would be military command; and this could not be granted without disorganizing the army altogether, for as the medical officer so must the members of the other civil departments be treated. Moreover, such duties would entail upon the medical officer the absolute necessity of educating himself as a military officer, and the articles of war, Queen's military regulations, works on courts-martial, &c., would have to be studied as much as purely medical publications; whereas all his time and study should be devoted to his profession, and to that alone.

2nd. As regards forage. Forage in the army is not a *rank* allowance, but is governed by the *duty* the officer has to perform. Thus a lieutenant-colonel of cavalry is allowed forage for four horses, whilst a lieutenant-colonel of infantry, with the same rank, is allowed only one. Every military officer who draws forage is obliged to have it certified by the officer in command that a horse is *necessarily* kept—that is, to enable him to perform his duties. And if the medical officer is granted such a certificate, forage for one or more horses is given to him likewise. Many medical officers are not aware of this; they see that a colonel or a major is always allowed forage because their duties require them to keep a horse. Again, a surgeon of cavalry says, “the lieutenant-colonel gets forage for four horses; so ought I.” But the reason the lieutenant-colonel of cavalry is allowed four horses is that he is in greater danger of losing his chargers in action or on outpost duty; and, moreover, actually requires more horses to perform his ordinary duties efficiently than the infantry colonel.

Again, complaint has been made that the medical officers cannot, in consequence of the reduction of the second assistant-surgeons of regiments, get much leave of absence. This reduction was made by the late Lord Herbert, who thought that two medical officers were sufficient for a single battalion, and he, therefore, reduced the junior assistant-surgeons. (This, however, had the effect of rendering promotion to the rank of surgeon quicker.) Reductions were also made in the higher ranks, but these were the necessary consequence of previous augmentations for anticipated hostilities with America, the China war, &c. Every medical officer appears to be able to get at least two months' leave a year, and if he is sick a very much longer period. It has also been complained of that regimental surgeons in India are not allowed to exchange. Surgeons of regiments in India have not been allowed to exchange because there are staff surgeons serving in India at a much lower rate of pay, and to whom it is but just to give a regiment when a vacancy occurs; but if a regimental surgeon has served abroad five years, he can be removed to the staff for a tour of home duty, if he wishes, provided no expense is entailed upon the public.

Again, it is said that medical officers are called upon to pay the expenses of recruits that have been rejected after having been passed by them. But the public must be protected. Payment is enforced only in palpable cases, and where the recruit has been reported unfit by a board of three medical officers, as well as by the surgeon of the regiment or dépôt to which the man belongs. If a military officer passes a man who is only 5 ft. 1 in., and who ought to be 5 ft. 2 in., he also is made to pay the expenses.

Individual cases have been quoted to show favouritism; but all are capable of explanation. For instance, that of Dr. Becker. This gentleman was employed as an acting assistant-surgeon before he passed the competitive examination; and on being admitted into the service, was allowed the benefit of previous service, in the same way that all other acting assistant-surgeons were when they passed the examination and became permanent. Dr. Becker delayed presenting himself for the competitive examination in consequence of his being employed in China on special duty as pathologist.

The army medical officer may justly think the period he has to serve on full pay, before being allowed to retire, too long. This is a real grievance, and is the chief cause of the length of time the assistant-surgeon has to serve before he gets promotion. The wear and tear of the constitution of the medical officer, the anxieties he has to undergo in the hospitals of the tropics, and the exposure to climate day and night, in comparison with the military and other officers of the army, entitle him to more consideration on this score; whereas he is worse off than the military officer, who can retire in twenty-five years, but who can enter the army at eighteen, which the medical officer cannot do. Moreover, arduous service for so long a time prevents his looking forward to anything but crippled health after a period of twenty-five years on full pay; and therefore it would be but an act of justice to shorten this period, and to give the rate now given for twenty-five years to those who have served twenty-one years.

In conclusion, with this exception, the Medical Department

of the Army holds out a good career for the young medical aspirant. £200 a year to commence with, *certainty* of promotion up to the rank of surgeon-major on completing twenty years of full pay, for the mediocrists, with the prospect of promotion by selection at an earlier period for distinguished service; half pay if disabled by ill health; and optional retirement at twenty-one years (if this could be obtained), on at least £300—is better than the majority of those who enter the profession can look forward to in civil life.

I am, Sir, your obedient servant,
September, 1863. A DEPUTY INSPECTOR-GENERAL.

DIPHTHERIA AT CARLISLE.

To the Editor of THE LANCET.

SIR,—Touching the subject of diphtheria, which is at present prevalent in Carlisle, I must confess that the stimulating diet and treatment with tincture of irons has totally failed; for more deaths, I believe, have occurred where such treatment was available than amongst those who could not obtain such expensive regimen and diet: a *mild* nutritious diet is best. Many cases have come under my care in every class of life, and have generally been preceded by bilious symptoms, and great prostration of the nervous power. Enlarged glands, with an intense redness and relaxation of the mucous membrane of the throat and mouth generally, show themselves early, and in many instances, a false membrane, like thin and dirty pieces of wash-leather,—easily removable by artificial means, only to be speedily reproduced,—offers itself to view. In other cases—certainly more rare—the exudation is of a pearly whiteness, and fringes the free edge of the soft palate and tonsils, as solid and white as if it were the boiled albumen of an egg. Any local application, with the exception, perhaps, of a very strong solution of lunarcaustic, and better still, a strong solution of chlorinated soda, as recommended by Dr. Budd, has little or no effect: it is not a local disease, but a disease of the whole system. Scanty, high-coloured, and acid urine, passed at rare intervals, which makes the patients, or friends, cry out that they do not make water properly or in due quantity,—almost pointing to partial paralysis of the kidneys, a kind of ischuria renalis,—is a frequent symptom. The great prostration, nearly amounting to general paralysis, I have seen persist for many weeks at a time, and yet the person recover. Some cases I have seen apparently getting better—the mouth cleaner, the nervous prostration lessened, and the appetite partially restored, when paralysis of the soft palate and gullet set in, and all the other symptoms returned. One case I had that ultimately recovered, in which the mother used every morning to pick off the soft palate large quantities of the solid albuminous-looking exudation, and in this case, when the child was much improved,—in fact, when it was apparently convalescent,—it lost all power over the movements of the head. Whichever way the head was turned there it lay; if it was thrown back, or to one side, or forwards, there it remained till differently placed by the hands either of the patient or of a bystander. To combat these symptoms I generally begin with an emetic and gentle aperients, to try and correct the secretions; these are difficult and slow of correction, but sometimes suddenly change. The tongue becomes clean, sometimes suddenly, and looks, where the fur had been, as if it had been scooped out, such is the impression left. This impression leaves after a few days, provided the recovery goes on favourably. The enlarged glands and diphtheritic membrane have yielded best, in my hands to an alkaline treatment, and the action of the kidneys also is best restored by alkalies. My treatment in the way of medicines has been a mixture as follows:—Carbonate of ammonia, carbonate of potash, nitrate of potash, hydriodate of potash, and chlorate of potash, of each and every one of these ingredients, one drachm; water, eight ounces: from a teaspoonful to a tablespoonful, according to age, every three hours. I have certainly seen decided improvement under this treatment; and, again, I have seen the recovery but slow. But most certainly this alkaline treatment answers better than an acid treatment. Whooping-cough, measles, and scarlatina are also prevalent here just now.

But what I want to point out more particularly is the rapid effect of change of locality. The child I mentioned who had paralysis of the muscles of the head and neck was restored by

change to the sea-side in two or three days, and other cases I have seen equally benefited by change of locality. We know the benefit of a run out to sea by ships having cholera cases on board. We know, also, the benefit of change of locality by patients suffering from whooping-cough. We must choose a part where the disease does not reign; and, happily, there are many neighbourhoods up and down, surrounding a suffering locality, where those who can manage the change can repair. My impression is, that these diseases are attributable to a magnetic derangement of the locality where they exist, and if a move can be made where the magnetism of a place is in a state of integrity, then we go far to cure the disease. If we can only succeed in placing the patient thus favourably, then we may dispense with all other treatment. I have an apparatus now almost perfected whereby I can show the condition of two magnetic forces—viz., the attractive force and the repellant force. This year the attractive force has been nearly steady; and thus, as I have always maintained, that when this force should become steady, we would find the potato disease to cease; but the repellant force has shown much variation, and to-day, and for a few days past (September 12th), the loss of repellant force is greater than it has been for some time, though this force has shown much unsteadiness for a long period. The attractive force has of late had a slight tendency downwards, which may tell a little on the potato crop, though the advanced period of the autumn leaves little for us to fear on that head. I think I have made out to my own satisfaction, that the potato disease in the vegetable world, and that the low fever, commonly called the "famine fever,"—a kind of low typhoid fever,—are the results of defective or lessened magnetic attractive force; that cholera is the result of a sudden rise and continued oscillation of the needle upwards; and from what I have lately observed, diphtheria, measles, and scarlatina are owing to a lessened repellant force equally demonstrable as the other forces. These magnetic forces, and others which at present exist to us almost without a meaning, may ultimately be proved to regulate life, health, and disease, and otherwise balance vitality in its relationship to the earth &c.

I am, Sir, your obedient servant,

Carlisle, Sept. 1863.

WM. REEVES, M.R.C.S.

SYPHILIS IN THE ARMY.

To the Editor of THE LANCET.

SIR,—Army surgeons ought to be deeply grateful to THE LANCET for its able leaders on the prevention of venereal disease, which is doing so much to destroy the *physique* of the British Army. I was not at all surprised at reading the statistics of syphilis quoted in your article on the health of our army and navy. Nothing can be more easy than to stay this plague, if Government will only listen to army surgeons. The system in India only wants a little administration to make it work well, as shown in the instance at Secundrabad. Each regiment is allowed to retain a certain number of women in the bazaar under the care of a woman paid and made responsible; they are periodically inspected by the native hospital compounder. In all stations, however, there is a Sudder bazaar, with of course a large number of prostitutes plying their trade, and under no espionage or sanitary regulations. Why cannot Government issue orders to the cantonment joint-magistrate to institute a system similar to regimental bazaars, and establish a Lock hospital, which would only cost a very trifling sum? By organizing such a co-operative system I am convinced that a wonderful check would be given. Unhappily for India, this outcry has come too late. Syphilis is spreading far and wide amongst the native population. Even in the heart of Cashmere, where no soldier has ever been, I have seen frightful cases of this disease. If the English Raj has been productive of many blessings to the Hindoo, it has also given him a scourge. At home it is only now dawning on England what ravages this disease is making on its population. Army surgeons, if asked, could tell a tale which would startle the nation, especially surgeons of dépôt battalions. The magistrates and police of such places as Chatham could display a long roll of prostitutes preying upon the young recruit who is training for service in India—a training, I feel assured, more suited to fill the Indian graveyards. Take any garrison town, and stroll along the barrack road towards watchsetting, and observe the consummate tact of those women in waylaying and enticing the soldier returning home, infatuated and fevered with drink. Then trace the consequences in the medical history and default sheets.

I quite concur with the summing up of your journal except

as regards the increase of married men: that becomes a formidable financial question at home, and a great clog upon a regiment taking the field. Every encouragement is given the soldier in India to marry, with a view to colonization. His more regular habits keep him in health; but I think the colonizing part is a myth. Frame sanitary laws with regard to those unhappy women, and let Government organize a new system with their recruits; let them take the advice of competent judges upon recruit training, and follow the example of European armies.

I remain, Sir, your obedient servant,

C. A. INNES, M.D.,
Assistant-Surgeon 16th Lancers.

York, Sept. 1863.

POISONING BY OPIUM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will allow me to offer a few remarks in reply to Mr Ellis's letter of the 12th inst., as from its tenor it may be imagined that I was actuated by some illiberal motive in criticizing it in my former letter of the 5th inst.

Now, when I questioned the probability of the child taking twelve grains of solid opium, I did so relying on the improbability of the laudanum procured at a little huckster's shop being of P.L. strength; and, further, I did not think that the child living for eight hours and a half was at all extraordinary, as Taylor, Beck, and others all speak of seven hours being the minimum time before death takes place in a case of poisoning by opium.

I am willing to give Mr. Ellis credit for endeavouring to enlighten his professional brethren when he records what he considers an extraordinary case. But does he really suppose that no one has the right to challenge his opinions or conclusions if his narrative is not clear as noon-day? Mr. Ellis is not a very old practitioner, nor as yet known to fame as an authority to be relied on in a question of medical jurisprudence. I beg to tell Mr. Ellis that his history of the case is very different from Dr. Scott's or Mr. Gell's, on whose authority I append the following:—That a pennyworth of tincture of rhubarb was asked for, and two drachms of laudanum given in mistake for it. Dr. Scott and Mr. Gell both say that not much more than a teaspoonful was given. About two or three hours after taking the poison, the mother, becoming alarmed at the stupor of the child, sent for Mr. Gell, who immediately attended, and endeavoured to restore sensibility to the child for an hour and a half before he (Mr. Gell) sent for Mr. Ellis to assist him. In the interim Dr. Scott arrived. On the suggestion of Dr. Scott, galvanism and other remedies were tried for some time. Dr. Scott and Mr. Ellis then left, and Mr. Gell stayed for two hours after, till the case terminated in death.

Now as both Dr. Scott and Mr. Gell tell me that the patient neither vomited nor was purged, and that very little if any of the laudanum remained, I should like to know "what it was" that Mr. Ellis analyzed to make out his twelve grains of solid opium. Till he answers this question satisfactorily, his reports, however extraordinary (if read at all), will only be received as of a doubtful character. Mr. Ellis may have seen, as he says he has, other cases of opium poisoning; but I doubt very much if he treated any so far back as the year 1840—which I have.

I am, Sir, not a very "young practitioner,"

but your obedient servant,

T. MAY, L.F.P. & S. Glasg.

Hinde-street, Newcastle-on-Tyne, Sept. 1863.

AMPUTATION OF THE THIGH.—QUESTION OF FEE.

To the Editor of THE LANCET.

SIR,—The relations between railway companies and the medical profession are far from satisfactory. Dr. Mackinder's letter has opened a subject that requires some attention. The question is not limited to the amount of fee to be expected for a certain operation; but I would give it a wider scope, and ask whether we have any legal claim on any railway company for attendance on the *employés* injured in their service?

The Bristol and Exeter Railway Company have rejected my claim for an amputation of the thigh, through their superintendent, in the following terms: "That it could not be entertained by the Company. I do not understand on what grounds such claim has been made."

This is the case. A porter at the Watchet Station attempted to jump on a truck that was in motion, and missed his footing.