

For some years past it has possessed, in addition to venereal wards, a set of wards and an operating theatre for the treatment of diseases of women, which are so replete with comforts for the patients and contrivances for the physician or surgeon, that they reflect the greatest credit on the physician of the ward and the treasurer of the hospital. But, till within a year and a half ago, these were its only provisions for special or classified treatment. Complaints were murmured by the students, former pupils began to remonstrate and suggest how unfavourably their Alma Mater compared with Guy's and other hospitals; and, lastly, the pecuniary interests of the professors began to be affected by a decided falling off in the number of students. Something must be done. A scheme of special treatment and instruction was decided on, and in one of your medical contemporaries, on June 8th, 1867, an announcement to that effect was made, I believe with full authority from St. Bartholomew's; and members of the staff were mentioned by name as appointed to the skin, eye, ear, and orthopædic departments respectively. The paragraph concluded as follows: "The arrangements will be made with special reference to teaching.....they will be carried out with considerable completeness; wards will be allotted for the respective cases, and all necessary appliances will be furnished." It augured rather ill, however, for the efficient carrying out of this project that the first intimation which some of these newly-appointed specialists received of their office was this public announcement; that these gentlemen, with one or two exceptions, had had no particular experience in their special branches; and that to those appointed to the eye department, modern ophthalmic surgery, as practised at Moorfields, Paris, and Berlin, was a sealed book, the more so as the existence of several ophthalmic hospitals in London attracting nearly all the eye patients, an eye operation was an event occurring only once or twice a year at St. Bartholomew's, and was usually and very naturally followed by unsatisfactory results. Have the fears aroused by these and other considerations been realised?

The treasurer, with his usual promptitude and liberality, provided "all necessary appliances," and the professors had the satisfaction of seeing that the advertisement immediately attracted an increased number of students. But to this day no ward or set of beds has been devoted to any of the new special departments. The ophthalmic surgeons soon found it necessary to solicit the assistance of an old pupil of St. Bartholomew's, who had been for some years attached to the hospital at Moorfields, and whose professional skill commanded the full confidence of the distinguished staff of that institution. At first without official status, but since as an unpaid "demonstrator," he undertook the entire management of the ophthalmic out-patient practice, but under most discouraging circumstances. His patients nominally come to see the nominal ophthalmic surgeon, who is seated in a crowded room prescribing for general cases; they find their way through the throng to the corner where the virtual ophthalmic officer is seated, and are, if possible, prescribed for at once. But if they require to be examined in a dark room with the ophthalmoscope, they may have to wait for an indefinite period, until some personal examination, which decency forbids in the general room, is completed, and the side room vacated and darkened. Then, again, the eye patients being fewer in number than the others, he has probably seen his male patients before his colleague at the other end of the table has seen his, and would proceed with the females, but that he must wait until the room is cleared of some score or two of men with bad legs and venereal diseases. And now what happens if unfortunately there turn up a few patients who require an operation? The virtual ophthalmist has no beds at his disposal; the nominal, being an assistant-surgeon, holds a few by the courtesy of his full surgeon, which, however, are probably occupied; so these really urgent cases are told that they must go to Moorfields, or Guy's, or anywhere, in fact, but to St. Bartholomew's. But should there chance to be a vacant bed, and some poor fellow is taken in, who is to operate? Not the skilled oculist, for he is only a "demonstrator," and it would be contrary to all rule and precedent for him to handle the knife, but the surgeon during whose week the patient was admitted, and who neither can nor does pretend to be a skilled oculist. It need hardly be added that the proportion of successful eye operations at this hospital is below the average, nor

that its ophthalmic practice generally is almost worthless for purposes of teaching.

In the ear and orthopædic departments, the want of beds and of system produces somewhat similar results, only it is fair to suppose that the gifted junior members of the staff who have been appointed to them are by practice rapidly acquiring something like special skill. The skin department collapsed in a very short time, and now maintains a fictitious existence, being only in the medical school prospectus.

So, enterprising and ambitious students are still compelled, at a great loss of time and money, to frequent special hospitals; and the general result is, that out of the average of nearly a hundred students who annually leave as qualified practitioners, some half-dozen know how to hold an ophthalmoscope, two or three have a fair knowledge of diseases of the eye, and perhaps one or two have seen a laryngoscope in an instrument-maker's shop. The hospital is reputed to possess one of these last-named appliances, but as no one knows how to use it, it is seldom or never produced.

I am, Sir, your obedient servant,

February, 1869.

I enclose my card.

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## ON THE LOCATING OF BRITISH TROOPS ON THE HILL RANGES IN INDIA.

To the Editor of THE LANCET.

SIR,—In the *Broad Arrow* of the 30th ultimo there is a leading article in which it is said, in reference to your advocacy of having more British troops in the hills in India, that of late years a far larger number of British troops have been located in the hills; and that, notwithstanding, the mortality has been greater, and markedly so in 1867.

These statements, if correct, would be very startling, and not a little perplexing; but I beg leave to question the first statement altogether, and I would explain the second—which is a lamentable fact as regards 1867—by directly connecting it, *not* with the location of any larger number of troops in the hills, but with the large numbers which are still stationed in the plains.

Having spent the three years from 1860 to 1863 as principal medical officer of the British troops in Madras, and the five subsequent years in Northern Bengal as principal medical officer of her Majesty's British forces in India, I had ample opportunities of knowing what accommodation was, during these periods, available for British soldiers in the hills; and I may simply state that when I left India in 1868 the amount of accommodation was much the same as I found it on my arrival in Bengal in 1863.

For years before the mutiny, there were two so-called hill stations for regiments in Northern India—to wit, Dugshai and Sabathoo, with two or three others, at which were convalescent depôts. And what number, may I ask, are there now? Just the same, save that, to prevent the 58th Regiment, then at Benares, from becoming utterly inefficient, a wing of the corps was sent to occupy the depôt barracks at Darjeeling in the spring of 1865, thereby depriving the invalids and weakly men of other corps of accommodation to the extent occupied by the wing of the 58th.

I say "so-called hill stations" for this reason, that Sabathoo is not at an elevation which rightly deserves the name, although, being 4200 feet above the sea, its climate is much less trying than that of any ordinary station in the plains.

It is true that, under the incessant pressure put on the authorities in India since 1860, and by no one so forcibly and persistently as by Lord Strathnairn, two more sites have been selected as hill stations for regiments, and one near Dalhousie for a convalescent depôt. At the latter the barracks are far advanced—probably ere this quite completed, as they were advancing to completion when I saw them in December, 1867; and at one of the former the works are also in hand. But it is clear that the mere selection of these sites could have had nothing to do with the increased mortality of 1867.

In the same way, it is said to be decided to increase the amount of accommodation at the several hill depôts; but, until the intention is carried out, the accommodation remains

as it has been for years, and is available for just the same number of men, and no more.

The *Broad Arrow* need not dread any increased mortality from keeping men in the Himalayas, the climate of many parts of which is not inferior to that of even the Malvern hills, while the argument about British soldiers being sent to India for useful purposes and not for sanitation is very easily answered. In India there must always be what is in reality a reserve army of Europeans, for if there be merely the necessary number of British soldiers to keep stations or large centres of population in the plains in order in times of peace, what troops are to perform this duty should it be necessary at any time to form a field army? The troops necessary to form such a field force must always be in excess of what are necessary to hold strategic posts, and that number, being virtually a reserve, should be always available for residence in the hills in ordinary times and circumstances.

As to the other argument—that it is of importance to have British troops always in view, so as to remind the natives of their presence,—let me ask which is most likely to impress a disaffected native population with awe, the sight of a splendid and efficient brigade of British soldiers coming down from the hills for a winter camp of exercise, or the sad and mournful spectacle of a cholera-stricken corps moving feebly along, in the heat and rains, from place to place in its endeavours to escape from pestilence and death? In fact, no unprejudiced man of Indian experience can believe that there is any real necessity for keeping such large numbers of British soldiers in the plains of India in ordinary quiet times; and on this account it is, I conceive, a subject for regret that such an increased amount of barrack accommodation, and at such an enormous cost, should now be sanctioned, as the existence of such accommodation will always induce the Government to insist on its being made available, whether the troops who occupy it are really required in the locality or not.

I have seen within the last few days an article in a weekly paper connected with India, in which the subject of more hill stations for British troops is enlarged upon, the chief difficulty, it is alleged, having been that the military authorities, from Lord Strathnairn to Colonel Norman, have been unable to see their way to the withdrawal of any large portion of the European force from the plains for location in the hills. This statement, as far as it refers to Lord Strathnairn, I may venture to say is quite incorrect, as his Excellency, during the whole period of his command in India, urged and pressed, as I have already said, for a very large additional number of hill garrisons, and was of opinion that, in all ordinary times, one-third of the British troops in Bengal might be in the hills. It has been the *civil*, not the military, authorities who have so tenaciously held to the necessity for having our invaluable British troops scattered over the length and breadth of the hot and arid plains of Hindostan.

The *Broad Arrow* gives the *casualty*-rate in the British troops for 1867 as 78.28; a number, however, which includes the men invalided and those sent home for discharge. The death-rate was 30.95—a much higher rate, I grieve to say, than that which marked several preceding years, but quite and entirely accounted for by the ravages of cholera, which spread over Northern India subsequent to the dispersion of the pilgrims from Hurdwar.

There is but one other point to which I will allude, and that is the contrast drawn in the *Broad Arrow* between the efficiency of the corps which marched down from the hills to take part in the siege of Delhi, and that of other regiments which had come from Meerut, Dinapore, &c. I have always understood that the regiments from the hills on that occasion did excellent service; but had it been otherwise it would have been a matter for no surprise, as it is well known that prior to the mutiny, and, in fact, since the mutiny until now, regiments were not, and have not been, sent to the hills till their efficiency was wellnigh destroyed by sickness at severe and trying stations in the plains. This is not the way to test the efficacy of hill climates: they should be made use of prophylactically, and regiments still in health should get their regular tours on the hills, so as to keep them healthy and efficient.

I am, yours &c.,

Royal Victoria Hospital, Netley,  
Feb. 4th, 1869.

G. S. BEATSON, M.D.,  
Inspector-General of Hospitals.

## THE NAVAL MEDICAL SERVICE AND THE PRESENT GOVERNMENT.

To the Editor of THE LANCET.

SIR,—Having once been numbered amongst the medical officers of the Royal Navy, I watch with interest the course of events occurring in connexion with the service, more especially such as concern my former associates.

I am happy to find that the medical press is alive to the danger that now threatens the naval medical profession, and that THE LANCET deprecates the contemplated degradation of the chief functionary—namely, the Director-General.

Another subject has caused me anxious thought for some time past—viz., the reduction of the medical staff of Greenwich Hospital below the normal standard. It is an instance of bad faith, for the doctors were to continue to hold active appointments at the hospital, according to a statement made by the Admiralty. The present Government is wholly responsible for this state of things; for by their clamour when in Opposition they induced the late Government to cancel the appointment of Inspector-General, and now they permit the office to remain vacant. A recent act of the present Liberal Government transcends belief—viz., the establishment of a sinecure governorship of Greenwich Hospital, at £1000 or £1200 a year.

I purpose bringing the matter before the profession and the public in the form of a pamphlet at the earliest opportunity.

I am, Sir, your obedient servant,

FREDERICK JAMES BROWN, M.D.

Rochester, February 9th, 1869.

## ON CONICAL CORNEA.

To the Editor of THE LANCET.

SIR,—A very short notice in THE LANCET of a clinical examination of mine, on a case of conical cornea, to the Medical Society of London, has been made the subject of comment by Mr. Carter, who suggests that I have committed an error in diagnosis.

Mr. Carter has not seen the patient, nor is he aware of the remarks I made at the Society. I shall not address myself to Mr. Carter directly, as I greatly desire to avoid every chance of controversy; I rather speak to your readers, before whom I am unwillingly drawn.

Discussion is unnecessary as to the pathology of conical cornea, and all relating to physical changes in the cornea in general, is well known.

I believe it will be taken for granted, by all who know me in the profession, that I am not ignorant of ophthalmic subjects, and that I am qualified to examine an eye in any condition of disease.

I examined the patient in question by every known method of investigation, as a matter of interest for obtaining knowledge, and for the sake of teaching others. Moreover, she was carefully examined by six gentlemen thoroughly conversant with ophthalmic medicine and surgery, and by several physicians and surgeons. After that, she was shown at a Medical Society, where there happened to be a large gathering of members, and was there inspected by a great many men who were quite capable of appreciating what I pointed out.

With regard to the remark about Mr. Bowman, anyone who will refer to my work on the "Surgical Diseases of the Eye," will see how I have spoken of him in connexion with the operation.

It only remains for me to say, that the case was a genuine one of conical cornea, and that the operations which I performed were attended with more than expected results.

Nothing shall induce me to notice the subject any further, and therefore it is concluded, as far as I am concerned.

I am, Sir, your obedient servant,

HAYNES WALTON,

Surgeon to St. Mary's Hospital and to the  
Central London Ophthalmic Hospital.

Brook-street, Hanover-square, Feb. 8th, 1869.

To the Editor of THE LANCET.

SIR,—Mr. Carter, in his remarks on Mr. Haynes Walton's case of conical cornea, *assumes*, with a great want of pro-