

In Arduis Fidelis: Vol IV: Miscellaneous

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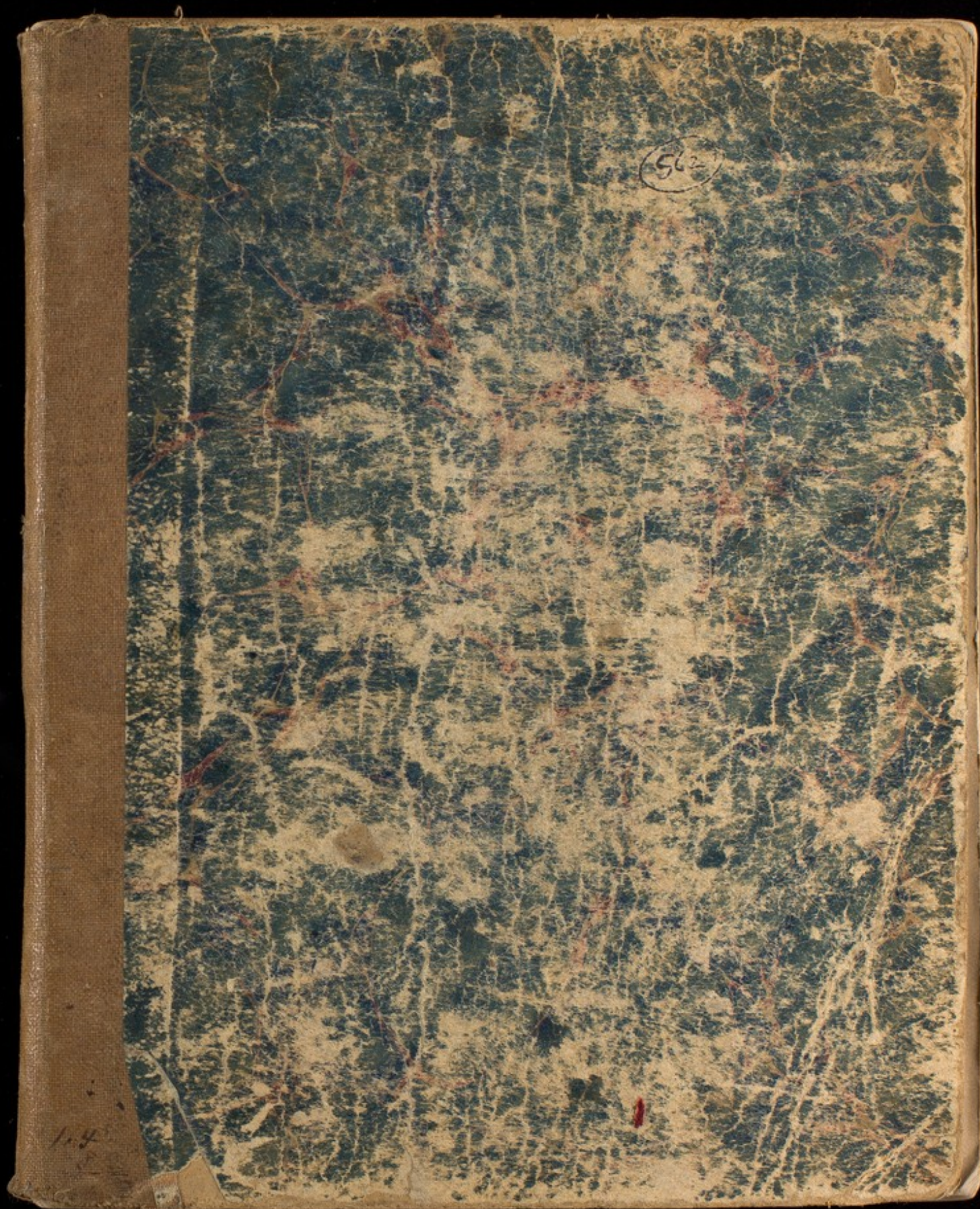
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4/5/4 (562)

Mr. Cooper, who has my Regard
Vine and I, are not to go
into the State, & send the
our good money with things when
and think they can't leave the
make they go to see things they may
common. I'm sorry to hear this &
me to be there who are interested
if the War will not
Olan is an Olan which
not to suffer the Man to suffer
from House to some parents they can
the day after they are returned
by the Bureau of the Air, which
Bureau of Air, in spite of all
it, I am to leave for the
Mr. Cooper, is, that they are the
and him, usually to the Military

562 563

Manly, post. ^{Hampden, Bland's Military Dispatch 5th 2. 1743}
When a Battalion marched by Grand Division ($\frac{1}{3}$ part of B. Co.)

The Staff Officer (Chaplain, Adjut, Quar., Surg & Drums) marched behind
the leading Grenadier Company, & Halberdiers, then followed the Grenadiers & then
the Colonel. The Soldiers by taking off hats & shaking their bayonets

2 Companies. Surg. officers followed behind Colonel's Co.

Visiting the Sick.

In all Garrison, there is an Officer of a Regt order'd to visit their
sick Men daily. They are to examine much into the Manner their
Men are treated, and if they are kept clean; what Medicines and Diet they
have given them, taste their Bread & Butts, and see their proportion of
Bread & Meat, & enquire of them how they are used; a Report of which,
with the Number belonging to each Company, they are to make to their Colonel.

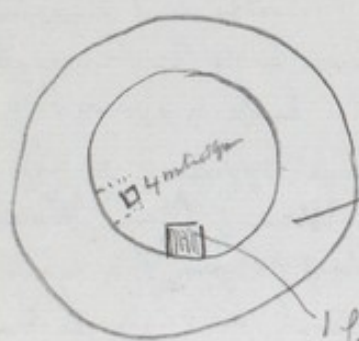
Besides this Regimental Inspection, the Governor appoints
an Officer or two of the Garrison to visit the Hospital, to see how the Men
are treated, with the Number belonging to each Regt, and to make
him a Report of the Whole.

A Captain, who has any Regard for his Men, would think these general
Visits sufficient; but will go from time to time himself, and enquire
into their State, & send his Officers & Sergeants to do the same. There
are great many little Things which may save the Life of a poor Soldier,
and which they can't learn but from their own Officers; so that
unless they go to see them, they may Perish for the Want of them: Therefore
common Humanity requires this Duty of us even to Strangers, but much
more so to those who are immediately under our Care, and share the Danger
of the War with us.

There is one Rule which should be strictly observ'd, which is,
not to suffer the Men to continue too long in the Hospital; but to take
them home as soon as possibly they can. For it often happens, when they stay
too long after they are Recover'd, that they Relapse and Die; occasion'd
by the Badness of the Air, which must be in some Degree infected by the
Breath of the Sick, in spite of all the Care that can be taken to prevent
it. But the least Evil that can happen by their remaining too long in
the Hospital, is, that they will thereby contract a slothful, lazy, idle Habit,
and him, according to the Military Phrase, Malingerous; that is Men who

have lost all Spirit to the Service, & forgive themselves Sick when there is a Prospect of Action, or that they are too tender of any Hardship or Fatigue, in order to be sent to the Hospital; which Life, & Health, becomes agreeable to them.

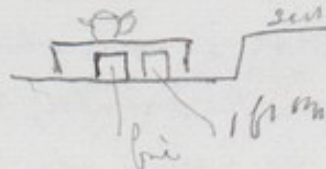
Where there is no Publick Hospital, there should be some Rooms in the Quarters appointed for the Sick Men, to which they may be removed, lest they infect the others; & that the Surgeon of the Regiment ^{with the more ease. They should likewise have Nurses appointed to attend them,} may attend them, & provide some food about their Diet; And, unless the Distemper is of a very malignant Nature, I am of Opinion, that they should not be sent to the Hospital upon every slight Indisposition, but removed into the Infirmary of the Regiment, the air of which must be better than the other, and therefore there is a greater Probability of their good Recovery. Besides, the Evil above complained of will be avoided; which is an Article of no small Consideration to the Service.



One foot per Tent
One mile per Company

Trench
3 or 4 feet broad
2 deep.

1 foot square
200 for one



Tops like can be
crossed into the
kitchen and is so

Instruments

Quartz, iron

Colony

Min

O's

Horns

Skins

Seashells

Kills

Pontons

Lutins

See 50 yards in front

of Dandelion Ground

i.e. 100 yards from Dandelion

& 50 yards in rear of

Butcher's house

Feed Lutins ^{6th or 7th} day every 7th day
old ones killed at

Camp built every morning

Grass, & felt built every day.

See house at one time

Major responsible for building

& quality of possessions

Q. M.

had the light

& one man the co. (the lower column
man doesn't
bring)

On the ground

Q. M. Gough & C. C. then

go on in advance like over

country land from Gough &

make out camp & dig latrine

before Regt arrives. Then

one unit latrine here several

permitted

in the Man, with that has given
him to fine friends, and again
from a degree to the same, the
many have the life of a man of
from them, an option, so the
power for the Man of them: Ours
city of so even to 5 hours, but much
of under on case, so that the danger
makes the final, steadily, which is,
the two day in the day, the day
: For the other, under day day
that day, the day, and day, the
more he is the day, the day, the
the case that can be told, it is
on the day, the day, the day, the
by, the day, the day, the day, the
those, the day, the day, the day, the

At this time deserters & non-commissioned army so inviolable
were branded with the letter D on the left side of the chest.
The instrument used was a brass one shaped at the end in the
form of the letter D, from the outline of which ~~was~~ protruded, by
means of a spring, a series of needle points. The punctures made
by this instrument were rubbed over with a marking composition
made of indigo & Indian ink.

1849. In 1849, principally through the efforts of
Sir De Long Ross, Sir James Douglas, & others
in Parliament the Order of the Bath was
~~the~~ given to military medical officers. It
was at first intended to give civil C.B.'s but
owing to the objections of the civilian
surgeons who pointed out that this would
lessen the no. of ~~civil~~ C.B.'s available
for civilians the military branch of the
Order was given.

In 1850-51, During the session Mr. Tuffnell,
delivered a course of lectures on
Military Surgery in Dublin. The first
lecture was attended by the Duke of Cambridge.

In 1851 (Aug 19th) a Horse Guards Circular
directed that the branding of deserters
with the letter D, should be performed
by the medical officers of the military
division ~~or the independent surgeons~~ ^{or the independent surgeons}. This order
gave rise to indignant protest in the
medical and lay press from Army ~~and~~
surgeons & their colleagues.

Owing to the outcry which followed the issue of this Circular it was later on directed that the Surgeon should instruct the Druggist how to apply the instrument. (Lancet 1854)

"it is ^{for} the interests of the service that 2
It was printed out that the Soldier should
be taught to regard this young Surgeon as his
friend not as his tormentor or executioner."
(Criminal Justice in full Lancet page 264.
vol II 1851.)

1840 Ext. from Regulations for A. M. Service Feb/40.

"Candidates are required to produce the
diplomas of the College of Surgeons of
London, Edinburgh or Dublin." and show
evidence that they had attended certain
courses of lectures, &c. &c. Other diplomas,
including some foreign ones might also be
accepted. A competent knowledge of
Greek & Latin was also required.

"Before promotion from the rank of
assistant Surgeon to any higher rank, every
gentleman must be prepared for examination
before a board of medical officers.

The qualifications required for Admission to the
O. M. D. were much the same but they
Candidates were also required to produce
certificates of "good moral conduct &
character."

These Regs. held good until 1854 when we
find the 1840 Regs. under the D. S. & under the same
regulations for Admission to the Army applicable to both.

Tunis
29.11.
1851

3

We learn from ^{our} ~~an~~ advertisement in the Times, that vessels carrying her Majesty's mails to India, China, Australia, or, were required, as one of the conditions of tender, to provide ~~and~~ themselves with the service of an unemployed surgeon or assist. surgeon of the army or navy. I do not know how long this arrangement lasted.

2, 1852

W.O. Reps
1852

Of a military medicine officer was required to inspect recruits he was paid 2/6 a recruit if less than five were examined, if above the number, he received 11/4 a day. He was also required to accompany the adjutant on tours of inspection, when he received pay of 11/4 a day with travelling expenses. When called up for training he was allowed 7/- a week per 100 men for medicines.

At this period Army Surgeons were ~~also~~ ranked thus.

S. B. & Superintendent of the A.M.S.
Inspector General of Hospitals

Staff Surgeons 1st Class

Staff Surg 2nd Class

Surgeons.

Assist. Surgeons -

18 Nov. 1852 A good deal of indignation was expressed in the medical press at the fact that no share was found in the procession at the funeral of the Duke of Wellington for the head of the A.M.D. or for one man as Mr. Fyfe or Guthrie. The Med. Officer of the regiment in the procession, however, took part in the ceremony. The Duke's medical attendants & the President of the R.C.S. represented the civilian medical men.

Guthrie's estimate of the medical staff requisite for an Insular force of 12,000 men of all arms.

One Inspector Genl. of Hospitals.

One Deputy do. but two if the service is to continue.

Six Staff Surgeons.

One Surgeon & three Assist. Surgeons to each regiment

Six or more Assist. Staff Surgeons, unattached to be met as required and as a reserve to fill any vacancies which may arise.

Dress.

5

In 1854 an amusing letter appeared in the *Conestoga* (U.S. Army) pointing out the absurdities in the dress laid down for field-surgeons. The writer says, "Just fancy yourself dressed up in a corked hat, thick and stiff collared coat without pockets, or at least only small ones, and looking as Sam Weller says, 'much like a tame monkey on an anvil,' trying to reduce a dislocation, or, in fact, to assume any position but the perpendicular."

At "target practice" a shell jacket was worn with no pockets at all. The writer pleads for a dress or a frock in which a pocket case of instruments could be carried and suggests a frock coat with a turned down collar and large pockets and the attachment of a patent leather pouch to the sword belt. He also states that surgeons had a frock coat to walk out in but not to wear whilst on duty.

Surgeons of light cavalry, rifles, and highland regiments wore the uniforms of their regiments.

~~And~~ All surgeons wore two epaulettes.

The naval assistant surgeon only wore one - over his right shoulder.

WAR.

A tent that is pitched at the base,
A waggon that comes from the night;
A stretcher, and on it a case,
A surgeon, who's holding a light.
The infantry's bearing the hurt—
O hark to the wind-courted cheer!
A muster of guns at the front,
A whisper of woe at the rear.
And it's War! "Orderly, hold the light,
You can lay him down on the table; so.
Easy—gentle. Thanks—you may go."
And it's War! but the part that is not for show.

II.

A tent, with a table athwart,
A table that's laid out for one;
A waterproof cover—and mounds
But the heap, mangled work of a gun.
A bottle that's stuck by the pole,
A guttering dip in its neck;
The flickering light of a soul
On the wondering eyes of the wreck.
And it's War! "Orderly, hold his head,
I'm not going to hurt you, so don't be afraid.
A ricchet! God! what a mess it has made!"
And it's war! and a very unhealthy trade.

III.

The click of a stopper and glass;
A raggy the chloroform drips;
A trick is of—what? on the grass,
And blur and blur the lips.
The ladies have hidden the stars,
A rent and the clothes fall away;
A touch and the wound is laid bare,
A cut and the face has turned grey.
And it's War; orderly, take it out.
It's hard for his child, and it's rough on his wife;
There might have been—sooner—a chance for his life.
But it's War and—orderly, clean this knife.

From "Write in Barracks" by Edgar Wallace.
dedicated to the R.A.M.C.
(Pte R. Rand.)

7
In the Empire the Army Surgeons held rather a better position than his brethren in the Naval & R.D. Companies' services. This was largely due to the fact that Army Surgeons were all qualified men, ^{as a rule and not} possessing the diploma of one or other of the R. Colleges of Surgeons. This was not so in the other services when there were many surgeons who had no qualifications other than ~~that~~ a certain number of attendances ^{hospital or} at lectures. They were admitted to the R.D. Service after examination by a Board of examiners or after being examined as to their fitness by the Royal Colleges and examination however ^{did} not confer a diploma.

During the Crimean war civil practitioners were employed in many districts at home in place of Army Surgeons who had proceeded to the seat of war.

Penninsular War.

Two prominent conclusions must force themselves upon the student of the surgery of the war — the one, that in the Penninsular War military surgery made a great stride in advance of previous knowledge; and the other, that after the war this advance was reflected upon civil surgery with the greatest advantage.

(Paraphrases from *Lancet*, 1873)

Literary Work of Army Surgeons.

The latter half of the 18th Century and the first quarter of the 19th Century was characterised by a great literary activity amongst British Army Surgeons. Certainly medical & surgical science of this period owes as much to military writers as to those in civil practice and I dare venture to assert that in proportion to their numbers the Army Medical Officers of this period produced a greater number of important works on medicine & surgery than their colleagues in civil life. Astruc, Boerhaave, Mead, Keil, all wrote during the war & I have given elsewhere one account of their works. There were however many important works, chiefly on Military Medicine & Surgery, topographical medicine and Hygiene written by other Surgeons.

Here a brief list of military Medical Writers of the period.

Thomas Siddlestone - "Essays on Hepatitis & Spasmodic Affections of the Liver" published in 1787, and based on observation whilst in medical charge at Fort St. George in Madras, contains one of the earliest ^{English} accounts of an outbreak of cholera.

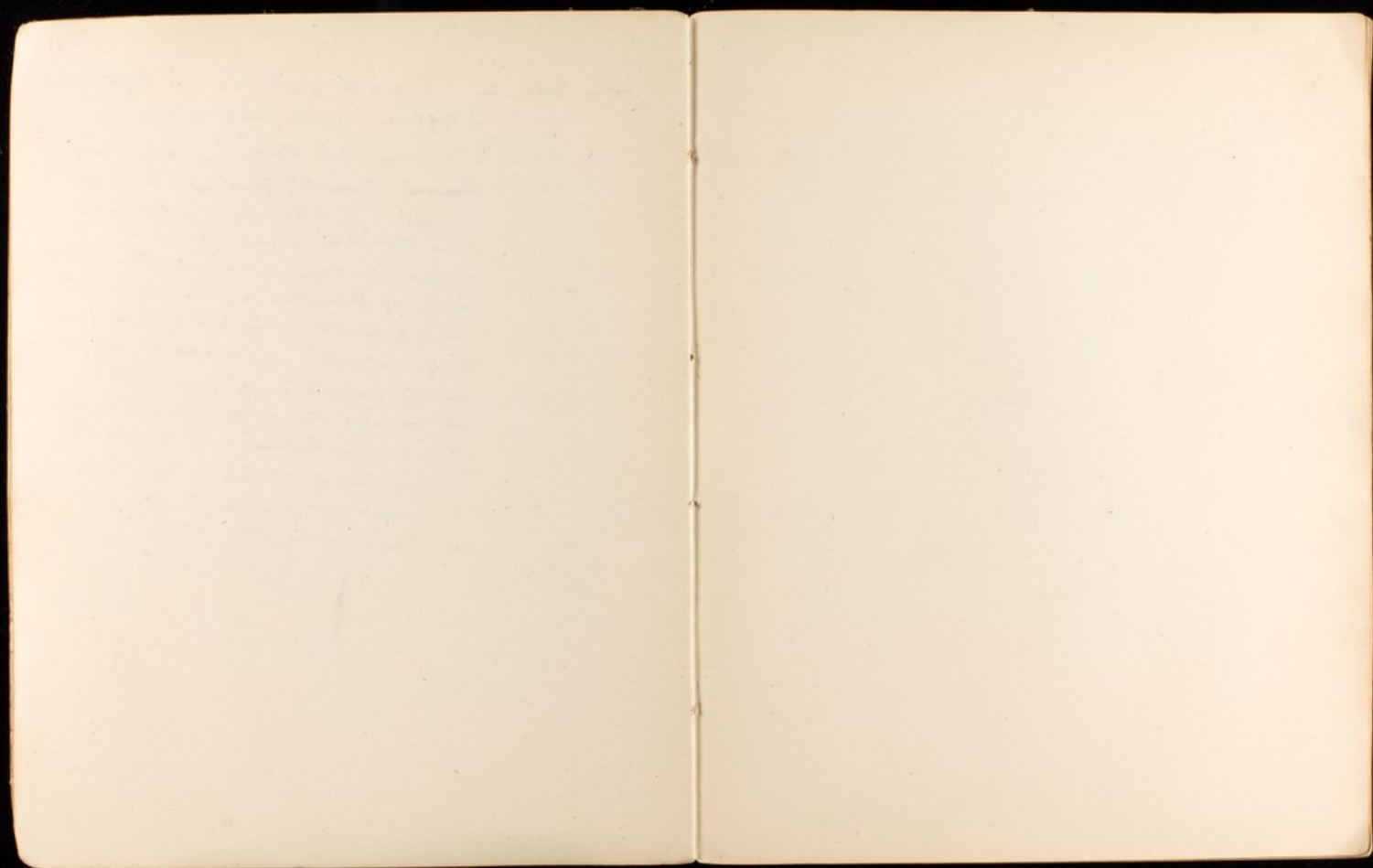
Robert Hamilton. - Formerly in the army, afterwards went into the military route on important work as - "The British of a Regimental Surgeon."

John Hunter. - Physician to the Army & F.R.S.
"Observations on the Diseases of the Army in Jamaica." 1788, A second edition appeared in 1796 and in 1808 a third. The book is based upon his experience in Jamaica from 1781 to 1783. The book deals with Army Hygiene in the tropics, Malaria fever, Yellow Fever, Dysentery, "dry belly ache" or Colic Poisoning, whilst he was the first to trace to lead poisoning from the leaden tubes of the apparatus used in distilling rum. He also describes Yaws, Catarrh & Piles a gut eating, the Jigger worm.

John Bell — Surgeon to 94th and 5th Regt. foot
in 1791 a valuable book called,

"The Causes, which Produce, and Means of
Preventing Diseases in the West
Indies." Sir A.C. Jordan says this work
shows that "the medical officer had a
perfect knowledge of the importance & the
service of Preventive medicine or Hygiene."

He tells us the soldier got $\frac{1}{2}$ pint of rum
daily as a ration & attacked the practice
as being productive of much disease.
He was also the first officer to recommend
the "Canteen System" or as he put it
"a Committee of officers to purchase at
the charge rate fresh provisions, wholesome
vegetables, & various other articles."



A number of blank pages follow
and have not been photographed.

Recruiting. — See page 103 a. in Vol. I.

There is a very complete sketch of the History of the Recruiting of the Army in "The Military Miscellany" by Henry Marshall, F.R.S.E., Esq. Insp. Gen. of Army Hospitals. (London, Murray, 1846) to which ^{link} those interested in the subject may be referred. Whenever there was any difficulty in obtaining recruits special acts were passed at different times, permitting the press to be used. No soldier or sea-faring man could however be pressed for service in the Army. These acts were directed chiefly against vagrants, those having no visible means of subsistence, and those who had not the power to vote. Bounties varying in amount were also resorted to, the bounty being larger for those who enlisted for life than for those who enlisted for shorter periods. During the American war of Independence men were enlisted for 3 years or until the war was over. In Scotland the chiefs of the clans raised regiments from their followers, this amounted in many cases to impressment for life service. It was Pitt who first drew upon the magnificent military material in the Highlanders. In England & in the Scottish towns

† Also under of a work on the subject, discharging, no passing of British.

17

the power of impressment was entrusted to the hands of the Magistrates and the Municipal Authorities who received bounty for each man enlisted. This naturally led to great abuse. Thus at one place an obnoxious dissenting preacher was ~~sent~~ pressed into the Army because he had no visible means of subsistence. Criminals were frequently allowed the option of between enlistment and punishment. In those cases no oath was administered but the Articles of War were read to the pressed men and after which they became ~~bound~~ soldiers and subject to Military Law & Discipline. I can find no record of any medical inspection of recruits by a medical officer prior to 1782 when Hamilton took in "the Duties of a Regimental Surgeon" appeared. In this work he mentions the medical examination of recruits as one of the duties of a Surgeon, although Mr. Reide, the Surgeon of the 1st Regt of Foot in 1790 of the infirmity of recruits sent to his corps without having undergone any medical inspection. An Inspector General of Recruiting had been appointed to the Army, about 1779, whose headquarters

were at Chatham. His duties were however confined to the enlistment of men for regiments on foreign service. It is presumed that he had a medical officer on his staff. Recruits at home were recruited solely through the agency of the commanding officers.

On Oct. 27th, 1790, a Royal Warrant was issued^{by} which Commanding officers ~~advised~~ of regiments serving abroad were directed before enlisting men "to require and receive sufficient chyrurgical testimony respecting the same." Until the year 1799 all recruits on attestation were required to take oath that they were protestants.

When the great war with France broke out in 1794 the Government found it necessary to improve the condition of the soldiers and in this way to encourage recruiting (Mushall).

In A.D. 1796, the recruiting regulations required that an hospital master should be placed under the orders of each Field Officer of a recruiting district, to examine the recruits when brought to him for inspection. In 1799 it was directed that a certificate of the fitness of the recruit for service should be

written on the back of the recruits' attestation and signed by the Surgeon.

In 1804, boys were enlisted, 10 to each company by Government order.

In 1807 the office of the Inspector General of Recruiting was superseded his duties being taken over by the Adjutant General. During the French War England was divided into 15 recruiting districts, Scotland into four, Ireland into five. Each district was under an Inspecting Field Officer with a staff consisting of a Staff Surgeon, a Adjutant, a Serje. Major, and a number of Depot Sergeants. This was the germ of our present Regimental Districts & Depôts.

After the Peace, the number of recruiting districts was reduced to four in England, one in Scotland, and four in Ireland.

During the war the British force to recruit varied greatly at one time being as high as £16,165 and at the other as low as £15 for those enlisting for unlimited periods. + About 25,000 recruits were raised yearly during this period. The annual decrement of the + (In 1816 British was £3)

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Army during this war — death, discharges,
desertions, amounted ^{on average to} roughly to 11,500
per 100,000 strength yearly (Mantell).
In 1829, Enlistment for unlimited periods
became the rule "until legally discharged."

Flogging in the Army

28.
Rep. Murkitts "Military Discipline"

In the days when corporal punishment was the rule in the Army the ^{number} of lashes ordered by a Court Martial was frequently excessive. In these merciful days we find it hard to realize that men were ^{formerly} flogged hundreds of lashes for most trivial crimes. When this punishment was inflicted the regimental surgeon was required to be present ~~and~~ in order to watch over the sufferer. This was a very onerous and difficult duty for it was impossible to tell what the ^{ultimate} effects of even a small punishment with the cat would be. The usual custom was to flog the man until he fainted, and then to take him down. After a time in hospital the remainder of the punishment was inflicted. Sentences of 300 to 500 lashes were the rule on trial by Court Martial often in addition to other punishments such as imprisonment. Sentences of 800 to 1,000 lashes were not uncommon. The punishment was an unequal one

for whom ordered offenders designated flogging
 it was very slow on them. Dr. J. Green Smith,
 of the 12th Dragoon, said, "I have been obliged to
 take more time before the infliction of 100
 lashes and I have seen 1000 lashes well laid on
 without injury to the prisoner." Commanding Officer
 often refused to brook any interference on
 the part of the medical officer. Marshall
 says this once happened to himself and he
 quotes the case of another medical officer
 who was placed under arrest by the Colonel
 of a regiment for ordering the flogging of a
 prisoner to be discontinued. He was kept
 under arrest until the P.M.O. approached
 the G.O.C. on his behalf, 10 days altogether.
 On the other hand when evil results to the
 man followed corporal punishment the
 blame fell upon the medical officer.
At Ft. Union in 1824 two deserters
 received 1000 lashes in the presence of
 a young Assistant Surgeon. Both men
 died from the effects of the punishment and

If ^{inflicted} ~~and~~ would followed corporal punishment the
Surgeon became amenable to the civil law &
could be tried for manslaughter.

23
as a result of the action of the Inspector
General of Hospitals at Barbadoes the
young Assistant Surgeon was removed from
the service, without being called upon to
make any defence and without Court martial.
Gordon Smith says he has known a man
flogged to return to duty within 10 days of
receiving 1000 lashes, whilst Hamilton
gives a case where 50 lashes kept a
man on the sick list for 3 months and
endangered his life. Corporal punishment
in a hot climate was considered to be
more likely to be followed by serious results
than in a cold one. Surgeons of the back
and shock were the usual causes of death
~~in this~~ in fertility ^{the common} ~~of the~~ flogging. Sir Charles
Napier stated that medical officers ^{active in general with the troops}
placed ^{them} in a most unfair and peculiar
condition. Hamilton (1794) says a
Regimental Surgeon had to flee from the fury of
the populace in a West of England town and
was afterwards tried for his life. A man
having died from corporal punishment inflicted
~~there~~ in his presence.

Army Doctor.

Army Doctor! Army Doctor!

'Tis some 'cruties for inspection,
Some in rags, an' some in cuffs.
Some in shirts, an' some without 'em,
Wot a blessed strange collectin'!
Served before? You needn't doubt 'em,

Bloomin' Muffs!

Army Doctor! Army Doctor!

Take your sword, an' dep you conceit,
Teach your nurses 'ow to fight!
'Ow to march the dead march - solemn!
'Ow to wote march - an' to dance it!
Teach 'em 'ow to march in column,

By the right!

Army Doctor! Army Doctor!

Gold an' velvet! 'broised lacin's
'Oidin' igh your bloomin' 'ead!
'Seen you peel that coat so wimmin,
'Seen you stain them pretty facin's,
'Seen you 'ighly glossy lincin's,
Splattered red!

Army Doctor! Army Doctor!
'Sun is 'ot — an' we are leavin'
Lessons in the cholera school,
We're fess-sit, an' mad as 'atlers,
Throat a parchin', 'ead a burnin',
Seems to me, you're takin' matters
Rather cool.

Army Doctor! Army Doctor!
Spurs and snigger! Cuff an' collar!
Up to ev'ry bloomin' hick!
'Seen you — as I've seen none other —
Go to — where I durn't foller!
'Seen you act the man and brother
To the sick.

Army Doctor! Army Doctor!
Thins by Engineers forgotten,
You 'ave got to recollect.
Ths' you're out a gibbed clondy,
When the meat is gon' rotten,
Chances are, you're somewhere 'ondy
To inspect!

Army Doctor! Army Doctor!
Where the firin' never ceases,
Where the 'uddled soldier lies,
Where the Mauser bullets shone in,
Band! Hejpe chippin' in to prices!
Git 'im out of fire an' save 'im
Well done, Guys!

From 'Writ in Barracks' by Edgar Wallace

Methuen & Co 126 Essex St, Strand, London
1900.

(Dedicated to the Cant and file of the Army.)

From The Military Sketch Book Vol. II p. 277.
by an Officer of the Staff Colburn, London 1827.

Mess-Table Chat.

No IV

(A sketch for the "Medicos.")

"There were four-and-twenty Doctors all of a row."
Old Song.

Scene.— The mess-room of the Medical Staff at Chatham. A couple of dozen Doctors at dinner; all in blue uniform, — red collar and cuffs, no epaulettes. Guests, consisting of a retired Major, and a Captain of Infantry on full pay. Attendants, &c, &c.

Staff Surgeon Ward. This goose is as good a subject as ever I cut up: — Doctor Adipose, shall I send you an upper extremity?

Dr. Adipose. — Thank you, Mr Ward, I'll ~~take~~ take one — an — ha! —, with a slice of the breast; and as your hand is in, you may as well let me have the — an — Pope's man.

Staff Surgeon Ward. — There, — there, — Here, Doctor — there you are; there is the delicious os Coccygis for you.

Dr. Adipose. Thank you, an-lan—, thank you,
my dear friend—very good, indeed.

Dr. Kyle. Permit me to send you some sauce.

Dr. Adipose.—Thank you, Doctor, an-lan—, very
good, very good; it looks a perfect Kitchen,
—an-lan, very good indeed.

Hospital Assistant Lintly. Mr. President, a little
soup.

President.—Oh! what! Soup again, Lintly?

Hospital Assistant Lintly. Yes, sir, if you please.

President.—There, there, De'il a word I'll
say about your taste, ~~man~~ mon; gin ye had
suffered as much surgery soup as me, ye'd be to
swallow.

Dr. Kyle. Ah, Mr. President, you were too long
in the Peninsula to recover your taste for soup.

President. True, Doctor! Hey—de ye remember
when you and I was hospital mates together at
Bellevue, when the surgeryman was here as
up there smoking two o'brush, to see if it was
fit for the sick; an' then he was hae another

two, to see if it was fit for the wounded; an'
then two more to see if we liked it ourselves, —
ha! ha! ha! Doctor, we was jolly hospital
mates, then. Ecob! I never swallowed a
mouthfu' o' soup sin' I was promoted.

Dr. Kyle. I was never a hospital mate,
Mr. President; "Hospital Assistant to the
Forces," was my first appointment in the
department.

President. Aweel, it's a' the self-same thing.
When I first entered — noo eae-an'-twenty
years — we had mates, an' nae assistants
at a'.

Dr. Kyle. You are perfectly right, then; the
service had no assistants at that time, one
enough.

Dr. Adipose. (wiping his chin) You are too severe,
Kyle; aw-hae —; you are, indeed, hae —
I'll trouble you for a cut out of the third
end of that ham of mutton; it looks
delicious; aw-hae, good indeed — very good.

Dr. Kyle. I'll send you a shire, Doctor, that will digest on its first contact with the gastric fluid; - Here, Sir, there.

Dr. Adipose. Ha - , very good. I haven't seen such a hamlet since the last ^{annual} dinner of the society for the benefit of the widows of our department; that was delicious, too.

Capt. Beamish. Oh, you have a society, then, for the ~~benefit~~ the widows of your department, Doctor?

Dr. Adipose. Yes, yes, I'll tell you all about it by-and-by. - A little amount jelly, Thomas.

Dr. Kyle. Yes, Captain, to the laudable exertions of Sir James Mac Gigin we are indebted for a valuable fund, - sufficient to protect our widows and orphans, if it pleases God to leave them without other means. - Wholly, do you take mutton? - Oh, Sir, it is a most advantage.

Magn. Cliffield. Upon my honour, I am very happy to see such improvements in your department, when I entered the service, now fifty years ago,

there was no department at all. A surgeon was something like our present military parson; he used to go about in plain clothes, or with a black coat and a military cocked hat; his pay was bad; and as to his assistant, he was a sort of tot-bolby-boy; but now, how different! Ah! The Duke, Heaven rest his soul! was the first who improved your department, ^{Gentlemen,} as well as every other belonging to the Army.

Dr. Adyrase. Major - aw - I'll trouble you for a little of the Curried - aw: It looks very well - aw - very well, indeed. + + + +

Vice President. + Yes, Major, the Duke was our best friend; it was he who first raised the pay of the surgeons, and thus made the situation more worthy to be filled by men of education. Sir James McFry and Sir William Franklin, have completed what the Duke began, and now, thanks to those gentlemen, our department is not only happily organized, and its rank sustained, but we can furnish in the field, men of

genuine professional education; not tyros of
the practice, but scientifically bred surgeons,
who can whip off your leg while you'd be
saying "Jack Robinson." — A glass of wine,
Major.

Major. With great pleasure.

Dr. Ainslie. Mrs Vice, I'll taste that wine dash, —
law — it looks well — and squeeze a
lemon on it: — but first we'll take a glass
of wine — law.

Capt Beaman. I'm not so long as the Major
in the service, by twenty years, and even in my
time the military surgeons were in general
inferior to what they are now, both in education
and respectability.

Dr. Ward. The Peninsula war required a vast
deal of surgery, and therefore, a number of
young unqualified men, of necessity were sent
out to Portugal; but since that, Sir, the very
Chatham Hospital has been established; and it

beds fair to become a school for military surgeons.

Dr. Kyle.— By the by, it would not be a bad thing to follow Buonaparte's plan of educating medical men for the army. The Parliament might vote money for worse purposes than promoting the health & comfort of the soldiers in providing a military-medical school.— This I really believe. Then, in case of necessity, we should not be forced to receive indifferently educated surgeons into the service.— Chatham would be the very place for it. We have already a splendid anatomical museum, a good library, and an extensive hospital. All wanting now, is permission to receive young men as pupils or cadets, who would be supported by Government until fit to join the army:— Something like the Artillery School at Woolwich. Then our well-qualified officers of the department, who are now receiving half pay for nothing, might have here something to do in lecturing or supervising.

President. — Hoot, mon! If ya'd apply to
parlament for sic a thing, ya'd ha'
Murther Jozey Hume as work wi' his
hammer an' tools: — he'd ay out "see muckle
for logging — see muckle for fowridge — an'
see muckle for pootries," till he'd run up
a bill for the horse that was beat the
Dorthern Bill elene out an' out.

Dr Kyle. But Sir James & Mr Hume are better
Abecedarian men, are they not? There might
be something done that way.

President. — Nae, that wad do naething; Sir James
has a long head o' his ain, an' if it was to be
done at a', he'd nae consult the calculator
about it.

Dr Adair. Very true, Mr President, but —
I'll thank you for another custard, an' just
to finish this apple-pie.

President. First we'll take a drop o' wine,
Drithon; ya'r takin' need, as there's the doctor.

Major Goldfield. I really think the plan is good; for this reason: - when ~~men~~ men expend a considerable sum on medical education, they look to a return; & the success of private practice is far more tempting than the army surgeon's; therefore professional education might be provided for them at a moderate expense, and as a security, they might be bound to remain a certain number of years in the army.

Capt. Beaman. I remember a joke which passed current at the expense of the young surgeons when I was at Lisbon: - a ship was sailed, in passing up the Tagus, to learn what she had on board, & the Master answered "horses and hospital notes, for the use of the Army."

Vice President. Very true: there were many such jokes passed off upon them; and this was owing, in a great measure, to the want of such an establishment ~~as that~~ ^{which} at Chatham. Then a set of raw Scotch or

Dutch porpoils would come up to London, & saw
their examinations, and he ordered forthwith
to Portugal. Unacquainted with military
etiquette and the usages of officers, it is not to
be wondered that they were in general laughed
at. I myself have seen one of the medical
juniors - then a dispenser of medicines, but
now an apothecary to the Forces - dressed in
a brown ill-made surlout coat, blue
breeches ending at the calf of the leg, pepper &
salt colored worsted stockings, and shoes; the
whole surmounted by a cocked hat, and straight
black feather: in one hand he carried his
sword, and in the other an umbrella!

(A laugh from all the men,
particularly commencing from Dr. Adiposa.)
President. It is very different now; look
at us a' here from top to bottom - there's no
irregularity in our appearance - no gaudy
jew-jewels about us, but neat as military to
a degree: our uniform is no blue an' red
ye see - then it was red an' black.

Here, when a young man joins us, he learns
not only his duty, but the mode of appearing
like a proper military surgeon, an' joins a
regiment ready made as it were: it was
far deeperest during the Peninsular war. I
can assure you gentlemen, the present
Army Medical Board deserve the highest
praise - an' something more substantial
too, for the establishment o' this valuable
head-quarters, I may call it, o' the Medical
Department; an' in' yin leave, I'll now
drink their health in a bumper; (all rise)
I'll gi' ya, gentlemen, Sir James McFryer,
an' Sir William Franklin, the regenerators o'
the Medical Department.
(drinks with three times three)

Assist. Staff Surgeon Leech. - The only thing I see
unpleasant in our ~~position~~ situation, is that
we are not promoted fast enough.
(a laugh)

Robin Adair.—

Among the mysteries of literary history may be accounted the identity of the hero of the popular song "Robin Adair". The account usually accepted is that the author of the song was Lady Catherine Keppel, daughter of the second Earl of Albemarle, who married a young Irish Army Surgeon named Robin Adair in 1758. The air is the tune of the old Irish song "Eileen Aroon" which the young Surgeon is said to have sung to his lady love. Robin Adair afterwards became Inspector General of Military Hospitals, and ^{later} ~~afterwards~~ Surgeon General. His son Sir Robert Adair, B.C.B., died in 1855.

(B.M.D. 19.1.1901)

President. There is something in that: Master Leech here, has been in the service - how long now, Leech?

Assisting Leech. - About eight years on active service abroad, and nearly eight more on half pay.

President. Ha! that's a long time. I remember when I entered the service, an assistant-surgeon seldom remained without promotion for more than three years, and some for as many months. But this can hardly be helped now, for the increased numbers. However, it would be an improvement in the Department, if the juniors were more quickly promoted; and also a greater number of grade places for the seniors to look up to.

Dr. Wiggins. Right, Mr. President, but - take care of the seniors. - I'll thank you for the note.

(a laugh)

Vice President. There are not enough of high places
certainly. The situation of Inspector of Hospitals,
is all the surgeon can fairly look up to; and
of these there are not many. Now what is that
worth? - About £500 a year. And, mind you,
is the utmost a man can look to, unless
to be the directorship of the Department; and
that is but one place of work - all this
after twenty or thirty years of troublesome
service: - Here lies the disadvantage of the
profession. If a surgeon be but commonly
attentive, and fairly qualified, he will soon
be worth more than twice seven hundred
a year in ~~practice~~ ^{civil} practice; nay, an
apothecary, who sticks up a blue bottle at
the corner of a narrow lane in London, will
soon make as good an income as the Inspector
of Hospitals.

President. True enough: there ought to be at least
half a dozen good lieutenants, at a thousand a
year, by way of rewards for ants and meritorious
medical officers; and the young ones ought to
run up a little faster. What do you think

of the sinecures given to the Irish Medical Board: — the present Surgeon-general, an' Physicist-general, an' several o' the Inspectors, enjoy their full pay an' allowances, yet were never in the Army at a. (minimum of disapprobation from all the men) So, Gentlemen, 'tis fair as death: — beg! I wish the Duke may just take 'it into his head to examine it.

Dr. Adyerson. Ah — law — that's the man for cutting up the Doctors — law — I'll take the olive and that orange, Mr. Ward — law — thank you.

Dr. Kyle. What our worthy President says is just. Those situations in Ireland were given to rich civil practitioners — I believe by one of the Viceroy's: now, really, if a Viceroy choose to reward their medical friends with good incomes, they should not take the money out of the pockets of those officers who have been lying like gipsies on the mountains — sending every generation to watch over the lives of

our gallant soldiers; or perhaps wasting
their healths and life in the pestilential air
of tropical hospitals. There are but few
good places in the Department, and surely
they should not be given to wealthy
practitioners, who do not belong to the Army.
Gheye, Crangston, Peel — all worth
at least two or three thousand a year
each by their practice — take three of our
best places from us; yet, until their
present appointment, never had anything
to do with the Army.

Mr. Ward. — Yes, Crangston, ~~was~~ I believe,
was our hospital mate for five or six months;
and, I remember, he did duty in the camp
which was on the Carrage of Kildare.

Dr. Kyle. Very service, indeed! (a laugh.)

Dr. Gwynne. Gentlemen, I'll give you a treat —
how? I'll give you — Mr. Abernethy and the
digestive organs.

(a war of laughter follows the corpulent
gentleman's treat.)

President. Why - Adipose - what the best makes
you trust the digestive organs?

Dr. Adipose. Because they are our best friend
- how - and the particular ~~to~~ supporters of
our worthy brother Abernethy. (applause)

Major Oldfield. Gentlemen, I'm sorry my health
requires me to leave you. There was a time
when I could drink with the best of you;
but I am seventy-one years of age, and that
I hope will be my excuse for quitting to
enjoy this pleasant mess-table. Allow me,
before I go, to say that it gives me the
greatest satisfaction to see the hospital
staff thus consolidated: many attempts were
made, during the long time I served in the
army, to establish a regular mess in this
department, ^{but all} failed. I give you joy,
therefore, Gentlemen, on the attainment of
the object now: and I trust you will
not receive it as flattery when an old officer

tells you, that for forty years in the service,
he never had the honor of dining at a mess where
there was more military regularity and more
enlightened members. Permit me now, Mr-
President, to drink "Prosperity to the
dedicated officers of the Army - the soldiers'
best friends in the day of sorrow."
(Great applause.)

The Major now departed - several
members of the mess, who were on duty, also
retired to the hospital, and the remainder sat
in pleasant conversation until eleven o'clock,
when they partook of deviled turkey, specially
prepared by Dr. Adipose, and having washed
it down with a few glasses of claret, broke
up for the night.

Tara.—

According to O'Halloran, there was a great military hospital attached to the ancient palace of Tara. It was called "The house of the Lamentable Soldier."

Hart's

Army List 1851 Shows.

In Canada 25 Sappers & 28 Assistant Sappers.

Regiments at home 1 Sapper, 1 Assist. Sapper.

abroad. India 1 Sapper, 2 " —

Fort Guards — 3 Sappers-Major.

3 Battalion Sappers

7 Assist. Sappers.

Infantry 116 Sappers, 203 Assist. Sappers.

Regiments at home one Sapper & one Assist. Sapper

in Colonies one Sapper & 2 Assist. Sappers

2 West India Regt. India one Sapper & 3 Assist. Sappers.

Seven Regimental Sappers were serving who possessed the Peninsular medal, and two who had in addition the Waterloo medal. Some Sappers had over 40 years service.

Army List 1851 (contd)

Medical Department, or Surgeons not regimentally employed.
D.S. Si D. Manfrin.

Surgeon General of Hospitals	5.
Deputy — " —	12.
Staff Surgeons, 1 st Class,	36
Staff Surgeons 2 nd Class	49
Apothecaries —	3 (First Lieut. Assistant Surgeons)
Assistant Surgeons —	76
Deputy Purveyors —	3 (Promoted from Clerks)
Totals.	179 mss. 3 Rps. 3 Rps.

Ordnance Medical Dept.

<u>D.S.</u>	<u>Si D. Webb. C.B. K.M.</u>
J.G.	1.
Deputy J.G.	1.
Senior Surgeons	6
Surgeons	13
Assistant Surgeons	26.
Total	48

179
48
25
28
13
116
283
Total 612

m. ss or
 unless lost.

Retired + Half pay = 1 Principal D.S. H.
 20 D.S. H., 20 D.S. S.
 9 Assistant Surgeons & Physicians.
 58 Surgeons 1st Class 142 Surgeons
 58 Assistant Surgeons 6. Half Pay Surgeons

Total
311 mss.
 58 Apothecaries
 3 Purveyors
 9 D. Purveyors

52 mss died in 1850-51

(1895) Comparison between German & British Medical Arrangements for care of wounded in the Field.

For an Army Corps of 25,000 men	Medical Officer Per 1000 men	Total for Army Corps	Regt. Stretcher bearers per 1000 men	Total per Army Corps	Med. Officer	NCOs & men	Stretchers	Amb. Waggons	Per 1000 men
German	2	60	16	480			120		
Regimental Aid.	-	-	-	-	21	717	124	24	2400
3 Reserve Cos.	-	-	-	-	60	564	-	-	2400
12 Field Hospitals	-	-	-	-	-	-	-	-	2400
Totals	2	60	16	480	81	1281	244	24	2400
British.									
Regimental Aid.	1.4	41	16	480	18	366	168	60	600
6 Reserve Cos.	-	-	-	-	40	400	80	-	1000
10 Field Hospitals	-	-	-	-	-	-	-	-	1000
Totals	1.4	41	16	480	58	766	248	60	1600
† Includes 249 for transport duty ‡ Excludes 506 for transport duty. † Only 48 are actually in use on field remainder are in ambulance waggons.									

Germans have $\frac{1}{3}$ more m.o.s than the English.
 and double the beds in the field hospitals
 but only one half the ambulance waggons.
 English system allows for 1500 helpless wounded who
 cannot be dressed & taken from firing line.
 (Forbes.)

Origin of sashes.

Sashes are believed to have been invented for the case of wounded officers, by means of which (in case any of them were so badly wounded as to render them incapable of remaining at their posts) they might be carried off with the assistance of two men. They are now reduced to small size, and of course unfit for their original purpose. I am informed that in the U.S. Army, the ^{old} sashes worn by general officers are still large enough to form a sort of hammock in which a wounded man could be carried.

(Carter's Curiosities of War)
London 1862.

Foot regiments serving as Marines. — The 64th Regt.

served as marines in Sir John Jervis' fleet in 1797 and were present at the Battle of St. Vincent.

Dragoons first introduced in England. — By William of Orange II

being sent 2nd April, 1672 a regiment of dragoon was raised under Pierre Rupert Comte and armed with musquet & halberd or great knife.

Beds.

Until the Duke of Wellington became C. in C.
one had had to serve two soldiers. Wellington
abolished such soldiers & separated bet. Until
within recent times soldiers wives & children about
the barracks were with ^{the} German men.
There was no abolition room as late as 1846;
- as men worked at the pump.
The soldier got his breakfast and a molting dinner.
He often went until next day.

47.

Roman Army. —

The army was divided into legions.

Each legion = 10 cohorts. (each with its own standard)

Each cohort = 6 centuries

A legion therefore had 6000 men but it also had auxiliaries attached as well as 1200 horsemen. (from towns).

Auxiliary troops were in cohorts varying from 500 to 1000 men. Many cohorts consisted of mixed infantry and horse constituting a *cohors equitata*. Burg.

In Camp. — Ground was first levelled by firmness.

It was quadrangular & fortified by a ditch and rampart. 20,000 men were accommodated in a camp 700 yards square. Its streets were broad & perfectly straight, and 200 feet space was allowed between the tents and the ramparts. Roman soldiers in heavy marching order marched 20 miles in 6 hours.

48

Mortality in Colonial Stations in the Fifties.

Some idea of the risks of Service in colonial stations in the fifties may be gathered from ~~for~~ a tombstone in the Happy Valley cemetery in Hongkong. It is erected to the memory of "all those of the 5th Regt, who died between 11th June 1849 and 18 Nov. 1858." The number includes nine officers of the regiment, two of whom were surgeons ^(Powell & Campbell) and two assistant surgeons ^(Gos & Bowden). 21 Sergeants, 14 Corporals, 466 Privates, 36 women, and 107 children, making a grand total of 644. The regt. buried 182 men within 20 months of its arrival in Hongkong. An old soldier of this regt. informed ^{in 1852} me that he and two others were the only men ^{in his company} ~~who~~ who left the island with the colours of the full company which had landed there in 49. All the rest ~~were~~ ^{had either} died or been invalided.

Indian Medical Services.

49

Under the old East India Company many Surgeons were employed and paid by the Co. to take care of the Europeans & others in the various settlements. Many of these Surgeons were men of some eminence and did not little in advancing the affairs of the Company. Their pay was little - in the earlier part of the 17th Century only 36 a year - but they had the right of private practice. In 1756 the pay was 62 Rs per month for a Surgeon & double for a Surgeon and then were allowances in addition under the heads of Staff Batta, Field Batta, and Drable Batta according to the station in which the Surgeon was quartered or whether he was sent in the field or not. Thus an Assistant Surgeon's total pay varied from 124 Rs to 186 Rupees and 10⁰ 310 Rupees a month and a Surgeon 217 Rs to 310 Rupees to 496 Rs. according to the place in which they were serving. The Indian Surgeons were largely recruited from the ranks of the Surgeons of the East India Company.

Many of these old surgeons could wield the sword as well as the lancet. Thus Hobnell, who had been escaped alive from the Black Hole of Calcutta was appointed Colonel of Militia by Clive. Hobnell & five other surgeons (Fullerton, Gray, Knox, Taylor, & Ingles) took part in the defense of Calcutta at this time. Ingles was killed, Hobnell was in the Black Hole & the others made prisoners but escaped. Surgeon John Britton served under Col. Forde in 1758 in command of a party of English Europeans & Europeans. Dr. William Fullerton was present with the other officers at the attack at Masimpore, near Patna on 7.2.1760. All the other officers were killed in the fight and Fullerton took command and by his coolness & ^{advice} succeeded in getting the troops into Patna. Patna was then besieged by the Emperor Shah Alam and Fullerton again distinguished himself in its defense. It was largely owing to his efforts that a body of French troops which had entered the town were driven out. Fullerton escaped the Patna massacre in 1763 but four other surgeons died there.

Archibald Keir in 1756 served in a dual capacity as Surgeon and Lieutenant. He was a Captain in 1758.

The Medical Services of the three Presidencies were founded in 1764, by an order, dated 20/10/1763. In May 1766 we find the Bengal Service divided into two branches Military & Civil. Surgeons might then, as now, be transferred from one branch to the other. Until 1788 Surgeons were appointed by Warrant, in that year they received Commissions "agreeable to their proper ranks."

Medical Board was established in 1786. James Ellis, Physician General, was the first President of the Board.

The ranks at this time appear to have been Physician General, Chief Surgeon, (Head Surgeon), Apothecary, & Assistant Surgeon, Surgeon, and

WAR OFFICE REFORMS.

The Secretary of State for War has issued a memorandum directing the constitution of a War Office Council and a permanent Executive Committee of the War Office, and directing that the Director-General, Army Medical Department, shall be a member of the Army Board. This last reform has been long desired and advocated by the Medical Service. The Director-General will in future be a member of the War Office Council for medical and sanitary questions, and will thus be in the position of a member with a vote, and not merely in that of an adviser. This Council will meet once a week, and will discuss matters referred to it by the Secretary of State, who is to be its President, as well as questions brought before it by individual members. The Deputy-Director-General, Army Medical Department, or an officer selected by the Director-General, is to be a member of the Permanent Executive Committee of the War Office, which will meet twice a week under the chairmanship of the Permanent Under-Secretary, and it will be the duty of the representative of a department in which a subject is initiated, or to which a subject has been referred in its initial stages, to state briefly to the Committee the steps which his department is about to take; it will also be his duty to bring to the notice of the Committee any important development which may arise in a matter in which action has been commenced.

52
Duties of D.G.

THE HEADQUARTER STAFF OF THE ARMY
MEDICAL SERVICE.

THE letter of "I.V.R.C." in the BRITISH MEDICAL JOURNAL of February 8th (page 362) on strengthening and reorganizing the headquarter staff of the Army Medical Service, bears on a problem which should find prompt and concurrent solution with the development of any scheme of reform in the executive of that service. It is, indeed, vital to a rehabilitation of the service, and was so regarded in the recent reports of the Subcommittee appointed by the Council of the British Medical Association, which declared that in "numbers" the staff of the Director-General was "hardly compatible with due efficiency." To those familiar with the varying stages in the long-drawn-out evolution of the Army Medical Service during the past half-century, it would seem that the Committee had no need to qualify its opinion, but could boldly have asserted that the present staff was not sufficiently numerous to carry out the work with true efficiency. In pre-Crimean days the staff of the Director-General was little else than that official himself and a few civilian clerks; but there was then a second Director-General of the "Ordnance." But, when the great peace came to an end in 1854, headquarter army medical administration was found utterly unequal to the strain of war, and the result was disastrous to the health and efficiency of the army. The headquarter staff was entirely remodelled by Sidney Herbert's Commission in 1858, with a vastly increased establishment, which worked well for a quarter of a century. Then, under complacent Director-Generals, came a whittling down; so that now, notwithstanding a great increase in the strength of the army, much improvement in equipment and organization, and vast strides in sanitary science and preventive medicine, the staff is very considerably weaker than it was forty years ago. It is surely unnecessary to emphasize such a situation. What should be done? To revert to the staff of 1858, good as it was, would not meet the requirements of the altered circumstances of the present day; and, therefore, a strengthening and rearrangement of it on existing lines would seem the most practicable course.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

HONOURS AND PROMOTIONS.

THE *Gazette*, dated April 19th, 1901, announces that the King has been graciously pleased to give orders for the following promotions in, and appointments to, the Most Honourable Order of the Bath, and the Most Distinguished Order of St. Michael and St. George; for the following appointments to the Distinguished Service Order; and for the following promotions in the Army; in recognition of the services of the undermentioned officers during the operations in South Africa.

The rewards given below are for services in South Africa up

to 1899. He was appointed Surgeon-General in 1899. He had previously served in the Afghan war in 1878-80 (Medal), and in the Sudan Expedition under Sir Gerald Graham in 1884, as Principal Medical Officer of the Infantry Brigade; he was present in the engagements at El Teb and Temai (mentioned in despatches, promoted Surgeon-Major with relative rank of Lieutenant-Colonel, medal with two clasps and Khedive's star).

Colonel Thomas Joseph Galloway, M.D., C.B., Sir Thomas Galloway, who entered the service in 1874, was promoted Colonel in 1898, and was appointed P.M.O. of the second division (Natal) at the beginning of the war. He had the leading part in the organisation of the ambulance service for the force serving in Natal, and the excellence of his arrangements was shown by the way in which the organisation stood the test of that arduous operation for the relief of Ladysmith, and in particular the return march after Spion Kop. He had previously seen much war service in the Afghan war in 1879 (present at the attack and capture of Ali Musjid, medal with clasp), and in the Egyptian war of 1882 (Tel-el-Kebir, medal with clasp and Khedive's star). He served with the Nile expedition, 1884-85, and took part in the operations of the Desert column on its return to Korti (mentioned in despatches, promoted Surgeon-Major, clasp). He was P.M.O. with the Dongola expeditionary force under Sir Herbert Kitchener in 1896, including the engagement at Firket and the operations at Hafir (mentioned in despatches, C.B., British medal, and Khedive's medal with two clasps), and in the operations in 1897-98 as P.M.O. Egyptian army, and was present at the battles of the Abbara (mentioned in despatches) and Khartoum (mentioned in despatches, promoted to be Colonel, two clasps to Khedive's medal).

To be Ordinary Members of the Military Division of the Third Class, or Companions of the Most Honourable Order of the Bath:

Colonel William Flack Stevenson, M.B., R.A.M.C., who entered the service in 1866, and was promoted Surgeon-Colonel in July, 1896. At the outbreak of the war he was Professor of Military Surgery at the Army Medical School, Netley, and was appointed P.M.O. and Consulting Surgeon on the lines of communication. Subsequently he was attached to Lord Roberts's staff as P.M.O., and accompanied him on the great flank movement to Bloemfontein, and subsequently on the march to Pretoria. He is the author of the well-known work on *Wounded in War*.

Colonel (local Surgeon-General) James Francis Supple, R.A.M.C., Surgeon-General Supple, who entered the service in 1867, was at the outbreak of the war P.M.O., South Africa, and was stationed at Capetown. He had previously served in the Ashantee war of 1873-74, and was present at the attack on and defence of the hospital at Foomanah (medal), in the Afghan war of 1878-80 (medal), and with the Burmese expedition in 1886-87 as Senior Medical Officer 6th Brigade (mentioned in despatches, medal with clasp).

Lieutenant-Colonel (local Colonel) William Donovan, R.A.M.C., Colonel Donovan, who entered the service in 1872, was at the beginning of the war appointed P.M.O. of the Cavalry Division. He had previously served in South Africa in the Boer war of 1881 with the Natal Field Force as a Volunteer. He had also served in the South African war in 1879-80 with the Cabul Field Force, and afterwards with the Koorom Force, and took part with the Zaimusht expedition, and with the Chitral Relief Force under Sir Robert Low in 1895 (mentioned in despatches, medal with clasp).

Lieutenant-Colonel (local Colonel) Oswald Gillespie Wood, M.D., R.A.M.C., Colonel Wood, who entered the service in 1873, was officer in charge of No. 3 General Hospital, one of the first to be mobilised. The hospital was at first established at Rondebosch, but was afterwards transferred in part to Springfontein, and the whole to Kroonstad in May, 1900. Colonel Wood had previously served in the Egyptian war of 1882, and was present at the battle of Tel-el-Kebir (medal with clasp and Khedive's star).

Lieutenant-Colonel (local Colonel) Alfred Keogh, M.D., R.A.M.C., who entered the service in 1880, was at the beginning of the war appointed Registrar and Secretary to No. 3 General Hospital, and was subsequently P.M.O. of the hospital at Springfontein.

To be Ordinary Members of the Third Class or Companions of the Most Distinguished Order of St. Michael and St. George:

Colonel Edmund Townsend, M.D., C.B., R.A.M.C., Colonel Townsend entered the service in 1867, was appointed P.M.O. of the First Division at the outbreak of the war, and was present at the engagements at Belmont and Enslin (mentioned in despatches). He had served in the Zulu war of 1879, and in the operations against Sekukuni in 1879, and was present at the storming of the stronghold (medal with clasp). He had served in the Abyssinian campaign 1877-8, and throughout the operations in the Malay Peninsula 1875-6, and was severely wounded in the action of February 4th (medal with clasp), and in the Egyptian war of 1882 (medal with clasp and the Khedive's star), the Burmese expedition in 1885-6 (medal with clasp), the Ashanti expedition in 1895-6 (mentioned in despatches, star), in the campaign on the North-West Frontier of India under Sir William Lockhart in 1897-8 with the Mohmund Field Force,

MEDICAL SERVICES.

THE BRITISH MEDICAL JOURNAL 1057

and afterwards as P.M.O. First Division Tirah Expeditionary Force (mentioned in despatches, C.B., and medal with two clasps).

Surgeon-Lieutenant-Colonel Henry Frank Hensman, 1st Life Guards, was appointed in November, 1899, Chief Medical Officer of the American hospital ship *Mathe*. He had previously served in the Unbeya campaign on the North-West Frontier of India in 1863 with the Durbund Field Force.

Lieutenant-Colonel (now local Colonel) Arthur Thomas Sloggett, He entered the service in 1887. He was appointed Military Medical Officer of the Imperial Yeomanry Hospital when it was organised at the end of 1899. He had previously served with the Dongola Expeditionary Force in 1896 as Senior Medical Officer with the British troops. For his services he was promoted and received the 4th class of the Osmanieh and Khedive's star with two clasps. He served also in the Sudan campaign in 1898 as Senior Medical Officer 1st Brigade British Division, and was present at the battle of Khartoum, where he was dangerously wounded. For his services in this expedition he was promoted and received the 3rd class of the Osmanieh and clasp.

Lieutenant-Colonel (local Colonel) John Francis Williamson, M.B., C. He entered the service in 1877. He went out to South Africa as of No. 5A General Hospital. He had served previously in the War in 1879-1880, and accompanied Sir Frederick Roberts in the Candahar (mentioned in despatches, medal with three clasps, and bronze decoration). He served in the Egyptian War in 1882 (medal with clasp and Khedive's star), in the Burmese Expedition in 1887-1888 (medal with clasp), in the campaign on the North-West Frontier of India under Sir William Lockhart in 1897-98 with the Mohmund Field Force and afterwards with the Tirah Expeditionary Force in the Peshawar Column and the 5th Brigade (medal with two clasps).

Lieutenant-Colonel (local Colonel) Percy Herbert Johnston, M.D., R.A.M.C., entered the service in 1877. At the outbreak of the war he was attached for general duty with the Natal Field Force, and was P.M.O. at Pietermaritzburg Hospital. He had previously served in the Afghan war in 1879-80, and took part with the Zaimusht expedition (medal).

Major (now Lieutenant-Colonel) Walter George Augustus Bedford, M.B., R.A.M.C., He entered the service in 1881, and at the outbreak of the war was appointed Staff Officer of the P.M.O. of the Field Force.

Major George Washington Brazier-Creagh, R.A.M.C., He entered the service in 1881. During the operations in Natal he was in charge of No. 1A ambulance train.

Major Frederick Samuel Henston, R.A.M.C., who was appointed Surgeon in 1884, was one of the Medical Officers of No. 9 Field Hospital. He had previously served with the Hazara Expedition in 1885 (medal with clasp).

Surgeon-Major (now local Lieutenant-Colonel) Charles R. Kilkelly, M.B., Grenadier Guards. On the formation of the Portland Hospital he was appointed Military Medical Officer in Charge, and was subsequently attached to the Imperial Yeomanry Hospital.

Major William Rice Edwards, M.D., I.M.S.

Major Henry Alfred Cummins, M.D., R.A.M.C. He was second in command of the 14th Brigade Field Hospital. He had previously served with the Sikkim expedition in 1889 (medal with clasp).

To be Companions of the Distinguished Service Order:

Major (now Lieutenant-Colonel) Richard William Ford, R.A.M.C. He was P.M.O. of the 18th Brigade Field Hospital.

Major (now Lieutenant-Colonel) Thomas Joseph O'Donnell, R.A.M.C.

Major R. J. L. Fayle, R.A.M.C.

Major W. W. Pike, R.A.M.C.

Captain Ernest Chester Anderson, R.A.M.C.

Captain John Hay Campbell, R.A.M.C.

Captain Percy John Probyn, R.A.M.C.

Captain Arthur Winsmore Hooper, R.A.M.C.

Lieutenant John Joseph Whitworth-Prescott, R.A.M.C.

Lieutenant Henry Edward Manning Douglas, V.C., R.A.M.C.

OFFICERS OF COLONIAL MILITARY FORCES.

To be an Ordinary Member of the Third Class or Companion of the Most Honourable Order of the Bath:

Colonel W. D. C. Williams, New South Wales Army Medical Corps.

To be an Ordinary Member of the Third Class or Companion of the Most Distinguished Order of St. Michael and St. George:

Surgeon-Lieutenant-Colonel C. B. Hartley, V.C., Cape Medical Staff Corps.

To be Companions of the Distinguished Service Order:

Captain R. E. Roth, New South Bearer Company.

Captain T. A. Greene, New South Wales Bearer Company.

Captain A. F. Serkins, New South Wales Bearer Company.

Major T. H. Finschi, New South Wales Army Medical Corps.

Surgeon-Lieutenant (temporary Captain) C. B. Keenan, Lord Strathcona's Corps.

Surgeon-Captain R. C. Perkins, Brabant's Horse.

Surgeon-Major F. A. Holmden, British South Africa Police.

Captain J. J. Brownlee, Cape Medical Bearer Corps.

Surgeon-Major W. F. F. Davies, Imperial Light Horse.

Captain G. E. Heberden, Medical Officer Kimberley Light Horse.

Surgeon-Major J. A. J. Smith, Kimberley Regiment.

Major J. Hyslop, Principal Medical Officer Natal Volunteers.

CONSULTING AND CIVILIAN SURGEONS.

To be an Ordinary Member of the Second Class or Knight Commander of the Most Honourable Order of the Bath:

Sir William MacCormac, Bart., K.C.V.O.

To be Ordinary Members of the Third Class or Companions of the Most Honourable Order of the Bath:

Sir Thomas Naghten Fitzgerald, Knt., F.R.C.S.I.

Sir William Thomson, Knt., M.D., F.R.C.S.I.

Alfred Downing Fripp, Esq., M.B., M.V.O.

George Henry Makins, Esq., F.R.C.S.

Frederick Treves, Esq., F.R.C.S.

William Watson Cheyne, Esq., F.R.C.S.

George Lenthal Cheatle, Esq., F.R.C.S.

Kendal Franks, Esq., M.D.

John Chiene, Esq., M.D.

To be Ordinary Members of the Third Class or Companions of the Most Distinguished Order of St. Michael and St. George:

Mr. A. A. Scott-Skiving, Assistant Surgeon to the Leith Hospital, was Civil Surgeon to the Imperial Yeomanry Field Hospital in South Africa.

Mr. J. P. Bush, Surgeon to the Bristol Royal Infirmary, was in charge of the Princess Christian Hospital Train.

Mr. D. Wallace, M.B., Assistant Surgeon to the Royal Infirmary, Edinburgh, was attached to the Scottish South African Hospital, and succeeded Professor Chene as Chief Surgeon.

Mr. H. E. Clarke, Surgeon to the Glasgow Royal Infirmary, was Chief Surgeon to the Scottish National Red Cross Hospital.

Mr. A. A. Bowlby, Assistant Surgeon to St. Bartholomew's Hospital, was the Chief Surgeon to the Portland Hospital.

Dr. H. H. Tooth, Assistant Physician to St. Bartholomew's Hospital, was Physician to the Portland Hospital.

Dr. J. W. Washbourn, Physician to Guy's Hospital, has been until recently Physician to the Imperial Yeomanry Hospital at Pretoria.

PROMOTIONS.

Royal Army Medical Corps.

The following promotions are made, also dated November 20th, 1900:

To be Colonels: Lieutenant-Colonel (local Colonel) W. B. Allin; Lieutenant-Colonel (local Colonel) W. L. Gubbins, M.B.

To be Lieutenant-Colonel, under Article 36 of the Royal Warrant: Lieutenant-Colonel (local Colonel) A. Keogh, M.D.

To be Lieutenant-Colonels: Major W. Rabie, M.B., V.C., C.M.G.; Major D. Bruce, M.B.; Major L. E. Anderson, M.B., V.C., C.M.G.; Major H. G. Hathaway.

To be Majors: Captain T. B. Peach; Captain C. W. R. Healey.

To be Captains: Lieutenant W. H. S. Nickerson, V.C.; Lieutenant E. T. Inkson, V.C.

MEDAL TO N.C.O. AND MEN, R.A.M.C.

The King has further been pleased to approve of the grant of the Medal for Distinguished Conduct in the Field to the undermentioned members of the R.A.M.C. in recognition of their gallant conduct during operations in South Africa: Corporals A. C. Raffe and W. L. Glasgow; Private F. A. Farrell.

Sergeant-Major F. Crookes is granted a bar to the Distinguished Conduct Medal already conferred upon him.

ADDENDUM.

After "the Portland Hospital, under Mr. A. A. Bowlby, F.R.C.S.," in the BRITISH MEDICAL JOURNAL of April 20th, p. 989, add "and Dr. H. H. Tooth."

PARKES MEMORIAL PRIZE.

The Parkes Memorial Prize, consisting of 75 guineas and a bronze medal, is awarded every third year to the writer of the best essay on a subject connected with hygiene. The competition is open to the medical officers of the Army, Navy, and Indian Services of executive rank on full pay, with the exception of the assistant professors of the Army Medical School during their term of office.

The subject for the last competition was Venereal Diseases in the British and Indian Armies; their Prevalence and Prevention. Surgeon-General McD. Cuffe, C.B., Colonel K. McLeod, and Major R. H. Firth acted as assessors, and awarded the prize to the essay bearing the motto, *Quis quid peccat in eo puniatur*. The writer of the successful essay was Captain Howell, Royal Army Medical Corps.

ROYAL NAVY MEDICAL SERVICE.

FLEET-SURGEON WILLIAM E. BRETON, has been appointed to the *President* for a three months' course of hospital study, April 18th.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL A. B. COTTELL, F.R.C.S. (Edin.), retires on retired pay, April 24th. He was appointed Surgeon, February 5th, 1881; Surgeon-Major, February 5th 1893; Lieutenant-Colonel, February 4th, 1901. He has been serving in the war in South Africa since October, 1899.

Lieutenant-Colonels H. GIER and E. NORTH are granted the local rank of Colonel in South Africa whilst in charge of General Hospitals. The former from December 12th, 1900, the latter from January 24th, 1901.

The local rank of Colonel in South Africa granted to Lieutenant-Colonel A. T. SLOGGETT whilst in charge of an Imperial Yeomanry Hospital, is antedated to February 28th, 1900.

The local rank of Lieutenant-Colonel in South Africa, granted to Surgeon-Major C. R. KILKELLY, M.B., C.M.G., Grenadier Guards, whilst in charge of an Imperial Yeomanry Hospital, is antedated to August 1st, 1900.

In the war services of the newly-promoted Lieutenant-Colonels given in the BRITISH MEDICAL JOURNAL, April 20th, the following should have been included: Lieutenant-Colonel ARCHER served in the Sudan campaign in 1898 (British medal and Khedive's medal), and in the South African war in 1899-1900.

The undermentioned officers have been discharged from hospital in South Africa to duty: Captain L. ADDAMS-WILLIAMS, Lieutenant E. W. POWELL, Quartermaster H. S. BROOK, Civil Surgeon H. R. H. FIANE, R. C. LEAMING, E. H. ROSS, J. B. DAVEY, A. V. PRATLING.

Civil Surgeon GEORGE SOWDEN is returned as being seriously ill from enteric at Beaufort, April 21st.

The following are on passage home from South Africa: Lieutenant-Colonel J. D. Day, Major W. W. Pike, Captain P. Evans; Civil Surgeons A. Pearson, C. W. Brooks, T. Stevenson, T. C. Leitch Jones, T. H. Moyles, A. T. Hayden Brown, T. A. Hawkesworth, W. A. Hubert, J. W. E. Cole, R. C. Dunn, H. C. Brawn, G. A. Wraith, C. Campbell Jenkins, W. Turner, L. E. C. Handson, E. M. Thornton, A. Elliott, A. P. Parker, J. Hall Edwards,

E. E. Richmond, A. E. Stevens, A. W. F. McFadden, M. Dodd, L. Thomas, W. Liversedge, and J. H. Willett. Returning invalided: Major G. Counts, T. B. A. Tuckey, H. J. R. Moberly, and R. E. Kelly; Quartermaster H. W. Glover.

A civil surgeon named Alexander committed suicide on the voyage home. He was ill when he went on board the vessel at Capetown, but gradually improved in health. When the vessel was near the Equator he was missed, and after a search his lifeless body was found lying with a razor by its side. An inquiry was held on board, the conclusion arrived at being that Civil Surgeon Alexander committed suicide whilst temporarily insane. The body was buried at sea.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN W. K. BULLMORE, M.D., having resigned his Volunteer appointment, ceases to belong to the Army Medical Reserve of Officers, April 24th.

INDIAN MEDICAL SERVICE.

COLONEL T. H. HENDLEY, C.I.E., Bengal Establishment, Inspector-General of Civil Hospitals, Bengal, is granted leave out of India, on private affairs, from April 2nd.

IMPERIAL YEOMANRY.

MR. ARTHUR C. OLIVER is appointed Medical Officer, with the temporary rank of Captain, April 24th.

REORGANISATION OF THE YEOMANRY.

A Royal warrant, dated April 15th, 1901, has been issued amending the regulations attached to the warrant of January 14th, 1893. The title will be in future The Imperial Yeomanry, the existing brigade organisation will be abolished, and the force in future will be organised in regiments of four squadrons, with a regimental staff and machine gun sections.

Subject to leave and exceptions laid down by the Secretary of State, officers and yeomen will be classed as efficient who are serving on October 1st in each year, and during the previous twelve months have (1) attended at annual training in camp for a period of no less than 14 complete days, exclusive of the days of marching to and from the place of encampment, (2) performed the number of drills prescribed, (3) in the case of squadron officers and yeomanry completed the prescribed course of musketry drills and practice, and passed into the second class.

For the period of each year during which their regiments are assembled for annual training officers who are actually present for the whole period of annual training shall, subject to such regulations as may be laid down by the Secretary of State, be entitled to pay and allowance at the following rates:

	Pay.	Allowance.
	£ s. d.	£ s. d.
Lieutenant-Colonel	1 1 6	0 10 0
Major, second in command	0 10 0	0 10 0
Captain	0 13 0	0 10 0
Lieutenant	0 7 8	0 10 0
Second-Lieutenant	0 6 8	0 10 0
Medical Officer	0 15 0	0 10 0
Veterinary Officer	0 13 8	0 10 0
Quartermaster	0 10 0	0 10 0

The allowance will be given for the period and under the conditions laid down, and also for one day, to cover the period of marching to and from camp. Forage allowance will be paid to the regiment, and horse allowance of £5 will be paid for every mounted officer and mounted yeoman attending annual training for the full period if not supplied with Government horses; the capitation grant will be £3.

The instructions of the Secretary of State lay down that the annual training shall take place between May 1st and September 30th, during sixteen successive days. Camps will be held only at places where ground is obtainable for the training of yeomanry in its duties in the field. An appendix to the Royal Warrant sets out that a regiment is to consist of four squadrons numbering 356 of all ranks, and that there shall be one medical officer to each regiment.

SERVICE OF MEDICAL OFFICERS IN THE INDIAN FAMINE.

THE *Pioneer* of March 22nd, 1901, contains the following extract from a minute published in the Central Provinces *Gazette*, on the service of officers during the famine of 1899-1900. The Chief Commissioner says: The Medical Department had exceedingly trying work thrown upon it, in the sanitary arrangements for camps, and in the conflict with those epidemics and other diseases which accompany famine. Colonel A. Scott Reid, I.M.S., showed great capacity, energy, and sound judgment in the administration of this department. Civil surgeons, almost without exception, won my warm admiration; and it is mainly on account of the singularly onerous character of his charge that I especially mention Lieutenant-Colonel Poynder, whose energy and faculty of organisation were invaluable in Raipur. Captain Dallas also worked his enormous charge in Chanda with unsparing devotion. Both of these officers have been invalided owing to the strain of their work. The subordinates in the department—assistant surgeons and hospital assistants—emulated these examples; and the whole service has earned a great reputation.

THE R.A.M.C. AND THE PROPOSED COMMISSION.

PROBATIONER writes: I think I can give some reasons "why the R.A.M.C. is unpopular" from the point of view of the juniors of the corps. It is largely a question of the pay offered on entering. A young medical man, who has just qualified, can get £200 a year (£4 4s. a week) all found, as a *locum tenens*; why should he take £200 in the R.A.M.C. with everything to pay out (he thinks nothing of "allowances")? The

HONOURS AND REWARDS FOR NURSE MEDICAL SERVICES.

present strength.

Now, the greatest strength of the Army Medical Department was in the early Sixties, when the numbers were close upon 1,100; since then the decrease has been steady, until the present attenuated establishment of 800 has been reached; perhaps the average strength since the Crimean war may have been about 950. The present non-effective list is about 400, including 30 apothecaries, quartermasters, and nurses; leaving the actual number of medical officers about 370.

These calculations placed before Sir Ralph Thompson.

HONOURS FOR THE TIRAH EXPEDITION.

In the *London Gazette* of May 20th the following medical officers are rewarded and a short record of their services during the war is also noted. Full particulars have already appeared in the *BRITISH MEDICAL JOURNAL*.

K.C.B.—Surgeon-Colonel George Thomson, C.B., was mentioned in despatches by General Sir William Lockhart as P.M.O. of the troops in the field, and Sir William Lockhart's "indebtedness" to him and to the other officers of the department for "the high state of efficiency" in which the department was maintained is acknowledged.

C.B.—Surgeon-Colonel Edmund Townsend, A.M.S., was P.M.O. of the 1st Division, to whom Sir William Lockhart says his "acknowledgments were due"; as also to Surgeon-Colonel George Melville Davis, D.S.O., M.S., who served on the staff of the 2nd Division; and also to Brigade-Surgeon, Lieutenant-Colonel William Egerton Saunders, I.M.S., who was on the staff of the line of communications.

Distinguished Service Order—Surgeon-Lieutenant-Colonel Charles Henry Swayne, A.M.S., who was employed in the 1st Division, Surgeon-Major Johnston Shuter, I.M.S., and Division Surgeon-Captain Thomas R. J. C. Goodwin, A.M.S.; Surgeon-Captain John Fisher, I.M.S.; Surgeon-Captain William Selby, I.M.S., regimentally employed, and Surgeon-Lieutenant James H. Hugo, I.M.S.; this officer was mentioned in Major-General Sir Bindon Blood's despatches as having "served with distinction throughout the defence of Chakdara." It was stated that Surgeon-Captain T. H. J. C. Goodwin, A.M.S., was to be recommended for the V.C. "for conspicuous gallantry at Shikhar on August 25, 1902"; also that Surgeon-Captain Selby, I.M.S. (of Battalion and Ghurkha), would "probably receive" the same decoration for displaying "great gallantry" in saving a Ghurka sepoy's life when "the enemy were almost upon him." Surgeon-Captain J. Fisher, I.M.S., is mentioned in despatches by Major-General Sir Bindon Blood for "great gallantry" during the Mamund operations in making "a most determined (though unsuccessful) attempt to take medical aid to the wounded of Captain Ryder's detachment through a hot fire."

Promotion to Surgeon-Lieutenant-Colonel—Surgeon-Major Hayward R. Whitehead, A.M.S., served in the 2nd Division.

Promotion to Surgeon-Major—Surgeon-Captain Chas. H. Burtchell, A.M.S., served in the 4th Brigade, Surgeon-Captain John J. Gerrard, A.M.S., served in the 2nd Division.

INDIAN MEDICAL SERVICE.
Promotion to Brigadier-Surgeon-Lieutenant-Colonel—Surgeon-Lieutenant-Colonel Henry Hamilton, served on the line of communications.

Promotion to Surgeon-Lieutenant-Colonel—Surgeon-Major Thomas Traeger, served regimentally in the 4th Brigade.

To all the above-named officers, Sir William Lockhart's "acknowledgments are due."

TOTAL STRENGTH OF THE OFFICERS, ARMY MEDICAL SERVICE.

SERVICE.									
A CORRESPONDENT gives the strength of the service during the past fifteen years as under:									
March 1st, 1887	...	...	...	974	March 1st, 1895	...	...	...	837
"	1888	...	...	958	"	1896	...	...	847
"	1889	...	...	937	"	1897	...	...	845
"	1890	...	...	918	"	1898	...	...	830
"	1891	...	...	848	"	1899	...	...	835
"	1892	...	...	837	"	1900	...	...	867
"	1893	...	...	859	"	1901	...	...	901
"	1894	...	...	874					
				* Minimum					

1902

LORD KITCHENER'S FINAL DISPATCH.
Gazette of July 20th contains Lord Kitchener's final dispatch dated 24th June 23rd. In it he says that Surgeon-General Sir W. D. ... K.C.M.G. had given him satisfaction as regards his supervision of his own department, as well as the advice he had given on sanitary matters.
 Lord Kitchener also brings under notice the names of the following officers:
Royal Army Medical Corps.—Surgeon-General W. H. McNamara, M.D., C.B., C.M.G., Lieutenant-Colonel H. H. Johnston, M.D., Lieutenant-Colonel H. J. R. Moberley, Lieutenant-Colonel F. W. Trevor, M.B., Lieutenant-Colonel S. H. Carter, M.B., Lieutenant-Colonel G. E. Twiss, Lieutenant-Colonel O. Todd, M.B., Lieutenant-Colonel G. T. Oggion, Lieutenant-Colonel R. Jennings, M.D., Lieutenant-Colonel J. M. Irwin, M.B., Lieutenant-Colonel G. W. Brazier-Creagh, C.M.G., Major S. Hickson, M.B., Major C. Birt, Major M. F. C. Holt, Major M. W. Russell, Major G. H. Burchard, M.B., Major F. W. C. Jones, M.B., Major J. R. Mallin, M.B., Surgeon-Major J. F. Bateson (Coldstream Guards), Major T. G. Lavis, Captain W. W. O. Beveridge, M.B., Captain A. F. Tyrell, Captain J. C. Jamieson, M.B., Captain G. St. C. Thom, M.B., Captain W. E. Hardy, Lieutenant T. C. MacKenzie, Lieutenant W. A. Woodside, Lieutenant L. W. Harrison, M.B.
Royal Army Medical Corps (Militia).—Captain A. H. Benson, No. 2 Corporal R. E. Kelly.
Australian Contingent.—Surgeon-Captain H. J. Hutchins, Queensland Contingent.
Civil Surgeons.—Civil Surgeon W. F. Tyndale, Civil Surgeon E. Langley-Hunt, Civil Surgeon J. Prestice, Civil Surgeon K. Wilboud, Civil Surgeon F. Stabileford, Civil Surgeon C. B. Howse, Civil Surgeon A. W. May, Civil Surgeon F. W. James, Civil Surgeon H. J. Crossley, Surgeon-Captain T. Moir, I.V.

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than nineteen of them having King or Queen. William He appears to have been appointed 1461, during the first year of Thomas Vicary, born betw we see in the first kneeling in Holbein's picture, was office in 1530. He was se Edward VI, Mary, and Eliz pany on four occasions. Ric was appointed serjeant surge to Queen Elizabeth in 1552 profession, and that surgeon Gale, surgeon to Elizabeth, the Barber Surgeons. He VIII, and was present with of St. Quentin in 1557. He Paré, who was also present a himself in repairing the dam William Clowes the elder, Elizabeth, and served again He was a wardon of this Com tholomew's Hospital. He s years both in the army and t are written in vigorous Eng treatises of the Elizabethan and this got him into trouble in the annals of the company words between George Baker are told, in a "fight in the fe serjeant surgeon to Queen El Company in 1597.
 William Clowes the young pany and became serjeant su sion in 1625. He was not qu In 1625 we find a long letter the Company, and declining t Yeomanry, since he "must t master, but expect from the any serjeant surgeon heretof Halle, Banester, and Reid surgeons, and Woodall and V the Stuart period and the C who had seen much service t high places in their profesio be told now, but much of inte helped in their day to raise their calling and the prestige
THE BARBERS' COMPANY AND
 Your records abound in n Sidney Young, your most ab loving care. In the archiv Barbers are admonished not not to expose blood in their w carried to the Thames.
 The Barbers rightly claim t Companies to give technical anatomical lectures and dem these lectures was compulsory in the theatre of anatomy bu depicted in one of Hogarth's matter was found in the bodie

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1902

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Gazette of July
a town, June 2
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Lord Kitchener a
officers
Royal Army Medic
C.B., C.M.G., Lie
Colonel H. J. R.
Lieutenant-Colonel
Twiss, Lieutenant
Goggin, Lieutenant
Irwin, M.B., Lieut
Hickson, M.B., Maj
Major G. H. Burd
Mallins, M.B., Surg
T. G. Lavis, Capt
Captain J. C. James
Hardy, Lieutenant
and L. W. Harrison
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Continent.
Civil Surgeons.—C
Hunt, Civil Surgeon
F. Stablesford, Civil
Surgeon, F. W. Jar
Moir, I.V.

Thos. Smith, M.D. Staffs. 1880
Victim, Pyrenees, Minnie's brother
Toulouse.
Waterloo.

MARCH 30, 1901.] THE BARBERS' COMPAN

THE COMPANY OF BARBERS AND
ROYAL COLLEGE OF SURGEONS

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782 THE BARBERS' COMPANY

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and of the Royal College of Surgeons of England.
Company of Barbers, to which on this occasion

1902

1902
Gazette of the
town, June
1902, K.C.M.G.
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ment.
Lord Kitchen
officers.
Royal Army Med
C.B., C.M.G., Lt
Colonel H. J. P.
Lieutenant-Colon
Twiss, Lieutenant
Goggin, Lieutenan
Irwin, M.B., Lie
Hickson, M.B., M
Major G. H. Bur
Mallins, M.B., Su
T. G. Lavis, Cap
Captain J. C. Jans
Hardy, Lieutenan
and L. W. Harrison
Royal Army Med
poral R. E. Kelly,
Australia Coast
Contingent.
Civil Surgeons.—
Hunt, Civil Surge
F. Stabelford, Civ
Surgeon, F. W. J.
Moir, I.V.

If undelivered please return to
BURTON'S STORES,
High Street, GRAVESEND.

Mrs Howell

OR OCCUPIER,

48 Shrubbery Rd

MARCH 30, 1901.]

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MARCH 30, 1901.]

THE BARBERS' COMPANY

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1902

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 These Officers had charge
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From 1871 to 1872
The Regt system obtained
i.e. each Regt found its
own Hosp^l & Surg^y & orderlies
The latter were ^{separately}
men unfit for the ranks
kept as a rule they made
good attendants, when
The conscription system
was introduced the Regt
system abolished the Regt
Hospital Surg^y & men were
allowed to transfer to the
A.H. Corps, which consequently
augmented it & as a result
for some time stagnated
promotion amongst the
N.C. &c. About this time
transfers from Regts of men
was abolished & men were
instructed direct for the Corps
& trained in their duties at
Aldershot & Netley etc.

(3)

did
Owing to a slight increase of pay
& eventually the whole number except
including the Apothecary (with one
exception only) accepted the Quartermaster
was sent. About this time another
change of title came the N.C. &c.
& men being named the Army Medical
Staff Corps & The Officer the Army
Medical Staff. This was done in
order to obtain their Dep^t allowance.
This must be all about the year 1886
when the Medical Officer again took
up charge of Equipment, Pay &
The Quartermaster, preparing the
accounts & under the Medical Officer
this is carried on at the present
day.

In 1878 the Medical Officer took
over the discipline of the Corps
from the Officers of the Regts.

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782 THE NORTON MEDICAL JOURNAL THE

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THE COMPANY OF BARBERS AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ADDRESS BY SIR WILLIAM MACCORMAC.

THE Honorary Freedom and Livery of the Barbers' Company were conferred upon Sir William MacCormac, Bart., K.C.V.O., Honorary Serjeant-Surgeon to the King, President of the Royal College of Surgeons of England, on March 26th, at the Barbers' Hall in Monkwell Street, E.C. Many mediæval ceremonies attended the bestowal of the honour. Not the least remarkable was the quaint charge read in the presence of the assembly, the members of the Court and the recipient standing, whilst those below the rank of an assistant in the company and the visitors remained seated. The presentation, made by the Master of the Barbers' Company, Mr. Frederick Stanley, was followed by a banquet, which was truly in the nature of a love feast, for no surgeons have dined officially in the Barbers' Hall since the disruption of the two callings in 1745. The feasts, however, were always independent of the surgeons, for as early as 1388, in the return to a writ of Richard II, the Masters of the Barbers certified that it was their practice once in a year to assemble to feast, and that they had an ordinance by which none of the brotherhood were to pay more than fourteen pence each towards the feast.

Long practice has made the feasts perfect, but as the hall seats only forty-nine persons the gathering was necessarily small. Amongst the guests were the Recorder of London, the Venerable the Archdeacon of London, Sir Thomas Smith, Bart., S.S., Sir Joseph C. Dimsdale, Sir Edward Clarke, K.C., Alderman Sir William P. Treloar, Dr. Pye-Smith, F.R.S., Mr. Bryant, Mr. Allingham, Dr. W. J. Collins, Mr. Makins, Mr. Edmund Owen, and Mr. D'Arcy Power.

The MASTER of the COMPANY proposed the usual loyal toast, and Major W. B. BROWN, J.P., proposed the Imperial Forces, coupling with the toast name of Colonel GALLWEY, C.B., R.A.M.C., P.M.O. of the Home District, who duly replied. Mr. RICHARD ROBERTS, the Middle Warden of the Barbers' Company, proposed the toast of the House of Commons, which was responded to by Alderman Sir JOSEPH DIMSDALE, M.P. The MASTER then proposed the health of the "New Freeman of the Barbers' Company."

Sir WILLIAM MACCORMAC replied as follows: "I should, Mr. Master and Wardens, first like to express to you and to this venerable Company my sincere appreciation of the distinction conferred upon me of its honorary freedom, and the pleasure it has afforded me to receive it."

THE GUILD OF BARBERS.

The Guild of Barbers is of such ancient foundation that its earliest records can no longer be traced. It may, at all events, be assigned an origin as early as the thirteenth century, and, before its final development into a trade guild, it was partly religious in character and partly social; the barbers used to assist the monks to perform operations, but, after the edict of Tours, in 1163, forbade the priests to shed blood, it is probable the barbers assumed a much larger share of surgical work, and performed all the minor operations, and in those days there were few besides. In 1462, the first year of the reign of King Edward IV, the barbers obtained a charter of incorporation, and became a City company, "the better to protect the King's lieges from going the way of all flesh through the ignorance and negligence of various unskilful barbers and other practitioners in surgery." In 1530 the Company drew up ordinances for the better government of its members, a document of much historic interest, as it is signed by Sir Thomas More, then Lord Chancellor of England.

THE FRATERNITY OF SURGEONS.

There was also from remote time a "Surgeons Guild," small in number, poor, called a "Fraternity," and chiefly consisting of military surgeons. The surgeons became merged in the Barbers Company in 1540, and remained members of a united company for two hundred years, until they finally separated in 1745, and were constituted a Company of Surgeons, a movement attended by many quarrels. From this body was evolved the present College of Surgeons, which became incorporated on March 22nd, 1800, and celebrated the cen-

tenary of its foundation last year. Our College of Physicians was founded in 1518 by Henry VIII at the instance of Thomas Linacre, physician to the King, and Cardinal Wolsey, his Chancellor.

PHYSICIANS, SURGEONS, AND BARBER SURGEONS IN FRANCE.

It is interesting to find that in France very similar conditions obtained. There were in Paris during the fourteenth, fifteenth, and sixteenth centuries three kinds of medical practitioners: a corporation of physicians, a confraternity of surgeons founded in the thirteenth century, and a company of barber surgeons, and these three bodies were engaged in almost perpetual strife for their respective privileges. It is said that about the year 1400 there were in Paris 31 physicians of the faculty, 10 master surgeons of the Fraternity of Surgeons, and about 50 barber surgeons.

The Barbers, continued separate until 1505, when they became barber surgeons, and formed a numerous and powerful body, especially a little earlier, when Ollivier le Dain was barber surgeon to Louis XI, and had the ear of the King. Ambroise Paré, who was surgeon in succession to five French monarchs—Henry II, Charles IX, Henry III, and Henri of Navarre was a barber surgeon from 1541 to 1544, and took a prominent part in their quarrels, afterwards he was admitted to the Fraternity of St. Côme, which consisted of the master surgeons closely corresponding to our company of surgeons. It is interesting to note that Paré, when he was 65 years old, dedicated in 1575 his great work on surgery to the King, and he there tells us that "he had laboured 40 years to bring his art to perfection, and striven so hard to attain his end, that the ancients have nought wherein to excel us, and posterity will not be able to surpass us." It is extraordinary that this boast of attained perfection, made more than 300 years ago, remained largely true until the latter half of the nineteenth century witnessed the transformation of surgery. This boast of perfection has been made with curious frequency by surgeons. The celebrated French surgeon, Baron Boyer, who was also at one time a barber surgeon, says in the preface to his great work on surgery in 1814, that surgery had made the greatest progress and had arrived at the highest degree of perfection of which it was susceptible. Sir John Erichsen and others have in their time said much the same thing.

In 1655, the French master surgeons petitioned to be allowed to join the Company of Barber Surgeons about one hundred years later than their English *confrères*, who became a united company in 1540, and they so continued till 1745, when they separated in the same year that witnessed the disassociation of the surgeons and barbers in England.

THE HONORARY FREEDOM OF THE BARBERS' COMPANY.

The quarrels between the barbers and surgeons are now ancient history; any ill-feeling has long since disappeared, and I think I may assume that the honorary freedom you have bestowed upon me symbolises a friendly reunion. There is no doubt that the election to day of the President of the College of Surgeons to the honorary freedom of the Barbers' Company constitutes the first official link between the two societies since their separation more than one hundred and fifty years ago; and one must go still further back, to a period antecedent to 1540, when the barbers and surgeons were still separate bodies, for the possible occurrence of a member of the old fraternity of surgeons being elected as a freeman or honorary freeman of the Guild of Barbers.

There is a record of a surgeon, one Master John de Suthwerk (John of Southwark), being given the ordinary freedom of the Guild of Barbers in 1312 in the fifth year of King Edward II's reign, a body amongst whom there were practitioners of surgery, but no honorary freedom has been conferred upon anyone since the separation in 1745, nor, indeed, since 1663.

In that year James Duke of Monmouth, a natural son of Charles II, Alexander Lord Leven, Richard Hopton, and Thomas Rosse, Esquires, received the honorary freedom, but apparently no surgeons. The only other honorary freemen were Henry Nevill Lord Burgavenny in 1584, and Thomas Lord Windsor in 1631.

SURGEONS TO THE CROWN.

Your history can point to many famous surgeons, no fewer

than nineteen of them having been serjeant surgeon to the King or Queen. William Hobbes, a member of the Company, appears to have been appointed the first serjeant surgeon in 1461, during the first year of Edward IV reign.

Thomas Vicary, born between 1490 and 1500, whose portrait we see in the first kneeling figure on the King's left hand in Holbein's picture, was granted the reversion of the office in 1530. He was serjeant surgeon to Henry VIII, Edward VI, Mary, and Elizabeth, and Master of the Company on four occasions. Richard Ferris, a very notable man, was appointed serjeant surgeon to Edward VI and afterwards to Queen Elizabeth in 1562. He tried to make surgery a profession, and that surgeons should know physic. Thomas Gale, surgeon to Elizabeth, born 1507, was twice Master of the Barber Surgeons. He served in the army of Henry VIII, and was present with Philip II of Spain at the battle of St. Quentin in 1557. He was a contemporary of Ambroise Paré, who was also present at this battle, where he occupied himself in repairing the damage done by the English soldiers.

William Clowes the elder, born 1540, was surgeon to Queen Elizabeth, and served against the Spanish Armada in 1588. He was a warden of this Company, and a surgeon to St. Bartholomew's Hospital. He saw active service during many years both in the army and the navy. His published works are written in vigorous English, and are the best surgical treatises of the Elizabethan time. He was very outspoken, and this got him into trouble, as is more than once recorded in the annals of the company. On one occasion the strife of words between George Baker and William Clowes ended, we are told, in a "fight in the fields." Baker afterwards became serjeant surgeon to Queen Elizabeth, and was Master of the Company in 1597.

William Clowes the younger was twice Master of the Company and became serjeant surgeon to Charles I on his accession in 1625. He was not quite so great a man as his father. In 1625 we find a long letter from him asserting his rights in the Company, and declining to act as Renter Warden of the Yeomanry, since he "must not so poorly value the King his master, but expect from the Company as good a respect as any serjeant surgeon heretofore."

Halle, Banester, and Reid were well-known Elizabethan surgeons, and Woodall and Wiseman followed them during the Stuart period and the Commonwealth. All were men who had seen much service in the wars, and occupied very high places in their profession. Their biography can scarcely be told now, but much of interest is related of them, and they helped in their day to raise the dignity and importance of their calling and the prestige of the company.

THE BARBERS' COMPANY AND THE TEACHING OF ANATOMY. Your records abound in matters of interest, which Mr. Sidney Young, your most able historian, has compiled with loving care. In the archives preserved at Guildhall the Barbers are admonished not to advertise improperly, and not to expose blood in their windows, but to have it privately carried to the Thames.

The Barbers rightly claim to have been the first of the City Companies to give technical instruction in their craft by anatomical lectures and demonstrations; the attendance on these lectures was compulsory, and they were for long given in the theatre of anatomy built by Inigo Jones in 1636, and depicted in one of Hogarth's telling pictures. The subject matter was found in the bodies of persons executed at Tyburn or elsewhere, the Company having the right to claim four each year. Upon the bodies devolved the unpleasant and sometimes dangerous task of bringing the dead bodies to the hall; there was generally ample material to choose from, and when the selection had been made the body was placed in a coach and carried off. Not infrequently the hangman, who had vested interests of his own, or the relatives of the persons executed, or the mob, protested with violence, maltreated the beadles, and rescued the body.

In the annals for 1555 it may be seen that the doctor appointed for the "Anatomy" was provided with a mat to guard against cold in the feet, two fine white rods with which to touch the body, and a wax candle to look into it, also an apron and sleeves both white and clean. Nevertheless, in 1631 it is recorded that great annoyance was caused to the dresser boards and utensils in the upper kitchen by reason of

the blood, filth, and entrails of the "anatomies," and another room was built in order to preserve the kitchen to its proper use. I believe we sit at our banquet to-night around the old dissecting-room table.

Two apparently authentic instances are mentioned in the records of the resuscitation of executed criminals. One was on February 20th, 1567, "when a strange thing happened to a man hanged for felony at St. Thomas Waterings. The surgeons begged to have him for an anatomy. He was stripped, hid in a chest, thrown in a car, and so brought from Southwark over the bridge to Chirurgeons Hall near Cripplegate. The chest being opened, the weather extreme cold, he was found to be alive, and lived to the 23rd of February." The other instance was that of William Duell, a youth of 16, who was hanged at Tyburn, November 23rd, 1740, "where, having hung for some time, he was cutt down and brought to the Company's Hall for dissection. He had not been there five minutes before life appeared in him, and in less than two hours he sat up and drank some warm wine." He was conveyed back to Newgate where he recovered completely, and was afterwards transported for life.

In the sixteenth and seventeenth centuries the physicians and also the bishops challenged the privileges of the Company, but in the end without much success. The Company maintained their rights, and haled offenders before them. In 1616 an amusing account is given of the behaviour of a John Walgrave before the court. He said he had "the authority of the Archbishop of Canterbury and Bishop of London to practise, and was an antienter surgeon than any of them." He defied the Court, and made many untimely and irreverent speeches.

About 1684 the surgeons in the Company began to seek for separation. The barbers protested against the undue influence exercised by the surgeons, and the matter was referred to the law. The feud continued, until the final separation took place in 1745.

CONCLUSION.

I would say in conclusion that the Master and Wardens of this Company were good enough to lend some of their ancient and valuable plate to the College of Surgeons on the occasion of our centenary. It was a graceful act on their part, which was much appreciated by the College, and perhaps this incident may have suggested to your Master the compliment he has with so much good spirit and good taste bestowed on me to night. Old associations, like old books, old friends, and old wines are oftentimes of the best, and it was a happy thought of your Master to revive them.

Master, Wardens, and Members of this ancient Company tender to you once again my very cordial thanks and appreciation.

Dr. W. J. COLLINS proposed the toast of "The Bar," which was replied to by Sir FORREST FULFORD, LL.D., Recorder of London, and Sir EDWARD CLARKE.

Mr. SIDNEY YOUNG, F.S.A., gave the toast of "College of Surgeons of England and the Worshipful Company of Barbers root and branch, May they continue and flourish for ever!" coupling it with the name of Mr. THOMAS BRYANT, who replied.

The Venerable Archdeacon SINCLAIR replied for "The Visitors," proposed by Mr. ROBERT HOVENDEX; and Alderman Sir WILLIAM P. TRELOAR gave the toast peculiar to the Barbers' Company, and handed down from a remote antiquity, "The Good Wives, Merry Maids, and Buxom Widows of the Worshipful Company of Barbers," to which on this occasion he added "and of the Royal College of Surgeons of England."

Mr. D'ARCY POWER replied.

A selection of music was performed during the evening under the direction of Mr. James A. Brown.

LI HUNG CHANG AND HIS AMERICAN SURGEON.—According to the *New York Medical Journal* Dr. Robert Coltman, jun., formerly surgeon to Li Hung Chang and Professor in the Imperial University at Peking, passed through San Francisco recently, on his way back to China from Chicago, where he had been spending a holiday. He has a claim against the Chinese Government for £7,000. Three houses belonging to him were levelled to the ground by the Boxers, and all his property, with the exception of the clothes on his back, was looted by the rioters.

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Depot at 87, Apollo Street
IS STOCKED WITH

LADIES' GENTLEMEN'S
and CHILDREN'S
BOOTS AND SHOES.

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SOLID LEATHER.

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H. BROMLEY & C. F. EFFORD,
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DEAN LANE, HUMPHREY STREET, POST
OFFICE, BOMBAY,
AND
ARSENAL ROAD, POONA.

INDIAN CAMP FOLLOWERS IN SOUTH AFRICA.

WARM EULOGY BY AN R.A.M.C.
OFFICER.

The following is a farewell speech addressed by Major Donagan, R. A. M. C., to the Native establishment of the 18th British Field Hospital on leaving the South African Field Force :—

I parade you here to-day for the purpose of wishing you good-bye and a safe journey to India. The translation of this speech to you in your own tongue, (Tamil), I leave to Lieutenant and Senior Assistant Surgeon John Moore, especially promoted for distinguished service, as he thoroughly understands your language. I cannot tell you how much I feel in parting with you, having had you with me for over two and-a-half years. Never did I think when I found you a rabble in Bangalore that you would ever reach your present standard of efficiency. Neither did I imagine for an instant that you would be so long away from your country or be obliged to go through such bitter experiences. To all men of the 18th B. F. H. I am thankful, including our dead and those who have been invalided for diseases contracted on service. To you, the men who stand before me, men who have stuck it out through thick and thin, marching day and night after mounted troops, covering, I should say, over 4,000 miles of the weary veldt of South Africa on your feet, frequently without food, I owe a debt of gratitude which I shall never be able to repay.

I have occasionally heard disparaging remarks made of Madras Sepoys. Probably some of them are your near relatives. All I can say is that if the Madras Sepoys are men of your stamp, if they can march as you have marched, strive and work without complaint as you have done, perform their duties with a total disregard to shell and rifle fire, they should be fine soldiers when the occasion arises.

In every Brigade in which you have served, the Generals, including the late General Penn Symons, General Brocklehurst, Lord Dundonald, Sir John Dartnell, General Bullock and General Spens, have spoken of you in the highest terms. They have seen you work, starting with the battle of Talana Hill, where you did so well that the English papers were loud in your praises. Not alone have you worked for your unit, but also for outside hospitals. How frequently have you been detailed to English hospitals to carry a serious case in a doolie sometimes for a fortnight or ten days on end. I really believe that more British officers and soldiers owe their lives to you than to all the Medical Officers in South Africa. In addition to this, you have repaired roads, man handled guns where horses could not drag them, built entrenchments, not forgetting the night of the shelling at Kruger's Post, where, having got away your wounded, you returned to help at catching stampeding mules and Artillery horses, while the carpenter repaired a waggon with shrapnel bursting over his head. For this service you were specially thanked by Lord Dundonald. You have been under trying conditions, more particularly at the Town Hall in Ladysmith, where, as well as I remember, 21 shells burst within 18 yards of you; and still I have never seen you falter.

Comparisons are always odious, but when we started I should have been pleased if I had thought you would ever reach the standard of efficiency of a Bengal hospital. I think public opinion will support me in saying that you have done better work than any of them. You have at least trekked over twice the distance, and your record of killed and wounded, standing at 22, is, I think, higher than any hospital engaged in the present operations, even including English units. You have earned your silver Medals and five clasps, and when you get them I have no doubt you will be proud to wear them; and you can do so with the belief that no men in South Africa deserve them better than you.

I wish our General Spens, C.B., A.D.C., was here now to make you this speech instead of myself as I am perfectly sure he would agree with me in all I have said. I shall now conclude with a word of thanks for the way you have worked under me and the way you have behaved. Your defaulter sheets and small books are records of your excellent conduct, for, as well as I remember, I have not awarded five punishments during nearly three years. Hoping that should I ever return to India you will come to see your old Commanding Officer, I will conclude by wishing you good-bye, a safe journey, God-speed, and good luck!

CZARINA VIOLETTES. As fragrant as
the flowers and more lasting.

History of A. M. School, Netley.

from P. M. J.
9-8-1902

ARMY MEDICAL SCHOOL, NETLEY.

At the distribution of prizes by Earl Roberts on the 14th ultimo, Colonel Macleod, Secretary to the Senate, read the following report regarding the origin, history, objects, methods, and work of the school:—With the close of the present session the existence of the Army Medical School at Netley comes to an end, and, although probably the valuable clinical advantages available in the hospital will still be utilised for purposes of instruction, the full course of teaching and training hitherto pursued at Netley will henceforward be carried out elsewhere. Under these circumstances it seems fitting that a brief statement of the origin, history, and work of the school should be placed on record.

The formation of an army medical school was the result of a recommendation made by the Royal Commission, which was appointed in May, 1857, for the purpose of inquiring into the "regulations affecting the sanitary conditions of the army, the organisation of military hospitals and the treatment of the sick and wounded."

This Commission was presided over by the Right Hon. Sidney Herbert, M.P., afterwards Lord Herbert of Lea, who was, in effect, the founder of the school, and in whose memory a prize has been instituted to reward the best work done in the school each session. The report of the Commission was presented to Parliament in 1858. It was a most able and exhaustive document, and contained numerous recommendations, founded largely on evidence relating to the painful experiences of the Crimean War, tending to the amelioration of the conditions affecting the health of the soldier, the improvement of the organisation and management of hospitals, and the raising of the status and efficiency of the army medical service. Among these it was proposed "that after the first (or entrance) examination, the candidate be sent to a military general hospital there to

go through a course of instruction in military hygiene and in clinical military medicine and surgery, for which purpose the necessary professional chairs in lieu of the two now existing in Edinburgh and Dublin should be instituted at the principal general hospital in England." This recommendation was an authoritative expression of an opinion which had long been held by the medical profession, and a development of efforts which had been made for the purpose of specially instructing medical officers in the peculiarities of military life and practice. As far back as 1793 Mr. John Bell, the distinguished Edinburgh surgeon, who had been employed at Great Yarmouth to treat the sick and wounded after the naval battle of Camperdown, proposed the establishment of a great school of military surgery. Later, in 1802, the distinguished Army Surgeon, Dr. Robert Jackson, in his work on the *Medical Department of Armies*, advised the establishment of an "army medical practical school," and laid down in detail the subjects which he considered ought to be taught there.

In 1806 a Chair of Military Surgery was founded in the Edinburgh University and filled by Dr. John Thomson, who had written a book on the *British Military Hospital in Belgium after the Battle of Waterloo*. He was succeeded in 1822 by Sir George Ballingall, the author of the well-known *Outline of Military Surgery*.

In 1846 Mr. Tuinell, a retired army surgeon, began to lecture on military surgery in Dublin, and collected a museum of military appliances for the transport and treatment of the wounded, which was transferred to Netley in 1862. Both the Edinburgh and Dublin Chairs of Military Surgery were endowed by the State. It had also been the custom to attach medical officers selected for the medical service of the army to the General Hospital at Fort Pitt, Chatham, for the purpose of clinical and general training in their future duties.

On the Continent of Europe, especially in France, military medical education was in a more advanced state. As early as 1747 schools of military surgery and medicine had been established in connexion with army hospitals in large garrison towns (Metz, Strasbourg, Toulon, and Lille) and later on (in 1812) this work was concentrated in the great military medical school at Val-de-Grace in Paris. Naval medical schools had also been established at Rochefort, Toulon and Brest, in 1769, 1775, and 1778.

No time was lost in following up the recommendation of the Royal Commission. Another commission, also presided over by Mr. Sidney Herbert was appointed to organise the school. The subjects and courses of instruction were defined, professors appointed, all necessary arrangements made, and on October 2nd, 1860, the first session of the school was opened in the presence of Mr. Sidney Herbert, the Director-General of the Medical Department and others; and an introductory address, setting forth the history, objects and methods of the school, was delivered by the professor of military surgery, deputy surgeon-general of hospitals, Thomas Longmore, C.B. Mr. Sidney Herbert gave a short speech on the occasion. In addition to the three subjects—hygiene, medicine and surgery—indicated by the Royal Commission, the subject of pathology had been added and a professor appointed to teach it.

During five sessions, or two and a-half years the Army Medical School remained at Chelsea. On completion of the Netley Hospital it was transferred to this place, and a committee, presided over by Sir James Clark, who, together with Sir James Ramsay Martin and Dr. John Sutherland, had been members of the two previous Commissions, was appointed to arrange the details of the transfer. The first session at Netley commenced on April 1st, 1885. The school has now been in existence for forty-two years, and eighty-four sessions have been completed. The number of candidates for commissions in the British medical service who have passed through the school is 2,025, and for commissions in the Indian Medical Service 1,101, making a total of 3,126. In addition, during the years 1876 to inclusive, 171 officers selected for the naval medical service underwent instruction here, an additional professor belonging to that service being appointed to teach the specialities of naval hygiene. A naval medical school has now been organized in connection with the Haslar hospital, in which instruction to officers entering the naval medical service is given on the same lines as in the Army Medical School. The Netley School has also been made available for a purpose which is to be more systematically and elaborately fulfilled in the London Medical Staff College, namely the instruction of officers already in the service. Over 200 of these gentlemen have gone through the course, and many officers of both services have combined work with pleasure by attending the course during leave and furlough.

The objects which the Army Medical School was designed to accomplish, and which it has consistently sought to achieve are these.

1. To teach the principles and practice of preventive medicine. The school was the first in this country in which theoretical and practical hygiene was separately and fully taught, but with special reference to the circumstances and peculiarities of the life and environment of the soldier.

2. To emphasize the importance of maintaining physical efficiency in the army. To that end the methods of selection and elimination—the examination of recruits and invaliding—have always constituted special subjects of attention, as well as the means and methods of restoring efficiency by climatic, hygienic, and medicinal agencies.

3. To impart instruction in the organization and management of military hospitals; the housing, transport, clothing, dieting, and treatment of the sick and wounded.

4. To give theoretical and practical knowledge of weapons and wounds in warfare, and the best system of transport and treatment of the wounded in war.

5. To describe and clinically demonstrate those diseases most commonly met with in the army, their prevention and treatment. More especially, infective and epidemic diseases encountered and acquired in tropical and sub-tropical countries. The Army Medical School was the first in Great Britain to give theoretical and clinical instruction in the subject of tropical diseases, the importance of the special teaching of which has been in recent years so fully recognized.

6. To show how statistical and other records are prepared, and generally to inculcate the young surgeon in the regulations and business methods of the medical department.

7. To give some training and experience in the ways of military life, including such knowledge of drill as is likely to be useful to a medical

officer, and to impress the importance of punctuality, order, and discipline.

Apart from its educational functions Netley has constituted a centre of intellectual and scientific interest, and has also performed useful services to the army at large in many ways. It has also been a source of pleasant social association, encouraging those valuable sentiments of *camaraderie* and *esprit de corps* which possess so much influence for good in a service. It has likewise been the means of bringing the British and Indian Medical Services together, and establishing among officers of both these Services an early community of interests and bond of fellowship.

The methods by which it has been sought to carry out these various objects have been mainly practical. The school was originally called the "Practical Army Medical School," and its aim throughout has been to bring men into contact with things rather than symbols. The clinical element has been a predominant feature of the school, and young officers have been taught by precept and example to consider the soldier, sick and well, as the chief object of their attention and solicitude. Instruction in the contributory and auxiliary subjects of hygiene and pathology has also been guided by the same spirit and conducted on the same realistic system.

These objects and methods have constituted the traditions of the Army Medical School. Changes in teaching have been found necessary in order to keep pace with advancing knowledge, but the original practical character of the School has been scrupulously preserved and will no doubt constitute a fundamental principle in the Medical Staff College which is now being organized as a successor to and improvement upon the Netley School.

The School was very fortunate in the first selection of professors, a matter in which Mr. Sidney Herbert took a strong personal interest and concern.

Dr. Edmund Alexander Parkes, whose character, disposition, talent and experience rendered him peculiarly fitted for so doing, placed the course of instruction in hygiene on a sound practical basis; and though, unfortunately, his connection with the school was terminated by his lamented death in 1881, his successors have preserved, with necessary changes, the inspiration of his great ability and enthusiasm.

Netley

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His colleagues—Longmore, Maclean, and Aitken—each in his sphere, laboured with distinguished ability and conspicuous success to promote the objects of the institution, and during a long tenure of their appointments strove in unbroken harmony to realize the intentions of its founders.

Surgeon-General William Campbell Maclean, C.B., held the appointment of Clinical and Military Medicine for twenty-five years, Sir Thomas Longmore of Military Surgery for thirty-one years, and Sir William Aitken of Pathology for thirty-two years.

The professors of the School have been necessarily chiefly concerned in organizing and conducting its operations, but they have always been willingly and ably aided and encouraged by the other members of the Senate—the Director-General of the Army Medical Service, the President of the Medical Board at the India Office, and the principal medical officer at Netley. No one has taken a more keen and active interest in the welfare and working of the School than Sir Joseph Payrer, who has seldom been absent from functions of this kind since the year 1871, when he became a member of the Senate, and whom, I am permitted to say, the present members of the Senate, on the eve of their demise as a corporate body, warmly welcome on this occasion.

See also Vol History page 165

THE ROYAL ARMY MEDICAL CORPS.

The following is the text of the Royal Warrant forming the Royal Army Medical Corps, which the Secretary of State for War has courteously sent us for publication.

VICTORIA R.I.

Whereas We have deemed it expedient to alter in certain respects the conditions under which the officers employed upon the medical duties of Our Army are at present serving;

Our will and pleasure is that the officers below the rank of surgeon-major-general serving in Our Army Medical Staff shall be formed into a corps, together with the warrant officers, non-commissioned officers, and men of Our Medical Staff Corps;

It is Our further will and pleasure that the designation "Medical Staff Corps" shall be abolished, and that the corps formed as above-mentioned shall be styled "The Royal Army Medical Corps."

The following alterations will consequently be made in the ranks of the medical officers of Our Army:

Present Ranks.	New Ranks.
Surgeon-colonel.	Colonel.
Brigade - surgeon - lieutenant-colonel.	Lieutenant-colonel.
Surgeon-lieutenant-colonel.	
Surgeon-major.	Major.
Surgeon-captain.	Captain.
Surgeon-lieutenant.	Lieutenant.

The medical staff of Our Army shall in future consist of surgeon-generals (ranking as major-generals), and the title of surgeon-major-generals now serving shall be altered accordingly.

Officers of Our Royal Army Medical Corps holding appointments in Our household troops shall be borne as seconded officers on the establishment of Our Royal Army Medical Corps, and shall be dealt with as regards pay and promotion in accordance with the rules laid down in Articles 384, 385, and 387 of Our Warrant for the Pay, Appointment, Promotion, and Non-effective Pay of Our Army, dated the 26th April, 1897.

Given at Our Court at Windsor, this 23rd day of June, 1898, in the 62nd year of Our Reign.
By Her Majesty's Command,
LANSDOWNE.

Rations for Minorca and Gibraltar 61.
1782. Gazette, Sept 23/27
1712.

The Most Honorable the Lord High
Treasurer of Great Britain having receiv'd
Her Majesty's Pleasure, That a Contract shall
be made for Victualling Her Majesty's
Garrisons at Minorca, to consist of
about 4000 Men, and at Gibraltar, to
consist of about 2000 Men, according to
the Proportions underwritten for each
Man for Seven Days, viz.

6 7 Pound of Bread, or (when desired by the
Commanders in Chief) a pint of Wheat instead
of a Pound of Bread.

2 Pound and half of Beef

1 Pound of Pork

4 Pints of Pease

3 Pints of Oatmeal

6 Ounces of Butter

8 Ounces of Cheese....

Regulations to Regimental Surgeons, &c
for the
Better Management
of
The Sick
in
Regimental Hospitals.

London,

1799.

J. Jones, Printer, Chapel Street John.

By Order dated Horse Guards, September 1799
These Regs were approved for the use of Regt. Hospitals
& A.O.s of Regiments & all Regimental and Assistant
Surgeons engaged to perform strictly Orders.
(Harry Colwell, A. Surg.)

Preamble to Regs.

C.O. engaged to satisfy himself from the reports of the
visiting officer, the Regt. Surgeon, & by occasional visits
that the sick are diligently attended and humanely
treated.

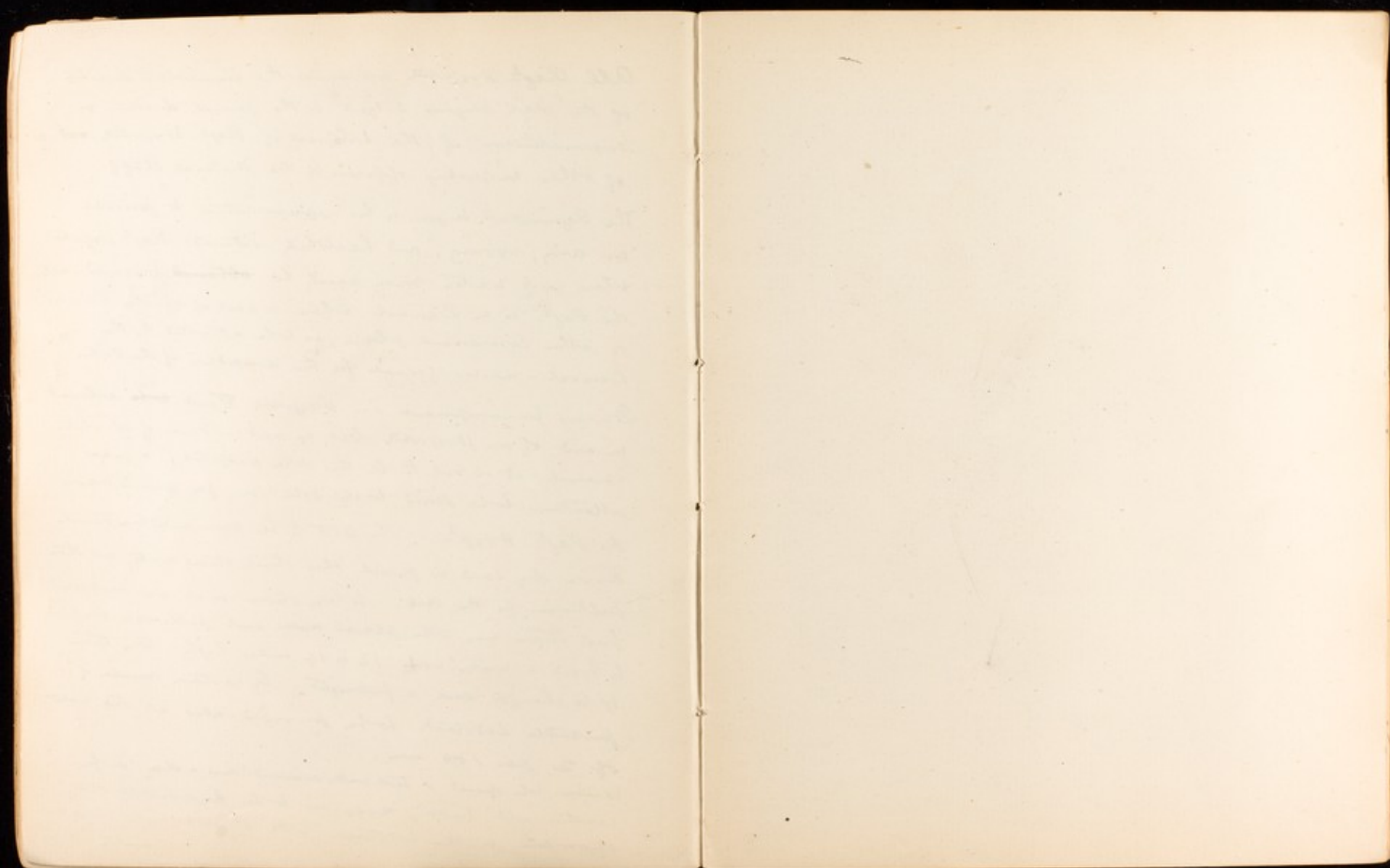
"The Journal kept by the Surgeon will be undeniable
proof of his diligence, & the best evidence of his
professional ability."

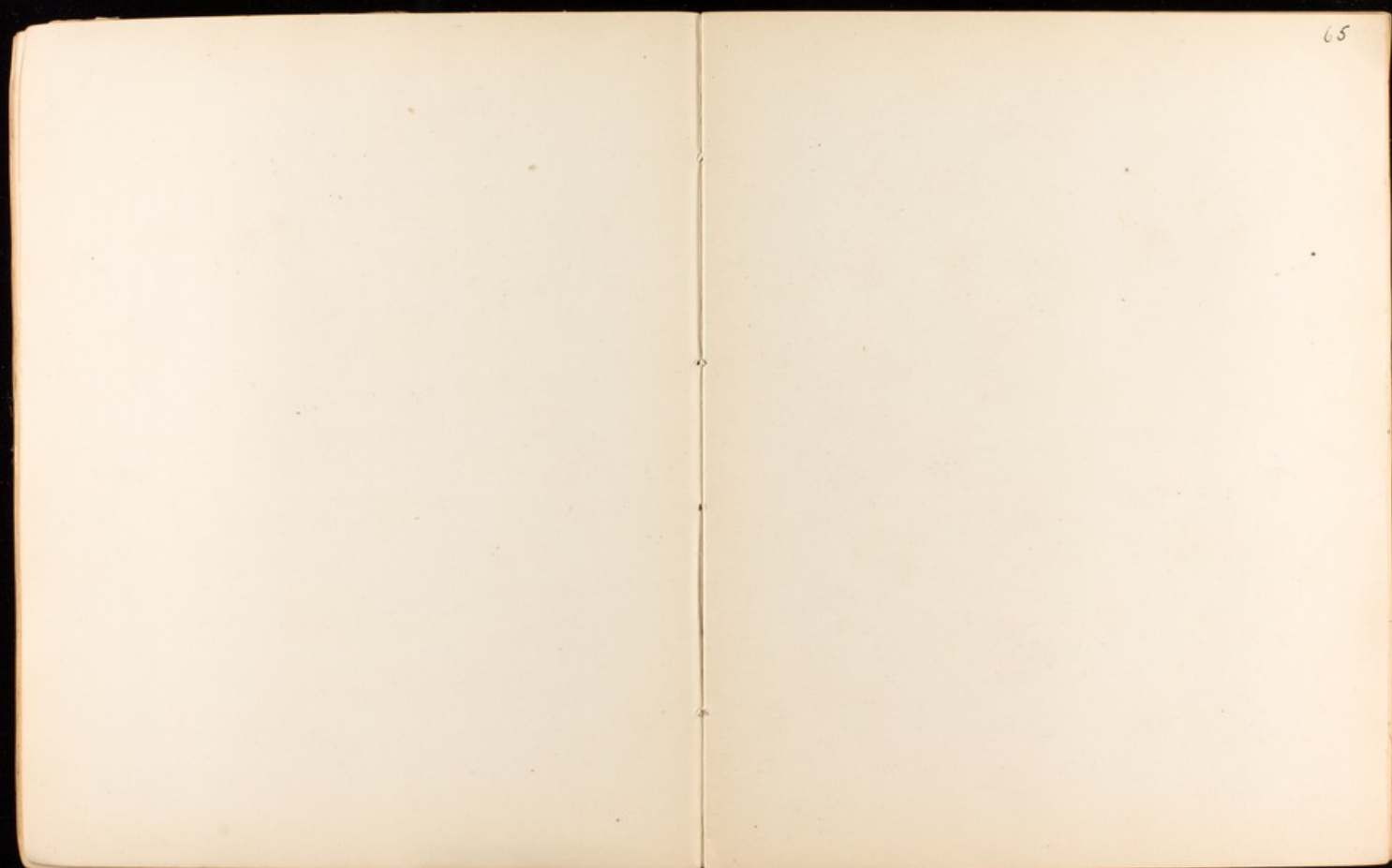
All Regt. Hospitals are under the immediate direction of the Regt. Surgeon subject to the general direction & superintendence of the Inspector of Regt. Hospitals and of other inspecting officers of the Medical Staff.

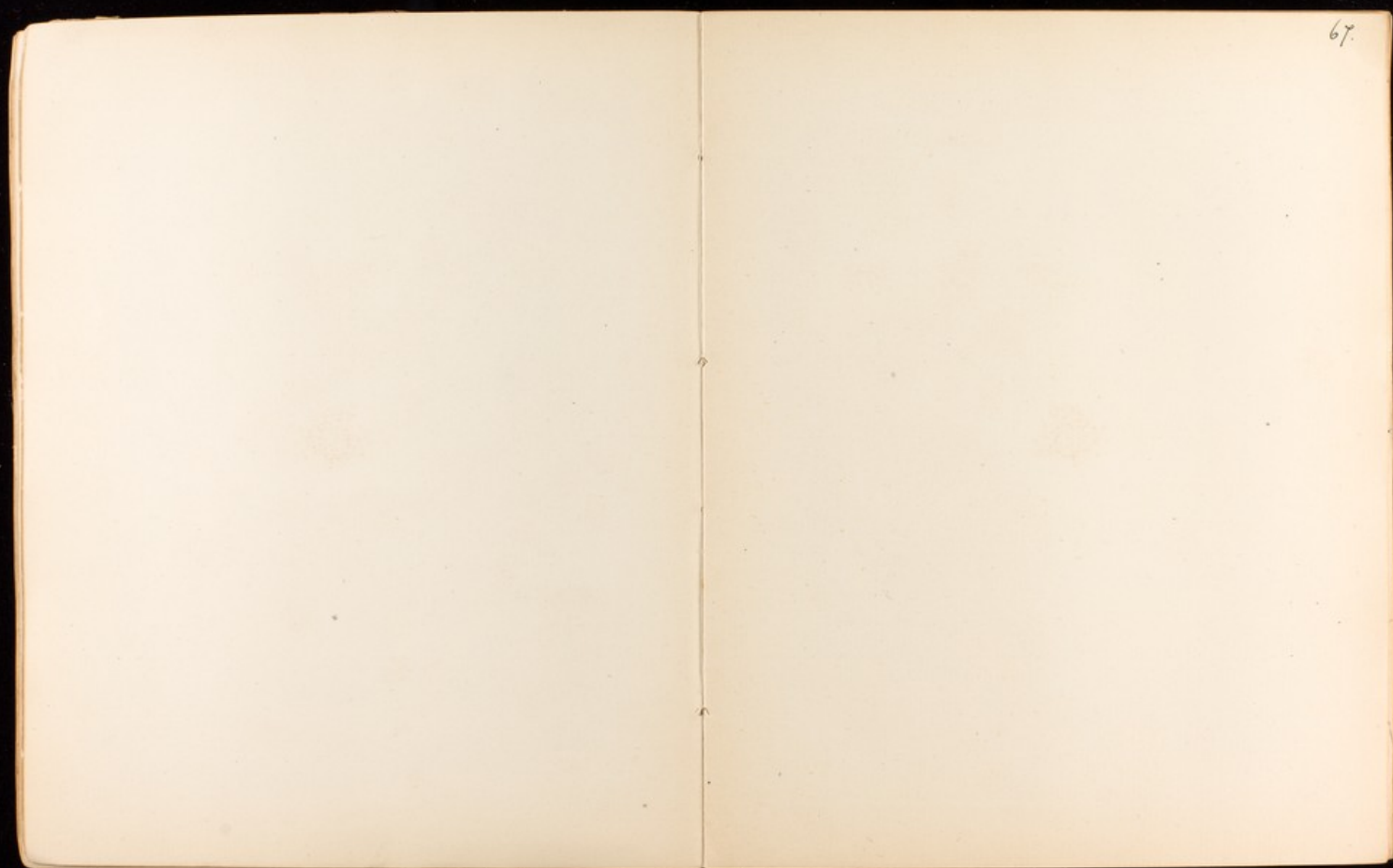
The Regimental Surgeon & his representatives to provide an airy, roomy, and healthily-situated Regt. Hospital, where good water may easily be obtained, provided, when the Regt. is in Barroto, where a part of ~~the~~ the Barracks, or other convenient place, is to be allotted by the Barrack-master-general for the reception of the sick.

During incumponment an Hospital Tent ⁶⁰ ~~to~~ allowed
in mid of an Hospital but except in cases of absolute
necessity it is not to be the sole Hospital; a great
attention be paid to its site on dry ground near
the Regt. Hoagul. The tent to be surrounded by a trench.
Inside dry sand or gravel, then straw straw mats, and then
pallissades for the sick. When straw mats were not used
fresh straw was both placed under each pallissade covered
by boards a meter wide 12 or 14 meters high. This straw
to be changed once a fortnight. A certain number of
possible bedssteads be provided also at the rate
of 2 per 100 men.

of 2 per 100 men.
He when he opened a tent valve, removed once a day. 2 fire
heather all bedding rags on both happened to the
open air & the bedstead. He scrubbed with soap &
water.







67.

From

The Military Guide for

70.

Young Officers, containing A System of the Art of War; &c.
by Thomas Simes, Esq., author of The Military Medley.
The 3rd Edition, with the addition of the Regulations of N. B. H.
the late Duke of Cumberland, &c., in Germany & Scotland.

London, J. Millan, near Whitehall 1781.

On Hospitals. — "A General ^{Officer} ~~Officer~~ should be appointed
in the nearest town, to which the sick men of every corps are to be
sent. "The hospitals require infinite care and attention. The
chief persons employed are Physicians and Surgeons, who are
men eminent for their skill in their professions, also for their
credit and humanity: because the lives of thousands depend upon
their wisdom and skill. The choice of all subordinate Officers
being from their recommendation, therefore as their reputation is at stake,
they take care to ~~select~~ choose good and careful ones. They
inspect nicely into the several drugs and medicines provided
for the use of the several hospitals: and see likewise that
they are fit for use; by which many lives are preserved.

"The chief and most useful Officer,
among these, is the Director, who has the principal management
of the house: he provides for the furniture, utensils, servants,
messes, and likewise the provisions, of all kinds, are under his
direction.

"As he directs the quantity, he likewise
takes care of the quality, that each species be wholesome and good;
that there is no pilfering in the house, and that each patient
has everything he is ordered. As all the money goes through his
hands, he is not one in many circumstances, who accepts his
office as a menial job; but as a man of credit and consideration,
who sees justice done to the sick in the strictest manner; and is attentive to some
other things &c. &c.

When a fortress capitulated we find that the capitulation usually contained the following conditions: -
"3. The besiegers shall furnish a certain number of covered waggons; that as much as are not to be secured; besides others to carry off the wounded and sick, which are in a condition to be transported; and, in general, all the ammunitions necessary.
4. That the sick and wounded, which cannot be carried off, and are obliged to be remain in the place, shall have free liberty to go away with everything that belongs to them, when they are in a condition to do it; and they shall be furnished, in the mean time, with lodgings and provisions, gratis or otherwise."

Regulations and Orders for a Regiment of Foot.

Chaplain to visit sick in barracks, quarters & infirmary.

"An Infirmary - board to meet the first Monday in every month, composed of three Captains, and examine into the state of the infirmary."

Whitestaff in barracks. a Subaltern Officer is daily to visit the regimental infirmary between 10 and 12 and make his report to the Commanding Officer of the ~~regiment~~ ^{regiment}, the number of patients and how they are attended.

The forms of returns used & signed enclosed for a copy desired. The Field return should be signed by Surgeon & Staff Officer and also give one of each in ^{regimental} ^{company} ^{hospital} ^{capt} ^{of the company}. Some particulars were given in the Army Report of the ^{capt} ^{of the company}.

The Surgeon should lay a state of the expenses of the 74. infirmary, and other matters relating to it, before the Infirmary Board, the first Monday in every month, for their inspection.

When the Regiment is ordered under arms for exercise, the Surgeon, or his Mate, is to draw a return of the sick and lame of each company, which is to be given in with the field return.

The Surgeon, or his Mate, must attend morning and evening roll-calls, at all times when the Regiment is under arms; and be present at all punishments, to judge if the delinquent's life is in danger, that no punishment may extend to life ~~and~~ limb.

A return of the sick and lame must be given every morning to the Surgeon or his mate, by the Corporal of each Company.

Return of the Sick, the of _____ Company.	
Morning	17...
Lame in { Grenades, A. B. Sergeant	1
	1
	1
Sick in { Infirmary, E. F. Surgeon	1
	1
	1
Total	
4	
To	
The Surgeon	
J. K. Corporal.	

(The Quartermaster Sergeant of each Company should keep by him a list, which will show in the Regimental form, lost any man by sickness or loss of limb.)

75
No man, returned on the sick list, must go out of his barracks a
quaker, without leave from the Surgeon or his Mate; if returned, he
is expected to conform in every respect, to the order of his regiment.

Any man promising to cut off his hair, except thought
necessary by the Surgeon or his Mate, shall be confined for disobedience.

Recruiting Instructions. 17-

The recruits are instructed not to enlist Drunken or foreign,
soldiers who had been dismissed out of the service, any man
under the stated height of 5' who has not straight limbs, broad
shoulders a good face and every way well made. Neither must
you enlist any man who cannot wear his hair, who is
thin, or has the least defect in his knees. You will
take particular care to have all your recruits carefully
examined by a Surgeon; for a man who is subject to fits,
or has any appearance of imposture, broken bones, sore legs,
scald head, ulcers, or running ones, or any part of his
body, old wounds ill cured, or any infirmity of body or
limb, will not be approved of, but will be discharged at your
loss, if discovered within 3 months after joining the regiment.

Regulations and Orders for a Regimental Infirmary, 76.

Every soldier, when taken sick, must be sent to the infirmary, a portable chair should ~~be~~ always be in readiness at the main-guard, to carry such an one ill; but, if not so, a Corporal and 2 men should assist him.

The Orderly Corporal of the company must bring the pay with the sick man; and take care that the patient has a cap and a shirt, and search him, that he may not carry into the infirmary, money, cards, dice, spirits or tobacco: nor is any clean linen to be brought, or foul fetched away, except by a Sergeant or Corporal. If the sick man's mess is sent in, his mess-mates must allow him his proportion in money, for the remainder of the week; and what is deficient must be advanced to make good his pay to the pay-day following — and — a per week is to be the infirmary allowance, till further order: Sergeants, Corporals, drummers, musicians to pay the same. A Sergeant or Corporal of the Companies, who have any men in the regimental infirmary, are ordered to carry their linen every — and —; on which last day they must also carry their subsistence, and pay it to the Sergeant attending the infirmary. If any soldier, while a patient in the infirmary, does not quietly submit to the rules of the house, and directions of the doctor, he is to be confined in the black-hole.

as soon as cured, for 24 hours; if notoriously refractory, he should be tried by a regimental Court Martial. If a patient in the infirmary should break out from thence, he shall, when recovered, be sent to the black-hole for 10 days.

A Sergeant or Corporal of a company must visit the sick in the infirmary twice every week, to know what linen they want; and he must bring nothing to any patient but bearing apparel, without the Surgeon's or his Order's permission. If any soldier should be detected in conveying provisions to the sick in the infirmary, or in aiding or assisting thereto, he shall be punished by the sentence of a Court Martial. If any Sergeant or Corporal is a patient in the infirmary, he must be aiding and assisting to the Doctor, in keeping order and decency amongst the patients, and in detecting any mean practices committed in the infirmary: for if either Sergeant or Corporal commits at any thing improper to the benefit of, or does not deliver it to the Surgeon, he will be reduced to the pay and duty of a private soldier.

The Sergeant attending the infirmary must keep an exact account of the pay of each week; see it properly expended by the nurse, according to the Doctor's directions; give receipts for coals, candles, and ~~shooting~~ shooting, and close the account every half week; that any man, who is to be discharged on . . . , may have his overplus divided when he is dismissed.

A Corporal of a company must attend every — and — afternoon, to receive the recovered men; and every man discharged the infirmary must be duty free for 30 days, or more, at the discretion of the Surgeon.

The account of money disbursed, and the Dividend for 78. each man, must be given every morning to the Surgeon, that the Commanding Officer may inspect it when he follows; and the Surgeon must give a distinct copy of that account to the Sergeant or Corporal who relieves him: which relief ^{must} be weekly.

No sick soldier can have his wife employed as one of the nurses; and if any of the nurses husbands are taken ill, such nurse must be dismissed, or her pay discontinued till the recovery of her husband; but married men of good character, who live near the infirmary, and have careful wives, if they are taken ill, may be allowed to remain in their lodgings at the discretion of the Surgeon.

When any man is taken ill with small pox, or any other pestilential disorder, he should immediately, upon the discovery of the disease, be sent to as private and remote lodgings as can be had; and all soldiers prevented from visiting him, lest the visitors catch such distempers, and communicate the infection. The sentry posted at an infirmary must suffer no one to enter, unless accompanied by a Corporal or two people attending it; he is also to prevent the sick from coming out, or leaving their wards to trouble the kitchens. The sentry may be taken off at 10 (except any thing extraordinary requires his being continued) and planted again at day break. Any of the men who have slight complaints, may attend the Surgeon at a place appointed, in the morning, when

Corporals are to give in their reports of the sick. 79.
The Surgeon ~~also~~ must make a report to the
Commanding Officer whenever any of these orders are
not complied with, that the offenders may be punished for
neglect.

Regulations of Diet for the Infirmary.

Queen's Regulations and Orders for the Army
1st July 1844.

Court Martial. para 30.

"Sentences of Corporal Punishment are to be inflicted in the presence of the Surgeon, or of the Assistant-Surgeon, in case of any other indispensable duty preventing the attendance of the Surgeon; and are not to be carried into effect a Sunday, except in cases of evident necessity."

para 31. "The infliction of Corporal Punishment a second time under one and the same sentence, is illegal. The culprit, is therefore, to be considered as having expiated his offence when he shall have undergone, at one time, or several of the Corporal Punishment to which he has been sentenced, as, in the opinion of the Medical Officer in attendance, he has been able to bear."

para 32. "The punishment of marking a Delinquent with the letter D (in terms of the 11th Clause of the Mutiny Act) is to be inflicted on the Parade in presence of the room, and under the personal superintendence of a Medical Officer. The operation is to be performed with an instrument recommended for this purpose, a pattern of which is lodged in the Office of Military Orders, and the punishment is to be inflicted in the Cavalry by the Trumpet-Major, and in the

In passing by the Drum-Major or Bugle-Major, who are to be instructed by the Regimental Medical Officer, how to apply the instrument properly but effectually, as well as the substance, whether solid or porous, with which the mark is to be coloured.

Purge Money. When troops are employed in aid of the revenue and seizures have made large money on grain: 100 shillings to a private, 100 to a Corporal, 150 to a Sergeant, 200 to a Lieutenant, 300 to a Captain, 400 to a Major, 500 to a Colonel, 600 to a General, 700 to a Lieutenant-General, 800 to a Colonel-General, and 900 to a General.

Periods of embarkation for service abroad.

In April:— North America, Cape of Good Hope & St. Helena, Mauritius and Ceylon.

In October:— West Indies, Jamaica, West Coast of Africa, Malta, Sicily, Ionian Islands.

Duties in Camp.— Whenever Detachments ^{or companies} of 200 men or upwards, a Surgeon or Assistant Surgeon is to be sent from the Corps of the Officer who commands. In particular duties, the attendance of a Surgeon, or Assistant Surgeon, may be required with smaller detachments.

"The Army Medical Officer's Manual upon active service; or, precepts for his guidance in the various situations in which he may be placed; with Observations on the Preservation of the Health of Armies upon Foreign Service." By J. G. V. Millington, M.D. Surgeon to His Majesty's Forces; Associate of the Medical Section of the Faculty of Paris and Corresponding Member of the Royal Medical Society of Bordeaux.
London 1819.

The Frontispiece shows the suggested Hospital Corps on the battle-field. In the foreground is one of the bearers carrying a stretcher pole-headed with a pole, he wears a high shako and carries a knapsack with the letters H.C. on it, above this is a traverse of a stretcher  behind his shoulder and he wears a side arm and a stretcher bag across his shoulder with a loop over the left hip. In the background two bearers are carrying a wounded man on a stretcher and there is a long car drawn by two horses with a postilion, an officer is first and two men (one on each side) to the car.

Dedicated to Sir James Dr. Glyn, M.D., F.R.S., K.T.S. D.C., &c.

Preface says he had on 18th Jan service in 1819, served in every Campaign of the Duke of Wellington, had been present in 12 general engagements and present in 14 partial actions. He says at Paris on Hospital arrangements were fully drawn by M.D. of foreign armies there but on field arrangements and material, not equally complete and effective.

Organization of the Medical Department of an expedition: -

We divide the Medical Department of an army into its personnel and its material; the former, into officers, attendants, and followers; equipment, stores and means of conveyance.

Personnel. Should be divided into two main divisions: -
 1. Stationary and field branches.

1st Class, Stationary.

General Hospital
 Intermediate Hospitals between the front and the army
 Camps of sick.

2nd Class, Field.

Offices attached to Corps in the field
 Offices belonging to transport service, or ambulance.

Division of the Personnel in active service: -

Am. Inspector General	.....	Major General	
A. Station Inspector	.....	Colonel	
Field Inspector	.....	"	
Station Deputy Inspectors	.....	} Lieut. Colonel	
Field " "	.....		
Station Surgeons & the Forces	.....	} Major	
Field " "	.....		
Ambulance " "	.....		
Station, Field and Ambulance Assistant Surgeons	.....		Captain
A. Principal Apothecary	.....		Lieut.
Station Apothecaries	.....		Surgeon

Dispensaries.
 With a Station and Field Commissariat under the immediate direction of a principal Commissary of Stores.
 Numbers should vary according to the nature of the expedition but should be calculated.

Regimental Surgeon to rank as Capt.
 " Assist. Surg. Lieut.
 Hospital Assist. Surgeon Surgeon.

That at the beginning of a campaign we should prepare to receive one tenth requiring hospital treatment and one fifth requiring subsequent removal to the rear during the campaign.

The personnel should be posted as follows.

Station Surgeon at the principal General Hospital, but to inspect all other establishments.

a Deputy Surgeon in charge of any other General Hospital.

a Staff Surgeon to each division of a General Hospital.

Assistant Surgeon — one to each 50 patients.

Intermediate or passing hospitals — each under a Staff Surgeon with 4 assistants, 2 ambulance assistants, and one Dispensary.

Field Department

Field Surgeon as Head quarter.

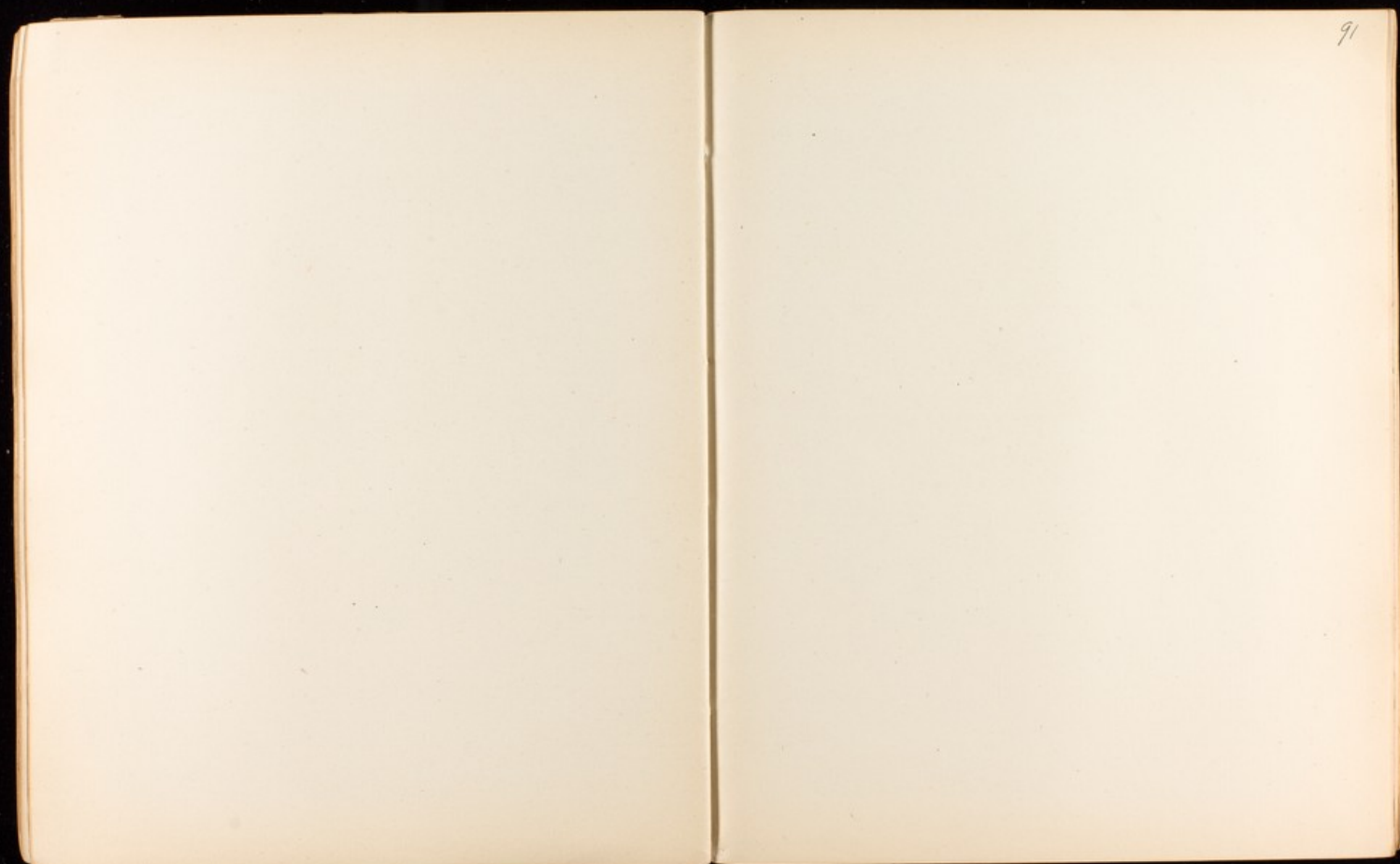
A Deputy with each Division.

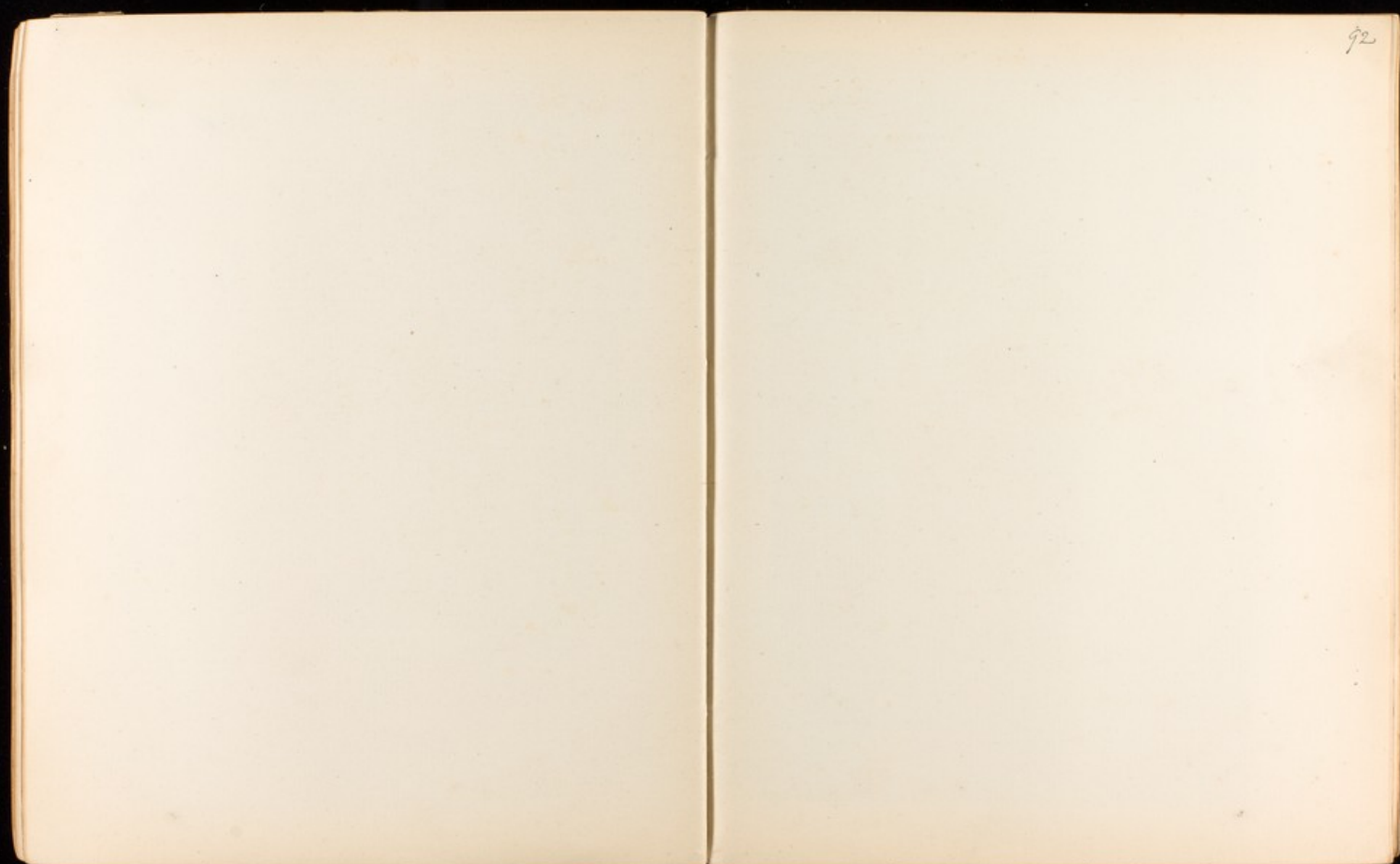
A Staff Surgeon to each Brigade.

Two Assistants with each Staff Surgeon.

A Staff Surgeon to each division of the Ambulance.

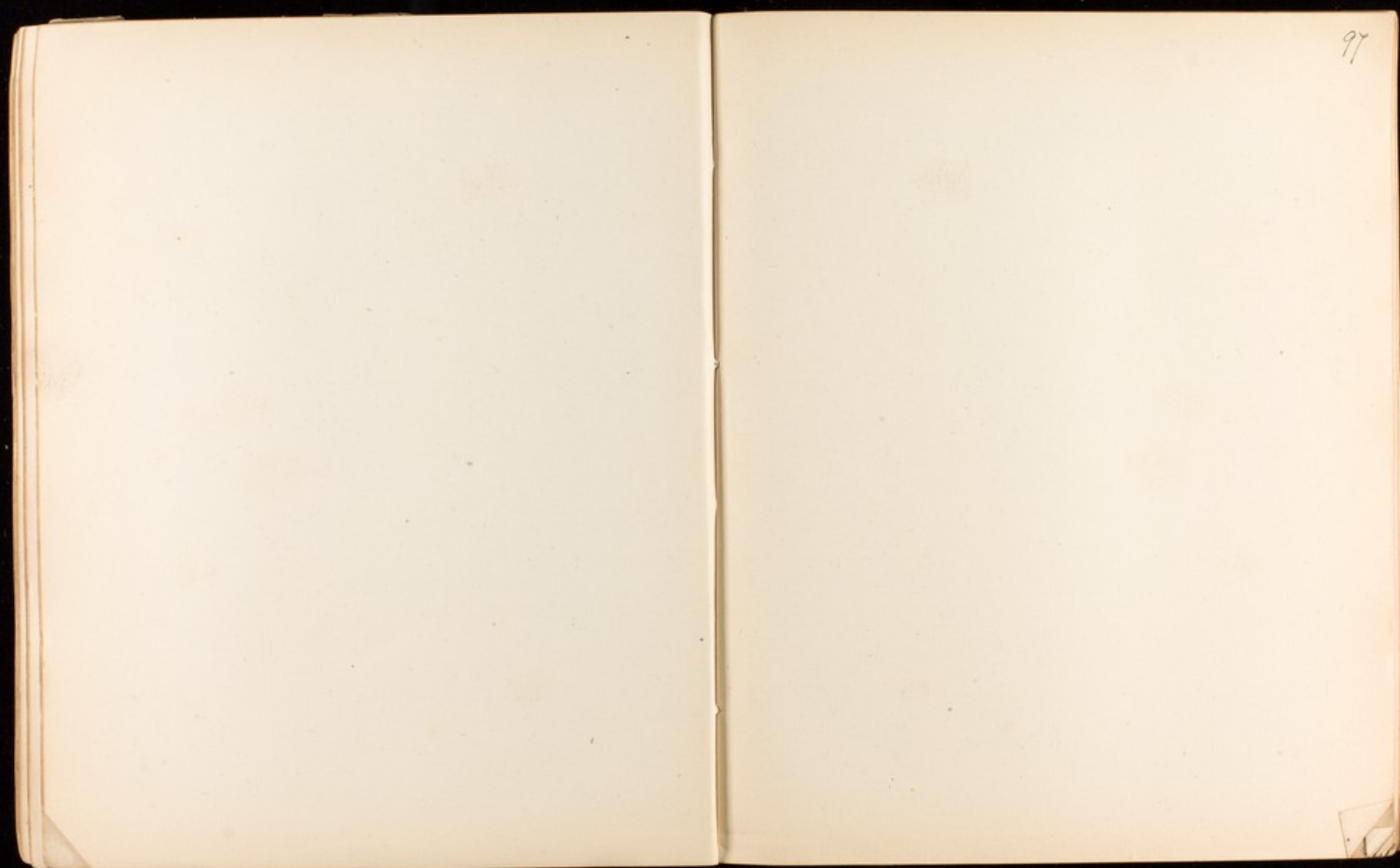
An Assistant with each Subdivision.

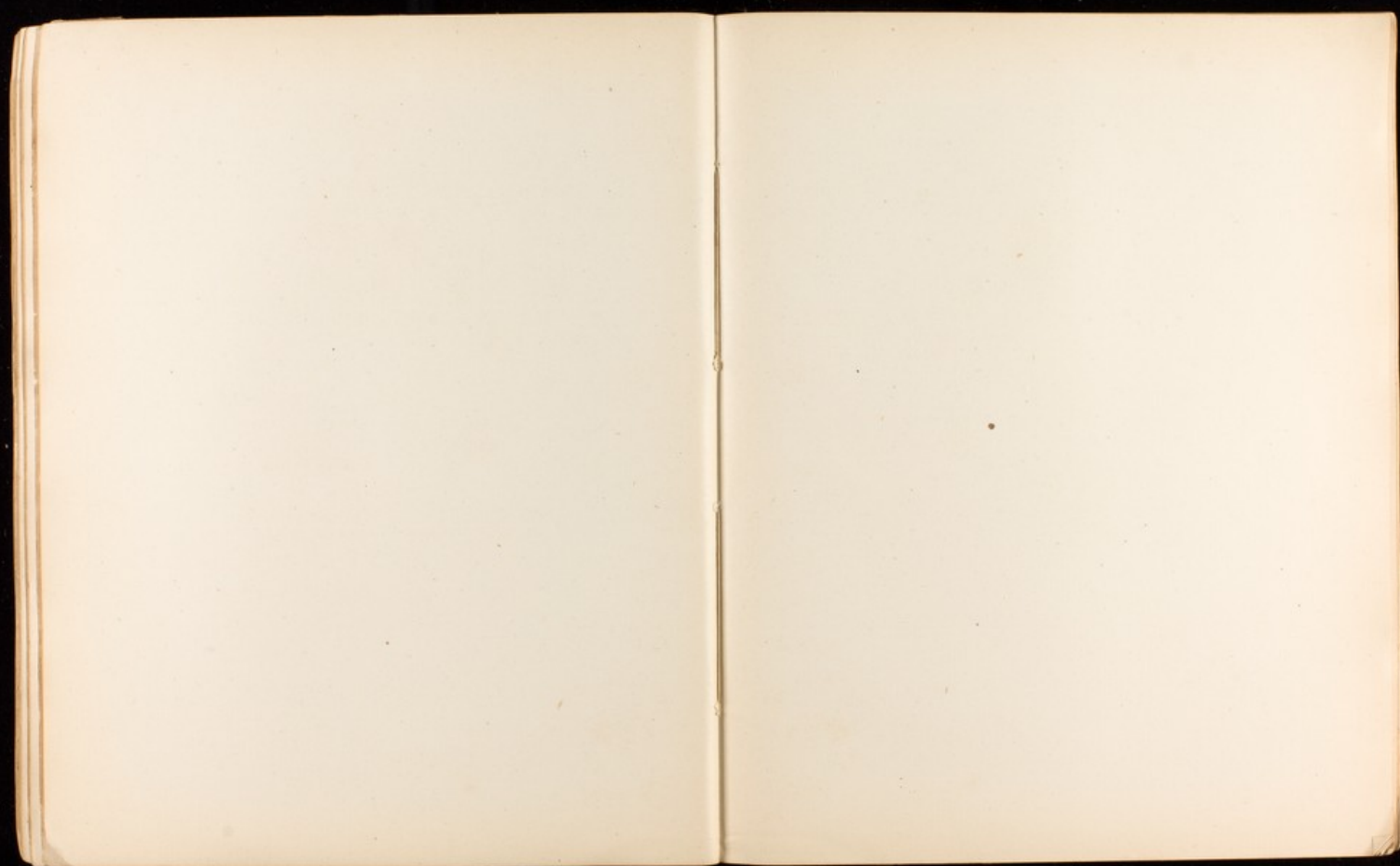




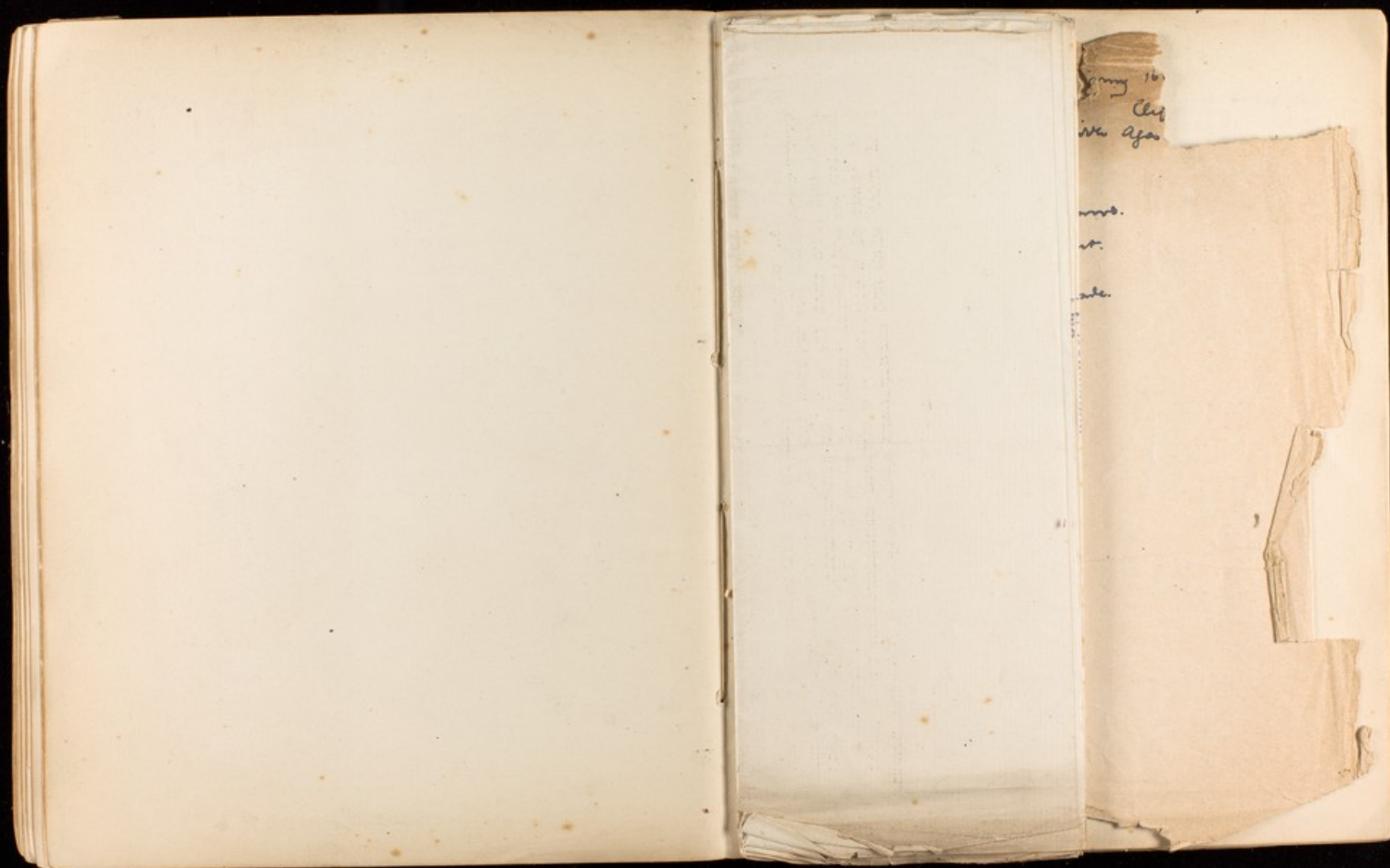








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Capt Howell
H.A.M.C.

No. **3852**

HEAD QUARTERS,
BOMBAY AND NAGPUR DISTRICTS.
MEDICAL DIVISION.

Circular No.2.

Town Hall Bombay, *22nd July 1902*

FUND FOR PERPETUATING THE MEMORY OF DISTINGUISHED OFFICERS OF THE
ARMY MEDICAL SERVICE.

Having received 366 replies to my circular memorandum on the subject of a Fund for perpetuating the memory of distinguished officers of the Army Medical Service, of which 361 were entirely in agreement with the scheme as outlined, I feel justified in considering that the officers of the Army Medical Service are in favor of the proposal, and that subsequent replies, allowing for the fact that a large proportion of officers is now on field service and may not have had opportunities of replying as yet should bear out the feelings already expressed and increase the number of promised subscribers.

Generally speaking, officers who replied did not make any proposals differing from those on the circular; but a few expressed opinions on the following points, which I will lay before the Committee, giving here a brief resume of them:-

1. A permanent fund was objected to by 2 officers, on the ground that we are not in a position to lead the fashion, no other Corps, apparently, having such a fund.-- I disagree entirely with this opinion, and consider that no Corps in the Army has a better right than our own to take the initiative on any point.

2. That the Historical Record should include non-commissioned officers and men of the Corps was proposed by 15 officers.-- I am in agreement with this proposal.

3. Subscriptions to be proportional to rank was proposed by 2 officers.

4. A consolidated annual subscription of one guinea for this and other funds, to include also a Journal, was proposed by one officer.

I fear this officer does not realise what the cost of publishing a Journal would be; I may say, however, that this subject is being dealt with otherwise.

5. Large Memorial -- One of the two objectors to the permanent Fund is *prepared* to support special large memorials.

6. A title for the memorial to be selected which will include past as well as present officers, proposed by one officer.

7. One officer's proposal is to obtain, in the case of every memorial, the written opinion of every officer.-- I may point out here that the cost of communicating in this way will involve an additional outlay of some £2 - 10s. for stamps for each issue of a circular -- a serious consideration for a small fund which with 800 subscribers would only reach £200 per annum.

8. One officer makes the following suggestion: That every officer be invited to subscribe one day's pay per annum to a general fund; that this fund be divided into four portions - one-fourth to the proposed Memorial Fund, one-fourth to a Mess Fund, one-fourth towards the Band, and one-fourth towards the Annual Dinner; and that the Committee be permitted to alter these proportions as they consider advisable. The Mess Fund to be granted to each Mess in proportion to the number of dining members borne on the strength of the station.

I consider this suggestion an extremely good one, and will lay it before the Committee; meanwhile if any officer has anything to say on this point the Committee will be glad to consider it, especially with regard to the details of working out the idea.

It may be gathered from the above that the subject is now ripe for the appointment of a Committee, and as a provisional measure I have nominated the following Committee to take the matter in hand:-

Four Retired Officers.	{ Surgn-General Sir Jas.Hanbury, K.C.B. ,, J.B.C.Reade, C.B., K.H.S. ,, W.Skey Muir, C.B. (Lieut-Colonel J.F.Beattie.
The Deputy Director-General	{ Surgn-General Keogh, C.B.)
The P.M.O. First Army Corps	{ Colonel Notter).
,, Netley	{ Surgn-Genl.Townsend, C.B., C.M.G.).
,, Home District	{ Colonel Gubbins).
The O.C., R.A.M.C., Aldershot	{ Lt-Colonel H.E.R. James).
The Professor of Hygiene	{ Major Firth);

of this Committee I will act as Chairman.

The functions of this Committee will be to prepare a Scheme for working the Fund; to initiate the working thereof; and to nominate, after consulting subscribers, a permanent Committee, the filling up of retirements from which shall be on a plan which will be automatic, thus obviating frequent reference to subscribers, and the correspondence that would entail.

All future communications on this subject will be handed over to the Committee, which will notify the methods of payment of subscriptions, etc.

W. Taylor,
Director-General.

18 Victoria Street, S.W.
June 1st, 1902.

History of the British Standing Army 161

On the Art of War in the Middle Ages

Freeman's Norman Conquest.

Frissonart.

Temple London Sir John Hawkwood.

St. Harris Nicholas' Agincourt.

Thomas Warwick

John Mackay's 6th West Brigade.

Henry's Expedition.

Henry's Battle of Adolphus.

Spang's Amphibious Expedition.

Baroness.

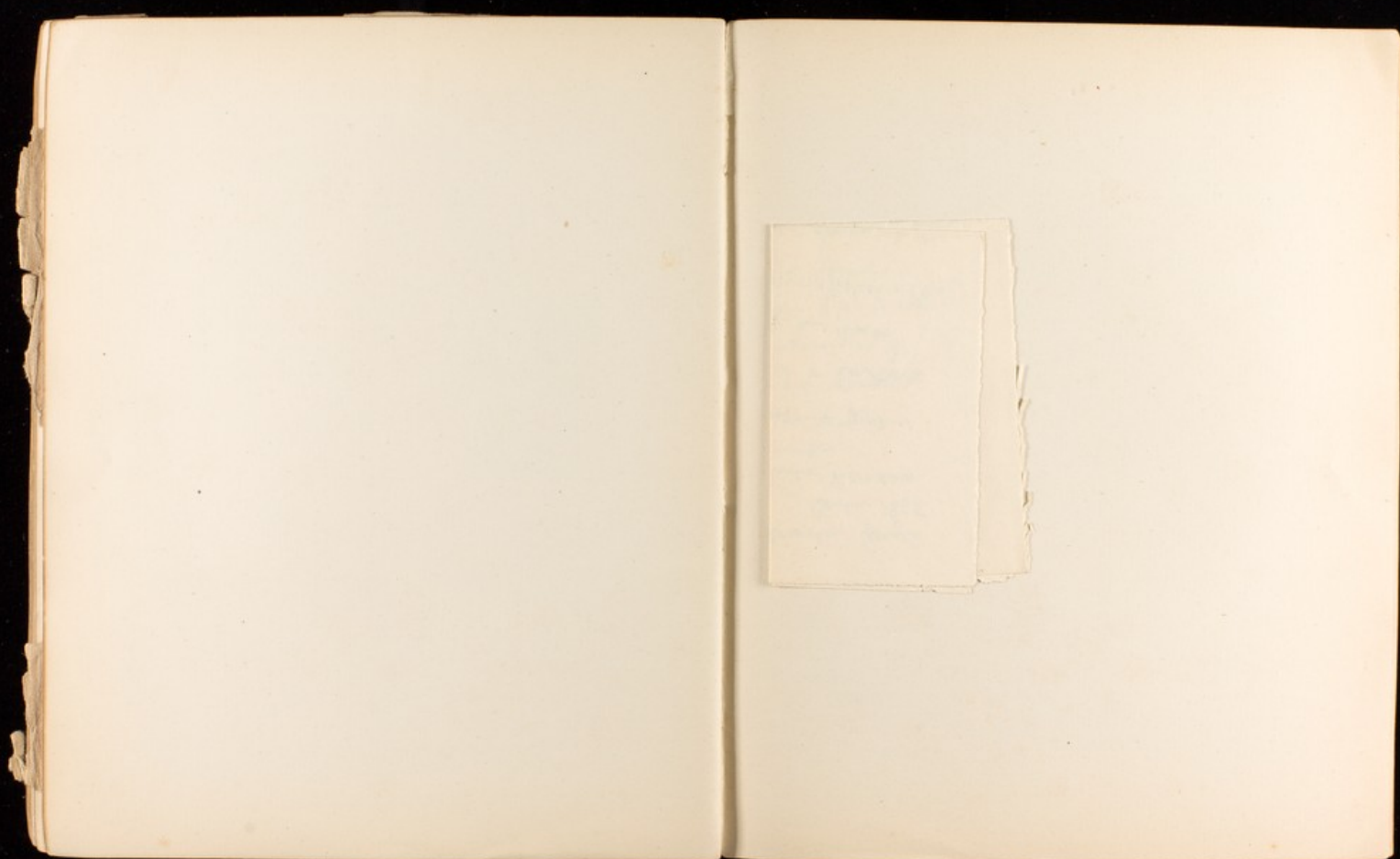
Firth.

Rochester.

Charles's Memoirs.



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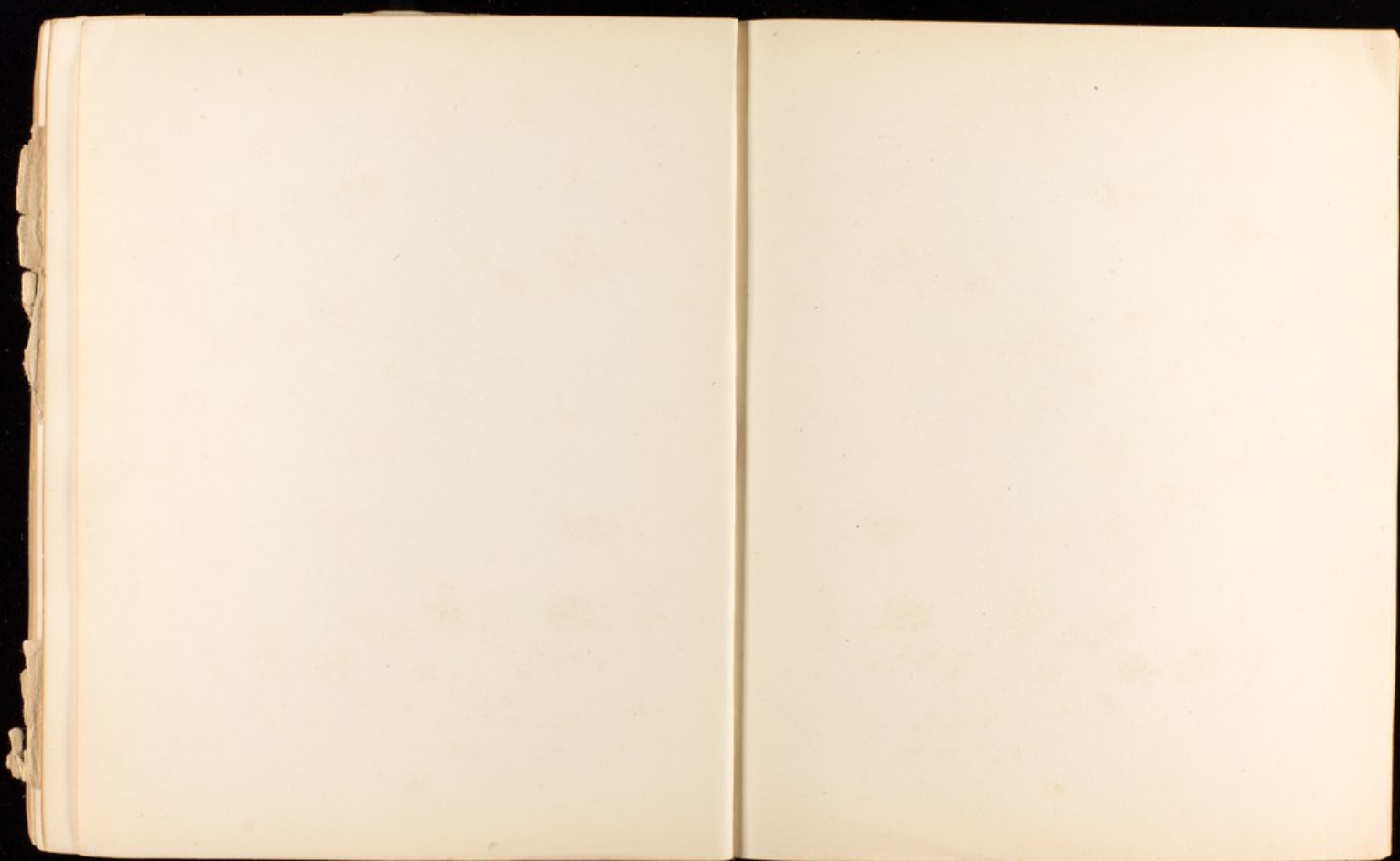


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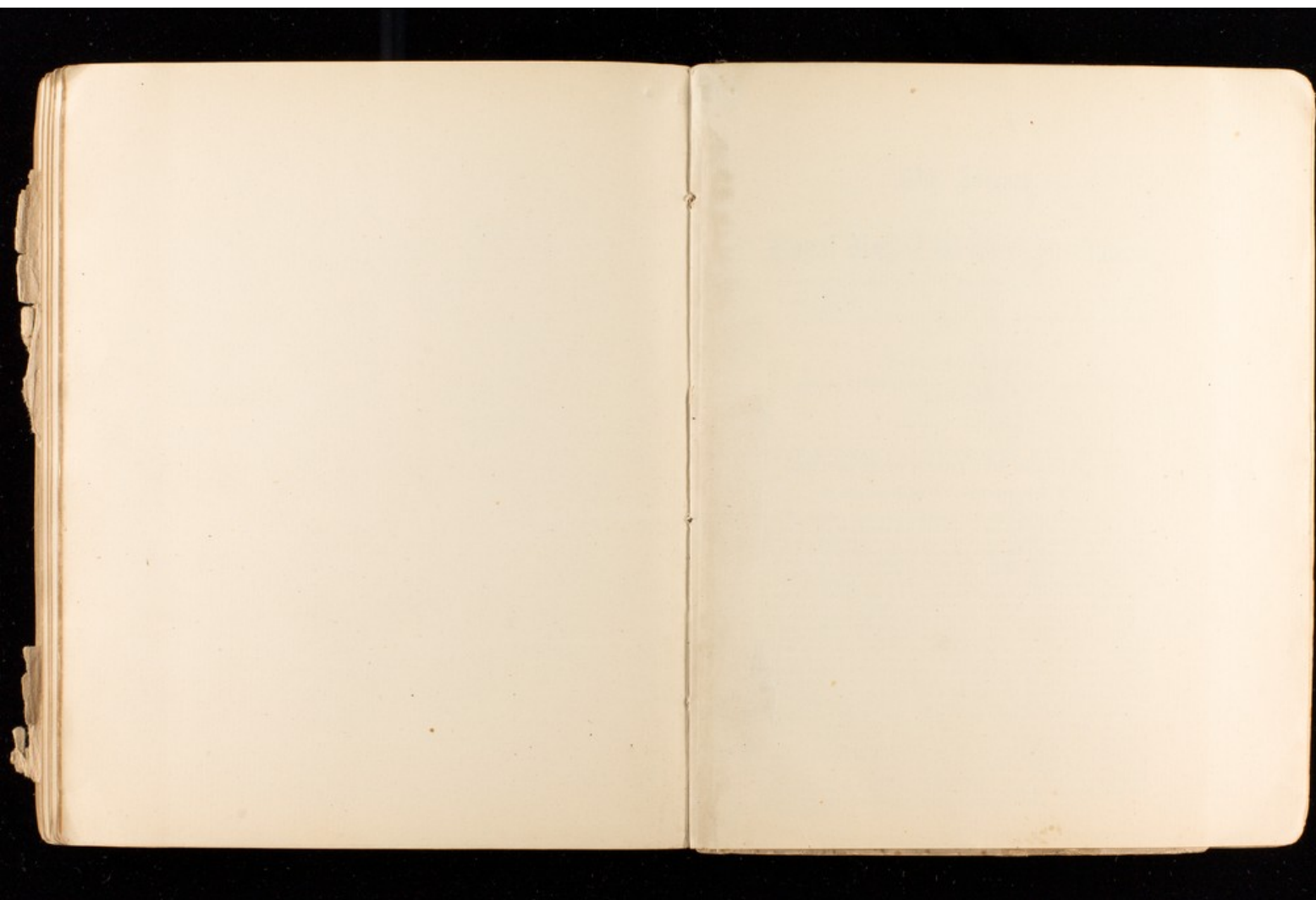
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Geschichte der jüdischen Ärzte
Berlin 1895
by Dr. Richard Kandel.

James School of Medicine first at
Chico, then moved to Cordova
from there to Springfield and then to
Salerno, Arles, Montpelier & Paris
Of James reports during 12 to
13th Centuries when James
physician of the king from Normandy
over Europe. Residence of
James of 1494 Scotland
then over Europe. They establish
medical schools in Portugal



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The Journal
OF THE
Royal United Service Institution.

VOL. XXVIII.

1884.

No. CXXIII.

Friday, January 18, 1884.

PROFESSOR LONGMORE, C.B., Army Medical School, Netley,
in the Chair.

ARMY MEDICAL ORGANIZATION IN WAR, WITH SUG-
GESTIONS AS TO MILITIA AND VOLUNTEER AID.

By Surgeon-Major G. J. H. EVATT, M.D., A.M.D.

THE CHAIRMAN: Ladies and gentlemen, before introducing Surgeon-Major Evatt, who is to give us a lecture this afternoon on some of the arrangements for supplying the needs of the sick and wounded in time of war, permit me to say one word on the circumstance of my being in the honourable position of your Chairman. I should have much preferred seeing some General Officer of large military experience, or some one whose official position has led him to discharge duties of military administration on a larger scale, occupying the chair on this occasion; for it seems to me that the fact of a medical Officer being placed in the position of Chairman may make it appear that army hospital organization and administration in the field are regarded as simply a surgeon's matter; whereas, when we consider the large scale on which field hospital establishments are organized in the present day, their costliness, the intimate way in which their working is bound up with the work of many other army departments, and when we remember the influence for good or ill on a whole force, which they exert according as they are well or ill organized and conducted, it becomes evident that the subject is by no means merely surgical one, but one that deeply concerns all ranks of the Army from the highest to the lowest. However, I have been asked to take the chair in a manner such that I do not feel I could decline to accept the post, and, trusting to your indulgence, I am here to discharge its duties. Allow me now to introduce Surgeon-Major Evatt, your lecturer, to you. He is a medical Officer of standing in the Service. He served in the Perak expedition of 1876, and subsequently during the war in Afghanistan, and has long been known both in his own branch of the Service, and in other branches, as having devoted a good deal of time and attention to the subject of military hospital organization. He has also made the subject familiar to many outside the limits of military life by his writings. He will doubtless bring before us many remarks and suggestions that have been carefully considered by himself, and that will be worthy the consideration of us his auditors.

VOL. XXVIII.

B

Dr. EVATT: I propose in this paper discussing the subject of our medical organization in war, and to make certain suggestions as to its more efficient working, and further to lay down certain proposals as to the aid we should receive from the Militia and Volunteer services of this country in order to secure war success.

I trust you will allow me at the beginning of my paper to say how important a function this Institution fulfils, inasmuch as it allows an Officer of any branch of the Service to come here and offer his suggestions as to weak points which, in his opinion, may exist in the Service; and how important, in my humble opinion, it is to encourage and not to stifle such expression of opinion, provided always the just demands of a fair discipline are satisfied.

The medical service is in this respect of free expression of opinion more handicapped certainly than the artillery or engineer corps, for these latter arms of the Service have their own corps journals, where an Officer of any rank, senior or junior, may open up, under his own name, the most vital or radical discussions as to his corps organization. We as yet have no such journal, and hence the Officer who feels any changes desirable is forced to have recourse to other means of awakening public opinion far less weighty than signed papers.

In the first place I have to complain that—so far as my personal experience goes in the Service—the subject of military medical organization for war has received little study by military Officers, and I can count on my fingers the number of Officers I have met who fully appreciated the fact that they—that is, the purely executive Officers of the Army—are to-day as absolutely responsible for medical war efficiency as for the efficiency of the artillery or any other branch of army service. Few great military leaders have disowned this responsibility; on the contrary, the more one studies the lives of the great soldiers of past centuries, the more one can see that, according to their lights and to the then prevailing views of preserving life from disease, those military leaders were quite ahead of the age they lived in, and they felt for their men an abundant sympathy in guarding them against breakdown from sickness, and, if sick, did as much as they could to make them comfortable. I complain that to-day, in our Army, I fail to find any general knowledge of medical war wants diffused through the Service; and that while the medical service is struggling to put itself into unison with modern war demands, it finds itself handicapped, and not supported by current military opinion.

That it should be so is very lamentable; but I blame the medical service for much of this apathy or ignorance, for we have not taught the Army as we should have done. Had we but explained to Officer and soldier by lectures and demonstrations what our wants and aims were, we should have killed out opposition, and made partisans, instead of opponents, of the military Officer. Influenced by such views as these, I ask to-day to be permitted to explain what the aims of the more recent medical changes in the Army were, and why we have broken with the past organization of the medical service.

To understand the present system, I must ask you to go back with me thirty years to 1853, and the year that succeeded it, and see what

was the then method of working the medical service in war. Let us take the army that embarked for the Crimean campaign as our example, and see how we were then situated as regards the war system of the medical service.

The medical service then consisted of a grouping of medical Officers, commissioned by fours, threes, or singly, to every battalion or battery. These Officers wore the regimental uniform, were under the command of the battalion commander, and administered their regimental or battalion hospitals under the control and on the responsibility of the military commander of each unit.

In every garrison there were a series of small battalion, regimental, or battery hospitals, each entirely distinct and separate, where the sick of each battery or battalion was treated by its own battalion or battery doctor.

The nursing was done by a regimental hospital sergeant and a certain number of privates of each battalion who were placed by the Commanding Officer for duty in the wards.

The hospital sergeant was the executive agent of the military commander to maintain discipline in the hospital, and to see that the medical Officer's orders were carried out, for the army surgeon himself had no definite power of command over either sergeant, orderlies, or patients, but referred all questions of the kind to the military commander. If a regimental surgeon went sick or went on leave, a staff doctor, of which there were some sixty or seventy in the Service, was employed in filling up the sick man's place; but still the same system went on, and the staff doctor was simply the *locum tenens* of the absent man.

For every detail of work in the regimental hospital the Officer commanding the regiment was officially responsible, save only and except medical treatment. The discipline was done by the Colonel; orders were issued by the Adjutant; the Quartermaster did the transport and stores work, and the orderlies of the battalion did the nursing.

There were not in England in 1854 more than three, if so many, general hospitals; all the sick were subdivided in each garrison into small groups of regimental hospitals. An Army Corps consists, as you all know, of about forty-seven units, divided into divisions, brigades, and corps troops. When the army went to the Eastern campaign, the Army Corps had with each of the forty-seven units an hospital varying in size according to the size of the unit. Whatever size the hospitals were, they were purely regimental; the doctors wore the regimental uniform, and no authority existed for moving them from their battalions, or, if they were moved, no power existed to move the sergeants and nursing orderlies—men quite as important in their way as the doctors themselves.

This is what is everywhere called the regimental system, and in 1854 it was put to the test by actual war. An army exists for war; if it fulfils that function, it is good, if it fails in that duty, then, however successful as a social organization, however pleasant as a centre of comradeship, however full of interest and romance it may be, it is a sham, and had better be cleared away. I maintain that the then

organization of the medical service was, as far as a military war service is concerned, a sham. Measured by the war test it was a failure; why, we shall now proceed to discover.

Whatever the old-fashioned campaigns of last century were, with their easy marches, their slow manœuvring, their retirement for six or eight months of each year into winter cantonments, war is to-day a different thing. To-day rapidity in movement is a distinct factor in military success. The army that unencumbered can rapidly strike a blow at the enemy, is the army that has many points in its favour in the game of victory. I say now that any army which attempts in modern war to carry forward with it its sick and wounded men, a principle implied by the regimental hospital, is doomed to failure. The heaviest burden, the most killing weight an army ever carried with it, is the sick and wounded man, and how to get rid of him is really the keynote of all modern medical organization in every country.

Let us, returning to the Eastern Army of 1854, see how with its then medical organization it fulfilled the demands of modern war. Take its ambulance system on the field; go to the hillside of the Alma on the evening of 20th September, 1854, and see how it worked there. The total of regimental army doctors and of regimental orderlies with the Army Corps that took part in the fight that day was ample and sufficient under better organization to have done well by the comparatively few wounded.

There was not any attempt at ambulance organization. The battalion surgeons of the regiments under fire, aided by the bandmen, carried away, or tried to carry away, the battalion wounded. There were no trained regimental bearers, no bearer-companies, no field hospitals, no ambulances, no hospital corps, no equipped hospital ships, and behind all was the chaos of Scutari with its "dreary corridors of pain."

I will ask you to put yourself in the place of the battalion surgeon of September, 1854, as he stood that night on the hillside of the Alma, and saw his friends and comrades lying on the ground with none to help them, no ambulances to carry them, no hospital corps to nurse them, the bare 'tween decks of the empty transport to be their hospital ships, and trusting to the sailors of the fleet for the hammocks they used as stretchers to carry them to their ships. I will ask you to think of Thompson of the 44th Regiment left on that battle-field with 400 wounded Russians with no attendant save his soldier servant, and say was it possible for us to stand by so fatal a system.

The faults I find with the system of 1854-55 are as follows:—In the first place, by keeping the sick of the army in a great number of small regimental hospitals in a garrison you effectually paralyze all real professional progress amongst the doctors. It is almost impossible for the small experience of a battery or single regimental hospital in peace to give a large field for medical study, and owing to the isolation of the doctors that intellectual friction which in the end produces progress, is not developed. Secondly, as regards nursing, if you make your nursing orderlies merely chance men taken from the regiment, you cannot develop a body of trained nurses who will stand

by that special line and give their whole heart to it. Remember that in a regimental hospital the only post for a non-commissioned officer was the one of hospital sergeant, and no intelligent private man will come if he is to remain always a private. In developing nursing then the old system failed to provide the best.

As regards hospital administration again it failed, because to make a great hospital work, you must be trained in great hospitals. Just as you cannot practise brigade movements with a corporal's guard, so you cannot make a doctor, trained in a small hospital with one hospital sergeant and a few orderlies and some twenty or thirty patients, rise suddenly to the power of administering and controlling great war hospitals with hundreds of sick. He is paralyzed and overwhelmed by the responsibility, and as by having battalion hospitals you kill out your need of a hospital corps, when war comes you are left without subordinates, and have to fall back on the scratch teams of drunken pensioners of 1854-55. But if you do this your patients die, and your hospitals break down and become the byword of the century.

Again, if you attach your medical men by threes and fours to battalions and render them immobile, then when you go on a campaign or into a fight, if one corps is burdened with sick or wounded and another corps is fit and well, you overwork your doctors in the sickly corps, while the doctors of the unengaged and healthy regiments remain idle.

So it was at the Alma, the whole of the doctors of the battalions of the divisions not under fire were quite idle, but an overwhelming labour rested on the doctors of the engaged battalions. You are forced *volens nolens* to fall back on a larger unit than the battalion, and you come as all armies come in the end, to the divisional unit. But if you are to keep your soldiers in good *morale*, you must let them see that if wounded in the fight aid is ready to hand. I do not call it aid to take the bandmen and make them dressers of wounded. The band itself as music is an aid, and an important aid, to men in the day of battle, and to break it up is to handicap yourself against success. You must have trained bearers able to check bleeding and to afford real aid to the suffering; bandmen never could do this. But beside these regimental bearers, you need to have, for the same reasons as for the doctors, some larger unit than the regimental ambulance help; that is essential and valuable, but it is insufficient. The battalion doctor cannot carry chloroform in any quantity, nor cooking-pots for the all-important soup, nor brandy enough for many wounded, nor operating tables and instruments demanded by modern surgery; and you need some help between the battalion surgeon and the field hospital farther in the rear, and that help is the admirable bearer company, of which I shall speak directly.

But if we go a step further, we come to the climax of the subject, and that is, that you cannot in war have a regimental hospital for seriously sick or wounded men. In the first place, if a division is told off for an attack, one brigade is sure to suffer more than the other, for one is in support and one is in reserve. This means more wounded in one brigade than the other, and you need some power of

equalizing the work, or the sick of the first brigade will be neglected, while the doctors of the second will be idle; and so you lead back again to the field hospital common to the whole division.

But say that we have regimental hospitals, and that the twelve regimental hospitals of a division have all a fair proportion of sick and wounded, and the division is to march forward, what becomes of the sick? If you take them with you, you will certainly be beaten by the enemy, for you will be creeping along, encumbered with vast trains of sick and wounded, and that certainly is not war; while if you leave the regimental hospitals behind, you advance without any medical aid.

And think too of the doctor and the scratch hospital left behind! You have during peace deprived him of all power of command over his subordinates, the Colonel had the discipline, the Adjutant issued the orders, the Quartermaster did the transport and the rationing, and, lo! all are now marched on, and the unfortunate doctor, who has been taught never to take any initiative, is now suddenly to become Commander, Adjutant, Quartermaster, and Transport Officer all in one. It is not possible; so slowly we work back again to a series of divisional hospitals, with their own nurses, their own Quartermasters, their own Transport, and controlled by doctors trained in peace to direct and manage their own hospitals in war.

Let us again turn and see what was the end of this Crimean chaos, for you must remember that although the Crimea and Scutari were great troubles, the Crimean campaign was not really a war trial at all. War means movement, and the Crimean Army never moved; practically it marched to the heights above Sebastopol, and there it dug itself in, it huddled itself, and there it remained until the town fell. Such wars are rare. It was really a great case of sitting out, and not fighting, and any one can see that if transport troubles and hospital troubles beset the sitting army that lay in front of Sebastopol, how far more heavily the same troubles would have fallen upon that army if a long line of advance into the Russian interior had taken place, and a line of communication had required to be held.

But public opinion demanded a full inquiry into the Crimean medical experiences, and in 1857 and 1858 Sydney Herbert's Commission sat and introduced a number of improvements, but it still made no radical change, and it really made war-efficiency little less within the range of practical achievement that it was before the war of 1854-55. It gave the doctors rank and pay. It founded the germ of a hospital corps; it developed a kind of hospital commissariat; it formed two general hospitals, supposed to be training schools for war work; but it still stood by the fatal error of the maintaining the regimental hospital and the regimental doctors in peace, and that really killed out all the other advantages.

As I have said previously, if you keep up regimental hospitals, you paralyze our training for war, and if you take all control out of the doctor's hands in peace, and make some one else responsible, you develop a body of weak-kneed men, who, when war comes, stand paralyzed by its demands on their energy.

To Lord Herbert we owe much, and his name will never be forgotten by the medical Officers, or by that great profession of which they are but the war section. But our debt to him is more that he recognized our sanitary duties in preventing disease than for any real advance in war organization. The Corps of orderlies he founded was not linked to us in title or control or sympathy. Of the two general hospitals he founded the one which bears his name was never anything but a series of regimental hospitals thrown confusedly together, and Netley is a great school, with a permanent staff who do not go to war. The purveyors, who were intended to be our assistants and our agents, became in the end quite independent of us, and the ambulance relief to soldiers on the field was so badly dealt with that, at the Committee on Army Transport in 1866, a very pretty discussion arose between the then Director-General of the Medical Service, the Chief Purveyor, and the Chief of the Transport Service as to who was really responsible for removing the wounded off the field. Nobody knew who was responsible even in 1866.

But the great means of securing progress in our medical service were the War of the Rebellion in America, the campaign of Sadwa, and the disasters of Sedan and its sequences. We began to study foreign systems more and more, and in 1873 and subsequent years we have developed and are developing a new system, which I think will stand scrutiny alike by the scientific soldier, the humanitarian, and the physician.

The scheme of unification now slowly making progress in our Army was introduced in March, 1873, further developed in 1876, and in 1877 it received a still further development. It is still, however, in its infancy, and when you remember what time it takes in England to introduce any change, I think we have not done badly.

In 1873 the medical Officers were removed from the various regiments in which they were commissioned, and the staff and regimental doctors were unified into the Army Medical Department.

Regimental hospitals as distinct units in each garrison were abolished and replaced by central garrison hospitals. The Army Hospital Corps was developed from its previous scattered condition into a strong corps doing all hospital duties, and the medical Officers were made responsible for the management and control of their hospitals in peace and war.

Gradually a body of fifty-two Quartermasters were developed who were to have charge of the subsidiary duties of storekeeper and paymaster of the hospitals, and in 1877 the command of the Hospital Corps was given over to the doctors.

But what interests us most is the war scheme of the 1873 organization.

Firstly, the three or four doctors of each battalion were replaced by one medical Officer who is posted to the unit, be it battery, battalion, or regiment, at the outbreak of the campaign, and who remains with it throughout the war. If he gets sick or wounded he is replaced at once from the divisional doctors. In war, sickness is rife, wounds are frequent, battalions are up to war strength, and there is full employ-

ment for a medical man, and further he is a great aid to morale, and has to do sanitary duties also. In peace it is not so. Batteries are absurdly weak, and battalions mere skeletons waiting for reserve men to fill them up in war. A medical man posted to so small a charge would probably come to grief from need of work.

In war time, however, besides the battalion surgeon there is now a body of regimental stretcher bearers, sixteen men trained to ambulance work who assist the surgeon in giving first aid on the field. The band keeps to its music, and a distinct body of men is told off for the wounded. This surgeon has also with him medicine boxes containing portable medicines and first dressings, but there is no battalion or battery hospital.

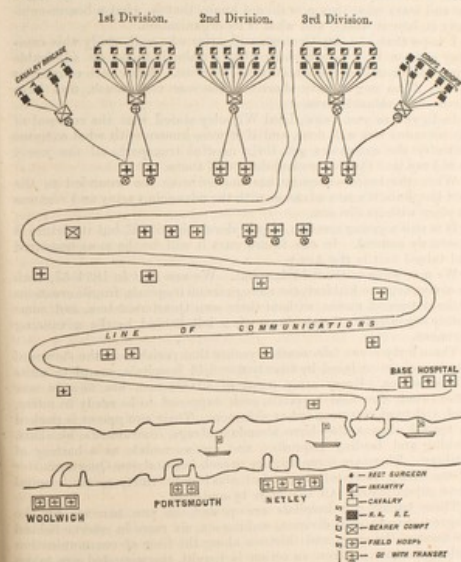
If a man be sick or wounded he is sent to one of the field hospitals of the division.

If you look at the Diagram on the wall you see at a glance the existing medical system for an army corps in the field. There are forty-seven units in the army corps, and there are forty-seven surgeons with those units. There are in addition forty-seven detachments of regimental bearers.

But an entirely new organization now intervenes, that is the bearer-company. Of these there are four with an army corps, viz., one with each of the three divisions, and the fourth is divided into half companies, one half with the cavalry brigade, and one half with the corps troops. I claim for the bearer company that it is the very best and most useful outcome of modern humanity in dealing with the wounded in war. No one can see it at work at Aldershot without recognizing at once its eminently practical character, and what an enormous boon it is to the soldier in war. It seems to me a great pity that it should be working at Aldershot in remote parts of the camp by itself, and not taking part in every field day, and not at Aldershot alone, but at every great military centre where soldiers can be mustered. Its work is most realistic, most thorough, and I feel absolutely certain it only needs to be seen to be appreciated.

In war time this company consists of eight medical Officers and some 200 Army Hospital Corps and Transport men who have with them surgery wagons containing an elaborate supply of instruments, operating tables and dressing supplies, cooking-pots for soup, brandy, various stimulants and suitable refreshment for the wounded, and ambulance wagons thirty-three in number for the removal of wounded. This bearer-company can break into two half bearer-companies, and it is believed that Lord Morley's Committee will separate them definitely into distinct companies. It is merely a question of detail. What is the function of these companies? When a man is hit say in the 1st Battalion, 1st Brigade, 1st Division, the battalion bearers carry him to the regimental surgeon who stops bleeding and applies a hasty first application to the wound, giving water or brandy if possible. The wounded man is then carried to the rear until he meets the ambulance wagons of the bearer-company and the Army Hospital Corps bearers. He is then taken over from the regimental men and conveyed to the dressing station of the bearer-company. This is the regularly

equipped spot chosen by the bearer-company to collect all the divisional wounded. Here the wounded man is examined by the operating surgeon, operated upon, thoroughly dressed, fed with soup,



wine, &c., and finally passed back by the ambulance wagons to the field hospitals, which must be always farther in the rear, and to reach which might cause great delay.

The bearer-company dressing station is really a very light advanced hospital, and a great collecting place of the divisional wounded, who may sometimes remain there until the field hospital is able to make its way through the crowded roads behind the fight and be pitched over the wounded. All this collection and removal of wounded, and

pitching and arranging the dressing station is a drill, a distinct technical drill which needs to be practised and learned just like any other technical drill. The great pity seems to me to be that it is not done with the Army at every field day, so that the Army might see and learn what they now do not know, that is, what a bearer-company is, how it works, and what is its organization.

I hope that one day Generals will arise who will study this company and see if it be not really what I claim it to be, an admirable organization and most essential to the Service. A few such companies at the Alma might have shortened the war very much, and have saved many valuable lives.

In Egypt, as you know, Lord Wolseley stated that the removal of the wounded was well done, and if it were known with what extreme difficulty the companies got their needful transport, all the world would say that the doctors had done well there.

When the bearer-company has handed over the wounded to the field hospitals, it again advances with the advancing army and resumes its place with its division.

It is still a young creation, slowly developing itself, but its future is absolutely assured. In our future wars it will be the most honoured and valued unit in the Army.

We now come to the field hospital. We saw that in 1854-55, with an army corps we had forty-seven regimental hospitals, fragile creations without trained nurses, without their own Quartermasters, and completely organized to break down when left behind by the advancing regiment.

These forty-seven fair-weather yachts that perished in the storms of war have been replaced by twenty-five field hospitals, complete units in themselves. Every army corps of 36,000 men has now in war these twenty-five field hospitals, each supposed to be ready to nurse, feed, and treat 200 wounded or sick men. Their equipment is packed in special wagons, they have abundant drugs, instruments, blankets, cooking and feeding requisites, and are as mobile as a battery of artillery. There are seven doctors to each hospital, one Quartermaster of the Army Hospital Corps, but alas! only thirty-seven hospital corps subordinates. Of this more by-and-by.

These twenty-five hospitals are posted, as you can see by the diagram, two to each division, making six, six more in reserve behind the front of the army, and thirteen along the lines of communication and at the base. When an action is fought, the wounded are taken first to the dressing station and thence to the field hospitals of the division, these being filled, halt upon the battle ground, and two more hospitals out of the reserve are posted to the division, which is again able to advance with its bearer-companies and field hospitals ready for another fight. The sick and wounded in the halted field hospitals, if they recover, rejoin their battalions, if they get worse or are seriously hurt they pass back along the lines of communication from hospital to hospital to the base hospitals. Here they remain, and if they recover, rejoin their battalions, or if still ill, return to England in those well found floating hotels called hospital ships which have now

replaced the comfortless transports of our old wars. We have now, as you see, a definite system, and we know how we stand. We never knew it before, and success is sure to come to us if we work on these lines, which are themselves merely adaptations of the German system. We can tell exactly how a soldier ought to be cared for, and this was impossible in the confused old days. I do not claim for this system perfection in detail, for it has unfortunately many defects, but its principle is, I think, absolutely true, and no soldier can find fault with it on that ground. The fact is that the medical service is striving to force upon the Army a system of war organization framed to assist the fighting soldier in achieving war success, and as yet the average soldier does not see it. It only needs education to perceive its great advantages over past systems. As it gives a more decided field for medical energy and power of work, so it demands more labour from the medical Officers to work it, but it is entirely the interest of the Army that the medical Officers should have free scope to do good work. There is ample work for both classes of Officers. In the purely military line much has to be done by the pure soldier to teach his men the very great and urgent demands of modern military knowledge. Leave to us the hospitals and we will learn to make them perfect, and it will in the end be for the best.

One of Lord Morley's Commission wished to have the doctors again posted to battalions in order that they might learn to obey and learn to command. This is in truth quite what the old system never taught any army doctor. Having two masters, viz., the principal medical Officer and the regimental commander, we played off one against the other, and certainly did not obey very much.

As to command, when did a battalion surgeon ever learn to command? Why every rule and regulation was framed to paralyze all such acts. An old regimental surgeon never gave an order to any man, and as the Army rules reared him, so he grew up, and then having first deprived him of all power, he was expected in war to rise and do wonders on his own account.

It is not in such ways that men are trained for accepting responsibility. We are now on a better path, and shall no doubt make further progress.

I will now ask you to agree with me that field hospitals are needful, and should be efficient for the work they are called on to do.

I regret to say that manned as they are to-day it is absolutely impossible for them to do good work; nay, indeed, to work at all. But the remedy is easy, and very simple.

To nurse 200 sick men in a war hospital is a heavy task. It is not so in a peace hospital, for in peace many patients are trivially ill, and many are convalescent.

In war few of either are to be found in field hospitals. Trivial cases do not come to war hospitals, and convalescents are generally in a depot near the base. At any rate, the general average of war patients are far more severe than peace patients. Now in peace we get one orderly to ten patients, and in war one to nine. It is completely insufficient. Naval hospitals get one per 7½ patients, and

we all say that one per five sick is needed for war. That would require forty orderlies to nurse 200 sick men. But if you look at this table you will find that it gives only twenty-two for the purpose.

Establishment of an English Field Hospital for 200 Beds.

Steward	1
Assistant	1
Wardmasters	2
Compounders	2
Storekeepers	2
Clerk.....	1
Cooks	6
Nursing orderlies.....	22
Total.....	37

This allowance of thirty-seven men is completely insufficient to do good work. If you want nursing well done you must have rest and fair reliefs. Twenty-two men cannot nurse 200 with anything like thorough work. Increase it to forty per 200, or one per five sick, and the machine will work. If you read the Report of Lord Morley's Committee you will see in every page evidence of complete overwork of the nursing orderlies; so if in the next campaign we are to do good work we must have men given us to do it. Take, again, the cooks; six are allowed for 200 men, and that cooking for the sick is very trying, for there are many dishes to be made separately, and also much has to be cut up in small portions. We need eight cooks, or two per fifty sick.

Again, as to clerks, if we are to keep regiments informed of where their men are, we need a clerk to do it, and we have only one man to keep all the records and carry on the large correspondence. We need at least four clerks for the 200-bed hospital, so that if 100 beds are detached there may be two clerks for it. But the gravest cause of overwork and threatened breakdown is the complete absence of the coarser assistance needed in a war hospital.

I have placed here a comparative table (see p. 13) of an Indian and an English war hospital for 200 beds, and you will see the difference at once.

In an English field hospital there is not one man allowed to carry water for the hospital. This is the most killing want, as it goes at the root of all cleanliness, and if I am to get water to my hospital I must have men to do it. You do not ask a battery commander to work his guns with half the proper number necessary for the work. Why ask me to work a field hospital on such conditions?

We want this question to be dealt with before our next campaign, for we shall certainly go to grief if we do not get men to do this work. We are asked to do impossibilities, and we only ask that these questions be looked into to see that no man, however energetic, can work under such a handicap.

Comparison of the Personnel of a 200-Bed Field Hospital on the English and Indian Scale.

Class of Servant.	English Scale.	Indian.	Proposed.
Compounders	2	4	4
Wardmasters or dressers.....	2	8	4
Nursing orderlies.....	22	20	40
Clerks	1	1	4
Storekeepers (and Stewards)	4	7	5
Cooks.....	6	9	8
Dispensary servants.....	0	8	0
Watermen.....	0	15	8
Washermen.....	0	23	8
Sanitary police (sweepers).....	0	1	4
Messengers.....	0	1	0
Carpenters	0	10	0
Tent-pitchers	0	1	0
Barber.....	0		
Total for 1 hospital.....	37	122	93
Total for the 25 hospitals of an Army Corps	925	3,050	2,325

We want at least eight fatigue men to supply water for the hospital. This will give two men for each fifty sick. When we consider the number of baths, the washing in and about a hospital, it is seen at once that many men are needed.

Again, as to conservancy or sanitary police. In peace we have admirable drains to carry away all sewage from our hospital, but in war we have nothing of the kind, and in a hospital camp in war these men are much needed. In fact, it is deadly to the hospital not having them. I say, again, you are asking us to do impossibilities. You are asking us to make bricks not only without straw, but without clay, and we cannot do it. You are asking us to toil as we do in war like slaves at the coarsest menial work, and yet you give us no men to act as pioneers and to keep the place healthy and clean. When the need comes in great moments of trial there is no work I will not do for the sick man, but it is quite another affair to embark from this country of a campaign and to know that no proper provision is made for this all-important work. Again, as to washing, we have not a single man given us to wash the clothes, and yet we are blamed if the clothes are not clean.

We have, then, to appeal against this want of forethought which hurries us to war without the necessary means of doing good work, and while we are continually urged to be professional, no one is given us to carry water, to act as sanitary cleansers, or to wash patients' clothes. Again, as to messengers, if I want to send a note to a regiment or to an Officer close by my camp, I have no orderly or messenger, and as a consequence I must take a nursing orderly already overworked to do messenger duty, and so neglect of the sick occurs.

You see then by the scale I have drawn up that thirty-seven men are completely insufficient to work our field hospitals in war, and that ninety-three men are not only not too much, but barely enough to make a hospital work. You can now see how legitimate are our complaints, and how heartbreaking it is to go into the field with a unit completely organized for failure.

If England, or the Army, demands that her soldiers be cared for in war, it will not do for her to develop a flash of warmheartedness when a campaign occurs, and accuse her doctors of want of sympathy and neglect. England has her duty to perform, and that is to listen in peace to the fair and just demands of her doctors, and as far as they be legitimate, to grant them. Thus, and thus only, can war efficiency come. Nor do we in any way absolve the military commanders of their responsibility. Command has its duties as well as its rights, and one of its duties, as high as any, is to see that, before going on a campaign, the just demands of the medical service are met. You must not in all these matters legislate on the basis of heroism and self-sacrifice. The sentry at the outposts keeps vigilant not from self-sacrifice, but because he is regularly relieved, and so with our service. You must not draw up codes for saints and angels, but for average men, who get tired if overworked, get hungry if not properly fed, and who feel bitter in their heart if treated unfairly. These are points which are not fully dealt with in Lord Morley's Committee, but they are as true as anything can be, and no Officer I have spoken to on the subject can deny their truth. We need, then, large reserves for war, and I will, in a few minutes, when concluding this paper, show how they can be obtained.

Again, take another point. Where are our field hospitals at the present moment? They are entombed in Woolwich Arsenal, and until the Egyptian campaign no one ever saw one taken out of store. The Officers who saw them in use in Egypt saw them then for the first time, and no wonder that difficulty occurred as to the character of their equipment. In my opinion they should be taken out of the store-room, and posted to each divisional centre, and then the Army and ourselves would see what they are like, and find fault with them if necessary in peace, so that when war comes they may be efficient. This is the way the artillery is efficient. The battery commander does not read about his battery only, or hear that it is in a store-room in Woolwich Arsenal. He has his guns with him, and hence he is accustomed to them, and he and his men know how to work them. Give us and our men an equal chance. Let us have a month every year and practise our field work with the Army.

But, again, take another point. We have a Chief Medical Officer, a Deputy-Surgeon-General, who is responsible for the medical arrangements of the twelve regiments in the division, for the bearer-company, and for at least two field hospitals. Every soldier knows what an immense amount of correspondence this involves and what an anxious position the post is. Yet while the artillery commander and the Royal Engineer of the division have both Officer assistants as Adjutants, our divisional chief has no one whatever to assist him, and he is in conse-

quence completely overburdened with detail work and formal correspondence. I could tell stories of the result of this state of affairs in the field which would be laughable were they not really sad in their results on war efficiency. The remedy for this is not difficult; it is to give the divisional principal medical Officer a junior medical Officer as his secretary or Adjutant or personal assistant.

The attention of the Army should also be drawn to another very urgent detail of our war system, I mean the relations which should exist between the Army commander in the field, and the chief medical Officer serving with him. I maintain that it is entirely in the interest of the Service and of the nation that rules of the clearest kind should be laid down by the Secretary of War, defining the relations of both these officials. All will agree, I think, that intimate and confidential relations should exist between them.

A new theory, however, is now being advanced that the Surgeon-General with an Army in the field is not to be considered as the General's Staff Officer, but simply as the head of a subsidiary department, on a par with the smallest and least important branch of the Service. This is not the history of successful campaigns. We think it a highly injurious idea that would deny to the Chief Surgeon of the Army the status of a confidential Staff Officer of the chief commander. If you so cut off our chief from personal and continuous contact with the General, it will react on the whole of the medical service in the field, and we shall feel that he is not in the confidence of the Army commander, and that there is no one to be spokesman of our needs, and of the wants of the sick at headquarters. Such a condition of affairs will paralyze our energies, and injure our *esprit de corps*.

To-day, we need above all things definiteness as to our position. Either we should be accepted wholly by the Army, or we should be set wholly free from it, and allowed to work altogether under our own responsible chiefs as a distinct and separate department of the State. We can succeed perfectly under either conditions, but we cannot exist at all if we be indefinitely dealt with, if we are to be in the Army, but not of it; to be blamed for failure in war, but left unconsidered in peace; to be thrown over for want of success, yet not listened to in our cry for assistance; to be held down by the bonds of military discipline, yet denied military rights and privileges; to be required to share in all the risks and hardships of field service, yet denied the share of the glory of victory; then, despite pay however remunerative, and rank however high, we shall fail England in the hour of her need.

We read military history, and we gauge very thoroughly our value in the military machine. We recognize the bravery of the soldier and the devotion of the Officer, and we estimate perfectly the efficiency for war work of the battalion and the battery. But we also know well why and where your armies have failed. They have failed in what are called the Departments, that is to say in the Commissariat, in the Transport, and in the Medical services, and it is for the Army to say if it shall always be so.

It most certainly will always be so until one day a great leader arises who, reading the signs of the times aright and grasping completely the spirit of the age, sees that you must crush out with a firm hand all inequalities in the treatment of the various classes of Officers in the Service, and make every man in the Army from highest, to lowest, feel that all are working for the same end—the military success of the nation, and that the victory achieved by the Army is his victory, and its failure is his disgrace.

These seem to me to be the only lines on which to-day an Army in England can be successfully worked, and there is no reason whatever why they should not be made the rule.

If they cannot be made the guiding principle for the Army, at any rate set the medical service free from the military administration, and we will organize as the "Red Cross" societies organize, and build up under the Government a Medical Department for civil and military duties alike, and will send into the field a contingent of medical aid organized under its own chiefs, to be completely responsible for its own failure, and completely rewarded for its own success.

There is another very important question for us in war, and that is the commissariat question. Certain reformers of Lord Herbert's school maintain that we should have our own commissariat in the shape of a distinct Purveyor's Department. We are, I suppose, to free the general Army commissariat from all responsibilities for feeding the sick, and we, a weak, poorly-manned department, are to develop a rival commissariat for ourselves and let the greater commissariat go free. Now apply this principle to the Egyptian campaign. Let us remember that 583 per 1,000—that is nearly six men out of every ten in the Army—went sick during that brief campaign. Are we, out of our weak establishments, to feed, and that, too, daintily, six men out of every ten in the Army? But when we remember that the Army commissariat did not succeed in feeding the Army very successfully, with all its large establishments and masses of trained subordinates, it is hardly to be expected that we would succeed with our infinitesimally smaller commissariat section. In my opinion we should do nothing of the kind. We should hold on tightly to the principle that the General of the Army is responsible for the feeding of his men, sick or well. That if he goes to war, he should first of all think out how his men are to be provided with food, and that the sick soldier has a distinct claim on the general Army commissariat; and just as you post junior commissariat Officers to the commissariat charge of brigades and divisions, so you should, when a war is imminent, post commissariat Officers to the base hospital and to the various units of the medical service, and it shall be their business to provide such food and supplies as the medical men need for their sick. If this cannot be done, and we are to have our own separate commissariat department to ration our own 583 sick per 1,000 of the Army, we might as well simply undertake to ration also the odd men remaining out of hospital! An army with a poor defective commissariat service is really no army at all. It is certainly not a war engine, and no General has a claim to such a title who does not

see before a war begins that this all-important service will not break down.

Again, as to transport, we want a clearly defined transport allowance given to us. We should have a small section of purely medical corps transport; that is to say, enough to move our hospital wagons, and enough to horse the ambulances of the bearer-companies. This transport should be wholly our own, but be available for all camp duties when not specially needed for hospital service.

In our Army the question of transport has always been one of considerable concern, because, as it seems to me, it has been little studied in peace. With numbers of civilians trained and accustomed in peace to look after horses, we have, as yet, no militia transport corps. Yet I feel confident that one could embody, either from the militia reserve or by direct enlistment from the peasantry, several thousand transport militia men accustomed daily to the care and driving of horses. Why not adopt such a course and apply to the great supply services the principles already existing in the other branches of the combatant service?

We have a reserve of Officers, why not call upon them to train themselves for commissariat and transport duties as well as for the duties of the front line of the Army? As to the horses, an army reserve of horses is as easily formed as an army reserve of men, if only somebody takes up the question and sees it through.

As to our medical transport, we need only be told whether we are to look for it to the Army or not. If the Army says no, and if we are allowed to appeal to England for men and horses, we can get the best of both to come and help us.

But I think a militia transport service, and indeed also a militia commissariat corps of civil butchers and bakers, is as easily formed as a militia artillery regiment. If, as is often said, the Army is to be part of the nation, the more we weld together the Army and the people, the better for our war success.

Every hospital embarking for war should march down to the beach with its wagons, its horses, its drivers, its equipment, and its medical staff as complete as a battery of artillery is complete, and so disembark in the enemy's country. This was the aim of the medical reform party, and this aim will surely be realized as time goes on.

Again, at the base of operations we need some body of men who will do the unloading of the hospital ships and medical transports, and who will move the sick from the great base hospitals to the ships and the railways. For this work we have no one now detailed, and you may read in Lord Morley's Report that, while the few nursing orderlies were engaged nursing all day in the hospital, they were waiting all night at the station, to convey and carry by hand the sick to the hospital. If anybody imagines that you can thus work your men and yet make the hospital work with accuracy, they are entirely mistaken. I would suggest, then, half a bearer-company be posted at the base of operations for this special duty. You should also have for your lines of communication two or more bearer-companies for use as sick convoys, either to man the ambulance trains conveying the

sick from the front, or to transport and care for the sick proceeding to the base by road convoys in wagons.

There is one word more I would say before proposing Militia or Volunteer schemes.

It seems to me a sad thing that, as a department, we do not regularly teach the Officers of the Army and the men what sanitary laws mean. In the long tedium of foreign service and in the winter months in England, I would have the army doctor teach, by lectures, ambulance instruction, sanitary laws, the way to avoid the common diseases of campaigns. It is lamentable to think how completely ignorant Officers and men are of the very first principles of health preservation. I take it that no man is fit to command men and armies who does not know the laws of sanitary science and health preservation himself.

The ignorance on these subjects in our Army—always the very one that needs it most—is very great, and the loss of men in the beginning of a campaign from want of knowledge how to avoid sickness, is a most serious matter in a small army. Many men on our Egyptian sick list ailed simply from purely preventable disease. Want of food, want of shelter, and want of knowledge of what sun exposure means, contributed largely to it; for, this, however, the medical service is not to blame, save that it has not in the long era of peace taught the Army the knowledge it ought to have. If our cavalry horses had broken down in any numbers, would there not have been a great outcry? We have classes for veterinary instruction at Aldershot and Woolwich. But no combatant Officer, as far as I know, has ever been regularly taught to look after the health of his men. I notice that the German Officer is taught the elements of sanitary science, yet he, living in his own climate and serving only in European wars, does not need it at all so much as our Army, which serves in every possible climate, and is liable to every epidemic and malarial disease.

But while I thus propose to teach the combatant Officer, I cannot forget to say that you must let us learn all we can ourselves. To-day, however, your Army surgeons are shut out from all contact with the London schools. The Army Medical Department has no point of contact with the great centres of London medical and surgical knowledge. The London garrison is altogether in the hands of the special Guards doctors, and they alone have the chance of seeing the practice of the London civil leaders of medical science. We hope that one day a great central military hospital for the whole metropolitan garrison will be formed either at Chelsea or elsewhere, and that we who have to spend long years on foreign service in India, the Cape, Ceylon, and China, may have the chance of meeting the great London civil doctors, and learning all we can from them.

I now turn to the question of how we are to obtain the large reserves needed for war. We do not need heavy peace establishments, because in peace our hospitals have all the subsidiary services, viz., water supply, laundry, messengers, sewage, otherwise provided for.

But in war we want a body of trained men to be called out to assist us.

I think we should have, of course, our own army reserve of men trained in the hospitals, and passed back into the reserve like ordinary soldiers. But if you work this reserve too rapidly, we should only have boys to nurse our sick in peace, and hence we need a kind of extra establishment to be rapidly trained, say for one year, and passed into the reserve for the remainder of their service. These would be in addition to the ordinary peace-need of a hospital, and would be a kind of one year volunteers, as on the German or French system. We might get many men who would spend a year in learning nursing for the sake of getting into civil hospital or nursing employment.

But I think that we ought to have a distinct militia branch of the Army Hospital Corps, called out yearly like the ordinary combatant militia. These men would be equal in number to the needs of the home army hospitals in war time, so as to free the regular hospital corps and its reserves for war; 1,500 such men spread over England, Ireland, and Scotland would enable us to be quite certain that when war occurred we could call out a body of partially trained attendants who would replace the regular men. When these men were called out annually, either at Aldershot or at the district centres, it would enable us to muster sufficient men of the regular and militia hospital corps men to go through all the field drill of the bearer-company and the pitching and working of field hospitals, a work of which we are to-day ignorant, because the hospitals are packed away in Woolwich Arsenal, and the regular corps is too weak to go through this field service drill. I do not know a more economical system than this of obtaining men, and I imagine we could all recruit for it in the districts. I would form in it again a militia reserve on the lines of the regular militia reserve, and so get together a number of men fit for the fatigue work of the hospitals in war.

We cannot possibly succeed if the subsidiary services of the hospitals are not provided for, and the way to provide for them is to copy, as far as possible, the methods used by the Army to secure men. The formation of a militia hospital corps would, at any rate, give young men a chance of seeing if they liked the hospital duties, and they might eventually enlist into the regular service. I think if we once get the chance of enlisting a militia corps that, scattered as the medical department is over the country, it could secure recruits in sufficiency. While we have artillery, engineer, and infantry militia, I think we also need a medical militia. The militia educates men for the regular army, and so in like manner would our proposed militia hospital corps train men for our needs. I beg you will think of this proposed militia scheme. You cannot think to what difficulties we are put in England, even in times of petty wars, by the complete absence of such a body of men. We have to go about begging for help from every corps, and in the end the corps is weakened, its training is interfered with, and our nursing work is very indifferent.

Only give us a chance of acting as recruiting sergeants for a militia

corps of our own, and we shall, I think, succeed in inducing men to serve under our Red Cross, and learning discipline and ambulance work in our hospitals. Why should we differ from artillery, engineers, or infantry? They all have a strong militia help behind them. We, who need it greatly, have none. Can anyone devise a cheaper, an easier, a more constitutional, or a more common-sense scheme? If so, let us have it, our want is above all things men.

We come now to the Volunteer force of the country, and I would point out how completely insufficient its medical service is, measured by modern needs. It has no bearer-companies and no field hospitals; in fact, nothing behind the battalion surgeons and the regimental bearers. We need to organize in every county, and in every large town, a volunteer bearer-company or companies of a volunteer medical corps to supplement the already existing volunteer battalion surgeons. I believe that we could enrol in such a corps many hundreds of men who feel an interest in ambulance work, and many surgeons in civil life would take a commission in such a corps, and drill and organize the bearer-companies and field hospitals. I would organize such companies like ordinary volunteers. Dress them like the Army Hospital Corps, and drill them in all ambulance and field hospital work. They would fill up a great want in the volunteer army, and they would also send us many men for a campaign, and we should thus be strengthened for war.

To begin such a movement you must first of all train your doctors. Last year a scheme was put forward asking the medical students of London to practise ambulance work, and enrol themselves as a volunteer branch of the hospital corps. Several schools are now at work at this idea, and if the Secretary of State for War will give them a capitation grant, the movement will succeed. It will be of inestimable value to England in every way in developing ambulance knowledge amongst the civil doctors, and it is therefore to be hoped that official sanction will be given to the scheme. Your interest and sympathy in the movement would be a great aid. I hope we shall one day see paraded in London a battalion of trained medical volunteers composed of companies made up of students from the various metropolitan hospitals who will go through all the drill as privates, corporals, and sergeants, and so train themselves to command and control the bearer-companies and field hospitals of the future volunteer medical service. When that day comes we shall ask the brigade of Guards to meet the students corps in the park, and form up for the attack of a position; and as they dash forward over the field the bugles will sound the "lie down," and 500 men will throw themselves upon the ground as if wounded; the students corps with its stretchers, ambulances, and all the paraphernalia of medical equipment will then sweep over the field, take up the sham wounded, convey them to the dressing station, and go through the routine of sham dressings, and finally convey them to regularly pitched field hospitals in the park. When this day comes we shall provide for London a most interesting sight, and for humanity a real triumph.

It is by such instruction we shall educate the public, and if England once knows what it is we, her military doctors, have been aiming to achieve, her heart will be stirred, and we shall have our one desire fulfilled.

Working on these lines, when war has been declared, the Director-General would simply telegraph to the Divisional P.M.O. "Mobilize." At once the regular Army Hospital Corps in the district would be called in to form the nucleus of the field hospital. The district army medical reserve men would join at the same centre to fill up the cadre of the nursing staff of the hospital. The militia hospital corps would be called out, and would take over the district hospitals, the extra men of the militia reserve joining the district field hospital, and the volunteers of the local bearer-company would no doubt join in certain numbers. The whole would then form a complete field hospital, and with their equipment, transport, and staff, would embark as a body for foreign war. This seems easy, and it really is so. But it needs thinking out in peace, and that all arrangements should be made beforehand. I firmly believe it will one day come.

I have now roughly outlined the main points of our new medical field system. It is an interesting study, and I commend it to the soldier and to the civil physician for their consideration. To-day you have to reckon with new conditions in war, and the growing humanity of the race will not fail to demand due provision being made for the sick and wounded. If the establishments demanded are apparently heavy by comparison with the past, you must remember that the demands of a civilized race exceed the demands of old days and ruder times; but the remedy against these increased establishments is to attend to the sanitary condition of the soldier in the field, and so prevent men going sick. If they do, you must provide liberally for their care and nursing.

Out of our great troubles in past wars we in the medical service are being ourselves educated as to what we want, and we should fail in our duty to England and the Army if we did not boldly state our needs. The autonomy of the medical corps of the Army is essential to our success, and the more it is fostered, the more we shall rise to efficiency in peace and in war. The more we are made dependent on others for success, the more likely we are to fail. If the remarks I have made in this paper at all aid to the better understanding of the war needs of the medical service, I shall be amply repaid.

THE CHAIRMAN: The lecturer has now brought before us a variety of proposals for improving the organization of the military medical service, especially in time of war, and it will be advantageous to us if some gentlemen who have had experience on the various topics which he has discussed in his paper, many of whom are here present, will give us the benefit of their observations, especially with regard to the advisability and practicability of the additions to the regulation personnel, and of the supplementary aid that he has proposed for the field hospitals; or, on the other hand, any alternative views they may hold which will appear to them to have a better chance of attaining the object that Dr. Evatt has had in view, and which, of course, we all much desire to see attained, namely, an increase in the efficiency of our military medical establishments in time of war.

MR. R. W. TAYNTON: I am simply a volunteer of the last twenty-two years, and

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afraid to ask the country for the amount of money requisite to keep army organization up to that state of efficiency in peace-time which will make it immediately ready for war. As Surgeon-Major Evatt shows, it is clearly unfair that the medical or any other department should be blamed for not performing their duties efficiently, when they are not provided with the proper means of doing so. I do not feel inclined to enter into the vexed question of the abolition of the regimental medical system, but I know a great many Officers consider that a great injury has been done to the Army by that step. I confess, as a former Commanding Officer, I was very sorry indeed to see the regimental system completely broken up. My idea was reform is, that when you find a tree not doing quite as well as you wish it, you should not at once cut it down and try to replace it by another, but you should endeavour by changes in the mode of treatment, by pruning here and lopping there, to see whether you really cannot make it grow up strong and healthy. If you start by destroying a system entirely, and by trying to build up a thoroughly new one in its place, you must expect just as has occurred in the Medical Department that it will not work smoothly; there will be frictions and difficulties which it will be difficult to remove. I quite admit that the continuance of the regimental system, as it existed in the Crimea, was an impossibility, and Surgeon-Major Evatt is perfectly right in pointing out how utterly inadequate it was for the great war on which we then entered. I have also reason to believe that the present system, if fairly treated, can be made all that the lecturer desires. But there are difficulties in the way, and these difficulties are connected with expense. I am afraid the existing system, if worked as it ought to be, would prove so expensive, that however we may agree theoretically with what Dr. Evatt has laid down to be essential to its efficiency, however sanguine he may be as to what is likely to be done, many years and many failures may be required before an adequate amount of money is voted to enable that proper training and efficiency to be carried out in peace-time which the lecturer lays so much stress upon. I think the Army is greatly indebted to Surgeon-Major Evatt for having boldly and fearlessly brought forward his indictment against the working of the present system, and for having shown in so clear and powerful a way the very great and serious shortcomings that at present exist in our Army Medical Department. I only trust that his hopes may be realized, and that those in authority who hold the purse-strings, and who have the power to carry out what he has recommended, may see their way to do so, and that the special training for war which is required for the Medical Department may be carried out with as much care and attention to detail as that of the combatant portions of our Army.

Dr. J. W. TAYLOR: Mr. President, I came to-day in the hope of having some of the past experiences of a great many medical men who had served in different campaigns. I must say, like Lord Chelmsford, I am somewhat disappointed at the apathy (as shown by these scantily filled benches) of our own profession in this particular matter; and I think that the weakness of Surgeon-Major Evatt's scheme consists in the want of combination in the whole of the medical men, not only civil but military, in not making their voices heard, so that the country shall be compelled to expend the necessary money, which hitherto has been withheld from this service. No doubt one of the causes of our weakness is that medical men do not pull together as they should do; they get divided in their opinion, and when that is the case, you cannot wonder that difficulties arise. I gather from Surgeon-Major Evatt's paper that he wishes to have an equalization of force or strength, that is to say, that if the commissariat and transport can have their proper number of Officers and orderlies, so he very fairly puts before you to-day the point that the medical branch of the Service should also have its equalization of Officers and subordinates. There can be no doubt about that as a matter of fairness. Then comes the question of finance; money has to be expended, and we know very well directly an additional grant is asked for there is an outcry, as Lord Chelmsford has said, either by the Conservative or Liberal Government, that so much money is being spent, and that the medical men have done very well so far and must get on as best they can. I have had the honour of being surgeon to a volunteer force for some nineteen years, and have taken very great interest in the formation of ambulance corps and bearer companies. I think our own was one of the first in the north of England to

carry out that plan; and it arose from a circumstance which took place at a large review of some 12,000 troops, held on Knarvesmire, at York, some five years ago. On that occasion all the different battalion surgeons were told that the Army Medical Service would be provided with ambulance conveyances for the removal of any men who should fall out. We were on parade at Knarvesmire, which, as you know, is a large open tract of country, with our backs to the sun, after having a hard day's work, and we had not been standing long in that position before in one brigade alone no less than eighteen men fell out, probably from heat and fatigue. There was not a single ambulance, there was not a single stretcher on the ground provided by the Army Medical Department; there was not a single ambulance wagon to convey any one of those men off the ground, and there was not a lance or anything to shelter them. We did the best we could to extemporize shelter by means of muskets and coats and such things as we could get, and then, as we were all marching off the field about one hour afterwards, an old cab was brought on to the ground to represent the Army hospital wagon of the Northern District. I determined from that moment that there should be no accident of that kind happen again to my own regiment, and I set to work at once to form ambulance detachments in my own regiment, and first of all to make myself efficient by passing the examination required by the Army Medical Service, in accordance with the instructions from the War Office; and we now have, not only in my own district, but all round us, growing up ambulance detachments, two men being taken from each battalion. Now there are considerable difficulties in working this, and it is on that point I want more specially to speak. You are aware that formerly, before battalions were consolidated, we had administrative battalions, and probably in one town or village we should only have one company of men. Now it would be almost impossible to take two men from a company and drill those men, because they do not form a detachment; we must have four men for a detachment, and form them into two detachments; we must have two men from another, and form them into two detachments for the purpose of drill. The result is, the whole of the men in the consolidated battalions have to be taken from that town which possesses the largest number of men. The expenses of working this have to be borne either by the battalion itself, if it can afford it, or by the medical Officer of the battalion who chooses to take that interest in his work. Many battalions are not very rich, and the incentive for work is certainly not very great when the battalion surgeon is encouraged by having to pay something like 35*l.* or 40*l.* out of his own pocket for the equipment of his own ambulance corps. But the grievance does not end there. No sooner do you get into camp than your volunteers, your ambulance bearers, cease to belong to the medical Officer. According to the Volunteer Regulations, every volunteer very properly must make himself efficient as a volunteer in order to obtain the capitation grant, and no sooner does the medical Officer get into camp than his ambulance bearers are taken from him, and they are permitted only by the sanction of the Commanding Officer to march past in the rear of the battalion on the day of inspection. They have no opportunity, save by the permission of the Commanding Officer or Adjutant, to drill, and you can easily imagine that men are very loath to turn out and do more work than is really necessary; and after they have had a hard day's drill in the field, they do not like to turn out and do ambulance drill as well. They say, in addition to that, "We belong to no one, having two sets of duties to perform." Now if we could have a separate ambulance corps, with a dress by which they shall be known as bearers, and let them be under the command (of course similarly to those of the Army Hospital Corps) of the principal medical Officer of the battalion, subject to the Commanding Officer, there would be no difficulty. I am perfectly certain that, with some Government aid, there would be no difficulty whatever in getting up a very large army of willing and efficient bearers throughout the country, from whom could be drafted in any future war men able and willing to go abroad and serve, who have been trained, who have their certificates and their Red Cross badge, and who are quite as able to discharge their duties as those who

¹ At the same time permitting the capitation grant to be given for efficiency as bearers, instead of efficiency as marksmen, &c.

have been trained at Aldershot for the Army Hospital Corps. But of course this again means money, and the whole question turns upon finance. I can only speak as far as our Volunteer Service is concerned, but I know that we have very many difficulties to contend with. Medical men do not always feel disposed to be spending money out of their own pockets *con amore*, but they want to have some recognition of what they do, and to feel that their men, when they have them out with them in camp, shall be of some service. These are difficulties we have to contend with, and I am very glad to have had the opportunity of coming here to-day and hearing the paper which has been read to us, and offering these few remarks to you.

Captain O'CALLAGHAN, late 16th Regiment: I rise, Sir, with considerable diffidence, to make a few remarks on one point in the paper which has just been read. This diffidence arises from my seeing here some more experienced and qualified to speak on the subject than I am. The main object of that paper appears to me to be to contrast the present, or unified, system of the Medical Department with the former, or regimental, system; and in doing this, the former system has, I think, been somewhat hardly dealt with. The defects of the Medical Department, when we took the field in the Crimea, have been clearly laid before us; but some of those defects are to be attributed to our unpreparedness for war, and not to the fact that the system was regimental. We had a vivid description of the surgeon of the 44th, left on the field of the Alma, unassisted and almost alone, to deal with hundreds of wounded Russians; but had Dr. Thompson worn the uniform of the medical staff, instead of that of the 44th, would he have been able to attend to one more Russian? Had he belonged to the medical staff, instead of to a regiment, would that have supplied him with assistants and medical comforts, and with those appliances which were not then provided for the Army? While there is reason to believe that the majority of the Officers of the Army—I may say the vast majority—view with regret the disappearance of the regimental system, and would gladly see it restored, still none of them would advocate going back to the defects which then existed, such as the want of field hospitals, and which were not necessarily involved in the regimental system.

Dr. FARQUHARSON: I do not rise for the purpose of making an attempt to discuss the very interesting, graphic, and eloquent paper which Surgeon-Major Evatt has just read to us, a paper so full of detail that I think we can hardly attempt to discuss it in any proper sense without very careful study and reflection. It may disappoint him that more of us who are here have not taken up as our text the interesting system, perhaps somewhat Utopian, which he has brought before us, but the reason simply is that it is so elaborate and so carefully prepared that we should require to consider it very fully before speaking upon it. All I want to do is to make one or two remarks on the subject which has already been spoken to by my friend Inspector-General Lawson, and others regarding our friend the regimental as opposed to the unification system. No one would want to go back to the old plan which broke down so completely in the Crimea, but this modern unification system has now been on its trial for ten years, and I think we cannot afford altogether to disregard the opinions of the military departments upon its working. If you read the Blue Book issued by Lord Morley's Commission, you will see that almost every Commanding Officer of large camps as well as of regiments was entirely unanimous in saying that the way in which the unification system is now worked is uncomfortable, and indeed often disastrous in its effects, that is to say, that the Officers do not know whom to go to for medical attendance. The Commanding Officer does not know whom to apply to for information about the health of his men, and altogether there is a condition of confusion which might by a little care and arrangement be easily enough removed. I think there can be no doubt that the unification system as now carried out works badly for the medical Officer, because it withdraws him from the possibility of sharing the social advantages which he used to enjoy in former days in connection with his regiment; and, I think, it operates disadvantageously also in a professional sense, because while a certain number of medical Officers are attached to the large hospitals, there are also a certain number who have no connection whatever with the hospitals, and therefore they have no opportunity of seeing or attending any amount of cases in

the hospitals. I should have thought it quite possible that there might be some kind of combination of duty by which medical Officers might be attached to regiments for different periods, say for three, four, or five years, and at the same time might have the opportunity of following cases into the hospitals and attending them there, a plan which is well known in rural districts in the case of cottage hospitals, in which medical men outside who send in their cases are enabled to follow them up, and attend them whilst in the men under his charge, and would stimulate an interest of the medical man in the men under his charge, and the doctor that would work mutual interest between the Commanding Officer and the doctor that would work well for the Service at large. I do not see that there would be any friction as has been mentioned between the two classes of medical Officers, those on duty with the regiments and those in the hospitals, and I do not see that another objection which has been put forward, namely, that the medical Officer might not do his duty properly with the regiment and then go on to the hospital, holds good. In the old days when I had the honour of serving in the Guards, we simply did our regimental duties in the morning at 8 o'clock, and having finished those, we then went to the hospital and did our duty there. We then came back to the barracks and did whatever other duty might be waiting for us. In this way our two sorts of duty ran actually together on all fours. Of course all this question means expense, but I think as laid down by Lord Morley's Commission would not be very great, and I think in the result would make the Service more attractive to medical Officers. I think if the Army hopes to get the best blood from the medical schools it is necessary to go back in some way to the regimental system, in order that, in a service which is very badly paid, some superior social advantages may be offered to compensate for tolerably hard work and bad pay.

Mr. J. FURLEY: I had no ambition, Sir, to swell the category of those who professionally rush in where angels fear to tread, and I certainly had no intention of addressing this meeting to-day; but perhaps I may be allowed to make a remark upon the concluding paragraphs of Surgeon-Major Evatt's paper. One or two volunteers have already spoken on the subject, and I remember when I myself was an active Officer of volunteers, I used to think it was an absurdity to call our force an army, seeing that we had no regular medical department and no transport service, a position which has been so well described by Dr. Taylor; but I confess that I afterwards saw reason to change my opinion irrespective of the question of expense that Commanding Officers and others connected with volunteers already bear. I thought that as we were never to be called out of the country there was no necessity for an expensive medical department or for an expensive transport system, for should we unfortunately be engaged in defending our country we should be backed up by all the civil hospitals and nursing establishments, and by all such societies as the Red Cross, and the St. John's Ambulance Association, and therefore that a complete medical department was not necessary. Commanding Officers and there were many other reasons against a distinct department. But recent events have shown that the Army Medical Department is in need of a supplement in time of war. Surgeon-Major Evatt has referred to a new ambulance organization that has been started in some of the London hospitals, composed of medical students. The instruction that these gentlemen are so willingly undergoing at the present moment is of the most valuable description, whether their future career be in the civil or military. At the same time, they are much too valuable to be kept in the position of sick-bearers, and we must add to that organization, if it is to be of any real advantage, a large class of useful men of lower social degree. I have not the slightest doubt from my own experience that we should be able in a very short time to find plenty of men who would readily join those gentlemen, and thus make a really important organization to supplement the Army Medical Department in case of war. I do hope that this new association will very soon have the recognition of the War Office and the support of the Army Medical Department; and if the same capitulation grant be given to the members as is allowed to volunteers generally, and if the hope be held out to them that in case of war their services will be utilized, and they will receive pay, then, I think, this much needed supplement will readily be found should it be wanted.

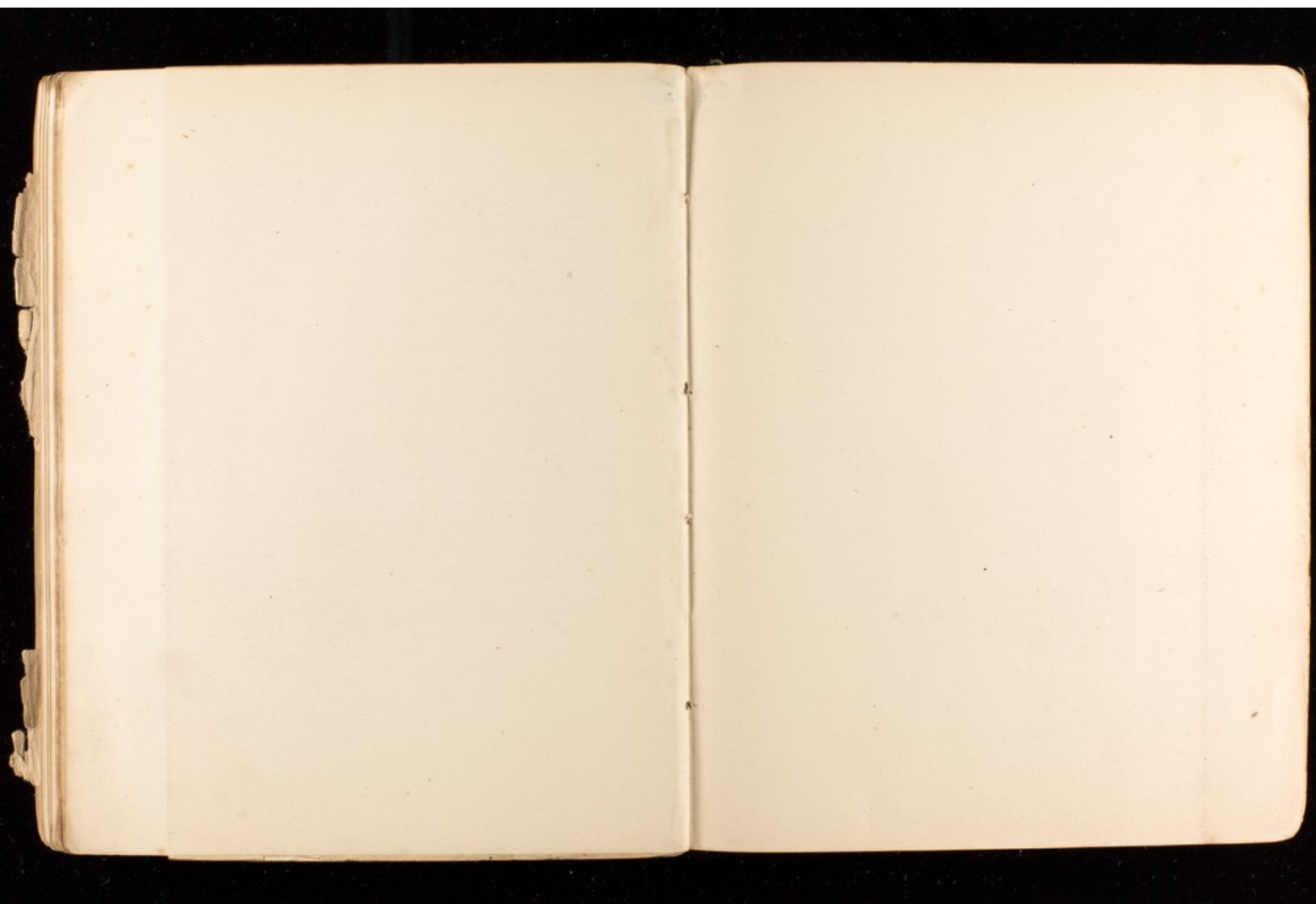
The CHAIRMAN: The time has so far advanced that I will not delay you by many observations. I should have tried to have made some remarks on many of the suggestions that have been introduced into Surgeon-Major Evatt's paper. Probably the most important are the additions which he proposes to make to the field hospitals, and the manner in which he proposes to obtain reserves in time of war for the bearer-companies and for the field hospitals. I hardly think that Dr. Evatt has sufficiently referred to all that has been done on these subjects to which a very great deal of consideration has been given. They were very fully discussed in the report which was furnished by Colonel Brackenbury, Major Kemmis, and myself on the organization of the medical services of different Continental armies as illustrated by the appliances at the Brussels Sanitary Exhibition of 1876, and by the Committee the formation of which that Report subsequently led to, that organized the bearer-companies and field hospitals of which the constitution and composition were embodied and described in the Army Medical Regulations of 1878. I still think that the recommendations of that Committee, so far as regards obtaining reserves for the bearers of the bearer-companies, will be found sufficiently practical and efficient. I will, with your permission, read a short extract from that Report respecting the tables of the bearer-companies and field hospitals. It is the following:—"The tables of the bearer-companies and field hospitals show a large number of men as hospital attendants drawn from reserves. The Army Hospital Corps at present cannot supply such a reserve. As these men are merely required for fatigue duties, as distinguished from skilled attendants on the sick, the Committee recommend that a proportion of the Army Hospital Corps should be enlisted for as short a service with their companies as is compatible with a due instruction in those duties, and be then for the remainder of their engagement passed into the First Class Army Reserve. Until the corps is in a position to supplement its companies by such reserves they consider it desirable that steps should be taken for detailing the number necessary for one or two army corps from the militia reserves." It is a very important matter, and I therefore think it well to allude to it, that we should have exact notions regarding the difference between reserve men qualified to act as bearers, and to do the fatigue duties of bearer-companies and field hospitals, and reserve men, who are qualified to act as nurses in the wards of the hospitals, to take the place of the hospital orderlies when these latter are removed from the hospitals at home to proceed on foreign service and do the duties which they are called upon to perform in time of war. There will be no difficulty, I anticipate, in getting sufficient reserve men who can be rendered available for doing hospital fatigue duties and the duties of bearers, acquaintance with which can readily be acquired in from three to four weeks, but I do not anticipate that the plan proposed of a militia hospital corps reserve to provide hospital attendants can be carried into execution without great difficulty; I mean such attendants as are competent to take the place of the regular Army Hospital Corps men for nursing the sick when the ordinary establishments have to be increased to what is necessary for meeting the wants of a time of war. This reserve must be composed of trained and sufficiently experienced men got from the ranks of the Army Hospital Corps itself. We had some experience on this point at Netley on the occurrence of the Egyptian campaign when all the hospital attendants were removed from Netley in order to make up the establishment for the field hospitals and bearer-companies proceeding to Egypt. At first we had a number of men sent from the ranks of the regiments at Portsmouth to take their places. Subsequently we had men from the reserves dressed as Army Hospital Corps men, and with a limited amount of training as bearers, who took the place of the regimental men in the wards. The surgeons much preferred the regimental men who came without knowing anything of the duties of Army Hospital Corps men, but who for the most part were disciplined, obedient, and tractable, and who in many instances took a great deal of interest in the ward work, to the reserve men who were sent to us as Army Hospital Corps men after three or four weeks' training in bearer duties at Aldershot. We had the greatest difficulty with these latter men, owing to their bad drunken habits and apparent dislike to the ward duties. Had they been sent as fatigue men to do fatigue duties, or even to act as bearers after the training they had had for a few weeks at Aldershot, they would no doubt have done those

duties well under proper control; but as ward attendants they were absolutely less useful than the regimental men from the ranks, who for the most part were willing to learn and to do what they could to help in nursing the sick. With regard to the increment that Dr. Evatt proposes to the field hospitals, I cannot look upon this as quite such an easy thing as he describes; it seems to me, on the contrary, a very serious and difficult matter. Dr. Evatt is proposing to increase the establishment nearly two-thirds over the present establishment in each field hospital. Multiply that by twenty-five, the number of field hospitals for one army corps, and see what a vast increase of men it is that is asked for to be trained, rationed, looked after, and paid. And it is also a matter for grave consideration whether such an increment as this can be held to be necessary. Some increase of establishment as regards attendants is, I believe, admitted to be necessary by all, but when comparing a British hospital with an Indian hospital, we must always remember that the large establishment of hospital servants in India is partly due to caste influences, just as our own private establishments of servants in India have to be very largely increased in number from the same cause. Again, with regard to some of the particular servants mentioned, those for the conservancy arrangements, the water supply, the washing, and so on, we must recollect that the Commissariat and Transport Department is at present responsible for executing these duties in the field. We can hardly expect, therefore, to have independently a sufficient establishment to be able to do all these things entirely ourselves. Practically in time of war field hospitals are generally supplemented by a certain number of men to do various fatigue duties. Some of them were so assisted in Egypt, I believe a certain number of men, Egyptian prisoners, muleteers, and others, being sent to the hospitals for service in various capacities. It has always been understood that the hospitals are to have the advantage of men extra to the fixed establishments being sent to them when needed to do fatigue duties. That we can obtain a fixed field hospital establishment as is represented in the table before us under present circumstances seems to me very problematical. But, however, without entering more fully on these and some other topics that might be enlarged upon, I may say that personally I have the fullest reliance, and I feel sure everyone at this meeting may equally have full reliance, that all the topics which Dr. Evatt has so eloquently brought before us to-day will be very thoroughly considered by the responsible head of the Army Medical Department. We have at the head of our Service an Officer of great sagacity, who has had for many years to consider and to carry out practically the organization of our war hospital establishments, not only in this country, but also in India, and who, as a member of Lord Morley's Committee, must have had very many of the subjects discussed to-day already brought under his consideration. He has also around him a staff of very able practical men to assist him with advice. We may infer also, from the exhaustive inquiries that have been instituted under the direction of the War Department, that the authorities there are alive to the necessity of continuing to add to the efficiency of the medical service, and that all will be done by them, as well as by the military authorities (who, of course, have the welfare of the sick and wounded troops just as much at heart as we have, whatever different views may be entertained as to the manner in which this is to be carried out), to place our field hospital establishments on as complete and efficient a basis as possible. From all these circumstances together we may rest confident that the important matters brought before us by Dr. Evatt, as well as the views expressed by the various Officers and others who have favoured us with their opinions to-day, will be taken into very full consideration, and may now be safely left in the hands of the authorities who alone have the power to bring them to a practical issue.

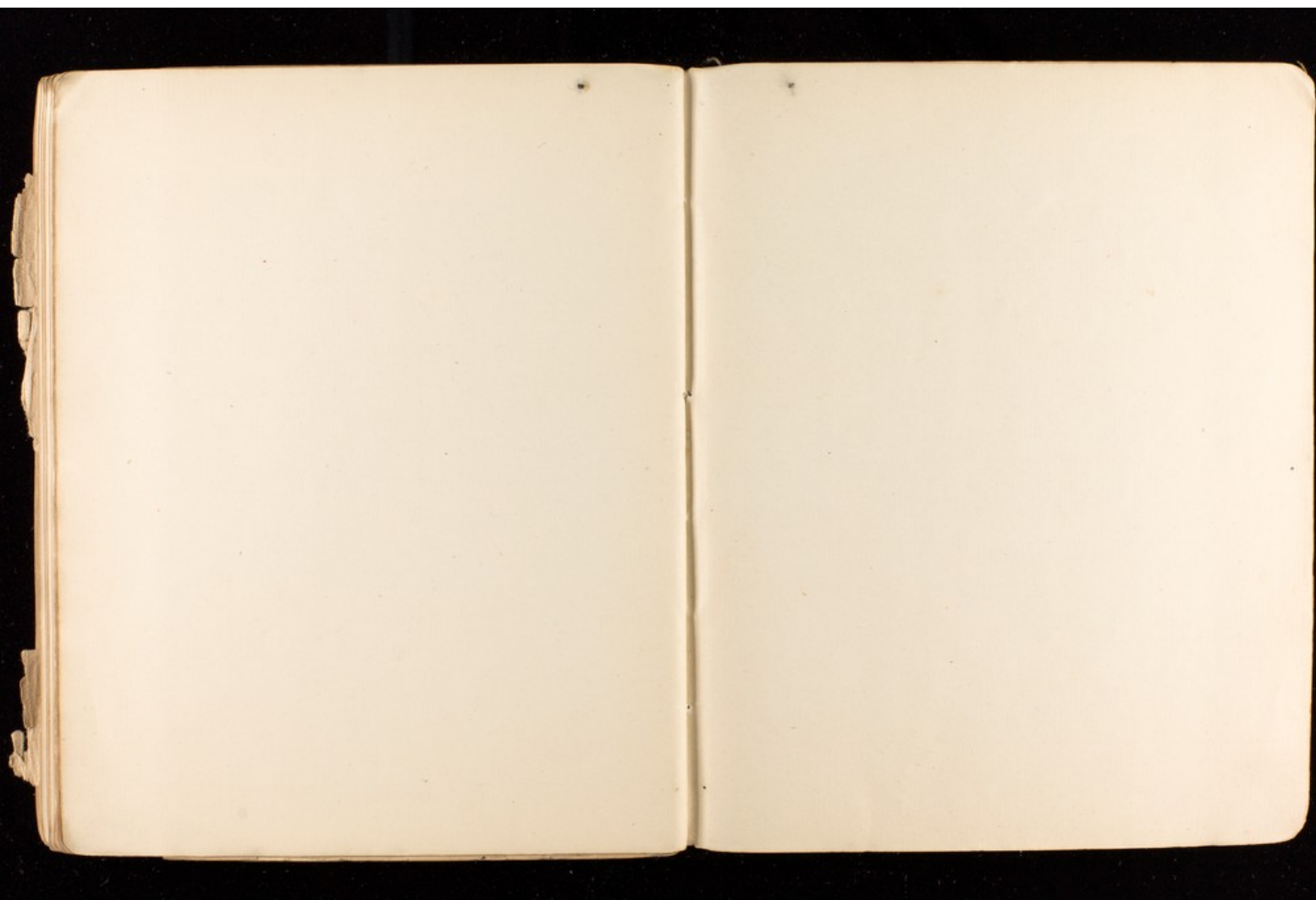
Surgeon-Major EVATT, in replying, said: I have but a few words to say in reply. As to Surgeon-General Lawson's allusion to the fact that general hospitals existed in our old wars, I am of course aware of that. But what were those hospitals? They were completely without organization, and were in the last century mere charnel-houses. You can call them nothing else; for without medical staff and trained subordinates you cannot have real efficiency. As to the volunteer service, I feel certain we have a large field there, from whence, if we try, we can obtain large war help; but we need to train them in peace for war, and not to wait until war

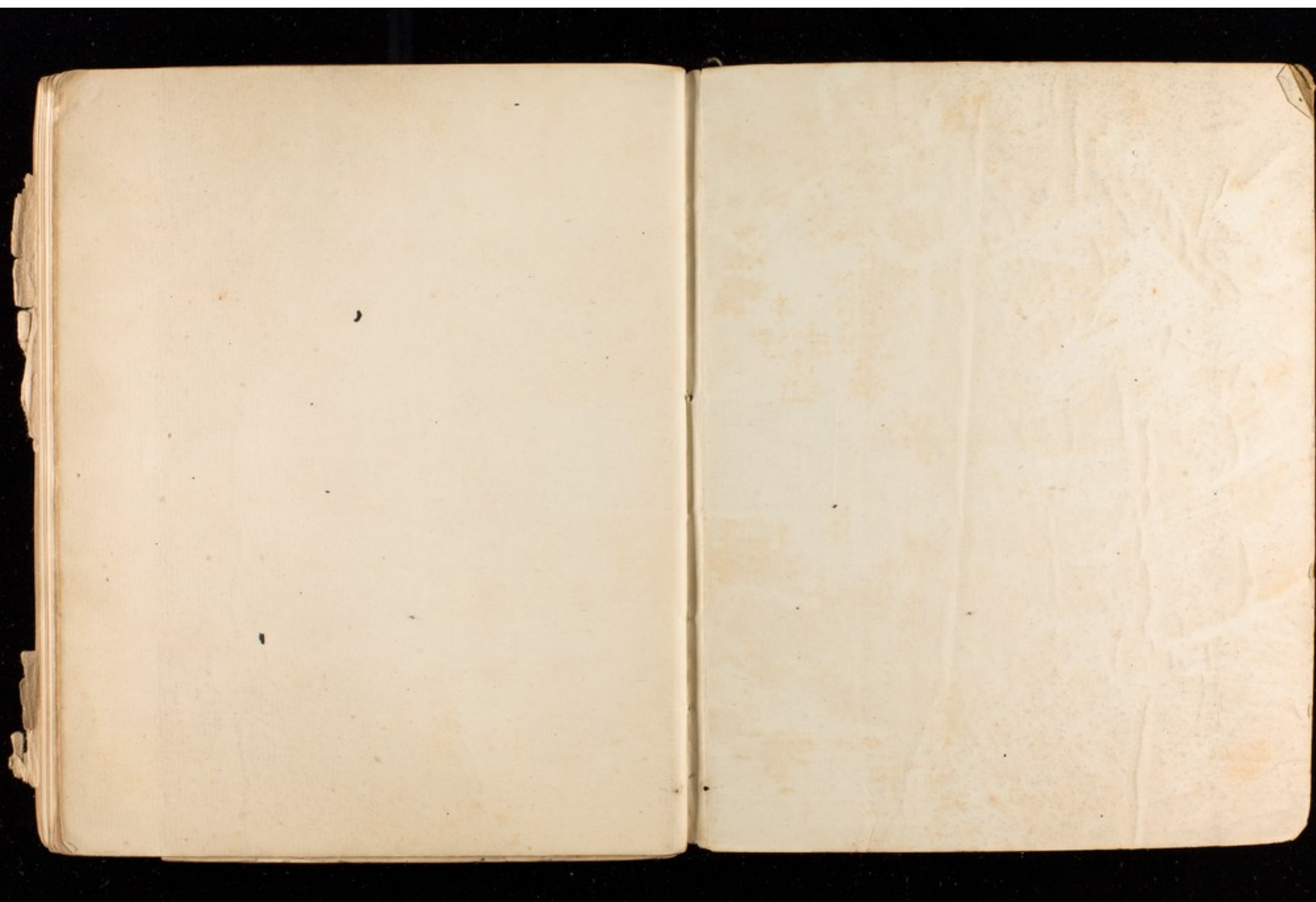
comes, to try and rush it, and send out untrained men. As to the militia, one must remember that any militiamen sent into the hospitals for service during the recent Egyptian War were completely untrained; they were taken out of the ranks of the militia reserve, and sent into the hospitals without any training whatever. To judge of militia help by such men would be quite wrong; and it is to avoid such confusion that I propose to train regularly a militia reserve for our use in peace, and not wait until war comes, and then rush them into our hospitals completely untrained. I want to see a regular Militia Hospital Corps called out annually and trained with us in the hospitals, instead of being kept at infantry drill in the barracks. We need such a body of men to work our home hospitals in war time as well as to furnish the courier aid in the war hospitals. During war time we are put to great straits at home for men for our hospitals, and we have to withdraw combatant soldiers from their drills and their regular work to assist us. This acts injuriously in two ways—the men are inefficient as nurses, and they are taken away from their own special work outside. As to the question of water-carriers being needed in India on account of caste, I do not think that this is the case. If I had no water-pipes laid on to my house at Woolwich, I, too, in England should need a waterman to carry water for the domestic service of my house. In India we have no water supply laid on, and hence, caste or no caste, we need watermen. India is a hundred years behind London in civilization, and war is practically a return to the primitive savagery of the world when all the subsidiary services of a house have to be done by human agency. Sewage is removed in England by drains; in war we need human agency. A dhobie exists in India to wash clothes, but practically we have dhobies in England, only they work in laundries organized for the service of many families, and hence we do not see them so prominently before us. Nevertheless they do exist; and as in war you have no laundries, you must go back to the primitive washerman of an earlier time. It is in no sense a caste question, it is simply a return to primitive conditions. As regards the aiming at efficiency by the Director-General and by the whole of the War Office officials of every class, no one questions for a moment how ardently they hope to obtain complete war efficiency. For one hundred years the doctors have written, and spoken, and struggled for complete war efficiency, but it really is not possible to obtain it without educating the public as to what is needed. However strong may be the desire of the Director-General or the Commander-in-Chief to achieve everything we need for us, it will not be possible to obtain the money needed for these things unless public opinion is worked up to the standard that will make the House of Commons vote what is needed. We need as it were a band of missionaries of the Red Cross to go out and preach a new crusade, and teach the people what we need. When they know what we want, then, and only then, will they give it to us. The people of England and the taxpayers talk about humanity; let them, however, do their share and pay for humanity also.

The CHAIRMAN: I have now the very pleasant duty of asking you to express your thanks to Surgeon-Major Exatt for his very interesting and suggestive lecture, which thanks I am sure you will fully agree with me he richly deserves.



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Historical Research
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