

depending on scientific observations and experiments conducted by men of scientific eminence. DR. DEAKIN and BIRCH have recorded observations bearing on the very important subject of the treatment of fevers by cold water affusion and immersion. DR. JACKSON's paper on "bloodless operations" concerns a novelty in Surgery which has been extensively put in practice in the Calcutta Hospitals, and of which we shall probably have a good deal to say in this year's volume. The important subject of snake-bite continues to attract attention, and we have recorded the result of the systematic observations conducted by the commission which was appointed to investigate the effect of artificial respiration and intravenous injection of ammonia. Several interesting cases of snake-bite have also found a place in our pages. Our readers will, we feel sure, read with interest the important observations made by DR. FAYRER and BRUNTON on this subject, which are in course of reproduction in this journal. DR. HENDLEY's translations of the "Umrit Sagar" open a page of medical practice which would otherwise be closed to the great majority of our readers. We have much pleasure in here drawing attention to an admirable report on medico-legal cases by DR. HARVEY, which we have been fortunate enough to secure, and the first instalment of which appears in this number.

Our MIRROR for the past year has been both full and interesting, and has contained the reflection of many valuable experiences, medical and surgical. This ought to be the most useful section of our paper, and we look to medical officers practicing throughout India for material. Condensed notes of peculiar phases of disease and particular modes of treatment are easily prepared, and when published, read with interest and profit. The subjects of tetanus, the use of the aspirator in liver and other abscesses, septicæmia and antiseptics strike us as being prominent among topics specially requiring clinical study and illustration by detailed cases. Single cases are often eminently instructive; but groups of similar cases exhibiting variations in nature and treatment are still more so, and we should be glad to be furnished with both.

In our EDITORIAL columns we have endeavoured to discuss subjects interesting to the mass of our readers,—subjects of Indian rather than general importance. We have invoked the aid of another pen for these columns, and hope thus to avoid the monotony inevitably attaching of the productions of one mind. We have endeavoured to maintain the independent tone which this journal has always assumed on subjects affecting the interests of the service or individuals. Another year has passed without witnessing the reorganisation of the medical and sanitary services of India, and we are still pained to notice the divided and confused administration affecting agencies and concerns connected with health. We do not, however, despair of yet seeing a single strong medical department organised, in which all health matters will be considered and all health agencies centred; anything short of this is certain to cause heart-burning, circumlocution, and a waste of labor. The unreasonable segregation of sanitation as the special concern of a feeble—so-called—department must sooner or later terminate. State medicine is the legitimate concern of a state medical department, and the appointment of one set of physicians to supervise the preventing of disease, and another set to supervise the curing of disease, resembles the ancient Egyptian practice of having separate doctors for the diseases of the several organs of the body.

We must now bring these rambling remarks to a close. We trust that in reviewing another volume we may be able to point to much solid work, and a more decided accretion to our knowledge than that which we have been discussing contains. Medical journalism now-a-days is becoming too much a thing of scraps and rechauffes. Original matter is giving place to memoranda, extracts, digests, resumés, &c., &c., representing the substance of material gathered from exchanges. We are not ambitious to be considered encyclopedic. We would rather present one grain of new truth of home growth than a bushel of information culled from other periodicals. We do not pretend to supplant English medical periodicals; our aim is rather to supplement them by promulgating observations and views of Indian origin and on Indian topics. We must, therefore, appeal to the medical profession in India to work for us, and we can assure them that their work will be gratefully welcomed not by us only but by the whole mass of the profession in and out of India who look to our pages for these observations and views.

We cannot conclude this article without a brief reference to the men who have gone from among us during the year. Death and retirement are yearly robbing us of valued colleagues and friends. In the curious transitional life which we lead in India, men come and men go, but the stream of work and duty goes on for ever, and the uncertain and transient nature of our stay in this country should impel us to make the most of our time and opportunities. The British Medical Service lost during the past year in DR. G. S. BEATSON a loyal and distinguished chief who held the interests of his department and service to be the main motive of his thoughts and acts. In DR. D. MACDONALD the Indian Medical Science lost a popular and amiable officer, and in DR. H. B. BUCKLE, who was compelled to leave India in October last under most painful circumstances, a man of great administrative ability, indefatigable industry, and exquisite tact. DR. S. C. G. CHUCKERBUTTY's death deprived the Calcutta Medical College of a professor who had been long and honorably associated with it, and the departure from India of the brothers MACNAMARA and the more recent retirement of DR. FAYRER have subjected that institution to the loss of experienced and distinguished teachers in some of the most important branches of the curriculum. Though we, who stay to work on for a few years longer, regret to part with comrades in our battle with disease and death, it is infinitely more pleasant to bid them enjoy that repose in the mother country which they have so well earned by conscientious labor here, than to count them among the victims to a climate so inimical to health, and when severe mental work is apt to become an important factor of disease.

HONORIS CAUSA.
DURING a recent discussion in the House of Commons, an Honorable Member stated that he had frequently noticed very ordinary men returning, after a few years' absence in India, with a handle to their names, and that he was at a loss to understand what extraordinary evidence of ability or merit had resulted in the transfiguration of the chrysalis "Mr." into the butterfly "Sir!"—a little interlude in the Honorable Member's speech, the somewhat questionable wit of which could not certainly be directed against the medical services. For, in comparison with the honors, distinctions, and benefits not illiberally distributed among other departments, the medical service has hitherto been least favored. On scanning the Bengal Army List, we find out

of a total of upwards of three hundred and fifty medical officers, only two C.S.I.'s, three C.B.'s, and two in the receipt of good service pensions; while only one distinction of any kind whatever falls to the lot of the hundred and fifty gentlemen on the lists of the Bombay Medical Service! On the other hand, in the first three hundred and fifty names on the Bengal Staff Corps (excluding those in receipt of Colorel's allowances) there are two K.C.B.'s, nearly thirty C.B.'s, about twelve C.S.I.'s, four K.C.S.I.'s, and three A.D.C.'s to the Queen. On taking all grades and departments mentioned in the Army List, there are thirteen Military Knights of the Bath, not one of whom is a medical officer; there are sixty-one Military Companions, of whom three only are medical men; and there are eight Civil Companions, without any medical man. In the order of the Star of India, there are six Knight Commanders, no medical officer being elevated to that grade; and there are eighteen Companions, numbering three surgeons among the list. Lastly, there are twenty-five good service pensions, of which two are received by medical officers. Of the Bengal Civil Service three hundred and forty-nine members possess three K.C.S.I.'s, four C.S.I.'s, and seven C.B.'s. In addition, we not unfrequently hear of officials being in some manner or other distinguished after they leave the service; but among medical men there is scarcely a solitary instance.

Far be it from us to follow the example of the Honorable Member, and to assert, or even insinuate, that the distinctions conferred have not been well earned and fairly deserved. Almost, without exception, we honestly believe such to have been the case. But this cannot blind us to the fact that there are men equally deserving among members of the Indian Medical Service, who have not received the honorary rewards to which, in all comparative justice, they are entitled. Neither does the knowledge that there are persons in the other services, who have been similarly passed over, render our own case any the less irritating. In this particular instance at least, the sores of our friends bring no comforting salve for our own galls. Neither, on the other hand, do we regard our own disease, or our own sorrows, as the worst and most remarkable ever endured by humanity. If we saw honors confined to those ruling over vast interests, and large questions, as the fortunes of states and the fate of dynasties, we might not consider our class hardly treated. But when we see honors descend from those directing the great game, as played by kings and kaisers, to the small traffic of a local magnate wrangling over a road, or disputing over a feudatory zemindar, we cannot but esteem many of ourselves as equally worthy. We are prepared, as a service, to stand upon our own merits, and it is preposterous to suppose that only those few medical officers, who have been singled out for decoration, are the only ones deserving, or that but one of the hundred and fifty medical men of the Bombay Service is worthy. It would be invidious to mention names among those now in this country. But, as a case in point, we may refer to a late Head of the Bengal Medical Department, a man who had served the Government faithfully for some forty years, acknowledged on all sides as a most skilful surgeon, who spent the morning and noon-tide of life in the investigation of disease, and who was permitted to depart to one of those bournes from which at least medical men never return (*viz.*, Kensington or Bath) destitute of any personal mark of distinction whatever. These remarks are not penned in any carping spirit; neither are we

disposed to attach more importance to titular honors and distinctions than the occasion demands; for we have chosen the path of science, and that path, if sedulously and honorably pursued, brings to many its own peculiar reward, in the content which springs from doing good. But belonging, as we do, to a public service, we cannot but feel that the claims of that service are not considered, as we submit there is reason to expect they should be considered, when the distribution of worldly distinctions takes place. Being human, we must agree with Shakespeare, who long since observed that "it is pleasant to be made much of." It is a theory which every one knows to be false in fact, that virtue in real life is *always* productive of content. We therefore, however personally indifferent to the arbitrary rules guiding the distribution of honorary distinctions, cannot view the setting aside of the just claims of the service with the stoical equanimity of a Diogenes. We are aware that it does not much matter how the Apollo or the gladiator may be dressed; for the Apollo or the gladiator are still present. But the distinction between savage and civilized humanity lies not so much in qualities as in habits. Claiming to belong to civilized humanity, we cannot be altogether indifferent to the habits of our class, and to those things which, although of the world—worldly—the world nevertheless delighteth in. Paraphrasing a remark of Sir Astley Cooper's, we have no objection to remain untitled, if we can be useful. But it is the habit of the world to confer some distinction on those supposed to be the most useful, and unless we have some earnest, in the extension of the habit to our class, we can scarcely be satisfied in our own minds that we are useful. We require some exhibition of the proof positive.

We are, we confess, at a loss for the reason why the medical service does not come in for a fair share of honors. As before observed, it cannot possibly be that there are so few deserving amongst us. Neither can we suppose that it arises from medical men declining to bow and *kowtow* sufficiently to the powers that be; that they neglect to follow the eastern maxim, and when the king saith at noon "it is night!" answer "behold the moon and stars!" for such a supposition would be altogether the reverse of complimentary to those presumed to recognize and distinguish merit. The reason must, therefore, be simply want of forethought and consideration, to secure which the matter only requires bringing forward.

There appears to be—although we are loath to think there is—a desire in some quarters to prevent medical men, whether belonging to the public services or otherwise, obtaining a fair share of the flow from the fountain of honor. Not even self sacrifice in the face of destroying disease, fully as noble as the feeling impelling Curtius to drive his war steed headlong into the gulf, or impelling Leonidas to sup with Pluto, so that he turned the Persian myriads from Thermopylae; not even conduct gallant as ancient or modern times can show; not even the highest literary skill, or social qualities, has yet sufficed to create a medical peer. Yet as Dickens observed, "supposing we had this day a Baron Jenner, or a Viscount Watt, or an Earl Stephenson, I wonder whether it would be cruelly disgraceful to our old nobility." When we see so many demonstrations of the truth of the assertion that "the robbery" (or in these days we might say successful commerce) of one age is the chivalry of the next, "we can scarcely think that a Lord Cooper or an Earl Christison would be misplaced." There are those, however,

who for childish reasons would deny the medical profession such distinctions. We may, however, trust in time and in the progress of the world that they will not always be denied.

MEDICAL AND SANITARY REPORT OF THE NATIVE ARMY OF BENGAL FOR THE YEAR 1873.*

THIS volume is the sixth of a series of reports, which, as their title implies, concern the health of the Native Army. The medical officer of each regiment is required to submit to the Surgeon-General an annual report, prepared according to a well-considered plan, in which the medical statistics of the year are carefully set forth, and the sanitary influences which affect soldiers, collectively or severally,—locality, movements, climate, habitation, drainage, conservancy, water-supply, duty, amusement, service, &c., &c.—are carefully described and discussed in relation to the sickness and mortality of the year, and the principal diseases to which these are due. Extracts are selected from these reports for the purpose of explaining in words the conditions and causes to which the results represented in the statistical summaries are attributable, and on the principle, as far as possible, of permitting each medical officer to record the health history of his own regiment for the year. These extracts are prefaced by a summary report, in which the facts are summarily stated, and generally discussed; general tabular statements, containing the disease and death statistics of the native army, are appended, and the whole constitutes a somewhat bulky volume, which is submitted to Government, and circulated among medical officers. The system on which these reports are prepared possesses advantages and disadvantages. The advantages are, 1st, that the health of each regiment and the influences affecting it are represented, both statistically and descriptively, by the officer who is best able to render the information; 2nd, that the circumstances represented in figures are explained by written details, which tend to counteract those partial and false inferences which are so apt to be drawn from figures alone; 3rd, that each medical officer is able to compare the health of every other regiment in the army with his own, and that with the aid of a detailed description, which must be of the utmost service to him in studying the hygiene of his own corps, and rendering advice in regard thereto; 4th, that special subjects of importance may be described in full detail, and valuable experience useful for future guidance thus placed on record: the details for instance, contained in the report of 1872 regarding the Looshai expedition were found to be of very great use in making arrangements for the Duffla expedition; 5th, that medical officers are stimulated to more close attention to the health of their regiments, and a more careful performance of their important duties.

The disadvantages are, 1st, that the report is apt to become very bulky, its subject-matter consisting of 103 separate bodies of men, many of them broken into detachments, all of which exist under different health conditions; 2nd, that it is apt to contain details which may appear petty or paltry; 3rd, that it is sure to present many instances of repetition of the same information from year to year, because every report must to a great extent be rendered complete in itself; and 4th, that the

plan of writing according to a fixed plan invites, if it does not compel, unnecessary prolixity.

These disadvantages are not such, in our opinion, as to counterbalance the manifest advantages of the system. For purposes of *general* information, this report is, of necessity, ill adapted. Indeed, the summary letter prefacing it contains all that a general reader cares to know. The object of the report is not, however, to present a general view of the health of the native army, which may with a little alteration and compression be adapted as a newspaper article, but to represent the circumstances affecting the health of men and bodies of men living under very varying conditions, so that these may be modified to their benefit. There is a tendency in the present day to generalize information, so that it often becomes practically valueless from attenuation; and the actual circumstances capable of being practically handled are quite lost sight of in the vague terms in which they are described. Still, as the series proceeds, a good deal may be done in the way of condensation. Fixed circumstances, such as topography, barracks, sources of water-supply, &c., having once been fully detailed, an annually repeated description becomes superfluous, and the report of each year need only contain a record of circumstances liable to variation, and of the actual occurrences of the year. It is, we believe, safer to include too much than too little in a report of this sort, for matters that may appear petty to the general reader may really be of very great practical importance, e.g., the subject of boots, socks, and bandages; and matters that look paltry at one time may come to be of much moment at another. It is easy enough, in a report of this sort, to pick out a sentence here and there, and hold it up to ridicule; but it is absurd to judge of the value of a compilation of this kind, either by subjecting it to the test of the foot rule or balance, or grubbing out of the body of it a few passages which, when isolated, do not convey information of striking importance. The report before us is, we are glad to observe, excluding appendices, some 16 pages shorter than its predecessor, and it may perhaps be possible to condense future reports still more, though we doubt, unless the whole plan and object of the compilation are altered, that much can be done, or that much ought to be tried, in this direction.

The report is compiled precisely on the same plan as its predecessors, and Dr. Mackellar has exercised much judgement in condensing and extracting—a task of very considerable difficulty, and requiring more labor and thought than appears on the surface, a task, moreover, which increases in difficulty yearly as the number of reports grows larger; as it becomes necessary for an intelligent compiler to have an intimate knowledge of the contents of preceding volumes. We shall present in our next issue a summary of the facts contained in this report; meantime we would congratulate the Indian Medical Service on the excellence of this report, which gives such ample evidence of the constant and intelligent concern which its officers exercise with regard to the health of the soldiers committed to their medical charge, and which contains, not only full statistical information regarding the health of the native army, but presents also ample details of the circumstances of which these statistics are but the very imperfect indices and emblems. The only fault we incline to find with the report is, that it is too “sanitary” and not sufficiently medical. There is abundance of sanitary experience recorded, but little or no

* Medical and Sanitary report of the Native Army of Bengal for the year 1873. By Surgeon Major E. Mackellar, M.D., Officiating Secretary to the Surgeon General, Indian Medical Department.