

with younger and more recently educated practitioners, and therefore cling to the service. It is for the interests of the service, then, that men so circumstanced should cede their avocations to younger individuals; but this they can only be tempted to do, or are justified in doing, by our increasing their rates of retirement. The medical officer, while on full-pay, has no cause for complaint—this is sufficient to attach him to the service, but binds him too long, from the rates of retirement being so inadequate. The hon. and gallant member then cited, from official returns, the cases of many deputy inspectors-general of hospitals, and surgeons, who had been from thirty-six to forty-three-three years in the service.

These tables show, that whilst medical officers had no means of realizing, by sale of their commission, the expense of their education, and did not enjoy the advantages of an improved retirement, as granted to veterinary surgeons and quartermasters, he had now, alas! to show, that the widows of medical officers were not so well provided for by pension as the widows of officers of relative rank. The surgeon of a regiment ranks with captain; a staff-surgeon of the first class with major; the deputy-inspector with lieutenant-colonel; the inspector-general of hospitals with a general officer. But the widow of an inspector-general killed in action only gets 80% a year, whilst the widow of a general officer of the lowest rank—viz., brigadier-general, gets 90%. The deputy-inspector's widow gets only 60%; but the widow of a lieutenant-colonel, 80%. The staff-surgeon's widow gets 20% less than the widow of a major; and there is a difference of 5% to the disfavour of the surgeon's relict compared with the widow of a captain. The House will be sensible that, though these differences be of small amount, they are of vast importance to widows and orphans left to such slender provision. The hon. and gallant member read a letter from the widow of an officer who had served throughout the Peninsular war, and had afterwards died at Jamaica, in which she stated that she had only £45 per annum pension; but she complained most that she did not receive the pension to which she was entitled, as her husband had held the relative rank of major.

"My late husband, staff-surgeon Burmester, served for twenty-four years on constant active service—the whole of the Peninsular campaign, the battle of Waterloo, and was with the Army of Occupation in France. He was then sent to Jamaica, where, in discharge of his duty, I had the misfortune to lose him, and I was left with three little children.

"Hitherto I have received the small pension of £45 per annum, and what I complain of as a sad grievance is, that I do not receive the pension I am entitled to, as my husband held the relative rank of a major."

He would now beg to say a few words which he hoped would take these officers as a class out of the category of civil functionaries and non-combatants. The medical officer cannot be considered a non-combatant in the sense of personal exposure, nor in many cases, as he could tell, of personal military gallantry. The medical officer is suddenly called upon to discharge duties which require the vigour and powers of endurance of less advanced age; to partake of the fatigue, privations, and diseases incidental to actual service; to brave every climate, to witness death in every form, and to suffer it himself in the field, when administering to those whose lives he is endeavouring to preserve. Two surgeons of her Majesty's regiments were killed on the field of battle in the operations of the Sutlej; three at Cabul. How many of the Honourable Company's service he knew not. He requested the House to let him endeavour to depict the duties of medical officers on the field of battle. The action is about to commence. The medical officers attached to the troops take post in the immediate rear of their respective corps, and then prepare the implements of their mournful and painful calling. The battle begins; the active combatants, unmindful and regardless of danger, buoyed above the terror of death or of wounds by ardour and excitement, which few can imagine, heed not the casualties that happen around them. Not so the medical officer. The fallen and the disabled, that are not beyond the reach of his skill, become the subjects of his immediate care. The fiercer the fight, the more numerous these sad consignments. There, on the naked field, exposed to personal risk, and within reach of the bullets, which may have previously ploughed the ranks of the columns or lines in his front, the medical officers, with unflinching eye, steady hand, and well-braced nerves, discharge their melancholy functions, and frequently lose their lives in endeavouring to save others. Is the battle won? The troops move forward with exultation to reap the fruits of their victory. The medical officers remain on the blood-stained field, amidst the havoc of war, to collect the mutilated victims, and administer to the sacrifices that victory

exacts. Is the battle lost? or is the field, though won, abandoned, as oftentimes happens? The medical officers perform their still more painful duties on the forsaken field, and become themselves captives, in common with those who, by their aid, may survive. Then there was the assault of the fortress, and the storming of the breach, at which medical officers are invariably aiding. And this is the class—such the persons, from whom you withhold advantages enjoyed by the practitioners of a less exalted surgery. The horse is a noble animal; the veterinary science is an important and useful profession; but man is a nobler animal still, and a soldier, apart from other considerations of humanity, a more important and valuable agent. He appealed, then, in the strongest terms, to the feelings and generosity of her Majesty's government, to the House, and to the country, against the exclusion of the class of officers whose case he had taken up, from advantages which are extended to others—from a boon which all public servants, civil and military, now enjoy.

THE MANCHESTER MEMORIAL.

A most important memorial against the "Outlines of a Bill for Regulating the Profession of Physic and Surgery, which is contained in a Report on the Present State of the Medical Reform question, published by the Council of the National Institute of Medicine, Surgery, and Midwifery," has been addressed to Sir George Grey, signed by *one hundred and forty-two* of the leading members of all classes of the profession, resident in Manchester and its immediate neighbourhood. The memorialists are headed by Dr. J. L. BARDSLEY and E. LYON, consulting-physicians; and Mr. WILSON, the senior surgeon to the Manchester Infirmary. The document itself will be found at p. 355.

After stating their various objections to the Report, they, in conclusion, earnestly entreat Sir George Grey,

"To decline becoming a party to any legislation in the spirit set forth in the "Outlines of a Bill" published by the conference of delegates. They have to state, moreover, that if, unfortunately, from the extraordinary activity and perseverance of a very small minority of the profession, any such Bill should pass into a law, *members of the English College of Surgeons will, in many cases, feel bound to decline being placed on the register altogether, rather than to occupy therein an unjustly subordinate position. The memorialists sincerely hope that the members of the college will not be driven to so extreme a proceeding; but they are convinced, at the same time, that if the course of events should call upon them to take such a step, they will not hesitate to do so.*"

* * We do not hesitate to declare this to be one of the most striking documents which the medical reform agitation has ever produced. It is a most significant commentary upon the report of the Institute, and of our own criticisms upon that precious production. The men of Manchester are evidently alive to their true interests, and determined to maintain their professional rights. We doubt not we shall have to chronicle many other memorials upon the same model. There is not a word in it which does not deserve to be written in letters of gold. The towns and counties should lose no time in following so glorious an example.—ED. L.

Correspondence.

"Audi alteram partem."

STATISTICAL REPORTS CONCERNING CHOLERA.

To the Editor of THE LANCET.

SIR,—There is something so very unsatisfactory in the manner the reports on cholera are now obtained and published, that I cannot forbear calling your attention to the subject.

In the reports, published by the Central Board of Health, of the cholera in 1832, "Diarrhoea cases are enumerated as cholera," therefore, "the comparative mortality among the fully formed cholera cases would appear to be much lower than the true amount." Are we to infer, at the present time, that the same practice obtains? Should it not be so, however,

with the Board of Health, what guarantee have we that the board have accurate reports sent to them? Some practitioners regard every case of diarrhoea, with vomiting and spasms, as indicative of Asiatic cholera, and report it as such; others require the more important symptoms of collapse, with imperceptible pulse, coldness of tongue, &c., to be manifested, otherwise the case is not reported; so that the nature of each case is not considered at all necessary as an element in the records of the disease. Then, again, the policeman is the medium between the medical man and the Board of Health; through him the information is procured; he calls daily at the various surgeries in his district, and asks if there are any fresh cases of cholera; if the answer be yes, he replies, "Be kind enough to write the name, age, and residence on a piece of paper." This, I suppose, is the method generally adopted throughout the metropolitan districts. Can any system of collecting reports on an important subject be less calculated to afford useful results? Its perfect inutility is self-evident.

It is, Sir, a want of system and combination in all that regards medical affairs which brings such discredit on our body. Why should chemists' shops teem with cures for cholera, and newspapers advertise nostrums, *infallible, as they always are*, without a determined effort on our part to prove them to be nothing but "a delusion and a snare."

When things come to the worst they sometimes mend; it is to be hoped the time is not far distant when an efficient medical body shall rule over professional affairs.

"Inutiles false ramos amputans
Feliciores inferit."

Until this is accomplished, it is in vain to hope. But to proceed to the object of my communication. If you think the accompanying method of securing a useful record for the epidemic of cholera likely to answer the desired end, I shall feel obliged by your giving it insertion in your journal.

It is clearly desirable that we should know what amount of cases assume the severe forms of the disease, and what the mild. It would be also useful to know what proportion of diarrhoea also exists at the time, or during the invasion, of true Asiatic cholera; and it is above all things to be desired that the diseases diarrhoea and cholera should not be confounded; for, in the first place, we obtain inaccurate data concerning the disease; and in the second, the information relating to the value of remedies may be the means of misleading many individuals who would doubtless put faith in official reports. With a view, then, of obtaining correct and useful official reports, I would suggest the adoption of the following form, to be supplied to the profession in the same manner as the form of certificate of death. This would not interfere with the present mode of obtaining daily information; the policeman might still call for the report; he might see the book, receive the completed certificate, and copy any other details from uncompleted cases that might be required.

I am, Sir, your obedient servant,

Wandsworth, 1849.

JOHN GROVE.

Cholera Report.

County.	Town or Village.		Square, Street, Place, &c.
Name or initials.	Age.	Sex.	
Diarrhoea.	Date and Remarks.		
Diarrhoea, Vomiting, and Spasms.	Date and Remarks.		
Collapse.	Date and Remarks.		
Sequelæ.	Date and Remarks.		
Result.			

RECENT PROCEEDINGS AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—After perusing the bill of indictment preferred by Dr. Webster, at the anniversary meeting of the above-named Society, I was induced, by the Report contained in your last number, to examine the house list, to which reference is made, in order to ascertain the facts of the case, and thus form an impartial opinion. The name which first caught my eye was Dr. Burrows, elected on the council in 1839, made treasurer in 1845, and now vice-president. Next, Mr. Solly, elected librarian in 1838, on the council in 1845, and now vice-president. Then, Mr. Phillips, elected librarian in 1841, and treasurer in 1847, which office he still occupies; being, besides, a member of the committee of referees, and has been so since November, 1845. Lastly, Dr. Baly, elected on the council in 1845, librarian in 1847, and secretary in 1848, as at present. Other illustrations might be quoted of the mode in which matters are managed at this scientific corporation; but it will suffice to mention the most recent example supplied by the powers now paramount in that body—it is the president's nomination of Dr. Gregory, on the day of meeting, to fill the vacancy occasioned by the death of Dr. Leonard Stewart three days previously. There can be no objection, personally, to Dr. Gregory; he is an old Fellow, has contributed papers to the *Transactions*, frequently attends the Society's meetings, often takes part in the discussions, and is not a dummy, either in pen or speech, like some dignitaries. But it is against this apparent adherence to what is elsewhere called cliqueism, that objections are made; seeing Dr. Gregory was formerly secretary, and is now, as he has been, a member of the committee of referees, since November, 1844. So long as this breeding in-and-in system, or monopolizing of office, prevails, no wonder if dissatisfaction exists amongst those fellows who, although of some standing in the Society, take an interest in the proceedings, have written papers, and strive to promote its objects, nevertheless believe they are put aside, to make room for more favoured individuals belonging to particular schools. An alteration is therefore required, for after the marked display of feeling said to have been exhibited at the meeting on the 1st inst., there cannot be any doubt respecting the opinions animating a very large majority of the persons then assembled in Berners street. This sentiment, I can assure you, will become more general, unless reasonable concessions be made to just claims, or the new council disarm opposition by acting in a spirit of conciliation. That such may be fortunately the case is the sincere desire of an amicus curiæ, and

London, March, 1849.

A FELLOW.

ON THE TREATMENT OF ULCERS BY PRESSURE.

To the Editor of THE LANCET.

SIR,—Your well-known desire to promote the interest of the profession, and to make known to it and the public any novelty or modification calculated to promote the general weal, induces me to hope that you will kindly permit me, through the medium of your columns, to call attention to a modification of the ordinary laced stocking, which, if it have nothing of novelty to recommend it, has at least this advantage—viz., that of placing within the reach of the humbler classes an efficient and valuable adjunct in the treatment of varicose and other chronic ulcers, and in giving due support to varicose veins.

During the past year, 194 such cases have been treated at the Free Hospital for Women and Children, and we have had little or no difficulty in healing the ulcers by the following plan—viz., painting half an inch round the sore with a strong solution of nitrate of silver, dressing the wound itself with chalk ointment, spread on lint, the size of the wound, enveloping the whole, and three or four inches above and below, with plaster spread on linen, (composed of equal parts of strong mercurial ointment, yellow wax, and soap cerate, with the addition of one drachm of camphor to each ounce of the compound,) and binding the leg from the toe to the knee with wet cotton bandages, taking care that the dressings were not changed more than once per week. Under this treatment, the average period of cure has not exceeded two months—i.e., eight dressings; but the great difficulty experienced has been in retaining them sound when the patients have been allowed to apply their own bandages; and although the ordinary laced, or the elastic stocking, offered a desirable substitute, yet the price placed it beyond the reach of the poor. At length, by the assistance of an ingenious young