

preposterous to order the Governor in Council or Commander-in-Chief to pick out, from among the list of surgeons, those best qualified for promotion to the medical board and divisional staff? I am surprised that you, Mr. Editor, the greatest and most judicious medical reformer of the age, should for an instant countenance a project so crude and undigested.

I believe I speak the sentiments of the great majority of the Indian medical staff, when I assert that we are opposed as one man to the innovation thus perpetrated on our seniority rights—not that we are all advocates for seniority promotion to the highest grades, but because we are opposed to irresponsible lay jobbing, by which hundreds may be unjustly injured in their prospects, whose only fault is that of not being personally known to the authorities who, for the time being, have the power of selecting, but whose qualifications for office may be the highest.

Being a Madras officer, I am enabled to say that the Medical Board and Superintending Surgeons have about as much to do with the medical patronage of the establishment as your honoured self. The Adjutant-General and the Private Secretary to the Governor hold nearly the whole civil and military patronage of this presidency; and in the divisions, the Superintending Surgeon has not the power of ordering the removal of even a native dresser from one station to another where his services may be required. All such changes must be affected through the office of the officer commanding the division! Is that as it should be? Are not the doors for jobbery and favouritism among us already wide enough opened, without adding appointments to the board and division staff to the list?

I have said above, that I am at heart a reformer, and approve of the principle of selection, provided it can only be purged of the above objectionable clauses; and I think it may be, to a great extent, though perhaps not entirely. I offer the following suggestions for the consideration of the court of directors, and hope they will there meet with a civil reception, as they cost nothing, and add a little to its patronage.

In the civil and military branches of the establishment the court retains in its own hands a certain amount of patronage. Why not in the medical? Its importance to the general welfare of the state is undeniable, and its numerical strength greatly in excess of the civil branch. Why not, therefore, in its highest office, retain the patronage the same as in the other two.

The court appoints provisional councillors to succeed to vacancies as they occur in council; they also appoint generals of division; why not appoint provisional members of the medical boards?

No one would complain much of being superseded by an appointment of the court, as all would feel satisfied that it could not have been the offspring of intrigue, or time-serving sycophancy; not so in the case of local appointments.

Let the court, therefore, add a supplement to their present order, naming a provisional member for each board, and adding an additional clause, providing that the boards are to have the entire selection of surgeons for promotion to the inspecting or divisional medical staff. To such an arrangement I believe all will readily submit, not only without murmur, but with expressions of approbation.

The boards should, in addition to the selection of superintending surgeons, have the adjudication of the whole medical patronage of the establishment, for the members being themselves the *élite* of the service, and familiar with the talents and attainments of all their subordinates, would be thereby enabled to assign to every man his proper place, and to every place its proper man.

Were this plan adopted, I feel assured that the service at large would always be ready to bow with respectful deference to the judgment of their professional superiors, which is far from being the case towards our present rulers, as each one would then naturally and justly consider that his claims and merits had been submitted to and decided upon by a competent tribunal, possessing the knowledge requisite for arriving at a correct decision.

The third and last step of reform I have to suggest is that of giving superintending surgeons more power within their respective divisions. At present, as said above, every movement of medical officers, from the highest to the lowest in the division, is made by orders emanating from the office of the division staff; this I esteem a grave error in our system, as having a tendency to render the inspecting medical officer comparatively a cipher in his own division. No one looks to him for anything—all go to the general, or his staff officer, for favours or indulgences, and can obtain them in spite of their medical superior, however undeserved in his estimation;

and *vice versa*, they may be withheld, however well merited, and strongly recommended by him. While this state of things is permitted to exist, for what purpose, I ask, is this vaunted departure from the rule of seniority promotion? As matters now stand, or rather did stand prior to the issue of these orders, we had rights to which in case of oppression we could appeal. Now we have none; we are utterly at the mercy of the oppressor, who can do as he pleases with us; from thenceforth to grumble or appeal to rights is in other words to seal for ever the fate of the already oppressed, even were he an angel from heaven, or a man endowed with talents almost divine! The reviled seniority system is therefore not without its advantages; it makes sure of bringing forward good men in turn, who being endowed with an honest independent spirit, may now be considered troublesome persons, requiring to be kept in the back-ground, while by conferring a right, which even the most autocratic governors are bound to respect, ensures, to a certain extent, greater independence of character than is likely to be found in men who are entirely at the mercy of authority. Viewing, therefore, with perfect impartiality, both sides of the question, I am still of opinion that the rule now set up, in lieu of seniority, will, in its present undefined form, prove a loss rather than a gain to the service, even as regards its efficiency. We have many autocrats in India, all of whom seem to consider the doctors humble vassals, or in common parlance, "fair game," on whom to exercise their brief authority.

Reverting to the passage you have emphasized by the use of inverted commas, and viewing it in connexion with the preceding statement, that Mr. Martin had succeeded in getting our retiring pensions established on a satisfactory footing, I take the liberty of enclosing a copy of a memorial, which, I think, proves that Mr. Martin's success has been less complete than you suppose. At all events, if you and he are satisfied, we who have to bear the burthen and heat of the day are not. Our complaint is not on account of the inadequacy of our pensions, but, to use the mildest term I can think of, on account of the invidious distinctions drawn between ourselves and the purely military branch, though we too are almost as much soldiers as they are. Its length will, I fear, exclude even the first nine paragraphs, forming the body of the memorial, from your pages, but still, I trust, now that you have thrown your powerful influence into the opposite scale, that you will not only not forget your own just and honourable principle, "*audi alteram partem*," but will even extend to us your support and advocacy, on the ground, that we do not complain of the smallness of our pensions, though small enough, but of the distinctions drawn between the two branches of the same service, which are wholly against ours. As regards rank, pay, pension, and period of service, the military is, beyond comparison, in advance of the medical officer.

Is it right or politic to excite heartburnings and enmity between the two brothers, by making such unjust distinctions? Having intruded so largely on your crowded space, I must bring this letter to an abrupt conclusion, and beg to subscribe myself,

Yours faithfully,

A REFORMER.

ON EXCISION OF THE HEAD OF THE FEMUR.

[LETTER FROM MR. H. SMITH.]

To the Editor of THE LANCET.

SIR,—My attention has again been called to the subject of "Excision of the head of the femur," by the clinical remarks of the distinguished Professor of Surgery in the University of Edinburgh, published in THE LANCET of last week. I should not have deemed it expedient to make any further observations in reply to Mr. Syme, were it not for the circumstance that I am alluded to in not a very favourable manner, in connexion with the case in which I operated some time ago. The following is the passage to which I refer: "In his lectures on anatomy, Dr. Barclay used to make frequent mention of those observers who 'see what they believe, and do not believe what they see.' It is doubtless to some such peculiarity of mental vision that must be ascribed the opinion lately expressed as to the cause of death in a case of the operation in question. [Reference is then made to my case, published in THE LANCET, Dec. 9, 1848, p. 637.] The patient had sunk with the ordinary symptoms of exhaustion, and was found, upon dissection, to have not only the 'whole extent of the cotyloid cavity bare and rough,' but also the lumbar vertebræ 'carious in portions of their bodies;' but yet the operator does not hesitate to affirm that there 'is little doubt the real cause of death was the disordered condition of the kidneys'—this disordered condition being referred from something in the

secretion, supposed to have been ascertained by microscopic examination." Now, Sir, it unfortunately often happens, that in order to serve a certain purpose, a portion only of some particular sentence, or remarks, is quoted, and inferences are arrived at by the reader that would be totally different from those which would be deducible were the quotation not so limited. Mr. Syme's remarks would lead persons to infer that he attributed death in my patient merely to some disease of the kidney which I had conjured up by a microscopic examination, and that I had entirely left out the diseased condition of the vertebra or cotyloid cavity, as contributing to his death; but if the reader will be so kind as to look to my report he will find the following remarks—whilst speaking of the fatal termination: "The post-mortem examination revealed so much mischief, as to show that this benefit could only be but temporary, and that it was impossible for Nature to bear up with eventual success, although one great source of irritation had been removed. *The disease in the lumbar vertebrae was sufficient alone, I apprehend, to prevent the patient from completely rallying*; but there is little doubt that the real cause of death was the disordered condition of the kidneys." Thus it will be acknowledged by every fair reader that I had by no means omitted to mention the disease of the vertebrae, as preventing the success of this operation; although I have stated, and still fully believe, from the symptoms the patient laboured under, that a fatty degeneration of the kidney was the exciting cause of his death. I did not wish to induce persons into the belief that the patient would have recovered had not the kidneys been so diseased—at the same time I have no hesitation in affirming, that he would have lived much longer, even though there were superficial caries of the vertebrae, and disease of the acetabulum, provided the renal organs had been quite sound. But Mr. Syme, it appears, insinuates that there was no disease of the kidney, when he talks of "this disordered condition being referred from something in the secretion, *supposed* to have been ascertained by microscopic examination." I only have again to state, as I stated in the original report, that not only was serious disease of the kidney diagnosed by that excellent and faithful observer, Dr. George Johnson, some time before the death of the patient, but that, by careful examination after death by the same gentleman, this diagnosis was perfectly verified; so that it was not merely a *supposition of disease* from "something in the secretion, *supposed* to have been ascertained by microscopic examination," but there was ample evidence of the disease from ocular examination of the organ itself after death; and such men as Messrs. Fergusson, Alexander Ure, and George Johnson are not likely to be mistaken in the morbid appearances of parts.

Now that I have done with the portion of the subject which was somewhat personal, I cannot help making reference to some of the remarks by Mr. Syme respecting the impropriety of this operation; and I can assure that gentleman, that it is with all due respect for him as a great surgeon and distinguished authority, that I do so. I cannot help feeling that it would be, in any ordinary matter, presumptuous and ridiculous in me to attempt to oppose any opinion of Mr. Syme; but my excuse for doing so now will be, I hope, the great attention I have paid to the subject, and the increasing interest I feel in it. Mr. Syme protests strongly against this operation, and states that "excision of the head of the thigh-bone for caries of the joint, should be regarded as no less erroneous in theory than objectionable in practice." And why? Because he states that the acetabulum is always diseased, and that it will not admit of removal. This is the grand argument with the opponents of this operation; but those who use it are either forgetful or ignorant of the changes which takes place in disease of the hip-joint of long standing. Admitting that caries usually involves the acetabulum to some extent, I nevertheless can affirm, from my own experience and knowledge, that there are certain instances in which serious disease is confined to the head of the femur, whilst none exists in the pelvic side of the joint. In all the successful cases in this country there was no disease of the acetabulum at the time the operations were performed, although there probably had been caries at a previous period of the complaint. In all of them the acetabulum was found to be so contracted as to leave hardly a vestige of the natural cavity, or it was filled up with new bone, which had been thrown out in the process of reparation; and yet, with all this, the head of the thigh-bone lay in its abnormal position, in a more or less carious condition, causing all the severe disturbance which was noticed in each case. Such, I apprehend, will be the condition of the parts in those cases in which this operation should be performed; and it is by no means difficult to under-

stand how it happens that the disease in the acetabulum stops, whilst that in the thigh-bone persists. Every surgeon is aware how, in caries of joints, new bone becomes deposited around them; and more especially how the sockets of joints become altered in their shape and appearance. In the instance of disease of the hip, after dislocation, and consequently after the removal from the socket of a foreign body, (which in fact the carious head of the femur must be,) a reparative process goes on, and new bone fills up the original cavity; whilst the head of the femur, from its large globular form, and from its peculiar texture, rarely takes on this process, but remains in its abnormal situation, acting essentially as a foreign body; therefore I cannot agree with Mr. Syme in considering the operation "erroneous in theory;" and as regards the practical value of the operation, this has been ascertained fully by Mr. White, whose death we have just now to deplore, and Mr. Fergusson; and those who will attentively read the history and symptoms of those cases published by these gentlemen, will be convinced of this; or if any gentleman will take the trouble to pay a visit to King's College Hospital at the present time, he will see striking evidence of the benefit of this operation in the case of the little girl on whom Mr. Fergusson operated about two months since. She is now able to move about the ward, and with the aid of crutches is able to put her foot to the ground.

But, Sir, in his attack upon this operation, Mr. Syme has entirely overlooked the main objection to it. He has not hinted at the great liability there is in such cases to the implication of some important organ in the scrofulous disorder, which is, for the most part, the cause of hip-disease. It is here that the main difficulty lies; and here, I am afraid that superficial observers and *too ardent operators* will fall into error. This operation, I am persuaded, might be accomplished in many instances with success, were it not for the fact of co-existent disease. I have at this present moment under my care a little patient in whom the condition of the hip is such, that I should not hesitate to resort to the operation; but the liver is enlarged, I suppose by some scrofulous or fatty deposit. In such an instance, it would, of course, be worse than useless to cut out the head of the femur. Further experience of this proceeding will soon settle the question as regards its propriety; and although the opinion of so eminent an authority as Mr. Syme will, to a great degree, retard its general adoption, at the same time, the opposition of one authority alone, however distinguished, will not, I am sure, in a liberal profession like ours, have the effect of causing the hasty abandonment of a proceeding which has been proved in several instances to be so eminently serviceable to those unfortunate beings who suffer from intractable and incurable disease of the hip-joint.

At the conclusion of his remarks, allusion is made to my inexperience and youth; and there, I admit, Mr. Syme has me; but this I cannot help, and there can be no doubt that it is a fault decreasing every day. At the same time, I must beg to state, what I hope those who know me at least will give me credit for, that it has not been without deep and serious reflection upon all points connected with this important subject, and not without having examined and paid great attention to nearly every case in which the operation has been performed in this country, that I have urged its propriety upon the profession. I cannot expect that any remarks of mine will be considered to have great weight; but I hope that the sentiments of one who is best qualified, both by his position and experience, to judge of the propriety of this proceeding, will soon be fully made known; and I have no doubt that then the enlightened practitioners of surgery in Great Britain will determine whether this operation should be resorted to or not.—I am, Sir, yours obediently,
Caroline-street, Bedford-square, March, 1848. HENRY SMITH.

MR. GAY AND HIS REVIEWERS.

[LETTER FROM MR. GAY.]

To the Editor of THE LANCET.

SIR,—I hope, by a few words, to close a correspondence with Mr. Luke, which I sincerely trust may not "leave any recollection of offence on either side."

I cannot, however, admit that in my first letter, by the use of even an ambiguous expression, I led your readers to infer that, after Mr. Luke's disavowal, I persisted in attributing to him, or to either of his colleagues at the London Hospital, "the opinion alluded to by the editor" of the *Medico-Chirurgical Review*. My allusion in that letter to the circumstances which had transpired between Mr. Luke and myself