as it has been for years, and is available for just the same number of men, and no more.

The *Broad Arrow* need not dread any increased mortality from keeping men in the Himalayas, the climate of many parts of which is not inferior to that of even the Malvern hills, while the argument about British soldiers being sent to India for useful purposes and not for sanitation is very easily answered. In India there must always be what is in reality a reserve army of Europeans, for if there be merely the necessary number of British soldiers to keep stations or large centres of population in the plains in order in times of peace, what troops are to perform this duty should it be necessary at any time to form a field army? The troops necessary to form such a field force must always be in excess of what are necessary to hold strategic posts, and that number, being virtually a reserve, should be always available for residence in the hills in ordinary times and circumstances.

As to the other argument—that it is of importance to have British troops always in view, so as to remind the natives of their presence,—let me ask which is most likely to impress a disaffected native population with awe, the sight of a splendid and efficient brigade of British soldiers coming down from the hills for a winter camp of exercise, or the sad and mournful spectacle of a cholera-stricken corps moving feebly along, in the heat and rains, from place to place in its endeavours to escape from pestilence and death? In fact, no unprejudiced man of Indian experience can believe that there is any real necessity for keeping such large numbers of British soldiers in the plains of India in ordinary quiet times; and on this account it is, I conceive, a subject for regret that such an increased amount of barrack accommodation, and at such an enormous cost, should now be sanctioned, as the existence of such accommodation will always induce the Government to insist on its being made available, whether the troops who occupy it are really required in the locality or not.

I have seen within the last few days an article in a weekly paper connected with India, in which the subject of more hill stations for British troops is enlarged upon, the chief difficulty, it is alleged, having been that the military authorities, from Lord Strathnairn to Colonel Norman, have been unable to see their way to the withdrawal of any large portion of the European force from the plains for location in the hills. This statement, as far as it refers to Lord Strathnairn, I may venture to say is quite incorrect, as his Excellency, during the whole period of his command in India, urged and pressed, as I have already said, for a very large additional number of hill garrisons, and was of opinion that, in all ordinary times, one-third of the British troops in Bengal might be in the hills. It has been the *civil*, not the military, authorities who have so tenaciously held to the necessity for having our invaluable British troops scattered over the length and breadth of the hot and arid plains of Hindostan.

The *Broad Arrow* gives the *casualty*-rate in the British troops for 1867 as 78·28; a number, however, which includes the men invalided and those sent home for discharge. The death-rate was 30·95—a much higher rate, I grieve to say, than that which marked several preceding years, but quite and entirely accounted for by the ravages of cholera, which spread over Northern India subsequent to the dispersion of the pilgrims from Hurdwar.

There is but one other point to which I will allude, and that is the contrast drawn in the *Broad Arrow* between the efficiency of the corps which marched down from the hills to take part in the siege of Delhi, and that of other regiments which had come from Meerut, Dinapore, &c. I have always understood that the regiments from the hills on that occasion did excellent service; but had it been otherwise it would have been a matter for no surprise, as it is well known that prior to the mutiny, and, in fact, since the mutiny until now, regiments were not, and have not been, sent to the hills till their efficiency was wellnigh destroyed by sickness at severe and trying stations in the plains. This is not the way to test the efficacy of hill climates: they should be made use of prophylactically, and regiments still in health should get their regular tours on the hills, so as to keep them healthy and efficient.

I am, yours &c.,

Royal Victoria Hospital, Netley,
Feb. 4th, 1869.

G. S. BEATSON, M.D.,
Inspector-General of Hospitals.

THE NAVAL MEDICAL SERVICE AND THE PRESENT GOVERNMENT.

To the Editor of THE LANCET.

SIR,—Having once been numbered amongst the medical officers of the Royal Navy, I watch with interest the course of events occurring in connexion with the service, more especially such as concern my former associates.

I am happy to find that the medical press is alive to the danger that now threatens the naval medical profession, and that THE LANCET deprecates the contemplated degradation of the chief functionary—namely, the Director-General.

Another subject has caused me anxious thought for some time past—viz., the reduction of the medical staff of Greenwich Hospital below the normal standard. It is an instance of bad faith, for the doctors were to continue to hold active appointments at the hospital, according to a statement made by the Admiralty. The present Government is wholly responsible for this state of things; for by their clamour when in Opposition they induced the late Government to cancel the appointment of Inspector-General, and now they permit the office to remain vacant. A recent act of the present Liberal Government transcends belief—viz., the establishment of a sinecure governorship of Greenwich Hospital, at £1000 or £1200 a year.

I purpose bringing the matter before the profession and the public in the form of a pamphlet at the earliest opportunity.

I am, Sir, your obedient servant,

FREDERICK JAMES BROWN, M.D.

Rochester, February 9th, 1869.

ON CONICAL CORNEA.

To the Editor of THE LANCET.

SIR,—A very short notice in THE LANCET of a clinical examination of mine, on a case of conical cornea, to the Medical Society of London, has been made the subject of comment by Mr. Carter, who suggests that I have committed an error in diagnosis.

Mr. Carter has not seen the patient, nor is he aware of the remarks I made at the Society. I shall not address myself to Mr. Carter directly, as I greatly desire to avoid every chance of controversy; I rather speak to your readers, before whom I am unwillingly drawn.

Discussion is unnecessary as to the pathology of conical cornea, and all relating to physical changes in the cornea in general, is well known.

I believe it will be taken for granted, by all who know me in the profession, that I am not ignorant of ophthalmic subjects, and that I am qualified to examine an eye in any condition of disease.

I examined the patient in question by every known method of investigation, as a matter of interest for obtaining knowledge, and for the sake of teaching others. Moreover, she was carefully examined by six gentlemen thoroughly conversant with ophthalmic medicine and surgery, and by several physicians and surgeons. After that, she was shown at a Medical Society, where there happened to be a large gathering of members, and was there inspected by a great many men who were quite capable of appreciating what I pointed out.

With regard to the remark about Mr. Bowman, anyone who will refer to my work on the “Surgical Diseases of the Eye,” will see how I have spoken of him in connexion with the operation.

It only remains for me to say, that the case was a genuine one of conical cornea, and that the operations which I performed were attended with more than expected results.

Nothing shall induce me to notice the subject any further, and therefore it is concluded, as far as I am concerned.

I am, Sir, your obedient servant,

HAYNES WALTON,

Surgeon to St. Mary's Hospital and to the
Central London Ophthalmic Hospital.

Brook-street, Hanover-square, Feb. 8th, 1869.

To the Editor of THE LANCET.

SIR,—Mr. Carter, in his remarks on Mr. Haynes Walton's case of conical cornea, assumes, with a great want of pro-

fessional courtesy, that an error of diagnosis was made, and that the case was really one of astigmatism. Such a mistake could scarcely be made by a surgeon of Mr. Walton's large experience and accurate powers of observation; and I do not believe that the merest tyro, who has once seen a case of conical cornea, would have the slightest difficulty in recognising a well-marked case of the same disease. In reference, however, to the particular case in question, as I was present at the second operation on the second eye, I had an opportunity of examining the cornea closely; and I have no hesitation in saying that a more decided case of conical cornea never existed.

I am, Sir, your most obedient servant,

W. SPENCER WATSON,

Assist.-Surgeon to the Central London Ophthalmic Hospital.
Montague-street, Russell-square, W.C., Feb. 8th, 1869.

P.S.—Dr. Broadbent, who was also present at the operation, will, I have no doubt, add his testimony to mine on this point of diagnosis.

To the Editor of THE LANCET.

SIR,—I have read in your impression for February 6th, some critical remarks on conical cornea by Mr. Carter, where, in referring to a case lately operated on successfully by my colleague, Mr. Haynes Walton, afterwards exhibited by him at the Medical Society of London, he says he "cannot avoid the suspicion of an error in diagnosis." I was present on one occasion when the patient was operated on, and examined the eyes. The case was decidedly that of conical cornea in either eye. Reviewing all the circumstances of the case, I cannot conceive how the question of error in diagnosis could have suggested itself.

I am, Sir, your obedient servant,

J. SEBASTIAN WILKINSON, F.R.C.S. Eng.,

Surgeon to St. George Hanover-square Dispensary, and Assistant-Surgeon to the Central London Ophthalmic Hospital.

Davies-street, Berkeley-square, W., Feb. 8th, 1869.

MEDICAL TRIAL.

COURT OF CHANCERY OF THE DUCHY OF LANCASTER.

(Before Vice-Chancellor JAMES.)

FITZPATRICK V. SMITH.

THIS case was recently heard by Vice-Chancellor James, at his Chambers in Chancery-lane, and is one of some medical interest.

The plaintiff, Dr. Cornelius Jonathan Fitzpatrick, of Seaforth, near Liverpool, sought an injunction to restrain Dr. Charles Swaby Smith from acting as medical practitioner within ten miles, as the crow flies, according to agreement entered into between the two parties.

It appeared that the defendant, who is a M.D. of Edinburgh, a Member of the Royal College of Surgeons and Licentiate of Apothecaries' Hall, was for some time in practice at Berbidge. Wishing to remove to some place where he would be able to acquire a more extensive practice than there was scope for at Berbidge, he advertised, and eventually sold his practice, which was bringing him in £400 to £500 a year, and in March, 1867, entered into an agreement with the plaintiff, Dr. Fitzpatrick. According to this agreement, Dr. Smith agreed to act as physician at Seaforth for two years, fulfilling the duties of an assistant, under the advice and approbation of Dr. Fitzpatrick. In return, Dr. Fitzpatrick was to pay him a salary of £200 a year and 25 per cent. of all profits over £1000 per annum. It was provided that the plaintiff, Fitzpatrick, should have power to determine the agreement at three months' notice, in case of misconduct. If both parties agreed, the defendant was to be admitted to a quarter share in the business at the end of two years. There were other provisions in the agreement, but the clause on which the plaintiff based his case was the eleventh, which was to the effect that, in case Smith should cease to be assistant, or one or both should decline to enter into partnership, Smith should not practise within a radius of ten miles.

It appeared that soon after defendant entered on his duties, defendant's solicitor made formal application for his client to be admitted into partnership. Plaintiff's

answer was that he had grounds for dissatisfaction against defendant, and intended to give him three months' notice.

A correspondence ensued, and on February 15th, 1868, plaintiff wrote to the effect that defendant had gradually fallen off in his attendance at the surgery, &c. Plaintiff concluded by laying down fixed hours at which he insisted on defendant's attendance at the surgery.

On February 21st defendant replies that these restrictions debar him from attending patients, and make him a mere compounder of drugs. He concludes by threatening to file a bill in Chancery unless he is restored to his proper footing.

On February 24th plaintiff gives formal notice to defendant to leave in three months, and orders him to remove the brass plate on the defendant's residence and elsewhere, on which were written their common names.

On February 26th or 27th a "scene" ensued, and resulted in plaintiff ordering defendant to leave his house and break off all intercourse with him. When, later, plaintiff found that defendant had issued circulars to his patients, soliciting their practice, he took steps for seeking this injunction in Chancery, restraining defendant from practising at Seaforth, in accordance with the terms of the agreement.

A great many affidavits were submitted.

As soon as the lengthy evidence had been gone through, his Honour gave his opinion that plaintiff had failed to make out his case. There was no doubt that defendant had ceased to be the assistant of Dr. Fitzpatrick according to the eleventh clause, but this was through the act of plaintiff, not through misconduct on the part of defendant. Plaintiff could not, therefore, enforce the injunction. In the notice given by plaintiff to defendant he could not find any breach of agreement alleged. The dispute evidently arose from misconception on the part of plaintiff as to the nature of the communication made by defendant to plaintiff's solicitor. Defendant did not write to enforce or threaten, but simply referred to the agreement, and thought plaintiff might take him into partnership before the stipulated time. It was, he believed, the solicitor's breach of confidence which led to the dispute, and to language not very creditable on both sides. The plaintiff violated the engagement by giving three months' notice without warrant. Plaintiff had no right to say, "I have put an end to the agreement without cause; and now I seek to put the agreement into force to restrain defendant from practising in my neighbourhood."

The case lasted over four hours.

Obituary.

JOSEPH HODGSON, Esq., F.R.S.

WE have this week to record the loss of one of the oldest and most respected members of our profession, in the death of Mr. Hodgson, which took place at his house in Westbourne-terrace on Sunday, the 7th inst., he having survived his wife scarcely three days. Mr. Hodgson was born about eighty years ago at Birmingham, being the son of a merchant. He was educated at King Edward VI.'s School in that town, and was a pupil of Mr. Freer, surgeon to the General Hospital. He subsequently attended as a pupil at St. Bartholomew's Hospital, being in early life the intimate friend and co-worker (though somewhat younger) of Travers, Brodie, and Lawrence—all three born in the same year. He was admitted a member of the College of Surgeons in 1811, and in that year obtained the Jacksonian prize, "On Wounds and Diseases of Arteries and Veins"—the basis of his well-known work published in 1815 on those subjects and on Aneurism, which was translated by German authors. He commenced practice in King-street, Cheapside, where he resided until 1819, when, his health failing, he was advised to leave London. He then took up his residence in Birmingham, where he for many years held the appointments of surgeon both to the General Hospital and to the Eye Infirmary. For a period of thirty years he was engaged in one of the largest and most important practices perhaps