

to pay their medical officers, besides committing gross injustice, restrict the candidates for appointments within the narrowest possible compass, and select from a limited few, who, from the very fact of their possessing pecuniary independence, are usually less prone to laborious study than the more needy. They thus shut out a large mass of rising talent; and if at any time they happen to secure the allegiance of some able but poor man, whose ambition has o'ermastered his prudence, his time and his thoughts are too much and too anxiously engrossed by the necessity of maintenance to allow him to efficiently perform his public duties, and he is tempted to adopt methods of increasing his income, that tend to lower the standard of that branch of the profession to which he belongs.

Those who are best acquainted with the position of the young physicians and consulting-surgeons of this country will be the most ready to set their seal to the wisdom and policy, as well as to the justice, of paying the assistant medical officers of hospitals. It is of the utmost importance to the cause of humanity and science, that those who have taste and talent for original investigations, and who have selected that branch of the profession that is always tardily, and often very feebly, remunerative, should be placed by the hospital to which they belong beyond the reach of pecuniary anxiety. The setting apart of a few beds for the use of the assistant medical officers is a concession to their wounded feelings, and just saves them from the humiliating reflection still experienced by many, that however interested they may be in a case, however strongly it may have been recommended to their care by a professional friend, however anxious the sufferer may be to confide himself to them, they have no more power or right to admit him into the hospital, or conduct his treatment, than has the merest stranger. Unless this concession is made, it is only so far as the hospital performs the functions of a dispensary that the assistant medical officer has any real and practical connexion with it. True, it has wards full of sufferers, but with these they have nothing to do; it has walls, but it is with the outside only that the assistants can interest themselves, or within the boundaries of some small basement chamber, where the out-patients are seen. It is therefore wise for the ruling powers to remind their assistant officers, by the gift of a few beds, that they belong to the hospital, and that at some remote period they may be called upon to perform duties within the building.

Whilst therefore we are ready to admit that the efforts that have been made in some instances to improve the position of assistant medical officers by payment, and by allotting a few beds for their use, evidence a recognition of the injustice that previously prevailed, and stand out in pleasing contrast with those institutions that, with illiberal and short-sighted policy, still refuse both, we are far from thinking that any of these establishments (with one remarkable exception hereafter to be noticed) have taken comprehensive and just views of the subject. Each measure that has been adopted has merely had reference to the claims of the assistant officers, and has had for its object to reconcile these gentlemen to a false and humiliating position. The claims of the hospital, of the pupils, and of the public have been altogether overlooked. The important point for the governors and committees of hospitals to consider and lay well to heart is, the importance of

obtaining the services of the junior portion of their medical staff for their in-patients as well as for their out-patients. An hospital cannot be in a vigorous and healthy condition—cannot rightly perform all its important functions—cannot lead the scientific mind of the profession, unless there be a constant infusion of young blood, of fresh thoughts, of original work—unless, in fact, the energy and experimental tendencies of the junior be made to co-operate with the mature judgment and conservative tendencies of the senior portion of the staff. Salaries and beds may reconcile the assistant staffs to their position, may soften down the injustice and humiliation with which they have been treated, and may serve to bring out in stronger colours the mean conduct of those who still allow their junior officers to work on without fee or reward; but such partial measures, though they be included in a plan of suitable and comprehensive reform, do not meet the requirements of the case or the spirit of the times, but leave the working of the hospital just where they find it—allow all the most active period of life to be consumed in *waiting* instead of *working*, and rob the institution of the most precious gift that God bestows upon the world for the advancement of the human race—namely, the fresh, energetic original workings of the human mind during its period of growth and of maturity.

Correspondence.

"Audi alteram partem."

WOUNDS OF THE PALMAR ARCH.

[LETTER FROM DR. ARNOTT.]

To the Editor of THE LANCET.

SIR,—Your impression of the 1st instant contains a letter, signed by Mr. W. Stanwell, house-surgeon to St. Bartholomew's Hospital, deemed a reply to my paper on the treatment of wounds of the palmar arch, which appeared in THE LANCET of the 18th of August last. This gentleman having been closely connected with a case the management of which I thought fit to refer to, being in fact the gentleman to whose "incessant and most careful watching," according to the original report, the unfortunate patient "owes his life," he may, I think, be justly regarded as expressing the genuine St. Bartholomew's objections to my views. I therefore deem them worthy of short notice.

Mr. Stanwell observes that "the value of any statement must be measured by the facts upon which it is based and the authority by which it is supported. We are not called upon heedlessly to give attention to the mere expression of individual opinion, no matter whence it comes or why it is put forth." He kindly and patronisingly continues—"I have no desire to act severely towards Dr. Arnott, but for the sake of illustration I will take the following paragraph, which is evidently the chief one." He then quotes my opening statement, but, notwithstanding his own declaration that "the value of this should be measured by the facts upon which it is based," declines to enter upon the refutation, or test the value, of a single argument adduced by me for its support, and, with a most striking regard to truth, intimates that there is none.

Attention is next invited to my tone and style, at which poor Mr. Stanwell is truly horror-struck; and he thus, with great humility, proceeds:—"I invite your attention to the tone and style of this. I have read the works of our greatest surgeons. I can remember no such assumption on their part. Now how are Dr. Arnott's aphorisms supported? Where are his facts? What is his authority? I know that every practical surgeon is fully aware that many instances of wounds of the palmar vessels occur in which hæmorrhage can only be arrested by deligation of the arterial trunks on the cardiac aspect. I know that, for some of these cases, Liston and others recommended that the brachial should be tied; I know that the radial and ulnar arteries are frequently tied by our best sur-

geons, after all other means, short of this proceeding, have failed in their hands. I, therefore, justly doubt the authority of Dr. Arnott, unsupported as it is by any recorded facts. Dr. Arnott may justly retort that he has a right to his opinion. True, Sir; *but we want evidence of his ability to form one.*"

Setting aside the argument here adduced for a moment, I think it will be generally granted that there is a modest meekness of expression pervading this quotation, and more especially a gentlemanlike and most complimentary allusion in its finishing sentence, which nothing short of the lowly teachings "of our greatest surgeons" could develop, even in a house-surgeon. If I may be allowed one observation, I would suggest the propriety of the perusal of an old-fashioned, but not on that account the less valuable moral lesson, respecting the eyes with the moat and beam, which, if one may venture a judgment, would seem to have been unduly neglected at St. Bartholomew's. Returning to Mr. Stanwell's argument, it may be remarked that the bare possibility of being acquainted with the hitherto-received opinions of our best surgeons may for one moment be granted attainable even by one out of London; this, however, does not, so far as my presumptuous vision extends, prove that the surgery of wounds of the palmar arch has been long since fixedly and, as it were, mathematically exact and unquestionable, and totally beyond the reach of simplification or improvement; whereas, if it can be shown that all that ligature on the cardiac aspect (that measure so staunchly contended for) can effect, may be done by simpler and safer means, surely this deserves some consideration, even though it be suggested by some ignorant provincial practitioner. If, for example, it can be proved that by the simple application of pressure we are able, "in the very case that occasioned so much trouble, to command the flow from, and even cause permanent closure of, a ruptured axillary trunk," it is not surely too extravagant an assumption that we might, by possibility (with some modifications to the ordinary mode of applying pressure which even Mr. Stanwell at St. Bartholomew's has not at present tested), have succeeded in arresting hæmorrhage from, and causing permanent obliteration of, the comparatively insignificant palmar arch.

One of Mr. Stanwell's many "I knows" may be shortly noticed—that in which he remarks, "I know that the radial and ulnar arteries are frequently tied by our best surgeons, after all other means, short of this proceeding, have failed in their hands." For once I must step in with an "I know," and I must declare that this practice is repudiated by all our best surgeons as useless and unsatisfactory, and not in any way to be trusted; that it is deprecated in some of our best surgical text-books, and taught in all the schools (with the exception of St. Bartholomew's, perhaps) as an unwarrantable procedure.

Mr. Stanwell's concluding paragraph is at once patronising and pleasant: "If Dr. Arnott reads this letter, I trust he will not misinterpret my motive." Dr. Arnott begs to reply, with all due politeness, "Dear me, no, Sir, not at all, thank you; don't mention it!" "He threatens us with another communication upon wounds of the hand, that organ of so many uses. Should he carry his intention into effect, I trust he will either substantiate or retract what he has written in his former communication." In answer to this, it may be observed that, unfortunately, my theoretical substantiations are now in print; and as they cannot be very easily (in a literal sense, at least) retracted, I must refer your readers to them, that they may judge to what extent Mr. Stanwell's arguments affect or overturn them. The best practical substantiation I can, on the present occasion, offer, is a promise to attend in person, if duly informed, any case of the kind under discussion that may come under Mr. Stanwell's notice at St. Bartholomew's, in which nothing short of deligation of the radial and ulnar arteries will suffice. Upon my failure to arrest the hæmorrhage by pressure simply, and deligation being obliged to be had recourse to, and succeeding, to the evident overthrow of my theory and practice, I will then, most freely, fully, and publicly, "retract what I have written in my former communication;" and declare, what I find would be of sweet savour, that practical surgery can only be known in London, and at St. Bartholomew's more especially; and as for Dr. Arnott, or any provincialist, knowing anything about it, the thing is altogether monstrous, and, in short, an idle dream.

But, Sir, to be serious, I believe, should this discussion continue, Mr. Stanwell will regret having been made the mouth-piece of anything so argumentatively weak and petulantly personal.

I am, Sir, your obedient servant,

Gorleston, Great Yarmouth, Sept., 1855.

C. D. ARNOTT, M.D.

[LETTER FROM DR. WISE.]

To the Editor of THE LANCET.

SIR,—In your last number there appears, what seems to me to be an unjust attack upon Dr. Arnott's interesting communication upon wounds of the palmar arch. Mr. Stanwell says "we are not called upon heedlessly to give attention to the mere expression of individual opinion, no matter whence it comes or why it is put forth." Now if any new discovery in medical surgery or therapeutics, originate (as is always the case) in one person's researches, are those researches to be negated because they emanate from and are the mere expression of "individual opinion." Again, he complains of a want of modesty on Dr. Arnott's part, because he is certain of his fact, and states it boldly, and asks, What is his authority? What was the authority of Harvey when he broached his great discovery? He stated his views boldly. Where would have been his discovery had he been less bold, for it requires boldness to overthrow prejudices and ideas of long standing. Where was Jenner's authority? Nowhere; because a new thing, having no precedent, cannot be treated of in books. Mr. Stanwell complains of assumption on Dr. Arnott's part because Liston and other eminent men did not recommend the plan. If they had, all credit for originality on Dr. Arnott's part would be destroyed. Moreover, he is right. I am certain of the fact, having on more than four occasions pursued Dr. Arnott's plan with perfect success. No doubt he can, if required, produce facts; his letter was a statement of his conviction, and no convictions, in so practical an art as surgery, can be formed, unless based on facts. The boldness of Dr. Arnott is praiseworthy, because by upsetting established dogmas, enquiry ensues, and truth is elicited; but the boldness of Mr. Stanwell is to be censured, because he endeavours to throw opprobrium and ridicule on a subject with which he is evidently totally unacquainted.

I remain, Sir, your obedient servant,

ROBERT STANTON WISE, M.D.

Banbury, Oxfordshire, September, 1855.

THE LONDON AND PROVINCIAL MEDICAL PROTECTION SOCIETY.

To the Editor of THE LANCET.

SIR,—This Society has now been established for some years; by this time the profession is enabled to say whether it has answered its expectations or otherwise. I must confess that it has not answered mine. Those who are more conversant with law than I am, could perhaps be good enough to answer the following query:—Suppose I put a quantity of debts into the hands of the Society for collection, and that I can prove that they have not been collected owing to gross neglect and mismanagement on the part of the Society. Is it amenable for such neglect? In my medical capacity, I am actionable if any gross ignorance or neglect can be proved against me. Why not against the Society for the non-fulfilment of what it undertakes to perform.

Believe me to be, most respectfully yours,

September, 1855.

A CONSTANT READER.

MEDICAL SERVICE OF THE EAST INDIA COMPANY.

To the Editor of THE LANCET.

SIR,—In pages 74 and 75 of THE LANCET for January 20th, 1855, there are some incorrect statements regarding the medical service of the East India Company.

Sir George Ballingall has too good a case, and too good a cause, for either to require to be bolstered up by exaggerating the advantages of the medical service of the East India Company, which is, in my opinion, greatly injured by the undeservedly high opinion usually entertained of its advantages and emoluments.

Sir George states, that at the age of thirty-eight (thirty-nine?) the Company's medical officer can retire with the full pay of captain (10s. 6d. a day, or £192 a year), and other allowances, making a total of £500 a year.

What are these extra allowances of £300 a year? In all the three Presidencies are medical annuity funds, to which the Court have behaved most handsomely; but we pay for the annuities—they are not the gift of Government, like the off- reckonings of colonels. In Madras, the minimum is 12,000 rupees; in Bombay, a portion of the value of the annuity,