remote, local or constitutional delicacy not being appreciable; and it is not to be lost sight of, that however remote, even in youth, the application of leeches may be, the marks usually remain though the affection for which applied may have long ceased. Blisters, on the contrary, are demonstrative most frequently, though not invariably, of recent disease; a man may have been many times blistered without a trace remaining, but the use of leeches, if only on one occasion, leave recognizable evidences, so that an individual without a trace may have undergone much more local treatment by blisters than one who bears evidence of leech bites. Hence, then, it would appear that the mark of a blister ought generally to suggest more serious consequence, particularly when occurring on the trunk, as it manifests a recent morbid state which may afford a difficulty in deter-

mining the integrity of the organ. That the recognition of the recent or remote period of the application of local remedies is of great value in estimating their seriousness when situated on the trunk and over organs important to life is easily understood, since they may have been used at a distant period in acute disease from which the individual has completely recovered. When existing in these situations, great caution should be exercised; but if a medical officer be perfectly satisfied that the appearance was not recent, and that the man was clearly in rude health, his constitution untainted, the proportions of the figure symmetrical, and organs sound, it would be too dogmatical to assume that all marks of treatment upon the trunk are to be an unqualified cause of rejection. Nevertheless, though this ought not exclusively to apply, these marks, when they exist in some regions, should be viewed with still greater gravity than in others; thus under the clavicles, along the spine, or over the right hypochondrium, the observance of marks of medical treatment manifest the possible tendency to most disqualifying diseases, which duties or exposure may arouse. When such traces are found over the cardiac region, the man should be always rejected; they point out that disease once existed there, and it is more than likely that some sequelæ resulted and are persistent, although possibly not plainly detectable unless exertion or other circumstances favoured their observance, or time, by

increase, should have developed them. The argument usually adopted against the admission of men into the service, who bear any traces of medical treatment, is the power at any time of declaring themselves unfit for duty by alleging disease to exist; yet, assuredly, this is too definite. By such arrangement the loss of good recruits would often accrue; malingering is much less frequent in the army than formerly; and how little does a man so circumstanced differ from a soldier who, having been in hospital, has there undergone treatment that has left permanent marks.

Setons and issues are almost invariably to be deemed disqualifying; they are generally used in severe chronic disease; usually the traces are found on the extremities, on the nape of the neck, back, or loins, but they may be detected in almost any situation. The marks of cross-cupping are a recognized invariable cause of rejection; it has been so determined for many reasons; especially it is supposed, that diseases sufficiently serious to require treatment by cross-cupping may be liable to recur. Although sound men may hereby be occasionally lost to the service, this estimation of these evidences of treatment is universally admitted. Marks of single cupping need not always cause rejection; the observations relative to the evidences of leech-bites and blisters are in a great measure applicable here. Attention to the locality,

the probable period of application, and the other different associations, is of the greatest importance in these cases. A man may bear traces of bleeding in the arm for injury or acute disease which has left no lesion behind; if unaccompanied by other extensive marks of treatment, and the medical officer is satisfied of the man's perfect fitness, it does not appear that this is alone deserving of any serious consideration. If in any instance, as has been before implied, the least indication of local or constitutional disturbance were associated with traces of treatment, I hardly think any circumstances warrant the man's approval.

From the time of Celsus to the present day the consideration of scrofula has occupied the attention of some of the brightest intellects that have pursued the study of medicine. Statistics have been collected and examined, experience has been promulgated, experiments have been instituted with untiring energy, chemical analysis has lent its aid, pathology has largely contributed from its great truths, the master minds and sagacious understanding of Thompson, Carswell, Sir A. Cooper, Lugol, and Glover, with numerous others, have been zealously applied to the investigation of this subject, which must be considered of the greatest importance, from its frequent occurrence, from its frightful mutilations, from the horror with which all classes regard its appearance in their families, and the care they take to attribute the effects to other causes; and from the great fatality,

when affecting organs important to life. Volumes have been written, yet the results of all this labour, experience, and talent, are far from determinate, and are still open to future investigation in many relations; not only as to the nature of the disease itself, but as to preventive or remedial measures. The greatest diversity prevails as to the most feasible explanation of the proximate cause; the humoral and absorbent theorists have made no advance. The identity of scrofula and tubercle is denied by many; others, again, trace almost every chronic and many acute diseases to a strumous habit. The management and treatment are most unsatisfactory, whether considered in reference to the depleting system, or the more rational one, of good air, diet, and medicines, justly admitted to exercise a beneficial influence.

Most writers agree that scrofula presents itself in every tissue in the body, in every gland conglomerate and conglobate, from the liver to the smallest lymphatic, in cellular, mucous, and serous membranes, free surfaces or subtissues, in osseous structure or individual organs. No age or sex, no position in life is an exemption. A child may come into the world to pass its life a cripple, or live a mere existence unaccountable for its acts, cut off alike from social ties and participation in other happiness of thinking man,—a drivelling idiot. A child may be born healthy, and grow to man's estate, athletic, active, and intelligent; the insidious cough sets in, attributable to some irregularity, which in

a few months may blast the happy prospects that have dawned with childhood and risen with youthful hope. Or the man who has passed a healthy life, may find towards the termination, a bronchitic affection lapse into tubercular deposition. Different forms of the disease preponderate in childhood, adult, and old age, but almost each variety is met at every time of life. Much has been said of the appearance of scrofulous individuals, these appearances are sometimes laid down as definite as if they were invariable; the fallacy of this is quite evident, as individuals of almost any previous apparent character of constitution, are occasionally from the exciting cause of disease, especially venereal and its specific, mercury, rendered the subjects of struma.* We have all seen instances of men under the influence of a course of mercury for syphilis, develope enlarged glands in the neck or groins, tubercles in the lungs, or scrofulous disease in the extremities: happily prejudice has yielded to the advance of progressive knowledge, and from a wholesome dread of the effects of an unlimited use of this drug, these results are possibly less frequent than a few years back. Still such is often the sequela of debilitating disease.

In persons who are, by hereditary tendency or constitutionally, predisposed to scrofula, certain peculiarities in the face and figure, as protuberant upper lip, alæ of the nose enlarged and thickened, large flat feet, and various irregularities in the

* Manifesting more than likely an hereditary predisposition.

shape, are commonly described as associating with this habit; yet in others the indications of good looks are frequently observable, usually accompanied, however, by diminished muscular developement and lax fibre. Any tendeney to this habit is most difficult of eradication; by care, attention to diet, air, &c., extensive symptoms are often warded off until the frame is matured, when nature gradually establishes a healthy temperament, which seems capable of resisting the diathesis in frequent instances, unless the constitution suffers from mismanagement, or the debilitating influence of continued illness. But here is at once seen the reason why men, having a strumous taint, are so unfit for soldiers, even though they exhibit no marked physical disability.

If scrofula exists in the constitution only to a slight degree, the habits, the pursuits, the nature of the duties of a soldier all tend to its developement; how can prophylactic measures be adopted? On a march, independent of the fatigue, he may get wet, or take cold on guard; the careless life of a young soldier, with unlimited temptation, conduces to venereal; numerous are the causes exposing to illness, any of which might develope the latent tendency; then struma may appear in any of its varieties, even though slight, much to be dreaded, as almost every scrofulous affection requires the discharge of a soldier. Did it tend even to one of the mildest forms, suppurating glands of the neck, what more troublesome, what more unsatisfactory? As long as there

is a discharge from the abscess or ulcer, the man cannot usually appear on parade; do what one will, send him where one likes, we shall very frequently fail in procuring a permanent local and constitutional cure. True, it is said, suppurating glands of the neck are usually unassociated with the more fatal disease, phthisis, that they seem to act as a derivative for the diathesis to expend itself. Granting this to be the case, still as a man having strumous sores of the neck is unfit for a soldier, but little is gained to the service by the less fatal disease. Sores in this situation often continue for years unhealed: a sergeant in the — regiment of infantry, in which I once had the honour to serve, caught a severe cold; though of large and powerful frame, some of the lymphatic glands of the neck, as well as the tonsils, became swollen and inflamed, in the course of time matter formed in those of the neck, they were either opened or ulcerated, the tonsils remained permanently enlarged; this was a most trustworthy man of some fourteen years service, he had nothing to fall back on if discharged, with a pension for a limited period; he was unfit for duty in the ranks, yet the Colonel did not wish to lose him, the situation of provost sergeant being vacant at the time, he was appointed, his duty in this capacity comparatively screened him from observation; he satisfactorily served for a few years, until from some exposure he unfortunately subjected himself to fresh cold, his tonsils swelled to such a size as seriously

to impede respiration, the inflammation extended to the rima, from thence into the glottis, and produced thickening and effusion into the submucous tissue. In twenty-four hours, despite the greatest care, he died; this man had, to my knowledge, unhealed ulcers originating in the glands of the neck for more than four years He had resorted to various means of treatment, was quartered at the sea-side for twelve months, and never did a day's duty in the ranks from the period these abscesses formed; had there not been this situation vacant at the time he must have been invalided. His stout appearance was but little altered by the strumous diathesis, yet I have no doubt had he been subjected to the hardships sometimes incidental to a soldier's life, for which every man enlisted should be unequivocally fit, he would have broken in constitution and have fallen a victim much sooner to the consequences of his fearful idiosyncracy. The filth resulting from such a disease, the inability to wear a stock, and the disgusting spectacle of continued running sores in the ranks are sufficient, without the more formidable evil of depraved constitution, to render a man inefficient. The supposition is not for a moment entertained of the possibility of a man having extensive open ulcers of the neck ever gaining admission into the army; yet a good looking lad, with enlarged glands, or a single sinus or old cicatrices about the neck might do so; these evidences are usually accompanied by other indications of struma, but should they not, I believe

them sufficiently disqualifying on their own merits, as showing either remote or persistent scrofula.

If this habit is liable to be produced from the effects of debilitating causes in individuals not apparently prone to it, how much more likely, from similar reasons, is this malady to recur in one whose constitution has previously suffered, and where it is more than probable that a dormant taint remains to be awakened by any fortuitous circumstance.

There is hardly a necessity to urge additional arguments why the examination for evidences of this habit ought to be strictly investigated, and sought for with a most jealous care, as one might be led into the subject to a much greater extent than is at all requisite; the importance is patent on the least reflection. Nevertheless, as I have been more than once eye-witness to a very formidable sequence of this diathesis in relation to a soldier's duties, which seems to me worthy of notice, I will still further extend these observations by introducing a few instances. Infantry soldiers, on a line of march, when undergoing fatigue, carrying the weight of musket, ammunition, and full kit, are liable to injuries of the inferior extremities, and where the constitution is in the least imbued with a strumous tendency, such strains and injuries frequently assume serious characters. The last occasion on which such occurrences were observed by me, was on a march of some days in Ireland with an infantry regiment, when I wit-

nessed disease produced in three men of a scrofulous temperament. On arriving at our destination, one complained of pain in the tibia of the left leg immediately below the tubercle, the periosteum seemed engaged, the integuments were red and very painful to the touch. In despite of treatment the tibia became extensively affected, the disease extending into the joint, sinuses formed, the man was worn down by hectic, and eventually the limb was amputated. In the second case, disease commenced in the first metatarsal bone of one foot, engaging the internal and middle cuneiform bones, synchronous with which, strumous glandular enlargement appeared in the neck. Having undergone treatment in the regimental hospital for more than six months, without a prospect of his ever becoming again fit for duty, he was brought forward at the next inspection and invalided. In the third, a lad in the band, of considerable talent as a musician, strumous enlargement of the os calcis occurred, induced by this march; from this he suffered for a very lengthened period, and was eventually sent to his duty in the band, with some increase in size of the os calcis. As he was a useful boy, it was recommended not to subject him to similar exciting causes. In these three cases there were coexistent unequivocal symptoms of a strumous habit. The two first were men in the ranks, under three years service; it is probable, had they been in civil life, these affections might never have appeared; but as soldiers, the work they were subjected to clearly induced them.

Without hazarding any observations relative to the few arguments and supporters of the dissimilarity of tubercular and scrofulous disease, it will be well to assume a common origin, until the diversity is more generally adopted; and consequently, when a suspicion arises, invariably to direct attention to the state of the lungs, and the confirmatory evidence that may sometimes be there obtained.

I have thus endeavoured, as concisely as possible, to remark upon the incompatibility of a strumous diathesis with the duties of a soldier, from its general effects, from its being so little amenable to treatment, and from its being a most decided, formidable, predisposing influence, liable to be aroused to actual disease by the ordinary exciting causes to which men in the army are exposed. Thus then, if the slightest scrofulous disease be observed, no more definite cause is necessary to determine unfitness.

Nodes are generally connected with disease, either syphilitic or mercurial, but it is difficult to assign a cause in some instances, as they are occasionally found of small size on the surface of a bone in healthy robust men. If not associated with, or traceable in any way to, the above conditions, and if of very limited dimensions, occurring in healthy individuals, they should not of themselves necessarily disqualify. The slightest traces of caries or necrosis are usually so apparent as to be at once observed, and their importance so evident as hardly

to require enumeration. Osseus tumours, when of any size, must always disqualify for numerous reasons; there is no possibility of saying to what size they may attain, how they may interfere with the free use of a limb, to what they tend, or what the origin.

"3.—*Weak or disordered intellect.*"

This is a most serious objection to a recruit, and to a degree occasioning want of comprehension and memory sufficient to learn drill, to recollect and communicate orders is by no means uncommon. Were the returns of men discharged under three years service available for reference, it seems highly probable that the inquiry would show stupidity to be a prevalent cause of their unfitness for the army. Yet it appears more than likely, if the subject were investigated at the period of enlistment, the admission of such men would be of less frequent occurrence. A persistence in questioning and testing the memory and power of comprehension, would usually manifest any deficiency. This is a feature not invariably recollected at the time, and the ordinary casual questions put during the examination can be answered by the most obtuse, thus it often happens that the deficiency is not discovered until the memory and comprehension are exercised at drill. No doubt there are difficulties connected with the subject, or the unfortunate results would be less frequent; this cannot always be attributable to want of care. Dis-

ordered intellect, by which some form of moral insanity is referred to, is of vastly less frequency than incapacity, to which attention will be especially directed.

Premising that an inability to comprehend, acquire, and retain knowledge sufficient for the requisite attainment of a soldiers's duties, is the appropriate definition for the disability under consideration, any one reflecting for a moment will easily understand the necessity of these attributes in one who has to thoroughly learn the manual and platoon exercise, the perfect use of fire-arms, and the various details in the changes of position required in manœuvering, as well as the understanding and transmitting orders on all occasions. On the other hand, it does not follow because sufficient intelligence to acquire the easily comprehended duties of a man in the ranks is absolutely requisite, that one should seek as a necessity for anything more. How far it may be advisable to discharge all men evidencing an incapacity, is a different matter, but the admission of men whose intellect is much below mediocrity seems highly injudicious. Occasionally it happens that questioning recruits does not elicit conclusive information, as such an important event to an individual as his enlistment, appears capable of occasioning, in some instances, an excitement sufficient to stimulate answers that do not attract attention, though stupidity may be ordinarily characteristic. This idea suggests feasibility to me from a belief in

its observance, and from the circumstance of some such cause accounting for the approval of a portion of this class of men, for as was previously observed this cannot always be the effect of carelessness. Were we universally to reject men who answered queries vaguely and inappropriately, many a country lad in England, and more particularly in Ireland, capable of becoming a good soldier, would be lost to the service. Corroborative evidence, to some extent, is derivable from other sources; the expression of the countenance is often a good indication, so likewise is cranial irregularity, of the power of the understanding The most usual, as well as decisive irregularity, is actual deficiency in size.

I purpose, now, to briefly observe how far this can assist the elucidation of the subject; premising, however, that it will be in a limited measure, and altogether subsidiary. The descendants of the Caucasian race are supposed to be the most intellectual and successful in the cultivation of the mind, their cranial developement is said to be larger and more perfect than the Mongolian or Ethiopian. "The Caucasian skull is round and symmetrical, the posterior extremity bears to the anterior the proportion of about three to two," the forehead is high and wide, the lateral portions and occipital complete this tendency to roundness. A large head is considered more consonant with a high order of mental faculty than a very small one, yet it does not follow that such must be the case, or that a very

large head is more influential in the function of innervation than one of a medium size. It is generally believed by physiologists, that the grey neurine which forms the superficies and is disposed in other portions of the brain, is the source of nervous power. Now the extent of this grey neurine must depend on the size and regularity of the convolutions and involutions much more than on the size of the brain itself, which is chiefly produced by the amount of white substance, supposed to be merely the afferent, efferent, and communicating medium of volition. In man the extent of the convolutions and the depth of the sulci vastly exceed those of animals, in many of which they are not perceptible, in others rudimentary, and in all remarkably inferior; in the case of idiots and very old people they are likewise found usually less developed. Some animals have actually larger brains than man, others larger in proportion to their size; but as in these the extent of grey neurine differs but little from the actual magnitude, it is easily understood that the sulci and eminences affording so much a greater surface for the vascular and energetic tissue, man must be pre-eminently superior in the phenomena dependant on the functions of the brain. These conclusions are quite irrespective and irrelevant of the idea of individual faculties or their residence in certain convolutions, called organs. In a similar way, assuming a difference in the developement of the convolutions and sulci, it may to some extent be explicable that a large headed man may

be inferior in intellect to a smaller, though no doubt this is very far from comprehending that most inscrutable consideration. Nevertheless, it has been ascertained by extensive observation, that if the actual size of a man's head be less to any considerable amount than certain established measurements, proved to be the average of sane and intellectual individuals, there is often a deficiency of intellect. This is a fact well-worthy of attention, though by no means a conclusive point, inasmuch as a similar state of intellect is met with in full-sized, well-shaped heads, and sanity and intelligence are consonant with the most mis-shapen and even very small heads. Still this, though diminishing, is far from invalidating the consideration that it is exceptional to find men whose heads are much under the average standard possessing full integrity of mind.

Various plans have been suggested for measuring the head, Camper's and Blumenbach's suggestions are both imperfect for our purpose, and are more calculated for indicating peculiarities in shape than positive capacity. The simplest, easiest of application, and most accurate, is the measurement of the superficies, which exactly defines the desiderata and may be determined by passing a graduated tape from the root of the nose to the occipital protuberance, this space is found to be from $13\frac{3}{8}$ to $13\frac{7}{8}$ inches, from one ear to the other across the vertex from 11 to $12\frac{1}{4}$ inches, and the circumference of the head from 22 to $23\frac{1}{2}$

inches. It is obvious that these measurements will manifest a deviation caused by a narrow retreating forehead, a pyramidal shaped head, or any other deviation creating a diminution either general or partial; and, as previously observed, if the proportions be much below the above, taken as the average on very particular investigation, a deficiency of intellect very often pertains; yet there are extensive exceptions, rendering it of less decisive import even as corroborative evidence; however measurement can be easily understood to be a valuable assistant. The instructions specify that the inspecting medical officer is invariably to ask the recruit a few short questions, such as, to what corps he belongs, what occupation he has previously followed, &c. &c. Were these and similar queries put, with the sole intention of testing the power of the mind, and the answers watched, this would usually be enough; yet, did a very small head exist, it ought always to suggest the most scrutinizing inquiry by questioning. Still more does the matter appear to me important, when an inclination to dulness is remarked and indecision in answers is appreciable; these circumstances, though not of themselves conclusive, if they co-exist with the diminution indicated, should cause the man to be rejected.

"4.—*Chronic Cutaneous affections, especially of the scalp.*"

Recruits suffering from this class of disease are not admissible. Yet I cannot dismiss the subject without a brief remark on eruptions in general, as

they are very commonly presented on various portions of the body and suggest some consideration. Although eruptions are most usually disqualifying, some few slight forms, with certain provisions, may admit of less exclusive estimation. It must suffice, without entering into an elaborate detail of that most extensive subject, to glance briefly and in general terms at the propriety of approval under any circumstances. I confess, I approach this question with the greatest diffidence, and having fully weighed the various features presenting themselves, can hardly come to a conclusion how to advise the examiners of recruits, situated in different positions, to act; and having concluded, am not satisfied that I judge rightly.

If a recruit be examined for a district, by either civil or military practitioner, and any eruption observed except scabies,* I would suggest his unqualified rejection; as if a man has to journey any distance to his regiment, eruptions may be suppressed, occasioning illness. Eruptions are sometimes esteemed differently by medical officers; and one might actually make a mistake, imagining a disease to be different from the reality, on a single examination. From any of these causes the recruit would, probably, be subsequently rejected. On the other hand, where recruits are enlisted for one's own regiment, a less restricted selection in trifling cases appears to be a just and advisable admission.

* Scabies is not considered a cause of rejection.

Reasoning thus, the advising of the extension of this limit is solely directed as a suggestion to medical officers examining men for their own regiments. Wherefore, always assuming that chronic, extensive, febrile, complicated or doubtful cases, are inadmissible; a fine robust lad, eligible in every other respect, presenting a slight eruption of the characters of the simple forms of urticaria, roseola, lichen varicella, acne, and possibly one or two others, ought not, in my opinion, to be necessarily rejected.

The idea that every eruption under the specified conditions, irrespective of character, is sufficient to cause disapproval, can hardly be esteemed a scientific or a practical conclusion; most usually no treatment whatever is necessary; thus is there not even a transgression of the *letter* of the instructions. The most important objection to this view, is the possibility of confounding such cases with secondary syphilitic eruptions (which are always to be considered a conclusive cause of disapproval), still, I think, such errors could very rarely occur, and where the least doubt existed, that circumstance alone should decisively militate against the individual.

I have offered the foregoing observations, conceiving that experience and discretion will discriminate between simple and complicated cases, as well as between the tedious and transitory appearances which occasionally occur in healthy men, sometimes almost ephemeral, at particular periods of the year, or from temporary causes or derangements.

A tumour may be situated in any position of the scalp, affording the characters of sarcomatous, vascular, or, adipose tissue; or, in fact, almost any species of tumour, capable of forming in other positions, may be developed in this situation. Tumours of the scalp seldom continue stationary; consequently, though benign, they may increase to such a size as to render removal necessary. With such a prospect alone it would be scarcely prudent to consider a man eligible having a tumour so placed.

"5.—*Severe injuries of the bones of the head.*"

The fingers are invariably to be applied to the head for the purpose of ascertaining if evidences of fracture of the skull, exfoliation, loss of substance, tumours, or other irregularities, exist. The effects of fracture, especially with depression, are often very formidable, occasionally exciting serious disabilities. Effects in various degrees may be produced on the sensorium, persistent, periodic, or casually excitable. Epileptic fits are sometimes a sequela of such injuries. We are all familiar with these results, yet instances of considerable evidences of injuries of the cranium are occasionally encountered without subsequent serious disturbance of the sensorium, especially when pressure on the brain has not been created,* but such instances are not of decisive value

* A soldier of the 31st Regiment, at the battle of Sobraon, received from a musket ball a fracture of the left parietal bone near the vertex, almost engaging the sagittal suture; a large piece of fractured and comminuted bone was removed, and the dura mater, apparently uninjured, was exposed to more than the size of a shilling. After the first few days he hardly complained of inconvenience. He was retained in hospital until

in enlistment. The chances of the reverse pertain, and in the few cases likely to be presented affording appearances of fractured cranium, it would not be justifiable to run the risk.

Cicatrices on the head and prominent parts of the face are to be looked for and should receive special attention. It does not appear that much importance has been heretofore attached to these marks as possible indications of epileptic fits. Any notice of the varieties and symptoms of a paroxysm, feigned or real, is altogether irrelevant to the intention of these remarks; nor is the subject calculated for further investigation than, as it happens, that this serious periodic disease sometimes exists in young lads who enlist, and that individuals so afflicted are quite inadmissible as soldiers for numerous reasons; hence all circumstances which can assist in discovering its prevalence are well deserving of observation.* Epileptics

some mechanical means of protecting the brain could be procured. However, about two months after the receipt of the wound, while riding in the bazaar, my attention was attracted by a crowd of natives round a drunken soldier; on going closer, I was astonished to recognize my friend, who had escaped from hospital, and was, about noon, in the month of April, drunk, without the least covering on his head, his hair shaved off, and a small portion of the dura mater exposed to the direct rays of an Indian sun, offering to fight any number of the assembled natives. He was, as soon as possible, conveyed back to the hospital; even from so great an exciting cause there did not follow the least ill effects.

* Nearly every experienced army medical officer has witnessed epileptic or other very similar convulsive seizures as happening to soldiers who have never previously been so influenced; such fits may occur once or twice or more frequently, and may not for a very long period or possibly never again appear, having produced only effects for the time being. The observance and recollection of such cases does not in the least diminish the serious objection to admitting epileptics into the army.

may be considered in two degrees, as the most concise means of clearly arranging and appreciating the subject, and a division adopted into confirmed epileptics and those who have had occasional fits at periods of different intervals between the attacks. But prior to these considerations, it may be well to ask the question—are there any distinctive characteristics anatomically arising, and externally appreciable, by which a man who has had fits is to be detected.

The attempt at a foundation on such premises could never be established, for the simple fact that though irregularities in the shape or size of the head are often observable in epileptics, and in such cases are most usually admitted to be intimately connected with the predisposing influence, still epileptic and other convulsive seizures are commonly known to occur in men in whom there are no anatomical derangements whatever; the presence of peculiarities in the shape or size of the cranium is to be remembered as possibly associated with this condition, and attract enquiry for further information, which may be possibly detected as effects either constitutionally or accidentally produced.

The appearance of a man subject to frequent attacks of epilepsy, generally speaking, bears traces of ill health; the features become enlarged and coarse, the eyelids swollen, lips thick, pupils dilated, and cheeks pale. Dr. Hector Gavin remarks, "to the attentive observer, the true epileptic is a man

quite different from every other. It is rare to find in him any trace of hilarity, spirit, or vivacity. Nature, or rather the disease, has imposed upon his face a character which seems to be composed of sadness, shame, timidity, and stupidity." It is to be recollected these are the evidences of confirmed epilepsy, and, as such, not likely often to be presented in a man about to enlist; however, the admission of men with modifications of these appearances has occurred, thereby requiring an examiner to be upon his guard. The examination of books on this malady, or the experience of medical men, does not elucidate the discovery of individuals who have only occasionally had fits, and in whom accidental causes might renew the disease or establish its permanency. In fact, the opinion of Mr. Marshall, and others, is that there are no positive symptoms by which one can usually decide in such cases. These are especially the instances we are called upon to discover, and no indications seem so determinate when unequivocally found, or at least so likely to assist, as cicatrices the result of falls.

I have frequently examined soldiers subject to occasional convulsive seizures, and in many instances without being able to detect a single valuable evidence beyond such marks; true, they may not always exist; but, when observable, they should be well considered, and in instances where suspicion is in the least excited, the most careful scrutiny is incumbent.

Private B. A., — Regiment, has lately had three epileptic seizures, on two occasions when on guard. About a year before he had a fit of a similar nature while on sentry, and was accidentally discovered by a civilian. On carefully examining his head, countenance, and body, no reason can be discovered why he is epileptic; he is a good-looking smart soldier, twenty years of age; he denies ever having had a fit prior to enlistment, or to the occasion first referred to. His sister was subject to epilepsy. His fits are not on all occasions true epilepsy; they sometimes present the characters of epileptic vertigo; they are unquestionably genuine; which opinion has been formed by myself and corroborated by another. Were he to appear before a medical officer for examination on enlistment, the only possible guide appreciable for suspecting epilepsy, is the presence of three cicatrices on the head and two on the face; all of which have been received while in the service; one of those situated on the eyebrow is very large and the most recent.

"6.—*Impaired vision, inflammatory affections of the eyelids, immobility, or irregularity of the iris, fistula lachrymalis, &c. &c.*"

Deformity or irregularity of the appendages of the eyes is visible almost immediately, their importance is then to be determined. An encysted tumour may be situated in any part of the lids, superficial or beneath the muscles. If of any size or likely to

require interference for removal, it is inadmissible. Whether ptosis is to be accounted a disability, must depend on its origin and amount; if it does not result from paralysis, and is not so extensive as to impair vision, it could only be regarded as slightly disfiguring, and therefore obtain no importance. Ophthalmia tarsi, trichiasis, districhiasis, entropium, ectropium, or any affection calculated either to injure the eyeball or subject it too much to external influences, are disqualifying. Enlargement of the lachrymal glands, affections of the puncta, lachrymal ducts, sac, or nasal ducts, are likewise causes of rejection, as they are at all times troublesome, may be obstinate and end in various derangements, affecting the constitution or the organ of vision, or occasioning at least stillicidium lachrymarum. Conjunctival inflammation, though of slight degree, may degenerate to serious mischief. Uncertainty invests the most experienced in pronouncing the result of any case, and the well-known contagious nature of ophthalmia is to me, I admit, a source of grave apprehension; such as can be fully appreciated, in relation to soldiers, only by those who have served in a regiment that has seriously suffered from this affection. Sometimes a few vessels only are observed ramifying upon the visceral layer of the conjunctiva; in these cases, if the lids are everted, very often a granular condition will be discovered; an invariable disqualification. Slight redness of the conjunctiva is sometimes temporarily excited by

casual irritation or a night's debauch prior to enlistment; such an appearance is easily distinguished, and never ought to be confounded with inflammation. Cloudiness or specks in the cornea have received the several names, nebula, leucoma, and albugo. Nebula is generally understood as a diffused opacity or haziness situated superficially, and might be the result of slight injury or ophthalmia; in healthy subjects absorption commonly takes place. Leucoma is the opacity caused by a cicatrix, the absorption of which is always very doubtful. Albugo is a deposit of lymph in the deep layers of the cornea; the absorption of this, likewise, must never induce speculation in a recruit. Were any one of these opacities situated in the axis of vision, impairing the sight of even one eye, it is a decisive cause of rejection. If recent, small, and in a healthy young man, probably absorption would occur. Nevertheless, it might not; and were accident or disease hereafter to injure the sight in the sound eye, the discharge of the soldier would most likely be requisite. A soldier having impaired vision of one eye, or having totally lost it, provided the sight is perfect in the other, is by the fifteenth article of the Pensioning Regulations, to be retained in the service; yet a recruit, similarly situated, is obviously ineligible. Affections of the eyes, or serious results of disease, so evident as not to be overlooked, such as staphyloma, onyx, hypopium, injuries to the iris, synechia, &c., need no special remark. The only

diseases of the internal structures of the eye liable to be presented, at the same time likely to deceive, may be enumerated as amaurosis and cataract. Amaurosis is an unquestionable disability; yet, I believe, very rarely indeed is this disease presented in a young lad, eligible in other respects, offering himself for a soldier. The size of the pupil, the probable immobility of the iris, and the limited power of vision, would usually excite suspicion, when a more accurate examination would be likely to reveal it.

Cataract, on the contrary, is by no means so rarely met with. Without reference to origin, density, position, or amount, if the least haziness is detectable at the bottom of the eye the individual is unsuited for duties requiring the sense of vision for the destruction of others, for his own preservation, and all the minutiæ incidental to a soldier's occupation. Incipient or slight cataract can be easily overlooked; we have always a very powerful assistant in the actual amount of a man's vision, a test that must be borne in mind as of necessary application in every examination. This, and perception of the opacity of the lens, are the only decisive guides; as to immobility of the iris, if the disease be incipient, unless accompanied by amaurosis or synechia, motion may be almost as perfect as in a healthy organ. Did the least suspicion exist, the pupil could be quickly dilated with belladonna or atropine, and the examination accurately prosecuted. Most usually a defect in the clearness of the lens, if present, will be de-

tected. If with these aids the imagined change be not rendered evident, and if the accuracy of vision at various distances be perfect, one might reasonably conclude that a cataract did not exist.

"7.—*Deafness, copious discharge from the ears.*"

This prohibition is to be understood in the fullest sense. The examiner is always to be satisfied of the accuracy of hearing in both ears, and the freedom from all mucopurulent or other discharge beyond the ordinary ceruminous secretion, it matters not whether coming from the ossicula or merely from the lining membrane of the auditory canal. Cases might occur in which the use of a speculum would determine a doubt, yet it is in the treatment or invaliding of soldiers that the inestimable value of this aid for rendering apparent morbid changes in the colour or structure of the membrana tympani, or meatus auditorious externus, is so useful.

Any affection of the nose, except polypus, creating a disability, would not be likely to escape observation. Ozena, disease of the bones, or polypus, may be enumerated as those most likely to occur; the two former are easily recognized by the discharge, fetor, and other evidences; the latter, however, might be so situated as not to be observed. I believe polypus ought not to be a questionable disability; there is often difficulty of cure; they grow repeatedly after extraction, are occasionally distressing, and their number not always determinable. When polypus is

suspected, the assistance of a speculum will usually determine the matter at once.

"8.—*Loss of many teeth, or the teeth generally unsound.*"

I am aware this is a most disputed point: different medical officers forming their own estimate of the extent intended to be implied. Yet it appears that such variety of opinion is hardly admissible, as by adhering even to the letter of the instruction, considerable latitude is allowed, and were a specification to a very confined limit intended, doubtless such would have been expressed. Having said thus much, it must at the same time be acknowledged, that the objections to unsound teeth are numerous and valid when judiciously applied. Many have stated that the loss of the incisors of either jaw incapacitate a soldier from effectually biting off the ends of cartridges when loading. This is unquestionably the case, as some force is requisite to tear the strong paper of which they are constructed; an act that could not be quickly accomplished if deficiency or decay of the incisors was extensive. A serious objection is likewise constituted in the fact that general unsoundness or loss of many teeth is commonly an indication of a delicate constitution, symptomatic of depraved health, or occasionally of the strumous diathesis; sometimes of the abuse of mercury, or the effect of mineral acids. The teeth are a most important provision in nature for the perfection of digestion; they serve as appreciable distinc-

tions in classifying the animal kingdom; their peculiar shape, arrangement, and density differing, and evidencing not only the nature of the food, but how essential in some is accurate mastication to the accomplishment of digestion. The loss of many molars and bicuspids must tend to the production of dyspepsia, thereby alone injuring the general health or assisting the train of causes producing disease of organs where there pertains any peculiar idiosyncracy of constitution. Decayed teeth often create excessive suffering from head and tooth-ache; abscesses form in the gums, necrosis is sometimes induced, ulcers form on the tongue, and occasionally violent inflammation is produced in this organ and adjacent tissues. Decayed stumps are often most difficult of extraction, and the circumstance of men coming frequently to hospital on account of any of the very painful results of decayed teeth, which may admit of only tardy or temporary relief, should assist in deeming this a decided disability when extensive. Nevertheless, the fact of a recruit being otherwise eligible always deserves consideration, as mitigating the degree of many equivocal objections.

In the case of enlarged tonsils, certain contingencies are to be recollected; the estimation of which will cause this common affection to be regarded in a serious light. The difficulty of reducing the size of these glands when chronically enlarged, at times the impossibility is constantly experienced. An individual so situated is frequently subject to inflam-

mation and increase of their size from exposure; they are likewise very often associated with a strumous habit.

Were cicatrices discoverable on the palate, or back of pharynx, they would indicate ulcers, most likely syphilitic or mercurial at some period, and the possibility of their re-appearance or of the occurrence of other symptoms elsewhere at a future time, more particularly if taken in connection with the slightest evidence of delicate health.

"9.—*Impediment of speech.*"

An impediment of speech sufficient to incapacitate a soldier challenging on sentry, or repeating the orders delivered to him on his post, can be generally discovered without much trouble or ingenuity. To detect simulation is often a point of great difficulty, but to discover concealment of the disability by questioning, if persisted in, is not usually hard of accomplishment.

"10.—*Want of due capacity of the chest, or any other indication of liability to pulmonic disease.*"

Deformities of the chest are always important, and when remarkable most usually indicate a weak constitution, the effect of rachitis, curvature of the spine, some injury, or the sequent of disease of the contents of the thorax. In any case they suggest great caution, as the importance of the contained viscera to sustain life under exercise requiring physical power or resistance to fatigue, admit of no com-

pression curtailing the limit of any viscus, or impeding its complete action. Want of capacity is constantly congenital, and if of sufficient amount to be designated a malformation is referable to a weak constitution, as they are most commonly co-existent. Malformations usually consist of flatness of the ribs, laterally, with projection of the sternum in front, and sometimes curvature of the spine, or the lesser modification of simple chicken breast, which is a prominence of the sternum with a contracted chest. The mis-shape is occasionally the reverse of this, presenting a depression of the sternum to a degree sufficient to compress the viscera, and possibly an inversion of the anterior convexity of the ribs. A variety of mis-shape very commonly encountered is a flat thorax with diminished antero posterior diameter. Any of these deviations, when excessive, are rarely consonant with a healthy and robust frame, (though emaciation is not always an accompaniment), and the predisposition to disease in chests so shaped is very generally drawn.

When deformities of the chest are the result of any organic disease of the contained structures, likely to be met in a man offering himself for enlistment, I believe by far the most common is contraction of one side after an absorbed pleuritic effusion. This may vary from scarcely perceptible flatness to an amount which produces falling of the shoulder and a crooked figure. Extensive dilatation of one or both sides of the chest

from vesicular emphysema of the lungs, or flatness or depression of a portion of one side of the thorax from tubercular deposit are most improbable contingencies to be observed in such men. Projection over the cardiac region consequent on dilatation or hypertrophy of the heart is equally improbable. In all instances where these irregularities are extensive, the individuals should be rejected, and when even slight, though not associated with a delicate appearance, they ought to be approved with great caution.

Before the examination of the chest is deemed concluded, I would submit that in all cases observation be directed to the condition of its contents, as considerable muscularity and the appearance of health can be associated with different organic lesions of the lungs and heart; this is a fact indisputable, and familiar to all conversant with thoracic disease and pathological research. Without exploration of the chest itself, who can tell that a man, seen for the first time, without knowing anything whatever of his previous history, in whom disease has not produced any apparent constitutional derangement, or muscular tenuity, sufficient to attract attention? Who can tell that rheumatism has not left an indelible alteration in the structure of the heart? The mitral or aortic valves may, at that moment, be yielding an abnormal bruit, or pericardiac adhesions, by irregular action, &c., may be laying the foundation of hypertrophy, or this disease may actually be pre-

sent. Chronic bronchitis may exist, or even that protean disease consumption may have sown its deadly seeds.

The diagnosis of thoracic disease is determined by the association of physical signs and symptoms; the collection and comparison of the greatest number of these features are the only certain grounds upon which the physician can ordinarily draw a conclusion. Let us reflect upon the position of a medical officer examining a recruit,—where is the possibility of comparison? Where are the group of symptoms affecting the individual relation of the diseased organ, or the phenomena of organic life? except whatever general effect may be produced on the outward appearance of the man, none; (and I am assuming instances where general effects are not very appreciable). If asked has he a pain, he will deny it; has he a cough, he will deny it; does he suffer from dyspnœa or palpitation, the answer will be the same; the pulse may declare nothing decisive; wherefore one is left without resources from symptoms or previous knowledge, and thrown altogether upon evidence derivable from the actual exploration of the organs themselves;* the object is to deceive, so that circumstances likely to militate against him are concealed. Fortunately, in the examination of recruits, a necessity for accurate diagnosis does not often

* It is probable that the spirometer might be of great advantage in determining the fitness of recruits. The possibility of testing the capacity of the lungs seems a valuable assistant.

exist; the detection of an abnormal state is most usually sufficient.

The ordinary respiratory murmur and the normal sounds of the heart, when interfered with by disease, are variously modified, and afford to the practical stethoscopist a means of ascertaining the integrity of these organs, which is still further assisted by the signs derivable from percussion. Affections engaging much extent of the mucous membrane of the lungs, or the parenchymatous tissues, or the fibro-serous membrane, are always detectable through the modifications manifested by auscultation, including phenomena in respiration, vocal resonance, and percussion. Auscultation, then, is almost the only resource for discovering the state of the organs within the thorax in the examination of recruits. I believe it will always be found sufficient, except in the invariable detection of incipient tubercular deposition; however, it occasionally happens that, in these cases, there is no previous history, no symptoms; the invasion is so gradual, the developement so insidious, that some time may elapse before appreciable features are manifested.

It would be out of place here to enter into a consideration of acoustic signs, and what phenomena, at the present day, meriting particular notice, are likely to be met in the field of observation contingent to the practice of a regimental medical officer. Periodicals and books on the practice of physic treat of the subject, and together with the various mono-

graphs, have hardly left a deficit in this fascinating study ; fascinating it must be, when it is recollected what a mass of original and argumentative matter has been written since first Avenbrugger's neglected remarks on percussion were given to the world. When marks of medical treatment are perceptible, they point decidedly to an organ affected at some period, and suggest inquiry ; yet it appears to me that recruits, even though free from such evidences, are not thoroughly inspected unless the chest is subjected in some degree, varying from circumstances, to exploration ; and despite the extended range of a man's professional acquirements, he omits one of his greatest assistants, both as regards easy application and importance, if he neglects auscultation.

The forms of pulmonic disease most likely to be met with during the examination of recruits are certainly incipient disease or chronic forms, where the lesion is not an extensive organic change. Extensive results of permanent chronic disease are very seldom presented, yet by reference to the published opinions of the most experienced authorities on pulmonary affections, it may be understood that alterations in structure of a chronic character and permanent condition, particularly when they are the gradual products of disease, and originating in youth, are not always connected with an appearance of depraved general health ; but the degree of the abnormal change must exercise an important influence in such an association.

Neither dilated bronchial tubes, nor vesicular emphysema, are states of the pulmonary structure that could often be presented; yet there are no reasons why such might not occasionally be the case. When dilated bronchial tubes are the sequelæ of pulmonary disease in youth, and of small amount, symptoms are by no means constantly severe, and deleterious effects, however certain, may not seriously arise until a more advanced period of life, should not the ordinary exciting causes have been much submitted to. Laennec says, "In cases even of the most extensive dilatation, the symptoms rarely indicate the severity of the disease; most commonly there is neither fever (at least continued) nor emaciation; and if the patient is not obliged to undergo severe bodily labour, he is scarcely sensible of any diminution of strength." Surgeons of the present day generally esteem dilated bronchial tubes a more serious disease and tending to more fatal effects than Laennec has described; still if this condition of a bronchial tube were limited, with the provisions previously specified, there does not appear any reason to render it impossible for a man so circumstanced to offer himself for enlistment. All medical officers who have served in the manufacturing districts and have been in the habit there of examining recruits, must be aware of the numerous instances and various forms of pulmonary diseases met with in such men.

Vesicular emphysema, or dilatation of the air

cells, must be included as a permanent chronic alteration of the structure, which, when prevailing to a limited extent, is occasionally seen in persons sufficiently robust not to attract any attention from appearances of ill health; and though, as previously remarked, not often likely to be discovered in recruits, the possibility is by no means equivocal. A little time back I witnessed this state in two young soldiers of the 31st Regiment, one died from subacute bronchitis, induced by some exposure, his disease becoming complicated with passive effusion into the serous cavities. The other, about a year after joining, was admitted into hospital; his general appearance, when dressed, was that of a robust man; he complained of cough with scanty expectoration and inability to endure the tightness of his belts and jacket buttoned, or the pressure of his leather stock. On stripping him, phenomena became much more apparent; the chest was greatly dilated, nearly forty inches round the upper part; the sterno-mastoid muscles, the pectorals, intercostals, and abdominals, were engaged in ordinary respiration. Nevertheless, with this great muscular action, the motion of the thorax was diminished, the chest was clear on percussion, the respiratory murmur nearly everywhere very feeble, and in some places indistinct; as he was a well-grown man, and when free from an accession of bronchitis, to which he was very liable, displayed no very marked symptoms, he was retained under treatment for a lengthened period. Any excess of

duty, or the complication of even a slight attack of bronchitis, so completely compromised his efficiency that he was eventually discharged. I have no doubt that both these men suffered from dilated air cells on enlistment, when possibly the absence at the time of bronchitis renders it more easily understood how the diseased condition escaped detection.

Much more frequently than either of the disqualifying states just adverted to is the observance of the effects of pleuritis in the form of flattening or falling in of some portion of the chest. Although this has been previously alluded to when the causes and importance of the deformities of the chest were under consideration, I think some further remarks are here required. The degree of contractions of the chest, the sequelæ of pleuritis, is very various, and usually, ceteris paribus, directly connected with the severity of the attack. When occurring in youth the state of contraction is often removed, and when occurring in adult life is occasionally observed to produce little or no impediment to the exercise of arduous avocations. A man, at present in the 4th Light Dragoons, suffered from pleurisy with extensive effusion into the left side of the chest in the early months of 1851, he recovered with a contracted side; the left shoulder has dropped considerably, and the anterior portion of the ribs from their angles is much flattened; the respiratory murmur in this side is in every situation apparent but feeble; there is some comparative dulness on percussion.

This man has done all his duties as a dragroon since the summer of 1851. Those who are practically aware of the fatigue of riding without stirrups, &c., will bear me out in the conclusion that his lungs must be fully capable of supporting no trifling continued exertion. A fine young soldier, in the 31st Regiment, recovered from pleurisy with effusion of right side, the termination was incomplete expansion of the inferior half of right lung, with flattening of the ribs. Two years after the acute attack, this portion of the chest afforded a dull sound on percussion, and the respiratory murmur was very indistinct; for some time it was puerile in the remainder of the lung. He grew a stout healthy fellow, and on all occasions did his duty without complaint. Here are two instances where the other functions were sustained in health sufficient to endure fatigue by a pulmonary system, whose area for respiration was reduced by disease, but in which the disease ceased, leaving only a mechanical impediment to which the system gradually accommodated itself.

Such complete exemption from all ill consequences where contraction of the side results from pleurisy with effusion, is far less frequently met than an opposite condition, yet may be recognised as, under favourable circumstances, extenuating the total exclusion of every instance of small amount. Nevertheless, except where the presence of very undoubted characteristics of strength and health are fully apparent, it would assuredly be a dangerous

risk to approve a man with any degree of contraction of a portion of the chest, as it is to be recollected that this is a deformed condition, a sequece of disease where, without the opportunity of successive observation for some time, the determination of renewed integrity of the constitution is impossible, and the most usual result is an impaired state of health and predisposition to disease.

I have heretofore remarked upon these morbid states in the succession of the unlikelihood of their observance, and have stated the improbability of either dilated bronchial tubes or dilated air cells existing in recruits, and the much more frequent occurrence of contraction of the chest as a sequence of the absorption of pleuritic effusion. I will now advert to what I conceive to be the most common forms of pulmonary affections in such men;* I allude to bronchitis and incipient phthisis. Extensive acute disease is not likely ever to be observed in these cases, as the organs of respiration are so vascular and their perfection so necessary to life, that at the invasion of acute disease pyrexia and depression are so considerable as to preclude the likelihood of a man's conceiving the idea of enlistment even if able to present himself. Although I have, on very many occasions, detected chronic disease; with the exception of

* The small number of rejections classed under the head of Pulmonary Diseases in the Statistics of Recruiting is accounted for by the likelihood of their being frequently included under the classes "Want of due capacity or malformation of the chest," and "Marks of medical treatment.

incipient bronchitis, I have never met with the case of a man, with any acute pulmonary affection, offering himself for enlistment. As, however, such a case would be usually very evident, it requires no lengthened observation. It is not probable that an individual afflicted even with acute bronchitis of an extensive portion of both lungs would present himself, as it is manifest that such an amount of acute disease is usually accompanied by symptoms impossible to be concealed. Yet a less amount may be observed where the symptoms are not so prominent, and the slight nature of the febrile phenomena produce no inconvenience sufficient to occasion, in the commencement at least, a cessation of out-door employments. These cases, though possibly likely to yield to the ordinary means of treatment applicable in the less severe forms of sthenic bronchitis, are assuredly doubtful in two respects; they may be of uncertain duration, or increase to a more serious state. Wherefore the approval of a man so affected, is, in my belief, a dereliction of the intention of the instructions.

This affection may be present in a chronic form, engaging various portions of the mucous membrane of the lungs; it may be partial or more generally diffused, and is often more evident in some situations than others; even when generally prevailing in a mild degree, it may have existed for years, periodically decreasing, or almost totally disappearing and again recurring; these changes usually depend on

the liability to exposure during certain seasons of the year. The general health may be good, and very considerable muscular exertion may be undergone without appreciable dyspnœa; especially in the interval of freedom from a sub-acute attack, or in cases where the secretion in the bronchial tubes is of small amount. Although this may be the condition in youth, the disease seldom remains stationary; remissions become less marked, and permanent distressing symptoms at length supervene. When the bronchial tubes contain secretion, the perception of this condition, as a morbid state of the lungs, is easily recognizable by auscultation, though the actual diagnosis as regards complication may be more difficult. This is to military surgeons of secondary importance, since chronic bronchitis, unconnected with other associations, uncomplicated by phthisis, dilated bronchia, &c., ought to be as definitively objectionable in the enlistment of soldiers as a pleura full of fluid or a hepatized lung.

Dr. Williams remarks that phthisis "is the cause of nearly a third of the mortality in London, and not much less in Paris;" when it is borne in mind that the deaths in England, from all causes annually, are about one in fifty-one of the inhabitants, what a fearful malady this country is subject to, can be easily conjectured. I find in Mr. Marshall's book,* if those enumerated under the head "worn out" are ex-

* Marshall on the "Enlisting, the Discharging, and Pensioning of Soldiers."

cluded, from January, 1825, to October, 1828, that pulmonic affections formed about a fifth of those for which men were invalided at Chatham; and it is to be observed that this return included men discharged from regiments abroad and old soldiers. Did this return solely apply to home service, it would doubtless be found that these diseases bore a much greater proportion both as to the discharges and deaths, since Dr. Cheyne, in his letter to Dr. Renny, observes, "when the number of deaths in the army from phthisis is considered, which exceeds one-third of the whole (if we take into account those who die of consumption after they are invalided), I am persuaded that the mortality from that disease in Ireland is nearly one-half, &c." The same writer then gives a return of deaths that occurred in the army serving in Ireland from January, 1818, to October, 1826; the total is 2127, of these 888 are consumption alone. Statistics relative to the causes of discharge of men under three years' service are not at present available,* but I have no doubt that affections of the lungs absorb a large proportion.

Dr. Cheyne likewise strongly urges the propriety of mediate auscultation in the examination of recruits. The cases most liable to be overlooked, or affording the most serious difficulty in detection, are those in which tubercle in the first stage is being developed. Symptoms or signs may not be appre-

* These statistics are in course of preparation, and will be available for information very shortly.

ciable, and it requires practice, experience, and care, to detect the first recognizable indications in the incipient production of possibly a gradually advancing chronic disease. Here is experienced the value of accurate percussion, giving comparative or actual local results; here crepitus from irritation long before the existence of softened tubercle, is often discovered by the practical stethoscopist and recognised from peculiarity and localization, or tubercular deposition diagnosed by occasioning impediment to the vesicular murmur, modifying the amount, evenness, and rythm, or causing merely feeble respiration, or by producing changes in the vocal resonance, especially valuable in connexion with the left lung. There is no question, however, but that tubercular deposition may pertain to some degree when physical signs will not always manifest the mischief, much less declare an accurate diagnosis. Nevertheless, one of the causes of difficulty often consists not so much in the detection of actual abnormal signs in a lung as the precise specification of the disease; it is sometimes more a doubt in discrimination than an inability to discover a diseased condition.

The education that most medical men have received, and its practical application in large hospitals, will evidence to every thinking man the danger and uncertainty of these affections, and as he will have learned the means of investigation and induction, little more remains for me to add, than to strongly impress the facts, that the active duties of soldiers

require a respiratory system capable of sustaining animal heat under extensive vicissitudes of temperature, and of supporting the waste of great muscular exertion; wherefore, the free arterialization of the blood essentially necessary for these services is of serious importance. The well-known debilitating effects, mortality, and uncertainty of affections of the lungs, the impossibility of prophylactic measures, and the objection to soldiers spending their time in hospital, are all conclusive reasons for the necessity of the efficiency of these organs in this class of men. Thus the detection of any positive abnormal sign should be esteemed of serious consequence. Further remark is hardly necessary to strengthen so obvious a conclusion. Suppose a man presented himself in whose chest anteriorly mucous rales were detectable, were he young, robust, and healthy-looking, the presumption would be that they were caused by an attack possibly easily admitting of cure; yet who could state that such was the case? who could tell that they were not the commencement of bronchitis, that would in time engage the mucous membrane of every bronchial tube in the lungs, and lay the foundation for chronic bronchitis, dilated tubes, or Laennec's emphysema; this, on one examination, no one could veritably assert. Such, moreover, might be the first perceptible signs of phthisis, for in incipient disease the physical signs are common, there are none pathognomonic. Or it might be an affection eventually to lapse into consumption, for

despite Laennec's denial, phthisis so frequently succeeds to bronchitis, even in persons not hereditarily predisposed, that we must connect this affection with its occasional production, which probably Laennec would himself have admitted, had not his opposition to Broussais influenced his judgment. The subject of bronchitis would more than probably get well, still the chance remains that the amount of derangement sufficient to occasion mucous rales may tend to other serious disease, or lapse into chronic bronchitis; a serious disqualification to a soldier, likely to be continued and aggravated by night duty and ordinary exposure; and though never extending to more fatal structural change, a diseased pulmonary mucous system, endeavouring to sustain active exercise, will usually occasion the man's inefficiency. I might continue occupying more time and space than necessary connecting this or any sign indicative of deranged function with the several organic diseases of the lungs, but I conceive sufficient has already been remarked upon the subject.

Diseases of the heart are much less often met in recruits than affections of the lungs; this is dependant on the less frequency of the actual abnormal condition, and likewise upon its less frequent occurrence in youth than in a more advanced period of life, in proportion to similar conditions of the pulmonary organs at similar ages. Yet the prevalence of affections in this organ, in men offering themselves for recruits, is a fact familiar to army sur-

geons; and, I believe, in a proportion exceeding that shown by "the Statistics," as doubtless many bearing "marks of treatment" over the cardiac region were included under that head. The seriousness of affections of the heart in the class of men usually enlisted bears an extra gravity from the fact that functional derangements are met with in a proportion much less than in the mass of the population, as experienced in civil practice; irregularities are to be esteemed most usually as organic, and here is at once seen how great the importance of detection. The origin may be referred to many sources, as acute rheumatism, inflammatory affections of the lungs and pleura, fevers, hereditary predisposition, besides many others chiefly associated with more advanced age; frequently no period or source is assignable. Acute rheumatism, however, is the great connexion, and its general prevalence throughout the system, is often the cause of the absence of marks of treatment over the cardiac region, from the affection of the heart having escaped observation. It is generally stated that endocarditis, or pericarditis, or both conjoined, occurs in the majority of cases of acute rheumatism, and that the number of those so attacked whose hearts perfectly recover without any sequelæ remaining to lay the foundation of future aggravation is very small. The exact proportion would be difficult to determine, as years often elapse before symptoms and occasionally even signs are appreciable. And how almost certain are those symptoms

to increase where organic structural change has been produced, either connected with the valves or pericardium! Sooner or later they will appear, very rarely is there exemption; and when they do so, though gradually they completely incapacitate for active exertion. As they progress the dyspnœa palpitation and other effects are often followed by secondary diseases, all of which shorten life: such effects may speedily follow or be deferred for years. If valvular disease of the heart or pericardiac adhesions result from an acute inflammatory attack, irrespective of youth or other favourable circumstances, other structural derangements almost invariably follow. Hypertrophy, with dilatation or with some other abnormal condition, succeeds, and produces irreparable mischief.

From the foregoing remarks can be deduced the correctness of the observation previously made, that whenever marks of medical treatment are discovered over the cardiac region, the recruit should be rejected. Such marks point out that an affection of this organ has existed. The very great exception of perfect recovery, the difficulty where the pericardium alone has been engaged of determining that recovery is complete by physical signs or otherwise, the almost certainty of further derangement, in the form of structural change being induced where any morbid result remains, and the eventual unfitness of such a man for the duties of a soldier, all clearly verify the impropriety of passing such men when marks of

treatment in this situation pertain, even though signs of persistent disease are not appreciable. Thus then it may be truly said that it is only where marks of treatment are not observable that the cardiac region requires exploration.

Similar reasons to those offered with reference to pulmonic lesions preclude my entering into detailed remarks upon cardiac diseases further than to observe that disease, to an amount capable of interfering with even ordinary occupations, may exist in the heart and totally escape observation, unless auscultation be resorted to; and that disease, to an amount sufficient in time to produce similar effects and shorten life, may exist unknown even to the subject of it, and be utterly impossible of detection by a medical officer by any other means than auscultation. I happen, at present, to have an instance under my observation bearing out the latter assertion of the existence of a cardiac derangement of which the man affected is totally unconscious. J. G., a soldier in the 4th Light Dragoons, in November, 1851, suffered from a very severe attack of acute rheumatism, in the course of which endo-carditis was developed. He recovered with a permanent bruit de soufflet accompanying the systole, of so loud and prolonged a character as completely to mask the second sound; yet this man is capable of performing the most active duties of a dragoon, without the smallest inconvenience. The great probability is, that urgent symptoms will eventually arise in this man, though for

years he may perform his duties. Still, even in this instance, were the hope of exemption from increasing effects more bright, exceptional cases are no arguments against the seriousness of admitting men with any form of abnormal condition of the heart into the service. Such instances likewise manifest that the effects and not the existence alone of diseases of important organs should subject soldiers to be invalided. Nevertheless, whenever organic diseases of the heart occur in regimental practice, the surgeon is almost invariably obliged to bring forward the subjects for discharge. I could adduce very many examples illustrative of this point, but the subject of invaliding soldiers is only admissible here as illustrating the importance of the question now under discussion; therefore, the following case, the most recent under my own observation, must suffice. A fine young soldier, aged 26, about three years ago, suffered from pleuro-pneumonia of the left side; the inflammation extended to the pericardium, as evidenced by frottement, &c. He apparently recovered, but, about two years after, decided symptoms of cardiac disease became apparent. The sequelæ of the acute attack were at first supposed to be adhesions of the pericardium, and most probably the diagnosis was correct; latterly however, hypertrophy with dilatation of the left ventricle, was diagnosed; he was very nervous and distressed, continued exertion produced violent palpitation, irregular action of the heart and bleeding at the nose, as well as dyspnœa.

The usual signs and symptoms were present on ordinary occasions; his muscular developement was not impaired. After many attempts were in vain made by treatment to mitigate his symptoms so as to enable his being retained in the service, he was invalided. By these two cases another element in the examination of recruits was illustrated, namely, the necessity of auscultation for the detection of derangements of the heart. In the first there are no marks of treatment, a bruit de soufflet is the only evidence. In the latter, were there not marks of cupping, the man's muscular appearance might easily have deceived.

Attention in diagnosis is not infrequently requisite to determine in another species of cases, in which too great caution may arise; where a medical officer, aware of the unfitness of the subjects of cardiac disease, may too cautiously decide, and deem symptoms and signs associable with perfect health as dependent on structural alteration in the heart. I allude to the effect sometimes produced on the impulse and motions of the heart by the power of mental emotions while undergoing examination. Many feelings conduce to produce these effects; the importance of the step of enlistment, anxiety, the irrevocable act, &c., to which may be added the muscular exertions usually undergone during the routine of the investigation. Some such influences seem capable occasionally of increasing the frequency and impulse of the heart's motions, and may lead to the idea of

hypertrophy or other form of morbus cordis, when it is a mere functional and temporary effect of a perfectly healthy organ. A reference to this possible cause of mistake is alone sufficient; as allowing the recruit to stand aside for a few minutes before completing his examination, will usually manifest the temporary nature of this functional defect.

"11.—*Debility of the hands or arms caused by palsy, old fractures, especially of the clavicle, contraction of a joint, mutilation, extenuation, deformity, ganglions, &c. &c.*"

The detection in these situations of imperfections, either malformations, or the effects of injury or disease, is, generally speaking, unattended with difficulty; they are usually mechanical in their effects, and as it is not probable that any affection of the hand or arm would be symptomatic *per se* of constitutional derangement, without other obvious concomitant characters, such disabilities are consequently local as to cause and position; being thereby so apparent as that one thoroughly informed in the duties of a soldier, unless from an accidental oversight, ought rarely to make a mistake, either from omission or in estimating the extent of incapacity. For the furtherance of the examination, the different motions of the various joints included in the upper extremities are to be rigorously investigated, and their components so inspected as to provide for every portion being

brought under observation. The above remarks, as connected with the feasibility of a definite criterion, must be qualified however in connexion with one relation, namely, the actual amount of mutilation of a finger or fingers that preclude a man's entering the service.

The easiest way to comprehend this question appears to me to divide the consideration into mutilations that bonâ fide incapacitate a man from performing the duties of a soldier, and into those which may not in a certain arrangement incapacitate, but which in all cases without this provision it would not be prudent to approve. These considerations again involve the question as to whether the recruit is to serve in cavalry or infantry; the importance of this last point is highly essential, inasmuch as I conceive no mutilation whatever could be admissible in a dragoon; though to a slight degree such is not necessarily altogether incompatible with the duties of an infantry soldier. To a cavalry soldier in action the right hand is his sole means of destruction, possibly of defence. To wield a sword, or use a lance, the grasp must be perfect; his life and value as a dragoon may depend on his strength and dexterity in the command of his weapon. It is likewise to be borne in mind, that reasons similar to those requiring complete integrity of certain fingers in an infantry soldier, hereafter to be mentioned, apply here. With reference to the left hand, if one reflects how completely the fingers and thumb

are employed by the reins, it can at once be seen that no defect in any could be sanctioned.*

Regarding infantry, in this particular, a less restricted limitation can undoubtedly be assigned, as the bonâ fide essential indispensable for actual duty, since it does not appear that the motions necessary in the manual and platoon exercise, need uncompromisingly the separate use of all the fingers. It is essentially necessary, however, in every branch of the service, that the thumb and index finger of each hand must be perfect, they are requisite for grasping an object with firmness in every use of the hands requiring manipulation, and the index finger of the right hand is indispensable for the trigger. On the subject of mutilations of the fingers, I beg to introduce the remarks of Mr. Marshall — "By the French code, a conscript is not to be exempted from service on account of a mutilation of a hand, unless he has lost a thumb or the fore finger of the right hand, or two other fingers of one hand. The loss of any finger of a hand should in general

* One side of the birdoon rein passes over the fore finger, between it and the thumb; the other passes round the outside of the little finger, the bite resting in the palm, except when a man rides on the birdooon; then one side of the rein passes between the little and ring finger of the right hand; an additional reason why the perfection of the right hand is necessary to a dragoon, as he may at any time have a horse he cannot ride on the bit. The bit reins pass, one side between the ring and little finger of the left hand, and the other round the outside of the little finger, the bite passing up the palm to be grasped by the thumb and fore-finger, thereby occasioning separately the use of the thumb and three fingers; the integrity of the middle is necessary in confining the reins, as likewise in completing the grasp of the carbine when firing from horseback.

cause a man to be rejected; and no man who has lost the last joint of the index finger of the right hand should be approved." Having consulted, by correspondence, some of the best authorities on military surgery, I am inclined to think a man ought never to be enlisted who is deficient of a finger removed from the metacarpal bone, inasmuch as such would most likely weaken the hand and occasion great awkwardness, unless the operation was performed at a very remote period; and the inflammation resulting from the injury or disease requiring amputation, or from the actual amputation, will usually be found to have caused adhesions, puckering, thickening, or otherwise mutilating the palmar fascia, muscles or tendons, which to a greater or less extent limit the power of the hand. These objections cannot be urged to so great a degree, in cases where the last or in some instances where possibly a portion of the second last phalanx has been removed from the middle, ring, or little finger of either hand.* This may have been resorted to in instances of injury or disease, and if the integrity in flexion, and extension of the remaining joints of the finger pertain, if there is but one mutilation, confined to one hand, such need not, in a good recruit, necessarily dis-

* The observations here made with respect to men who have suffered amputation of a portion of a finger, are only in reference to head-quarter recruits. Although entertaining a belief of the fitness of such men under the specified conditions, a Staff Surgeon might at any time think differently. Wherefore I would not recommend the passing of men who had lost a portion of a finger, if they were to undergo a second examination.

qualify; but the maiming of two fingers would be likely to weaken the hand, occasion awkwardness, interfering most probably with the accurate accomplishment of the manual and platoon. An objection has been urged to the approving of men under such circumstances, that a man may at any time plead an incapacity for service; the force of such a plea, in this case, could never hold good. If the integrity of the hand was established at enlistment, and the flexion and extension of the remainder of the maimed finger ascertained, no assertion of this nature could be maintained or believed; an inability might almost as appropriately be urged in a case where no evidence whatever existed. Still subjects having suffered the removal of a joint or other portion of a finger are not invariably fit for soldiers, as it frequently occurs that a stiff finger results after an operation. This is very likely to happen if disease has been the cause of amputation, but may result from the inflammation consequent upon injury or amputation; this complication would create an important difference; a completely stiff finger is a serious obstacle and ought to cause unfitness in a recruit, as being not only useless but in the way, materially interfering with the appliances of the hand. Contracted fingers are altogether objectionable; they unfit a man in nearly every relation to his duty, weakening the hand, causing awkwardness, and impeding him almost universally. I am aware that the fingers enumerated as admitting of amputation

to the amount specified are used in performing different motions, but they are chiefly used collectively; and I have ascertained that without almost perceptible discrepancy in instances of partial loss, provision can be substituted. It is likewise to be remembered that an infantry soldier having his firelock in both hands when at a charge, the loss of a portion of one finger could not be materially missed, thus differing essentially from a dragoon who is but a one-handed man in the use of his weapon.

Exostoses are occasionally observed on the metacarpal or phalangial bones; if large or numerous they are almost invariably constitutional, indicative of other affections.

Paralysis might be met in one or more fingers, the consequence generally of injury; this is disqualifying without exception. Paralysis, to a greater extent, engaging in any degree the arm, is almost certain to depend on general causes, consequently can very rarely be met at the examination of recruits.

Cicatrices from burns, cuts, and other injuries, sometimes exist in the palms of the hands, they produce various amounts of mischief, often a shortened or semiflex condition, interfering considerably with the utility of the member.

A disease is described by Dupuytren, Liston, Chelius, and others, consisting of contraction, more or less, of one or more fingers, especially the ring or little finger, dependant on some chronic inflammatory action of the palmar fascia, binding down

the flexor tendons. Did this affection not produce very great contraction it might escape detection, under a cursory examination; yet it should always disqualify, since it usually ends in the complete contraction of the finger or fingers upon the palm.

Dislocations of the carpus, metacarpus, or phalanges, are all easy of discovery, and their extent of interference with motion, or permanent injury, detectable at once.

Sprains, or the effects of other injuries of the wrists may be presented; the swelling and stiffness usually attending such accidents or effects point out their nature and amount. No condition occasioning weakness, or other important derangement of these joints, should be sanctioned in a recruit.

Ganglions have been so placed and of such size as to interfere or render probable the presumption of interference with the motions of the wrist or hand; yet, in the class of men suitable for soldiers, when these tumours occur they are in this situation often of trifling consequence; nevertheless, did ganglions exist in the least degree, suggesting the above effect or probability, they must be viewed as directed by the letter of the instructions.

Traces of fractures may be occasionally detected in any situation of the bones of the upper extremities, and ought always to be deemed of serious importance, as often occasioning an actual incapacity; or affording ground for alleging a disability when duty becomes irksome; as in such a case there is an

appreciable source of possible interference to muscular action or assignable cause of pain, real or fictitious. It would be a matter of the greatest difficulty, in every instance, to discriminate between a true and false disability, or unmask the simulator. Fracture may have occurred without the least evidence remaining. In general if a fracture be well united and the limb of a natural size, the motions in all respects uninfluenced; as far as this is concerned, the individual's fitness can hardly be considered compromised. Our attention is especially directed to fracture of the clavicles, which should always cause disapproval, as the straps of the knapsack pass over the bones, and may press upon the callus or seat of union, or induce alleged uneasiness.

Partial anchylosis or stiffness of the elbow or shoulder, wasting or flattening of the deltoid, or any other contingency militating against the complete exercise of the functions of the joints, are inadmissible. It is immaterial whether the disability be occasioned by the slight sequelæ of disease or injury, or a mere contusion, the effect fully ascertained, from whatever cause arising, is alone sufficient to determine rejection.

With reference to extenuation and deformity, in almost every man, the arm chiefly exercised is larger than the other. Mr. Marshall says, "in the majority of examples," to the extent of a third of an inch, without any material inferiority of power in the smaller one; no doubt the difference frequently exceeds this. When the inferiority in size amounts

to extenuation, this is assignable either to deformity from faulty developement, or else to want of use, occasioned most likely by some disease or injury of the extremity, precluding or limiting motion. Such result is usually very evident, so much so as to be visible generally without measurement, which, if resorted to, will always afford a considerably greater deficiency than that specified as commonly pertaining in healthy men, but could not be accurately defined. What is comprehended by deformity is easily understood, and in any situation must be accounted serious; in the upper extremities this pertains most usually as crooked or shortened limbs. Should one arm be found shorter than the other, or both disproportionably shorter than usual, or any other symmetrical derangement likely to create an inefficiency, the man ought to be rejected.

"12.—*An unnatural excurvature or incurvature of the spine.*"

If a skeleton be examined, it may be remarked that there are three natural antero-posterior curvatures of the spine. In the cervical region the convexity is anterior, in the dorsal the concavity, and in the lumbar region again the convexity. If any lateral projection prevails it is abnormal. Several deviations from the natural condition, even in recruits to a disqualifying extent, are frequently seen.

Potts' curvature may be dismissed in a few words, as any detectable amount, after the most favourable termination, is inadmissible in a soldier. The forms

of distortion of the spine usually determined as unconnected with actual disease of the column and referable to various causes, therefore only remain for remark. With reference to the amount and origin, as well as in some respects to the direction of the convexity of the irregularity, they require a careful observance. If much deformity is occasioned, as a crooked position, with one shoulder habitually higher than the other, even without the more remarkable distortions, the man is, independent of cause or a robust appearance, unfit for a soldier.

In the skeletons of healthy individuals, a lateral yielding of the spine is usually observable; it is said that the convexity of the curve is generally to the side of the body that has been most exercised, as the subject may have been right or left handed. A trifling increase of this very common deviation to the degree of a slight lateral curvature, not producing a crooked figure or an unsightly difference in the level of the shoulders, when occurring as often seen with a habit of perfect health, ought not to be esteemed a disability.

A form of curvature similar to the lateral in its perfect freedom from any disease of the vertebræ, and presenting a posterior convexity usually in the lower cervical and dorsal vertebræ, is often discovered.* Round shouldered, and persons having an habitual stoop, are afflicted with modifications of this affection. The observations of Mr. Marshall on this state are accurate and worthy of recollection,

* This seems an excess of the natural curvature.

"Stooping or round shouldered men are particularly objectionable as recruits, even although they may possess sound health and great muscular power."*

The origin of these distortions is assignable most usually either to particular employments or delicate health at some period; rachitis, a short leg, and other causes, are also occasionally the attributable influences. The positions maintained continually by clerks, &c., favour their developement. Certain occupations which occasion the exertion of one side of the body more than the other, by increasing the power of the muscles of one side, cause the balance of antagonism to be thereby overcome, and the spine slightly yields. In the class of young men who offer themselves for enlistment, the origin is generally assignable to either of the last two causes, so that if the effect be not disfiguring it is of less importance than when the consequence of previous delicate health. It is not to be forgotten that, in these cases especially, the presence of robust health should be clearly ascertained.

"13.—*Hernia, or a tendency to that disability from preternatural enlargement of the abdominal ring.*"

Hernia is not an infrequent cause of discharge in cavalry and infantry. This cannot be wondered at when we consider the general exciting causes of this disease, its prevalence amongst all classes, and the duties of soldiers. There are most likely a few ruptured men in every regiment, yet I conceive it

* This, of course, only applies when the irregularity is extensive.

reflects credit on the examining officers that the numbers are not greater.—One of the commonly recognised *exciting* causes of oblique inguinal hernia is undue exertion of the muscular boundaries of the abdomen, or rather of those muscles whose contractions diminish the cavity, assisted doubtless by other causes. Such influences produce the disease either as the result of a single or a few excessive exertions, or, as is most frequently the case, the yielding is more chronic, the progression gradual.

The duties of soldiers, especially in the cavalry, where any tendency to laxity exists, encourages the progressive extension and yielding of the tissues which usually resist the descent of ruptures. When equable pressure and resistance are maintained by the parieties and viscera, as long as the equilibrium is every where established, the integrity of the limits and contents is intact; but when the tissue of the parieties yields, either from undue exertion or from the predisposing effects of weakness in the resisting structure, the result must be a hernia. In cavalry, the frequent necessity of forced respiration and the consequent opposing application of the abdominal muscles, daily required when riding fast, as well as sudden or continuous exertion, occasioning excessive muscular power, appear capable in many instances of developing a predisposition, or creating the disease. Dragoons ride for hours together with and without stirrups, they cannot rise in their saddles; the constant bumping thus occasioned, as well as

the wearying strain on the lower part of the abdomen, tends to the production of rupture; this is frequently undergone with the pressure of a sword and sabertash, weighing over six pounds, pendant from the waist and influencing downwards. Cavalry soldiers constantly attribute their ruptures to riding horses with very rough action, but they especially lay stress on the effect of working in the saddle for hours continuously.

The duties of infantry soldiers also subject them to the exciting causes of hernia. Standing for a length of time on parade, marches and light infantry drill while sustaining the weight of knapsack, &c., both from the amount of exertion necessitated by this employment, and the limited thoracic motion caused by the restriction of the straps of the knapsack interfering with respiration, tend to this disability.

Nevertheless, the employments of soldiers in either branch of the service cannot, as exciting causes, be esteemed as extensively preponderating over the ordinary occupations of civilians in the same class of life. Yet, if the degree of care that is taken to prevent the admission of men with evidences of this affection into the army, and other circumstances be considered, it must be admitted that these influences prevail to a somewhat greater extent.

Athough many soldiers, the subjects of rupture, remain in the army and perform their duties, it is unnecessary to advance arguments to medical officers

for the purpose of pointing out the grave objections that exist to the admission of recruits into the service, in whom it can be determined that rupture prevails or even a decided predisposition to this disease, which is not infrequently fatal to life, and which usually compromises the efficiency of a soldier.

Hernia, as a general rule, is gradually progressive in origin. Soldiers can rarely specify the exact period of being ruptured, they usually say its appearance was gradual about a certain time; the peritoneum, the fascia propria, the transversalis fascia, the margin of the internal oblique, and the cremaster muscle, all yield in their turn as they are met by the sack and its contents, some to descend, others to be displaced; yet, when this change is incipient, it may happen that no examiner could discover it. Were a decided laxity of the rings or canal when the individual coughed, detectable by sight or manipulation, he should be rejected. It seems more than probable that there, very frequently, pertains a weakness of tissues sufficient to predispose to rupture, independently of any want of apposition of the sides of the internal ring. Were even an evident enlarged condition of the external ring detected by manipulation, disapproval would no doubt be justifiable, as the presumption might be usually fairly drawn of the association with some similar condition of the canal or inner ring, the first to be overcome; also an anterior resistance being removed, of course the posterior

obstructions are weakened. A protrusion, if small, may not be perceptible until it presents in the groin, having escaped from under the inferior margin of the internal oblique and occupied the canal, or even passed through the external abdominal ring. Nevertheless, in the great majority of cases, deviations are detectable; wherefore a strict examination of the hypogastric and inguinal regions is, in every instance, requisite. Femoral hernia is much less frequently encountered than inguinal, but is equally inadmissible. Ventral herniæ are usually small, and may be of little consequence. Umbilical ruptures may also be trifling; still they frequently occasion derangements of the bowels, and are generally prone to gradual increase; from these, and other reasons, I would not pass a man so affected into the army.

"14.—*A varicose state of the veins of the scrotum or spermatic chord, sarcocele, hydrocele, hemorrhoids, fistula in perineo.*

A varicose condition of the veins of the scrotum is not often met with, and is usually associated with other affections, which, however slight, seriously add to its importance; if extensive, it should generally be inadmissible as tending to increase, and allowing but unsatisfactory means of treatment.

Varix of the spermatic chord is commonly seen *per se*, often of small amount. It is said to be sometimes "much more evident at one period than

at another*;" hence, if it exists in a minor degree, engaging a portion of the veins of the chord, it may escape detection during the time of the examination. When observable, it can hardly be mistaken. I have frequently seen this affection in soldiers, when of small amount, continue for years without occasioning any inconvenience; nay more, if a number of men in the ranks be examined, a considerable proportion will be found to have enlarged veins of the chord, who on enlistment were free from this affection; and unquestionably it is a disease very rarely requiring treatment in soldiers. Yet the admission into the service of the subjects of varicocele is a question for careful reflection, and most certainly should obtain only conditional approval. In two respects it suggests consideration; in the first as to the very great frequency of the observance of some degree of this condition in recruits, and the loss to the service that would accrue, were all such excluded. And in the second, how far or under what circumstances it disqualifies a soldier. The first question seems to me to sufficiently establish its claim to reflection, from the fact of its recognition; all medical officers who have been in the habit of examining recruits, must be aware how very frequently they have detected varix of the chord. The fact of the so frequent prevalence of this condition in soldiers, and of its being so very rarely a matter of complaint, or

* Depending probably on whether the man had been taking exercise, or on the contracted or relaxed state of the scrotum.

requiring treatment, is a valuable practical answer to opinions based upon any other foundation than experience; but here it is to be recollected, that from the strict examination recruits undergo, and in obedience to the positive wording of the instructions, it is very probable that extensive states of this condition seldom prevail in men when passed into the service. From the number and variety of the serious operations that have been suggested for this disease, by surgeons in private practice in all parts of the world, there can be no doubt but that extensive degrees present serious features; that when this state is extensive there must be great obstruction to the local circulation; the disease, moreover, sometimes extends to the testis and affords a varicose mass, destroying its functions, producing enlargement of the neighbouring parts, most inconvenient from its locality.

The conclusion I would wish to draw, is, that in cases where the veins of the chord are only slightly engaged, and that the general characters of vigorous health are manifest, in otherwise eligible recruits, this common deviation should not produce disapproval, which experience does not warrant. But that when the degree of varicocele is greater, where the veins are in the condition of a large plexus, affording the feel as if of a collection of worms, I believe the admission into the service of men so afflicted, to be attended with considerable hazard; and that in instances where the testis is engaged, whether for cavalry or infantry, the subjects are

unfit. There is a vastly greater prevalence of varicocele of the left than of the right chord. Most writers upon the subject have remarked this peculiarity, and attribute it generally to the difference of the anatomical arrangement of the left from the right side, occasioning in the former more impediment to the return of the blood into the vena cava ascendens.

Affections of the testicles from the pendent position of these organs and their great liability to inflammation, synchronous with gonorrhœa, or its sudden disappearance, or from injury, are not infrequently discovered, and are, unless of trifling amount, to cause rejection, as their nature may be uncertain, and they constitute a liability to secondary inflammations, which may tend to more serious complaints. Sarcocele seems here intended to imply all increase in size of these glands.

Absence of the testicles from the scrotum, atrophy, or imperfect developement, are other conditions requiring mention. It occasionally happens that one or both testicles are not to be found in the scrotum, and nearly always the absence is dependent on congenital mal-position of these organs; they have not descended, and are retained either in the abdomen or arrested in their transit in the inguinal canal or immediately below the external ring. When placed in the inguinal canal, or just external to it, no possible question could arise against the invariable rule of rejecting such men, as

the obvious liability to injury, and in case of inflammation, the constriction that must result are, exclusive of other reasons, sufficient to establish these positions of the testes inadmissible in a soldier.

The position of one or both testes in the abdomen is, however, free from these objections, and medical officers differ as to whether a man so formed is fit for a soldier. The virility of such men may be little, if in any way impaired. Men so constituted have been admitted into the army, and instances, I dare say, could be produced of their perfect efficiency; yet, I believe, there are grave objections to their enlistment. The testicles may possibly descend at any time, the active duties of infantry or cavalry soldiers render the possibility more likely; if the descent did happen, a rupture must likewise appear. The testes are very liable to inflammation from gonorrhœa, occasionally also from syphilis, venereal excitement, &c; if such occurred in the undescended organs, the treatment would be most unsatisfactory, and even the diagnosis might occasion some difficulty. Sir Astley Cooper remarks, that in these unnatural situations, the testes are prone to disease of a malignant character. Another objection would prevail in the circumstance, that a man so formed, would be the constant object of the ridicule of his comrades. This mal-position can be rarely witnessed in recruits, wherefore but little could be lost to the service by their rejection, and their admission would, in all cases, at least provide a hazard.

Distinct atrophy of both testes, to any amount, is an uncommon occurrence, and must depend, I conceive, upon some depraved state of the constitution; wherefore it ought to constitute unfitness. Atrophy of a testicle is said to arise from injuries, inflammatory affections, particularly in strumous habits, from diseases and obstructions in the chord, from excessive venery, &c. I am aware that great diversity of opinion prevails as to the disqualifying effect of partial atrophy of one testicle, and regret that I have no experience to offer on the subject; but I have obtained the opinion of some experienced medical officers, which certainly appears to me to comprehend the question; which is, that if a recruit was otherwise eligible, no strumous taint or disease of the chord appreciable, and the other testis normal, he should be judged fit.

I have, not infrequently, met in young men a condition of both and occasionally of one testis which may be designated a tardy developement, in which the full size of the testes is late in being established. The maturity of puberty is occasionally found slower in some young growing lads than in others; when the diminution is not excessive and there is no undue size of the breasts, and the voice is natural, there is little doubt but virility, in such cases, will be established; the question of fitness is then more connected with the sufficiency of robustness and the general appearances of health.

Hydrocele is in all cases disqualifying; it is often

seen in conjunction with enlargement of the testis, is usually a chronic disease, in soldiers nearly always progressive, often requiring surgical interference, and the result not always satisfactory.

If hœmorrhoids are complicated with hepatic, pulmonary or other affections, no observations are requisite to confirm the unfitness of the individual. When they are of any amount either in the congested or flaccid state, even though complication is not recognizable, a similar estimation should attach to them. But the stoutest and healthiest looking men are sometimes, on examination, found the subjects of one or two small hœmorrhoidal tumours external to the sphincter, a temporary production of trivial consequence, which, in my belief, ought not to cause rejection.

Fistulæ in ano and perineo are carefully to be looked for, especially the former, as a fistula may be situated in a fold of the nates, or skin, very small, and not be otherwise detectable. Fistula, in either of these situations, should cause rejection.

"15.—*Debility of the feet or legs caused by varicose veins, old fractures, malformation (flat feet, &c.), palsy or lameness, contraction, mutilation, extenuation, enlargement, unequal length, bunions, overlaying or supernumerary toes, ganglions, &c. &c.*"

There are many divisions of varicose veins established, all based upon the degree of structural change rather than the extent. As occurring in the

inferior extremities, the internal and external saphena veins almost exclusively require attention, as here or in their branches morbid deviations are usually found. Tall men and men of weak habit are said to be by much the most liable, yet all sizes and conditions are occasionally the subjects of varicose veins. Standing and walking must be chiefly considered as the exciting cause to soldiers, a varicose condition being very common in infantry, but much less so in cavalry. The commencement is usually by a dilatation of a vein or veins, is gradual in its increase, and, if extensive, becomes a most formidable injury to a soldier. As no prophylactic is possible, the constant exercise of the limbs nearly always increases the disease, producing pains in the limbs, swelling of the feet and legs, and varicose ulcers No one would think of passing a man having tortuous, elongated, or sacculated veins. The chief difficulty appears to consist in the amount of structural change, which ought to constitute unsoundness in a recruit. Dilated veins alone are not accounted true varix, and are seen in robust well proportioned men of trifling degree and importance; yet, I am inclined to think, if this condition was found engaging much of the superficial circulation in the main trunks of the veins, or their communicating or subsidiary branches, it should cause disapproval in an infantry recruit; the limit might be somewhat more extended for cavalry. However, it is not to be forgotten, that for no arm of the service

is a man with varicose veins to be approved. The ordinary exercise used during the examination is generally sufficient, but instances occur where it is necessary to enjoin greater exertion before the disability becomes fully apparent. By directing a recruit to stand upon his toes, the contraction of the gastrocnemii and solœi often render dilated or tortuous veins prominent.

Traces of fracture in the inferior extremities are to be esteemed almost invariably disqualifying; some of the remarks on this subject connected with the upper extremities are likewise applicable here; the power of alleging a disability is not to be lost sight of. The perfect integrity of the legs is so essential to a soldier as never to justify the passing of a man where the possibility of defect admits of a doubt.

Knock-knee requires more than a mere enumeration, since, with the exception of flat feet, it is the most common deformity connected with the lower extremities; in addition to which, I conceive, when the yielding at the knees is at all extensive, or even when in a minor degree it is connected with a slight frame, small muscle, or a habit of body in which the characteristics of a vigorous constitution are not fully apparent, that men so characterized are very ineligible recruits. Knock-knee appears, in some instances, to be hereditary; but is much more usually a condition arising in youth, when its developement is nearly always preceded and accom-

panied, for a time at least, by debility. This habit, however, is frequently grown out of, and mal-positions of the knees are encountered with extremely muscular frames. Three lateral deviations are commonly seen, and present distinctive characters worthy of recognition; which may be described as an inclination inwards of one knee, or both, or an inclination inwards of one and an outward direction of the other. Very severe forms could never be presented, as the obvious unfitness of such men is so apparent that no soldier would enlist them; still the different inclinations of the knees are met in various degrees. As a general rule, when pertaining only in one knee, the inclination is not usually important When knock-knee is at all extensive, the individual could rarely be a strong or active walker, since the position of the limbs and the undue amount of motion in progression creates oscillation and loss of power. In the act of walking, one foot is separated from the other more than is natural; the weight of the body presses intermediately at the knee, nearly in the centre of a long limb, which, instead of being fixed as in the normal state, except in flexion and extension, at once yields on the inside, the weight being somewhat thrown on the internal lateral ligament. This condition is likewise highly disfiguring, and a soldier so formed could never look well in any branch of the service. When this mal-position prevails even in a minor degree, if in conjunction with a frame of equivocal appearance of

strength, it shows that debility, the most probable original cause, has not been altogether removed, and becomes a direct evidence of previous delicate health; yet, if in this minor degree, and associated with robust health, it can only be objected to as slightly disfiguring; which, in an otherwise good recruit, cannot be admitted of disqualifying consequence.

Knock-knee is a mechanical effect, the immediate cause of which is elongation of the internal lateral and crucial ligaments, the chief opponents to lateral motion. Other consecutive changes are supposed in some cases to occur, so that when met at puberty this must be accounted a permanent deviation.

Flatness of the soles of the feet or splay-foot, as designated in books, is a very common malformation or deformity among the lower orders in this country, and is associated with general debility, moderate strength, or great muscular power. This deformity is, in many ways, opposed to activity; it is a characteristic of a bad walker, and when extensive, never could be met in pedestrians, either as connected with quickness or endurance. Splay-foot is a subject of such serious importance, that every argument, consistent with brevity and the intention of these remarks, may, in my opinion, be justly introduced if assisting to establish the gravity of the question. Wherefore I purpose briefly to consider it in detail, as to the external or visible appearance, the interference with the mechanism of

progression, and finally as to the pathological conditions or anatomical deviations supposed to constitute the derangement. On looking from above downwards on a well-shaped foot placed upon the ground, there will seem to be afforded, in every direction, a series of arches anteriorly, posteriorly, and laterally; the foot is broadest near the toes, the malleoli are nearly on a plane or rather the external is on a plane a little lower than the internal, a hollow is remarkable on the inside, extending from the ball of the great toe to a line drawn from the posterior edge of the internal malleolus to the ground; under this arch the fingers can be passed until they meet the descent of the arch on the outside on a level with the remainder of the sole. The foot is constructed on the strongest possible principle for supporting weight; the formation is additionally perfected by the elasticity and beautiful arrangement of joints, affording collectively an amount of motion, which is very much limited in their individual connexions. Thus may be seen that strength is obtained in the greatest degree, and elasticity and motion are not only not sacrificed, but most admirably provided for, as a means of preventing concussions in daily avocations, often experienced by the unpleasant jar communicated when one descends from a height upon the heel. Again, this arch motion and elasticity assist progression by adapting the foot to surfaces and inequalities, and in a great degree perfect the power

of the lever. Contrast with this the appearance of a flat foot, the arch is lost, the internal malleolus projects and descends inwards on a much lower plane; there is a fulness on the inside of the foot, which rests upon the ground, and, in many cases, is convex inferiorly, descending to a plane lower than the rest of the sole. On the outside the external malleolus is higher, the prominence is flatter; sometimes there is a depression. On looking from before, the foot is widest at the tarsus and often pointed outwards. In ordinary walking, when taking a step, we poize the body on one foot, then bending the opposite foot upon the leg, the leg upon the thigh, and the latter on the pelvis, the whole is shortened and advanced, then the body is brought forward nearly perpendicularly.

In walking, the centre of gravity is between two lines running directly downwards, nearly from each acetabulum. If these lines are much separated or approximated, oscillation, loss of power and speed, must result; as can be easily determined by walking with the legs too far apart, or on a narrow plank, placing one foot close to or in front of the other. When a flat-footed man walks, these lines are not parallel, but tend to approximate, and would intersect if produced for a short distance, for which a remedy is usually attempted by eversion of the toes. The act of walking, as connected with the foot, is accomplished by a lever of the second order; the weight being between the power and the ful-

crum; the power situated at the os calcis, the weight at the ancle joint, and the fulcrum anteriorly; the prominence of the heel and the length of the arm of the lever causing the perfection and power of the mechanism. Thus the greater the distance, when proportional, between the os calcis and the portion of the sole applied to the earth, the better ceteris paribus will be the foot for progression. A splay-footed man, however, places his foot flat to the ground, then raises and advances it almost as he put it down; the motion of the ancle and knee-joints being greatly diminished. The weight and fulcrum both falling close to the power, there is no arm to the lever, the effect of which is seriously impaired. In addition to this, in flat-footed men, the os calcis is not usually prominent, still more shortening and weakening the lever. In extreme cases of flat foot, the individual commonly bends the knees in progression, thus endeavouring, by leaning forward, to artificially advance the fulcrum and compensate posteriorly by creating a more favourable angle for the power of the muscles attached to the os calcis.

The remote causes of this derangement are not clearly understood, they have been variously assigned and explained by different writers. A most concise description was published in Rust's Magazine, vol. V.; the original was a circular letter to the Prussian military physicians, by the chief of the military medical department. In Chelius's Surgery

the subject is likewise treated of both by the author and in Mr. South's notes. This deviation appears to be often congenital, yet it is frequently first apparent after the tenth year; and is most usually symptomatic of debility or a strumous diathesis. From the result of several investigations, the local change seems to resolve itself to a sinking of the arch of the foot, and an inclination inwards as well as downwards of the os calcis, astragalus, navicularis, and cuboides, as well as of the cuneiform bones. Another defect is seen in the elongation of the internal lateral, calceo-scaphoid and calceo-cuboid ligaments, together with a yielding of the planter fascia and tendon of the tibialis posticus, as it passes under to be inserted into the navicular bone. On this account the posterior aspect of the navicular bone sinks, and with it the anterior round surface and neck of the astragalus; which of these is primary or how they result is not determined. By these means the arch is completely depressed, and its elasticity destroyed; the strength and the function of progression are materially compromised; endurance and ease in pedestrianism, when the mal-formation is excessive, are altogether impossible. There are other formidable effects, such as "speedy fatigue in walking, swelling of the foot around the ancles, and soreness of the soles of the feet." From continued straining of the feet, even chronic inflammation of the ligaments and synovial membranes arise, by which not merely pain but also serous exudation among the tarsal bones takes place.

This derangement is of various grades in extent, when slight of course it is to be so esteemed; yet, when to an amount producing deformity, or compromising the power of progression, it is one of the most serious disabilities with which a soldier can be afflicted; causing those so formed to tire and fall out of the ranks on a line of march, though possessed of the most resisting spirit.

The mal-formation I have been considering must not be confounded with large broad feet, in which the arch and position of the malleoli are perfect; occasioned by spreading of the feet from some laxity of the metatarsal lateral ligaments, apparently often produced by continued walking exercise, also commonly met in men who have been accustomed to walk, when children, in bare feet. This is an anatomical arrangement for which a man ought never to be rejected and which is totally unconnected with splay-foot.

Any want of power or lameness could very rarely escape detection; even a peculiarity in the manner of walking is always observable, if the means of investigation recommended in the instructions are instituted.

The motions of the hip, knee, or ancle joints, may be interfered with partially or completely, in extension or flexion, in reference to the component parts of the joints, or the appliance of the muscles moving them. Such, when prevailing extensively, never could be presented in a recruit; in any degree it is inadmissible.

As nearly every mutilation connected with the lower extremities is disqualifying, this prohibition must be received almost literally. Mr. Marshall, and others, sanction the loss of one of the smaller toes as not being of much importance, and here restrict the admissability of mutilations in this situation; the correctness of this conclusion can scarcely be questioned, since the loss of two toes, or a great toe, would be likely to injure a foot, and in many instances leave cicatrices exposed; nor can I conceive that any circumstances ought to induce a less restricted limit.

Extenuation of both legs, or at least deficiency of muscular development, indicating weakness, is, I believe, more frequently encountered in the examination of recruits than a similar condition of one. Good muscular limbs are of material consequence to a soldier. An atrophied leg, from whatever cause, ought to constitute unfitness. Nevertheless, from extensive measurements, I am led to imagine that a difference in size of the right and left leg is very common; that the larger, though generally, is by no means constantly the right, even in men who are not left-legged. The accompanying return, carefully prepared of one hundred and forty measurements of the calves and ninety of the thighs of healthy dragoons in the ranks, to some extent will, I trust, serve as a criterion in estimating these differences. Though not prepared to advance these measurements as definite, still I would hesitate to

consider fit a man whose limbs afforded a disparity much exceeding the extremes.

Measurements showing the difference in size between the calves of the right and left legs of 140 *healthy men.*

Those whose right and left legs were similar.	Those in whom there was ¼ of an inch between the left and right.	Those ditto ½ an inch.	Those ditto ¾ of an inch.	Total.
82	31	19	8	140

Measurements showing the difference in size between the right and left thighs of 90 *healthy men.*

Those whose right & left thighs were similar.	Those in whom there was ¼ of an inch between the right & left thigh.	Those ditto ½ an inch.	Those ditto ¾ of an inch.	Those ditto 1 inch.	Total.
46	18	17	6	3	90

Enlargement of one or both legs, when disproportional, is at once recognizable. The lower portion of the legs, between the knee and the ankle, is the most usual situation for such an appearance. In men of lymphatic habit, an enlarged condition of the legs may be occasionally observed. Such a condition may arise from several sources, but whether from disease or congenital, when unequivocally present, it is an adequate cause of rejection.

Unequal length of the legs, when to any considerable degree, can invariably be detected by the occurrence of lameness in walking, On closely examining the man, a leaning to one side, with some slight curvature of the spine, is often apparent. A disparity

in length to such an amount, whether produced by accidental causes or pure obstructed developement, is frequently accompanied by diminished size and strength of the limb, rendering the man unfit for the army; however Mr. Marshall observes, a disparity in length is not of rare occurrence, and if the short extremity is not extenuated, and the difference between the length of the limbs is not more than half an inch, this should not be considered a disqualifying defect. I am aware a difference to such an amount is hardly appreciable, and if associated as he provides, could not be seriously objectionable.

Bunions are differently assigned as to the pathology by different persons; the fact is, they afford by no means a uniformity in this respect; as the affection is often confined to enlargement of the bursa, with a thickening of the cellular tissue, though the most usual condition is a partial luxation of the great toe, with eversion of the distal extremity; the proximal end of the first phalanx is directed inwards; there is often an enlargement of this part of the bone, and a similar condition occasionally exists of the distal extremity of the metatarsal bone. These various structural changes are in extreme cases found combined, and may be considered to constitute seriousness and to create distress, almost in the amount of combination. The exciting cause is most generally attributed to wearing tight or short shoes. When the affection in any form is produced, attempts at removal are most unsatisfactory,

the treatment is almost exclusively palliative. Marching, by occasioning friction and pressure, produces inflammation, which excites excessive torture. Thus any man having large bunions is unfit for a soldier.

Overlying, or supernumerary toes, on a march commonly become sore, consequent on the friction, completely disabling the soldier. The toes frequently have a bent distribution, the points being exceedingly turned down, the dorsum of each is projected anteriorly; this may likewise disqualify. The exclusiveness of these disabilities may be somewhat less comprehensive for cavalry, but if extensive are equally inadmissible

Ganglions are seldom met in connexion with the feet, except on the instep, in which situation I have known them create considerable annoyance.

"16.—*Ulcers, or unsound cicatrices of ulcers likely to break out afresh.*"

This prohibition can scarcely be received in too literal a sense, a breach of continuity sufficient to be denominated an ulcer, from the possible tediousness of cure, from the power the individual has of increasing it, if not wishing to be finally approved, and other obvious reasons, is inadmissible in a recruit. Extensive cicatrices, except from injury, are usually symptomatic of depraved general health, and cicatrices, though of limited degree, independent of cause, if in relation with unhealthy integument, or adherent to bone, as constantly seen with reference to the tibia, are adequate causes of rejection.

"17,—*Diseases, whether acute or chronic, for which medical treatment is required.*"

In the spirit at least upon all occasions this must be understood as the instructions dictate. Some latitude from the literal prohibition in slight cases might be allowed under the following condition. In the instance of a medical officer examining for his own regiment, was a fine well-made robust recruit brought before him, a trifling injury or affection which every man can estimate ought not to necessarily cause disapproval. Yet, I believe, was a medical officer examining a man, not for his own regiment, but for the service generally, he could hardly be too particular in conforming with the letter of the instructions upon this subject. Syphilis in any form, either as a primary or secondary disease, is an unqualified cause of rejection.

"18.—*Traces of corporal punishment are an unqualified cause of rejection.*"

Traces of flogging are, of late years, much less likely to be discovered than formerly, as fifty lashes comprise the extreme punishment within the power of a court martial to award. Very rarely can permanent marks remain from the severest infliction of such a sentence; five, six, and even seven hundred lashes are frequently recorded as having been inflicted without leaving any marks of punishment. Traces of the letter D should always be looked for, as it is sometimes erased. Instances have occurred

where men have been approved bearing unequivocal evidences of erasure of this mark. The letter D can rarely be removed without leaving some evidence. Any mark on the left side of the chest, in the usual situation of this stigma, ought to be viewed with great suspicion.

Recruits ought to be inspected in as large a room and in as good light as possible. The investigation cannot be fully prosecuted in a small or dark situation. No man, while intoxicated, should be examined. The medical officer, hospital sergeant, and recruit, should alone occupy the examination room.

"VI. Every Recruit is to be undressed before inspection, in order to detect any blemishes, and his examination is to be conducted as follows:—

"VII. Upon entering the inspection room, the recruit is to walk across it several times pretty smartly, to shew whether he has the perfect use of his legs. He is then to be halted, and set up in the position of a soldier under-arms, with the knees about an inch apart, and examined both in front and rear from head to foot. Should no material defect be discovered, the recruit is next to perform, in imitation of the hospital sergeant, the following evolutions: to extend the arms at right angles with the trunk of the body, to touch the shoulders with the fingers, to place the backs of the hands together above the head—and in this position he is to cough, while the examiner's hand is applied to the rings of the external oblique muscles. The spermatic chord and testes are to be examined, and the

medical officer is to pass his hands over the bones of the legs. The recruit is then to stand upon one foot, and move the ankle joint of each extremity alternately; and if any doubt is entertained respecting the efficiency of this joint, or any part of the leg or foot, the recruit is to hop upon the suspected limb for a short period, and its size and aspect are to be compared with those of the corresponding joint or part of the opposite limb. He is next to kneel on one knee, then on the other, and subsequently on both knees. Then to stoop forward and place his hands on the ground, and while in this position it ought to be ascertained whether he be affected with hemorrhoids. He is then to extend his arms and hands forward for examination, and to bend and extend the fingers, and to rotate the forearm. The head is next to be examined, including the scalp, ears, eyes, nose, and mouth; the faculties of hearing and distinct enunciation are to be ascertained. In regard to the mental faculties, the inspecting medical officer should invariably ask the recruit a few short questions, such as to what corps he belongs, what occupation he had previously followed, &c. &c., with a view to ascertain the condition of the intellect."

It is impossible to point out an elementary feature connected with the examination of recruits, that needs more constantly to be remembered than the assistance derivable from a *system* in investigation. The recruit should be inspected according to a determinate routine and never deviated from, since if an alteration is made it leads to frequent changes and occasionally no doubt to omissions; and though a medical officer may be anxious and intelligent, a disability may escape detection from

the circumstance of passing over, during the examination, the actual objectionable point. If step by step the same system is always pursued, the non-observance of a disability can seldom occur. I feel confident that to changing the routine, altering the arrangement and precedence of the steps of the investigation of the various organs and regions, is attributable occasionally the approval of men unfit for the service. Likewise, as sometimes happens, the judging of fine-looking recruits by their *tout ensemble*, (who from their general prepossessing appearance induce a more than usual cursory examination,) overlooking fatal faults in particular situations, would by this arrangement be avoided.

"VIII. The next point is to learn whether a recruit has had small pox or been vaccinated.

"IX. When a recruit is approved, the attestation is to be filled up and signed by the inspecting medical officer.

"X. Under the head "Remarks and Observations" in the Register for Recruits, all incidental facts of importance are to be recorded, including the causes for which recruits are rejected, blemishes, peculiar marks, &c.

"XI. Should a medical officer, or private medical practitioner, intermediately approve of a recruit who has a trivial blemish, such as a slight cicatrix on the leg, the surgeon of the corps to which the man belongs is to be duly apprised thereof; and if he detects a recruit previously examined simulating disabilities, he is to inform the surgeon of the fact, by attaching a slip of paper to the man's attestation. District surgeons are also directed to conform with this rule."

The vigilance of an examining medical officer is nearly exclusively directed towards the detection and estimation of real derangements, but it is never to be forgotten that recruits occasionally feign disabilities, for the purpose of being rejected. The impulse of a moment, or some temporary influence, may cause a man to enlist; and reflection, or the persuasion of friends, or other associations, create feelings of regret, which induce attempts at deception, that might easily obtain the desired object, were a young medical officer not upon his guard. A recruit wishing to become a soldier always endeavours to conceal his defects, wherefore the representations of recruits, or their friends, or the most plausible allegations as to the existence of disabilities, should be received with the utmost scepticism; the object is palpably not out of consideration for the good of the service, it is solely to obtain the recruit's rejection. By the 56th clause of the Mutiny Act, a recruit cannot be attested sooner than twenty-four hours after his voluntary enlistment, and on his appearance before the magistrate, he can obtain his acquittal by paying the sum of twenty shillings; wherefore any attempt at feigning a disability is the less excusable, as his engagement was voluntary, and a legal means of acquittal is attainable by the payment of this penalty. Epileptic fits or an impaired condition of some function are the disabilities usually alleged, or the imperfect use of some member is pretended, or in fact any disability may be feigned

that circumstances or feasibility suggest. A recruit's indecision, or over acting, or other obvious mistake, produces discrepancies which render his object apparent, and the integrity of the situation or function stated to be deranged is generally easily discovered. Such attempts at imposition could rarely deceive an experienced medical officer, and, except at the head quarters of recruiting districts, are unfrequently practised. To place a young medical officer upon his guard in this respect, and to remark that such imposition should never be allowed to succeed, appear to me to comprise the main elementary features that can be matured by experience alone.

"XII. The signature of a medical officer to an attestation will be considered tantamount to a declaration that he had personally examined the recruit in question according to the routine above directed, and that the man had no blemish except that affixed to the attestation."

Whenever a district recruit is passed who labours under a slight deviation from the absolute letter of the instructions, which on careful consideration is deemed unimportant, such should always be entered in the attestation, as indicating to any future examiner, that it has not been overlooked. And here are addressed the only remarks to those whose standing places them in the position of final approver that I have assumed to suggest. That it is to be recollected that the fitness of a recruit is a matter of opinion; that the original approver of a recruit is probably a thinking and scientifically educated man,

entitled to the full courtesy usually prevailing between professional men. Although it is not for a moment arrogated that a man unfit for a soldier, is out of courtesy to any one, ever to be finally approved, still a medical officer's recorded opinion of a trifling defect is always deserving of consideration. The recent judicious circulars* repeating the order rendering the opinion of staff surgeons conclusive in the approval of recruits must further the adoption of this spirit.

"XIII. The certificate of surgeons, or assistant surgeons of regiments, when they approve of recruits for the corps to which they themselves belong, is considered final.

"XIV. Recruits intermediately approved by a regimental medical officer, or by a medical officer on the staff under the rank of a staff surgeon, or by a private practitioner, are to be re-examined by a district staff surgeon, or by a medical officer of the regiment to which they belong. Should a district surgeon consider an intermediately approved recruit ineligible for the service, the man in question is to be reported to the inspecting field officer, for the purpose of being brought before a board of medical officers, whose decision in regard to his eligibility or ineligibility shall be final. Whenever a medical board cannot be assembled, a reference shall be made by order of the director general to any army medical officer whom he may appoint, or he will, on the reports received, decide upon the case himself.

"XV. A similar course will be adopted with respect to intermediately approved recruits who may be deemed in-

* Vide Circulars dated 21st November, 1851, and 10th July, 1852.

eligible by a regimental medical officer of the corps to which the recruits belong.*

"XVI. The certificate of a district staff surgeon, as to the fitness of a recruit, will be deemed a final approval, in as far as respects medical examination, except in the case of recruits for the Honourable East India Company's Service. 'A recruit, passed by a district staff surgeon, as fit, shall not, on arrival at his regiment, be discharged for any medical cause, unless expressly sanctioned by the adjutant general.'

"XVII. To entitle any one who secures a deserter to the usual reward, a certificate of his fitness for the service must be produced to the magistrate who commits him. In the examination of a deserter, it is to be borne in mind by medical officers that he is already in the service, and consequently should not be pronounced unfit for military duty, unless he suffers under a serious disability, such as would render it necessary to discharge a soldier from the army.

"XVIII. Every recruit who has not passed through small pox, or the vaccine disease, is, if possible, to be vaccinated by the inspecting medical officer; and if the exigencies of the service will not permit this being done, the circumstance is to be reported to the surgeon of the corps to which the man belongs."

With reference to the books required to be kept, and the returns necessary to be transmitted, in regard to this branch of the duty of a medical officer, I beg to refer to the Regulations for the Management of Army Hospitals.

* Vide Forms of Return, Nos. 1 and 2, pages 48 and 49, of the "Regulations for the Management of Army Hospitals."

Statistics of Recruiting in the Districts of Great Britain and Ireland, during nine years, from the year commencing the 31*st March,* 1843, *to the year ending the* 31*st March,* 1852, *condensed from the Annual Returns, compiled by order of the Director General.*

During the year ending the 31st March, 1844:

TOTAL NUMBER OF RECRUITS

Medically inspected	17,540
„ rejected	6,026
Found fit	11,514

During the year ending the 31st March, 1845:

TOTAL NUMBER OF RECRUITS

Medically inspected	13,370
„ rejected	4,146
Found fit	9,224

During the year ending the 31st March, 1846:

TOTAL NUMBER OF RECRUITS

Medically inspected	16,563
„ rejected	5,143
Found fit	11,420

During the year ending the 31st March, 1847:

TOTAL NUMBER OF RECRUITS

Medically inspected	27,093
,, rejected	7,760
Found fit	19,333

During the year ending the 31st March, 1848:

TOTAL NUMBER OF RECRUITS

Medically inspected	19,745
,, rejected	6,451
Found fit	13,294

During the year ending the 31st March, 1849:

TOTAL NUMBER OF RECRUITS

Medically inspected	16,181
,, rejected	6,121
Found fit	10,060

During the year ending the 31st March, 1850:

TOTAL NUMBER OF RECRUITS

Medically inspected	12,907
,, rejected	5,040
Found fit	7,867

During the year ending the 31st March, 1851:

TOTAL NUMBER OF RECRUITS

Medically inspected	11,791
,, rejected	4,411
Found fit	7,380

During the year ending the 31st March, 1852:

TOTAL NUMBER OF RECRUITS

Medically inspected	14,607
,, rejected	5,338
Found fit	9,269

Making a total of 149,797 recruits medically inspected in nine years, of which number 99,361 were found fit for service, and 50,436 rejected; giving an average of over 11,000 men approved yearly. Of these 30,531 have been approved in Ireland, 14,703 in Scotland, and the remaining 54,127 in England, in which last are included recruits from Wales and natives of Foreign Countries.

A Table showing the Native Countries of the Recruits Inspected.

England	66,606
Ireland	56,847
Scotland	24,453
Wales	1,171
Foreign Countries	253

A Table showing the Causes of Rejection in Classes.

1	Weak Intellect	158
2	Unsound Health, Marks of Treatment, as Cupping, Leeching, Setons, Issues, Blistering, &c.	4089
3	Muscular Tenuity, want of sufficient physical power	4571
4	Affections of the Eyes	2833
5	Loss or Decay of Teeth	1999
6	Deformity of the Spine	2149
7	Want of due capacity or malformation of the Chest	3715
8	Defective condition of the superior Extremities, from Fracture, Contraction, Mutilation, Luxation, &c. &c.	2158
9	Hernia, Inguinal, Femoral, Umbilical	1686
10	Tendency to Rupture from laxity of the Groins	2538
11	Varicose state of the Veins of the Spermatic Chord	3514
12	Diseases or Injury of the Testicles	894
13	Varicose state of the Veins of the Lower Extremities	5866
14	Defective condition of the Inferior Extremities, from Fracture, Contraction, Luxation, Malformation, or Injury of Feet, Ankles, &c. &c.	5510
15	Cicatrices, Ulcers, Wounds, and Chronic Diseases of the Skin	3410
16	Tendency to Consumption or other Pulmonary Diseases	585
17	Diseases of the Heart...	847
18	Impaired Hearing or Deafness	358
19	Impediment of Speech	254
20	Syphilis	1069
21	Marks of Corporal Punishment...	304
22	Marked with the letter D	238
23	All other Causes	1691
	Total	50,436

A Table showing the relative frequency of the different varieties of Hernia.

Inguinal	1575
Femoral	42
Umbilical	66
Ventral	3
Total	1686

Of the cases of Inguinal Rupture were on the

Right side	749
Left side	603
Both sides	223
Total	1575

Of the cases of Femoral Rupture were on the

Right side	26
Left side	13
Both sides	3
Total	42

A Table of the Varicose state of the Veins of the Spermatic Chord on the

Right side	203
Left side	3072
Both sides	239
Total	3514

FINIS.

ERRATUM.

Page 2, line 3, for "exceeds twenty-nine millions," *read* "exceeds twenty-seven millions."

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