

their surgeons is unexaggerated by Mr. Rawlinson, a civil engineer, sent out on the sanitary commission, already referred to. Having been wounded, he had to be surgically treated in the front—an opportunity of observation which a civilian rarely obtains, or is anxious to obtain; and he says, "I can state that in that division in which I lay, from the officers to the men, the medical officers, if I may use so strong a term, were almost worshipped—idolised."

Yet throughout the late inquiries, now embodied in so alarming a library of blue-books, there is ever perceptible a continuous tissue of dissatisfaction with their position and functions, among the medical men of the army, and at the same time a demand, on the part of other people, for their performance of functions which are supposed in some way or other to be connected with their department, but are not done by them, or by anybody else. The civilian witness just quoted, having been requested to give his opinion as to the pliancy, kindness, and skill of the army surgeons, so far as his opportunities taught him, said, with honest fervour, "I cannot find language strong enough to express what I think of our surgeons. I thought that they were labouring under some disadvantages, and I do not think they are in right position in a regiment. I do not think that their feelings for their men are consulted sufficiently."—(Q. 3331.) "Their men" here means the men under medical charge; but others might, with more strict military etiquette, talk of them as their men—and hence one of the difficulties.

Throughout the large mass of evidence bearing on the sufferings and the mortality of our army in the Crimea, many illustrations break out of a sensitiveness, and not a wholesome sensitiveness, in the medical department. We cannot think it either good taste or good policy for the physician to compete with the warrior for his laurels. These are not the shape in which the acknowledgments either of his skill or of his courage should be welcomed by him. The warrior is a peculiar being, alone and unapproachable in the character of his career. Others may show as much courage, as much combativeness even, but it all goes into a different classification of the world's heroes. It may be true that the military profession is apt to show a haughty and repellent jealousy of every attempt to participate in its peculiar honours and nomenclature, that the camp acknowledges no rank in the world but military rank, within which it includes royalty because the monarch is the head of the army. But it is also true that this pride and jealousy are necessary attributes of the army, for adjusting the soldier's adaptation to his work, since it is certain that, wherever war is, there the soldier must be supreme. There is no room, no possibility for any other authority. Over a newly captured city—over the general seat of war—the commander-in-chief of the forces must be supreme ruler. Judges, magistrates, civilians of all kinds, including the officers who are military in name but civilian in function, must be in his hands. Whatever nominal rank they may hold, therefore, the non-combatant portion of an army must always be subject to the combatant. Were a lieutenant in command of a small separate force, the surgeon must be under his orders, at least in every thing but the prescriptions he issues to his patients. As the Army Sanitary Commission justly say, "That relative rank should confer any military command, is of course out of the question; and no medical officer would for one moment contend for an authority for which he is manifestly not qualified, and with which, was it qualified he could not be invested without detriment to the public service." Sir John McNeill, if we mistake not, entered life as an army surgeon. The field thus open to him proved either uncongenial, or too narrow for his capacity, but he offers in his evidence a morsel of sound advice to those who are to make it their profession and provision for life. "I conceive," he says, "having myself a strong sympathy with the profession, that their true dignity consists in restricting themselves to their professional duties." We can anticipate no advantage either to the medical profession or to the public service, by the adoption of the following table of equivalents supplied by a Deputy Inspector-General of Hospitals, on half-pay:—

Inspector-General of Hospitals,—Surgeon-General.	PROPOSED TITLE.
Deputy Inspector-General of Hospitals,—Surgeon-Brigadier.	PROPOSED TITLE.
Staff Surgeon, 1st Class.—Surgeon-Lieut-Col.	PROPOSED TITLE.
Staff Surgeon, 2nd Class, and Regimental Surgeon.—Surgeon-Major.	PROPOSED TITLE.
Assistant Surgeon (above 5 years' service).—Surgeon-Captain.	PROPOSED TITLE.
Assistant Surgeon (under 5 years' practice).—Surgeon-Lieutenant.	PROPOSED TITLE.

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Assistant Surgeon (above 5 years' service).—Surgeon-Captain.
Assistant Surgeon (under 5 years' practice).—Surgeon-Lieutenant.

We are not reconciled to the hankering of the surgeon after the soldier's peculiar distinctions, when we see attempts made to establish a parallel in the merits and conduct of the two classes. "I consider," says Dr. Andrew Smith, "that the danger to which an officer is exposed during a severe epidemic in the West Indies, is greater than the danger that a man is exposed." Who can doubt the large fund of courage, both active and passive, that is to be found in the medical profession? But is there only one form of reward for every kind of courage? St. Thomas-a-Bucket, Luther, Latimer, Howard in the dungeons, and Mungo Park, among the Africans, all showed a courage of which it were difficult to define the bounds; but would any of them have thought that all its aims were lost because they had refused a pair of epaulettes, and the distinction of so many shots over their coffins? We cannot conceive that it would do justice to the courage with which a man of experience and learning, deliberately devotes health and life to the fulfilment of the noble duty of saving the lives of many others, that his merit should be weighed in the same balance with that of the high-spirited, thoughtless youth, who is the first to lead into the ditch or mount the parapet. The spot where the soldier's glory can be gained, is often far from that where the zealous military surgeon is reaping his. The Commissioners, referring to those honours which can only be conferred for service in the face of the enemy, say:—"But the most arduous and the most dangerous services of medical officers are not always, even in war, rendered before the enemy. They have to strive with an enemy more dangerous than man. In the almost pestilential wards in Scutari, the exertions were more continuous, the danger were greater, and the honours and rewards to be obtained were fewer, than at the front before Sebastopol. The mortality of the medical officers at Scutari was not much exceeded by that of the combatant officers in the army of the Crimea; but the survivors are debarred from receiving those honours which, fortunately for the country, are prized more than either rank or emolument."

In fact there are some grounds for thinking that the medical department is already cramped by too close an analogy to the combative in the gradation of ranks. Look at the difference of natural function between a superior and inferior officer, and a superior and inferior physician. In the former case the captain commands his company of one hundred, the colonel commands ten companies, making his thousand, and so upwards to the commander-in-chief; the character and responsibility of the functions rapidly rising with the rise in rank. In the medical world the family physician or the apothecary attends to the touching of the children to the occulars and stomach-complaints, to the occasional sprains and cut fingers, when a critical case of typhus or erysipelas occurs, the superior officer is called for in the shape of the eminent consulting physician, if some critical operation in trepanning or amputation is necessary, he comes in the shape of a celebrated operating surgeon. But in the army service, where the established function of each rank is to have command over those of the inferior rank, the adaptation of the several grades in medical and surgical science to their proper exigencies is entirely lost. The physician's progress upwards in his profession must all be through practice; but when he rises above the position of regimental surgeon in the army, he virtually leaves this test of progress behind him. Thus the performance of the most critical operations falls to the regimental surgeon and his assistant, the youngest members of the medical hierarchy—many of those in the Crimea, according to the evidence on the point, were mere boys; while it is the function of some dignified and veteran inspector to notice whether a bit of orange-peel is left on an hospital floor, or whether the requisitions are accurately recorded, and the case-books rightly

kept. Thus, under system, it seems extremely difficult to find functions and rewards for professional talent in the army. A man there may be a great physician or surgeon and a blessing to his regiment; that he cannot rise from his humble sphere but to undertake functions on which his talents are wasted, or for which they may not be suited. In the permanent military hospitals there are opportunities for men of professional ability, but these can absorb but a small number. And even the inspecting and other work of the ordinary seniors can, we would suppose, give work to but a small proportion of those who rise in rank by seniority. Where elevation is virtually a removal out of the true theatre of usefulness of course there will be no strong case for breaking through the easy and natural gradation by seniority. If indeed, a man has talent enough for the performance of his regimental duties, it would be scant justice to deny to him that rank which he can also fill as well, because there is some other person who could perform some higher professional function still, were there any such in existence. How this must all tend to depress military talent and energy in the army, may be too easily seen. On the difficulty of bringing promotion by selection to bear on professional merit, we take the following remarks by a surgeon of hussars, Dr. Henry Mapleton—they look like truth and good sense. "No man deserves promotion more than the quiet, unassuming man who will get up at night and go to the sick, readily and without murmur, with kindness and humanity in all his acts, but who will not perhaps write a good report and my experience of the profession is, that in nine cases out of ten, the best practical man are the worst at making reports. Yet this man will rarely be brought to the special notice of the Director-General for promotion out of his turn; but another who writes well and practices badly will."—(Q. 4568.) There was hitherto, however, been but slight occasion for considering the best criterion for special promotion, since there seem to have been but rare infringements on the seniority system. A considerable portion of the report before us is occupied with explanations how the promotion by seniority is adjusted to practical possibility, since army surgeons die all over the world, and the man next to the vacated place may be fifteen thousand miles away from it. The arrangements made for adjusting the claims of all, may be in reality simple, like those of the great bank and railway clearing-houses in London, but the details appear to the uninitiated very complicated.

How very necessary is the system of promotion by seniority in the army medical department, and how very heavy a burden this necessarily is, are both illustrated in a remarkable form by promotions made upon other grounds in the Russian war—promotions which could not be avoided without scandal. It appears that these promotions upheaved a stratum of other medical officers away from the scene of action, who would have reason to complain that they had not an opportunity of competing. It is explained that when promotions were made, the Director-General, following a practice which had perhaps been established when instances of special promotion were extremely rare, took the earliest opportunity to promote the medical officers who had been passed over, as it is termed, by the special promotions. "Thus many medical officers who had distinguished themselves by their zeal, or skill during the war in the East, or who had served continuously through all the hardships and danger incidental to those campaigns, were rewarded by promotion, irrespective of seniority; and their senior, being in Australia or elsewhere during the period, had no such opportunity of distinction, would likewise be promoted, to compensate them for their ill fortune."

It is clear that the Commissioners are at a loss to solve the difficulties in the way of the adjustment of the medical department of the army; they think "a limited number of good-service pensions to the officers must distinguished by their zeal and efficiency is due to the department and will act as a wholesome stimulus to its members." "Sessions and retiring allowances are useful and valuable things; their special usefulness is the inducement they give to broken-down and superannuated by their troublesome adhesion to functions which they cannot perform. But these are not the

stimulants which guide aspiring young men in the choice of a profession; or urge the earnest and energetic adepts to seek its higher distinctions. On one substantial point only do the Commissioners appear to find a way of benefiting the army surgeon in his present position; it is the simple unequivocal alternative of raising his pay. No one will deny that he fully deserves this. It will make him more comfortable and respectable during his years of monotony or drudgery; but it will not induce him to cultivate his capacities for the higher departments of a service which affords him so faint a chance of finding exercise for them. Coupled with this suggestion is another, which casts a melancholy shadow on the future of the army medical officer. "We must also add," the Commissioners say, "that we consider compulsory retirement at sixty-five years of age of the inspectorial ranks, and fifty-five years of age for the executive ranks, is absolutely necessary for the efficiency of the service." So that, at the age when the aspiring members of other professions often only begin to strive for its highest honours, the medical officer must leave the field, and either recommence the world again, or content himself in half-pay obscurity and uselessness.

It may sound like the extremity of Utopianism, but we cannot help, as at present advised, launching the opinion, that it would be better for the medical profession and all others concerned, if, instead of medical officers being created and continued as an appendage to particular branches of the public service, there were a separate medical department, consisting of all the medical men in the public service, from which each branch might be supplied according to its needs. The army and the navy surgeon could thus have the whole medical promotion in the public service before their eyes. When scientific professional men of very considerable standing have been tempted out of the lucrative walks of professional life, into some public office where their knowledge is required, it has often been noticed that their want of business aptitude or experience almost neutralises their scientific skill. But if they had spent their early years in the army or navy, and gradually found their way up to the more lucrative civil appointment, they would probably have been competent men of business as well as of science. During the last quarter of a century, many new medical offices of more or less importance have been connected with the boards of lunacy, the poor law, the administration of prisons, the collection of national vital statistics, and the inspection of factories and mines. There are other Government departments in which medical science would be valuable, and in some of those where it is already employed it ought to have a higher place and a more influential voice than it has. Respectable members of the profession have lately been complaining that it has not its legitimate influence in the legislation and administration of our country. Instead of such organic changes for the special benefit and distinction of the profession as they sometimes demand, we think their aid will be more legitimately obtained if the State draw liberally on the profession for all those members whom it can effectively employ in the public service; then by degrees would the profession grow into its legitimate influence and usefulness.

We have not mentioned the sanitary department as among those which already absorb medical science, because, as yet, it is but partially and imperfectly developed. That a thorough system of sanitary organization will be extended to the army, after evidence so overwhelming, both of the good it is capable of accomplishing, and of the disasters which our troops have endured in its absence cannot be doubted. Having before us the great object of pleading the soldier's claim for whatever aids to health and vitality science has given to the world, we have not thought it necessary at present to enter on the details of sanitary science, reserving it for an early occasion to offer to our readers a succinct account of its established results, and a description of the shapes in which these may become available, whether to the soldier or to the rest of the community. In the mean time, we think that both in the army and in other departments, the chief instrumentality in sanitary organization must fall to the medical profession. True, they are not the authors of the science, and are not reputed to have given it any cordial welco-