

and scurf have separated and the scalp is left in a clean and healthy condition.

This latter part of the treatment can be carried out, as a rule, in the patient's home, with occasional inspections to ensure that it is being properly done; but, in view of the fact that painful reaction may occur as the result of the application of the lotion, it would seem advisable that this should always be carried out by a medical officer.

Very few cases require more than one course of treatment in this way, provided that it is carefully and thoroughly carried out in the first instance; the average number of days needed to effect a cure has been about that noted by the originator of the treatment, i.e., just over a fortnight.

The essential points for success appear to be:—

- (1) Very close cutting, or shaving, of the hair all over the head.
- (2) General treatment of the whole scalp, even though only a small part of it appears to be infected.
- (3) Maintenance of continual cleanliness and the application of an oil dressing to facilitate the separation of scurf and scales.
- (4) Inspection of the whole of the affected family and their treatment, if necessary, to ensure that there is no risk from such sources of the patient becoming re-infected.
- (5) Disinfection of articles of clothing and bedding which may carry or retain the spores of the disease both during and at the end of the treatment.

### Echoes of the Past.

LETTER TO THE RIGHT HONOURABLE THE SECRETARY  
AT WAR ON THE MEDICAL DEPARTMENT OF THE  
ARMY.<sup>1</sup>

FROM SIR GEORGE BALLINGALL.

*Regius Professor of Military Surgery in the University of Edinburgh.*

UNIVERSITY OF EDINBURGH, DECEMBER 30, 1854.

SIR,—The attentive ear which you have readily given to many suggestions tending to the comfort, the health and efficiency of the soldier, encourages me to submit to your consideration the following observations on the Medical Department of the Army. If any apology is necessary for this intrusion, I trust it will be found in the interest which I naturally take in my old pupils, of whom some sixteen hundred have entered the class of Military Surgery during the thirty years that it has been under my tuition, and in a vivid recollection of what took place at the commencement, and particularly at the termination of the last war. There are few, if any, Medical Officers now in the Army who can speak from experience of the sanguine expecta-

<sup>1</sup> From an old book kindly lent by Dr. George Ballingall of St. Leonards-on-Sea.

tions which were formed and of the disappointment which subsequently ensued ; and it is in the hope of suggesting a timely provision against the recurrence of such disappointment that I am induced to offer the following remarks.

In 1804, a Warrant or Order in Council was issued, "with the view of encouraging able and well-educated persons to enter into our service," and certain rates of full pay were specified as applicable to the several ranks of the Medical Department, with certain rates also of half pay *when reduced*. Here, so far as I recollect, was no condition as to the circumstances under which a staff or Regimental Surgeon might fall to be reduced, no specification of the length of service which should entitle a man to be continued on the half-pay list, nor was any mention made of a commuted allowance for the half-pay. The terms of that Warrant were, at the time, considered fair, or even liberal, and were looked upon as holding out something like a permanent provision for young men entering the public service. Whether there was any ambiguity in the terms of the Warrant, or whether its provisions were altogether misinterpreted, I do not stop to inquire, but proceed to state what were the harassing anxieties to individuals, and what the injuries to the public service which followed.

Many half-pay Medical Officers, when called upon to resume their duties, or to accept a commuted allowance for their half-pay, did not hesitate to consider, and to complain of this as something like a breach of faith, on the part of the public. Hundreds had entered the service under the misapprehension alluded to ; many of them, after the termination of the war, had made great and laborious exertions to establish themselves in private practice ; some had paid money for this ; some had entered into partnership ; some had formed engagements with pupils or apprentices ; and others had accepted offices of public trust and responsibility—all of which considerations fell to be sacrificed if they were to return to the service. The alternative was considered hard, and particularly so in cases where gentlemen's health, although not so far impaired as to exempt them from duty, had been so far shaken as to induce them to seek a retirement on half-pay, and to dread the vicissitudes of climate necessarily implied in a return to full-pay.

Military and Naval Surgeons were thus placed in a very tantalizing position—one man sat down upon his half-pay, anxious to receive, and impatiently expecting, a call which might not come for years, perhaps never ; another devoted himself to private practice, zealously using every effort to strengthen his connexions ; and when he had so far succeeded, was called upon to resume his duties, or to make a sacrifice for which he was ill prepared. Instances were not wanting, particularly amongst those who had been employed on the General Medical Staff during the War, in which officers were, more than once, replaced upon full-pay, and after a very short service, were again reduced to half-pay. In one case, within my own knowledge, this happened not less than three times in a period of ten years.

Such were the consequences to individuals. What, again, were the consequences to the public service? The best qualified, the most energetic, and the most talented men, were often the most reluctant to move; and it may be inferred that many of the best of them did not return to the service. But this was not the only bad consequence. The extensive reduction, particularly of staff officers, which necessarily took place after the termination of the war, rendered the appointment of a Regimental Surgeon to be courted as one of the most secure and desirable positions, and this even by those who had previously served as Staff Surgeons. This was in some instances acceded to, and thus the usual routine of promotion inverted. In other instances, the surgeoncies of regiments, particularly those of the heavy dragoons, where the duty was light, the quarters good, and foreign or colonial service rare, were in several instances given to old and meritorious officers, as the best thing which could possibly be done for them, and in which there was every inducement to remain, and none to retire. While there were some remarkable exceptions, it is undeniable that there were many excellent men induced to hang on in the position of Regimental Surgeons, until the infirmities of age had made great encroachments, the eyes had become dim, the ears torpid, and the hands tremulous. In short, the extensive reduction of Medical Officers, the number liable to be called upon, and the number eventually replaced upon full-pay, retarded the promotion of the Medical Department to a most injurious extent, and constituted an evil of no common magnitude. Nor was this a passing evil. Within a few years, in the small garrison of Edinburgh, consisting of a regiment of infantry in the Castle and a regiment of cavalry in Piershill Barracks, we had several Assistant-Surgeons, each of them upwards of twenty years' standing; and so late as the year 1838, I attended an Assistant-Surgeon in the Dragoon Barracks who died upwards of forty-three years of age, and after twenty-three years' service. At that time the late Director-General told me that one of the last Assistant-Surgeons whom he had recommended for promotion had been twenty-six or twenty-seven years in the service. With what spirit or energy, I would ask, can men of this standing discharge their duties in the subordinate rank of an Assistant-Surgeon?

An extensive reduction of the Medical Staff, as well as the other departments of the Army, is a measure which the public would no doubt most willingly contemplate. The great and praiseworthy anxiety which at present prevails in the public mind for the relief of our wounded soldiers and seamen, and the natural desire that those brave men who have so freely shed their blood in the service of the country, should meet with the most efficient medical treatment, seems to render this an opportune moment for entering upon the whole question; and I would desire to consider it in the following points of view,—the description of young men whom it is desirable to attract to the service—the objections, real or imaginary, which some of the most considerate and eligible students make to it—and the means of obviating these.

It is certainly not a wise policy to encourage young men to enter the Army who do not intend to make a profession of it, but only look to spending a few years in a red coat, in the society of gentlemen, and then retiring into private life, not only without loss of time, but claiming credit for experience in their profession. That views of this nature are occasionally entertained, both by young men themselves and by their parents, I have reason to know, and have taken every opportunity of discouraging them. It is not for such men that I am going to plead. But there are others who have come forward on the present emergency in the most commendable spirit, prepared to devote themselves to the most perilous duties of the Service, and ready to take their places in the field and in the trenches. These young men have made themselves the children of the country, and I am well convinced that the public will be disposed to treat them liberally.

My position has given me perhaps more than common opportunities of observing the difficulties or objections which young men and their parents anticipate, when about to embark in the Medical Service of the State. These I find to be—the extended course of education beyond that required by the colleges—the expense of their outfit—and the chance of being reduced after a short service, without any compensation for all this—the arduous service, and impaired health, by which the half-pay is sometimes earned, and the uncertain tenure by which this is held, until after a prolonged period of service.

As regards the subject of education, I consider the public, the profession, and the Queen's Service, greatly indebted to the heads of the Army and Navy Medical Departments, for the impulse they have given and the improvements they have been the means of effecting in this direction. To them I consider that the present improved code of Medical Education, compared with what it was some thirty years ago, is in a great measure due; but while, as an example, their regulations have been extensively useful, and have served a most praiseworthy purpose, they have been carried further, both in the collateral and strictly professional branches of study, than the Universities, the Colleges of Physicians and Surgeons, or the Apothecaries Company, have considered it necessary or expedient to follow. There may be some good things of which we may possibly have more than enough, and if anything superfluous is enjoined upon candidates for the public service, I make bold to say that it becomes not merely unnecessary, but injurious, by circumscribing the field of selection, and by consuming time and money which might be advantageously employed in concentrating their attention on those special duties incident to their department, on those diseases which the peculiarities of our service constantly present to their observation, and for the study of which this country and its colonies offer a field unknown to any other nation upon earth. If anything beyond the most extended course of education enjoined by the colleges is to be enforced upon the candidates for the public service, it should be that kind of instruction so eloquently and forcibly pointed at by

yourself and Sir De Lacy Evans, in the last and preceding sessions of Parliament. A course of lectures on Military Surgery, Military Hygiene, and Tropical Disease, would imply no heavy burden, and no sacrifice of time, even upon those who might not be successful in obtaining employment in the public service. "Such a course of instruction would not be thrown away either upon themselves or the public. Let gentlemen who may have so qualified themselves, have a preference in the intermediate approval of recruits, and in those numerous cases where troops are dispersed in small parties over the country, apart from their own surgeons. The soldiers would then meet with prompt and efficient treatment, while the public would have always at command a body of men, who, without prejudice to their qualifications as general practitioners, would be conversant with the duties of Military Surgeons, and thus competent to act on every emergency."

God forbid that I should be found to discourage the cultivation of literature and science amongst the medical officers of the Army. I should indeed be glad to see this elevated as a *preliminary study* amongst young men educating for all departments of the profession, civil or military. I am prepared to go as far in this direction as we can carry the public along with us; but parents, when investing their capital in the education of their sons, will inevitably look to the return they may expect from it; and I do not see why we should be laid open to the irony directed against some of the Utopian schemes of education proposed—that "there is such an effort in the present day to make all the young men philosophers, that there is some risk of our failing to make them surgeons." This is not the place, nor the occasion to enter into farther detail; but I cannot deny myself the opportunity of soliciting attention to the following sentiments expressed in an introductory lecture delivered to my class in 1846. "I do not undervalue those desirable, those necessary accomplishments which are creditable to the individual, and honourable to the profession. All I desire is to see the period generally allotted to professional study more judiciously adapted to the objects of the student. There are certain fundamental branches indispensable to all; but I must think that, in many instances, the nature and extent of compulsory study is ill proportioned to the probable wants of the individual, and what is necessary for the temporary purpose of an examination, takes the place of what would be permanently useful. Is it right that every medical student should be forced, whether by a compulsory law or by the terror of an examination, to consume his limited time in pursuits, to him it may be, of little importance, to the exclusion of those which are to constitute the business of his life? I have always advocated a high standard of literary and scientific attainment in gentlemen aspiring to a doctor's degree; but is it necessary that the studies requisite for this purpose should be so mixed with his professional course as to preclude a candidate for the Army from giving his attention to military hygiene? or the expectant of a naval appointment from studying the causes and prevention of disease in the fleet?"

I come now, sir, to the object which I more particularly proposed to myself in this letter, and which falls more especially within your province as the Finance Minister of the Army—the half-pay and retiring allowance to Medical Officers. I have long considered the want of an adequate retiring allowance after a reasonable length of service, and before the infirmities of age have crept on, as not only a hardship on individuals, but what is of more importance, one of the most serious drawbacks on the efficiency of the Medical Department of Her Majesty's service. This drawback becomes more remarkable when contrasted with the liberal provision upon which the Medical Officers of the Honourable East India Company are enabled to retire after a service comparatively short, and to this I would briefly advert. In either case, the Medical Officer must have attained the age of 21 before he can enter the service, and the Company's Surgeon may retire after seventeen years' service in India, upon the full pay of a captain, which, with an allowance from the medical funds at the several presidencies (to which his more liberal pay has enabled him to contribute) makes up a retirement of some £500 a year, at a period when he has not necessarily attained more than 39 years of age. What, again, is the case of the Queen's Surgeon? He cannot retire until after twenty-five years' service, on full-pay—the greater part of this time spent, perhaps, in the most unhealthy parts of India, or even in some worse climates—upon fifteen shillings a-day, and when he must necessarily be at least 46 years of age, seven years older than the Company's Surgeon. Be it observed also, that the former service is continuous, not necessarily interrupted by anything except bad health, or the will of the individual in taking advantage of an optional furlough, while the time of a Surgeon in the Queen's service may be broken in upon by alternate periods of full and of half pay, dependent, not upon the will of the individual, but upon the exigencies of the service. I am aware that the Company's Surgeons have their grievances, and complain of something very like an *ex post facto law*, depriving them of the relative retirements, compared with their military comrades which they expected on entering the service; and this leads me to say a word on the comparative position, generally, of Military and Medical Officers, and this in a spirit of equity, most assuredly not in a spirit of detraction.

The comparative exposure of Military and Medical Officers when in actual contact with the enemy, has not, I think, been much dwelt upon of late, particularly since the liberal sentiments towards the latter expressed in the House of Commons, by Sir Howard Douglas, Sir De Lacy Evans, Colonel Boldero, and others, and particularly since the publication of an admirable pamphlet by Mr. Martin, on the "Claims of Medical Officers to Military Honours,"—claims not impaired by the conduct of Mr. Wilson, Mr. Thomson, and others in the present campaign. But there are two points in which I think their comparative position has scarcely yet been done justice to—the excess of work to which Medical Officers are subjected in both extremes to an army, whether of labour or of rest. If the active

operations of a campaign are suspended by sickness, upon whom does the increase of duty fall? Who were the hardest worked men at Devna and at Varna? Again, all honour to their military comrades! But I would ask, who have worked harder or more continuously than the Medical Officers in the Crimea, and in the hospital at Scutari? While I readily admit that the military officer has the greatest risk and the hardest work in the day of battle, I would respectfully ask, who has the hardest work on the day following, and for many days after? The other point in which Medical Officers are sometimes looked upon as having inferior claims, is in comparison with those officers who have paid money for their commissions. Considering the expensive and protracted education which he must necessarily go through, an Assistant-Surgeon may now be said to purchase his commission at a much higher rate than an ensign, and with this material disadvantage, that he necessarily purchases it from six to ten years later in life; the purchase, moreover, as involved in the expense of education, is imperative on all Medical Officers; and while their military comrades are permitted to sell, even in some cases where the commission has not been purchased, the Medical Officer is in no case allowed to do so. Looking again to the comparative rates of retirement, we see provision made for the retirement of military officers on full-pay, after periods of service not very protracted, while no such thing is known in the medical department as a retirement on full-pay after any length of service.

Many years have not gone by since I could point to several of my class-fellows and cotemporaries who entered the service some eight-and-forty years ago, and who were still serving as surgeons of regiments. I grieve to think how unequal such men would have been to the duties devolving on Regimental Surgeons after the battles of Alma, of Balaklava, and of Inkermann; and it is with a view particularly to the rank of Regimental Surgeon that I would advocate a retirement on full-pay, or something approaching to it, to prevent the recurrence of cases such as I point at, where men were upwards of forty years in the discharge of regimental duties. The principle which I would urge is, that after a prolonged period of service a man's full-pay and his half-pay should approximate in amount to each other, and that ultimately the difference between the two should be so little, that a man would have every inducement to retire, and none to remain. A Surgeon is, by the existing regulations, entitled to retire on half-pay after *twenty-five* years' service, and it would not, I think, be considered unreasonable that he should then have a retirement equal to the full-pay of a Surgeon of *twenty* years standing—a little more than the half-pay upon which a Staff-Surgeon is at present entitled to retire. If a Medical Officer has served thirty years, without being promoted to a higher rank than that of a Regimental Surgeon, it is a misfortune to himself, and often a greater misfortune to the service. Such a man, generally speaking, becomes very unequal to any position in which the duties of an operating Surgeon are involved. Every facility should be given to his

retirement. He should be placed at the *maximum* of his expectations in this respect, and it would not be unreasonable that he should have a guinea a-day to retire upon—a trifle less than the full pay of his rank. All this is without reference to the full or half pay of the higher ranks in the department, and proceeds upon the equitable principle that an officer should be paid for his services rather than his rank. The half-pay for shorter periods of service, might, I think, easily be placed upon a more satisfactory footing than at present, more equitable to the profession, and not much, if at all, more burdensome to the public.

In a period short of ten years' service I do not consider that a young man has lost much ground if he desires to enter into private practice, and is not perhaps entitled to any permanent provision, unless in the exceptional cases of severe wounds or permanent disabilities contracted on service. But such a man has come forward to serve the public with the intention and desire of devoting himself to the service for life; he has gone to an extra expense in his education and outfit; and if reduced, care should be taken that he does not suffer a pecuniary loss at a time when his prospects of advancement have been cut short, and when he must necessarily be condemned to a period of inaction before he can establish himself in private practice. Would it then be too much to expect that a young man in this position should have the expense of his outfit and extra education repaid to him on a liberal scale, and a gratuity of one or more years full-pay, according to the length of time he may have served? After ten years employment in the service, a man, if he has made good use of his time, becomes a valuable servant to the public. He has lost ground in the race with his cotemporaries, some of whom may have established themselves in the very locality where, of all others, he had the best chance of success; he has necessarily attained 31, it may be 36 years of age, and he has become accustomed to habits of deference to his professional authority and obedience to his prescriptions, not conducive to his advancement in private life,—as witness the few instances of success amongst the medical officers of the army and navy who were discharged at the end of the last war. It is for the public interest that a man of this standing should be encouraged to remain in the service by the prospect of speedy promotion, or, if reduced for the public convenience, he should have the option, if he so chooses, of remaining permanently on the half-pay of his rank. A period being thus fixed for retirement in the junior rank, I would propose that when an officer has gained one step in advance—when he has been promoted to the rank of Surgeon,—if reduced for the public interest, and again called upon to serve, he should, unless disabled by wounds or infirmities, have the alternative presented to him of either resuming his duties, or reverting to the half-pay of an Assistant-Surgeon, and so on throughout each superior rank—the principle being this, that whatever length of service, or whatever degree of merit entitles an officer to a step of promotion, the same should entitle him to the *permanent* half-pay of the rank from which he was promoted. This



would seem an arrangement more equitable than the commuted allowance—a measure, somewhat of an arbitrary character—where the allowance is calculated on principles, perhaps very intelligible to the actuary of an insurance office, but not, I believe, generally appreciated by the profession. The question as to the light in which the half-pay is to be looked upon—*questio valde vexata*—would thus be put upon a footing equally obvious and indisputable. The half-pay of each superior rank would fall to be looked upon as a retaining fee, the half-pay of the rank immediately below as a reward for past services. The Army and Navy Surgeon would then see distinctly, from the moment of entering the service, what the public had a right to demand of him, and what the extent of the sacrifice he must make if not prepared to obey the public call. When an officer, recently promoted, is in receipt of the half-pay of a rank in which he has done little service, it seems only reasonable that the public should have the right to call upon him to do more duty in that capacity, provided always that the call should not be postponed until the individual is so far advanced in life as to render it impossible for him to complete the periods of 25 or 30 years' actual service specified for retirement. If the national exigencies do not require a man, who has always been ready to move, to resume his duties at the active and useful period of his life, it would seem harsh, not to say unjust, to call upon him at an advanced age, when physical infirmities would necessarily preclude him from serving for the length of time entitling him to a permanent retirement. I have confined myself almost exclusively to a consideration of the position of Assistant and Regimental Surgeons, and this with the view of illustrating a principle, which, *mutatis mutandis*, may easily be applied to all other ranks—that of placing the half-pay after prolonged services, so nearly on a par with the full-pay, that there may be a comfortable retirement for men advanced in life. The objects which I have more immediately had in view, are the liberal treatment of those young Surgeons who have come forward on the present emergency, and who cannot expect to be retained in the service after the termination of the war—an encouragement to hale young Surgeons on half-pay to resume their duties in the service, by the prospect of a considerable sacrifice on the one hand and of a more liberal retirement on the other—the discouragement of superannuated Surgeons from remaining in the service, by giving them a maximum of retirement after a period of life when their energies begin to fail.

The advantages which I should expect from the proposed plan are the more speedy reduction of what has, not very graciously, been termed the dead-weight—the sequel of every war—and, above all, the greater efficiency of the medical department, by substituting young men in the vigour of life for those who are past their work—a measure which may obviously be carried into effect not only without loss, but with a saving to the public; inasmuch as the half-pay of the young Surgeon, saved by his return to the service, will be more than equivalent to the additional retirement given to

the old one who withdraws to make room for him. In the gallant officer commanding the Army in the Crimea, and in some of his comrades, we have at this moment brilliant examples of elderly men, as it were, excelling themselves—performing feats of activity and deeds of heroism which would have done honour to their younger days ; yet I believe that the public mind was never more alive to the general impolicy of employing old men in the operations of war in any of its departments, nor was the public ever better prepared to reward liberally those who have spent their best days in the service of the State. I am in fact more apprehensive of being considered to have understated the claims of my profession, than of having over-rated the liberality of the public.

I have the honour to be,

SIR,

Your very faithful and obedient Servant,

GEO. BALLINGALL.

*The Right Honourable* SIDNEY HERBERT,  
*Secretary at War, &c., &c.*

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## Travel.

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### FLOTSAM AND JETSAM.

By COLONEL S. F. CLARK.  
*Army Medical Service (R.P.)*

#### II.

To get off the beaten track has always had a fascination for me, and it was domestic affairs alone that, in 1897, compelled me to decline a chance of going to Uganda. As far as I know, the fact that I had passed in Hindustani by the Lower Standard was the reason why this offer was made to me ; the only other time that my linguistic zeal came in was when it caused me to be placed in medical charge of the Indian Artillery and their families at Hong Kong, *without extra pay*.

In one of his books lately, Sir Conan Doyle said that there is no place in the world that so many people have seen, without having visited it, as Socotra, so I am glad to be one of the small band of landsmen who have been ashore on that island. The opportunity came in 1893, when I was stationed at Aden, and I siezed it with both hands.

The G.O.C. troops at Aden was also Governor of that place, and, during my tour of service there he paid an official visit to the Sultans of Socotra, and of the chief parts of the Hadramaut—or Southern Arabia. As the trip was made in the Royal Indian Marine Transport "Mayo," it was decided to give the benefit of the sea voyage to a number of British