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NOTES
ON
THE CONDITION
OF THE
INDIAN MEDICAL SERVICES.

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NOTES

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NOTES ON THE CONDITION OF THE INDIAN MEDICAL SERVICES.

AN APPOINTMENT TO INDIA! How many young men and boys have been all their lives looking forward to one, yet what a vague idea of its nature do they entertain, especially if they happen not to belong to a family connected with India? Their ignorance of what they are going to, almost equals that displayed by the retired Indian colonel who, on his arrival at home, to our own personal knowledge, expressed his conviction, that the House of Commons and the Court of Directors were one and the same. The old notions of the great wealth to be readily acquired in India are now pretty well exploded, and it requires the young and warm imagination of a cadet of sixteen, to conjure up the pagodah tree and its showers of gold; still the prevailing idea at home is, that an appointment to India is something very good, and such it is to a poor man, or to any one of moderate wishes and possessed of moderate industry.

There can be little question that a great deal of ignorance prevails at home as to the nature and value of employment in India, nor can the medical man be expected to be much better informed on the subject than his neighbours. Though of maturer years than the young cadet or writer, he is nevertheless, like them, filled with an undefinable feeling of uncertainty, when he finds that it is arranged that he is to go to India. The first thought that is pretty sure to strike him, is, that he is going to something very different from anything which he has seen in Europe, and such he will find life in India to be, though in a much smaller degree in reality than in anticipation,—hence he naturally looks around him for information, regarding the land which he is about to visit.

In our own case, we recollect well how we assailed every one we knew, or that we could get introduced to, with endless questions regarding this *terra incognita*. We have not forgotten how we pestered with inquiries, verbal and written, every one whom we knew to be connected, however remotely, with India.

Some of the questions which an assistant surgeon usually puts to himself are—how had I better go to India?—what

uniform am I to take?—what books and instruments?—what professional degrees should I have?—are letters of introduction worth having? Let us see whether we can give any satisfactory replies to them.*

To the first of these questions the answer is very simple. If you are not straightened for means, if you have any cash in hand, come out overland,—save yourself a wearisome voyage, and gain two or three months' service in India. But if the *res angusta domi* presses you, or you are burdened with the incumbrance of a wife, endeavour to get charge of troops coming round the Cape. You will feel the receipt of some Rupees 1,500, head-money, on your arrival, a most comfortable help to your ulterior proceedings, especially as you will find, on your landing in India, that heavy donations to all the funds are cut from your small modicum of pay.

As to the matter of uniform, no precise directions can be given; the last few years have seen the departmental uniform of the Madras Medical Service done away with, and that of Bengal established;—in the latter case a very plain and ugly uniform being adopted, in preference to a more appropriate one recommended by the Medical Board. In Bombay, as in Madras, we believe that surgeons continue to wear the uniforms of the regiments to which they belong. On the whole, the less uniform brought out the better; the money for it will be more usefully spent in India, and in Calcutta, at least, the prices of tailors are not now much higher than at home.

It is better for the assistant surgeon not to spend any large sums of money on books, or to bring out any great number of them, as there is time enough to form a library when he begins to lead a settled life, and during the first few years he is so often moved about, that if he does not lose his books entirely, he is pretty nearly sure to have them riddled by white-ants or soaked in some river or nullah. The same advice may be given on the subject of instruments: the Company is liberal enough in the supply of surgical instruments, and such he need not bring out, but if he can use the microscope or blow-pipe, or has any turn for natural science, he will do well, if he can afford it, to bring out a few of the more useful instruments. It is not very long since all the surgeons of civil stations were ordered to make accurate meteorological observations, without any instruments wherewith to make them being supplied.

Viewed simply with regard to India, degrees are useless: every one is dubbed "doctor."

A great variety of opinions prevails about the value of letters of introduction, and the most common idea is, that they are so much waste paper, or at best so many dinner-tickets. However, letters of introduction may do good, and can do no harm. If they merely introduce the new arrival to the interiors of the houses of the Presidency town at which he lands, they are of some service. Those who expect immediately to get appointments by means of them, are of course usually disappointed, though we have known some rare exceptions even to this rule; but if they do not get you appointments, still they may help you to friends, and we can say with truth of our own experience, that we found our letters of introduction very useful, and those from which we expected least, the most so.

But far more important than any of the preceding questions, is the settling to which Presidency you are to go. In this there is often no free will, and you must go where you are appointed to; but when there is a choice, it is often a very difficult matter to decide. You have a brother in Bombay, an uncle in Madras, and a particular friend in Bengal. Then perhaps you consider that it does not matter much to which you go, as you are all sure to meet in India, this being a very common notion at home, and you not being much better informed on the subject than the young Irishman who wished to get into the 15th, that he might be near his brother in the 14th. In our own case, having had a choice, we recollect many hours of anxious deliberation and many a consultation, and having nearly made up our mind to go to Madras, chiefly on account of its Retiring Fund and handsome provision for families, when some accident turned the scale, and made us resolve to proceed to Bengal.

Our own experience, and the recollection of what others similarly situated felt, make us believe that some account of the services, the three forming together a body not much short of 750 members, a comparative view of the advantages presented by each Presidency, will be useful to those who have still to choose, and not unwelcome to those whose lot is already cast. The materials before us are not very abundant, and wear a somewhat dry aspect, being only Army Lists and Retiring Fund Regulations, but it may be possible to extract from these, matter of some interest. We may be considered bold in venturing on an examination of the services in the two sister Presidencies, when we state that our own experience is limited to Bengal. But our mistakes and even our

blunders may in the end elicit more accurate information from those who are better qualified to afford it.

Staff appointments, we all know, are the great objects of ambition to Indian officers, and very justly so; for, with very few exceptions indeed, they are more agreeable than regimental ones, both in point of pay and of independence, nor is the medical Service an exception to the rule. By them usually staff appointments or civil stations are much sought after; we shall, therefore, first turn to the *distribution of staff appointments* and their pay in the three Presidencies, introducing, as we go along, short notices of a few collateral matters.

The Medical Service of Bombay consists of 53 surgeons and 105 assistant surgeons, making a total of 158, with usually a certain number of supernumeraries, never exceeding 20 in number, and generally falling short of that number. It may be said in a general way, that about 70 officers are employed with the Army, or in the Indian Navy, about 50 are on Staff or Civil employment, and the large number of 32 on leave or furlough, almost all of them on sick certificate.

The zillah or civil stations appear to be about 16 in number, and their pay seems to be much the same as that of similar appointments in Bengal, rupees 360 a month, sometimes with an additional hundred for the charge of civil or insane hospitals, or the same sum for a duty which is never assigned to them in Bengal—that of assistant magistrates; and which, since commencing this article we find has been withdrawn from all assistant surgeons: they appear to be scarcely ever post-masters or registers of deeds. There are also in civil or district employ, 4 superintending vaccinators, each receiving rupees 350 a month, besides their Military pay. Of the civil stations, we believe Poona is the favourite one, and that a little is made by private practice, but there is reason to suppose that, in the absence of any great number of Europeans, they must be inferior to the better class of Bengal stations as respects income from private practice; and can have little advantage over ordinary Military appointments, beyond the convenience of their being more fixed.

Other appointments held by them at present are, the surgeoncies in the Persian Gulf, at Baroda, Cutch, Kuttlywar, Indore, Sattara, &c., the charge of the ex-ameers, and the private secretaryship to the Governor of Madras, and

one appointment in the Nizam's Service. The station of Mahableschwur is one of the best appointments, and a popular man may make something by practice, although fees are rarely given by government servants in Bombay. We see the pay of the surgeon in the Persian Gulf, (whether at Bagdad or Bushire is not very clear,) set down at rupees 515-0-4. Three Officers are detached in the Assay Department, and we observe that there are 4 staff surgeons.

The proportion of staff appointments at the Presidency itself, is, as compared with the other Presidencies, large; including the Members of the Medical Board, they amount to about 20, or almost as many as in the much larger Presidency of Bengal. There are three Members of the Board, and its secretary, a superintending surgeon, five professors of the Medical College, a store-keeper, a surgeon to the General Hospital, and an assistant, a garrison surgeon and assistant, a surgeon of the Marine Battalion, a civil surgeon and assistant, a Police surgeon and assistant, Port surgeon, &c., surgeon to the Jamsetjee Jeejeeboy Hospital, an oculist: generally one officer holds two or more of these appointments.

The pay of the officers at the Presidency appears to be much the same as that of Calcutta; for instance, the professors in the Government College receive rupees 450, while they only have rupees 400 at Calcutta; but perhaps this difference depends merely on house-rent; and may be only apparent. The Members of the Board, however, and their secretary, the superintending surgeons, the store-keeper, and the surgeon to the Governor, are not so well paid as the corresponding officers in Bengal.

Most assistant surgeons in the earlier part of their career are made to serve for two years in the Indian Navy. If their stay be not too long protracted in it, there is very little hardship in this, as they have the opportunity of seeing, in fine vessels, a good deal of the coasts of India, Persia, Arabia, &c.; the pay is small, somewhat larger we believe than that for doing duty with a regiment; but as the temptations to extravagance, and even the opportunities of spending money are few, it may be considered ample.

The number of Bombay Medical officers always absent on sick leave is remarkable, and this is usually ascribed to the effects of the unhealthy climate of Scinde. Something, perhaps, may also be attributed to the greater facility and cheapness of getting home from Bombay than from the other Presidencies.

Staff appointments at the Presidency are as much sought after at Bombay as in Calcutta, and several of the officers at the Presidency enjoy pretty good incomes from practice, as also do one or two private practitioners. A good deal of the practice lies among the Parsees, who are, after the Europeans, the leading class, and certainly the most intelligent and enterprising of Orientals. They are, however, much in the habit of employing private practitioners. The best medical practice is not nearly so remunerative as in the larger city of Calcutta, nor even equal to Madras.

The Bombay Service has kept up its Medical Society, and its Transactions contain many useful papers. In this respect they keep ahead of their Bengal brethren, probably because they are less engaged in private practice, and we are disposed to think that they form a more united body, and are more alive to the progress of science. We are told that the Medical Board is at present active and efficient, the Physician General especially so.

On the whole, Bombay has a greater number of staff appointments at the Presidency, in proportion to the number of the members of its Medical Service, than Bengal; it also enjoys a larger proportion of the appointments that fall to the lot of the seniors of the Service than Bengal, though it is inferior in this respect to Madras, which has certainly got the lion's share.

The Madras Medical Service consists of about 72 surgeons and 154 assistant surgeons, making a total of 226. Of these some 80 are on staff employ, 90 in regimental employ, and some 50 absent on sick or other leave.

Of those on staff employ, about 28 are zillah surgeons, 10 employed in residencies. The pay of zillah surgeons is, we believe, the same as in Bengal and Bombay. We should suppose that civil Surgeoncies, generally speaking, cannot be very remunerative. We have heard of Salem as a good civil station. The Neilgherries must yield a considerable income, and of the surgeoncies, Hyderabad is of course the best, rivalling Lucknow; the surgeoncy to the Mysore commission and some other residency surgeoncies, as that of Cochin, are comfortable appointments. There are 10 officers in the Nizam's Service, all well paid, 5 garrison Surgeons, no fewer than 10 superintending Surgeons, 3 Members of the Medical Board, and a secretary, the latter at present being an assistant surgeon.

There are at the Presidency 15 Medical officers, including the Medical Board, being 8 surgeons and 7 assistant surgeons. Their duties are those of garrison surgeon, medical store-keeper, four district surgeons, superintendent Eye Infirmary, surgeon General Hospital, one permanent assistant, and one assistant surgeon to it, and six chairs in the Medical College. We observe, as differing from the routine of Bengal, that one of the assistants at the General Hospital retains his appointment on promotion, also that an assistant at the General Hospital is officiating as surgeon to it during the absence on sick certificate of the surgeon. A principle somewhat similar to this was acted on recently in the North-West Provinces of Bengal, when the Lieutenant-Governor, anxious to secure the station of Agra, which is a surgeon's appointment, for an assistant surgeon on his promotion, appointed him while an assistant surgeon to the civil station.

Assistant surgeons in Madras are, on their first arrival, made to do duty at the General Hospital, and keep case books, until they are reported duly qualified for the general duties of the Army.

We confess our very imperfect knowledge of Madras, but from all that we have heard, the private practice at the Presidency is not so remunerative as at Calcutta, though more so than at Bombay. The best practice is chiefly in the hands of two men. We have also heard of surgeons in the Madras presidency making a point of never receiving fees, even from those who are well able to pay, in which respect they differ from 9-10ths of their Bombay and Bengal brethren.

The great superiority of the Madras service over the two others lies in the unusually large proportion of superintending surgeons which it possesses, no fewer than 10, or but one short of the Bengal Army, and if Burmah should be finally assigned to the Madras Army, they will get one more superintending surgeon, and thus have just as many superintending surgeons as the much larger Presidency of Bengal. We have been told that there is a much more efficient Board at Madras than there has been in Bengal for many years, and, as the men are younger, this is very probable, but that there, as elsewhere, their influence, for good or bad, is, from the want of all independent power, very trifling; they have however published some useful Topographies and Statistical Returns, and have never been guilty of giving to the world any documents so feeble as the late Re-

port of the Bengal Board on Fever and Dysentery, which has been so generally laughed at. We think that the Service continues to support a Medical journal.

We have reason to believe that the Madras Subordinate Medical Department is better organized than that of Bengal, and they have apothecaries instead of Native doctors to their regiments; a certain number of the Medical officers are made to give gratuitous lectures to the Subordinate Department, but gratuitous services cannot be expected to be zealously rendered.

The Bengal Medical Service consists of 129 surgeons and 230 assistant surgeons, making a total of 359. There are supposed to be a certain number of supernumeraries attached, but this is by no means always the case. The Service may be said generally to be divided into 200 employed in purely regimental duty, (including irregular cavalry and local corps,) about 120 on civil or staff employ, and 40 on furlough or leave, the proportion of the latter being much smaller than in Madras and little more than 1-3rd that of Bombay,—a very remarkable fact! We may here remark that it is a subject of some just complaint in Bengal, where promotion is so slow, that a surgeon of 30 years' service, when on furlough, draws no higher pay than one just promoted, but this is also the case with the Captain who is unlucky in his promotion.

Some of the chief civil and staff appointments besides the 11 superintending surgeons and the members of the Board, are the following: *viz.* upwards of 50 civil stations in Bengal and the North-West; of these only 6 are assigned to full surgeons, namely Delhi, Agra, Benares, Patna, Dacca, Berhampore, and are all more or less sought after. Of the appointments in the North-West the most lucrative for assistant surgeons are Bareilly, and the civil surgeoncies of Simla and Mussoorie: the two last only held for a period of two years. In Bengal there are many very excellent civil appointments, supposed to vary in value from 700 to 1,100 a year, as Kishnaghur, Howrah, Jessore, Tirhoot, Bhaugulpore, Chuprah, Hooghly, Ghazeepore, &c. The registry of deeds is in some of these cases the most valuable addition to the appointment, while in Kishnaghur the ferry gives a handsome return, but in all these cases, the value of the appointment depends much on the popularity of the civil surgeon with the station and the neighbouring planters and land-holders. In Bengal and the North-West the civil surgeons very generally hold the post-office, and are also often Registers of Deeds.

But under the new changes they are to be deprived of the Post Offices, and the civilians always endeavour to get hold of the Registries for themselves.

Of political appointments, strictly speaking, only two are now held by Members of the Medical Service, namely, the charge of Darjeeling, and the custody of the young Maharajah. The two chief residency surgeoncies are excellent appointments, Lucknow being worth rupees 1,500 a month to any one of common judgment, and Nagpore about rupees 1,200. The superintending surgeoncy at Gwalior is a desirable appointment, as indeed must the charges in the Gwalior Contingent generally be considered. The opium examiner-ships at Ghazee-pore and Patna are excellent appointments; that at Indore is now held by a Bombay assistant surgeon. Two mint appointments, one in Bombay and one in Calcutta, are held by Bengal surgeons, as well as the charge of the Botanical Gardens in Calcutta and Saharunpore; one of the examinerships of the College of Fort William is also held by a Medical man.

Including the Medical Board, there are 25 Members of the Medical Service performing Medical duties at the Presidency, and this is including the surgeon to the Governor General and to the Body Guard, who cannot be looked on as fixtures. In the last 10 years the offices of Second Garrison Assistant, Deputy Apothecary, and Marine Assistant Surgeon, have been abolished, and one Presidency surgeoncy absorbed in the Marine surgeoncy. Some of the appointments at the Presidency are the Medical store-keeper or apothecary, the garrison surgeon and assistant, the surgeon to the General Hospital and his two assistants, the Marine surgeon, the oculist, 6 or 7 Professorships in the Medical College, and 5 Presidency surgeoncies.

Of these the best paid are the apothecary, and the Secretary of the Medical College and Council of Education, (two Professors of the Medical College, by holding several appointments, also have about rupees 1,200,) and the worst paid, is the Garrison assistant surgeon. The Presidency surgeons are not much better paid than the last, their whole Government pay being rupees 490; but there is only one who does not now hold some additional employment; the district surgeons in Madras have rupees 800 we are told.

People at a distance attach an imaginary value to appointments in Calcutta, and suppose them all to be well paid. Many a man who has looked to coming to the Presidency, has been staggered on finding a Presidency surgeoncy offered

to him, and then hearing that it is not worth rupees 500 a month. The fact is, that the value of Calcutta appointments depends on what can be made of them;—when a man has to look to mere Government pay, he would probably be much better off out of Calcutta. The receipts of the Calcutta practitioners are now considerably smaller than in former days. One of the most highly-respected men that has ever visited India—and the oldest resident practitioner in this city—once told us that his largest receipts were rupees 87,000 in fees, in one year. What may be counted the best practice in Calcutta is divided among three or four men, two of them being supposed to be far ahead of their compeers. There are several private practitioners, some of them, as the Police surgeon, holding Government appointments, and several of the others having some public employment, as the charge of dispensaries, most of them enjoying the privilege of prescribing on the Company's dispensary, a privilege now become valueless.

Of late years, owing to the dearth of assistant surgeons, several of the inferior civil stations and a great many local corps have been handed over to uncovenanted Medical practitioners, and to sub-assistant surgeons educated at the Medical College. It is a question now, whether those appointments should remain on their present footing, or the number of assistant surgeons should be increased to fill them.

Assistant surgeons are still in theory supposed to do duty at the General Hospital on arrival—but, different from the usage in Madras, this very salutary regulation has been long a dead letter in Bengal. Owing to the calls of the Service of late years, assistant surgeons have generally been immediately sent away from the Presidency, or ordered to Dum-Dum, through a paltry economy; it being erroneously thought a cheaper arrangement to send them to draw regimental pay at Dum-Dum than to allow them the same pay while at the General Hospital: an assistant surgeon can barely exist on the pay which he receives at the General Hospital.

Of the Calcutta practitioners, it may be said with truth, that they are anything but an united body; the Medical and Physical Society, which Mr. Egerton did so much to keep together, has ceased to exist; no Medical transactions are published, there is no Medical journal, and the Service is entirely without an organ for the expression of its opinions.

We must hope that some day fresh vigour will be infused, and it is only from the younger men in the profession that literary efforts can be well expected—for a variety of

reasons which it is unnecessary to specify. It is certainly not creditable to the Capital of India, that it cannot support even a Quarterly Journal of Medicine—or that the mass of information which the Medical Board Office can probably supply, should remain undigested, and thus lost to the Service. If the Medical Board are unable themselves to use it, have they ever suggested to Government any mode of making it available? Officers who think they have any observations of importance to give to the world, cannot be expected to send them to the Medical Board, merely to add to its mouldy records.

Past experience seems to make it pretty certain that any journal confined solely to scientific subjects, giving no Medical politics, and none of the professional gossip of the day, could scarcely command the support of the Service. The attempt made by the Medical Editor of the Saturday evening's *Hurkaru* to keep up the interest of the profession was highly creditable, but a weekly newspaper is scarcely a suitable medium for the conveyance of professional information. We are happy to learn that there is now a probability of a new journal being established.

We doubt much whether any author in Bengal could hope to sell enough copies of a Medical work to cover the cost of publication, without getting Government to take a certain number of copies, or having recourse to the disagreeable alternative of procuring a list of subscribers.

We are now prepared to venture on a very general comparison of the advantages in the way of desirable appointments of the three Presidencies. Bengal appears to be best off for civil appointments and such as can be held by assistant surgeons. Madras is best off in the proportion of staff appointments, that the seniors of the Service have to look to. Bombay comes next to Madras in this respect, and also has about the same number of staff appointments for all grades, but of staff appointments at the Presidency, it has a greater proportion than either Madras or Calcutta.

To make the matter clearer as regards the excess of superintending surgeons and Medical Board appointments in Madras, and great deficiency of them in Bengal, we may state what the proportional numbers should be, adopting the Madras standard, and what they are:—

<i>Madras.</i>	<i>Bombay.</i>	<i>Bengal.</i>
they are 13	* they are 8	they are 14
	should be $9\frac{1}{2}$	should be 21

A word or two may be here said about the comparative advantages of the Services in another respect. The Bombay and Bengal Services have not special *funds for sick allowance and provision for families*—like the Madras fund, but join the general funds of the Military Service.

The Madras Widows' and Orphans' Fund, which forms a branch of the Medical Retiring Fund, offers greater advantages than either of the Military Funds. Thus the widow of a Medical Officer, of whatever rank, who has served 15 years, is entitled to rupees 2,000 a year, while one of the same standing in Bengal or Bombay could not receive more than £137-17-6; children from 11 to 18 years get rupees 620 a year, and girls from 18 to 21 the same sum, if not married. A subscriber may also, if he chooses, by a separate subscription, make his son entitled to receive rupees 620 from 18 to 21, and his daughter the same sum till marriage,—the annuity reverting to her when she becomes a widow. A Medical Officer in Madras may subscribe to the Military as well as to the Medical Fund for his family, but we presume that instances of officers doing both must be rare.

One of the greatest advantages which the Medical Department possesses, is to be found in the various *Retiring Funds* of the three Presidencies. As we believe the information will be interesting to many of our readers, that most of us know little of the Funds in other Presidencies than our own, we shall endeavour to give a sketch of the working of the different Funds.

The Bombay Medical Retiring Fund appears to have been established in 1834, and was intended to give 3 Annuities of £300 each, every year, but for reasons with which we are not acquainted—probably too low a rate of subscription—the Fund has not been so prosperous as the sister funds, and though it continues to pay the full amount of annuities already assigned, its operations are for the present on a much smaller scale: it is hoped that in some 10 or 12 years the Fund may be able to revert to its higher rates. According to the revised rules of August 1851, the following are the chief regulations:—

Three Annuities to be annually offered, of the respective values of £160, £200 and £240.

Subscribers must have respectively completed 20, 24 and 28 years in the Service before they are qualified for the offer of an annuity of £160, £200 or £240, (thus giving a distinct preference to senior officers.)

But in no instance is the qualification for an annuity valid unless the subscriber has served 17 years in India,—time spent by Officers detached on special duty to Europe being reckoned as actual service in India. (Therein showing a bright contrast to the illiberality of their Bengal brethren, who, because a certain Professor chose to write an unwise letter about his own services, repudiated a claim which would have been silently acquiesced in, if the Managers had not referred it to the Service. The Bengal Service is now however wiser, and it is pretty well convinced that it is impracticable as well as impolitic to adopt any standard of Indian service, other than that laid down by the Government of India.) If, owing to the number of applicants, a large annuity is not available for a Member qualified by 28 years' service, he is expected to take an annuity of lower value in the hope that it will be raised, if there be no senior applicant, at the next period of allotment, to the maximum.

Any one accepting an annuity and failing to retire, is fined to the amount of one year's annuity.

The rates of monthly subscriptions are—Member of Medical Board, rupees 110; Superintending Surgeon, rupees 80; Surgeon, rupees 40; Assistant Surgeons above 2 years, rupees 25; Assistant Surgeons under 2 years, rupees 15,—and half these sums when on furlough to Europe.

The following donations are payable on promotion:—

To the rank of Surgeon,	Rupees	100
" Superintending Surgeon,	"	200
" Member Medical Board,	"	400

The following are the rates of minimum which must be paid before an annuity is granted:—for one of £160, rupees 6,400, for one of £200, rupees 8,000, and for one of £240, rupees 9,600. The sums here stated shall consist of *bonâ fide* subscriptions and donations, exclusive of all interest.

Should any Member's subscriptions exceed the prescribed minimum they become the property of the Fund, and are in no case refunded. (In this the fund agrees with the Bengal one, but differs from the Madras.) After his retirement he shall not be called on to contribute to the Fund until he accepts an annuity, when he will be required to pay up the prescribed minimum, (a rule which might very well be adopted in Bengal.)

The appropriated Fund is set apart for the payment of annuities. It is formed, by withdrawing from the unappropriated Fund such sums of money as represent the values of the annuities granted.

The unappropriated Fund is the income of the Society. It is to be devoted either to the offer of fresh annuities, or (when required) to the re-valuation of those already given.

The Secretary and Accountant is, as in Madras, elected by the Committee from their own body, or from amongst the other subscribers at the Presidency.

The benefits derived from the Honorable Company are, that it makes subscriptions compulsory, allows its paymasters to collect subscriptions, gives 6 per cent. for all sums lodged in its treasury, and pays at the India House one out of the three annuities. As regards the demand for annuities, they are now almost invariably taken up as they become available. Many officers have retired and waited at home for them, and 25 years' service may be considered about the period, after which a surgeon has a chance of getting one of the highest annuities.

The Madras Fund has long been established, and, unlike the new and kindred institutions in Bombay and Bengal, its working is well ascertained. It was instituted, we believe, as long ago as 1807. We shall here only allude to its rules respecting annuities, having made some mention of its charity and sick allowance branches.

The Madras Fund grants annually two annuities of rupees 3,500 each, to the senior Medical officers who are applicants, and in order to provide for those whose health will not permit them to remain in India until entitled to the higher pension, one annuity of rupees 1,750. To obtain the last, he must have served 17 years in India, and produce a certificate of his inability from ill-health to remain in that country.

Whenever the state of the Funds will allow it, after the values for the current annuities have been duly appropriated, an extra annuity of rupees 3,500 shall be given off.

The minimum for the annuity of rupees 3,500 is rupees 12,000, and that for the annuity of rupees 1,750, rupees 6,000, and when the aggregate paid by a subscriber to the annuity branch shall amount as above to rupees 12,000, his subscription thereto shall cease. (We hope to see this rule eventually adopted in Bengal.) The following are the rates of Monthly subscription—:

For a Member of the Medical Board, ... Rupees	50
Superintending Surgeon,	43
Surgeon,	35
Assistant Surgeon,	22

—(It will be observed that here, as in Bombay, the rates for the seniors are much lower than in Bengal.)

Members accepting the small annuity shall still be eventually eligible for the large one, provided they pay up the minimum of rupees 12,000 at the time of accepting the smaller annuity, and should they die before they get the larger annuity, the difference between the minimums for the two, *i. e.*, rupees 6,000, shall be refunded to their estates.

No subscriber shall be eligible to receive an annuity who has not served the East India Company for the term of 17 years,—(here as in Bombay, though the rule is not quite so specific, we find that the subscribers to the Fund have not endeavoured to set up a standard of service of their own.)

Any one accepting an annuity and failing to retire incurs a penalty of rupees 3,500 and forfeits his annuity.

The revenues of the annuity branch are derived from interest on the capital, 8 per cent. being allowed by the Hon'ble Company, from the fixed subscriptions, from the arrears to be paid on account of minimums on receipt of annuities, and from 3-8ths of the entrance donations of new subscribers, which is rupees 225-12. The favorable rate of exchange allowed by the Court for the payment of annuitants in Europe, is credited to the Fund as a donation from the Court; the Company also pays a certain number of the annuities.

Neither the Bombay nor Madras Funds appear to have any rules regarding invalided officers, who are very rare in the Medical services, but the Madras Fund returns to such subscribers as are compelled to leave the Service from ill health, if the Trustees are satisfied that that is the sole reason, the amount of subscriptions that the Fund may have received, but without interest.

The Secretary of the Fund receives a salary of rupees 175 a month, inclusive of office-rent, but exclusive of the expenses of the office establishment.

We believe that there is never any difficulty in getting the annuities taken up, and that men constantly retire in anticipation of them.

We turn next to the Bengal Medical Retiring Fund. It provides 6 annuities yearly to the six senior applicants, who may have completed 17 years' service in India.

The maximum rates of subscriptions shall never exceed,—

For Members of the Board,	Rupees	256	0	0
Superintending Surgeons,	„	170	10	8
Surgeons,	„	59	11	8
The Senior Assistant Surgeons,	„	34	2	1

—These rates being however liable to annual adjustment, and the rates at present levied are,—

For Members of the Medical Board,.....	Rupees	203
Superintending Surgeons,	„	135
Surgeons,	„	48
Assistant Surgeons after 2 years,	„	27

The Fund does not lay down any minimum subscription, but no one can receive an annuity who has not paid the half-value of it, as computed according to the age of the annuitant. Thus an annuitant of the age of 40 must have paid rupees 16,108; one of 50, rupees 14,126, and all sums paid beyond the half-value of the annuity go to the benefit of the Fund. Thus, some years ago a senior surgeon gave up subscribing to the Fund, and the sum which he forfeited amounted, with interest at 6 per cent., to rupees 23,000.

A surgeon may retire from the service at the end of 17 years, but even if he has paid more than the half value of his annuity, he must, before being admitted to one, pay all arrears of subscriptions which may accrue from the day on which he so retired, up to the day on which he shall accept an annuity. This is decidedly a hardship; a man who gives the service a step early, should be better treated than one who stays on in it.

Subscribers retiring before serving 17 years, or who are transferred to the Pension Establishment, have no claim on the Fund, though on their being applied to, the subscribers may vote a repayment of the whole or part of such sum as has been paid in.

All Subscribers invalided, or put on the Half-pay List for ill health, shall receive back their subscriptions with interest at the rate of 6 per cent. per annum. (This very proper rule was, somewhat shabbily, and we think quite unnecessarily, abrogated some years ago.)

There are appropriated and unappropriated Funds. Government gives 6 per cent. on all sums paid into the Treasury, and undertakes to pay two annuities of each year at the India House. It further makes subscription compulsory, and empowers its paymasters to deduct it.

The pay of the secretary is not defined, nor is it stated, whether he is to belong to the Service or not. Hitherto it has been rupees 250, with rupees 100 for office establishment, and the secretary has not belonged to the Service.

For some time after the institution of the Fund, the Members of the Bengal Medical Service were not prepared to avail themselves of its advantages, and for several years the annuities were not all taken up, but they have of late been absorbed, chiefly by men of little more than 17 years' service. This however, now that the Fund begins to work regularly, is never likely to be the case again.

In 1852 there were 19 applicants for the six annuities, and the last of the six was assigned to a man of $24\frac{1}{2}$ years' service.

Surgeons have also begun to retire in anticipation of their annuities, and by the end of the year 1852, the number of those who had retired in this way amounted to six. As many senior surgeons, grumbling at the high rates which they pay to the Retiring Fund, cast doubts on the fact of its having accelerated retirements, a point which it would be easy to demonstrate, it may be well to quote the remarks of Dr. Harding, about the effect of the long-established Fund of Madras—"There has been a manifest increase of the ratio of retirements during the last three quinquennial periods, since the Fund was remodelled in 1826. It is desirable to draw attention to this fact, as some have supposed that the annuity system has acted rather as an inducement for those to remain for its acquisition, who might otherwise have expected to have retired sooner, had no such inducements existed. That the ratio of retirements has, however, increased, is sufficiently evident."

Two of the great elements that affect promotion in the Medical Service have now been considered, namely, the means of accumulating money enough in the Service, by holding civil or staff appointments, to make retirement possible, and the aids of a certain and fixed nature which are offered by the Service itself. The third important element, or the pension given by Government according to length of service, is now on so satisfactory a footing, that we need not discuss it.

There is still another less certain aid which demands a few observations from us, and here we may remark in passing, that all these causes which influence promotion can only act with regularity, as long as the Court continues to send out nearly the same number of assistant surgeons every year, and the annual

mortality remains stationary. Nothing, for instance, except an increase to the Service, can make the promotion rapid in a heavy year, as 1825, and a series of long years after 1839 in Bengal, 1840-41 in Madras, 1841 and 1845 in Bombay. The other element, that of mortality, which is probably greatest in Bombay, cannot be satisfactorily examined here.

The mode that is usually adopted in regiments to accelerate promotion is the *bonus system*. This system has been freely acted on in the Bombay Medical Service, though we believe that the whole Service never joined in the scheme. We understand that it gave a Member of the Medical Board, who had not been longer than two years in it, rupees 18,000; each superintending surgeon and each of the 10 senior surgeons, rupees 15,000; and all junior surgeons qualified to retire, rupees 10,000,—or something like this. We shall presently see that under this system promotion has been greatly accelerated in Bombay, but the causes which have made it operate well, have now ceased, and we doubt whether it will long continue in force. In the first place, the unfortunate condition of the Fund, which gave only half the annuities it ought to have done, must have induced many officers to go, who if they could have waited with certainty for the Fund, might very probably have stayed on. In the second place, the buying out was almost entirely among the seniors of the Service. Now, when the Court assigned the new scale of pensions for retirement, Members of the Medical Board were allowed for the next 10 years to retire on the pension of their rank or of their years, at the pleasure of the party retiring. All the men in Bombay have hitherto gone on the pension of their rank. But the 10 years have now elapsed, and this can no longer be the case. Thus the junior Member of the Bombay Medical Board, (we use an Army List a year old,) would according to the old rule have been able to retire on a Government pension of £700 a year, but he is only about to complete 28 years' service so that his pension will only be £300; it is therefore obvious that he will not think it worth his while to move unless he gets a much larger bonus than his predecessor, who retired on £700 a year. For these reasons the Bombay Service in general, complains much of having been already taxed too highly, and is not likely to continue to offer large bonuses.

In Madras a Bonus Fund was started 2 or 3 years ago, and it was expected to quicken promotion.

In Bengal, individual bonuses have been occasionally given, but have never been generally joined in; and the Service has

never shown a real inclination to adopt any of the numerous schemes that have been proposed, partly from a suspicion, possibly an unjust one, that their originators were looking more to their own proposed retirement than to the general interest of the service. The great objection as regards their practical working, is, that as long as every one looks to succeed to an annuity, you do not in the long run gain anything by buying men out, with the exception only of the few who still are not Subscribers to the Retiring Fund. You merely increase the number of retired men waiting at home for annuities, and do not permanently accelerate promotion. Another objection is, that owing to the very poor prospects of surgeons, a proportion of the assistant surgeons look on it as a disadvantage to get promotion, and will not pay to accelerate what they dread.

The only kind of Bonus Fund that appears to us feasible, is one that might be established among the surgeons who are high enough up the list, to see the probability of profiting in a pecuniary way by promotion, say the 15 or 20 surgeons next to the superintending surgeons—these men would have the prospect of getting some positive value for their money; and we should think that the Service would pledge itself to adopt any well-considered scheme of the kind—every man undertaking to bear his share, when the time comes, should he continue so long in the Service. Of course this scheme would be impracticable, if the high appointments should cease, as we hope they may, to be merely seniority ones.

A much more feasible scheme is to increase the number of annuities; but it must be so managed that they are paid for by the younger men, not by the already highly-taxed seniors.

Having inquired into the chief causes which influence promotion, we may now consider what the *present rate of it actually is* in the three Presidencies, and we shall find that Bombay is ahead of the other Presidencies both in the higher and in the lower grades, and that Madras is far ahead of Bengal in the higher, but somewhat behind in the lower.

In Bombay the senior Member of the Medical Board is of the year 1821, the junior of the year 1824. The senior superintending surgeon of the year 1825; the surgeon last promoted, of the year 1839; the rate of promotion of assistant surgeons will probably become slower if there be no increase of surgeons.

In Madras, although the senior Member is of the year 1813, the two juniors are each of 1820, the junior superintending

surgeon is of the year 1824, and the surgeon last promoted of 1836. We see no prospect of the rate for assistant surgeons being quickened for some years to come. There is here a great falling off from what Dr. Harding records of former times, when for 26 years the average time in which assistant surgeons were promoted was 12 years and 2 months.

In Bengal the senior member of the Board is of the year 1808! the junior of 1812; the junior superintending surgeon of 1816; the officiating one of 1819; the surgeon last promoted of the year 1838. The promotion of assistant surgeons will, in the natural course of things, retrograde slowly for some years.

Turning now to *Bengal more especially*, and limiting the following remarks to that Presidency—it is at once obvious that the crying evil of the Service is, the pertinacity with which the old men cling to the good things which they have so long waited to obtain—and the main reason for this appears to be, that as full surgeons they can hold scarcely any appointments that enable them to save money enough, if they be married men, to enable them to return with comfort to Europe. Assistant surgeons, as a class, have little to complain of, but the surgeon has often remained 23 years in the Service on pay less than that of a young magistrate, going through the dull routine of the duties of a native corps, with nothing to sustain his energies, or to cheer him in his course, but the hope of eventually succeeding to a superintending surgeoncy or the Board. Yet at no period of his career are the services of a Medical Officer so valuable to the state as at this, when his experience is matured, and his faculties are yet unimpaired.

If more appointments of value with duties of commensurate importance, were assigned to full surgeons, if Lord Hardinge's recommendation of a class of staff surgeons had been adopted, or if after each period of five or six years in the grade of surgeon, some increase of pay were given, then, indeed men might be enabled to retire. Or if the succession to the senior offices of the Service were not to continue a routine, (the slight recent deviation in this respect was probably merely an exceptional one, and no Governor General has hitherto carried out the spirit of the Court's order making these appointments staff ones—no surgeon has been passed over for his Superintending Surgeoncy,) they then might be induced to resign a Service, that did not offer them sufficient motive to remain in it. We really do not see why in the Company's Medical service alone, the higher appointments

should always go by seniority. It is not so in the Queen's Medical Department, or in the Company's military and civil services, and it certainly has not always been so in Madras. In the three first, the more responsible appointments are bestowed, on a mixed system of seniority and of selection, and inefficient men are often passed over. We know of nothing in favour of the present system in the Medical Department, but the argument, "*ad misericordiam*," a charitable unwillingness to pass by men, who have the claims of lengthened service. Fortunate indeed must that department be considered, if it alone, of all the public services, can command an eternal youth of talent!

Assuredly the present footing of things is not such as to do the Service any credit, and without some change there seems to be no chance of securing active or efficient men for the higher appointments of the Service.

Besides bettering the condition of the full surgeons, two or three other modes of accelerating promotion have been suggested, and any of them would act beneficially if they could be brought into operation.

The first of these plans is to give additional annuities. Before this can be done, it must be ascertained that the Fund can afford to give them, or, if it cannot, that the Service is prepared to make up the funds necessary to provide for other ones, and the sanction of the Court of Directors would be required. It has, indeed, been proposed to make up a separate Fund to give additional annuities independently of those sanctioned by the Court of Directors, but any such attempt would be injudicious, and would, in all probability, end in failure. We can see no objection to a fair representation of the state of the case being made to the Court; the pressing necessities of the Service might be urged, the bad effects which have already resulted, in the present state of things having driven so many young surgeons to retire, who will long remain a burden both to the Fund and to the India House, that it would be no great stretch on the part of the Court to extend their liberality to allowing a seventh or an eighth one, especially now, when the annuities are taken up by men of a good many years' service, and who will not, therefore, be so long on their Pension List; they might perhaps also be reminded that in their letter of 25th April 1829, they sanctioned as large a number as 12 annuities, though since then they have only agreed to 6 being given

that according to the scale they have laid down for Bombay, our service, if only of the strength of 316, would be entitled to 6 annuities, but being of the strength of 359, and more numerous than at the date of the Court's letter, we may almost count ourselves entitled to 7. It seems not improbable that the Court might now sanction one, if not two, additional annuities, and if the Fund could not afford to give them, the Service would spend their money better in raising additional Funds for their support, than on Bonuses.

Another mode of accelerating promotion would be to have the number of superintending surgeons increased. We have seen that, according to the proportion of Madras, Bengal instead of having only 14 superintending surgeons and members of the Board, should have 21. We fear, however, that in these days of retrenchment, there is no chance of any representation on this head being listened to, nor can any increase, but of an additional superintending surgeon for Pegu, be hoped for.

Granting a class of staff surgeons, would be a less expensive, and quite as useful a measure. The superintending surgeons might be much more efficient with such additional aid.

Another mode of accelerating promotion, which has been discussed in the Up-country newspapers, and which formed the basis of a very judicious memorial recently submitted by a member of the Bengal Medical Service to the Court, is, the shortening the period of service of superintending surgeons and Members of the Medical Board, to 5 years and 3 years respectively. The chief difficulty in this scheme is how to provide for the superintending surgeon after his first tour of duty is over, and while he is waiting for the Board. He has no regiment and its off-reckonings to fall back on like a brigadier.

This measure, the principle of which has the analogy of the Military Service in its favor, would not at first produce any very sudden effect, but in the end would be highly beneficial.

It is notorious to the juniors of the Service that their seniors will neither die nor retire, thereby inflicting an injustice which the juniors very reasonably resent, and for which they mulct them, by exacting very high subscriptions to the Retiring Fund. We believe that it is a fact, that within the last 15 years only one Member of the Medical Board or of the body of superintending surgeons has died in India, and the superintending surgeon, now only third from the Board, and who possibly may not enter it for $4\frac{1}{2}$ years,

was officiating superintending surgeon 10 years ago. As illustrative of their tenacity of life, we may quote from Dr. Harding's curious Statistics of the Madras Medical Service the proportion of deaths in the different grades, from 1786 to 1840 inclusive. During that time the proportion who have died has been about—

1 in $3\frac{1}{6}$ as Assistant Surgeon.
 1 in 8 as Surgeon.
 1 in $53\frac{3}{4}$ as Superintending Surgeon.
 1 in $186\frac{1}{3}$ as Member Medical Board.

We believe there is no one who does not consider it desirable that the Members of the Medical Board should be younger than they are, nor need they think it a bad compliment to be told, that if they are efficient now, they would have been more so 10 years ago. The rate of pensions laid down by the Court of Directors would scarcely contemplate any one remaining more than 35 years with 3 years' furlough in their service, and would seem to show, that they do not consider a longer stay beneficial to the public interest, as that is the extreme limit of time for which they give an increased pension: yet the very last Member of the Bengal Medical Board retired at the end of 45 years' service, or 8 beyond that limit.

In Madras the rate of promotion, according to Dr. Harding's Tables, has been very different. The average period of service of superintending surgeons has been 3 years, and of Members of the Medical Board 2 years: this is what we want in Bengal.

As the measure of shortening the period of incumbency would entail no additional expense on the Company, and would subject the present incumbents to but a very small hardship, we hope that it will meet with due consideration from the Court. But everything depends on this and other matters being properly represented by persons on the spot, and it is greatly to be regretted that the Service has taken no measures to have its wishes made known or its feelings represented in the discussion on the renewal of the charter.

There are various topics connected with the position of the Medical Services on which we could enlarge, had we space for it. One grievance has been removed. The Service has been admitted to the Honors of the Bath along with its brethren in arms. Though we individually do not attach much value to this concession, and though we think that it is only civil C. B.-ships that can be appropriately bestowed on a corps of

essentially *non combatants*, still the Service has been pleased with the recognition of its claims; we only wish it had been of a more practical nature, and not like the revival of the obsolete titles of Physician General, Surgeon General and Senior Surgeon, giving us empty titles, instead of substantial benefits.

If the Court would do anything to improve the condition of the surgeons, we should less regret what has now become the almost total exclusion of medical officers from political employment, for which they are surely as well-fitted, as the other members of the Military Service.

Besides this exclusion, the Medical Service has another grievance of which it has good reason to complain. Of course in purely Military matters, the Surgeon must always yield to his Commanding Officer, whatever his rank may be, but in mixed committees, as in common examinations for the colloquial, the idea of a senior surgeon ranking, as he is made to do, under a young interpreter, is quite preposterous. The rank of superintending surgeons and of Members of the Board, is also not sufficiently defined. Fortunately these things are matters of minor importance, and though they are, sometimes, a little galling on duty, a medical officer has usually himself to thank for it, if his proper position in society is not conceded to him.

We have recently heard that another question, which we thought had long ago been settled in the case of Mr. Spilsbury, so well known to the service as a gentleman and scholar,—has been again re-opened, the right of assistant surgeons in civil stations to expect fees from civilians. Lord W. Bentinck, decided in that case, that a civilian was bound to pay, not for attendance on himself, but for attendance on his family. We can scarcely suppose that any member of so well-paid a Service as the civil, can have the shabbiness to endeavour to re-open the question, unless under circumstances of great provocation. The matter should, however, if possible, be definitely set at rest.

A grievance much felt is this, that the Medical Officer of a regiment or of a civil station, when he goes away for a few months on sick certificate, forfeits all Staff pay, and is reduced to his mere Military allowances, while other regimental and Civil Officers continue to draw a moiety of their Staff pay; a civil surgeon also cannot be absent from his station for more than six months on any account, without incurring the risk of losing it.

Another point, which is a matter of detail, may be alluded to here. It is well known that nothing is so important to a young medical man, studying the diseases of India for the first time, as to be attached for some years to an European regiment, whether Queen's or Company's. The Company's regiments have always 2 assistant surgeons attached to them—but the pay is so small, that a man must sacrifice his pecuniary interest to his love of his profession, if he continues long attached to an European regiment, and accordingly he never remains for any length of time with it, if he can help it. It is, therefore, highly desirable that the pay of assistant surgeons with the European regiments should be raised to such rate, as to make it worth their while to remain attached to them for some years, and we hear with regret that a memorial on the subject submitted to the Court, has, on the usual score of economy, been received with a deaf ear. By an extension of this system a supply of assistant surgeons could always be kept doing duty with regiments, and ready for any sudden emergencies like the Sikh campaigns.

A recent order regarding staff allowances of officers holding Artillery charges has been a source of much hardship and inconvenience, but the rule is so very injudicious a one, that it only seems to require a fair representation of the case to have it changed.

But above all, it is necessary that the Medical Board should hold a position of greater importance in the eye of Government,—that it should be able to expect its recommendations, on matters concerning the public health, or the interests of the profession, to be treated with respect—that it should not be afraid to express its opinion from a fear of its being considered distasteful to the authorities, and from the dread of receiving from Head Quarters what is vulgarly called a wiggling. It should be consulted by Government about the distribution of valuable appointments, instead of being only asked, as it now is, with some very rare exceptions, to recommend officers, for appointments that are not sought after. We think that, even constituted as it is, the Board might, with a little firmness, assume for itself a higher position; if consisting of younger men, this would be still more practicable.

The condition of the Queen's Medical Service in India, hardly falls within the scope of the present article, and indeed we feel scarcely qualified to say much concerning it. We may, however, remark, that the inspectors general, (though their position is anomalous, and their powers are very limited,)

are very handsomely paid at the different Presidencies; that the surgeon of a regiment is better off than any man in it, except the colonel in command; whereas the assistant surgeon has little to induce him to come to India,—no staff appointments being open to him, save one or two charges of convalescent depôts, or the charge of a wing of his regiment, if he happens to be the senior assistant present with it, when it is broken up into wings. They also may be surgeons to the Commanders-in-Chief, and one is now surgeon, contrary to all precedent, to the Governor of Bombay.

We have thus cursorily glanced at a good many of the subjects that we believe are at present of most interest to the Medical Service in Bengal; we trust that we have expressed the opinion of the great majority, on most subjects, though probably differing from them on the question of Military honors.

To sum up, the great wants of the Medical Service are—first, that the rank of Superintending Surgeon and of the Medical Board should be attainable at an earlier period than at present; second, that there should be some appointments of higher value, and with more important duties, assigned to the full Surgeons.

The first can be supplied by adopting a mixed system of seniority and of selection, by shortening the period of service of Superintending Surgeons, and by increasing the number of annuities given by the fund.

The latter can be best remedied by instituting, also on the mixed principle of seniority and selection, a higher and higher paid grade of Surgeons of the nature of Staff Surgeons, and by its being understood, that no one, once passed over for the Staff Surgeoncy, should be afterwards eligible to the higher grades of the Service.

We are aware that we have not entered into any subject minutely, or discussed it fully, but we hope that we have done enough to awaken attention; that the Service will bestir itself, satisfy itself what its real wants are, and ask for them temperately. We can see well, why, in private practice and in cities at home, it may be difficult for medical men with so many conflicting interests to act in union, but this should not be the case with a Service, where our common interests are eventually the same. We should be up and doing, and no longer allow it to be the reproach against us, that we can never act as a united body, not even for the attainment of reforms which will render us at once more independent in private, and more efficient and vigorous as a service.

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