

least I cannot give up this impression until a very considerable number of cases are brought forward, and the nature of each case clearly and distinctly stated, and the means of relief in every particular as minutely noted; for the causes of rigidity of the os and cervix uteri are, as various as the other causes of delay in the several parts concerned in the expulsion of the child. Now, as far as I can learn, Dr. Ashwell does not make these necessary distinctions, for he says generally that after the use of free venesection and antimony, without benefit, incision is the safest remedy. My experience has taught me that the relaxed and nervous patient, with great sensibility and rigidity of the os and cervix uteri, will receive, comparatively, little advantage from bleeding and antimony, and that unless the irritable and morbidly sensible state be removed by emollient glysters and opiates, according to the obstinacy of the case, the strictured state of the parts will not yield. The treatment by bleeding and antimony is clearly indicated in those cases where there is considerable vigour of body, accompanied with inflammatory action, with or without febrile symptoms; yet in a number of such cases the rigidity will not yield without the use of opiates, or until the continuance of the labour exhausts the patient.

In *THE LANCET* for December 9, 1843, that talented surgeon, Sir B. Brodie, in his lecture on polypus of the nose, when cautioning his pupils against rashly operating, perhaps throws out a hint to obstetricians, when he says that a woman, in a French hospital, at the full term of gestation, whose pelvis was considered too narrow for the egress of the child, was doomed to undergo the Cæsarean operation, but before the operators were in readiness to commence the operation the child was expelled by the natural efforts; or, as Sir B. Brodie facetiously expresses it, the child "preferred coming into the world by the old road."

In *THE LANCET* for December 23, 1843, page 402, Mr. Robinson, in a very friendly manner, takes notice of my remarks on his case of lacerated perineum. It is evident that Mr. Robinson is either not a constant or not an attentive reader of your valuable pages, or he would have observed long ere now the views held and the practice pursued by me, in reference to this subject, in a paper which appeared in *THE LANCET* for April 22, 1843. In this communication he may learn that I entertain a very different opinion regarding incision of the perineum from that which his "guessing" would incline him to believe. I estimate very highly the exertion made by Mr. Robinson in his research for information on this subject.

At the suggestion of Mr. Robinson, as well as for the information of others of my medical brethren in England, who have honoured me with a request to know where

the published cases to which I have referred in *THE LANCET* are to be procured, I reply, that in my opinion a sufficiently ample account of the usual forms of protracted labours, accompanied with cases indicating the absolute necessity of varying the mode of treatment according to the nature of the case, in order that the means used may prove available, is to be found in a small book, entitled "*The Accoucheur; a Treatise on Protracted Natural Labours, &c. &c.*," sold by W. R. McPhun, Glasgow, N. H. Cotes, London, and W. Whyte and Co., Edinburgh. This book was published in 1839, and, although I have been in regular attendance on obstetric cases since that period, I could add scarcely anything to what is already contained in the work.

In order to successful practice, however, the book is not only to be read but carefully studied, and that, too, at the bedside of the parturient woman, so that the proper means may be employed, according to the nature of the case. I conclude, then, by stating that unless a great deal more attention is paid to the varied forms of labour, and suitable means employed, the rage for the use of cutting instruments will continue to increase. I am, Sir, your most obedient servant,

JOHN CRAIG.

Paisley, Jan. 22, 1844.

MEDICAL DEPARTMENTS OF INDIA.

THE following note was presented to the Earl of Ripon by Mr. Martin, on the 30th of January, when, after a long interview, the pension scale for the Medical Departments of India was rendered complete.

1. It appears, by a list of retirements furnished by Mr. McPherson, that, of twenty-two medical officers who have retired from the Bengal Army during the years 1841, 1842, and 1843, all but five were junior officers, comparatively, and who quitted the service before they were entitled to hold the staff-grade of superintending-surgeon even; in other words, seventeen surgeons retired from the army on completing twenty-one years of service, on an average, and at the average age of forty-three.*

2. Though this is a large proportion of junior officers out of the number above stated, it is well known that, but for the prohibition to retire during the continuance of war, many more of the junior classes would have quitted India.

3. But, independently of this prohibition, many officers were awaiting the result of pending measures affecting the interests of

* Formerly assistant-surgeons were admitted to the service at twenty years of age, now the age is twenty-two.

the service, and known to be under consideration at home. The moment the result became known, however, and the consequent disappointment felt by the medical service, there came, for the first time since the establishment of the retiring-fund, more applications for retiring pensions than there were annuities to grant, and that, unfortunately, on the part of officers who, from their standing, were of the most efficient class in the service.

4. By the present regulation no additional pension is granted from the stage of seventeen up to twenty-five years, when an increase of 100% per annum is made. This long blank of eight years in the dreary, hazardous, and unprofitable career of tropical servitude, while it sinks men of common minds and routine views, rouses the energetic and the talented to try their fortunes elsewhere; and thus it is that the service in India is injured by their withdrawal, and the Government at home burthened with a number of pensioners, young and healthy in comparison.

5. The position and prospects of the medical officers of the Indian Army are manifestly disadvantageous in many respects, as compared with those of the Royal Army on the one hand, and with those of military officers of the Indian Army on the other; and this comparative inferiority undoubtedly has a depressing and deteriorating effect on the *morale* and efficiency of the corps. Excluded from the various staff-grades of the royal medical service, and having none whatever equivalent to some of them, the medical officers of the Indian Army are, by this very exclusion, held up as an inferior body.

6. As respects their standing with officers serving in the same ranks (bearing in mind that military officers enter the service about six years earlier in life), their relative position in regard to pension and age at the time of retirement, according to the provisions of the late regulation, will be as follows:—

Military officers, at the age of 38, and after 20 years' service in India, retire on a pension of 191*l.* 15*s.*

At the age of 42, and after 24 years' service, 292*l.* 4*s.*

At the age of 46, and after 28 years' service, 365*l.* 5*s.*

At the age of 50, and after 32 years' service, 450*l.*

Off-reckonings, averaging 700*l.* per annum, accrue to colonels in addition to the annual pension of 450*l.*

Medical officers, at the age of 41, and after 17 years' service in India, retire on a pension of 191*l.* 10*s.*

At the age of 49, and after 25 years' service, 300*l.*

At the age of 53, and after 29 years' service, 365*l.*

At the age of 56, and after 32 years' service, 500*l.*

At the age of 59, and after 35 years' service, 700*l.*

Without extending the comparison beyond the grade of colonel, a glance at the above simple table will show to which side the balance most heavily tends.

By a comparison of these tables it appears that, with exception of the first period, at which the medical officer attains the same pension only three years later in life than the military officer, the difference between the period of life at which the military and the medical officer attain their pensions respectively is greatly in favour of the former, as per table; and after thirty-five years' service, owing to the amount of the off-reckonings, the two cases will not admit of comparison, the military officer having obviously a vast advantage.

Age of the Medical Officer.	Age of the Military Officer.	Difference of Ages.
41	38	3
49	42	7
53	46	7
56	50	6

7. Changes in modes of thinking, no less than in circumstances, enhance the weight of disheartening causes that press against a body not represented in influential quarters, like the civil and military servants of the Honourable Company, and whose grievances, therefore, have the less chance of being understood or redressed, since they can scarcely excite the sympathy of those who have had no personal experience of them. Again, circumstances are greatly altered from what they were formerly, when education and its concomitant tastes and aspirations were of a lower order, and men in India thought but little of returning home. But now, owing to the unboundedly-extended field of intellectual energy comparatively, and to the moral collision, augmented and augmenting daily, as India is brought nearer to our doors, the aspect of things is very different. Officers of all classes, civil and military, entertain a strong desire to return home, and in every branch of the public service the Government has wisely opened out increased and increasing advantages to such retirement; but by the new medical pension regulation an inducement is offered to quit the service, to its injury and that of the state, on the completion of seventeen years service.

8. So much for considerations of a merely pecuniary nature. We have now briefly to consider others of even greater importance in proportion as the standard of education, and consequent qualification, is on the rise. In all public services, the medical service only excepted, it has been found necessary to look beyond mere pay; other stimuli have suggested themselves to Government as means to cherish zeal and activity. That

such are peculiarly demanded by the trying and depressing circumstances of Indian service none can doubt. That honours and distinctions have been most extensively earned by, though never bestowed upon, the medical officers of India, no one will venture to deny. The mere sense of personal merit will not compensate to the medical officer the stigma, as he must feel it to be, of belonging to a body studiously excluded from honours and distinctions open to his fellow-servants of more favoured but not more enlightened or more deserving classes. The sense of this injustice (for such, to all intents and purposes, it is) has operated to the prejudice of the public interests, by producing apathy and indifference to the claims of scientific investigation, and to the energetic conduct of field-service. How can it be otherwise so long as medical officers are to be the humiliating exception to marks of favour and approval from the state. The tone of the medical service stands urgently in need of being improved from without by a more generous recognition on the part of the ruling power. The military and civil services have many openings to honour, precedence, rank, and distinction, from which medical officers are entirely shut out without a shadow of equivalent. Year after year do they behold fellow-servants, in no respect their superiors in sterling merit, whatever they may have been, by the chance of position, exigence, and interest, gazetted by the Sovereign to honours hitherto placed hopelessly beyond their reach, for reasons incomprehensible or unexplained. While this invidious difference—a difference unknown to any other country or to any other army—continues, it will be in vain to look for the development of excellence.

To conclude:—

The undersigned would beg respectfully to state to your lordship that, after the most full and careful consideration of the subject, grounded on a long experience of Indian service, as regards its past history, its character, and its wants, the following improvements are indispensable:—

1. The abolition of the medical boards at each of the presidencies, and the substitution of a director-general, with the requisite secretaries for conducting the administration of the medical department of the Army.
2. The substitution of staff-grades, similar to those of the royal service, to act under order of the director-general, and according to amended rules.
3. The granting of military and other honours to medical officers, in accordance with the views above submitted.
4. The granting the pension of 250*l.* per annum to medical officers of twenty-one years actual service in India, so as to offer an inducement to continuance in active duty for a farther term, and to prevent the seces-

sion of young officers comparatively, and such as has resulted from the recently-promulgated regulations for the retiring pensions.

5. By these easy and simple means the efficiency of the medical department of the Indian Army would be greatly advanced, while a body of eight hundred officers would be placed on a footing of public respectability.

(Signed)

JOHN GRANT,
Surgeon Bengal Army.
J. R. MARTIN,
Surgeon Bengal Army
(Retired).

London, Jan. 1, 1844.

ON MEDICAL AND SURGICAL CONSULTATIONS.

To the Editor of THE LANCET.

SIR,—The following remarks relating to the profession, if deemed suitable to the pages of your Journal, are given with the intention of attracting the notice of those engaged in the honourable prosecution of the studies of medicine and surgery. These observations, though drawn principally from a locality, deserve universal attention, for what is true of a part in this instance may also be considered true of the whole body to which they relate. There is no intelligent person who can have failed to see what was favourably considered by the public to be the high-water mark of proficiency amongst the doctors, gradually assuming the level of general improvement in the members of the profession, and persons not in the profession, perceiving the advancement of the general practitioner, and the approximation of the dainty gradations of the faculty in everything but the *name*, look forward in confidence to a time, not far distant, when the Legislature will be obliged to establish some effectual means of testing the attainments and proficiency of the individual, and of sending him forth to the world with such a title as will put him on an equality in *name* with all he shall meet with in his fellow-men. That this coming together of the members of the profession in *name* is taking place in anticipation of future legislation, the titles of many will plainly show. Some surgeons consider it worth while to obtain the degree of M.D., and afterwards to stand as general practitioners, thus enabling themselves to say, when the opinion of a “Dub” is brought forward as authority against them, “I also am a physician.” Doctors, too, now take an M.R.C.S. for the purpose of being able to proclaim that they have been through the ordeal of the surgeons; but it must be remarked that surgery cannot be practised without medicine, though medicine may be without surgery, so that if a person retires