

An exposition of the case of the assistant-surgeons of the Royal Navy / By a naval medical officer [i.e. J.O. McWilliam].

Contributors

McWilliam, J. O. 1807-1861 or 1862.

Publication/Creation

London : J. Churchill, 1849.

Persistent URL

<https://wellcomecollection.org/works/ehq5x544>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

6

AN EXPOSITION
OF THE CASE OF
THE ASSISTANT-SURGEONS
OF THE
ROYAL NAVY.

BY
A NAVAL MEDICAL OFFICER.

Dr. J. C. McWilliam F.R.S.

"It is what this honorable and patriotic class are thus debarred of doing of themselves, that we address ourselves on the present occasion to do for them, with the full conviction that so simple and inexpensive a remedy will not be long withheld from so palpable and serious an evil

"— that such remedy should be applied without delay, is what we think our readers will unanimously allow, after perusing a plain statement of the case."—TIMES: *Leading Article on the Grievances of the Assistant-Surgeons of Her Majesty's Navy, July 4th, 1848.*

LONDON:
JOHN CHURCHILL, PRINCES STREET, SOHO.

1849.



"It has been my wish to make the duties of the Medical Profession subservient to the comfort and happiness of men who have earned laurels for You, and given security to their country." — *Trotter's Medicina Nautica*.—*Dedication to Admiral Earl Howe, the Flag Officers, Captains of the Fleet, &c.*, p. iv.

THE
ASSISTANT-SURGEONS
OF
THE ROYAL NAVY.

IN the 'Report of the Commissioners for inquiring into Naval and Military Promotion and Retirement, presented to both Houses of Parliament by Command of Her Majesty in 1840,' it was clearly shown, that while in the Navy there was great difficulty not only in procuring the services of Medical Officers already on the list, but also in obtaining candidates to enter the service, in the Army no such difficulty was experienced either in the one case or the other.* Sir William Burnett, in his evidence before the Commissioners, declared that a short time before, having "no candidate for Assistant-Surgeons on the list at all," he was obliged to write to the Edinburgh professors and other

* Q. 2653. "During the course of your service as Commissioner and Physician-General, have you found any difficulty in procuring the services of medical officers on the list when you required them?—Very great difficulty."

A. 2612. "About this time last year I had really no candidate on the list at all. I was obliged to write to my private friends, &c. Some of the Edinburgh professors told me there was a feeling against the navy."—Evidence of Sir W. Burnett, Director-General, Naval Medical Department, before the Commissioners, &c., pp. 185, 187.

Q. 2644. "Do you experience any difficulty in finding Surgeons to serve in the army, either by summoning those upon half-pay to serve upon full pay, or by new appointments?—I have no difficulty in finding well-qualified gentlemen."—Evidence of Sir James McGrigor, Bart., Director-General, Army Medical Department, before the Commissioners, &c., p. 191.

friends, begging them to induce medical men to enter the service. But the scarcity, and even total want, of candidates has been by no means unfrequent since Sir William's accession to office at the Admiralty. Not twelve months ago, he told Mr. Hume that "if he had been asked to provide an Assistant-Surgeon for any ship, he would have been compelled to admit that there was no candidate for the appointment."* In the Report from the 'Select Committee on Naval, Military, and Ordnance Estimates,' presented during the latter part of the past year, it is stated that "the Director-General is desirous that medical officers, on first entering the service, should attend at one of the great naval hospitals for at least six months before they embark for service afloat. Circumstances *frequently* render this impossible, and the Director-General states that for a considerable time past efficient Assistant-Surgeons have become so scarce, that upon a ship being commissioned, or a foreign station requiring supernumeraries, the only available officers have been those who have recently entered. The scarcity of medical candidates for the navy is, by the Director-General, attributed in some measure to the following cause: namely, that the position of medical men on entering the service, with reference to their mess and berth, is felt by them to be inadequate to their station in society; and that in consequence they get discontented, and discourage others from offering themselves as candidates."†

From the above extracts, it seems but too evident

* Hansard, vol. xcviii, p. 1427.

† Report from Select Committee, &c., 1838, p. 97. At this time there were thirteen Assistant-Surgeons on half-pay, of whom there were two unable to serve, and five had very recently returned from foreign service.

that the office of Naval Assistant-Surgeon is at present regarded at the great medical schools, and by the professional public in general, as the very lowest grade of medical employment. This is a remarkable and not unimportant fact, the bearing of which on the efficiency of the Naval Medical Department, and consequently upon that of the whole naval service, has been so much felt by the Medical Director-General, that he has considered it his duty on more than one occasion to urge the propriety, nay, the absolute necessity, of applying the only remedy for such a state of things, by admitting the Naval Assistant-Surgeons to a full participation of the privileges accorded to other officers of corresponding rank. Their claims have also been brought under the notice of Parliament in both Houses: in the House of Lords by Lord Campbell, and in the Commons by Mr. Hume, Mr. Wakley, Mr. Bernal Osborne, and other members.

The corporate professional bodies of the United Kingdom* have not been backward in endeavouring to procure for the Assistant-Surgeons that position in the service to which their rank, their years, and their profession and station in civil life so justly entitle them. The cause of the Assistant-Surgeons has likewise received the unqualified advocacy of the public and professional press, which has failed

* The Royal College of Physicians and the Royal College of Surgeons of Edinburgh, have not only both memorialized the Admiralty in favour of the Assistant-Surgeons, but they have likewise recently addressed both Houses of Parliament on the same subject. A deputation from the Royal College of Surgeons of London, consisting of the President and Vice-Presidents, has lately waited upon Sir Francis Baring, First Lord of the Admiralty, and urged the claims of the Naval Assistant-Surgeons. The Royal College of Surgeons of Dublin was among the first to memorialize the Admiralty, and petition Parliament to improve the condition of the Assistant-Surgeons. The petition was presented to the House of Commons by Mr. Napier, the member for Dublin University.

not to point out, in the most forcible and convincing manner, the impolicy, as well as the positive injustice, of longer withholding from them their moderate and reasonable demands.*

It is not less strange than true, that respectful memorial, petition, and urgent remonstrance, although emanating from various and influential sources, have as yet been alike unavailing to produce, on the part of the Admiralty, even the smallest concession to the claim of the Assistant-Surgeons for proper social position on board ship—a claim which seems, by almost universal consent, to be based upon legal right and common justice, to say nothing of public expediency.† And as we understand the condition of the Assistant-Surgeons will shortly be again brought before Parliament, it may be well, in order to render the subject more generally intelligible, firstly to give some exposition of the circumstances under which an inferior position was given to the Assistant-Surgeon, or rather Surgeon's Mate of former times; and then briefly to state the grounds upon which a different and far higher consideration is claimed for the Assistant-Surgeon of the present day.

Looking no further back than to the end of the last century, we find the Naval Medical Department, although adorned by the great names of Lind, Blane, and Trotter, occupied, more especially in its junior branches, by men of comparatively mean

* Times, Morning Herald, Daily News, United Service Gazette, Naval and Military Gazette, Nautical Standard, Lancet, Medical Gazette, Medical Times, Dublin Medical Press, &c. &c.

† It is but right to state that, by an Admiralty order of some years back, a cabin in some few ships was appropriated to the Assistant-Surgeons, Mates, and Second Masters, for the purpose of study. The order, however, has been so imperfectly carried out, that it is now almost, if not altogether, a dead letter.

education and slender professional attainments. The continuance of the war, and the consequent necessity of maintaining a large fleet at sea, so thoroughly drained the supply of naval medical men, that the Government were obliged to be little fastidious in their choice of candidates for the situation of Surgeon's Mates. Hence, it was by no means unusual for the ranks of this class of officers to be recruited, on an emergency, from students only partially educated at the medical schools, from lads serving behind the counters of the apothecaries; and on the occasion of a great strait, by giving the appointment to one of the sick-berth attendants, or "lob-lolly boys," as they were then called in the service.*

To men obtained from such sources, rank and social station were matters of very secondary importance. It may be readily imagined, that in the great majority of cases it was little cared in what degree either the one or the other was assigned them. Little addicted to study, it signified not much whether they whiled away the hour in the sick bay, the cockpit, or amid the boisterous mirth of the midshipmen's mess. Under such guardianship, it is to be feared the sick often fared badly in more ways than one.† The seaman, ever sensible of acts of kindness, is keenly alive to the slightest manifestation of incapacity or neglect on the part of

* While truth compels us to make this humiliating statement, it also enables us to record, with some pride, the fact that among those who entered the service at this period, there were many brilliant exceptions to the class of men we have here described. Some of them who still live have shed lustre over the department and the profession.

† "I remember when Surgeon's Assistants were wholly uneducated, and the men's lives in danger from their ignorance; it is only now you have a superior class of men in that line, and you certainly have a very superior class."—Evidence of Admiral Sir Edward Codrington before Commissioners, 1840. Report, p. 137.

those who minister to his wants during sickness. It was one of the subjects of petition by the seamen, during the mutiny of 1797, that "they should have better attendance when sick and wounded in action." Dr. Lind, and the other illustrious men whose names have been already mentioned, struggled hard about this time to effect some improvements in the Medical Department of the Navy, and they were not wholly unsuccessful.* Still so late as 1798, we find the celebrated surgeon, John Bell, in a Memoir addressed to Earl Spencer, then First Lord of the Admiralty, deploring "the very inadequate encouragement held out to the Naval Surgeons of that day, and the consequent difficulty of obtaining men of competent education for this branch of the public service.† He says, "Perhaps in a whole fleet there are few Surgeon's Mates, not one may be, who are able to perform the greater operations of surgery. It has happened, after the most earnest entreaties of the officers, of the surgeon, and of every one concerned, a ship of the line has gone into battle without one assistant on board: no, not one to screw a tourniquet, to tie an artery, to hold a shattered stump, to put a piece of lint on a bleeding wound."‡

* Some time after Lord Howe's action of the 1st of June, 1794, the half-pay of the Surgeons was increased, as was also the full pay of the Surgeon's Mates; if the *first Mate* was in possession of a case of instruments, he was decreed to receive 5*l.* per month.—Trotter's *Medicina Nautica*, p. 17.

† Outlines of Military Surgery, by Sir George Ballingall, p. 24.

‡ Bell, although not a Naval Surgeon, had ample opportunities of knowing the actual condition of the Naval Medical Staff. He says in his Memoir: "I have studied Naval Surgery with particular care. I have bestowed upon it of money, of time, of labour, more than I am entitled to bestow. I have followed your victorious fleet, and attended your pensioners and your wounded, as if I had been attached to Government by old services and high rewards."—Letter to Lord Spencer.

"I myself have been in action several times with only one Assistant in a line-of-battle ship, and he not a very well qualified one."—Sir W. Burnett before Commissioners, 1840. §§ 2571-2625.

It was not until the year 1805 that the Board of Admiralty, then under the presidency of the late Viscount Melville, feeling it impossible under the system then pursued to obtain the services of a sufficient number of medical officers of any kind, called upon the Sick and Hurt Board, to make such a proposal to them as would induce properly qualified men to enter the Naval Medical Service. The result was that an order in Council was passed to the effect, that "the naval service having suffered materially in the present war from the want of Surgeons and Surgeons' Mates, and the difficulty of procuring properly qualified persons being in a great measure attributed to the more liberal provision made for the same description of officers in his Majesty's land forces, Regimental Surgeons being allowed to rank with Captains and their assistants with subaltern officers," it was therefore resolved, "as an adoption of great advantage to his Majesty's naval service, that the said Naval Medical Officers should have the same rank with the officers of the same class in his Majesty's land forces."*

With the rank thus obtained it was expected, as a matter of course, that the concomitant advantages would follow. The object of the Government was obtained, for from this time a far superior class of men entered the Naval Medical Service. But it will hardly be credited, that up to the present hour the Naval Assistant-Surgeon, although nominally holding the rank of a Lieutenant in the Army, with an education general and professional the same as that of the Army Assistant-Surgeon, having passed through a course of professional

* Order in Council, dated 23d August, 1805.

studies more extensive than that required by the Royal Colleges of Surgeons of the United Kingdom, probably possessing the degree of "Doctor of Medicine," and conversant with natural history and other branches of science, is still, as were the Surgeons' Mates in their worst days, destined to remain in the Midshipmen's berth.*

Sir William Burnett, in his evidence before the Commissioners in 1839, stated that "if the provisions of the order in Council of 1805 had been carried into effect, many of the complaints which are now constantly made would have been prevented."† The same may be also said regarding the higher branches of the Naval Medical Department. Notwithstanding the recommendation of the Commissioners of 1840 to "assimilate them in rank, and even in title, to the officers of the Army Medical Department,‡" the whole Naval Medical Staff, from the Director-General to the Deputy-Inspector of Hospitals, have rank a step *beneath*§ that of their

* "On the first appointment of a Medical Officer he shall receive a commission as Acting Assistant-Surgeon, and shall remain as such during a probation of twelve months; after which, if he produce the required certificates, he shall be confirmed as an Assistant-Surgeon from the date of his first appointment.

"He shall, while serving in either of the before-mentioned capacities, only be entitled to mess with the Mates and Midshipmen in the gun-room, or, as the case may be, according to the rating of the ship."—Extract from Memorandum, dated Admiralty, February 1, 1849.

† Minutes of Evidence, Q. 2652.

‡ Report of Commissioners, p. 66.

§ "While the rank of the Naval Medical Officer has been 'de jure,' the same as that of his brethren in the Army, his position 'de facto,' has been degradingly disproportionate. For instance—the Army Inspectors of Hospitals rank as Brigadier-Generals, and the Deputy-Inspectors as Lieutenant-Colonels; while the Naval Inspectors of Hospitals have assigned to them the rank of Lieutenant-Colonel, and the Deputy-Inspectors that of Major only. Ascending to the highest Naval Medical grade, the distinction between Medical rank in the two services is still more strikingly apparent; when it is stated, that all the Army Inspectors, or Inspectors-General, as they are called, have the very same rank as that held by the Naval Medical Director-General.—Dr. M'William's Letter, Morning Herald, June 12th, 1848.

brethren in the army, and this too in what is called the "Senior Service," which confers upon its executives a step in rank *above* that of their army brethren—the Lieutenant in the navy having the rank of Captain, the Commander that of Major, and the Captain that of Lieut.-Colonel and Colonel.

The Naval Medical Officers are by no means insensible to those benefits that were conferred on them in consequence of the order in Council in 1805 and the Commission of 1838-9; still, as regards the Assistant-Surgeons, who obtained their rank by virtue of necessity, that sternest of all monitors, that most inexorable of all taskmasters forcing the administration to induce properly-qualified men to enter the service, the pledge has not yet been fulfilled. It is true, some instalments have been received, and gratefully acknowledged by them; but the chief and most valuable part of the promised encouragement, reward, and justice still remains, and will continue to remain due, so long as the Assistant-Surgeons are excluded from the ward-room. So long as this exclusion, constituting as it does the most obnoxious and most corroding spot of "Roderick Randomism," that stain upon the medical officers (which it was the object of the order in Council for ever to wipe out,) is allowed to exist as a rule in the naval service.

Before leaving this question of rank, which to the Assistant-Surgeon has hitherto been a mere phantom—a shadow without the substance—we would inquire whether there be in it any insufficiency which can constitute grounds for his exclusion from the ward-room. This we shall have no difficulty in answering satisfactorily; but it will

place the matter before us in a clearer light, if we briefly state the circumstances under which the different grades of officers respectively enter the naval service. For this purpose they may be arranged under the following heads :

I. Those who, entering the service at the age of boyhood, complete their school education and acquire the whole knowledge of their profession in the service. In this category are comprehended the whole naval executive and the Paymasters and Purser, all of whom commence in the Midshipmen's berth, pass on to the ward-room, and (with the exception of the Purser) eventually to command. They consist of volunteers of the first class,* who enter at the age of thirteen, become Midshipmen after two years, and in four years more pass their examination for Mates, which at once qualifies them for Lieutenants' commissions ; Masters' Assistants, who enter at the age of thirteen or fourteen, become Second Masters in six years, and on passing their examination after two more years' service, are qualified for a Master's Commission ; Clerks and Clerks' Assistants who enter at the respective ages of seventeen and fourteen years, serve as Clerks three years, and then may receive the commission of Paymaster and Purser.† Promotion in this latter class, however, is very slow.

II. The officers of Marines who join the service at an early age (17), and immediately become

* Naval Cadets, as they are now called, "are not to be under twelve years of age."

† Secretaries to Flag Officers are generally Paymasters and Purser ; but the appointment of Secretary may be held by an executive, or even by one who has never served previously in the Navy. Secretaries have the rank of Majors.

ward-room officers, provided with cabins, servants, &c.*

III. Those officers who having completed their general and professional education, enter the service at the age of manhood, at once qualified for their several duties. Under this head are included Chaplains, Surgeons, Assistant-Surgeons and Naval Instructors, all of whom, with the exception of the Assistant-Surgeon, are ward-room officers from the day they join the service.

It is thus quite evident that the Assistant-Surgeon is the only officer who having reached the period of manhood, and acquired a profession altogether independently of the Service, is refused admission to the society of other officers of his own age. It may be asked why is this so? Is his rank, that of a Lieutenant in the Army, too low to qualify him for ward-room privileges? The simple answer to this is, "there are already two officers in the ward-room, one of whom, the First Lieutenant of Marines, is the equal, and the other, the Second Lieutenant of Marines, is the inferior in rank to the Assistant-Surgeon. Notwithstanding the express wording of the order in Council which says, "*the said Naval Medical Officers should have the same rank with the officers of the same class in his Majesty's land forces,*" the degradation of the Naval Assistant-Surgeon is strikingly apparent on any occasion when troops are embarked in a man-of-war. The Army Assistant-Surgeon then by right,

* The qualifications required of a candidate for a commission in the Royal Marines, are—that he understands common and decimal arithmetic; the first six books of Euclid; algebra, as far as simple equations; trigonometry and the use of logarithms; to write English correctly from dictation; and that his age shall not be under sixteen, nor exceeding twenty-one years.

takes his place among the officers at the ward-room table, while his Naval brother, who is mocked with the same rank, is to be found in the gun-room or cockpit with the Midshipmen.* The position of the Naval Assistant-Surgeon will seem still more anomalous, and more bitterly absurd, when it is stated, that in the event of his being ordered to do duty with the marines, and *with them* embark in a man-of-war, he then becomes entitled to the ward-room, if only of one day's standing in the service, while his brother officer employed in the medical duties of the ship can hope for nothing more than the cockpit, although he may have been twenty years in the service.†

It would almost appear that the humiliation of the Naval Assistant-Surgeon was too great to be endured by any class of Medical Officers removed in any degree, however slight, from the naval service.

The admission of the Naval Assistant-Surgeon to the ward-room has been hitherto mainly urged in consideration of the military rank granted him, of his years, his profession, and the status in civil society which the latter confers. But his claims are to be maintained on the still higher and more important ground of humanity, when he asks to be placed in a position that will enable him to do his best for the

* "In the man-of-war which carried out the troops to Canada last year, where did the Assistant-Surgeon of the Regiment mess?—I suppose in the ward-room." [This was the case.]

"But the Assistant-Surgeon of the Navy, who is declared by that order in Council to have the same rank with the Assistant-Surgeon of the Army, messed with the Midshipmen?—Yes, in the cockpit."—Evidence of Sir Wm. Burnett before Commission, 1838-9. Q. 2574-2575.

† This actually took place in the experimental squadron during the year 1832, when the late Mr. Simmie, Assistant-Surgeon in the Royal Navy, appointed to do duty with the Marine Artillery, was, on being embarked with that body, a ward-room officer on board H.M.S. Britannia.

seamen who may be under his care, and through them for the country which he serves. "The nature of his profession, as progressive as that of any other science, demands that he should have time and place for quiet study. That man never can become a truly efficient Medical Officer who does not keep pace with the march of improvement in his profession, and the collateral branches of science. To expect anything but retrogression in knowledge from the Assistant-Surgeon in his present position, is to expect to reap where you have never sown."*

One of the most graphic of naval authors, in allusion to the midshipmen's berth as being unfavorable to study, says: "The discomforts, however, of a midshipman's berth to all but the Mids themselves, who are hastening to get out of it, are so intolerable, that hardly any amount of pay will ever be thought a full recompense for the sacrifices which a person grown up to man's estate, and properly qualified in other respects, would be called upon to make, were he required to mess in the cockpit."† This was said with reference to School-

* Dr. M'Williams' Letter, &c. In the American navy the Assistant-Surgeons have been for some time ward-room officers, and a very superior set of men they are.

† Captain Basil Hall's *Fragments of Voyages, &c.*, vol. i, page 317. The following description of an Assistant-Surgeon's life on board ship, although not applicable to all ships, is we fear, in but too many instances, a faithful picture of the real state of things.

"We sleep in hammocks, amongst boys between the ages of eleven and nineteen. At six a.m. we must start from our hammocks, perform a partial morning ablution, and this in the presence of boys and private marines, on a chest containing library, toilet, and wardrobe. At seven a.m. the sick are seen and prescribed for; that over, we return to breakfast, which is about eight o'clock. At nine a.m. the sick report is prepared for the first lieutenant's inspection, which is the period for quarters; the arms, men, and guns, are inspected,—and we must look on like automatons: this routine generally lasts about half an hour. We then retire below, compound medicines, and perform many minor operations needed, which may occupy one hour. From the lower deck we are

masters, and experience has shown that Captain Hall was quite right, for no "properly qualified person of adult age" was found to make the "sacrifices" consequent upon a cockpit life. However, as in 1805 "the naval service had materially suffered from the want of Surgeons and Surgeons' Mates," so in 1836 it was found to suffer from want of properly qualified persons to instruct the young officers, and the Admiralty then found it necessary to abolish altogether the designation of Schoolmaster, and substitute in its place that of "Naval Instructor."

In this case the measure was clearly justified by the necessity. But if it was right to raise the Schoolmaster from the rank of a quarter-deck petty officer *to that of a Captain in the Army*,* and call him "Naval Instructor," with ward-room privileges,

driven by the heat: on the main or principal fighting deck we must keep on our legs; and on the upper deck, we must walk incessantly, and, as it is termed, in an officer-like manner. The time being thus killed till twelve o'clock—the service hour for the ship's company and young gentlemen to dine, the heat soon stews us from the berth, and food is quickly swallowed. Imagine an Assistant-Surgeon between thirty and forty years of age being thus treated. The time is spent on the cooler decks in the same way till two p.m., when we must again dispense and give medicine. At four p.m. is the service hour for tea, and after this repast medicine is again given. At five p.m. is the hour for evening quarters, where we must attend. From this time, we must kill the weary hours till eight o'clock, and then give evening medicines. At nine p.m. lights are dowsed amongst the young gentlemen and ship's company. The space for each hammock to swing is eighteen inches. We sleep amongst boys, and the ship's company in front of us."—*Lancet*, Jan. 15, 1848.

* Up to 1836 the Schoolmaster ranked with the Master-at-Arms, Ship's Corporal, &c. By an order in Council of 10th August, 1840, defining the privileges of Naval Instructors, it is stated to be "desirable to assimilate the condition of the 'Naval Instructors and Schoolmasters' with that of the Assistant-Surgeons, both on account of the equality of the station in life and acquirements of these officers, and because we have experienced difficulty in providing your Majesty's ships with competent Instructors at the rates of pay and half-pay established by your Majesty's order of the 22d December, 1836."

In the Admiralty Regulations, Jan. 1, 1844, the Naval Instructor is placed as ranking in the list with but after Masters—or in the rank of a Captain in the Army.

in order to obtain a superior class of men for the moral and intellectual culture of the Midshipmen ; it is surely equally right to grant to the Assistant-Surgeon *the privileges of a rank he already possesses* to secure for the whole ship's company the best possible medical advice, by encouraging men of the highest qualifications to enter and continue in the Naval Service. What relates to the benefit of every man and officer of the ship, is surely quite as worthy of consideration as that which relates to the benefit of only a fractional part.

And so it was with the Engineers. Respectable and well-educated men even of their class in life were not to be obtained as chief engineers, so long as they were ranked with the gunner, the boatswain, and the carpenter. It was therefore deemed expedient to give the Engineer the rank of Captain, and the Inspector of Machinery afloat the rank of Major in the Army, constituting both of them ward-room officers.*

If it was expedient to lift the Engineer from out the companionship of the gunner, the boatswain, and the carpenter to that of the ward-room officers, to procure the best order of superintendence over the steam-machine, it surely ought not to be considered inexpedient to put the Assistant-Surgeon in possession of the benefits properly belonging to the rank he already holds, to insure the best order of superintendence over the far more intricate machinery of the human body.

Some indeed may say—How comes it that, notwithstanding the grievances under which it is

* Inspectors of Machinery afloat rank with but after Masters of the Fleet ; and Chief Engineers with but after Masters, by order in Council of February, 1847.

alleged the Assistant-Surgeons labour, such superior men are found in the service? How happens it that some great ornaments of the medical profession are or have been Naval Surgeons?—It is answered that a great proportion of the young men who enter the Service, have no conception of the sacrifices which it calls upon them to make; that there is a natural reluctance in all men, to begin the world again after being engaged for some years of the best period of their lives in any occupation, however disagreeable; that notwithstanding this reluctance, many able and promising young men do leave the Naval Service in thorough disgust.* Admitting to the fullest extent the merits and talents of the Assistant-Surgeons now in the Service, we feel assured that medicine and the allied sciences have not been benefited as they might have been, had the Assistant-Surgeons been allowed the opportunity of properly recording the results of their observation in the rich fields which in all climates are constantly being presented to them. It is also to be remarked that, after the most rigorous inquiry, it will be found, that of those medical men who afterwards raised themselves to eminence, nearly all lost much more than

* “There have been erased from the Lists for not serving when called upon, Surgeons 89, and Assistant-Surgeons 175.”—Sir W. Burnett, before Commission, 1839.

There are several young men who, having within the last year left the Naval Medical Service, are now serving in the Army and East India Company's Service. Dr. Fred. Jas. Brown, M.D. of the Universities of Edinburgh and London, at the latter of which he gained medals and other high honours, who was declared by Sir John Richardson, when Inspector of Haslar Hospital, to be one of the best stethoscopists he ever knew, and altogether a most accomplished medical officer, has just obtained his discharge from H.M.S. Howe and from the service, at his own request, in consequence of the false position in which he found himself as an Assistant-Surgeon in the Navy.

they gained in the service, until after they were emancipated from the Midshipmen's berth.

We believe that we carry along with us the candid and unprejudiced, whether in the Service or out of the Service, when we affirm that profitable study is wholly out of the question in the Midshipmen's berth;* that reading and reflection are indispensable to the medical officer, in order that he may keep up and add to the stock of knowledge he brings with him from college; and that the benefit which the sick seamen may derive from him will be in proportion to his talents and other qualifications efficiently maintained and judiciously applied. If the above propositions be correct, and (laying aside for the moment the question of justice and right) if it has been shown that the efficiency of the Medical Department, and consequently of the Naval Service, would be materially promoted by the removal of the Assistant-Surgeon to the ward-room, it only remains for us to inquire whether the accomplishment of so desirable an end, is opposed by practical difficulties which cannot be overcome.

The main objections to the admission of Assistant-Surgeons to the ward-room, put forth in Parliament and elsewhere, may be arranged thus:—

I. Injury to the Service, by putting the Assistant-Surgeons over the heads of the Mates, who are said to be their superior officers.

II. Want of room in ships, especially in small brigs, for the cabin of an Assistant-Surgeon.

* The gunner, the boatswain, and the carpenter have each a cabin, for the purpose, we presume, of writing what little is required to keep an account of the expenditure of the stores respectively under their charge.

III. The necessity of increasing the pay of the Assistant-Surgeon to defray the expenses attendant on their messing in the ward-room.

IV. That besides Mates, half-a-dozen other officers would claim ward-room accommodation and privilege, in the event of their being granted to the Assistant-Surgeon.

Let us now examine these objections *seriatim* :

I. *Injury to the service by putting the Assistant-Surgeon over the heads of the Mates, &c.* By an order in Council of 10th August, 1840, it is stated, "In order to improve the situation of Mates, it is humbly recommended that, instead of receiving as at present warrants under the hand of the Captain or commanding officer of the ship in which they may be serving, they shall in future be appointed by commission or warrant from us ; and that during the first three years of their actual service as such, the Mates of your Majesty's Navy shall take rank with Ensigns in the Army, and after three years' service, with Lieutenants in the Army, according to their seniority, as Mates, &c.

By this order the allotment of land in the colonies is to this day ruled. In the Admiralty Regulations of Jan. 4, 1844, Mates are placed as ranking with Lieutenants in the Army, without reference to length of service as such. It is not to be forgotten that Assistant-Surgeons have had the rank of Army Lieutenants between forty and fifty years.

But, we would ask, are the cases of the Mates and Assistant-Surgeons in common fairness, at all parallel ? Exclusion from the ward-room, it is true, causes the Mate to remain one, two, or it may be three years longer in the berth where he has acquired his profession, and not a little of

his general education; but it is no less true that it entails upon the Assistant-Surgeon, who enters the service with his general and professional education finished, the necessity of being thrown back, so to speak, from manhood to boyhood for six, eight, or it may be ten or more years. Mates on an average do not remain unpromoted at the present day more than two years, so that they leave the Midshipmen's berth at the age of twenty-one, the very age at which the Assistant-Surgeon enters it, with little prospect of getting out of it before he is nearly, if not above, thirty years old.* We are far from contending that this exclusion of the Mates from the ward-room should be perpetuated. On the contrary, we believe that the whole service would be benefited were the Captain and the whole of the senior officers, including the Mates and Assistant-Surgeons, to mess together. The reciprocity of useful and wholesome information thus established between the sagacity and experience of years, on the one hand, and the intellectual vigour consequent upon a constant infusion of young blood, on the other hand, could not fail to be attended with the best results. It is contrary to all analogy and experience, to have any fears of discipline being at all prejudiced by such an arrangement.†

* By a late Navy List, published by authority, there appeared to be on the efficient list of Assistant-Surgeons, 243, of whom 1 was of 39 years' standing; 1 of 37 ditto; 1 of 35 ditto; 1 of 25 ditto; 2 of 24 ditto; 1 of 21 ditto; 1 of 19 ditto; 1 of 15 ditto; 2 of 13 ditto; 2 of 12 ditto; 3 of 11 ditto; 7 of 10 ditto; 11 of 9 ditto; 14 of 8 ditto; 55 of 7 ditto—total, 103.

Thus it appears that nearly half of the present Assistant-Surgeons in the service average from seven to *thirty-nine years' servitude*, many of whom will not be promoted for years to come. This gives a fraction above nine years and a half servitude for the senior half of the Assistant-Surgeons, who *still remain* unpromoted.

† In proof of this, army officers all messing together might be adduced. But some here will say, and we doubt much if they know why, "Oh!

II. *Want of room on shipboard, &c.* This has been so long and so often brought forward as an objection to the Assistant-Surgeons becoming ward-room officers, that we are inclined to think its being made is more the result of habit than of actual reflection. It was urged long before the Naval Instructors, the Engineers, and the Inspectors of Machinery afloat were made ward-room officers, yet ward-room accommodation and cabins were found for these officers without inconveniencing any one. When Lord Haddington was First Lord of the Admiralty, an additional Lieutenant was appointed to every ship of war, from line-of-battle ships down to brigs—thus brigs had three Lieutenants. During the present administration, and while the late Lord Auckland was First Admiralty Lord, this additional Lieutenant was withdrawn from the before-mentioned classes of ships, in each of which a cabin thus became vacant.

In line-of-battle ships room, as a general rule, can be found for additional cabins in the cockpit.

In ships of the frigate class, there is usually on the lower deck a cabin in use by the Captain's steward, which from its contents is often a great inconvenience on the deck. Surely, a small portion of the princely allowance of space allotted to the Captain's cabin could be spared, in order that this small apartment should be on the main deck, where one man only eats and sleeps—rather than

it won't do in the navy. It's all very well in the army: the services are different." How, we ask, are they different? Is discipline not as necessary, and is it not as well maintained in the army as in the navy? Are both services not officered from much the same classes of society? Do they not receive a nearly similar education? Have they not the same notions regarding propriety of conduct and deference to superiors, and are they not equally amenable to the like stern laws? We could state several instances in which captains have messed with their officers, and in no case was discipline thereby prejudicially affected.

on the lower deck, where every one else (it may be several hundreds) eats and sleeps. By this change, one cabin would be provided; and we moreover believe that, irrespective of the positively salutary effects of such an arrangement as we propose, it would meet with no serious opposition from the generality of commanding officers. In brigs, &c., commanded by Commanders, there is the spare cabin vacated by the additional Lieutenant. In brigs and smaller vessels, commanded by Lieutenants, the Assistant-Surgeon already has a cabin. And although we are decidedly of opinion that it is in every point of view desirable that the Assistant-Surgeon should be received into the mess of the Lieutenant commanding; still, if the privacy of that officer's cabin be considered indispensably necessary, Assistant-Surgeons must be content to remain in their present position on board this class of vessels.

III. *The necessity for increase of pay, &c.* This objection cannot be better met than by stating the rates of pay of the under-mentioned officers, who are already in the ward-room.

		Pay per Day.	
First Lieutenant of Marines	from	6s. 6d.	to 7s. 6d.
Second ditto ditto	.	5	3
Chaplain	.	8	9
Naval Instructor	.	7	0 „ 10 0*

The pay of the Assistant-Surgeon being from 7s. to 10s. per day, it follows that he has more pay than two of the ward-room officers, and an average of about the same as two others.

IV. *That besides Mates, half a dozen other officers would claim, &c.* The claims of the Mates to the ward-room may be fair matter for discussion. But we are quite at a loss to understand where the

* The Naval Instructor has also 5*l.* per annum from each pupil.

other claimants are to be found, as the only officers in the Midshipmen's berth, besides Mates and Assistant-Surgeons, are

Classes.	Rank in Army.
Second Masters	Ensign.
Midshipmen	Ditto.
Naval Cadets	Nil.
Master's Assistants	Ditto.
Clerks	Ditto.
Clerk's Assistants	Ditto.

It has been said, on more than one occasion, that the Surgeons are opposed to the admission of the Assistant-Surgeons to the ward-room. That there are some Surgeons so disposed we have good reason to believe, but that they represent the opinions of the body we most emphatically deny. The objectors will be found to consist chiefly, if not wholly, of those whose acquirements would stand in no very favorable contrast with those of the generality of Assistant-Surgeons. Is, then, a question of high importance to the Service to be influenced by the opinions of such men? We could undertake, in ten days, to obtain the signatures of hundreds of Naval Surgeons to a petition in favour of the Assistant-Surgeons: but we much doubt, if in ten years we could find ten men who would not be ashamed to sign a document unfavorable to their claims. Some have even stated that the Assistant-Surgeons themselves are against being removed to the ward-room. That such may be the case as regards a few (and a very few it must be), we are not prepared to deny. But during a long course of active service on some of the chief naval stations, it has not been our lot to fall in with one, who did not long to be released from the Midshipmen's berth. Supposing even for a moment that

many of the Assistant-Surgeons preferred remaining where they are, we would only observe, that in the discussion of this or of any other question of importance to the service, mere individual wishes constitute the lowest grounds of argument.

The grounds upon which the claims of the Assistant-Surgeons to ward-room privileges rest may be thus briefly recapitulated:—

I. Order in Council of 1805, conferring upon them the same rank as that of their brethren in the army, which is that of Lieutenant in the Army.

II. The obviously inferred recommendations of the Select Committee, &c., last year, when they stated the causes which were considered by Sir William Burnett to lead to the great scarcity of candidates for the situation of Naval Assistant-Surgeon.

III. The rank of the Assistant-Surgeon being equal to that of the First Lieutenant of Marines, consequently superior to that of the Second Lieutenant of Marines, both of whom are ward-room officers.

IV. Their status in society on shore, by virtue of their profession and education, and their having attained the age of manhood.

V. Assistant-Surgeons being the only officers who, having completed their education and acquired their profession before entering the service, are denied the ward-room; the Chaplains and Naval Instructors both becoming ward-room officers the moment they join it.

Lastly, the claim put forward by the Assistant-Surgeons, when they ask to be placed in a position that will enable them to benefit, to the best of their power, the seamen of the Royal Navy, and through them the country generally.

While in the preceding remarks our main object has been the welfare of the public service, we at the same time feel assured that the cause we have but too feebly advocated, is also that of a body of men who deserve well of their country; for under the most trying circumstances they have ever been found equal to the occasion, and applying themselves to their work of "benevolence and mercy" with a devotion not surpassed by anything recorded of any other class of men whatever.* An

* The case of the "Eclair," in which four Medical officers successively fell victims, is fresh in the recollection of every one.

The following table, showing the mortality from fever among officers on the Coast of Africa, during the frightful epidemic of 1837-8, speaks for itself. It will be seen that the Medical officers (nearly all of whom were Assistant-Surgeons), died in greater proportion than any other class of officers.

Ships' Names.	Lients. and Commanders.	Medical Officers.	Mates.	2d Masters in charge.	Warrant Officers.	Clerks in charge.	Total.
Usual number of each class borne }	1	1	2	1	1	1	
Bonetta	1	1	1	..	..	2	5
Buzzard	1	1	1	1	..	..	4
Forester	1	1	..	..	..	1	3
Dolphin	1	1	2	..	1	1	6
Fair Rosamond..	..	..	..	1	..	..	1
Viper . . . . .	..	2	1	..	1	1	5
Scout	1	1	2	..	1	..	5
Waterwitch....	1	..	..	..	1	..	2
Pylades . . . . .	..	1	..	..	..	..	1
Pelican.....	..	..	..	..	..	..	..
Raven . . . . .	..	1	2	1	..	..	4
Brisk . . . . .	..	1	1	1	1	..	4
Curlew.....	..	3	1	1	1	1	7
Etna.....	..	1	1	1	1	1	5
Total	6	14	12	6	7	7	52

The Scout, Pelican, and Pylades, were Commander's commands, and had corresponding complements of officers. The ratio of mortality among officers and men from disease was, according to Dr. Bryson's Report in 1837, in the ratio of 128·8 per 1000, and in 1838 of 129·9 per 1000.

ample measure of justice can be rendered them without prejudice to any one (for their elevation is nowhere sought at the expense of that of others); without even the slightest invasion of rule, principle, or dignity, on the part of the Admiralty; and without any additional cost to the country.

The admission of the Assistant-Surgeons to ward-room privileges will, with many other benefits, substitute content for discontent among those already in the service. Candidates in abundance, and these too of the highest qualifications, will no longer be found wanting; and the Naval Medical Service, instead of being as it is at present the most unpopular, will become one of the most popular of public medical employments.

We have thus briefly, and we trust temperately, endeavoured to draw attention to the case of the Naval Assistant-Surgeons, by presenting a plain statement of facts regarding their condition on ship-board, as being highly prejudicial to an important interest of the public service. We have also humbly suggested the means by which the grievances complained of may be remedied, and these officers enabled to render their services most efficiently available to their country; for, to use the emphatic language of one of the venerable and eminent corporate bodies of the kingdom, it is ever to be borne in mind "that their capability, not merely in their present rank, but in the higher rank to which they aspire, will depend in a great degree on the devotion of a large portion of their time to purposes of self-improvement; and that they may at any moment be called upon to treat the most difficult cases, to combat the most formidable epidemics, to dress the most serious wounds, and to

perform the most unusual operations, without those advantages which the medical gentlemen of the army for the most part possess—of unlimited access to books, and of obtaining the advice and assistance, in all difficulties and emergencies, of the most distinguished medical men, military and civil.”*

* Extract from Petition to House of Commons, from the Royal College of Surgeons of Edinburgh, Jan. 19, 1849.