

## NAVAL AND MILITARY MEDICAL SERVICES.

### THE NAVY.

FLEET-SURGEON R. G. BIRD has been placed on the retired list of his rank. He was Staff-Surgeon of the *Carysfort* during the war in Egypt in 1882, and also during the operations near Suakin in the Eastern Soudan in 1884 (medal with clasp and Egyptian bronze star).

The following appointments have been made at the Admiralty during the past week:—W. H. STEWART, Fleet-Surgeon, to the *Malabar*; JAMES BRADLEY, Fleet-Surgeon, to the *Excellent*; E. H. SAUNDERS, Staff-Surgeon, to the *Impregnable*, temporarily.

### ARMY MEDICAL STAFF.

SURGEON-MAJOR J. S. M'ADAM is promoted to be Brigade-Surgeon. *vice* A. S. K. Prescott, who has retired. He entered the service as Assistant-Surgeon March 31st, 1862; became Surgeon March 1st, 1873; and Surgeon-Major April 28th, 1876. He has no war record.

Surgeon A. ASBURY, who is serving in the Bombay Command, has passed the examination in Hindustani by the lower standard.

Surgeon CHARLES WILLIAMSON, who retired on half-pay on account of ill-health on April 27th last, died at the Bridge of Allan, N. B., on August 15th.

Brigade-Surgeon ST. JOHN KILLERY, M.D., died in London on September 19th, at the age of 51. His commissions were dated: Assistant-Surgeon, September 22nd, 1858; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1873; and Brigade-Surgeon, November 26th, 1884. The Army Lists do not assign him any more service.

### INDIAN MEDICAL SERVICE.

SURGEON-MAJOR J. M. FLEMING, M.D., Bengal Establishment, is promoted to be Brigade-Surgeon, *vice* C. E. Raddock, retired. He entered the service as Assistant-Surgeon, July 27th, 1859, and became Surgeon-Major twelve years thereafter. He was engaged in the Bhootan expedition in 1865, and was at the recapture of Dewangiri (medal and clasp), and in the Afghan war in 1879-80 (medal).

Surgeon W. G. P. ALPIN, Bengal Establishment, is appointed to be Resident-Surgeon at the Eden Hospital, Calcutta, from the date on which he relieved Surgeon R. J. Polden. Surgeon ALPIN will continue to act as Resident-Surgeon, Medical College Hospital, *vice* Surgeon Polden, and as Professor of Midwifery at the Medical College, and as Obstetric Physician at Eden Hospital during the absence on leave of Surgeon-Major R. Harvey, M.B.

Surgeon-Major B. EVERS, M.D., Bengal Establishment, Superintendent of the Central Gaol at Nagpore, is appointed Civil Surgeon and Superintendent of the Central Gaol at Raepore, *vice* Brigade-Surgeon D. W. Trimmell, retired. Dr. R. WILLMOT, Civil-Surgeon and Superintendent of the Gaol at Bhandara, is appointed Superintendent of the Gaol at Nagpore, *vice* Surgeon-Major Evers.

Deputy Surgeon-General L. S. BAUCE, Bombay Establishment, is permitted to retire from the service, from September 15th, on a pension of £950 per annum, payable in England. His commission as Assistant-Surgeon bore date May 6th, 1854, and he rose to be Deputy Surgeon-General September 15th, 1882. He served with the Persian Expeditionary Force in 1856-57, including the landing at Hallilah Bay, the surrender of Bushire, the expedition to Borazjoon, and the attack of Khooshab (medal with clasp); in the Indian Mutiny campaign in 1858, including the pursuit of Tantia Tope, the battle of Sindwaho, and the skirmish at Kurai (medal); and in the Afghan war in 1880 as principal medical officer to the Second Division of the Candahar Field Force, and took part in the march to Candahar with the force under Major General Phayre (medal).

The services of Surgeon H. THOMSON, Madras Establishment, are placed at the disposal of the Government of H. H. the Maharajah of Travancore, for employment as medical officer of the Nair Brigade.

Surgeon G. M. E. M'KEE, Madras Establishment, medical officer of the 23rd Wallajahbad Light Infantry, has leave of absence for one year, on private affairs; and Surgeon-Major F. JONES, Bombay Establishment, in medical charge of the 10th Bombay Infantry, has leave from August 24th, on private affairs, preparatory to retirement.

Surgeon-Major S. O'B. BANKS, Bombay Establishment, civil surgeon at Surat, has returned to duty from leave granted him May 1st, 1886.

Deputy Inspector-General MOSER ROGERS, late of the Indian Medical Service, died at North Finchley, on September 2nd, at the age of 76.

### VOLUNTEERS.

ACTING-SURGEON P. W. G. NUNN, of the 2nd Volunteer (Dorsetshire) Brigade Southern Division Royal Artillery (late the 1st Dorset Artillery) has resigned his commission, which was dated December 9th, 1874.

Acting-Surgeon P. ROUGH, M.B., of the 1st Clackmannan and Kinross, has also resigned his appointment, which bore date March 23th, 1885.

Lieutenant J. P. ELLIOTT, of the 1st Volunteer Battalion Northumberland Fusiliers (late the 1st Northumberland and Berwick-on-Tweed Volunteers) has been appointed Acting-Surgeon to the same corps. Mr. Elliott joined the regiment as a lieutenant March 22nd, 1884.

Mr. C. H. PHILLIPS is appointed Acting-Surgeon to the 1st Volunteer Battalion of the Prince of Wales's North Staffordshire Regiment (formerly the 2nd Staffordshire).

### RELATIVE RANK.

R. VACY ASH, M.B., Surgeon-Major, Medical Staff, writes: Under the above heading in the JOURNAL of September 17th, "Surgeon-Major" replies to a previous letter of mine published by you a few weeks back.

"Surgeon-Major" asks me "What rank, if any, I at present hold in the army." My answer is that I hold the rank of surgeon-major, now for the first time in the history of the Medical Department recognised as a definite rank in the army as such as the rank of Quartermaster-General (and similar titles) is recognised.

Now, sir, I challenge "Surgeon-Major" to quote me the paragraph which abolishes relative rank of medical officers in the army; but I can quote the paragraph that gives him the definite rank of surgeon-major. Next I challenge him to produce an authenticated case, giving names and facts, of insult or slight offered to an officer of the Medical Staff under present regulations; and until he can produce such cases I fail to see what "Surgeon-Major" is agitating for, if not for the empty and, I maintain, to a medical man, the absurd titles of honorary rank.

Your correspondent lays himself open to severe criticism, but I will only add one thing more in conclusion. If "Surgeon-Major" has the courage of his opinions and seriously believes in the agitation for honorary rank, let him boldly sign his name to his opinions as I have done, for I decline to notice any more anonymous communications.

OLD STYLE writes: Will you allow me to draw attention to the evidence of Sir Thomas Crawford, at page 189, before the Select Committee on the Army and Navy Estimates. "I think that all the *medical men* who are in the front with the advanced depot in the field, should be military officers; there are a certain number with the bearer companies, and a certain number with the flying columns, and these, I think, should be entirely military officers. With regard to the rest, I think a considerable proportion might be civilians." [The italics are mine.]

It is thus pretty clear that the Director-General considers the majority of army medical officers should have military titles in addition to their medical qualifications. But, surely, if he admits so much, why not "go the whole hog"? What is the use of a reform done badly? Irritating. Why not complete "the rest," and let the act become graceful? Not according to form; if perfection is attained, nothing to tinker in future. Sir Thomas has been coldly looked upon by the officers of his department ever since he listened to insidious counsels, whether from within or from without. "If they were put into a corps like the Engineers, it would necessitate their accepting regimental allowances, which would be a reduction of 25 per cent. throughout the various ranks;" and, "as far as he knew, the authorities had no objection to" make the medical service into a corps. (See JOURNAL, p. 310.) It was, therefore, in his power to have created a new departure, and given effect to his views expressed before the Select Committee, and found a corps of Royal Surgeons. Why was it not carried out? Because the *esprit de corps* was wanting; and gold is heavy. So poverty of imagination fell back on an old waistbelt to conjure up a new name "Medical Staff." *Hinc illæ lachrymæ.*

Does Sir Thomas for one moment suppose that men in pursuit of honour and glory by means of a noble and self-sacrificing profession are so sordid as to risk position for 25 per cent? Such should show a walk in life commensurate with grovelling views. Chivalry demands that military service, in any form, should not be weighed by gold but untarnished honour, unsullied fame. Nevertheless, the labourer is worthy of his hire. The Engineers are well paid, and, on detached duty, contrive to get good allowances one way or other; how, then, can the doctor be worse off with his profession to help him? The gist of this is, create a corps of royal surgeons, give military titles, and let the pay take care of itself. The private practitioner hunts for his pay, the military one is assured of his under any circumstances, and is an element in the calculation.

In conclusion, it will be observed that Sir Thomas Crawford's words before the Association and before the Select Committee are at variance. Finally, permit me to thank you for your eloquent article on "Army Surgeons and Army Surgery." It should be printed in letters of gold and widely circulated.

P.S.—I omitted to state that in the old East India Company's service, if doctors were not fit for administrative duties, they were sent to take charge of troops as military officers. I heard of one such being alive as "Major-General" between 1840 and 1850.

M. S. writes: The statement of the Director-General at the late meeting of the Association, as well as his evidence before Lord Randolph Churchill's Committee, will, it is to be feared, widen the gap which already exists between him and the officers of his department. This is the more to be regretted as, up to the present, the feeling of personal regard and respect for their chief was strong amongst those who unfortunately differed from him on questions of army medical organisation. He would appear to remain obstinately blind to the views which the newly-issued circular will prove to be held by the majority of his officers.

The statement that medical officers wanted to "submerge their profession and be known by titles which it would be a degradation to any medical man to accept," was as ill called for as it was incorrect. Has Sir T. Crawford submerged his profession or accepted a degrading title when he became a K.C.B.? We hope not; and yet the title "Sir Thomas Crawford, Director-General Medical Staff," conceals his profession as much as "General Crawford, Director-General Medical Staff"—the title which the advocates for military rank would have conferred on him. He accepts the one cheerfully, but describes the other in language scarcely complimentary, to say the least of it, to the medical officers of foreign armies, who hold military rank and titles, and who, far from being disgraced thereby, daily experience the advantage of definite rank in promoting the efficiency of army medical organisation.

The Director-General omitted, in his allusions to the medical service being formed into a corps, and in his comparisons between such a corps and the Royal Engineers, the important point that Royal Engineers, as a scientific corps, receive a special rate of pay over and above the pay of their army rank, called in their case "working pay." Such a rate of pay, termed "professional pay," might easily be adopted for a corps of "Royal Surgeons," and be so graduated as to cover the present staff allowances; or, better still, a consolidated rate of pay might be decided on for officers of such a corps.

I trust members of the Association notice that the Director-General's remarks were not supported by a solitary officer of the Medical Staff now serving on full pay, of whom there must have been many present. Retired medical officers, or distinguished medical officers like Surgeon-General Cornish, whose career has been mainly a civil one in the Indian medical service, know little or nothing of the present movement, which is the growth of the last five years.

That the Director-General should ignore the military duties of the Medical Staff, who have the command of a corps 2,600 strong, is only equalled by his strongly-expressed opinion before Lord Randolph Churchill's Committee in favour of such duties being carried out by medical officers deprived of their uniform and wearing civilian dress, and the readiness with which he assented to the reductions, or the possibility of reductions, in the appointments of Surgeons-General—one of the few prizes an army medical officer has to look forward to.

ONE OF THE MAJORITY writes: At an important crisis like this the Army Medical Staff is indeed fortunate in having so valiant and powerful a champion as yourself to battle for their rights, when they by force of circumstances are unable to fight for themselves.

Sir Thomas Crawford seems to have left no stone unturned to prevent that

just redress of those grievances that render the Service all but untenable to the vast majority of the medical officers of the army. We are told by our respected chief that the agitation originates from "a low source," and, as he stated in his evidence recently before the Royal Commission that in his opinion the desire for military rank only existed amongst the junior officers of the Department, and that the best men did not wish for it, presumably it is these young officers that Sir Thomas thus intends to stigmatise by the title of "low." And yet the Director-General told the same Commission that a much better class of men had been entering the Army Medical Service during the last few years than ever was the case formerly. Surely, Sir, to say the least, these statements are somewhat contradictory. As you truly remark in your able leader of August 6th, this burning question of rank is one that chiefly affects the junior officers of the Service, who in their everyday life have constantly to be brought in contact with other officers' and soldiers. But, as you must be aware from the many communications you have received upon the subject, that feeling is by no means confined to the junior grades, but is, I can assure you from personal knowledge, as keenly felt by many of the most senior medical officers in the army. Whatever may be said to the contrary, it is ridiculous to suppose under existing rules that any officer in his senses would think of remonstrating with the authorities through official channels, against the provisions of a Royal Warrant. Personally I should certainly have preferred to have at once tendered my resignation. Anyhow, it will be a crying injustice if the opinion of the man, however able and distinguished, whose present position and title render him independent of any military rank, should be allowed to override the wishes of at least nine-tenths of his subordinate officers. I trust that the Parliamentary Bills Committee of the Association will take this view of the matter, so that, again backed by its great influence, the victory will be ours against all odds.

#### ARMY SURGEONS AND MILITARY REWARDS.

H. R. G. (Cairo) writes: With reference to your admirable leading article on Army Surgeons and Army Surgery, I should like, with your permission, to point out one fact which, as far as I know, has never been written about, but which nevertheless renders a medical officer's duty in the field tenfold more trying than that of a combatant. In action the army surgeon cannot look about him, his attention is entirely taken up by his wounded. He can therefore form no idea as to the direction in which the fortunes of the day are tending, and is consequently much more likely, in savage warfare especially, to find himself in situations of exceptional danger.

As an instance in point, I may recall the case of Surgeon John Prendergast, who at Tamaal, when the square was broken, while absorbed in his endeavours to stop a bleeding artery, was speared through the back by a ferocious Haden-dowa. Surgeon Prendergast was specially mentioned by General Graham, for his service at El Teb and Tamaal, in company with sixty-six other officers above the rank of subaltern. Of these, sixty have received rewards in some shape or other; the conspicuous by their absence from the honour list, being as follows. Surgeons-Major Venour and Green, Surgeons Prendergast, Lucas, Pedlow, and Treherne. Fourteen subalterns were also mentioned by General Graham; six of them have received rewards. This, I think, is enough to show the manner in which justice is meted out to the Medical Department.

## OBITUARY.

RICHARD QUAIN, F.R.S.,

Surgeon-Extraordinary to the Queen; Consulting Surgeon to University College Hospital.

ON Thursday, September 15th, this well-known veteran member of a well-known medical family died at his residence, 32, Cavendish Square, having attained the ripe age of 87 years, and outlived all his early colleagues of his own standing. He was born near Fermoy, County Cork, in 1800. His father, a private gentleman, was the eldest of eleven brothers. Mr. Quain's eldest brother was Dr. Jones Quain, famed for his *Elements of Anatomy*, the first edition of which appeared in 1828, and Sir John Richard Quain, the eminent judge, was their half-brother. The youngest of the eleven brothers, the senior of whom was Mr. Richard Quain's father, became the father of Dr. Richard Quain. Thus the pedigree of the family is most honourable, though somewhat complicated.

Mr. Richard Quain was educated at Fermoy, but where he first studied medicine is uncertain. He worked for a time at the Aldersgate School of Medicine, where his generous brother, the eloquent Dr. Jones Quain, was a teacher. In 1828 he became a Member of the Royal College of Surgeons. The elder brother held the office of Professor of Anatomy and Physiology at University College from 1831 to 1836, and for a time Sir Erasmus Wilson was his prosector. Mr. Richard Quain acted as assistant to his brother, but was Professor of Anatomy from 1832 to 1850; Dr. Sharpey being appointed to the Chair of Physiology after Dr. Jones Quain gave up lecturing on that science. While Mr. Richard Quain lectured, Mr. Morton and Mr. George Viner Ellis were demonstrators, and the dissections for Mr. Quain's morning lectures were prepared by prosectors, among whom was Dr. Richard Quain. Mr. Richard Quain, during the same period, held the appointment of Assistant-Surgeon to the North London Hospital. His seniors were Mr. Samuel Cooper and Mr. Liston, the three surgeons commencing their duties when that institution was founded. For many years of collegiate life, the professors of University College were very militant, and Mr. Richard Quain was constantly involved in disputes about questions such as succession to

chairs or lectureships, the division of labour in lectureships held by two professors, and the choice and election of medical officers to the North London Hospital. Samuel Cooper, Moncrieff Arnott, and Sharpey were concerned in these disputes; Syme, after setting up at a great expense in London, returned to Edinburgh in disgust; Sir Erasmus Wilson, seeing no chance of preferment, left the College, where he had never succeeded in obtaining an officially recognised appointment, and established a private school, which lasted but a few years, whilst Morton came to an untimely end, due it was believed more or less to disappointment at deferred promotion. But Richard Quain weathered the storm.

In 1850, Richard Quain was appointed full surgeon to the hospital, remaining at his post till 1866, when he retired, and was made Consulting Surgeon and Emeritus Professor of Clinical Surgery to University College. In December, 1843, he was elected a Fellow of the Royal College of Surgeons; thus he was one of the first batch on whom the higher diploma was conferred, and at his death was the senior London Fellow. In 1854, he was elected Member of the Council, together with Mr. John Hilton; in 1865, Member of the Court of Examiners; in 1867, Chairman of the Board of Examiners in Midwifery; and in 1868, President of the College. In 1869, he delivered the Hunterian Oration, choosing as the subject *Some Defects in General Education*, a matter in which he took great interest. As long ago as 1845 he wrote *Some Observations on the Education and Examination for Degrees in Medicina*, also *Observations on Medical Education* in 1865. He strongly advocated a liberal education in arts for all young men who aspired to our profession. He represented the Council of the College of Surgeons on the Medical Council in 1870. Amongst other honours, he was made Surgeon-Extraordinary to the Queen.

In medical literature Mr. Richard Quain certainly gained a high reputation. Some of his clinical lectures are preserved in the earlier numbers of the JOURNAL, and some were published, after lying fallow for many years, in 1884. He also wrote a book on *The Diseases of the Rectum*, which went through two editions; and a pamphlet on a remarkable case of rectal disease. He issued a controversial publication, in reply to a similar production by a colleague, in 1848, when professorial disputes were running high in University College.

To his writings on education we have already referred. For two essentially scientific works, however, he is most deservedly remembered. His *Anatomy of the Arteries of the Human Body, with its Applications to Pathology and Operative Surgery*, a world-famed publication, appeared in 1844, and was the fruit of patient study. He examined every subject in the dissecting-room for years, noting anomalies with great care. In drawing up the tables in his work, he was greatly assisted by the industry of his cousin, Dr. Richard Quain, and by the artistic powers of Mr. Joseph Maclise, F.R.C.S., author of a *Surgical Anatomy*, and of an almost forgotten work on the homologues of the skeleton. Mr. Maclise was a brother of the eminent Royal Academician. Without exaggeration, it may be said that Richard Quain's life would have been well spent had he lived only to produce the *Anatomy of the Arteries*. An even better known work, Dr. Jones Quain's *Elements of Anatomy*, came under his care, the fifth edition of this standard systematic publication being prepared by Mr. Richard Quain and Dr. Sharpey. Mr. Quain took no share in any succeeding edition of the *Anatomy*, which is still in current circulation amongst teachers and students.

Mr. Quain cannot be said to have achieved any reputation as an operator. He was cautious, even to timidity; as is frequently the case, his results were often more satisfactory than those of the most skilful operators. He laudably insisted on the regular attendance of every student at his lectures and every dresser in his wards, and laid great stress on those clinical details, a recognition of which has so largely contributed to the progress which surgery has made during the present reign. Even such a matter as clearing out scybala had to be performed in his wards in a deliberate manner, under his superintendence. He was also careful in teaching the student to give advice to patients after convalescence—indeed, he shone in sound clinical principles. "A man," he frequently observed, "with a rupture should never go about without two trusses, one in store, lest that which he wears should get out of order, and he should put the truss on before he rises from the recumbent posture." Other advice of this kind was repeatedly given in the wards; but on the store truss question Mr. Quain loved particularly to dwell.

Mr. Quain was a little below the average height, and rather stout; he had good features and a well-set mouth. He was a man of liberal education, quiet and retiring in private life, amiable to strangers, but of an irritable disposition towards those with whom he had professional dealings. In 1859 he married Ellen, Viscountess Middleton,