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Introductory Lecture

DELIVERED AT THE
ARMY MEDICAL SCHOOL, FORT PITT,
CHATHAM.

At the Opening of the Session, October 1st, 1862.

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PROFESSOR OF MILITARY HYGIENE.

GENTLEMEN,—In a work written nearly 600 years ago by a Franciscan friar, one of those early cultivators of science who were looked upon as magicians by their contemporaries, and whom we too often picture to ourselves as merely engaged in vain searches after the philosopher's stone, occur these remarkable words:—"If every man from his youth would exercise a complete regimen, which consists in (the regulation of) these things,—meat and drink, sleep and watching, motion and rest, evacuation and retention, air, the passions of the mind; if a man would observe this regimen from his nativity, he might live as long as his nature assumed from his parent would permit, and might be led to the utmost term of nature, which term, nevertheless, he could not pass."

And following up this idea, the author, Roger Bacon, wrote another remarkable treatise, entitled, "The Cure of Old Age and the Preservation of Youth," which, if divested of its antique garb, and freed from some subtleties which the acute but fanciful mind of the Arabian physicians had introduced into medicine, will be found to embody much thought and shrewd observation on these subjects of universal interest. For who is not interested in the preservation of youth and the cure of old age?

The cure of old age! We do, indeed, know an old age which needs no curing. We can all recall examples of an old age with which Time has gently dealt; in which the body has indeed preserved its youth, even to its fullest term, and the mind, enlarged by experience and corrected by trials, has even increased in clearness and truthfulness of view, and has lost nothing of its youthful strength. We all know old men who are the very types of a higher and purer manhood; whose age is no decadence, but only an onward step in a life of activity and usefulness; who unite, indeed, the wisdom of the serpent and the innocence of the dove; and on whose ripened years wait "honour, love, obedience, troops of friends, and all that should accompany old age." That is not an old age that need be cured. We might as well desire to rebuild those old churches which adorn the land, grey and venerable it may be with the lapse of many generations, but still stable and enduring as when the piety of our forefathers first reared them.

Roger Bacon was no idle dreamer, who sought in some universal elixir the means of staying the course of time, and of preserving for ever the bloom of youth and the freshness of the morning. He did indeed, with the natural enthusiasm of one who saw how much evil could be averted, fancy that the term of man's life might be prolonged, even, it might be, for two hundred years; but he also clearly saw that Nature has, as he phrased it, "an utmost term," which cannot be exceeded. Yet he perceived, as we do, that there is an old age to be cured; that there are numberless instances of age which comes before its time—of a body decayed even before its term of growth has passed—of strength gone—of intellect waning—of death commencing at a time of life when, according to Nature's laws, the body should be in all its vigour and the mind in all its strength.

Nothing, indeed, is more certain than that there is an extraordinary—an appalling waste of human life. Let us remember how many children die before a single year is completed; how many fall in early youth; how few, how very few, attain the Psalmist's term of threescore and ten years. And this mortality represents an unknown but immense amount of illness and suffering—of bodily and mental pain, which the mind cannot at first sight reconcile with those attributes of benevolence and love which yet, we firmly believe, guide the stars in their courses, and regulate the government of the world.

There may be, indeed, men who refuse to see in the waste of

human life anything unusual and exceptional; who point to the fact, that Nature everywhere creates and destroys with inconceivable rapidity; that every flower produces, it may be, hundreds or thousands of seeds, of which only one survives; that many animals multiply at such a rate that their progeny would soon fill the earth if the extraordinary balance of natural conditions did not destroy on a scale of equal magnitude. Man, it may be argued, is placed under the same conditions, and it is chimerical to suppose that his puny intelligence can modify the inflexible and impartial laws which regulate matter and its forces. To a belief so gloomy and depressing as this, it is, perhaps, sufficient to reply, that there is evidence to prove that man's intelligence has been purposely made great enough to influence his own destiny, and that he has been really permitted, in a certain degree, the material agencies which encompass him.

There may be others again who, admitting the possibility that man by his intelligence may influence the conditions which affect his health, yet entertain little hope that this will practically be done. The carelessness, the selfishness, and the vices of men; the temptations to which the weakness of his nature too often renders him a prey; the extremely complex conditions of his social life; and the arduous efforts, both of body and mind, which in many cases he must make to gain even a bare subsistence,—render it in their view improbable that the Utopia will ever be reached in which the causes that act prejudicially on life will be removed, and only those which favour health remain.

Some reasoners again may ask, What is the object aimed at? Is it wished to prolong life? But we do not know what is the natural term of life. The "threescore years and ten" may merely imply that some few men reach that age, not that it is the average duration, for if it were so it could hardly be true that at "fourscore years" there would be only "labour and sorrow," since an average of seventy years of life would imply the possession on the part of a large number of men of much strength at that age, and of a duration of life considerably over a century. Doubtless there is a natural term of life, and a certain period of decay, as of growth; but it may be said that whether it be the thirty-eight or forty years which is the average age at death in this country, or the seventy years of the Psalmist, or the one hundred years which Flourens has attempted to deduce from his law of growth, or the two hundred years which the Vicomte de la Pousse has still more vaguely inferred, or any greater number, is yet uncertain.

What, then, it may be said, is aimed at, and what reason is there for thinking that there is any waste of life at all, or any anticipation of that utmost term which even Roger Bacon knew could not be overpassed?

But arguments such as these carry no weight whatever. Even granting that the normal length of human life is not known, the slightest observation shows that it is much shorter than it ought to be. If we adopt Roger Bacon's point of view, and look at the effect of individual management, how many men do we see busily occupied in shortening their lives, either from ignorance of the simplest laws of health, or from a contemptuous disregard of them! No one can at all have investigated the great subject of the causes of disease, without seeing how marvellously the ignorant or the vicious man shapes his own course and determines his own future. And if it be answered that it is chimerical to expect that Roger Bacon's precepts will be attended to, and that every man will "exercise a complete regimen from his youth," and will have eyes to see and sense to act in the manner that is most beneficial to him, the reply may be, that whether it is likely or not, it is at any rate possible, and that its likelihood is increased by the fact that, as in so many other cases, it is for a man's self-interest to adopt the most reasonable and proper course.

But passing from Roger Bacon's somewhat narrow point of view, not only is life thus shortened by a man's own actions, it is also greatly influenced by circumstances which admit of alteration by others, if not by himself. How immensely some men influence the health of their fellow-men I need not say. What a step it would be if everyone would see that there is no isolation in this world, but that links which cannot be broken connect us all! If it were possible that every employer of labour in these countries suddenly endeavoured to realize that profound Christian law which recognises the mutual action of man on man as one of the great means by which the moral government of the world is carried on, and tried to do his duty to his neighbour, how great would be the effect on health! Unhealthy trades, which annually kill their thousands, would disappear; unhealthy dwellings, which sap the health of entire communities, would no longer disgrace our towns; selfish laws,

which benefit one class at the expense of others, would never be enacted; and every man would know that in some way or other, small or large, direct or indirect, he had power to influence the health of some of his fellow-men, and was responsible for his power.

One of the most cheering features of our time is the growth of public opinion in this direction. It is owing to this public opinion that the unhealthy factory life of the last generation is now, thanks to better buildings, improved ventilation, and well-arranged hours of labour, becoming a healthy trade; that landlords all over the country are improving the dwellings of their labourers; that men of science are constantly endeavouring to avert the hazards of dangerous trades; and that Government is gradually becoming convinced that legislation must give force and direction to the convictions of the public conscience.

In no way has this been more strikingly shown than in the case of the Army and Navy. In these services Government is a gigantic employer, and places its labourers under its own conditions. It does what it likes with its soldiers and its sailors—sends them over the world, locates them, clothes them, feeds them as it likes. It destroys almost entirely the free agency of the individual, and to a great extent holds in its own hands the influences which regulate health and life. On Government therefore, and on every officer who acts under it, is thus thrown a vast moral responsibility; and if our religious belief is to have any weight at all, we must recognise this to be no mere phrase, but an actual obligation, which all those concerned will have to meet. Government therefore, and all its administrators, are bound to see that the health of those whom they employ is in no respect damaged, or, at any rate, that every known means is taken to prevent damage. And it so happens that in this case, as in so many others, the duty of Government and its interest are identical. Even on the lowest grounds, as a matter of economy, as a means of obtaining willing and faithful service, as a means of increasing efficiency, and of deriving the greatest effect from the materials employed, the improvement of the health of men in the public service is a question of paramount importance. That this is now fully recognised by Government I need not say; it has been shown in a variety of ways: improvements have been initiated, evils removed, customs changed; and thus already, as we shall hereafter see, a marvellous effect has been produced on the health of the army.

But it may be said, even if such somewhat Utopian dreams could be realized, and if all that man could do individually or in community to improve his health and prolong his life were done—if the Priest and the Physician were alike listened to and obeyed, there would yet remain agencies enough to poison the springs of health, and to shorten even that narrow span of life which a vain philosophy may dream about, but cannot enlarge. How, it may be asked, can we deal with that mysterious problem the effect of race and inheritance which induces so many of the more recondite and fatal maladies? how control the elements ever at war against the feeble frame of man? how neutralize the unknown agencies which spread the epidemic and contagious diseases, and scourge us with a sword from Heaven the nations of the earth?

And, indeed, these questions embrace some of the most difficult points the physician has to consider, and cannot as yet be thoroughly answered. Yet something may be said. The effect of inheritance is, indeed, great; and "the nature assumed from the parent," to use Roger Bacon's phrase, often weighs upon a man during his whole life. Yet even here the dominant tendency can be often neutralized or weakened. If it is foreseen, much may be done to ward off disaster both to the mind and body, and the tendency then weakens with each successive generation, or is controlled by the healthier influence of the other parent. Or if, unhappily, this is not done, and if the tendency, of whatever kind, is intensified in the offspring by predisposition from both parents, a remedy—a stern but necessary remedy—is still provided, which sacrifices the individual to the race. Such unhealthy families die out: the stronger races survive, the feebler succumb; and by this process of selection the health of the community is preserved—perhaps, under certain circumstances, is even improved. And however slowly such a custom may arise in our social state, there can be little doubt that more and more attention will be paid by each generation of men and women to the bodily and mental health of those with whom they elect to pass their lives; and thus, as among the lower animals the principle of selection secures a continual increase of beauty and strength, so among men the effects of inherited disease will be continually weakened, and at length averted.

As to the material conditions which surround man, and which certainly influence greatly his health, nothing is more certain than that his intelligence can greatly control them. They are formidable because misunderstood or misdirected. The soil may pour forth its malaria, but the engineer can drain it and turn the deadly morass into a fruitful and healthy field; the cold wind may chill, but we can call into use hidden sources of warmth; the air may carry its poisons, but yet bears within itself the means of its own purification, if men will assist, or will even only refrain from arresting the beneficent changes of Nature. No, we may safely hold to the faith that Nature is no hard mother to her children, and only punishes them for their ignorance or neglect.

And as to the contagious and epidemic diseases which appear so mysterious, their causes of origin lie at our own thresholds. It is not wonderful, indeed, that men should have thought otherwise. Those fearful plagues which have passed over the earth, and have half depopulated countries, have naturally strongly excited the imagination of those who witnessed them. In their eyes the grandest images could alone adequately express the effect of those storms, before which courage grew pale and even religion faltered. We all remember the lofty terms which have alone seemed to some writers appropriate for the opening of their works on the mediæval plagues of Europe. The powers of nature are represented as coming into violent collision; in the air are thunder and storm; a dark pall shuts out the sun; blood rains on the fields; strange portents cross the sky; dumb creatures tremble and fly the accursed spot; and over the doomed people the destroying angel waves his flaming sword. And yet these are but the wild imaginings which great events excite in the awestruck mind. The wrath of Heaven is, indeed, acting, but man is the instrument of his own punishment, and it is his ignorance which creates these terrible catastrophes. Granted that there are many things yet obscure; that it is wonderful how the agents of small-pox or scarlet fever should be gifted with a potency so enduring; that it is inexplicable what force should ever and again send cholera wandering over the face of the earth, it is yet certain that we must look in many, if not in all, cases to the most simple conditions for the spread of the zymotic diseases, and to the most elementary hygienic rules for their prevention. In fact, it is in this direction that the greatest triumphs of hygienic science have been, and will for some time continue to be, won.

The more, indeed, we consider the causes which shorten and destroy life, the more shall we be convinced that the possibility of a great improvement in the health of the individual, of the community, and of the race, is no empty dream. How far such an improvement can be carried no one can tell, but the concession of the possibility at once points out a duty and necessitates an action. Suffering and pain may, indeed, always be our destined lot, but still we should infer that it is not intended that intelligence shall always remain unrewarded and hope unsatisfied. The greatest encouragement for hope and for action is to be found in the results which have constantly followed the application of the laws of health which physiology and pathology point out. There is no case yet known in which disappointment has followed properly-considered measures for improving the public health, and there are many instances in which unexpectedly favourable results have been obtained.

Examples could be cited in abundance, were this the time, to show how easily public health can be improved, and human life prolonged, and which prove how immense is the power men can thus exert over their own welfare. To make this power known, and to show how it must be used, should be one of the great objects of the science of Medicine. To teach the individual to preserve his own health—to awaken his sense of the responsibility to the power he can exert over the health of others—to show him how to apply his mastery over Nature for his own good, is, I believe, the great philosophy, more glorious than that of the Garden or the Porch, which the Physician must in future proclaim by the side of those still higher truths which fall within the province of the Priest.

But, in truth, physicians in all ages have not been slow to perceive and to proclaim these things. Roger Bacon was not the first to write on the "cure of old age." He constantly refers to writers of older times, and these in turn call up the opinions of those who have gone before. And thus the subject can be traced back, dimly it is true, but still perceptibly, to the most ancient records, and can be shown to have excited the interest alike of the Arabian, the Roman, and the Greek. And since the time of Roger Bacon there has been no want of writers on this topic; some dreaming, some speculative, some wise and

clear, until we come down to the days of Hoffmann, with his "Seven Laws of Health," or later still, to the unequalled teachings of Andrew Combe, and to the cogent statistical arguments of William Farr.

Amongst the best English writers on this subject must certainly be placed a large number of army and naval surgeons. Owing, probably, to the circumstances under which they were placed, circumstances which showed more commonly than in civil life the vast and rapid destruction of human life which sometimes occurs, their attention appears to have been forcibly directed to the prevention of disease. And many of them discussed this matter with a good sense which renders their works still most instructive, and some with a sagacity which places them in the highest rank of observers. The works of Pringle, who witnessed the campaigns in Flanders in 1741 and succeeding years; of Donald Monro, who saw those in the Low Countries and in Germany in 1769; of Brocklesby, who served at a period a little later; of Robert Jackson, the prince of army surgeons, who saw the whole of that stormy period which commenced with the American war of independence; of Hunter and Lempriere and many others, who witnessed the tragedies in the West Indies towards the end of the last century; of Sir James M'Grigor, the able administrator and man of business; or of Lascombe, the model of the efficient army surgeon in the Peninsular campaigns; of Henry Marshall, that man of genius whose lot was cast in the torpid times which followed the wild excitement of the imperial wars;—these, and many other works by military and by naval surgeons, (by Lind, Trotter, Gillespie, Blane, &c.,) have had an immense influence in gradually developing the grand subject of the preservation of health and the prevention of disease.

And coming down to our own time, we find no falling off in this respect. It would be impossible, and perhaps invidious, to attempt an enumeration of the numerous papers and essays which have of late years been written by army surgeons. But one or two works have exerted a great effect. It is decidedly from the reports of Marshall, Tulloch, and Balfour—which illustrated by the irresistible logic of statistics the causes of the mortality among the Queen's troops,—that the measures for reducing the death-rate in the army took their commencement. And these reports have had also a large effect in calling the public attention to the subject of preventable disease generally, by appealing to evidence which the general as well as the scientific public could at once understand and appreciate.

In another direction the writings and exertions of an army surgeon, the present Physician to the Council of India—whose name will hereafter be placed in the same roll which includes the honoured name of Robert Jackson,—consistently directed, for more than thirty years, the attention of the Government and the nation to the sanitary condition of India and its army, and have had no small share in bringing about that series of improvements which are now commencing, and which will inevitably add in an untold degree both to the happiness and the efficiency of the British soldier serving in the East.

And even the fiery trial of the Crimean War has not been without its good result. Throughout the whole army it appears to have made this great subject one of unusual interest; it produced to the utmost the energies of army surgeons; it produced the excellent and elaborate "Medical History of the Eastern War" of Andrew Smith; it brought to bear on military hygiene the sanitary aptitude of Sutherland; excited the earnest and self-sacrificing efforts of Miss Nightingale; and engaged in the task—alas for too brief a time—the noble powers and grand opportunities of that statesman who died too soon for his country, and with whom died

"The many hopes of unaccomplished years."

Under the influence of a growing public opinion, created partly by writers on hygiene, and partly by the stern experience of war, the health of the army has been for some years more and more attended to. It was time; for the great losses of men which had yearly taken place in time of peace had been hardly borne by this country, and in years to come would not be borne at all. We are even now like the old Romans, and our frontiers are almost too large for our strength. With a population not numerous, and well employed in a great and growing trade, this country garrisons vast dependencies, and at all points confronts formidable neighbours. From year to year, while trade continues good, an increasing difficulty will be found in obtaining men, or the wages of service must be raised. To consider, then, the health of the soldier in every way; to render the service worth his seeking; to obtain from him the longest period of work, and the most vigorous career

of duty, is a matter of policy as evident as the moral obligation which should bind us to the same course.

And there is every reason to think the improvement now obvious will go on—first, because, great as it has been, there are yet on every side evils to be combated; and secondly, because there are such unusual facilities for combating them. With one or two exceptions, the life of the soldier, considered as a trade, need not be carried on in time of peace under adverse sanitary conditions. It is true that the man born in the most temperate of islands passes to all climates, and may be subjected to the fiercest extremes of heat and cold. But climate has been the scapegoat of many sins, and every where in the British dominions healthy spots are found in singular abundance. A second evil is greater: the strong young man, brought into the highest state of vigour at an age when passions are strongest, and self-control is weakest, is then like a young monk (but without the young monk's moral restraints), shut out from the domestic ties which are the safeguards from so many and such frightful evils. In the trade of the soldier this is one great and persistent difficulty; he is unnaturally torn from those influences which it is not good for man to be without. That the immense standing armies of our time will widely affect the populations from which they are drawn is evident. Our descendants will trace better than we can this curious action. For us the chief interest is in the effect on the soldier himself. How this matter is to be met it is not easy to say: whether by stationary legions and military colonies, as among the Romans, or by a greater expenditure in allowing a much larger proportion of women to accompany their husbands, is not clear. But certain it is that the evils of an enforced celibacy are great and manifold, and must not be neglected. Apart from this the soldier can manifestly be placed in time of peace under almost any conditions that may seem desirable, and the great object is now to define precisely these conditions, and to apply them in all cases where insuperable military objections do not exist. In time of war, however, the question is not so easy.

War is a ruthless master, and pitilessly scatters to the wind the most careful arrangements. In all wars the sacrifice of life has been enormous, and in fact this has been one great check on aggressive and martial nations. It is, indeed, wonderful to see how in campaigns a great army melts away like snow under a midday sun. Napoleon, the great captain of modern times, assembled an immense army, and provided for it with all the forethought which his far-seeing genius could command. Before he entered the nearest province of Russia, before even the first note of real war had been sounded, his eagles had seen the loss of 50,000 men. Our own day has shown us something similar. The great Federal American army has been cared for as no other army ever was before. Profiting by our experience, and applying as an ingenious and quick-witted people might be expected to apply, the rules laid down in the English army since the Crimean war, the Americans succeeded, during the whole of last winter, in maintaining their immense army in an extraordinary state of health. It did, indeed, seem as if at last war was to be robbed of half its victims. But how have these anticipations been shattered by the rude touch of actual movements in the field! We shall never know the losses by disease in those wild campaigns; the sombre veil which covers them will never be raised for us, but enough is known to assure us that the destruction, great as it has been by sword and shell, has been, as in all other wars, far surpassed by the arrows of disease.

And yet, in looking over the history of wars, it is singular how obvious seem the causes which have produced the great mortality, and how easily one can put one's finger on the errors of omission and commission. If this had been done, if this had not been done, we may say, all would have been well; and yet war after war the same conditions are again repeated, and are followed by the same results. Is it that war is so intricate a thing that it is impossible to meet in time its ever-varying conditions? or is it thus that Providence designs to check the turbulence of men?

And yet our own history, and especially the last campaign in China, seems to show that a wise forethought can greatly prevent the diseases of war. The military history of the Romans, as far as it is known, shows that that martial and imperial race knew how to guard against many of the evils which have often almost swept away the armies of modern states.

At any rate here is another task for the army surgeon. His military superior will naturally require him to study profoundly the diseases of war, to trace their causes, and, as far as possible, to point out their remedies. The army surgeon should be, in fact, the right hand of his general, watching for and warding

off, as far as it can be done, those causes of weakness which may enfeeble the force the soldier directs.

It is impossible to read the works, reports, and essays which have been published by the medical officers of the British service, without acknowledging that many of them understood perfectly how to perform this great and responsible office. The profession of medicine may well be proud of the members of this service, who have enhanced the dignity and increased the usefulness of our common calling.

In the list of those who have belonged and who still belong to this noble service some of those who hear me to-day are about to enrol themselves. In so doing they will inherit a portion of the fame which rests on the past, and will become responsible for the exertions and conquests of the future. I am sure I need not urge upon them the responsibility they undertake in entering the medical service of the army—a responsibility greater even than that in civil life, inasmuch as the professional position of the army surgeon is more isolated, and those who depend upon him for advice can seek no other aid. There are many duties to perform for which our civil training does not prepare us, and many professional topics which require a fuller discussion than they can receive elsewhere.

In this school you will have explained to you by my colleagues the various surgical and medical points in which the practice of our profession differs from that in civil life, and will have your attention directed to those canons of health which are applicable to your future duties.

By attention to what is taught in this school you will be prepared to enter on your service, and to perform its multifarious duties with success; and in performing them with success you ought to find, and will find, your chief happiness. You will be in a position of great usefulness—"a helper of man," as the old motto has it, literally, "throughout the world;" and in all the varied phases of that famous military life which you will accompany and witness, officers and men should alike turn to you with confidence as able to do for them all that can be done in their hours of sickness and peril. You will then be recognised as a worthy associate in that grand English army which is now engaged all over the world in the work of peace; which everywhere is the servant of justice and of right; which watches over the youth of infant nations; which in the East and in the West alike represses anarchy, repels aggression, and in the midst of turbulent and disorderly nations maintains the rights and advances the cause of humanity. No nation has performed such a work since the Roman legions recoiled before the barbarian hordes. To do one's part worthily in so great a labour, and to spread throughout the wide range of the British possessions those rules of health which render both mind and body better instruments in the great work of improvement, is surely a career which might satisfy the ambition of anyone. Such a career is now open before you, if you have strength enough honestly and loyally to fulfil its duties; and these duties possess happily something of the divine quality of mercy, which we are told carries a twofold blessing—blessing the giver and receiver. In endeavouring to preserve the health of others you will ensure your own; and when old age comes, it will not be as an evil to be cured, but as an ending which worthily crowns a life of labour—an ending which has been anticipated without repining, and will be endured without regret.

OBSERVATIONS

ON THE

PRACTICE OF THORACENTESIS IN SEROUS EFFUSION INTO THE PLEURA.

By R. HUTCHINSON POWELL, M.D.,

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AMONGST numerous questions arising in the extensive domain of medical practice, the subject of this paper is not the least difficult of solution. The well-being, nay the life, of a patient so affected is not seldom at stake; and the deliberate and mature judgment of his professional adviser is called for in deciding upon the most efficacious and prompt treatment to be adopted. Considerable discrepancy of opinion still exists as to the practice of chest puncture in these cases. When accepted as occasionally requisite, much uncertainty prevails as to the description of case in which an operation of the kind may be

warranted, and as to the stage of pleural effusion in which favourable results may be expected.

Many eminent physicians, amongst whom the late Dr. Hope may be mentioned, assert that chronic pleurisy with effusion will usually yield to the administration of mercurials, iodine, diuretics, and local counter-irritation; and that when these fail, no benefit will arise from operative procedure. Moreover, objections have been raised on the grounds of the assumed dangerous results consequent thereon. The most prominent of these are—the occurrence of syncope; the risk of renewing or aggravating inflammation; and the pernicious effects of the ingress of air into the pleural sac.

On the other hand, there are not a few modern physicians, amongst whom Dr. Hamilton Roe, the late Dr. Hughes, and MM. Trouessau and Aran of Paris may be named, who advocate an early performance of paracentesis. They hold a strong opinion, based on their professional experience, with respect to the favourable effects of the prompt removal of effusion by this method. It is affirmed by Dr. Roe that the untoward accidents just referred to never occurred once in the cases (over twenty) thus treated; that pleuritic inflammation has for the most part subsided when considerable effusion has taken place; and that renewal of the effusion subsequent to operation may be prevented by mild constitutional remedies, which will also remove any traces of the primary affection. It is also forcibly intimated that to withdraw the superincumbent effusion by early operation will remove a source of functional disturbance, and will speedily enable the lung to regain its normal volume and functional activity. With respect to the alleged injurious effects of the admission of air into the thoracic cavity by creating irritation in the pleura, with formation of pus or fresh exudations of lymph, such results have not been witnessed in the cases published by Dr. Roe, and successfully treated by operation. It is moreover argued, that to try and promote absorption when this process is slow in appearing, is but to lose invaluable time, and permit of irremediable damage being done to both lung and pleura, and that the means used with this object are calculated to further debilitate the system, already reduced by disease and by the remedies resorted to, a repetition of which is as tedious in the removal as they have been powerless in the prevention of effusion. Dr. Hamilton Roe has further pointed out that the rapid effusion occasionally occurring in these cases may jeopardize the life of the patient if it be not removed by some more expeditious means than those commonly resorted to, and that an operation deferred till the strength of the patient be reduced by the disease and by depressant drugs cannot reasonably be expected to prove as successful as if performed at an early period, whilst the absorbents retain their activity and the lung its expansibility. Much depends upon accurately seizing that stage in a case where the use of drugs should be replaced by tapping. Acute symptoms, if at all present, having subsided, and a physical exploration having determined the suppression of the respiratory movement in the implicated lung, no time should be lost in removing the effusion by paracentesis. Complete restoration of respiratory function must not be looked for if the operation be delayed beyond five or six weeks from the commencement of the attack. Three weeks have been assigned as the period when it may be resorted to with the most perfect success; blistering, dry cupping, with the use of tonics (of which the tincture of the sesquichloride of iron is one of the best) and nutritious diet completing the cure. Hazardous and inefficacious medication, having, in the first instance, been discarded for the more prompt remedy, may subsequently prove beneficial and curative.

It cannot be denied that many cases of acute pleuritis, with effusion, yield to suitable medical treatment, or that tapping the chest will prove merely palliative in passive effusion consecutive to chronic structural disease. Still, instances do occur of subacute or latent pleuritic effusion attacking delicate subjects, in which the speedy and beneficial effects by tapping contrast most favourably with the often nugatory and mostly tedious effects of medicinal agents.

Having briefly stated the views of those who advocate the operation, I shall first glance at the characteristic states in which it seems most appropriate, and then proceed to give a few cases lately coming under my notice, which will serve to illustrate the chief points above referred to.

In the first group of cases there is slight fever, with feeling of languor and indisposition, but little local uneasiness. The symptoms are obscure and unperceived by the patient, whose usual habits may be little interfered with. I have lately heard the case related of a gentleman visiting Paris, who complained one day to a physician with whom he was acquainted

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ARMY HOSPITAL SERVICES.

THE arrangements for the medical care of the army in war seem to be pursued by misfortune. During the Crimean war, which lasted nearly two years, complaints arose as to the management of the sick and wounded, and also as to the general sanitary condition of the troops. A quarter of a century later the Egyptian campaign took place in October, 1882, and lasted only fifty-eight days. Complaints were made about the hospital management and nursing during the campaign, as well as about the sea transport of sick and wounded. Moreover, in the war in South Africa between 1880 and 1882, complaints had also arisen as to the conduct of the Army Hospital Corps in their treatment of the sick and wounded. These complaints have successively led to inquiries; first by a Royal Commission in 1857, and in the case of the two recent wars by Committees of Inquiry, of which one was appointed in June, 1882, to "inquire into certain complaints against the men of the Army Hospital Corps employed in the war in South Africa;" and the other at the termination of the Egyptian war in 1882, to "inquire into the organization of the Army Hospital Corps, and into the question of hospital management and nursing in the field, and into the sea transport."

The Royal Commission of 1857 was appointed by Lord Panmure, then Secretary of State for War, after the termination of the Crimean war, to inquire "into the sanitary condition of the British army, the state of the army hospitals, and the rank, pay, emoluments, and efficiency of the Army Medical Department, and to report what measures were advisable for the prevention of sickness and the treatment of disease in her Majesty's forces." Lord Herbert of Lea was the President of the Commission, and when he became soon afterwards Secretary of State for War in 1859 he carried into effect the recommendations of the report, and made a complete change in the medical and sanitary services.

These changes had for their object:—

1. To raise the standard of attainment among those to whom the care of the health of the army is chiefly intrusted, and to direct their attention to the study of that sanitary science, on the proper application of which the prevention of sickness and the preservation of life in armies mainly depend.

2. To place the medical officer in the position to which the dignity of his profession and the great services he renders justly entitle him, and to insure to his advice and opinion that weight and

influence in the administration of the army which are necessary to secure the health and to maintain the efficiency of the troops.

3. To lay down rules for the future government of military hospitals, which may simplify their organization, shorten the processes of business, and give a more efficient check upon expenditure, while they improve the quality and insure the regularity of the supplies, and relieve the medical officers of all non-professional duty, enabling them to devote the whole of their time and skill to the treatment of the sick.

4. To secure the adoption of the measures necessary to place the barracks and hospitals in that sanitary state which is indispensable to the health of the sound and the recovery of the sick; as well as the precautionary measures which it is necessary to adopt at the outbreak of war, in order to guard against the recurrence of those gigantic evils from insanitary conditions in camp and field and base hospitals which destroyed so much life in the Crimean war.

To effect these objects, the status and pay of the medical officers was in the first place increased. The candidates were required before presenting themselves for examination to have qualified themselves in civil hospitals to practise medicine or surgery, and they were required to pass a theoretical as well as a practical examination in medical and surgical knowledge, and also to possess a good general education. The Army Medical School at Netley was created, where, before taking up his duties, the candidate underwent a course of instruction in hygiene and in clinical military medicine and surgery. The assistant surgeon was subjected to three separate examinations in the first ten years of his service, each examination having a definite object, viz.: First, as already mentioned, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge; second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an army medical officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of medical science; and it was intended that all promotion to the higher ranks should be by selection and not by seniority.

A Purveyor's Department had existed down to 1830, when it had been suppressed for purposes of economy; and at the time of the war the supplies for hospitals were derived from the commissariat, the store, the barrack, and the medical departments respectively, and were partly administered by the medical officers and partly by an officer still called the Purveyor, who was, however, placed as a financial check on, and therefore in a position antagonistic to, the medical officer. These arrangements Lord Herbert abolished. He

created the Purveyor's Department, and made it the duty of that department, subject, however, to the medical officers, to provide all matters connected with the supplies and equipment and repairs for the hospitals, with the accounts, and with the supervision of the servants employed in and about the hospital. The medical officers were thus liberated from all duties not strictly professional, in order to enable them to devote more time to the higher duties of their profession, and the better to perform the duty of looking after the sanitary condition of the army with a view to the prevention of disease, with which they were charged. On the breaking out of war the Purveyor-in-Chief was to furnish everything required for the hospital service of the campaign, under the Director-General of the Army Medical Department; and the duties of both classes of officers were clearly defined, so that a direct responsibility rested upon every one in charge of the sick. The key to the army medical organization at the time of the Crimean war was the regimental system. In that system the medical officer was appointed to a regiment, and he became an integral part of that regiment. He had charge of its sanitation under the commanding officer; he attended medically on the wives and families of men belonging to the regiment; and became the friend and adviser of the commanding officer, and of all the officers and men of the regiment.

General Hawley and Sir Robert Lloyd Lindsay, in their dissent from the report of the Committee of Inquiry recently held, observe that this system—

“Proceeds on the principle that it is as important to keep men in health as to cure them when sick. Also, that the medical officer is of essential service (both at home and abroad) to the commanding officer of the regiment, as his adviser on all sanitary matters, and as the person on whom he relies, not only for keeping his men in health, but for checking scheming and shamming in the ranks. It also gives to medical officers the advantage of military training and discipline; it habituates them both to command and to obey, and prepares them for the duties they have to perform in time of war. . . . This is the system which officers in the army, from the commander-in-chief downwards, are unanimously in favour of. Every branch of the service—engineers, artillery, cavalry, and line—have given evidence in favour of it before this committee, and the general officer commanding at Aldershot has also in his evidence advocated the advantage of it.

“It is the system adopted in every continental army without exception, and it is the system to which our own army reverts in time of war, when a medical officer is attached to every regiment proceeding on active service.”

Lord Herbert's Regulations provided that in time of war a fixed amount of transport was to be allotted, on the requisition of the principal medical officer attached to the army taking the field, to each battalion, brigade, and division, for the conveyance of the field hospital equipment and medical comforts. For instance, for a battalion 850 strong there was one mule to carry medical comforts and a cart for surgical appliances, and an ambulance car to follow in the rear, capable

of carrying from six to eight sick. In war it was necessary to supplement the regimental hospital system by general hospitals, and the Royal Commission of 1857 reported that in all previous wars general hospitals, wherever formed, had been unsuccessfully administered, owing to the want of proper organization. To guard against this the Royal Commissioners of 1857 proposed the establishment and organization of a limited number of general hospitals in time of peace, for the twofold purpose of training officers for a service indispensable in war, and for enabling the entire staff, if need be, of any of these hospitals to be removed to any place where a general hospital might be required in the event of hostilities. The fundamental principle of the organization and administration of these general hospitals was the appointment of a Governor, whose duty it was to attend entirely to the administration of the hospital, as distinguished from the treatment of the sick, which was placed under the principal medical officer. The Governor had full powers to obtain the requisite labour and transport, and to procure supplies; and sufficient funds were to be placed at his disposal for that purpose. All officers, excepting the principal medical officer, were to be responsible to the Governor solely, and were to receive instructions from him only; all requirements of whatever kind, whether for the hospital buildings, equipments, or supplies, were to be provided for directly by the Governor, in whom powers for every such purpose were vested.

In a large hospital the efficient performance of such duties is sufficient to occupy his time very fully; and in a moderate sized hospital full of patients their proper execution would amply fill the time of one person. This question is well illustrated in the very interesting report by Lady Strangford on the Victoria Hospital at Cairo, which we commend to notice. The battle of Tel-el-Kebir was fought on the 13th of September. Cairo was occupied on the 14th. Lord Wolseley addressed a letter, dated October 8th, 1882, to Surgeon-General Hanbury, the principal medical officer of the Egyptian campaign, in which he contrasted the Army Hospital with that of Lady Strangford, as follows:—

“I have just returned from the Citadel Hospital, and I have come back with a very heavy heart from seeing our sick soldiers so badly looked after. I thought the condition of the hospital at Ismailia *very bad*, but I made allowances because your stores, you said, had not arrived; but there is not such excuse now, and I feel bound to tell you that I look upon the hospital in the citadel, as it exists now, as a disgrace to our army. Large numbers of the men still lying on the floor, and scarcely any with mosquito curtains.

“I wish you would go and see Lady Strangford's hospital, and see what can be done by the energy of one woman. She has purchased capital bedsteads for a few shillings apiece, and has provided mosquito netting, any quantity of which is to be purchased in the town. On the 30th ultimo I told the doctor who went round the hospital to send out and have whisks purchased (they cost

a few pence apiece), and one given to every man to help him to drive away the flies, which are a plague in the hospital. They have not been bought, and I must hold you responsible. You know you can have as much money as you want. It is not money, but energy and system that is wanting."

The small Victoria Hospital was organized much on the plan of one of Lord Herbert's general hospitals. Lady Strangford was the governor, who personally looked after every detail of management, supply, and discipline, and regulated the nursing and service; whilst the treatment of the sick was in the hands of Dr. Sieveking and others, the former being what, in one of Lord Herbert's general hospitals, would have been called principal medical officer. Thus there was a direct responsibility for each class of service, and the attention of the medical officer was not distracted from the treatment of the sick by the necessity of looking after the supplies and the scavenging and cleaning of the hospital. In addition to the improved organization of the curative staff of the army, Lord Herbert proposed what may be called a service for the prevention of disease, *i.e.* a sanitary service. In the first place he arranged to instruct the medical officer in the whole subject of army hygiene before admission to the service, and then provided that medical officers were to advise on the specialities connected with the prevention of disease and the preservation of the health of troops; subject always to the necessary contingency, especially with armies in the field, that occasions must constantly occur in which military reasons must necessarily outweigh all considerations of health affecting the troops engaged in the operations, and of such contingencies commanding officers alone can be judges. In time of war the regulations provided that when an army is about to take the field, the Director-General of the Army Medical Department should select a competent medical officer, to be attached to the Quartermaster-General's Department, to act as sanitary officer of the army, and as sanitary adviser to that department. The Director-General was to issue for the guidance of this officer a code of instructions on all matters connected with rations, clothing, shelter for troops, sanitary arrangements and precautions for preventing disease, in addition to any instructions necessary to meet the specialities of each case. The sanitary officer was, on the line of march, to accompany the officer of the Quartermaster-General's Department who precedes the troops, and was directed to give his advice on the selection of quarters or camping grounds, and in the adoption of precautions for protecting the health of the men, or for improving the sanitary condition of the ground, with reference to the water supply and the disposal of refuse matter. A sanitary police properly organized was provided under the Quartermaster-General's Department to carry out the precautionary measures pointed out by the sanitary officer.

In 1869 Lord Cardwell, the then Secretary of State for War,

began to alter these regulations by the abolition of the Purveyor's Department, and the transfer of its duties to the Control Department, a department which Lord Cardwell created, but which was soon found to be unworkable and was broken up. On its abolition, the duty of providing the food for hospitals was placed under the Commissariat Department; and the equipment was placed under the Ordnance Store Department, much as had been the case in the Crimean war. The medical officers had, no doubt, complained that the purveyors were too independent. For instance, Surgeon-General Longmore in his evidence states that "there was constant friction between the purveyor's people and the medical people." It is, however, quite certain that efficiency in the supply of hospitals in war can scarcely be secured unless it be made the duty of a special department, that is to say, one independent of the fighting departments, to attend to the wants of the sick; and if the purveyors were found to be too independent of the medical officers, the logical remedy was not to abolish the Purveying Department as a defective department, but to enforce their due subordination to the medical officers. An argument is used in the evidence that it is inexpedient to allow two departments to purchase in the same market; but this argument does not bear discussion, because by very simple arrangements between the departments the bargain or contract for any particular article made by one department might be available for the other. But the most important alteration which was made in the condition of the Army Medical Department was the abolition of the regimental system, and the adoption of the unified system, under which the medical officers form a separate professional department. This system proceeds on the principle of removing them from intimate connection with the regiments, and from the duties that would there devolve upon them, and of attaching them to station hospitals. In war it becomes necessary to revert in some measure to the regimental system.

The Army Medical Department was constituted upon its present basis by the Royal Warrant of 1873. In this warrant the examination which had been instituted in the junior ranks before promotion from one rank to another was abolished. Promotion by selection in the higher ranks was virtually abandoned; and they have been given numerous duties to perform in addition to the treatment of sick and wounded soldiers, duties which do not require professional skill for their efficient performance. They are in all respects responsible for the organization and management of the hospitals to which they are attached, in peace and war; and, subject to the General or other officer commanding the station or district, they have disciplinary control over all the men, whether attendants or patients, in these hospitals. The medical officers command and train

the men of the Army Hospital Corps. The men of the Army Hospital Corps are the wardmasters, nurses, and attendants in the hospitals; the cooks, washermen, gardeners, and barbers; they also act as clerks for accounts and stores, compounders of medicines; they form the bearer companies for sick and wounded with an army in the field. The lower grades consist of quartermasters, sergeants, corporals, and privates; their rate of pay is higher than that of the army generally. The corps is officered by the medical officers, who exercise full disciplinary powers over them, and who also command the bearer companies in war. The medical officers as soon as commissioned undergo, as already mentioned, a course of training at Netley in hygiene and army surgery and clinical medicine. They then go for two months to Aldershot to learn ordinary drill, company drill, and riding drill, and some instruction in military law. But they do not appear to receive special instruction in the duties recently placed upon them. Surgeon-Major Longmore said, in reply to a question whether medical officers are taught purveying, cooking, and housekeeping:—

“It is the constant duty of the medical officers to examine the quality of the food that is brought there. There is a medical officer who goes regularly round at meal-times to examine the diets to see that they are properly cooked, and he controls that.”

This is what every regimental officer has to do. He also says that they receive no special education in the duties of a hospital nurse beyond what they pick up as students in the civil hospitals, and that there is no examination to ascertain what they know about it. Compare this description of training in the special duties appertaining to their military profession which have now been committed to the medical officers, and in the habits necessary to qualify them for administering the discipline of the Army Hospital Corps, with the year or year and a half's training at Chatham of officers of Royal Engineers, who, in addition before they receive their commissions, have undergone between two and three years' training in discipline and drill at the Royal Military Academy.

The recruits of the Army Hospital Corps are stated to be generally enlisted from civil life; they are trained at the depôt of the corps at Aldershot, which is under the command of a medical officer. The training extends over four months, two of which are devoted to simple military drill, the remaining two months to ambulance instruction, which is given by a medical officer, and consists of field ambulance exercises, lectures, and of instruction in bandaging, dressing wounds, &c. Much of this instruction must be theoretical, as there are few wounds to dress at Aldershot. At the end of this course the recruits are examined in the subjects in which they have received instruction. If there is time, they then commence their training in ward nursing, but, owing to the demand for men at the

station hospitals, it is stated in the evidence that this training can but seldom be given. It thus would seem that the recruits of the Army Hospital Corps, taken at random directly from civil life, are supposed to be disciplined by two months' drill, and to be trained in another two months in many more subjects than a hospital nurse is supposed to learn in a year's training in practical work in a large hospital. Under the new system, therefore, the medical officer has been given numerous duties of administration in addition to his high professional duties; he has been given the command and training of a large body of men who are entirely dependent upon him for learning their special duties—duties in consideration of which they are allotted a special rate pay to insure their being properly qualified for their performance. But the medical officer, the teacher, receives no training in those duties, which are extraneous to his real profession; and he is not, therefore, supplied with the qualifications necessary to enable him to put his subordinates in the way of performing them. For instance, the hospital cooking was complained of in Egypt, and Lord Wolseley gives the following account of the arrangements for cooking in the hospital at Cairo (where anything could have been got) more than a month after the war was over:—

“ We had entered Cairo on the 15th of September. We had been there over a month, in fact we had been five weeks in Cairo, and I said, ‘ Now, before I go away, let me see your cooking apparatus.’ There was, I thought, a certain disinclination to show me the place. I found they were cooking in the garden. I said, ‘ Send me the cook,’ and a very dirty-looking man came up; he said he was the sergeant cook. I asked him, ‘ What is your means of cooking?’ He pointed me to the usual trenches which we make upon the field when on active service for cooking the men's ordinary dinners. He had the usual trenches in the ground, and the usual old-fashioned Flanders camp-kettles. I then said to the doctor, ‘ Is it possible that up to this moment, although we have been five weeks in Cairo, not a man in your hospital has ever had a pudding or anything baked for him, or anything made for him, except what you can boil in a soldier's kettle?’ And he said, ‘ Yes, we have had nothing more.’ I said, ‘ It is very hard upon the men, considering that you have been here five weeks, and you might have bought any quantity of stores. If you had asked me for a thousand pounds for them I would have authorised you to buy them, and yet, you tell me now, at the end of five weeks, that you are still cooking for the hospital in those large trenches. In a hospital where there is an immense number of sick, and through which a great number of sick are passing, you are now cooking for your sick patients in exactly the same way as soldiers out in a campaign would cook.’ ”

It is mentioned in the evidence that before 1873, during the existence of the Purveyor's Department, there was a system in force of training cooks, but that no such thing is done now. Indeed, the whole tenor of the evidence goes to show that there is no sufficient appreciation, especially in the higher branches of the Army Medical Service, of the necessity which exists that officers whose business it is to teach such matters of detail should themselves be so trained as to

be able to show the men what to do. Speaking of this, Lord Wolsley says :—

“So long as a medical officer has given to him the position which has recently been given to him by the great desire of the Medical Department, which is that he is to be supreme in everything, a man who is put in that position ought to accept the immense responsibilities which that position involves. The members of the Medical Department have obtained for themselves a great position of independence and a very high position in the army, but they have not at the same time assumed the responsibilities which their high position carries with it. That, I think, is one great fault which I have to find with them.”

In Lord Herbert's regulations the preventive or sanitary duties of the Army Medical Department were given great prominence; and the sanitary services to be performed by the medical officer, as laid down by the new regulations, appear to follow generally the lines laid down in the regulations made by Lord Herbert of Lea. But whilst the old regulations placed upon the Quartermaster-General's Department the duty of providing the sanitary police and of causing the necessary sanitary work to be executed, the new regulations would appear only to require the medical officer to recommend the establishment of sanitary police; and it does not clearly appear from the new regulations upon whom the duty of organizing and establishing it is placed. The new regulations require the Director-General to furnish the sanitary officer with a code of instructions to meet the specialities of the case of the particular war. Deputy Surgeon-General Marston, who was the sanitary officer of the expedition, in reply to question 7,436, states, “I got no other special instructions than that I was to act as sanitary officer of the expedition.” This officer joined from India, and thus had no personal communication with the Director-General on the subject of the campaign. This officer, in reply to a question as to whether there was any sanitary police under his orders says, “No. At Ismailia I tried to get something of the kind, and we had a certain number of Egyptian prisoners told off to the hospital for conservancy purposes; those prisoners spoke a language which we could not understand, and they simply added their dirt to ours. . . . I made a point of telling everybody that I came across what ought to be done, and how it could most easily be done. That was going beyond my directions, because I was not an executive officer.” The fact of this officer joining from India may have been a disadvantage; for if the sanitary officer had been present in England when the details of the expedition were first arranged, it is possible that a body of sanitary police as contemplated in Lord Herbert's regulations might have been organized. The Committee of Inquiry seem to concur in this view, for they say: “What is wanted is a large and well-organized body for executive conservancy work in

connection with the Quartermaster-General's Department. Nothing short of this would have answered in Egypt." The evils arising from this want of an efficient sanitary service are exemplified in Brigade-Surgeon Barnett's evidence as to the Citadel Hospital at Cairo, in which he shows that the fever in the hospital was actually passing into typhoid, because they had no means of removing the excreta but burying them close to the walls, and that nothing of this sort could be arranged for at once; and this, too, at a time when they were not fighting, they were not marching, they were stationary in Cairo and no longer at war: there was no pressure.

The main features of the present organization of the Army Medical Department as contrasted with that devised by Lord Herbert are, that the medical officer has taken charge of the discipline of the Army Hospital Corps, and has been given duties of administration from which Lord Herbert desired to exempt him as likely to interfere with his professional work. The term "administration" is a very grand word for very humble duties. It means the inspection of stores, the cleanliness of wards, the filling up of returns, the countersigning of requisitions, of the necessity of which, if his administration is to be of any value, he must be personally satisfied; the supervision of washing and washermen; in short, all the dealings with buildings, with furniture, with stores, with pots and pans, which in civil hospitals are the province of the secretary, the steward, and the matron. If the principal medical officer personally attends to the treatment of the sick and wounded he cannot give close attention to these details in a large hospital; and if he delegates them to subordinates, they may be badly done, or not done at all, but still he would be responsible and would bear the blame of failure. Therefore, if he is to do his duty as an administrative officer, he must delegate the treatment of the sick and wounded to his juniors.

In his evidence to the Royal Commission of 1857, Sir Benjamin Brodie said that "everything which a surgeon requires should be found, and everything which he orders should be done, but it should be done to his hand, his time being too valuable to be spent on any duties to which his medical science and skill are not available." Imagine Sir William Jenner and Sir James Paget withdrawn from the bedsides of their patients to check the issue of stores, to overlook accounts, and to countersign demands for furniture or repairs! Yet this is what, under the new regulations, the principal medical officer of a large military hospital must do if he is to do his duty.

"He is responsible for the discipline of the whole establishment, including the patients. He is required to personally superintend the treatment of the sick. He is to see that all returns and reports required by the Director-General are prepared and forwarded. He is to satisfy himself as to the clothing, bedding, and comfort of the sick; and as to the quality and cooking of diets, as well as to the medicines and medical and surgical appliances. He is to

ascertain that the stores and equipment of the hospitals are according to regulation, in good condition, and sufficient; and that timely requisitions are sent to the commissariat for all provisions, stores, and transport that may be necessary. He will cause transport to be hired in emergent circumstances."

The Committee of Inquiry endorse the present system. It is, therefore, important to see what have been its results. Brigade-Surgeon Veale says:—

"The privates are too much inclined to question the authority of the non-commissioned officers, to obey orders in the letter but not in the spirit, and consequently to perform their duties perfunctorily. The men of the Army Hospital Corps not only do not take a pride in their vocation, but many of them are actually ashamed of it."

The Committee state:—

"There is a general concurrence of opinion that the Army Hospital Corps is not in a satisfactory condition. In this respect the evidence with regard to the Egyptian expedition agrees with that regarding South Africa, which was received by Sir E. Wood's committee."

The following evidence is given at page 600 of the Blue Book respecting one of the hospitals in South Africa. Trumpet-Major Epps, 6th Inniskillings, who was in the Ingagane Hospital, South Africa, says:—

"As I was getting better I was ordered mutton-chops, but I never got them. I visited the cook-house and saw the chops being cooked for the orderlies; the patients getting the odds and ends of the sheep."

"Boy Maxwell, 6th Inniskillings, was given a mustard plaster one day when he was ordered a pill. On one occasion my medicine was given to another patient."

"Gunner Lester was six weeks without being washed. He was three days in the tent before he even got water to wash his hands."

"I did not complain of these things to the visiting officers, because when Gunner Lester reported George, the orderly, he threatened to 'jump on his stomach and stamp his lights out.' We did not feel at all safe with the orderlies, as they had such power, and so we did not report them."

"The orderlies never cleaned the mess-tins out."

"We had to fetch water ourselves from a tub in the centre of the camp."

"There was never any drinking-water in my tent."

"There was one night-stool in our tent, which was seldom cleaned by the orderlies."

Colonel Redvers Buller remarks on the evidence taken before this Court of Inquiry that the men of the Army Hospital Corps—

"As a rule, perform their duties as well as can be expected, having regard to the very limited amount of instruction that the soldiers of the Army Hospital Corps receive in their special duties."

"There are bad men among the Army Hospital Corps, as among other corps, and at present there exists no means of checking or counteracting the injury done by these bad men."

"The regulations are also very defective; they are too narrow and too inelastic. No one who knows anything about the working of hospitals in the field can fail to see that it was a grave defect to make the fever hospital at Ingagane a field hospital; at such a time and in such a pressure, such a hospital should have had every procurable comfort. Looking at the fact that Ingagane is only sixteen miles from Newcastle, and that at Newcastle there

was a large accumulation of stores of all sorts, and also a great many well-supplied shops, it appears almost incredible that so many fever-stricken patients should have been each compelled to drink, eat, and take medicine out of one tin pot, which pot could, of course, in the circumstances, be very seldom cleaned. Yet this is what really happened, and under medical officers whom I can from personal knowledge confidently describe as good ones. The truth is, it was only very indirectly their fault; really, it was and is the fault of the system, and of the inelasticity of the regulations."

It is to be observed that if these things had happened under Lord Herbert's regulations, where a purveyor would have supervised the whole administrative service of the hospital, there would at least have been some one on whom definite responsibility could have been fixed, and to whom punishment could have been awarded. It is not, however, only in war-time that the discipline of the Army Hospital Corps is unsatisfactory. It is, indeed, rare that any opportunity occurs in peace-time to bring to notice outside the walls of a hospital any case of absence of discipline. But one very remarkable case was brought under public notice in the newspapers at Norwich Hospital about two years ago, when an inquiry took place into the circumstances attending the death of a soldier in the military hospital. The case was this. A soldier, suffering from a noisome disease, was in a separate ward. The medical officer appears to have come to the hospital once a day in the morning. The orderlies in charge of the man proceeded one afternoon to fumigate him by burning sulphur in a pan in the room, after carefully stopping up the chimney and all other openings, and shutting him alone in his room for two or three hours. His cries attracted attention. He told a Scripture-reader who attended him that he did not dare to report it for fear of the orderlies. He died two days afterwards. The facts were brought out in an inquiry before the magistrates.

His Royal Highness the Commander-in-Chief says:—

"The medical officers have not sufficient knowledge of discipline to administer discipline in the Army Hospital Corps, especially now that the regimental system has been abolished."

Lord Wolseley says:—

"The system of giving medical officers the command of the Army Hospital Corps should be altered. Doctors are too highly educated and too well paid to be given the employment of sergeant-majors or of subordinate officers. A separate officer should look after the discipline in hospitals. Hospitals should be under military supervision, but there should be no interference with the functions of the medical officers. The medical officers could readily acquire the knowledge of discipline, but it would be using a fine tool to do what a coarse tool would do as well."

On the other hand, Surgeon-General Marston says, in answering Question 7379:—

"Do you think it would be desirable to make any other person than the medical officers responsible for the housekeeping of the hospital, and thereby relieve the medical officers entirely from those cares?—I think, most emphati-

cally, that everything in the hospital should be under the medical officer. I think he should have supreme authority in everything, but such duties might be very properly delegated." . . . "My impression is that you want quartermasters of the Army Hospital Corps and warrant officers to relieve the medical officer of a certain amount of military discipline and detail."

These answers appear to show a want of appreciation of what proper organization and real responsibility mean. For if a hospital is to be properly administered, the person at the head of the administration, whether it be Lady Strangford, or a governor as contemplated by Lord Herbert, or a principal medical officer, must himself see to all the details of administration; and where there are a large number of sick and wounded must either let the professional work give way to the administrative, or the administrative work to the professional. Wherever a hospital is defectively administered it may be accepted as certain that the person at the head does not efficiently supervise the details. The complaints which were substantiated can generally be traced to a want of efficient supervision of all those numerous details which make up hospital management and promote the comfort of the sick. The transport between the hospitals and the railway was defective. The men often lay without change of clothes; and some sick and wounded, after passing through the hospital, went home in the clothes they had on when in the field. The scavenging was not always satisfactory. The new regulations do not appear to give the principal medical officer the power which Lord Herbert deemed essential for the governor of purchasing what was necessary, if not obtainable otherwise, but required him to requisition the Commissariat and Ordnance Store Departments for his wants. Moreover, the War Office, at the beginning of the campaign, issued an order specifically withdrawing the power of local purchase given by Lord Herbert, and directing that all articles required should be provided by means of requisitions upon the Commissariat Department. (See Surgeon-General Marston's evidence, p. 323). Lord Wolseley appears to have overruled this, but his evidence shows the effect of the dependence of the principal medical officer on the other departments.

"*Dr. Crawford.* Was it ever represented to you by the Medical Department that the Supply Department had failed to give them what they required?"

"*General Lord Wolseley.* Constantly. In answer to my questions when I asked them why they had not good bread, they used to say, 'The Commissariat have not given us good bread.' 'Why have not you got beds?' 'The Commissary of Ordnance has not given us beds.' 'Why have you not got something else?' 'Somebody else has not given us something else.' Having obtained their high positions in the army, they seemed to think that they were absolved from every possible responsibility connected with their duties. If it was a question of sweeping out the hospital, they had not had a fatigue-party supplied to them. If it was a question of stretchers, they had not got them, because some one had not landed them for them. It was always some other person who was responsible for doing what I believe have always been conceived to be their principal duties!"

The hospital at Cairo was opened after the war was practically over. Cairo is a town where every appliance for comfort was to be had, yet in speaking of the Cairo Hospital Lord Wolseley says :—

“I was very angry with a hospital doctor the first day I went over the hospital at Cairo. It was on a Saturday, and I found the hospital very dirty. I found the men, as I have already said, lying on the ground, and lying in those filthy, dirty clothes that they had fought the campaign in. They had no change of clothes, and they seemed to have very little opportunities of washing themselves. There was a washing-room, but it was very imperfectly provided with basins. The flies were in myriads and myriads, and they covered everything. You saw the poor sick men asleep, with their faces undistinguishable in some instances by reason of the quantities of flies on them. I have seen a man lying awake trying to brush them off with his hands, and I said to the medical officer in charge, ‘Why do you not go out in the town and buy whisks; every little dirty Egyptian boy has got a whisk to keep the flies off; why cannot you go and buy them for a few pence?’ He said, ‘I have not got any myself, but I have applied to the Commissary of Ordnance to get them.’ I said, ‘Never mind the Commissary of Ordnance, go out and buy them yourself, and I will pay for them.’ Several other faults I found with him, and I said the same thing, ‘Why do not you go out into the city and get everything that you want?’ I said I would come back in a week, and I found a small supply of those whisks, but very few with the men, and I naturally was very angry, but he sheltered himself behind the Commissary-General of Ordnance, that the Commissary of Ordnance had not supplied them. And the same thing with regard to the mosquito-curtains.”

Deputy Surgeon-General Marston says, in reply to Question 7469 :—

“If the medical officers had shown more initiative in purchasing in the markets, would there have been a better state of things do you think?—In the first place, is the medical officer the proper person to go into the markets and purchase? He does not know the language, he does not know where to go; he has at all times a large amount of work to do, and, looking at certain instructions that have come out, I do not know whether he was supposed to exercise such power.”

These cases are merely given to show the working of a system which makes the Medical Department dependent on other departments for its supplies. It is a repetition of what occurred in the Crimean War, and they are cases which Lord Herbert's regulations were specially designed to prevent. There is no doubt that the Army Medical Department is in a peculiar position. The medical officer has to work at high pressure in interesting professional work during war, whilst in peace-time he often has but little to do, and that little may not always be of an engrossing nature. The higher offices to which the army medical officer can aspire are offices not in direct communication with sick and wounded. He therein differs from the civilian medical man, whose highest aspirations are always directed to the treatment of the sick or injured. An eminent London surgeon said to the Royal Commission of 1857, “My duties at the end of thirty-two years, during which I was surgeon at St. George's Hospital, were the same as on the day

I began." But from the day when the military medical officer enters his profession his ambition must necessarily be somewhat directed towards the high departmental positions outside his professional work; and the more the medical officer is charged with duties extraneous to his real professional work the more must this result follow.

We have, by the recent regulations, charged the medical officer with much extraneous work which could have been as well performed by less highly-paid persons—persons whose whole attention would be given to it instead of being diverted at times to the care of sick and wounded. Is it not probable that the performance of both classes of duties would profit by separation? These duties are also made a plea for an increased number of medical officers. Brigade-Surgeon Barnett says he requires a secretary, who should be a medical officer, to take charge of the discipline of the men of the Army Hospital Corps. Brigade-Surgeon Comyn says:—

"I think the Army Hospital Corps men ought to be kept under the medical officer's orders; and I think that in peace-time you ought to keep more doctors. As I think you should keep up a larger body of attendants in peace-time, so I think you should keep more doctors, to enable some of them to be acting chiefly as discipline officers for a period."

Other medical officers state that additional assistance is wanted for this extraneous work; that is to say, more medical officers to enable them to perform satisfactorily the numerous non-professional duties now placed on them. But be this as it may, it is certain that the performance of these extraneous duties, which might be just as well done by any one else, must divert the attention of medical officers from the real work of their profession, for which they are so highly paid; and that when the emergency of their own real professional work comes on them, it is to be feared that they may be found to have become year by year less qualified for performing operations or treating the sick. Lord Wolseley says:—

"I think that a man of the intelligence and education of a medical officer could easily learn the discipline that an ordinary ensign or lieutenant has received in the army if he had sufficient time to do it and was sufficiently long at it; but even then I do not think it would be a good way of employing your medical officer. I think you would be employing a much finer tool to do the work that a much coarser tool would do just as well."

And we may add that, unfortunately, this fine tool may be found to have been blunted when it is wanted for the real work which it has been obtained, at great expense, to perform. Is it wise so to organize the Army Medical Department that the number of highly-paid medical officers must be increased in order to employ them on these extraneous duties? The Committee of Inquiry have endorsed the view of those medical officers who ask for these duties, and they recommend the welding together of the medical officers and the Army

Hospital Corps into one corps. If this is done the medical officers must be trained for their new duties, so as to enable them to train the Army Hospital Corps. What does this involve? They must be trained in discipline; and it is very questionable whether this could be effectually done after they have obtained the civil qualification required to enable them to practise surgery or medicine. In the German service the military medical officers enter as medical cadets. If the present system is to be continued it would probably be necessary that the candidates for the Medical Department of the army should enter the Government service at an earlier age, whilst they are still medical students, and like the cadets for the Royal Engineers or Royal Artillery, study under military discipline in barracks to be built adjacent to some large civil hospital. They would have to acquire detailed instruction in all matters of hospital management, supply, housekeeping, and nursing, so as to be competent personally to instruct the men of the Army Hospital Corps; and if this education be given effectually, we may feel quite certain that, with the increased attention given by medical officers to these various details of administrative work, these highly-educated men will perform such duties admirably; but can we feel equally certain that they may not year by year lose their skill and proficiency in medicine and surgery, for which alone the medical officers are wanted?

In these remarks it is not intended to disparage the medical officers of the army, who have always individually shown great skill, devotion, and heroism when the occasion has arisen. But as I was conversant with the views held upon this subject by Lord Herbert of Lea, and as I was largely connected with the efforts which he made to promote the efficiency of the Medical Department and to improve the sanitary state of the army, I have felt it incumbent on me to point out that the complaints which have been made about the medical services in the late wars are the result of the complete abandonment of the regulations which Lord Herbert made; and I would strongly urge that in the further changes which must now be made in the organization of the Medical Department, the one important principle to be kept in view is to ensure that whilst the army medical officers retain as high a standard of professional skill in curative science as their civilian brothers possess, they shall maintain in the development of preventive medicine or hygiene the position of leaders which the efficiency of their sanitary teaching in the school at Netley has hitherto enabled them to assume.

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Review

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