ing to you our heartiest congratulations on your accession to the chair of Clinical Surgery lately rendered vacant by the death of our beloved and revered master, Liston.

"Such an expression of our feelings towards you, Sir, might at first sight be deemed somewhat premature; but this objection falls to the ground, when we state that we feel ourselves called upon to obviate any erroneous impression as to the spirit in which we receive you, which might arise in the mind of those who judge of your connexion with us through the media of certain organs of the press only.

"But apart from this, Sir, we sincerely welcome you among us; for the reputation you have so justly earned both as a surgeon and teacher of surgery, not only entitles you to our highest respect and warmest admiration, but becomes, at the same time, a subject of self-gratulation now that we can look upon you as our teacher.

"The death of Mr. Liston had thrown a gloom over our studies in surgery, which threatened to be well nigh permanent; but your appearance among us, Sir, has done much, and will do more, towards dispelling that gloom, since while his death will be long felt by us, we have the comforting assurance of believing that you are he whom Mr. Liston would have nominated as his successor.

"That you may long continue in the office you now hold, to carry out the work which Mr. Liston began among us, and that you may ever have a satisfaction in that work commensurate with your abilities for the discharge of its important duties, are the desires and sincerest wishes of, Sir,

Your most respectful pupils."

[Here follow the signatures of upwards of 180 gentlemen in connexion with the Medical School of University College.]

Copy of Mr. Syme's Answer to the Memorial presented by the Students of Medicine in University College.

"Gentlemen,—I receive this expression of the feeling entertained towards me by the students of medicine of University College, with great pleasure. Sentiments of mutual respect and regard between a teacher and his pupils not only increase the comfort, but greatly promote the benefit derived from their connexion. Since entering upon the discharge of my duties at the hospital, I have witnessed with extreme satisfaction the deportment of the gentlemen who pursue their studies there. The diligence and intelligence which they display in the acquisition of professional knowledge afford me the strongest encouragement to exert every effort in my power for their instruction; and I venture to hope that the confidence they have thus early been led to place in me, will not be diminished in the course of their longer acquaintance. My old connexion and intimate friendship with Mr. Liston enable me to appreciate the loss they have sustained by his sudden and premature removal from the field of honour and usefulness which he so worthily occupied. It would be difficult, I fear impossible, to supply this loss; but so far as it may be in my power, I shall constantly and earnestly endeavour to prevent their interests from suffering by the sad event that deprived them of so able a teacher, and the profession of so bright an ornament.

(Signed) JAMES SYME.

"22, Bruton-street, March, 1848."

THE POOR-LAW UNION MEDICAL RELIEF.

[LETTER AND MEMORIAL FROM MR. NOEL, WORCESTER.]

To the Editor of THE LANCET.

SIR,—I think that by your giving publicity to the decision came to by the majority of the guardians in the Martley Union, on the 7th Feb. 1848, who took into consideration the accompanying memorial, you will be conferring a very great benefit upon the union surgeons in particular, and upon the profession generally.

The memorial was presented to the board on Jan. 24th, and the 7th of February was appointed on which to consider the matter. After a lengthened discussion, the votes were requested upon a motion to the following effect:—"That the salaries of the surgeons be increased by the whole amount which Government have consented to take upon itself to allow." Much was said on one side about being able to get surgeons to take the duty for the present inadequate remuneration; also, "if it is not to the liking of the surgeons, why do they keep the appointments?" At the same time, they fully admitted that some change must take place before long—perhaps in a year or so. Will it be believed that the motion was lost by one? A single member of the board refused to vote at all. Had that gentleman voted in favour of the motion, the board would have been equally divided, and I have every

reason to think that the chairman would then have given his casting vote in favour of my petition. It is a great deal to say, that all the *ex officio* guardians voted for the increased salaries.—I am, Sir, yours obediently,

D. C. NOEL.

To the Board of Guardians of the Martley Union.

MR. PRESIDENT AND GENTLEMEN,—Some ten months back I had recently entered upon the onerous duties of surgeon to the Hallow and Holt &c. district of Martley Union. A highly well informed reverend gentleman of the district (unsolicited) told me that the medical officer was much underpaid. My own convictions and anticipations, previously, were of a similar tendency; but for all I determined to try and prove to demonstration the accuracy or inaccuracy of these surmises; and it is after a twelve months' trial, vexation, disappointment, and loss, that I venture to call your attention to a matter, which only, I should hope, needs to be known to be remedied—namely, the inadequacy of the remuneration, in comparison with the very heavy duties expected, and performed to the utmost of one's ability.

In every business, calling, or profession, the public accord to the persons in these, their several positions or engagements, a remuneration bearing some proportion to the labour and application bestowed, the time absorbed, the money expended, the fatigue of mind and body endured, and the responsibility resting with the individual—and this is nothing but just and proper; but so different is it in my case, and, I am grieved to say, in many cases among parish or union surgeons, that I had nearly qualified the above by making the surgeon an exception, and as having no part in this otherwise well-understood and wide-spread rule.

I beg to be permitted to state, that the district is one that comes up to the full superficial acreage sanctioned by law, and if difficulty of access, bad and impassable roads, number of turnpikes, &c., were limited in a similar manner, I venture to assert that this district would in those respects also be said to be quite up to the standard.

It is fitting that the surgeon to the district should be one residing in Worcester, for the simple reason that no surgeon lives in the midst of the district, or nearer to its several points taken as a whole; but still the excess of the amount of work, and the distances required to be gone over, from the mere fact of the disadvantageous position of the residence of the surgeon, should have some weight, and induce your honourable board to allow a larger amount of salary than if the surgeon lived in the middle of the district. The district being in shape a (rather irregular) parallelogram, the surgeon living some two miles outside, and towards one angle, it will at once strike any one how much more difficult it is to perform the duties of the office, and how much further the surgeon is removed from the scenes of his labours than if he lived in the centre.

The irregularities of the paupers demanding one's time and presence is another ground on which I would found a claim to better remuneration, for, from the want of the observance of any kind of rules as to the time of their attendance, the annoyances and difficulties are multiplied several fold. They are coming at all hours of the day and night, and that about the most trifling complaints, ever suiting their own convenience.

The quantity of medicine required in the year has been ordered in upwards of 500 prescriptions, most of them containing a double mixture, with one or more articles besides, such as pills, powders, blisters, embrocations, &c. It is my firm conviction, that there is not a chemist who would not have charged £50 for that amount of medicine, just in the regular course of business, and charging very moderately too.

I can very safely say, without fear of contradiction, that I am a loser by some amount from last year's appointment to fill the office of surgeon to the Union. I never got one penny from private practice in the district, save and except £1 from the parents of a child "out at nurse," and which child I had an "order" to attend, and did attend, according to "order," but on my representing the injustice of the affair to the very respectable parents, they consented to pay for the attendance on the child. I could mention many instances where parties were quite, and well, able to pay for medical attendance, but still they had their "order," and I was compelled to give alms to the rich in shameless beggars' disguise. In one barefaced instance, another surgeon was called in between my visits, unknown to me at the time, and had his £1 ls. paid him without the least hesitation. From the fact of my being out sometimes four and five hours at a time, about the Union, I have of necessity suffered by it with respect to my private patients. The amount of salary does not come up to the amount allowed

in many other Unions for about a similar sized district, and the same amount of labour &c. Earnestly trusting that you will give the subject your early and favourable consideration,

I am, Sirs, your obedient servant,

DAVID COLE NOEL, M.R.C.S. & L.S.A.

Lowesmoor House, Worcester, 1848.

UNJUST TREATMENT OF NAVAL ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—The lamentable and degrading position of the assistant-surgeons of the Royal Navy must have attracted some considerable share of public discussion and attention, and the civil practitioners of the United Kingdom must now be convinced that there is the most urgent necessity for immediately calling on government to redress their unqualified grievances.

Our heartless treatment in the navy may well command the speedy consideration of a government which is professedly liberal. There are abuses in all grades of the naval medical service, from the director-general down to the assistant-surgeons; the most palpable and gross grievance of all is the derogatory and degrading treatment of the junior naval medical officers.

Any one who has perused the letters in the naval and military journals, from the executives of the service, against our advancement, must see how fallacious, bigoted, and inconsiderate are their objections to our increase of comfortable privilege; doubly must they feel the weakness of their cause when the public press is at utter variance with their unjust and arbitrary views.

To refute assertions based on prejudice and absurdity is no difficult matter; nor even is it necessary, such assertions having none other reason to recommend them than that reason which would emanate from a dogmatical dotard—that in the naval medical service those abuses that have been must still exist.

Custom may be a strong law, but that peculiar custom is injurious and insulting to the junior medical officers of the navy, which is degrading and illiberal to the contemplation of the whole body of the medical profession, is uncalled and improper. To cage us on shipboard with mere boys, and rank us “*with, but after*” mates, learners of that they have to learn, is not correct. It is a matter of surprise, that a midshipman or a mate, before he has passed the Naval College, should be considered in any other light than a cadet—a learner, of course of varied growth, as are the gentlemen cadets of Woolwich and Sandhurst, who have no rank before they enter their respective sections of the British army. Yet a midshipman ranks with an ensign of the army, a mate with a lieutenant of the army. On this subject of rank, some of the senior naval executives affect to feel a great consideration for the mates; they envy us our paltry pay of seven shillings and sixpence per day, and would, if their abilities and their cause were on a par with their abject wishes, check our advancement in the service, perhaps by depreciating our utility, on which point but one rational opinion exists in the minds of the educated and right-thinking British public.

Is there anything unreasonable,—is it not just to the whole body of the medical profession, that the assistant-surgeons of the Royal Navy should have the rank, pay, and accommodation of chaplains, on admission into the naval service? We solicit a uniform, which can create no unpleasant and degrading comparison, as we now daily feel. Let any one see our one and unseemly epaulette on the right shoulder. Is this uniformity! The fact that we are all highly qualified surgeons before entering the naval service appears to have been overlooked and forgotten, and the sooner the term of assistant-surgeon is discarded from the army and navy, the better, to establish various grades of surgeons, as that surgeons after twelve years’ service rank with commanders R.N., and assistant-surgeons, on admission, rank with lieutenants and chaplains of the Royal Navy. Our duties are irrespective of the executives, and no hindrance to the public service can possibly occur from this just and equitable arrangement. When we have cabins and a seat at the ward-room table, topography and disease will then be more voluminously handled with the energy and ardour so characteristic of scientific men. The junior naval medical officers are at present debarred from study, which is utterly impossible amongst the noise and riot of thoughtless youngsters. To make amends for this deficiency, and delay to our mental advancement and improvement, the naval instructions direct us, after three years’ service, to present ourselves before the Royal College of Surgeons of London and Sir W. Burnett for examination, before we can be eligible for promotion to the rank of surgeon of the navy. We must furthermore perform the operations on the dead subject. At this period we

are necessitated to go on the half-pay of three shillings per day for six or eight months, at considerable expense, and our time, not wanting for service, because we are denied one solitary accommodation for study.

When we have cabins, this second examination can be reasonably dispensed with; but an excellent regulation would it be, that every medical officer, on paying off from a ship, before he be employed again, do go through the operations on the dead subject, and report some cases from a recognised hospital, of fever, syphilis, chest-disease, rheumatism, and accidents, to the director-general; but that no medical officer be obliged to fag through this ordeal more than once in three years. Make this regulation imperative, and a great service will it be, and a great advantage, to dispense with Cullen’s “*Nosology*,” which, in the present and advanced state of medical science, is obsolete and arbitrary—e.g., the classifying “*gunshot wound with scabies*”!

To crush the well-tutored mind of many an industrious and observing student, on his entering the naval service, is cruel in the extreme.

There is no second examination required in the army medical department before an assistant surgeon is promoted. A mate is not required to pass a second examination before he is promoted to lieutenant, nor is any further test of proficiency required from the lieutenant in ascending to the higher branches of the service. It may be asked, and answered,—How long can a naval executive be in being promoted to the rank of captain? Nine years; but he must not be under twelve years of age on admission into the service. Instances are frequent of captains being made between twenty-two and thirty years of age in the royal navy, and this is effected by interest, though occasionally by services. When the youngster passes the Naval College for mate at nineteen years of age, the next day he is eligible for a full-blown lieutenant; two years’ service as a lieutenant, he can be promoted to the rank of commander; one year’s service as commander, he can come out as a captain of the royal navy.

Now we may inquire,—What extent of ascension of rank is allowed in the naval medical service, and what is the average period for promotion to the higher branches of this department? Sir W. Burnett, the “*director-general*,” ranks with, but after, a commodore of the second class, which is a local rank only retained on active service. The naval assistant surgeon ranks with, but after, a mate. This “*with, but after*,” does not exist between the army executive and medical officer; and why should it in the naval service? Of course it will be said that custom justifies this regulation. This, however, is the just explanation. Two instances will suffice to illustrate this point. If there is a vacant cabin on shipboard, it may be allowed to one of the officers of the berth; if there is a mate, he will get this accommodation before the assistant surgeon, which procedure is qualified by the three arbitrary words, “*with, but after*.” If there be the oldest surgeon in the service, and the youngest naval lieutenant in a line-of-battle ship, the surgeon is doomed to vegetate in a cockpit cabin, the young lieutenant is located on the lower fighting or main-deck of the ship, because of the words “*with, but after*.” The oldest surgeon in the navy ranks with, but after, the youngest naval lieutenant.

To advert to another portion of my inquiry,—What is the average period for promotion to the higher branches of the medical department? We may state that nine years is the average time, and in this period we sleep in hammocks, mess with boys, get grey-headed and disgusted, and are then considered by the naval regulations fit company for young naval lieutenants as surgeons of the navy. Four years we must serve as surgeons before we are deemed eligible for promotion to the rank of deputy inspector, which few obtain, this rank being evidently intended by the late naval and military commission as a retirement for the older naval surgeons, and as a reward to the surgeons afloat for services.

Deputy inspectors are promoted to be inspectors of hospitals when these latter gentlemen die or retire, being literally worn out from the constant fatigue of body and mind.

Why were the medical officers of her Majesty’s ship “*Gorgon*” not promoted? Why were they an exception to the executives, who were all liberally treated? Such gross neglect demands redress.

Why is it that a disparity of rank exists between the deputy inspector of the army and of the navy when compared with the executives of their respective services? The deputy inspector of the army ranks with a captain of the navy or a lieutenant-colonel of the army; the deputy inspector of the navy with a commander R.N., and a major of the army.

The inspector of the army ranks with a brigadier-general and a commodore of the second class, R.N.; the inspector of