

THE LANCET.

LONDON: SATURDAY, FEBRUARY 24, 1866.

THE Report of the Committee appointed to inquire into the whole question of the Rank, Pay, and Position of Medical Officers of the Army and Navy is now before us. Together with the minutes of evidence and appendix of documents, it forms a volume of 213 pages. We shall content ourselves this week with stating its principal recommendations.

For the Army the Committee recommend—

1. That at all boards upon which army medical officers may be summoned as members, they should sit and take precedence according to their relative rank, and should preside, if senior in relative rank to the combatant officers, with the exception of courts-martial and courts of inquiry on military offences.

It is, however, suggested, for the consideration of the authorities, whether it is not advisable to establish regulations for referring all necessary questions to medical officers for their opinion and report, and to discontinue the system of mixed boards.

2. With the view of preventing misunderstanding as to relative rank at mess :

That invitations sent by the colonel, or officer commanding, in the name of himself and the officers of a regiment, be considered official, and that the senior combatant officer present should always preside ; and

That where a second position is formally assigned on such occasions, such position should be determined by relative rank, as defined by the Queen's Regulations and Warrants ; we consider, however, that no second place should be recognised.

3. That in the Monthly Army List, the names of the medical officers of each regiment be inserted above those of the other regimental staff, with a heading of "Medical Officers."

Also, that a general list of all medical officers in the army be inserted in the Monthly Army List, and that in such list the relative rank of each class of medical officers with the corresponding rank of combatant officers should be clearly stated ; thus :

Inspectors-general of hospital (ranking with major-generals).
Deputy inspectors-general of hospital (ranking with colonels), &c.

And that opposite the name of each officer should be the number of his regiment or the station on which he is serving.

That medical officers be replaced in the list of the regimental staff in the classification of officers in the Queen's Regulations ; and it is submitted for consideration whether the Medical Department should not be placed immediately after the lists of combatant officers in the Army List.

4. That medical officers, ranking with field officers and being allowed forage, should be ordered to provide a charger and to appear mounted on parade.

5. That increase of pay and earlier retirement be granted as defined in paragraphs Nos. 9, 10, and 11.

9. In view of the proper requirements of the service in this regard, and in order to encourage the coming forward of a larger number of the most eligible class of candidates, and thus to render the competitive examination really worthy of that name, and such as was contemplated upon its establishment, the Committee, from the information before them, and supported by the deliberate opinions of gentlemen of the highest professional attainments and experience connected with the medical schools of London, who have been examined, consider that, besides the removal of the alleged grievances of medical officers above referred to, a certain increase of pay is absolutely called for ; and with this view, and after full consideration, they recommend that an increase of pay should be extended to medical officers in accordance with the annexed scale :—

SCALE OF PAY PROPOSED FOR ARMY MEDICAL OFFICERS.

RANK.	Under 5 years' service.		Above 5 years' service.		Above 10 years' service.		Above 15 years' service.		Above 20 years' service.		Above 25 years' service.		Above 30 years' service.	
	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.
Assistant-Surgeon.....	s. 10 d. 0	s. 10 d. 0	s. 11 d. 6	s. 12 d. 6	s. 13 d. 0	s. 15 d. 0	s. 13 d. 0	s. 17 d. 6†	—	—	—	—	—	—
Surgeons .....	...	...	...	...	s. 15 d. 0	s. 17 d. 6†	s. 18 d. 0	s. 20 d. 0	—	—	—	—	—	—
Surgeon-Majors .....	...	...	...	...	...	...	...	...	s. 22 d. 0	s. 24 d. 0†	s. 25 d. 0	s. 27 d. 0	—	—

† Or on promotion.

‡ Provided he passes his examination.

A proposal to increase the pay of the inspectorial ranks was made, but the Committee, being divided in opinion, do not make any recommendation.*

10. The Committee also consider that the prospect of optional retirement at an earlier period than at present permitted would prove a further inducement to young medical men to enter her Majesty's service ; they therefore recommend that army medical officers should be permitted to retire after twenty years' service on full pay ; but at the same time, with

* The proposal was to increase the minimum pay of deputy inspectors-general to 30s., after twenty-five years' service to 34s., and after thirty years to 38s.; of inspectors-general to 45s., and after twenty-five years' service to 50s.

a view to guarding the interests of her Majesty's service, they are of opinion that the rate of half pay awarded to officers so retiring should not exceed five-tenths of their full pay,* and that officers with this service should be permitted to retire on the present half pay of their rank, if, after one year on half pay, they are reported by a medical board to be permanently unfit for further service.

11. The Committee further recommend, that as a special reward to officers of long and good service, who, owing to the comparatively small numbers of the inspectorial ranks, have

* As recommended to the Committee of the House of Commons in 1856, by Sir Andrew Smith, when Medical Director-General of the Army.

not been promoted to any higher position than that of surgeon-major, such officers, of the rank of surgeon-major, as have served for twenty-five years on full pay should, on being compulsorily retired at fifty-five years of age, receive the half pay of £1 a day, but such officers retiring voluntarily under fifty-five years of age should receive only seven-tenths of their full pay.

For the Navy the Committee recommend—

1. That staff-surgeons be placed on a separate list, and considered as a distinct rank, and that promotion to that rank (although twenty years on full pay may not have been completed) should be open to officers for distinguished or special service.

2. That the whole time an assistant-surgeon serves on full pay should be allowed to qualify for the rank of staff-surgeon, provided he passes his examination for surgeon before he completes ten years' service.

3. To compensate the naval surgeon for loss of time, by his being placed on half-pay, and unable to obtain employment, the surgeons' and staff-surgeons' full pay should increase by periods of four years instead of five years as at present.

4. That naval medical officers be granted the same allowances at hospitals at home and abroad as the army medical officers, in respect to servants, fuel, furniture, or pecuniary allowances in lieu.

5. That the scale of travelling allowances, extra pay, lodging money, and compensation for losses, be fixed for naval medical officers according to relative rank.

6. With respect to the question of prize money, the Committee, owing to the present principle on which the Prize Proclamation is drawn, are unable to agree upon a special recommendation, but are inclined to the opinion that the share of medical officers should, after the officer in command of the ship, be regulated by relative rank.

7. That in regard to cabins, while the requirements of the service render it necessary that the senior executive officer and the staff commander or master should have the cabins

placed most advantageously for their special duties, medical officers should after them have cabins more in accordance with their relative rank in the service, and that cabins for all assistant-surgeons should be specially ordered, to prevent future difficulties or neglect of the existing Admiralty Order.

8. That a staff surgeon, ranking with commander, be allowed a servant.

9. That a staff surgeon should be appointed to all flag ships bearing the flag of a commander-in-chief on foreign stations, with an allowance of 5s. a day in addition to his established pay.

10. That the periods of retirement by age be fixed for staff surgeon, surgeon, or assistant-surgeon at fifty-five years; inspector-general and deputy inspector-general at sixty-five years; but this regulation should only apply to new appointments.

11. That naval medical officers be considered equally eligible to honorary distinctions as army medical officers.

12. That they should have equal consideration for Greenwich Hospital pensions with other officers of the service.

13. That assistant-surgeons, after completing their time for examination for the rank of surgeon, be granted two months' leave of absence on full pay, on the condition of their resuming their studies at a medical school or hospital.

14. That in order to place staff surgeons on an equality in rank with surgeons-major in the army, they should rank with commanders by date of commission; but we are of opinion that officers in command of H.M. ships must on all occasions be considered senior in rank and precedence to all officers placed under their command, and that a ship, as a regiment, must always be represented by an executive or combatant officer, after whom all officers should take precedence according to the relative rank conferred on them by Royal Authority. See clause 10 of the Order in Council of 13th May, 1859.

15. That the pay of the naval medical officers be increased in accordance with the following scale:—

SCALE OF PAY PROPOSED FOR NAVAL MEDICAL OFFICERS.

RANK.	Under 5 years' service.		Above 5 years' service.		Above 10 years' service.		Above 14 years' service.		Above 18 years' service.		Above 22 years' service.		Above 26 years' service.		Above 30 years' service.	
	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.
Assistant-Surgeon..	s. 10 d. 0	s. 12 d. 6	s. 11 d. 6	s. 12 d. 6	s. 13 d. 0	s. 15 d. 0	s. 13 d. 0	s. 17 d. 6*	—	—	—	—	—	—	—	—
Surgeons	s. 15 d. 0	s. 17 d. 6†	s. 18 d. 0	s. 20 d. 0	s. 18 d. 0	s. 22 d. 0	—	—	—	—	—	—
Staff Surgeons	s. 22 d. 0	s. 24 d. 0†	s. 25 d. 0	s. 27 d. 0	s. 25 d. 0	s. 27 d. 0	—	—
Deputy Inspector-General of Hospitals and Fleets	s. 28 d. 0	s. 30 d. 0†	s. 30 d. 0	s. 32 d. 0	s. 30 d. 0	s. 35 d. 0	s. 34 d. 0	s. 37 d. 0
Inspector - General of Hospitals and Fleets.....	s. 40 d. 0†	s. 45 d. 0	s. 45 d. 0	s. 47 d. 0	s. 45 d. 0	s. 50 d. 0

* Provided he passes his examination before 10 years' service.

† Or on promotion.

16. That, as a prospect of optional retirement at an earlier period than at present permitted would prove a further inducement to young men to enter her Majesty's service, naval medical officers should be permitted to retire after twenty years' service on full pay; but at the same time, in order to guard the interests of her Majesty's service, the rate of half

pay awarded to officers so retiring should not exceed five-tenths of their full pay, and that officers with this service should be permitted to retire on the half pay of their rank, if, after one year on half pay, they are found on medical survey to be permanently unfit for further service.

17. That as a special reward to officers of long and good

service, who, owing to the comparatively small numbers of the inspectorial ranks, have not been promoted to any higher position than that of staff surgeon, such officers of the rank of staff surgeon as have served for twenty-five years on full pay should, on being compulsorily retired at fifty-five years of age or retired on medical survey, receive the half pay of £1 a day.

We further recommend that competitive examination for admission of medical officers into the navy be established at Greenwich Hospital, after the plan adopted in the army, at Chelsea, and that professional instruction by a course of lectures and attendance at Haslar be given to medical officers on first entry, in some measure on the system adopted at Netley Hospital.

Some of the medical witnesses have stated that it is desirable that naval boards of survey should be made purely medical boards as they are in the army; on this question, however, the Committee are not agreed, and therefore offer no opinion.

(Signed)

ALEX. MILNE.	H. B. PHILLIMORE.
DOUGLAS GALTON.	W. O. MARKHAM.
JAMES B. GIBSON, D.G.	GEORGE BUSK.
A. BRYSON.	

Sir JAMES GIBSON protests against the greater favour shown to the navy by the above recommendations, and we fear that the army medical officers will not be satisfied with the terms of retirement, improved though they be. On the whole, however, we believe that these recommendations will be received with gratification, and certainly the Services owe much to Dr. MARKHAM and Mr. BUSK for their careful and laborious investigation of the claims of the officers, and assiduous attention to the duties of the Committee.

“*Ne quid nimis*,” says the Terentian critic, advisedly. “*Toujours perdrix*,” disparagingly retorts the Gallican grumbler. Whilst both reclamations are probably launched by some at every fresh article on sanitary science which we place before our readers. Well, we fully admit that there may be too much of a good thing, and that game always for dinner ceases to be appetizing. But we cannot ourselves imagine that we have got to anything like these extremes with the subject of public hygiene. We are as yet only in the infancy of the art of health, and the proper time to cry out “Hold! enough!” will be when we have attained to M. FLOURENS’ great destiny for the race—viz., one hundred years for every man, and not to think very much of it. Some favoured spots about Europe have certainly advanced a step towards this goal beyond what could generally be done before the beginning of the present century. Yet a steep hill is to be climbed, and, as we have said, we are but on the threshold of sanitary science. But learning the alphabet is always vexatious; nobody likes it. And the alphabet of hygiene is no exception to the rule with most persons; they soon get tired of learning their sanitary letters. But the schoolmaster is abroad, and learn them they must. Hence we are about to give them another exercise in the shape of some comments *apropos* of the “Report of the Sanitary Condition of the City of London for the year 1864-65,” just issued. And surely no sanitary report ought to be more important and interesting than this of Dr. LETHEBY, the medical officer of the City. If there be one place rather than another in which we would hopefully exclaim, in the words of the

City motto, “*Domine dirige nos*,” as regards its health, it is this our metropolis. But HERCULES would not help the waggoner unless he put his shoulder to the wheel; so we cannot expect to receive aid unless we ourselves be up and stirring.

The first item calling for notice is the fact recorded by Dr. LETHEBY that in the course of last year the population of the City had declined from a total of 129,922 to 114,472, and the number of inhabited houses had diminished from 14,706 to 13,478. This has occurred whilst the marriages in the City have been greatly above the common average, particularly in the poorest districts. The birth-rate, in fact, is below the average, and it is still decreasing. It is evident that the mortality in the eastern and western divisions of the City is excessive, although the general death-rate for the whole City is less than that of the town districts of England, and somewhat less than the average of former years. But, as Dr. LETHEBY observes, looking at the many circumstances which influence the mortality in our large towns, it is clear that the death-rate alone cannot be regarded as a truthful exponent of the sanitary condition of any locality; for where the death-rate is large, the proportion of births is also considerable, and the population is generally on the increase. Further, whilst the death-rate of a district is lessened, its sickness and social miseries may be actually increasing. As Mr. RUMSEY has shown, the death-rate must be conjoined with the birth-rate, the mortality of children, the returns of sickness, the causes of death, and the occupations of the people. As regards the City of London, after a consideration of all these circumstances, the Report states that there is still a high mortality, but a mortality from an overstraining of man’s power by industry rather than from a defective sanitary regimen. In one sense, then, this is satisfactory, and we must accept the consequence if we will have our whistle at any price. “It is evident,” writes Dr. LETHEBY, “that the great strain upon a city life is most felt in the years of declining manhood, and no doubt it is the result of the overtaxed energies of commerce.”

The sickness returns amongst the poor of the several City unions have been below the average, for while the total number of cases attended by the union medical officers during the year was but 9473, the average number for the last five years has been 11,228. But, on the other hand, the fever cases rose from an average of 670 to 845. Excepting the unusual prevalence of fevers of the typhoid class, the mortality from which, however, in the City itself was not great, the general health of the place during the year was not unfavourable. If the powers of the law were sufficient to deal with the sanitary evils of certain fever districts of London, the amount of sickness as well as mortality from fever could be no doubt readily lessened. But these places are inhabited by the very lowest class of society, and which we are told either wickedly abuses, or utterly disregards, the attempts which are made to improve its dwellings.

“Nothing indeed,” says the reporter, “can be more disheartening than the unsuccessful and yet constantly repeated efforts to better the condition of these places. We want a despotism to deal with them; for there is not only the disinclination or determined opposition of landlords to all species of sanitary improvement, but there are also the ignorance and mischievous perversity of the tenants, and these are too often the cause of the wretchedly unwholesome state of the tenements. At present these matters are a subject of great anxiety to the sanitary officers of every large city.”

Alluding to the fears recently entertained as to the probable appearance of cholera amongst us, Dr. LETHEBY states that, from the progress of the malady abroad being so different from that in its former visitations, he did not entertain anxiety of its occurrence in England during the past year. But should it again show itself during the coming spring at Constantinople, or upon the northern shores of the Mediterranean, or even in Paris, then we may expect to have it sooner or later. Early in the month of September the public were alarmed at hearing that there was an outbreak of yellow fever at Swansea. This terrible disease had been imported in a ship from Cuba, and although rare in this climate, and probably never occurring when the temperature is below 50° Fahr., yet, in consequence of the remarkably warm month of September, it appeared with some vigour for a short time after the arrival of the infected vessel. Twenty-nine persons were said to have been attacked in Swansea, of which number thirteen died. All of them had been in communication with the ship. The above is proof, therefore, that the disease is contagious, and that during certain exceptional seasons a peculiarly tropical fever may propagate itself for a limited time amongst us. This Dr. LETHEBY suggests shows the necessity of looking well into the sanitary condition of vessels trading from London to the tropics, for an outbreak of such a malady in this metropolis during the warmer months of summer and of autumn might become a very serious business.

As regards the sanitary work of the year, we may state that 11,008 inspections were made of the poorer tenements of the City; and of these 3368 were visits to the common lodging-houses. They resulted in the issuing of 2331 orders for sanitary improvements, all of which are detailed in the tables accompanying the Report. The landlords of fifty-nine houses were summoned before the justices for neglecting to perform the sanitary work required of them, and were compelled to have it done. During the year the river did not—so at least the Report says—show any signs of putrefactive decomposition, notwithstanding that in September the temperature was high and the rain-fall less than usual.

More than fifty pages of the Report are occupied with a history of the "cattle plague"; together with an account of the regulations which are in force on the Continent—and which are very stringent—relative to cattle and meat inspection. Interesting and important as this subject is in itself, we think it occupies more space than it might be made to have done in a Report simply of the Sanitary Condition of the City of London. As it stands, however, it is no doubt instructive and interesting reading. The characters by which sound meat may be recognised are specially worthy of attention. Not only is diseased meat abundantly condemned in the City of London, but the number of fish condemned is likewise considerable; for example, not less than 673,730 fish of different kinds were seized at Billingsgate by the officers of the Fishmongers' Company during the year. Pickled salmon, caplins, and cods' tongues, along with dabs and whittings, &c., were all destroyed as being unfit for human food.

There were twenty-three convictions at the Old Bailey of persons who sent unwholesome food to the City markets, the penalties ranging from £5 and costs to a fine of £50 with twelve months of imprisonment.

Medical Annotations.

"Ne quid nimis."

THE HISTORY AND PATHOLOGY OF THE CATTLE PLAGUE.*

WE may at once call attention to a work published this week by Mr. Gamgee. It contains a large amount of information on what may be regarded as the subject of the day. Not only are the symptoms and pathology of the cattle plague described in detail, but he has here collected all the Orders in Council, a full account of the past history of the disease, the statistics of the present outbreak down to the close of last year, and, though last, not least, the Official Reports of the International Veterinary Congresses, which are now for the first time published in this country: these Reports occupy nearly one half of the volume. "The discussions," says Prof. Gamgee, "which took place both in Hamburg and Vienna referred so much to the rinderpest, and were conducted by men so able from every part of Europe, that they can only enhance, and enhance largely, the value of this work. They refer, in part, to other diseases, but as they have not been, and are not likely to be, published in any other form here, I have determined on giving them *in extenso*. At no time could the information embodied in both reports be more acceptable to Englishmen than at the present crisis."

Most observers will probably now agree in the opinion which Mr. Gamgee has consistently held from the first, that the disease was imported into this country from abroad, although the precise medium of importation is not so clear. Mr. Gamgee still adheres to the theory of importation by the cargo of cattle brought from Revel to Hull in the steamship *Twining*. The evidence collected by the Royal Commission was very far from establishing the correctness of this view, and we cannot help thinking that the tenacity with which Mr. Gamgee clung to this mode of importation, notwithstanding the contradictory and inconclusive character of the evidence, tended in some degree to prevent the general acceptance of the theory of importation.

Mr. Gamgee naturally exults in the ultimate triumph of the method of dealing with the disease which he has always recommended—viz., "to stamp it out." He says: "The Report of the French Minister of Agriculture was based on information repudiated by my countrymen. Times have changed in not many weeks. It is now acknowledged that I was in the right; but this is very slender consolation for one who would have wished to act rather than speak."

Under the head of Symptoms, Mr. Gamgee strongly insists on the necessity for careful thermometric observations in all cattle suspected of the plague. "I have special reasons," he says, "to be grateful to the French Government for the confidence reposed in me. Early in September experiments were commenced by M. Behic's orders in the New Veterinary College. They led to the thermometric and chemical investigations first attempted by my brother, Dr. Arthur Gamgee, in conjunction with Professor Chauveau. It is somewhat remarkable," he adds, "that the observations now for the first time published were not long since made and recorded abroad." According to these observations, the existence of the disease may be discovered by the mere elevation of temperature, before any other symptom shows itself.

Under the head of Pathology, Mr. Gamgee opposes the views that the cattle plague corresponds in any way with either human small-pox or enteric fever. In THE LANCET of August 5th we quoted Mr. Gamgee's opinion to the effect that

* The Cattle Plague, with Official Reports of the International Veterinary Congresses held in Hamburg, 1863, and in Vienna, 1865. By John Gamgee, Principal of the Albert Veterinary College, London. pp. 859. Robert Hardwicke. 1866.