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THE PRESENT STATE
OF THE
ARMY MEDICAL SERVICE

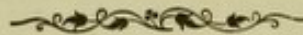
AS A

Life Career for the Surgeon,

BY

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HAVING for some time past received numerous letters of complaint from former pupils, now serving in the Medical Department of the British Army in almost every quarter of the world, and having been most strenuously urged to dissuade young men from entering the Army, owing to the bad prospect it at present holds out to them, and being deeply impressed with the responsibility which devolves on those who have charge of education in giving advice on a subject of such vital importance, I determined, before adopting so serious a course, to inquire for myself into the nature of these alleged grievances, whether they were real or sentimental ; and having thus, at some trouble, collected a large amount of information and facts, bearing on the question, I have arranged them in the following pages, in the hope that the publicity thus given to what appears to me just and well-founded cause of complaint, may have some effect in procuring redress.

EDWARD HAMILTON.



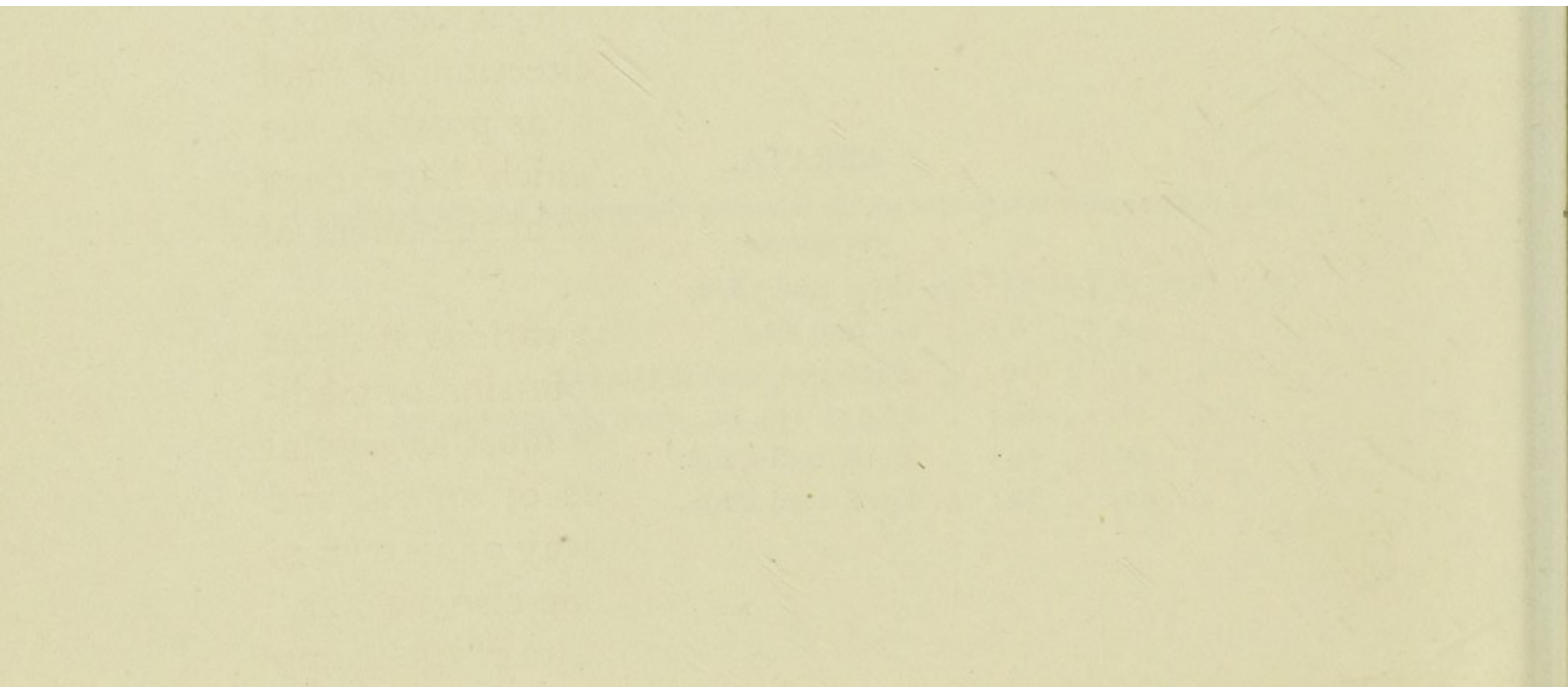
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ERRATA.

Since this pamphlet was printed off, the following changes have become necessary in the figures :

- Page 36, line 23 : for 1873, read 1870.
„ 40, „ 8 : „ 1s., read £1.
„ 41, „ 29 : „ £406,000, read £350,127.
„ 42, „ 18 : „ £7,936 17s. 6d., read £7,436 17s. 6d.
„ 42, „ 19 : „ £318, read £298.
„ 42, „ 22 : „ £318, read £298.



THE ARMY MEDICAL SERVICE

AS

The Life Career of the Young Surgeon.



To the young practitioner who has just closed his probation as a student, and who has obtained the legal qualifications which entitle him to enter for the race of life, it becomes a question of no small importance, in what direction he shall start, so as to reap, with as little loss of time as possible, the fruits of the *labour, anxiety, and expense* which have been bestowed by himself and his guardians on the acquirement of the arduous profession which he has adopted.

It is not our object to discuss in detail the various systems and methods, by which the practice of the profession of medicine may be cultivated, so as to lead to the most successful pecuniary results; inasmuch as, in the words of an old and very distinguished surgeon, "everyone has a way of his own of getting on, and when he tries the way of anyone else, he fails," but simply to direct attention to the present state of the Army Medical Service, as the life career of the young surgeon.

Having had to deal with a very large number of students, we may state with some authority that by far the greatest inducement which has been hitherto offered by the Army Medical Service, and by which some of the best educated and most intelligent of our junior brethren have been attracted to it, was the fact that, at the very outset of his start in life, the army surgeon was placed in a position of emolument, and occupied, owing to his regimental connections, a social rank which it must take the civil practitioner years of patient industry, unswerving integrity, and the most frugal self-denial, to attain; and who but they who have themselves travelled the weary path, can realize the toilsome, rugged, and chequered

ascent which leads to success in civil practice. Once, however he has reached a position which may be considered equal to that of his military rival, there can be no doubt that the field which expands before the civil practitioner is infinitely more extended, and in the bright sunshine of hope gleams far more richly with the golden harvest of prosperity. If these two great incentives—advanced social status, and early acquired pecuniary competency—be removed from it, the Army Medical Service cannot compete in ultimate results with any grade of civil practice, and there must of necessity be a diminution in the number of those who seek admission to its ranks ; or else the supply must be maintained by the employment of men of inferior stamp, who are conscious that they possess not moral, mental, or professional qualifications, which would lead them to hope for success as civil practitioners.

We have the unanimous verdict of Army Medical Officers, declaring that both these inducements have been removed—*social status*, by the abolition of the regimental system ; and *pecuniary competency*, by the slow rate of promotion from the junior ranks, and the universal reduction in the purchasing power of money which has diminished the value of all fixed stipends.

By the breaking up of the regimental system, the medical service of the army has been deprived of its greatest attraction, the status of the medical officer materially damaged, and the prestige of the medical profession essentially lowered. Let us consider how far the change, thus injurious to the medical officer, is calculated to operate on the army itself.

It seems to be put forward as an accepted fact, by the advocates of unification, so called, that the Regimental Hospital System is inefficient and extravagant. We submit that it is neither the one nor the other. Again : they urge that in war time it must at once cease ; while many who have had large experience of active service are confident that at no time does a corps more need the constant care and attention of its own medical officer than during war.

Nor is opinion unanimous amongst the heads of the Army Medical Department in favour of the scheme ; but much divided. To say, also, that the “ most eminent ” uphold it (as

has been said so frequently through the medium of the public press), is to assume for its known advocates a position which we are sure they would not wish to claim at the expense of their brother officers.

We venture to put forth the assertion that the Regimental Hospital System is peculiarly suited to the British Army; nay more, that during a great part of its service no other is even possible.

Let us very briefly review the British Army, and the duties performed by it.

We observe it to be a very small force, and that it is scattered over vast territories, very remote, and very often in small independent units—*i.e.*, regiments or detachments. That its units must be of at least moderate size, seems to us inseparable from such a force, so widely scattered; and further needful because the peculiar system required to make good soldiers could not be easily applied to large units of any army. If an officer commands a large unit, he is not a Lieutenant-Colonel, but a Brigadier, and the duties of these officers are dissimilar. The Lieutenant-Colonel minutely watches over the soldier in every portion of his career—his training and education, both physical and moral—and all this to a degree little known to civilians. We are assured that the very existence of the army depends upon the anxious and careful application of this system to every soldier who enlists. It is obvious that the unit must at least be of moderate size, to which any one man, though aided by his staff, could apply a system so carefully minute in its details, so discriminating in its rewards and punishments; and, above all, in only a moderate body of men, could that *esprit de corps*—the life and soul of an army—be fostered.

Nor can we easily believe that those who really have knowledge will ever advocate the destruction—recently threatened—of a system that has produced regiments which, though alone and far from aid, have in the evil day of trial held firm to the old faith in their colours.

Who can recall without pride, that the 39th Regiment was alone at Plassy; the 22nd, at Meanee; and that some seven hundred miles of territory were watched over by the 10th Re-

giment for weeks, during the Indian Mutiny ; that, outnumbered ten-fold, British regiments have singly maintained England's honor.

It is, however, not within our province to discuss military organization at any length, more than to show the advantages of a system of which the medical officers form an integral part. We are assured that almost all combatant officers are strongly in favour of the preservation of the idea of the separate existence of regiments, as individual, self-existing, and, as far as possible, self-supporting units of the army. It seems admitted that such a corps can most rapidly and easily perform the duties devolving upon it, either when brigaded with other corps, or when suddenly called upon to act alone.

Such a body should have all its departments within itself ; and on what grounds it should want its medical department, we cannot see. The medical officers of regiments hitherto were an inseparable part of their corps ; they entered into its wants, they watched over its welfare, and were identified with its interests ; they became acquainted with the constitutions of its members, and thereby filled the place, much valued in civil life, of the family medical adviser. Again, they kept down malingering, as their knowledge of the men increased. By constant care and attention they assisted the commanding officer in preserving the corps from many evils, and maintaining it in a state of efficiency. When these duties were conscientiously performed, the medical officer fully shared the honors and social consideration of the corps. We are assured by many army surgeons that the cry, often raised, of the ill-feeling of combatant to medical officers is groundless ; that, on the contrary, a gentleman is certain of consideration and kindness in a regiment. Many gratifying proofs of this have come to our knowledge, and many lasting friendships have been gained to the medical officer by service in the army.

Against the Regimental Hospital System a serious charge has been brought—that it completely prevented the medical officer from performing the duty he owes to the service generally, and from giving his assistance where it is most needed. We have sought in vain for evidence of this. In the Crimea,

and in the Indian Mutiny, regimental as well as staff medical officers have been made available for duty with corps more suffering than their own. It is urged, that at the general hospitals, such as Scutari, there were far too few surgeons. So there were, doubtless; but that there were too many with the colours, every report that has ever reached us completely disproves; nay, we feel certain that there were far too few. We know that after the numerous actions of that war, the surgeons, though worked to a degree painful to recall, were totally unable to cope with the overpowering load of misery created.

The Indian Mutiny does not furnish any argument in favour of the withdrawal of medical men from their regiments. Whether those regiments were engaged before Delhi or Lucknow, or moving in rapid pursuit of the enemy, exposed to a fierce heat, suffering every privation, and liable to meet death at every turn, surely as an instance of war time, there was exceeding need that each corps should enjoy the unremitting care of its own surgeons.

We consider the Indian Mutiny instructive in another way. All that has been recently written about the unification scheme, seems to put forward the idea that all wars will be exactly like the Franco-Prussian war of 1870. We have read descriptions of an advancing army, with the sick and wounded passing rapidly to the rear by ambulance and rail. Here was war, too, and war that concerns England to prepare for. Were these operations of the unification scheme possible? Beset by countless foes, the handfuls of troops had to maintain themselves, and could not part from their sick and wounded, lest at any time they should fall into the hands of a remorseless enemy. Here is an instance of war—did the regimental system “at once cease”? We think not.

Other recent experience has not in any way vitiated the correctness of the statement advanced by all unbiassed military medical men, that a regimental system, modified during time of war to suit the exigencies of field service, shorn of all equipment impediments, and supplemented by the establishment of general hospitals, can do all that is required. What stronger testimony can be given than the following extract

from the Medical Report of the Abyssinian expedition, which we read in the army medical blue book.

The talented medical chief on the occasion, and present principal medical officer in Bengal, wrote after the termination of that expedition, that "The regimental hospital system, which is so much in favour in our service, was maintained in all its efficiency, the other arrangements for the sick on the general hospital plan being considered subsidiary to it. . . . In reviewing our experience of the arrangements made for the sick and wounded in the field, it is satisfactory to be able to state, that by the regimental, field, and supplementary depot hospitals established, sufficient provision was made for the care of every soldier and camp-follower who fell sick on the long line of country travelled over by the expedition; and, notwithstanding the scarcity of transport, which from the first formed our greatest difficulty, no instance, I believe, occurred of deficiency of medical stores or comforts, even as far as Magdala itself, a distance of four hundred miles from the coast."

What stronger testimony can be brought forward in favour of the system we advocate, or of its popularity in the service? We have read with interest the literature of the late war in Africa, and we find in the medical journals that in this expedition the regimental medical officers accompanied their regiments into action, and that by a similar establishment of field and general hospitals in the rear, the sick were equally well attended to. Foreign armies, with unlimited supplies of recruits to fall back upon to recruit the ranks, can afford to send to the rear and far from their regiments, their slightly wounded and sick. To carry out such a system with the already too much attenuated British battalions, would mean in a short time nothing less than to leave their colours defenceless. The great Jackson had a profound knowledge of war and military life; he appears to write truly when he advocates the treatment of all slight ailments in the regimental field hospital, except on those rare occasions when all such have to be abandoned and transferred to the general hospitals in the rear.

In time of peace, it is urged that unification is also

necessary, because the Surgeon-General of a district now experiences opposition when he desires to remove surgeons from a comparatively healthy corps to one suffering severely. This opposition would not cease merely because the officer withdrawn was only "attached." A commanding officer will always protest if he thinks his corps is neglected in any way. Again, does the mere fact of a small sick list observed by an authority however "eminent," perhaps two hundred miles off, justify the removal from a regiment of one of its medical officers. We think not. We submit a case. In 186—an epidemic of cholera passed over the Punjab; there was great loss of life, and several regiments had to go into cholera camps. A certain regiment had not a single case, and the sick list was remarkably low. Two medical officers were with this corps, yet the principal medical officer did not remove one; and he was right. Himself an old regimental surgeon of long experience, he judged that the freedom from disease was no proof that the corps needed less care, at a time when surrounded by cholera it remained untouched, through the means of that very sanitary care and supervision which a less experienced man would have unwisely diminished, and probably with disastrous result.

Let us examine the general hospital system, as opposed to the regimental, in the ordinary routine service at home. Under the new system, all the smaller station sick establishments are to be dignified by the very unappropriate title of "field hospitals"—the idea appearing to be that they should be subsidiary to general hospitals at the larger stations of the district, which would be some miles distant. To this last would be sent all cases requiring medical treatment of more than a day's duration—an absolute necessity when no system of hospital dietary and cookery exists at the smaller medical establishments, where only barrack rations and "extras" are allowed.

We submit that such a system is fatal to the best interests of the sick soldier, and to the acquirement of professional knowledge upon the part of many of the medical officers, during that portion of their career when impressions are most vivid and learning more easily retained.

In the first place, the soldier will suffer; for in very many

instances he will be treated in field hospitals (owing to the nature of his disease not permitting of removal), upon ill-cooked, unsuitable, and not easily assimilated barrack rations, of inferior quality as compared with those supplied on hospital contract. Rations that will admit of no variety whatever, and can only be supplemented by the administration of a mixture of port wine, brandy, beef tea, and arrowroot, termed "extras," which, under such circumstances, must naturally replace more suitable food. A system of treating the sick by means of "extras" would thus be extensively re-introduced into the service—a system which Jackson and many other military medical writers assure us has been the "bane of the army," and the source of endless expense, peculation, and insubordination in army hospitals.

Another, and equally important, objection to this new system, would be the enormous increase in the charges for incidental travelling expenses, for the conveyance of the sick and their guides to general hospitals, and in epistolatory correspondence. An example will suffice to show this conclusively.

Sick soldier A, or batch of sick soldiers A, B, C, sent from field hospital X, to general hospital Y, ten miles distant, would require guides, cabs or ambulances, and railway routes, all of which represent loss of money. Treat them regimentally in the hospital in the corner of their barrack square, and these wants immediately vanish ; the sick soldier being at the same time put to no greater inconvenience than that of having to walk from his barrack-room to his hospital, a few paces distant. We may agree with the eloquent Jackson, when he writes: "*Medical and surgical assistance is of most value when it is most promptly applied.*"

Thus, the patient under the new system is to be removed from the care of a medical man on the spot, who has abundant time to treat him, who is willing and anxious to do so, and who, having witnessed the onset of the attack, has most knowledge of the case. This suggests a new idea to the profession, and to sick persons too : avoid the nearest doctor, and make a journey to some more distant, the moment you are seized with illness, however acute it may be.

A rumour has reached us that new hospitals are to be

erected. We commend such a proposal to the attention of our economic Members of Parliament. Excellent accommodation exists for the sick of the army, much superior to that enjoyed by civilians. Is public money to be asked in the interest of a mere experiment? But it is said the old hospitals are to be converted into married quarters. We again ask: Is it intended to increase the already excessive number of women and children that encumber every regiment in the service? We thought that enlistment for short periods was designed to remove, amongst other evils, that of an excessive number of non-effectives on the strength of a marching regiment—an evil that entails enormous cost to the country, and takes from the efficiency of the corps.

If we look abroad, we see grave cause to condemn the new proposal. Take India, with its enormous cantonments—the bungalows of one corps widely separated from those of another. At present, at the end of each corps' lines, is its hospital; and the moment disease is discovered, treatment follows, and life is not put in peril by delay. Under the new system, the general hospital, to be equi-distant from all the corps in a cantonment, must be at a greater distance from any, than their own hospitals now are. Well; sudden illness is very common in India, and immediate treatment must be practised, or life is lost. Also on sanitary grounds, instant removal of the sick from the healthy is needed. An obstacle to this being done would assuredly be created by placing the hospital at too great a distance. Moreover, risk to the patient, and risk to his comrades, would result from increasing the distance to be traversed in, suppose, the hot season. Fancy a case of heat apoplexy being so conveyed.

We doubt, however, that the Indian government will easily grant any more money for experiments; the enormous sums spent of late years by the barrack department is not a satisfactory recollection to the Indian financier. From all these considerations, we judge that the regimental hospital system is most efficient; that it is exceedingly well suited to the wants and destination of the British Army, capable of immediate mobilization, and of being united into large hospital establishments in a state of war, if necessary. It is also suited

to the needs of regiments when, as so frequently is the case, they are alone.

As to the charge of the regimental system being more expensive to maintain, this is mere assertion, unsupported by facts. On the contrary, we learn that the most rigid economy is being now practised, and that only the minimum number of orderlies is allowed ; whereas, in order to carry out the new system, a large outlay must be entailed for travelling expenses, and the erection of new buildings to receive the sick from out stations, as we have shown ; a portion of which expenditure would amply provide for the much needed promotion in the department.

A specious argument has been put forward in support of the supposed need to put an end to the regimental system. It is that by this means only can the home and foreign service be equalized to every officer.

Let us see how much this is worth. True, the regimental surgeon is five years at home with his regiment, while the staff are only two or two and a-half ; but the staff officer has five years abroad at most, while the regimental has ten, and may have more, should his regiment be low down on the roster.

Several officers who have earned home service by the longer period abroad in regiments, are now placed on the staff roster, and will thus be deprived of what they are fairly entitled to. The real cause of the short term of home service, most justly complained of by those on the staff, was, and is, and we fear shall be, the retention for several years of favourites in the staff appointments at home which should be equally shared by all, and held only for a limited period.

Many instances could be easily furnished ; but we forbear to do so. We desire that it may be fully understood that we attack no individual, but a system—one which we honestly believe will entail serious evils. It is perhaps true that certain regiments, as suppose of cavalry, are prizes. Well ; this may be so, and we certainly are not sorry to know that there are a few prizes that the medical officer may obtain—for a prizeless service is a worthless service. Yet even a cavalry regiment is, after all, but a very little prize indeed, when the large

cost of living therein is taken into account. A medical officer of cavalry enjoys only about two-thirds of his pay at home, if so much. Against these that the regimental surgeons may obtain, must be placed the home appointments, which should be thrown open to all the staff medical officers; so that those latter cannot be said to be without some prizes, poor though they be, if things were as they should be.

We accord our unqualified condemnation of this so called unification. In the name of common sense, we ask, are fully qualified medical men to be degraded, while in so called charge of a regiment for five years, to the position of mere hospital dressers? Will it foster a love of their profession to be for such a period deprived of all practice, except the most trivial? We condemn the system, too, in the interests of the soldiers, who will be removed from the care of those who knew their constitutions, as also from the advantage of those frequent visits from their own officers, so highly valued by the sick soldier, which, under the new system, must be interrupted.

With regard to the cry that has reached us of responsibility without power, we are assured by the well-informed that the reasonable authority of a medical officer is most fully supported in a regiment; and that nothing is less desired by regimental surgeons than to add to their already sufficient responsibilities that of commanding the Army Hospital Corps. To confer even the appearance of command on officers who have had no training to fit them for it, would simply make them ridiculous.

It seems to us that if the country cannot be congratulated upon having a numerous army, because of desertions, it may, at least, claim the possession of a number of armies; for such is the thirst for military command among certain persons, that if the army itself must still be left to the combatants, the plan adopted to secure the coveted delight is to create a little army within the greater, and call it a department. We see this spirit in full force in the unification scheme.

We need not dwell on the manifest injustice, almost amounting to confiscation of property, which the recent change of system has inflicted on so many of the medical officers at

present serving in the army, more especially as regards loss of money paid for exchanges, as the Marquis of Lansdowne's letter only secures those who recently exchanged under "authoritative sanction"—(this restriction, contrasted with the extraordinary liberality extended to combatants in the matter of the over-regulation money, seems most harsh)—alterations in uniform, loss from sale of horses, contributions paid to mess, band, or library, without benefit.

In addition to the loss of money out of pocket, the medical officer is subjected to the most intolerable inconvenience, almost amounting to persecution, by the unceasing change of station. He is no sooner settled in one place than he has, at a moment's notice, to undergo the harassing worry of being sent somewhere else; he is subjected to difficulty and delay in obtaining quarters; he is called upon to discharge frivolous duties, which should be undertaken by junior officers, but from which almost no length of service will now exempt him: duties have been imposed upon him which do not strictly accord with the sympathies of an educated gentleman.

Growing out of these grievances, we have a wide-spread and deeply-rooted feeling of discontent, dissatisfaction, and unhappiness; and when, by those who have the charge of medical education in any department, enquiry is made of army surgeons as to the state of the service and the prospects which it holds out to the young practitioner, we are warned to avoid it as a plague spot—as by far the most wearing, cheerless, and unprofitable position in which the lot of the practitioner can be cast.

A change which has developed feelings such as these should not be persisted in, if the health and vigour of the Army Medical Service is to be maintained. If the unification system be required in time of actual warfare, let it be adopted then. At such a time, no murmur of discontent has ever been heard from the medical officer; no matter how arduous his duties, they have always been cheerfully and faithfully discharged. The written history of our armies has ever testified to the chivalrous zeal, the undaunted bravery, and the patient endurance of the medical officers of the British army—men of whom their professional brethren are justly proud, and for

whom they would now seek the redress of those grievances and disappointments which so bitterly oppress them.

The maintenance of our forces in the highest state of health and efficiency has of late years, in accordance with the progress of sanitary science, attracted the anxious attention of those invested with administrative responsibilities; and the history of the Crimean and other wars shows the danger of lapsing into self-complacent security, in the intervals of peaceful routine. That this condition of health and vigour can best be obtained by the harmonious and cheerful working in concert of the several individuals to whom such concern is entrusted, from the highest grade of administrative rank, to the very orderly, whose duties may appear a machine-like movement, seems a self-evident proposition. Mere routine service, and the perfunctory discharge of duties in a dissatisfied and disappointed spirit, are a bad substitute for that chivalrous zeal which results from real love of professional work, and the security that real work will meet with substantial recognition; that compacts, actual or implied, will not be broken; that promises will not be evaded, or, like an *ignis fatuus*, lead those who trusted to them into the swamp of disappointment, if not the slough of despair.

It appears to us that the pecuniary importance of an effective medical system has scarcely been realized. We believe the British Army numbers some 200,000 men at home and abroad, the greater moiety on foreign service. Each trained and fully equipped soldier in the ranks at home costs £109; abroad (including his passage money), on an average £140. Let us suppose for a moment that by an inefficient medical system—indifference upon the part of medical officers and unsuitable treatment—the invaliding is only increased in a ratio of *one per thousand* per annum, we lose immediately two hundred men, who have to be replaced by two hundred recruits now with such difficulty obtained—a loss of £52,700 per annum, a fourth of the entire cost of the medical department.

The following short calculation will show this at a glance :

100 invalids at home, at £109 each	...	£10,900
„ from abroad, at £140 each	...	14,000
Passage out of 100 men to replace casualties, and passage home of 100 invalids, taking the passage money at an average of £30 each soldier	... ..	6,000
200 recruits in the ranks to replace men invalidated at home and abroad, at £109 each	... ..	21,800
		<hr/>
Total	...	£52,700

We think these figures conclusively point out the vast importance to the public of an efficient, highly-educated, and *contented* medical department, of the value of selecting officers to administer its affairs in accordance with its declared public opinion, without the support of which no scheme can succeed, and of the great advantages which would accrue to all if our military medical brethren were treated with justice and liberality.

That compacts have been broken, the following comparison between present and former Warrants will conclusively show.

The Royal Warrant, 1st October, 1858 (granted upon the report of a Royal Commission, presided over by the late Mr. Sidney Herbert, and after mature and prolonged deliberation), gave to the members of the profession the important privilege that their relative rank should carry with it "*all the precedence and advantages attaching to the rank with which it corresponded*" (except the presidency of courts martial).

The Royal Warrant of the 31st March, 1873, broke through the letter and spirit of this in very many important particulars. In the first place, a staff medical officer attached to a regiment for the very limited period of five years, joined junior of his rank. If removed to another, at the expiration of this term, he would be again junior; by which means his relative rank became useless to him, as far as the choice of quarters was concerned. The case was different when he was gazetted to a regiment, for in time he would become senior in his rank regimentally, and thus gain all its privileges.

The privilege of drawing forage, when ranking as a field officer, was also withdrawn as a right, whereby the status of the Surgeon-Major was immediately lowered, and an allowance carrying with it a certain amount of *prestige*, and looked upon as a portion of the regular pay, was withheld—a direct wrong, only since partially mitigated in its effects, as we shall see hereafter when treating of Lord Lansdowne's letter. It is allowed on all sides, that in the field and on the march a surgeon, whose more arduous duties commence at the termination of the latter, is powerless for good when not a mounted officer. If he were such, and able to ride, the recent ridiculous *exposure* in Parliament would not have occurred, nor the *amour propre* of the members of the department be so impertinently attacked.

Pay, according to length of service, was taken away from the junior officers, and only restored after much angry discussion, and after much ill-feeling had arisen, which we fear will not be soon allayed.

The ages of fifty-five and sixty-five years, fixed for retirement, were no longer compulsory—a most important omission. There being no longer a limit to service, the hope of promotion necessarily vanished in a corresponding degree; and a loophole for private interest immediately crept in, whereby a regulation, evidently made for the *public good*, might be evaded.

Selection was largely introduced, instead of the principle of seniority, as the road to promotion—a loophole for all kinds of jobbery, and a regulation universally objected to.

An Assistant Surgeon was no longer required to serve with a regiment, as a qualification for promotion; and thus the only sphere where he had a chance of learning the routine duties of his profession, the habits of soldiers, and the customs of the service, and that quiet and gentlemanly bearing and sense of discipline which regimental associations invariably brought with them, taken away, as well as an attraction which to our certain knowledge, as we have already hinted, drew many highly talented and in every way eligible recruits into the service, who now shun it and try their fortunes elsewhere.

Instead of being "Gazetted," medical officers are merely attached to regiments—a most invidious position, and one tending again to further lower the status and position of the

surgeon, and make him still further discontented with his very anomalous position.

He is no longer entitled to wear the uniform of his corps, and is obliged to contribute to the support of a regiment in the councils of which he is now only allowed to enter on sufferance.

Although one of the regimental entertainers, he is only included in invitations sent to his regiment by implication ; if he accepts any of these, he may at any moment be accosted as an intruder—a position, it appears to us, no officer should be put in.

While it was of the last importance that, for the benefit of all, his relations with his regiment should be of the most intimate kind, he is placed in a position where he can be scarcely human if he any longer takes any interest in it. We submit that such regulations as these showed a great want of knowledge of the ways of mankind and ordinary prudence.

We are aware that a regimental surgeon who "hits it off" with his commanding and brother officers occupied a most enviable position. He had a pleasant home, a charge in which he had many opportunities of doing much good, and also one where he could exercise his professional knowledge to the best advantage. He, in addition, made personal friendships of infinite value in his future career, and by whose support he might regard with unconcern any partial attack which might be made by others. We are assured that military interest is all powerful in the army, and that without it the most painstaking and talented officer can never hope to rise in his profession, except after a long and weary struggle. This being the case, it appears to us the proper policy to draw closely together the ties which bind the two branches of the service with each other ; any attempt at separation must be injurious to both, and tend to raise up a rivalry, which it is notorious has been the cause of much ill-will in other sections of the military machine. The physician should be the trusted friend of all, the rival of none.

Another objectionable sequence of the Royal Warrant of 1873, was the re-imposition of the charge of hospital stores and equipment upon the medical officers, without any corres-

ponding equivalent in the shape of special pay to make up for prospective losses. The Warrant of 1858 released military Surgeons from this onerous charge ; a change, in the words of the late Mr. Sidney Herbert, "*indispensably necessary for the efficiency of the medical officers, in order to enable them to devote more time to the higher duties of their profession.*" We are assured that the charge of stores is incompatible with that freedom of action absolutely essential to the due performance of military medical work, and that free mobility advanced as one of the chief advantages of the unification scheme, as may be seen at a glance. Under recent regulations, when A is ordered to a station, his arrival has to be notified to control officer B, who cannot possibly arrive until next day, when the handing over proceeds in his presence. At its termination, D, the late surgeon, is free to depart. Such a proceeding as this necessarily entails delay, meaning waste of time and money—the last in the shape of travelling and detention allowances.

Under the new regulations, a medical officer upon arrival at a station, to the temporary charge of which he may be appointed, has to take over, as we have already said, the stores and hospital equipment, in the presence of a control officer—the several articles being carefully counted over. Under the old system, these remained in charge of the purveying sergeant, the deputy of the Commissary of Hospitals, the medical officer only indenting for his daily wants. It must be manifest to the most superficial observer, that the latter custom was the common sense one, and that the other must hamper the surgeon considerably, and make him more anxious about the chances of prospective personal losses from deficiency in his equipment and stores, than about the condition of his patients. It appears to us a gross anomaly to place a specially and expensively educated officer in a position so foreign to that of his profession, and another of the many "penny wise and pound foolish" propositions of the late regulations.

SLOW PROMOTION.

Let us now consider some of the effects of the present slow rate of promotion, which seems almost at a dead-lock.

It is a fact beyond contradiction that there are at present some twenty-five Assistant Surgeons (now styled Surgeons by those who would give a shadow for the substance—an empty title in lieu of solid advantages), having completed over fifteen years' service, who are still unpromoted to the rank of Surgeon (now Surgeon-Major); whereas, if we look to the rate of promotion which existed when these gentlemen determined to cast in their fortunes and risk their whole life prospects in the Army Medical Service, we find that in common justice their hopes of advancement should, ere this, have been realized.

Thus in 1859 service in the junior rank was about 7 years

„	1860	„	„	„	„	8	„
„	1862	„	„	„	„	9	„
„	1864	„	„	„	„	10	„
„	1866	„	„	„	„	12	„

If we examine the current "Army List," we find that (with only five exceptions) the two hundred senior officers of the Army Medical Department were promoted under twelve years service; we find that the average service of the forty-six administrative (inspectorial) officers in the junior rank was under ten and a-half years; whilst the average service of the one hundred and fifty-four senior executive officers was only eight nine-twelfth years.

During the decade 1855-64, there were about two hundred and forty Medical Officers promoted to the rank of Surgeon, the average service of whom did not exceed nine years. Is it unreasonable for the officers who joined the service during that decade to have asked, and still to ask, for promotion at twelve years' service. *At present there are seventy-eight officers of over twelve years' service, still unpromoted.*

In this matter of retarded promotion, over four hundred medical officers are deeply interested, not merely as regards the honorary reward of meritorious service, but simply in the matter of pecuniary remuneration for work done; inasmuch as, previous to the Warrant of 1858, a medical officer above seven and under ten years' service, drew 13s. per diem (*because he was promoted*), and at ten years' service he drew 15s. per diem,

which is exactly the amount men of the same service *now* draw ; while it is an admitted fact that the purchasing value of money has fallen immensely, and the medical officer at 15s. a-day ten years ago, was much better paid than the same officer at that rate in the present time ; while the standard of educational qualifications is being raised every day, and the cost of obtaining them increasing.

In addition to the matter of status and pay, the stagnation of promotion causes another admitted grievance, in the vexatious and harassing duties imposed on officers, from which their standing in the service should long since have exempted them.

Ten years ago, a medical officer of fifteen years' service had six hundred and forty juniors, by whom the mere routine duties were discharged, and from which they, in turn, were relieved by timely promotion. Now there are but four hundred and fifty ; whereby he is much more frequently the junior officer of a command, and more liable to be called on to discharge such duties.

Ten years ago, a medical officer of fifteen years' standing had not only been on the pay and allowance of a full surgeon, with all the privileges and advantages attached to the rank of a field officer, for seven or eight years ; but he also had more than twice the chance (*cæteris paribus*) of reaching the inspectorial ranks than men of the same service now have ; for the number of men between him and the rank of Deputy Inspector (Surgeon) General was less than, two hundred, whilst now the medical officer of fifteen years' service has upwards of four hundred—besides being unpromoted in several instances.

The answer to any appeal *for more rapid promotion* may be, "*Financially impossible.*" It is well, therefore, to examine the matter with a view to determining the cost. At first sight, it certainly would appear that £50,000 or £60,000 would scarcely be sufficient to cover the additional outlay necessary. If, however, the data on which the calculation is made, be correct, it would seem that, far from such a sum being required, a matter of about £2,500 per annum, extended over ten or

eleven years, would suffice, and in order to explain this the accompanying tables, A, B, and C, have been constructed.

The outlay would certainly, during the next five years, be very considerable ; but that outlay must be balanced against the saving effected in the following six years.

It must be admitted that the promotion of all men of twelve years' service on the first April next, would require an additional vote of £3,148, for the year 1875-6, above that needed if only men above fifteen years' service are promoted. A vote which in the following year would increase, and in 1877-8 would reach nearly £7,000. But in 1880-81 no additional vote would be required. On the contrary, for that year and the five following, a total sum of £11,042 will be required, if the fifteen year system is continued, above what would be required under the twelve year system.

Thus, although the twelve year system would require an outlay of £20,438 during the next five years, to carry it out, it would in the following six save £11,042 ; the difference, or £9,306, being the actual additional expense required during the eleven years—an average of £846 per annum :

TABLE A.

Gives the number of Surgeons-Major serving each year, who will have been promoted from the existing Surgeons, in consequence of having completed twelve years' service on the 1st April, of each year.

Years.	Probable number to be promoted from 1st April.	Number of Surgeons-Major promoted after 12 years' service.			Total number of Surgeons-Major drawing increased pay, in consequence of being promoted at 12 years' service.
		Promoted in second previous year.	Promoted in previous year.	Promoted in current year.	
1875	94	—	—	94	94
1876	56	—	91	56	147
1877	70	88	54	70	212
1878	32	52	68	32	152
1879	31	66	31	31	128
1880	60	30	30	60	120
1881	13	29	58	13	100
1882	—	56	13	—	69
1883	24	12	—	24	36
1884	17	—	23	17	40
1885	—	22	17	—	39

Column 2 is obtained by reducing the number at present existing in the Army List, at the rate of 3 per cent. per annum, to correct for casualties. As an average it is rather low. Fractions are omitted in favour of the public.

Column 3 gives the survivors of those promoted the year before last.

Column 4 gives the survivors of those promoted last year.

Column 5 gives the promotions of the current year.

Column 6 is the sum of three previous columns, and gives the number of officers receiving promotion pay during the current year. It is manifest that the pay of all these officers amounts to *more* than the increased expenditure, the result of the twelve year system, by the sum payable to officers promoted during the same year, on any other system.

TABLE B.

Gives the number of Surgeons-Major serving each year, who will have been promoted from the existing Surgeons, in consequence of having completed fifteen years' service on 1st April of each year.

1	2	3	4	5	6
Year.	Probable number to be promoted 1st April.	Number of Surgeons-Major promoted after 15 years' service.			Total number of Surgeons-Major on promotion pay in consequence of having been promoted at 15 years' service.
		Promoted in second previous year.	Promoted previous year.	Promoted in current year.	
1875	25	—	—	25	25
1876	27	—	24	27	51
1877	10	23	26	10	59
1878	28	25	10	28	63
1879	51	9	27	51	87
1880	63	26	49	63	138
1881	29	47	61	29	137
1882	28	59	28	28	115
1883	53	27	27	53	107
1884	11	26	51	11	88
1885	0	50	11	—	61

For explanation of columns, see explanation of Table A. It will be perceived that the fifteen year system defers the promotion of the large batches for three years more than the twelve year system. The natural depletion of the Surgeons-Major

list is postponed thus three years on this system. A natural depletion will obviously occur sooner or later, in consequence of the very reduced number admitted to the service since October, 1868. On the twelve year system this depletion will commence in 1881.

TABLE C.

Compares the results of the twelve year system, with those of the fifteen year system, as to the number on promotion pay during the next 11 years.

Year.	Number on Prom. pay, 12 yrs. system.	Number on Prom. pay, 15 yrs. system.	Difference.		Annual Cost of Difference.	
			Excess due to 12 yrs. system.	Excess due to 15 yrs. system.		
1875-76	94	25	69	—	£ 3,148	£ 20,438
76-77	147	51	96	—	4,380	
77-78	212	59	113	—	6,980	
78-79	152	63	89	—	4,060	
79-80	128	87	41	—	1,870	
1880-81	120	138	—	18	821	£ 11,042
81-82	100	137	—	37	1,688	
82-83	69	115	—	46	2,099	
83-84	36	107	—	71	3,240	
84-85	40	88	—	48	2,190	
85-86	39	61	—	22	1,004	
Excess due to 12 years } system in 11 years }					9,306	

Column 2 is column 6 of Table A. Column 3 is column 6 of Table B.

Example from above : In 1878-79, on the twelve year system, there would be 212 Surgeons-Major receiving pay in consequence of the establishment of that system ; but on the present system there would be 59. The difference (113) represents the number of officers drawing promotion pay in excess of present system. The difference of pay is 2s. 6d. per diem. Their cost, therefore, would be £6,980 for the year, above the cost of promotions on the present system.

Example 2: In 1883-4, on twelve year system, there would be 36 such officers, whilst on the fifteen year system there will be 107. There will therefore be 71 officers more to pay than on the twelve year system, or £3,240.

The result is the twelve years system costs an additional £20,438 during next five years above the fifteen year system; but during the following six years, the fifteen year system costs £11,042 more than the twelve year system.

To this sum of £846 we must add the value on the difference between the allowances, etc., of the junior and senior ranks. Assuming this to be as high as 5s. per diem, we should add £1,692, or $£846 \times 2$ (£846 representing 2s. 6d. per diem), making a total of £2,538.

The case therefore stands thus: For an annual average outlay of £2,538, extending over eleven years, the government may remove one of the most substantial grievances of the army medical officers—a grievance affecting at present some hundreds of them—a grievance acknowledged by all to be well grounded, and one the existence of which is not only injurious to the individual, but also to the service and the state. For £2,538 per annum, for a limited number of years, the country can undoubtedly add most materially to the efficiency of the Army Medical Service, removing a universally admitted cause of grave discontent.

PAY.

We desire by means of the following comparison to refute the statement so often made, that the medical officers are the best paid of any persons serving in the army.

For the information of those who may not be familiar with what is called relative rank, it is needful to explain that in the following tables the military ranks from Major-General downwards are taken as a standard, and the officers included within each grade are placed together. We begin with the fourth grade of general officers, this being the highest grade to which any medical officer can attain..

It is difficult to discover what the total income of a Major-General is while in command, as it is made up of numerous items, and its amount varies according to the command en-

joyed. We believe that we are not over-stating it when we put it at an average of £1,200 a-year: £1,000 to £1,350 may be added to this officer's income by his appointment to the Colonelcy of a regiment.

With regard to the various staff officers, who are named in the succeeding tables, it must be remembered that their income unites within it two great items: (1) The pay of their rank in the army as Colonels, Lieutenant-Colonels, Majors or Captains. (2) The salary affixed to the office they hold, as those of Adjutant-General, &c.

RANK OF MAJOR-GENERAL.

		Total Income.	
Major-General, pay	... £1,200 0 0	}	£2,550 0 0
If Colonel of Cavalry add	... 1,350 0 0		
or			
If Colonel of Infantry add	... 1,000 0 0		2,200 0 0
Colonel Commandant, Royal Horse Artillery,	... ..		1,082 0 0
Deputy Adjutant-General to the Forces :			
If a Major-General, pay	... 692 19 7	}	1,892 19 7
Add pay of office	... 1,200 0 0		
An Adjutant-General, not at head quarters,	... ..		1,107 3 4
A Controller,	... ..		1,095 0 0
Surgeon-General of 35 years' service,	... ..		912 10 0

BRIGADIER GENERAL.

Brigadier-General. We cannot ascertain this. It would be according to the Brigade he enjoyed.

Colonel Commandant Royal Engineers,		1,486 0 0
Deputy Adjutant-Gen. Royal Engineers, at Horse Guards,		1,984 0 0

				Total Income.			
Colonel's pay and London extra pay,	945	0	2	}	1,945	0	2
Income of office,	1,000	0	0				
Colonel Commandant Royal Horse Artillery,					1,082	0	0
Surgeon-General, under three years' service,					730	0	0

COLONEL

Colonel of Royal Engineers, lowest scale,					710	4	7
A Deputy Adjutant-General, not at Horse Guards or at Dublin,					657	0	0
A Deputy Controller,					730	0	0
A Deputy Surgeon-General, if of thirty years' service,					638	15	0
If of less service, only					584	0	0

LIEUTENANT COLONEL.

An Assistant Adjutant-General (not at head-quarters): If even an Infantry Major,					552	0	9
Deputy Controller (maximum), Surgeon - Major (maximum), and must have not less than twenty years' service,					529	0	0
					492	15	0

RANK OF MAJOR.

Deputy Assistant Adjutant-General at Horse Guards,	450	0	0	}	661	7	9
Add. pay of Infantry Captain,	211	7	9				
Staff Veterinary Surgeon, (maximum),					419	15	0
Surgeon-Major under twenty years' service (maximum),					365	0	0

Total Income.

RANK OF CAPTAIN.

Brigade-Major, pay of, say only an Infantry Captain, 1 Is. 7d. per day, and 9s. 6d. pay of office,		383	5	0
Deputy Paymaster of Control, Royal Engineers, Captain, ...	255 10 0 to	301	2	6
If added rank by Brevet, ...		355	15	0
Royal Horse Artillery, Captain		289	14	7
Do. with Brevet rank,		326	4	7
Surgeon (of six years' service),		228	2	6
Do. (ten to fifteen years do.),		273	15	0

LIEUTENANT.

Adjutant of Cavalry,		209	17	6
Veterinary Surgeon,		182	10	0
Surgeon, under six years' service,		182	10	0

Where comparison is instituted between the pay of the combatant and the medical officers, the most suitable selection seems to us to be the scientific corps, the Royal Engineers. If the warrant of this corps be consulted, it will be found that, exclusive of India, the officers receive nearly double pay abroad; while a medical officer can be called upon to meet all the dangers and trials of a West Indian epidemic on English pay.

The following table is constructed to show the total sum paid during twenty-five years to a medical officer, if promoted after fifteen years' service, which many are not as yet :

		£	s.	d.	=	£	s.	d.
Surgeon	five years at	182	10	0		912	10	0
Do.	five years at	228	2	6		1,140	12	6
Do.	five years at	273	15	0		1,368	15	0
Surgeon-Major	five years at	365	0	0		1,825	0	0
Do.	five years at	438	0	0		2,190	0	0
						<hr/>		
						£7,436	17	6

We are sure that in reducing this paltry sum to £7,000, to

cover subscriptions to mess and band, cost of uniforms, money out of pocket through frequent moves, etc., we greatly understate the real loss. Divide £7,000 by 25, and £280 is the result ; and this is the average income paid to a doubly qualified professional officer, during so lengthened a period as twenty-five years.

Again, in contrasting the position of the medical and combatant officer, we should not lose sight of the great number of remunerative posts which the service has in reserve for the latter, as may be seen by the following table :

TABLE FROM ARMY ESTIMATES.

Some of the rewards open to 5,585 combatant officers at home and in colonies, exclusive of India, in the shape of special appointments :

Number of appointments.	Total value.
5 Brigadier Generals,	£2,600
1 Private Secretary to Commander-in-Chief, ...	300
1 Adjutant General,	2,000
1 Quarter-Master General,	1,500
1 Military Secretary,	1,800
1 Assistant Military Secretary,	600
1 Assistant Military Secretary for Indian affairs,	600
1 Inspector-General of Reserve Forces, ...	1,000
1 Deputy-Inspector of Reserve Forces, ...	600
1 Inspector-General of Recruiting,	1,000
19 Colonels on the Staff,	4,483
5 Deputy-Adjutants and Quartermaster Generals,	2,032
26 Assistant-Adjutants & Quartermaster Generals,	6,760
14 Deputy Assistant Adjutants, and 2 Quarter- master Generals,	2,424
8 Assistant Military Secretaries,	1,384
7 Commandants,	821
21 Brigade Majors,	3,893
6 Aides-de-Camp to the Queen,	1,141
40 Aides-de-Camp,	6,923
1 Staff Captain,	248
6 Town Majors,	954
9 Town and Fort Adjutants,	695

14	Appointments in School of Gunnery,	...	£1,412
16	Appointments, Instructors in Engineering,	...	7,200
9	Officers School of Musketry,	...	2,560
6	Officers in Clothing Establishments,	...	3,200
2	Officers in Manufacturing Departments,	...	1,339
2	Officers in Royal Laboratory,	...	1,355
3	Officers in Small Arms Manufactory,	...	2,105
1	Officer, Bermingham Small Arms Factory,	...	570
2	Officers employed at Waltham Abbey,	...	1,376
4	Officers employed in Artillery Instruction,	...	441
2	Officers employed in Military Education	...	1,500
2	Officers, Governor and Deputy, Woolwich,	...	1,500
14	Officers at Sandhurst,	...	1,900
6	At the Staff College,	...	5,655
18	Garrison Instructors,	...	3,800
2	Officers at Military Asylum,	...	483
2	At the Hibernian School,	...	488
150	Rewards for distinguished service,	...	15,000
1	Lieutenant-Governor Tower of London,	...	768
1	Deputy-Lieutenant,	...	386
1	Tower Major,	...	300
155	Colonelcies of regiments to general officers,	...	160,000
4	Officers, for higher instruction to Artillery officers,	...	1,147
288	Volunteer Adjutants,	...	53,100
32	Yeomanry Adjutants,	...	5,800
66	Brigade Depot Adjutants,	...	2,376
166	Militia Adjutancies,	...	49,800
122	Additional pay to regimental commanding officers,	...	26,890
200	Additional pay to Musketry Instructors,	...	6,364
4	Additional pay to Gymnastic Instructors,	...	1,565
3	Superintending Officers of Recruiting,	...	1,000
<hr/>			<hr/>
1,354			£350,127

Excluding the brigade commands, and other rich prizes in India, the numerous lucrative appointments in the staff corps, engineering department, there is open to the ambition of the 5,585 officers serving in the United Kingdom and the

Colonies, exclusive of India, a minimum of 1,354 appointments, of the aggregate value, in round numbers, of £350,127. No such appointments are open to military surgeons. A dozen half-pay appointments of small value are all they have to look forward to. While 305 distinguished service rewards (Colonelcies of regiments and good service pensions), of the aggregate value of £175,000 are distributed among the combatant officers, a proportion of 1 in 39, only eight good service pensions, of the aggregate value of £800! are distributed among the medical officers—a proportion of 1 in 193.

There are 850 combatant officers on full and half pay, decorated.

There are only 34 medical officers; who, in addition, are not eligible for the post of Colonial Governors, Field Marshal, Peerage, etc.

INDIA.

The disadvantage the British Medical Service labours under in India is, perhaps, greater even than at home. In India the pay and allowances of a Major-General commanding but one division, amounts to £4,000 a-year; the Surgeon-General for all India has but £3,000. The pay of the latter is special, and ought to be; but it is to his great disadvantage. To the combatant officer an enormous number of appointments are open, while the medical officer is almost restricted to the very meagre pay of his substantive rank. The difference between the pay of the Indian and British Medical Services has always seemed to us unjust, when the far greater value of the work done by the latter is considered, which should, in our opinion, outweigh all other considerations. The care of white troops in India involves a responsibility that few charges can approach.

Yet it often happens that officers of the British service and the Indian may be found in one station; the former, in attendance upon European troops, a position of grave moment and anxiety, the latter in charge of black troops; the former only paid 331 rupees per month; the latter, 450 rupees, a sum to which his harder worked brother of the British forces will not attain until he has ten years' service. This great dif-

ference seems the more extraordinary, when viewed in the light of the fact, that when the inspecting ranks are reached, the rate of pay is the same in each service.

Before closing the subject of pay, we desire to add that, according to the famous Robert Jackson, the total income in 1793 of the junior rank of the medical service was the same as at present, *i.e.*, 10s. per diem.

LEAVE IN HOT CLIMATES.

Any comparison of the position of combatant and medical officers would be incomplete unless the subject of leave of absence be treated of. In all tropical climates leave during the hot season is readily given to the former. In India the approach of the fierce hot season is the signal for the departure of half the officers of a corps for the hills; and on their return the second half are free to enjoy the same most necessary indulgence. Turn to the case of the hard worked and most anxiously employed medical officer, and we find that to obtain leave is a matter of extreme difficulty, so long as he can continue at duty. The need, or supposed need, to work the department during peace with as few officers as possible, contributes to this difficulty; but we assuredly do think it a grave consideration when the high death rate among medical officers is remembered. It should dispose the authorities to deal liberally in the matters of pay and early retirement.

FREQUENT MOVES.

There is perhaps no part of the new system more worthy of emphatic condemnation than the ceaseless moves to which our unfortunate medical brethren are subjected. What the object of these moves may be we are at a loss to understand. The Warrant came out on the 1st of April, and is strongly suggestive of the practical joke so common on that day, to furnish a victim with a letter to some person at a distance, who, on opening the same, found himself enjoined to "send the fool further," which he accordingly did very willingly.

A mysterious reply is usually furnished by the official oracle to all objectors—"the exigencies of the service demand

it." But for our part we must confess to a feeling of doubt in the infallibility of said oracle, when we hear of medical men moving about like commercial travellers. We supposed our profession to be one demanding thought, care, deliberation, and study for its proper exercise. How, we ask, are those to exist, when the medical officer is hurried from one station to another, at the shortest notice? This evil, existing largely before, has increased ten-fold since the promulgation of the Warrant. We feel it a duty to expose this pernicious and cruel practice, by giving a few instances taken at random.

At a certain place, the average number of days during which the junior medical officer was allowed to remain, has for the past five years averaged 49.

A medical officer was recently changed four times in five months.

We could crowd our pages with instances; but we will give a few examples from India:

(1) An assistant surgeon, now dead, was moved eight times in six months.

(2) Another, also dead, spent almost all his period of service in India moving about, and was sent long journeys in the hot season.

(3) A certain post, formerly a two years' appointment, was in a few months in charge of no less than six Assistant Surgeons in succession.

(4) In the cold season of 186— a detachment of foot was ordered to march by road from N to T, a distance of 145 miles, about a twelve days' march, to relieve a detachment there, ordered on relief to march to N. A medical officer was required, of course. There were three at N, and the sick list was low. One of the three at N was doubtless detailed for this duty, who marched up with one detachment, and returned with the other by a natural and easy arrangement, it will be said. We shall see. Assistant Surgeon K was in charge at R, 280 miles from N, the starting point of the detachment. He was pitched upon as the best person to send; but ere he could leave his station to join his new appointment, he must be relieved; so Assistant Surgeon S was directed to travel 70 miles by road

from B, his station, and take over charge at R. There was a difficulty, however, in conducting this brilliant arrangement. Assistant Surgeon K was in the division of another general; but he had formerly belonged to the division in which N was situated. It is the rule that one Major-General should not interfere with the command of another. This very proper rule was infringed, and we shall see with how much evil effect to surgeon K.

The Deputy Surgeon-General of the division in which N was included, had influence enough with his general, and an order was sent into the adjoining division, and Surgeon K was removed, unknown to his own general. He made the journey to N, to find that the detachment had started; nevertheless he was sent after it by camel dāk, and on overtaking it found an assistant surgeon in charge, whom he relieved, and thus became the third medical officer who had had charge of this one detachment of one hundred men. Well, he marched to D with this detachment; but on his arrival, he found that the general out of whose command he had been improperly removed had telegraphed for him in every direction, as he was required for special duty at the head-quarters of the very division out of which he had been so irregularly and improperly taken. A journey of no less than 531 miles now had to be undertaken, only 230 of which could be accomplished by rail, and twelve days' march was to be included. Surgeon K had already performed two long marches and made some long journeys by dāk since October.

Thus, to supply this one detachment, no less than four medical officers were disturbed; nor is this all, for, owing to the utter uncertainty as to whether the medical officer is to remain three hours or three years in any one place, he has to drag about all his baggage with him, or run the risk of losing it. This entailed heavy cost upon him, for the travelling allowances are in India cut down to a miserable quota, and the officer is always out of pocket.

Another most unjust regulation or custom is that which obliges the medical officers to advance travelling expenses, and subject themselves to control "liberality" for settlement. It

is hardly fair that meagrely paid officers should have to find £10 or £15 to meet their travelling charges, at a time, too, when they require all their finances to meet their trades people's bills on departure from a station.

To the numerous representations of these grievances, an answer was at last vouchsafed by Mr. Cardwell. On the 3rd November, 1873, the memorable letter signed by the Marquis of Lansdowne was made public. We give it in full, as otherwise we should be unable to show how utterly valueless it is in every detail as a remedy for the grievances it is designed to redress :

War Office, 3rd November, 1873.

SIR,

I am directed by Mr. Secretary Cardwell to acknowledge the receipt of your letter of June 21st last, in which you renew the representations regarding the operation of the recent Warrant for the medical department of the Army, which were fully laid before him by you, on behalf of a deputation from the British Medical Association, on the 13th of the same month, and which had previously been brought to his notice by the Director General, Army Medical Department.

Mr. Cardwell regrets that while the advantages which have been conferred upon the Army Medical Service by the general scope of the arrangements in connection with the Warrant appear to be fully recognised, yet there are some points not altogether acceptable to the officers of the service ; and he is anxious that no reasonable ground of dissatisfaction should exist, nor any which he can remove, consistently with the general scope of the new arrangements ; and he has therefore recommended, and Her Majesty has been graciously pleased to restore to the Warrant, the provision which gives to the Surgeon 17s. 6d. a-day, after fifteen years' service ; but this, he directs me to say, must necessarily be accompanied by a modification of the arrangements by which he proposed to make special promotions, from time to time, to secure in practice the same end. Her Majesty has also been graciously pleased to allow those officers who drew forage in virtue of their rank before March, 1873, to continue to draw it for the number of horses they were formerly allowed, in accordance with the regulations then in force.

The Warrants for pay of allowances for medical officers have hitherto granted forage allowances, according to the relative rank of the officer with the combatant officers of the army ; but a change has recently been made by which, in some cases, combatant officers will only receive the allowance when necessarily mounted for the performance of their duties.

Mr. Cardwell regards the Warrant of March 1st as sound in principle in these respects ; but he has felt himself justified in recommending to Her Majesty the concession of which you have now been informed, to those already in the enjoyment of the advantage conferred by the old regulation. With reference to the representations as to the relative rank of officers attached to regiments, it should be borne in mind that the tenure of office by regimental field officers appointed since October 30th, 1870, will be for five years, though with the power of re-appointment ; and that, therefore, when

they are not re-appointed, the medical officer, if a Surgeon-Major, will probably rank above at least one field officer during the time he serves with the regiment.

I am to add, that Mr. Cardwell has under his consideration measures by which he trusts that the compulsory removal of officers from the regiments at home in which they are now serving will not be necessary until they are actually required for foreign service—which, it is believed, will in many cases not occur for three years from the date of the Warrant; and that when exceptional removal is necessary for the interests of the public service, he is willing to consider whether some compensation may be given for expenses incurred with due authority on exchange.

The exceptional number of removals which are now taking place, are to a great extent caused by the increase to the staff surgeons on the Indian establishment, which has necessitated the withdrawal from their regiments of officers who have obtained some of the numerous promotions lately made; and it has also been necessary to bring home and replace from that country a large number of ex-Assistant Surgeons of regiments, who have completed their tour of five years service' in that country. Officers appointed to brigade depots will, as a rule, hold their appointments for three years.

I enclose a copy of the Warrant of March 1st, as it has now been amended.

I have the honor to be, Sir,

Your obedient servant,

(Signed),

LANSDOWNE.

This letter first speaks of the advantages conferred upon the Army Medical Department by the general scope of the "arrangements in connection with the Warrant," and states that these advantages have been "fully recognised." We have compared the Warrants of 1858 and '73, and are quite unable to discover a single advantage; nor has a single proof of appreciation of the scope of the Warrant come to our knowledge. The restoration of the 17s. 6d. rate of pay after fifteen years' service is next announced; but trammelled by the intimation that this "must necessarily be accompanied by a modification of the arrangements," etc., etc. The omission from the March, 1873, Warrant of the 17s. 6d. per day rate given by a former Warrant, seems to us a most unworthy act, and a distinct breach of faith. Its restoration does not call for any gratitude; nor can any arrangements whatever depend upon it.

In the next paragraph Mr. Cardwell restores forage to those who drew it prior to March, 1873. The fact that every officer who took service under the 1858 Warrant is entitled to draw forage as an appanage of his rank, on attaining that of a field officer, is quietly ignored, so that all those now awaiting pro-

motion will then be practically deprived of a most needful allowance ; for the forage clause of the 1873 Warrant leaves the medical officer to the mercy of the Control. The next paragraph sets forth as an excuse for this deprivation of the medical officers, that certain combatant officers have suffered a similar withdrawal. This defence amounts to the following : A has two persons in his employ—B and C. By B he is prosecuted for a breach of contract ; and the defence he furnishes is, that he has treated C in the same way. This is a new mode of traversing an action, which we commend to the attention of legal students.

Some facts have reached us which will serve to show how the new regulation will in future be interpreted by the Control Department. In Cavalry, $8\frac{1}{2}$ d. per day for each horse is paid for forage by all officers. Every officer, except the medical, has an allowance in money to meet this.

The clause regarding relative rank, in no way removes the serious grievance that deprives the medical officer of the power of determining his relative rank by his own seniority in the army, instead of in the regiment he may come to be attached to ; the effect of this being, that no matter how senior in the army the medical officer attached to a regiment may be, by that fact he loses his seniority, and must content himself with inferior quarters, etc.

We shall now give careful attention to the succeeding clauses which deal with the gigantic grievance, *i.e.*, the removal of some two hundred and thirty medical officers from their regiments. This measure was long threatened and long dreaded. The Warrant of 1873 appeared in March. There was a short pause ; but on 1st April the *Army List* appeared, and some two hundred and thirty officers found that they had lost their homes—that the sums invested in mess and band subscriptions, for uniforms, horses, and equipments, were utterly lost to them.

It is impossible for us to exaggerate the bitter feelings of disappointment and disgust that this measure has caused. All that these unfortunate officers highly valued—a home, friends, associations—was taken away. The large sums in-

vested, of which we have spoken, were at one swoop confiscated.

How does the Marquis's Letter deal with this matter as to compensation? Only those who recently gave money to exchange, will, perhaps, be considered; and this only in the event of "exceptional removal," whatever that means. The attempt to connect the withdrawal of officers from their regiments, with the promotions, is altogether futile. An officer promoted always hitherto reverted to the staff; but there were always plenty of officers to fill his place, and they are no less at present.

Again, to say that this wholesale removal was in any way due to the need to bring home the Ex-Assistant Surgeons of regiments, who have completed their tour of five years in India, is to suppose as a necessity a difficulty created by the Warrant. We ask at once, why necessary? Who made these officers staff medical officers, and so placed them under this five years rule? Why these are the very persons who complain that they have most unjustly lost their regiments! The "necessity" was created by the authorities themselves, in open violation of the Director General's promise that the changes contemplated would not, if approved, affect existing interests, *vide* Letter of 1873.

Now, have existing interests been respected? We confidently answer, No; and further feel bound to declare, that a clearer instance of breach of faith has never come under our notice. The regimental system was an inseparable condition of the Army Medical Service, for the existence of which the officers were in no way answerable; their gazette to regiments was the deliberate act of high authority; the expenses incurred for mess and band subscriptions, new uniforms, horses, and other appointments, were not optional but compulsory; and these were undertaken by the officers on the good faith, never before violated, that that for which they incurred cost would not be withdrawn.

If we consider the manner in which the measure was carried out, we are simply astonished at what was done. Formerly, when once gazetted to a regiment, a surgeon was not removed, except at his own request or for promotion. Here is an in-

stance of men gazetted to regiments, allowed to incur every expense, and then, in some cases after only a few months, their appointments destroyed by a wholesale measure of confiscation.

The sheet anchor of Her Majesty's service was security. As the trustee views the Three per Cents., so he that took service under the Crown viewed that honourable service. True, said he, the pay is small, the time is long, the service is arduous, the pension distant ; but, he argued, all promises are guaranteed by the ancient honor, by the world-famed integrity, of the government of Great Britain. He wanted no other guarantee than the Royal Warrant ; for he felt that he rested securely on the word of his Sovereign. To all this, we appeal on behalf of our professional brethren, and hope that we shall not do so in vain. But, on the other hand, if these great grievances are not redressed, what reply are we to give to any young professional brother who may put to us such an enquiry as this :

The medical officers in the army have been deliberately deprived of many things which were promised by Royal Warrant as a portion of the reward for which they consented to serve. Do you think me wise in embarking in a service for twenty-five long years, involving danger to health and life (the death rate of medical officers being three to one of combatants), in the face of the breaches of trust committed against those too long in the service to right themselves by resignation ? Do you think that the advances of pay promised to each rank will be really given as time passes, and I become senior : 2s. 6d. a day was recently taken away, do you think such a measure may be repeated ? Do you think that my pay may be maintained at a low rate by simply leaving me unpromoted, while to my duties are added a charge of stores ? Do you think that the pension promised will be really paid me when the weary time has at length passed ; or can subsequent Warrants be promulgated that will make the service not that which I now propose to enter ? If something is not done very different indeed from the proposals of the Letter, how, we ask, are we to answer such enquiries ?

We have now viewed the present position of the Army Med-

ical Service, and it remains for us to speak of its future, and to offer a few suggestions in aid of those measures which we earnestly hope are contemplated by the Secretary of State, and which will restore the service to its former status. If a new Warrant be contemplated, and we hope so, we feel that nothing will redound so much to the credit of its framers, as clearness of expression. Let honesty of intention pervade every clause: whatever is given, be it small or large, let it be stated in black and white. When forage is treated of, the allowance should appear in hard figures: so also fuel, light, quarters, allowances in lieu thereof, and every privilege the medical officer is to enjoy. Unless we are able to find in the new Warrant absolutely everything that concerns the army surgeon we shall not feel confidence that he will ever receive them.

It may be urged that this would be a degree of exactness unprecedented. We answer, not unprecedented by any means. We go to the War Office Regulations themselves for a precedent, and we find a powerful one. For upon one point these Regulations speak with a critical exactness—an unmistakable clearness—that leaves nothing to be desired; we allude to “stoppages,” when imposed by the Regulations. We would address the framer of the expected Warrant, and say, in stating the emoluments, allowances, and privileges of the medical officer, imitate this clearness, and further attempted clearness will be as needless as it would be impossible to attain.

Instead of such vague expressions as that “medical officers shall receive forage for such number of horses as are necessarily kept by them for duty,” interpreted in such a way as to exclude Cavalry and Horse Artillery medical officers, who must by order keep horses, and which they must also purchase, we should like to read some such clause as the following:

Medical Officers shall be allowed for horses according to this scale:

	Artillery and Cavalry.		Infantry.	
Surgeons-Major,	—	Horses	—	Horses, or — s. per day.
Surgeons,	—	”	—	” — ”

And so on.

It should be also clearly stated when, and under what cir-

cumstances they shall draw forage. In almost all cases the forage itself is more desirable than the money in lieu thereof. In a similarly honest manner we should like to see all other privileges set down ; so that, having his Warrant at hand, no medical officer shall ever be in doubt as to what he can claim, and the present wearisome searches through volumes of army circulars be needless.

The memorable letter of the late Director-General, No. $\frac{20.270}{18}$, 17th August, 1870, promulgated before the Warrant of 1873, promised respect for vested interests as follows : " The scheme for re-organising the department will not, if approved, affect any regimental officer, or alter his position in his corps, for at least five years." We earnestly and most respectfully submit that all the gentlemen who were then so suddenly removed from their regiments be re-gazetted, should they desire it, and so the good faith of the guarantee referred to be upheld. We have said " all " advisedly, because some have been compensated by being placed in charge of, or attached for five years to, regiments ; and others have received staff appointments. The bitter feelings of the remainder cannot be exaggerated. Surely to foster or prolong this can neither be just nor politic.

Placed as are army medical officers without any legitimate objects of ambition to aspire to, and only a few mediocre prizes to gain, they naturally come to regard the question of an early and adequate retirement as of the very last importance. The feeling on this branch of our subject is universal and decided. After twenty years in the army, two-thirds of which is, as a rule, tropical, the military surgeon is a comparatively aged man, and *ennuie* of the monotonous and unvaried routine of military life. His family and expenses have increased ; movement from one station to another entails an expense he can scarcely bear, and at the same time keep up the appearance of a gentleman. Under present circumstances, he can only claim the miserable pittance of 12s. 6d. per diem.

In considering this question of the retirement of our army medical brethren, it cannot be too often reiterated that while they are studying their profession, combatant officers who can

enter so much earlier, are drawing pay and allowances, and counting their youthful service towards promotion and retirement. When comparing the two positions, it is then only simple justice to add on to the surgeon's service that minimum period of studentship which must be undergone at his own expense, as a necessary qualification to competing for a commission in the army. We feel assured that nothing short of a voluntary retirement of 18s. 6d. per diem, and of 1s. per diem upon medical certificate, after twenty years' service, will be considered as satisfactory upon the part of the medical profession. The survey of a medical board would be an ample security that those unfit to serve were granted the higher rate of pension, which after all can be scarcely looked upon as more than a pittance.

Another argument in favour of an early retirement is this: Medical officers of the army are utterly excluded from the higher rewards of their profession outside the service. After twenty-five years' service in every clime, it is far too late to begin a competition for public favor, and its consequent honors. Now if it be remembered that the initiatory appointments are not few, which, though wanting capital, the young medical man can make the stepping stone to a large practice, a prosperous home, and perhaps, in time, the presidency of his college and even higher honors, no such view can the army surgeon take of his appointment; for not until twenty-five years have passed, can he obtain the mere subsistence of 18s. 10½d. per diem, on which he, perhaps worn and prematurely old, in bad health—the legacy of evil climates, or campaigns—has to subsist, and make provision for his wife and children.

Now we submit that an earlier retirement is the only cure for these evils. We advocate it because a reasonable prospect of entering upon a professional career, ere too late, would promote more diligent study of the medical knowledge by the officer while serving, and the service would benefit by putting an end to the cry that good men won't enter it. We even hope that a fifteen years' scheme may be considered. Early retirement is the best cure for stagnation: experience shows this. Very recently a large sum was devoted to induce early

retirements from the Royal Artillery, and with success and benefit.

We do not feel ourselves qualified to give any exact statement as to what should be the provisions of a Royal Warrant; we only desire, in our concluding remarks, to indicate the direction in which the changes so much needed should lead. We have, we submit, shown clearly at what great disadvantage the medical department is placed in regard of pay and allowances, when these are contrasted with the emoluments of other officers. We have exhibited the Control Department as enjoying superior pay to the Medical in several instances; and this, too, in presence of the fact that a portion of control duties have been imposed upon scientific professional officers, without charge-pay to cover prospective losses.

We see that the young medical man, having completed a long course of professional study, possessed of two diplomas, must on entry into the service, still prolong his studies at Netley, at a cost to him of some £30, as he only gets 5s. per day while there. In contrast to this, we point to the combatant officers, whose professional education is so liberally assisted. The scale of pay, 10s. a-day, at length enjoyed, is much spoken of as a marvel of liberality. Be it remembered that a veterinary surgeon gets the same, and without the £30 fine; also that in 1793, the junior rank of the Medical Department enjoyed 10s. per diem pay and allowances. We have pointed out that the 5,500 combatant officers of the army, excluding those in India, have open to them more than 1,300 appointments, extra regimental, of the aggregate value of some £406,000, besides the grand prizes of Field Marshal, General Officers, Governorships of Colonies, nay, even the Peerage itself.

Now, although, as is obvious, the government can give none of these rewards to medical officers, for the simple reason that no such exalted rank can suitably find employment in the medical service, we submit that there yet remains a course open to government. A proper spirit of professional ambition ought to be fostered; and it is therefore not wise to exclude them by too prolonged a period of service from the higher rewards of their own profession.

We earnestly hope that every effort will be made to overcome the financial difficulties that stand in the way of liberal early retirement. We venture to hope that even fifteen years may not be impossible. To the great majority of medical officers the inspecting ranks are practically closed. Surely, then, £220, after twenty years' service, and only about £347 (being seven-tenths of 27s. per day), are very inadequate sums for such long periods.

Under the terms of the Commutation of Pensions' Act, the former, on an average, would only represent £2,600, and the latter, perhaps, £4,300—sums that will be thought insignificant indeed to the ordinarily successful practitioner, when at the same time it is remembered that during the whole of his service the medical officer who depends on his pay is in a state of penury.

A simple calculation will show that the total sum earned by a medical officer who gains no higher rank than Surgeon-Major, amounts in twenty-five years to only £7,936 17s. 6d., which will give less than £318 a-year on an average during the period. We confidently leave this fact in the hands of impartial judges of the fitness of things, and leave such to say if £318 per annum is adequate remuneration during twenty-five long years, for perils incurred of every possible kind, for a life of exile from home and friends, for loss of time, of opportunities of intellectual intercourse, and consequent improvements, and for grave responsibility and anxiety.

This is the view of the case if even we keep India out of sight. If we turn to it the picture becomes more gloomy. It is hard to feel the pinch at home; but what are we to say of it when experienced in such a climate as that of India, where the medical officer is placed at such a disadvantage in the matter of pay and allowances as we have pointed out.

To all the arguments which have been used in favour of improving the Army Medical Service, it may be answered—Why should we be asked to incur expense in making these suggested changes, when we can find abundance of medical men anxious and willing to undertake the service in its present condition? This is the trade logic so frequently used by

dispensary committees, and may be simply answered by another trade argument, that an inferior article is dear at any price ; and, apart from the consideration of breach of faith to those gentlemen who have embarked their life prospects in the service, it is a matter of grave importance for anxious consideration whether the mere facility of answering questions at a competitive examination, while the candidate is fresh from the class-room of the grinder, is fit to be weighed in the balance with those more exalted qualities of judgment and reasoning power so necessary for administrative duties. Education, properly so called, and examination, are now being weighed one against the other ; and there appears to be a growing feeling that the attaching too great importance to mere competitive examination and too little to education, may yield fruit detrimental to the development of intellect.

It is also a matter for reflection whether it is desirable to sink entirely the principle of "*caste*" in the combatant ranks. Its extinction would lead to the most deplorable deterioration of the British army. In the medical service it is equally important that the officers should not be drawn from a lower class of society—a result not unlikely to follow any tendency to competition downwards.

Since the foregoing pages were written, our attention has been arrested by a statement made by Dr. De Chamont in *The Edinburgh Medical Journal*, November, 1874, that under existing Warrants, medical officers are forty-three per cent. better off than under the Warrant of 1804, issued *seventy years* since. The writer acknowledges that the *relative value* of money "not taken into account in his valuations, is an important element in the question." We would say, in addition, *a very important element, indeed*. To show that a medical officer is better off than he was three-quarters of a century ago, would, even if it were true, be a very curious argument to advance in proof of the allegation that the late changes of army organization had not worked injuriously, and that

his condition should not be bettered. Such reasoning is merely begging the question. But we submit that, taking into account this very important point—the purchasing power of money—he is not better off. To our certain knowledge, the relative value of money has fallen from one-half to one-third, even within our recollection, as the means of attaining those articles of daily use absolutely necessary in a household: servants' wages, house rent, clothing, meat, bread, milk, eggs, fuel, etc., have all increased immensely in value. As a means of comparison, we cannot, perhaps, take a better example than the soldier's pay to illustrate this. At the close of the last century, he received 6d. per diem; he now receives 1s. 1d. and a free ration valued at 5d.—total 1s. 6d.; which is admitted to be inadequate to tempt any but mere youths into the ranks.

When the soldier's pay was 6d. per diem, the daily rate of pay and allowances as received by staff medical officers, was as below:

	£	s.	d.	and	£	s.	d.	
Hospital Mate, ...	0	7	6		0	2	6	allowances.
Surgeon, ...	0	10	0	„	0	3	6	„
Physician, ...	1	0	0	„	0	6	8	„
Second Class Inspector, ...	1	10	0	„	0	10	0	„
First Class Inspector, ...	2	0	0	„	0	13	4	„

Increase their rates of pay in the same proportion as the soldier's pay has been increased to keep pace with the times, and we find that the military surgeons should receive:

	£	s.	d.	and	£	s.	d.	
Surgeon, ...	1	2	6		0	7	6	allowances.
Surgeon-Major, ...	1	10	0	„	0	10	6	„
Surgeon-Major of twenty years, equivalent to the rank of Physician, ...	3	0	0	„	1	0	0	„

And so in proportion.

We have already given our opinion as to the relative value of military and civil practice. In again mentioning the former, it cannot be too often insisted upon that the surgeon's pay is given in full of all demands, rank, honors, and rewards.

Doled out as these last are, they can be scarcely taken into account. But we have in the advertising columns of the medical papers in England, practices for disposal for various sums. In *The Medical Press* of the 26th November, we find Mr. Baxter Langly offering for sale six practices :

Receipts per annum.		Appointments Included.		Premium.
£		£		£
No. 1, 950	...	450	...	800
„ 2, 500	...	230	...	300
„ 3, 450	...	230	...	450
„ 4, 600	...	160	...	600
„ 5, 450	...	250	...	450
„ 6, 600	...	100	...	700

From which we find that for an average sum of £550 a well-qualified practitioner can obtain a start in life yielding him an average income of £591, including £237 in the shape of appointment—practices naturally increasing with work and length of residence.

It is not our intention to follow Dr. De Chamont through his very elaborate figures, but rather to impugn some of the foundations upon which he has erected his fabric.

He thinks that he is entitled to name twenty-two as an average of the age at which medical officers enter the service ; now, as the ages of all medical officers have to be proved or declared before their admission, it would have been satisfactory had Dr. De Chamont based his average upon the actual returns, and not upon merely his own views.

Dr. De Chamont furnishes really valuable information about the death-rate of army medical officers :

Before Crimean War,	...	...	34 per 1,000.
During that War,	...	...	67 per 1,000.
Average for thirty years past,	...	...	30 per 1,000.
Military Officers exclusive of Medical,	...	...	15 per 1,000.

Nothing is said about the Indian Mutiny.

We also learn that the death-rate in the department exceeds that in civil life of all classes by 44 per cent., and of their own class by 75 per cent.

In the presence of these very startling facts, Dr. De Chamont proceeds to found succeeding calculations upon the supposition that the death-rate is but 20 per 1,000, and thus raises the expectation of life from 18.5 years to 27.5, thereby exhibiting the service in a more favourable light than it deserves, in a most important particular.

Dr. De Chamont has proved to our satisfaction a great fact—the government obtain at a meanly cheap rate the services of doubly qualified medical men, because of the promised pension, which the majority of officers who enter never enjoy.

With regard to the table of pay and allowances, in the paper so distinctly set down, we must remind Dr. De Chamont that in actual every-day life in the service, a servant is not, as he presumes, a costless advantage—what about clothes, livery, pay, etc? What of the fact that the medical officer of junior ranks, when not allowed a soldier servant, has to find one for 1s. a-day?

With regard to quarters; are they no expense? Again, we must remind the author of the cost of furnishing and dragging furniture from place to place, of barrack damages—the latter no one, however careful, can avoid. But again; how often is it the case that a married senior medical officer is unable, if he desires to live in common decency, to occupy the almost empty two rooms which are dignified with the name of field officers' quarters? It may be set down that the married officer must almost always add to his estimate of the cost of living, the rent of a house or lodgings, and the medical officer must in seeking these be always at a disadvantage. He must be near his work; he must therefore pay whatever the lodging-house keepers choose to ask, for the worst accommodation.

We confidently appeal to all officers whose experience is recent, in support of our statement, that their position is worth no such sums as those Dr. De Chamont values them at.

The medical officer next hears a piece of good news. His pension, we are told, is now £1 a-day. Now we consider Dr. De Chamont a high authority in army medical affairs—therefore we accept the statement; only we wish that,

as neither the Warrant of 1st March, 1873, nor its subsequent rider accompanying Lord Lansdowne's Letter, contains any such provision, Dr. De Chamont had mentioned the Warrant which grants this £1 a-day he speaks of.

We fear that in reading over the Warrant, Dr. De Chamont has been so attracted by the plausible display of figures under clause 28, that he, like too many more, has forgotten the all-important clause No. 30.

At twenty-five years' service, this clause gives to the Surgeon-Major who may wish to retire no more than seven-tenths of 24s., *i. e.*, 16s. 10d. (nearly). Be it remembered that not until the twenty-sixth year of service has been entered upon, is the 27s. rate given. The words are, "*after twenty-five years' service.*" Even if a Surgeon-Major of twenty-six, twenty-seven, or more years' service wishes to retire, he can only obtain seven-tenths of 27s.—or about 18s. 10d. a-day.

Twenty shillings a-day can only be obtained as a permanent retiring allowance ; (1) If, after twenty-five years' service a Surgeon-Major, from wounds or ill-health, is pronounced by a medical board unfit to serve ; (2) When he has reached the age of fifty-five years. See Clause 28, Royal Warrant, 1st March, 1873.

We are sure that trustees and investors will rejoice to hear that they can now invest money at five per cent. interest. We thought that when first-class railway companies can borrow as much money as they wish at four per cent., and when three per cent. is the government rate, no actuary would value money at so high a rate as five per cent.

From such data as these, Dr. De Chamont deduces the result, that a commission in the Army Medical Department is equal to £356 for life ; and he finally concludes that the army medical officer is forty-three per cent. better off than in 1804.

But Dr. De Chamont himself acknowledges in two or three places in his paper that he may be in error in assuming that various of his data are correct. He nevertheless proceeds to deduce from them the conclusion so damaging to the cause of redress.

He, in effect, says : I am wrong in various ways ; but if I am right, so and so is the result.

In conclusion, we have to express our regret that the arguments of Dr. De Chamont should, owing to his official position and well-known good fortune in the service, appear in the eyes of his brother officers the pleading of a retained advocate in support of a system by which they consider themselves so much aggrieved, and that he should have lent the weight of his reputation and known attainments to enforce a deduction which is fairly open to question, and which is in danger of being accepted on his authority, by many who will not take the trouble to examine carefully the figures and postulates which constitute the basis of his calculations.

In an article on army reform in *The Globe* of the 26th November, the writer says : "The last point to be touched upon is the discontent now prevailing among military medical officers at the abolition of the old regimental system that worked so admirably. Although field and general hospitals possess manifest advantages in active service, it would be well if some scheme was devised for the restoration of the regimental system, as an accessory to other organizations when troops are in quarters. Each system having its advantages—the one during war, the other in time of peace—the object of the reformers should be to consolidate the two into one homogeneous organization." We commend these remarks to those in power, as expressing the opinions of the great majority of experienced military medical officers—our intimate friends in the service.

