

stances. After all the trouble the profession has had in electing a representative Council, to which it looks to see to its interests, is that Council to be superseded, and left as a sham or an empty show? Parliament very lately threw out an amendment, proposed in the Supplementary Bill, on the ground that it had not passed through the Medical Council. Will it not deal in a similar manner with the proposed new regulations if not previously submitted to the Council? Probably it never occurred to the gentlemen who represent these boards, as the Medical Council is a new institution; but now that the idea is submitted to them, I have more faith in their good sense than to suppose that they will not at once act on it.

I am, Sir, your obedient servant,

May, 1859.

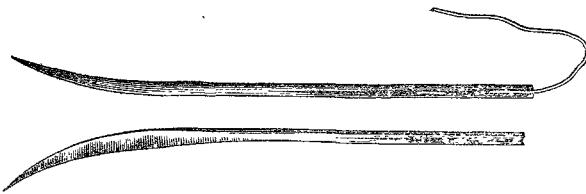
M.D.

P.S.—Since writing the above, I learn that the Poor-law Board have intimated their intention of submitting their proposed regulations for the opinion of the Medical Council. I trust speedily to hear of the Army Board following this wise example.

#### NEEDLE FOR METALLIC SUTURES.

To the Editor of THE LANCET.

SIR,—I enclose for insertion in your columns a woodcut representing a needle I have found advantageous when employing the metallic suture in the closure of surgical wounds.



It will be seen at a glance that it resembles in shape the ordinary sewing needle, but is flattened and grooved for about a third of its length. In the centre of the grooved portion are drilled two round holes (about a quarter of an inch apart) of sufficient bore to admit the passage of the wire intended to be used. In arming the needle, the wire is first passed through the hole at the greater distance from the point, then carried to the other, similarly inserted, and the end, which ought not to exceed the eighth of an inch in length, turned backwards, and pressed into the groove.

When threaded in this way, no portion of the wire lies above the plane of the instrument, so that no obstruction is offered to its passage through the integument, and the wound inflicted retains its incised character.

In the ordinary sewing needle, the size and form of the eye is such that the metallic suture—which, of necessity, is doubled for a short distance—is very apt to become twisted and distorted, and thus prevent its easy application.

Two ingenious modifications have been devised by Mr. Lister, of Edinburgh, and Mr. Murray; but, I believe, the one here represented—which is made by Mr. Weiss, of the Strand, and Mr. Matthews, of Portugal-street, at trifling cost—will be found of general value, but especially when dealing with more than usually delicate and elastic tissues.

I am, Sir, your obedient servant,  
Green-street, Grosvenor-square, May, 1859. P. C. PRICE, M.R.C.S.

#### THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In the February debates on Indian finance, one fact at least was established by the concurrent testimony of the highest authorities—namely, that the Indian medical service has failed in attracting a sufficient number of qualified candidates for its appointments. Sir Charles Wood remembers one occasion, when some medical appointments, which were by no means of an unprofitable character, were to be made, that there were not so many candidates as places; Mr. Vernon Smith says that assistant-surgeons are by no means the highest-paid class of civil servants, and thus have not the same temptation to offer themselves; and Lord Stanley says that at the last examination the number of candidates hardly exceeded the number of appointments.

I believe the paucity of competitors for Indian medical appointments is owing to (1st), that it is a rare thing for sons of officers in the Indian services to be trained for the medical profession; consequently, there are few young medical men anxious to go to India; for men are not desirous of going

unless they have families or relations of some degree there; to others it is entirely a strange and foreign land, and the service a banishment for life. The only real inducement to this class, the one from which the service must be recruited, is the certainty that, after a fixed period of duty, should they be still alive, they shall be entitled to return to England on such a pension as shall enable them to live with some degree of comfort. They know that, compared to anything they could make at home for many years, they will be fairly remunerated for their services in India; but they know, also, that few officers now make money in the service, and that, if married, they will have barely sufficient to maintain their position, especially if their career is a military one. This state of matters has been in operation for some years, but (2ndly) to it is now added the high inducements held out by the Royal Warrant of the 1st of October last to young medical men to enter the army medical department, a service which cannot be considered banishment. To its members fond of adventure the whole world is open. They are not denied India, with its comparative high pay; nor required to remain there to the injury of their health: Australia, the Cape, Canada, the Mediterranean, Dublin, Pall-mall, and Brighton, are all open to them. They may never have seen more foreign service than in the west of Ireland, yet they are as certain of a pension for life as the Indian surgeon whose service has been a series of campaigns. Receiving during his service a rate of pay as sufficient to cover his expenditure as that of the Indian surgeon; enjoying, during it all, the varied pleasures of change of scene and climate; carrying along with him all the amenities of civilization,—he may demand, after twenty-five years thus spent, if he is in the finest condition of health, £319 a year, secured on the credit of England. But before twenty-five years have passed, he will no doubt have acquired the position of a deputy inspector-general, and should failing health oblige him to relinquish the service, he will enjoy a pension of £410 per annum. If still a regimental surgeon, he will get £338.

Now, an Indian surgeon, to get £300 a year, must be of twenty-five years' service, and have served twenty-two years in India on actual medical duty—three years he may have been absent on leave in India or in England. It may very reasonably be supposed that a man who has been on active service for fifteen years in India will have a constitution so shattered as to render further Indian service an impossibility; after waiting two years more he is entitled to retire on £191: a Queen's surgeon is allowed to retire at once, after fifteen years' service, on £246. After nineteen years' service in India, and twenty-one years' full service, an Indian officer gets £250; after twenty years' service, a Queen's surgeon gets £301.

Before the promulgation of the Warrant of the 1st October, the great inducement to entering the Indian service was the advantage derived from the medical funds, in supplementing the small retiring allowances; but although in Madras annuities are available for retiring officers, the operation of the fund does not seem at all to accelerate promotion; in Bombay, the fund, after a period of great activity has suddenly come to a stop; and in Bengal alone has it been so scientifically managed as to be in a thriving condition and materially accelerate promotion. Its benefits, in fact, are limited by the limited subscriptions of its members; yet in Bengal these fund annuities are only now to be had after twenty-five years' service or more. At the India House, in former years, an assistant-surgeon was told that in seventeen years he could retire on £500 a year; but the reality is now found to be £191 after seventeen years, and £300 in addition after waiting other nine or ten years for it, the half value of the £300 annuity having been more than paid for long before it is obtained, and all the accumulated subscriptions on its account being a loss to the officer's estate should he never obtain an annuity. This being the condition of these funds, their risks and advantages being so evenly balanced to the members, any benefit they may derive from them should not debar their enjoying a pension at least equal to that of the Army Medical Department, even after a shorter period of service, to allow of a furlough to Europe for the restoration of broken health.

The question of rank has been settled by her Majesty's Royal Warrant of Feb. 1st, in a manner which Lord Stanley will find highly unsatisfactory to the service, as no allowance is made for Indian climate in attaining the grade of surgeon-major; surgeons of twenty years' full-pay service, which may include periods of leave of absence from duty, and surgeons of twenty years' service in India, being placed on an equality. An Indian surgeon of seventeen years' service in India, and three years' home furlough, ought certainly to rank as surgeon-major, along with the officer of twenty years' home full-pay service.

I believe that promotion in all the presidencies would assume a healthier tone if retiring pensions were arranged on the principle of inducing officers to retire, and not on the present principle of inducing the worn-out and useless to remain for a higher and still higher pension, while in the meantime they are drawing the allowances of the only really handsomely paid appointments in the service for many more years than they ought, in justice to the service and the Government, to enjoy. The Royal Warrant of Feb. 1st, in limiting the age for the employment of executive medical officers to fifty-five, has overlooked the fact, that an officer of this age who has been several years of his service at home on furlough, and taken advantage of the opportunities of improvement afforded in the medical schools, is likely to be a much more efficient and valuable officer than he of fifty-five who has never left India.

A Queen's surgeon, we have seen, gets £301 a year after twenty years' service. Give an Indian surgeon the same, and allow him to reckon three years of this time at home, (should the state of his health require such a furlough to Europe,) also the rank of surgeon-major, and candidates will not be wanting at the competitive examinations. The best of our young men would come forward, and Lord Stanley knows that talent, as well as capital, is required in India.

I remain, Sir, your obedient servant,

May, 1859.

HUSSEIN BUXT, M.D.

#### THE GOLD MEDALS AT THE LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—Our prospectus says—"Two gold medals are annually awarded by the governors to students attending the medical and surgical practice, who shall have most distinguished themselves in the performance of their duties at the hospital."

Judge our surprise when, the other day, a notice was posted that one medal had been awarded to a gentleman who only entered last October from a provincial school, and last week passed the College. Of the second medal no tidings are forthcoming. May I ask if this is just to us?

I am, Sir, your obedient servant,

May, 1859.

A STUDENT OF THE LONDON HOSPITAL.

#### REVACCINATION IN THE ARMY.

To the Editor of THE LANCET.

SIR,—I have just read, with much interest, in a recent number of your valuable journal, a letter on the above subject, from Surgeon R. W. Read, 30th Regiment.

The subject is one which has not unfrequently been thought worthy the attention of foreign Governments, and the revaccination of the Prussian and other continental armies has, I believe, been attended with the best results. It is one of no less importance in this country, which, as the birth-place of the immortal Jenner, should ever be foremost in extending the blessings of his great discovery; and I should hope, from the appearance of Mr. Read's report, that the practice of revaccination in our army (under the sanction of the new and liberal-minded Director-General of the Medical Department) is about being carried out on an extended scale. The large number of cases in which a perfect vesicle was obtained by Mr. Read, where evidence existed of previous satisfactory vaccination, as well as the vast number of cases of small-pox occurring daily amongst those apparently well vaccinated in early life, would seem to be a proof that the further safeguard of a second vaccination was required against that most fatal and loathsome scourge of the human race.

When serving as principal medical officer at Chatham, during the Crimean war, in 1855-56, I had an opportunity of witnessing the sad mortality which took place amongst the soldiers and recruits of that garrison from small-pox, and drew the special attention of the then Director-General, Dr. Andrew Smith, to the subject. The majority of those cases occurred in persons whose arms showed well-marked cicatrices of the vaccine vesicle; yet the rule then existing (and which could not be deviated from without authority) was, that all recruits who did not, on joining, exhibit satisfactory marks of vaccination, or small-pox, were to be vaccinated. My suggestion to the Director-General was, that every man as he joined the service companies should at once be compelled to submit to the operation, whether he had been previously vaccinated or not. In this way, the whole of the troops forwarded to India from the Chatham depôts would have gone, and continued to go, out with a double protection, as it were, against the varioloid

disease, to the contagion of which they are there even more exposed than in this country.

The plan, if approved, and found to answer, might have been extended, so far as recruits were concerned, to the other depôts and garrisons of the kingdom, even if it were not thought advisable or necessary to extend it to the efficient soldiers, as has now been done by Mr. Read in the 30th Regiment. The practice would certainly cause the delay of a few days in handing young men over for instruction in their first duties; but in this there would perhaps be an advantage, as allowing a little more time for the recruit to become accustomed to his new life, before entering on the fatigue and monotony of drill, under which so many lads break down. It would also entail some additional trouble at first on the medical officers; but these would be considerations of small weight, when compared with even the chance of saving the life of a single soldier.

I am, Sir, your obedient servant,

GEO. R. DARTNELL,  
Deputy Inspector-General of Hospitals.  
Arden House, Henley-in-Arden, May, 1859.

#### SIR HUGH ROSE AND THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Enclosed herewith, I beg to forward you that part of Major-General Sir Hugh Rose's last and concluding despatch referring to the medical department of the Central India Field Force. Where all deserve so well, a general cannot enumerate names; but it is pleasing to see one of the first of our generals, in all his despatches, bring some of the medical staff forward for any honours or advantages that might be bestowed. For the military officers of this Force a large brevet has been given, but nothing to the medical officers as yet. It is to be hoped that men who are mentioned in such high terms will not be omitted and forgotten when honours are given out at home for the Indian campaign.—Believe me yours faithfully,

Bombay, April, 1859.

MILES.

"List of Officers of the Central India Field Force especially mentioned for important or good service in the operations before Calpee and Gwalior.

"Dr. Arnott, Superintending Surgeon, expresses his approval of the medical officers of the Force under his orders in the following terms, and I beg to confirm his approval:—

"To the distinguished skill and ability of Field-Surgeon Ritchie is due the eminent success of the Depôt Hospital at Jhansi, in which every capital operation has completely succeeded, and among 200 European and 100 native sick and wounded the casualties have been far below the average. To the indefatigable zeal of Drs. Ritchie and Naylor, and their attention to that enormous charge, must be ascribed in a great measure such extraordinary success. Dr. Stuart (her Majesty's 14th Light Dragoons) unfortunately was not present at Jhansi, but his duties since the 7th of May have been onerous in the extreme, and the zeal with which he has devoted himself to them merits every praise. The exposure and fatigue so cheerfully undergone by Deas, in his duties with the 3rd Cavalry, and his unceasing attention to his duties, are gratefully remembered. Dr. Mackenzie, 3rd Hyderabad Cavalry, has been most active, and his exertions at the storming of Jhansi in carrying on the duties of Dr. Stack, when shot dead, were most useful, and the saving of much suffering among the wounded of her Majesty's 86th Regiment. Dr. Vaughan, in undertaking to conduct the duties of field surgeon in addition to his own, only evinced that zeal for the service of which we had already ample proof. His duties since the Force left Jhansi have been of the most arduous and trying description, but they have on all occasions been most cheerfully and ably performed.

"These officers I would beg to recommend to your most favourable notice, though my warmest thanks are due to all for the cordial and steady support and co-operation they have on all occasions afforded me."

LARREY, FATHER AND SON.—Baron Henry Larrey, son of the well-known Larrey who was so highly esteemed by Napoleon I., is, at the present time, as was formerly his father, Director-General of the Army Medical Department in Italy. Before entering upon the campaign, he presented the parish of Baudéan (Lower Pyrénées) with the house where his father was born, and founded a home and a school for the children of that village by means of an annuity of £20 a year in the French funds.