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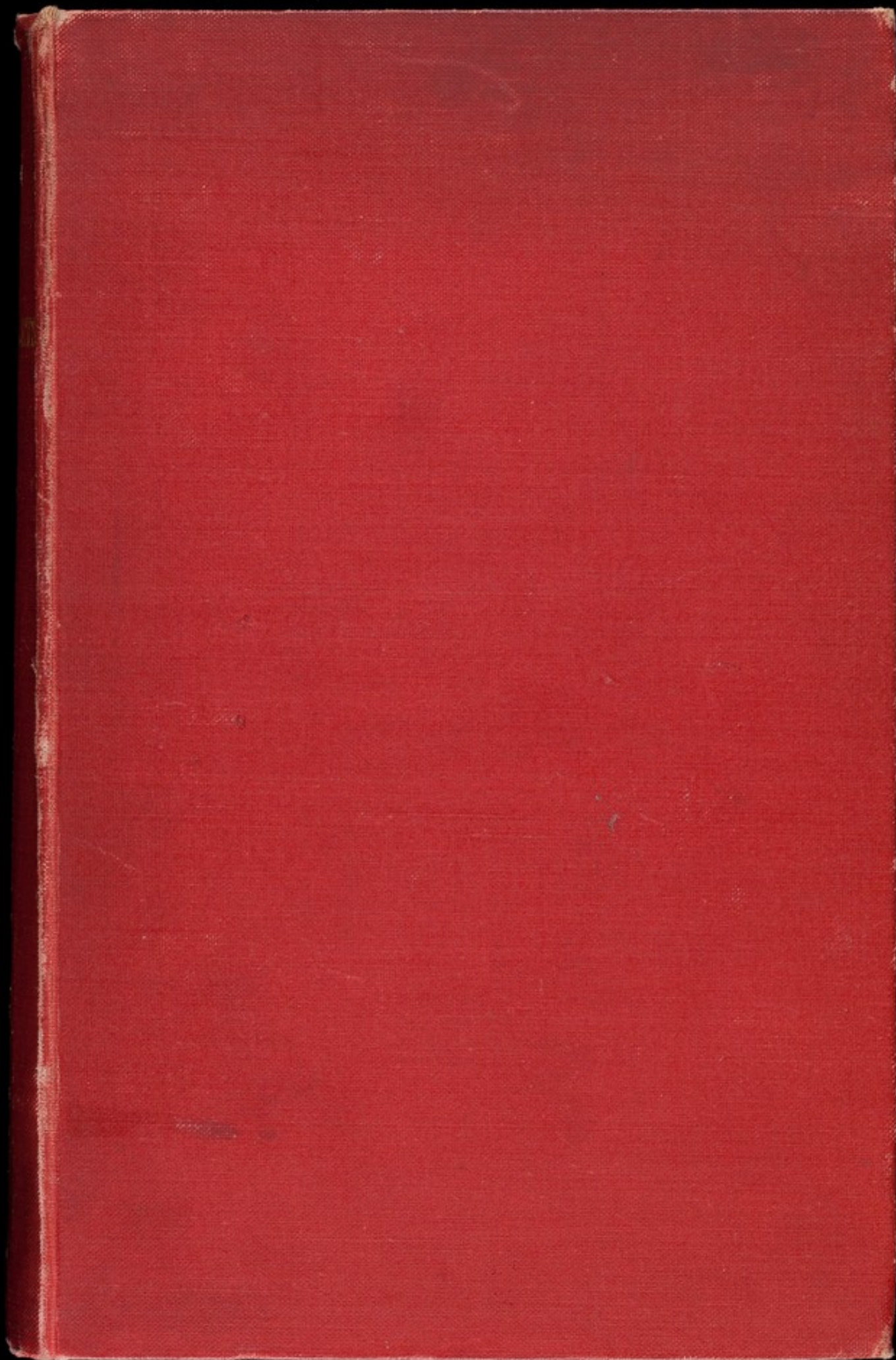
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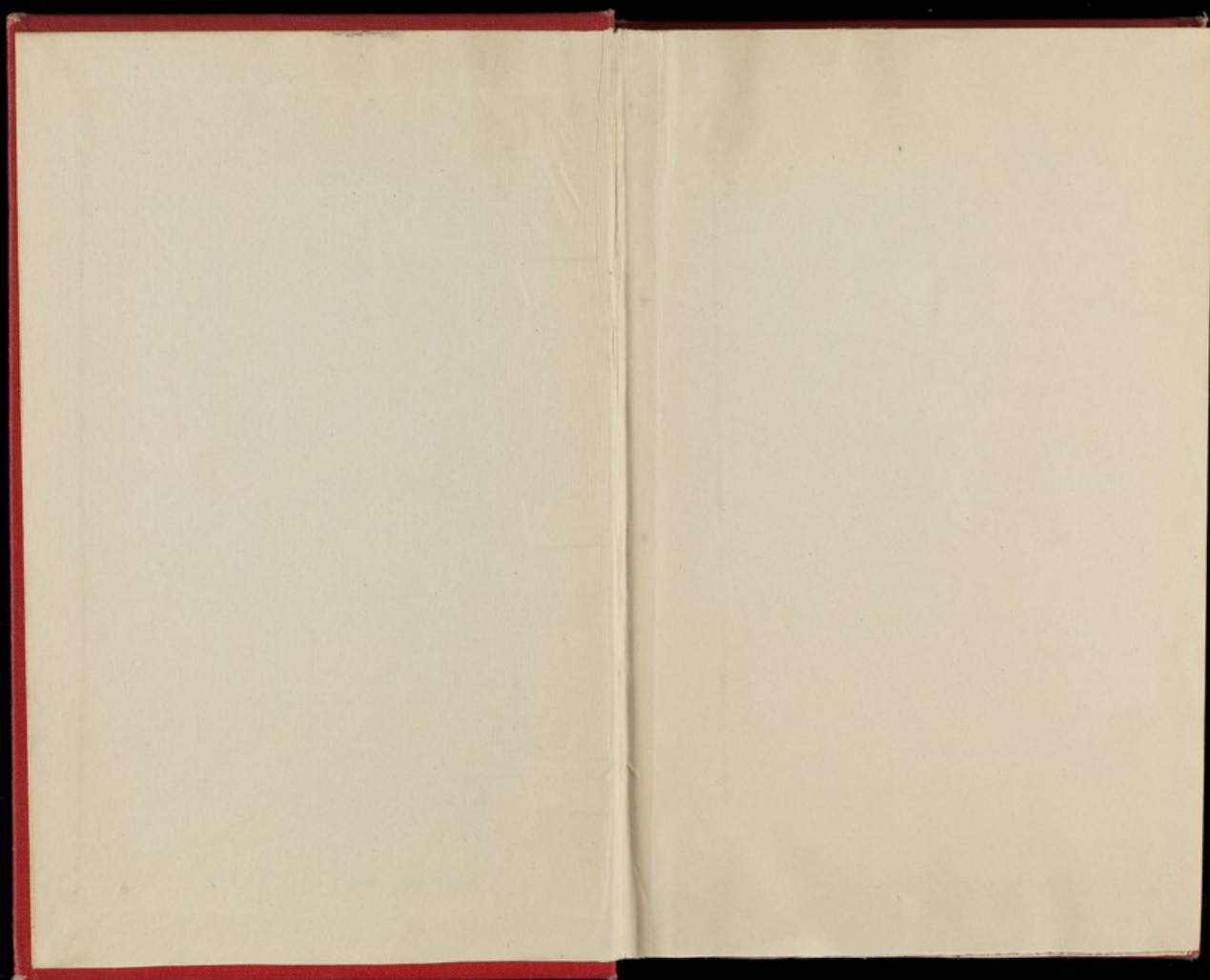
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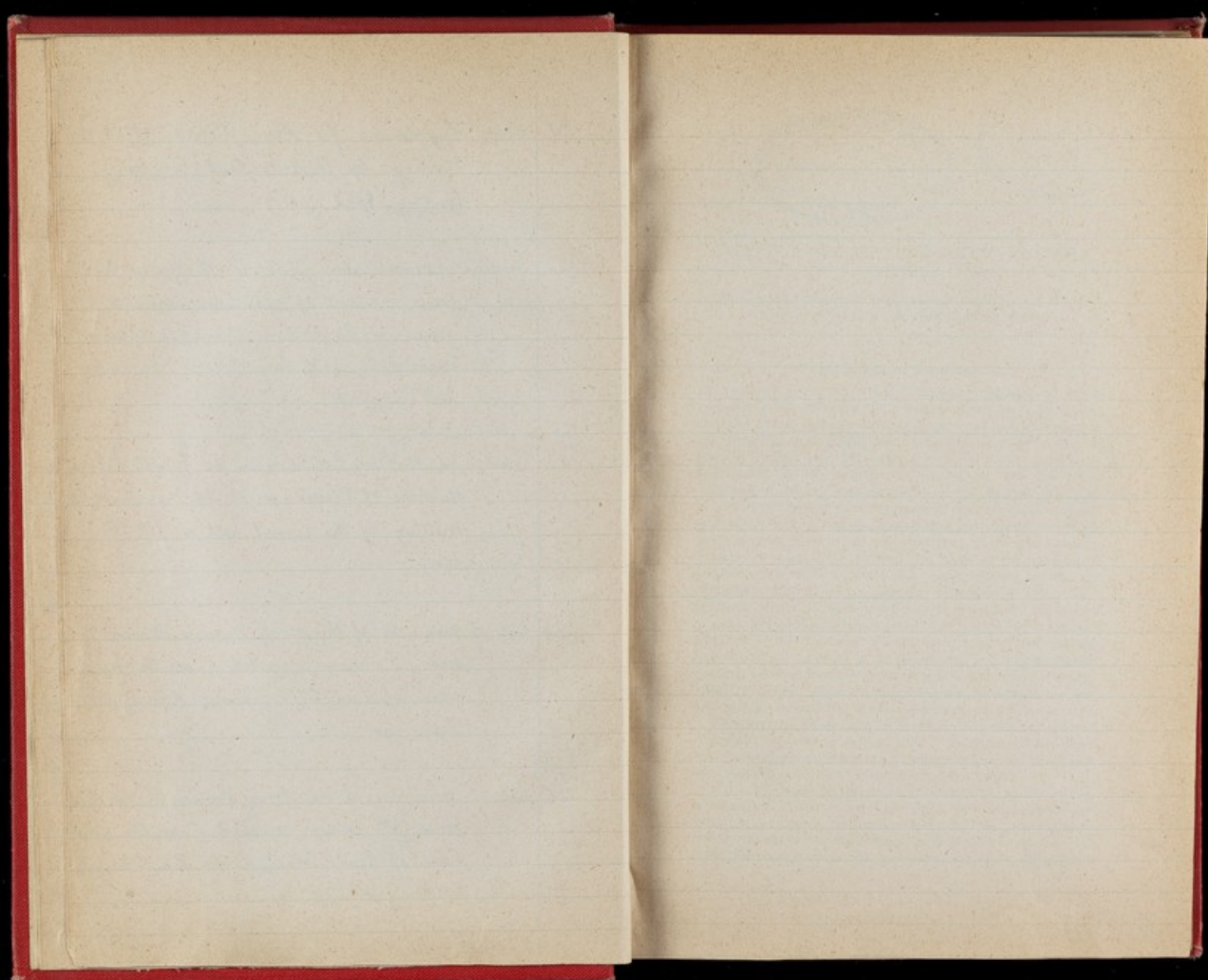
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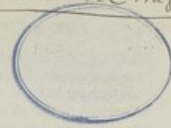
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THE FUTURE OF THE ARMY MEDICAL STAFF.

BY BRIGADE-SURGEON LIEUT.-COLONEL WILLIAM HILL-CLIMO, M.D., Army Medical Staff (Retired).

"Tempora mutantur, nos et mutamur in illis."

IN the article entitled "Army Medical Organisation," which appeared in the December, 1894, number of this Magazine, I drew attention to the cleavage which in recent years had taken place in the Army Medical Department; how, if I may say so, it had become divided into two rival schools or hostile camps—the professional and the military. I pointed out how the latter, consisting in the first instance chiefly of the younger generation of medical officers, had taken command of the craft, and I indicated in a general kind of way the causes which were at work, and which gave increasing force to this new departure. In the brief summary I made of them, I but touched the fringe of the question. I propose in this article to take a wider range, bringing together the discordant elements and conflicting circumstances which have produced results so unexpected, and so peculiar, in the case of members of a profession whose *raison d'être* has nothing in common with that of the profession of arms. Afterwards, I shall consider how the altered relations of the department to the Army thereby resulting affect the well-being of the soldier, and influence departmental efficiency. Finally, I shall endeavour to indicate the lines upon which the evolution of the department must be undertaken, if, while retaining its speciality, it is to keep pace with that progress everywhere apparent in military affairs. To reconcile these seemingly antagonistic positions, and to show how they can be made to work together in harmony, is the object of this article.

This subject has for me a special fascination. In 1871, I foresaw when the military reforms introduced by Lord Cardwell were about to be adopted, that they would afford the opportunity of raising the question of the military status of medical officers. No doubt this movement in any case must have taken place, but it

would not have taken place so promptly, nor would it have obtained so wide a support had not the abolition of the regimental system been looming in the near future, and had not the unification of the department been nigh at hand. It afforded, I say, the opportunity; for even antecedent to these events the department was ripening for this agitation, many of the causes conducing thereto being already in existence. I felt sure, therefore, that the first occasion which presented itself with any likelihood of success, would be availed of. It would have been as impossible to have prevented this agitation as it would have been to have stayed the current of some mighty river in its course to the sea. This was the time when, if the department had been wisely ruled, this movement might have been so controlled and directed that in the revolution of military affairs, which was then taking place, it would have emerged into a haven of security and content, and would have acquired the power to meet the new responsibilities which the introduction of station hospitals was about to impose upon it. Alas! this was not to be. The senior officers of the department were only too intent on their own personal ambitions, and allowed the struggle, which was laudable in itself, to degenerate into a scramble for military titles, thus placing the medical service in a false and undignified position, alike destructive to its best interests and to its usefulness. I say so, for I am well convinced that every act of competition for military advancement and title is fatal to professional progress.

I have held and expressed these views now for a number of years. They have not been manufactured to meet the course of events. I think I shall be able in the progress of this article to make this abundantly clear, also that I have not approached the subject in a flippant spirit, but after matured and constant thought. Let me explain. So far back as in 1889, before Lord Camperdown's Committee sat "to inquire into the pay, status, and conditions of service of medical officers in the Army," I wrote the article on "Army Medical Organisation," which appeared in the *Allahabad Pioneer* of the 11th of March, 1889. In that article, I gave a retrospective history of the Army Medical Service, tracing to their sources the causes of the discontent which at that time prevailed in the department, and I made certain recommendations for their removal. These recommendations were in the main identical with those subsequently submitted by Lord Camperdown's Committee to the Secretary of State for War, and which ultimately obtained official sanction. *Litera scripta manet.*

When this agitation first began, the best men in the department—by this I mean the ablest and hardest working—hoped that the

evolution of the medical service would take place on professional rather than on military lines. It has not done so. Because I have persisted in still urging this view after other labourers in the same field have ceased to toil, or have thrown in their fortunes with the multitude, my opinions were recently pronounced by a professional journal as "not up to date." It does not say much for the profession of medicine when its leading journals, in advocating the claims of the Army Medical Staff for military advancement, place their own profession in so secondary a position, and see in the most trivial circumstances evidences of slight and insult. For me, the profession of medicine takes first place. I desire no reflected glory from its service associations, no matter how honourable these may be. Nor do I consider the attempt to sail under two flags in anywise decorous. If military reward be given for professional merit, I accept it as a just tribute, but I object to its being used as a "betterment clause" for the medical profession, which must stand or fall on its own merits. The social advancement of the profession must be made by itself, and from within, and must not depend upon the accidental service associations of some of its members. The sooner this truth strikes home the better. Hitherto it has been conspicuous by its absence.

I cannot leave this branch of the subject without some further remark, because the danger to which I call attention is not confined to the dealings of the medical profession with service grievances alone, but extends to its relations to society. This view is very ably discussed by Dr. J. Burney Yeo in the article headed, "Medicine and Society," which appeared in last December's number of the *Nineteenth Century*. He writes as follows: "In some recent discussions that have taken place in medical gatherings, and in medical journals, in connection with the subject of medical ethics, opinions and views have been expressed which have presented more the appearance of trades' union restrictions, and socialistic tendencies to 'level down' than a real desire for the social advancement of the medical profession." The idea running all through the article is that the endeavour of the medical profession is to coerce society to its views. This is my standpoint as regards the present relations of the medical profession to the Army, and to the methods it has employed in espousing what it considers to be the grievances of the Army Medical Staff. I trust before this article is closed I shall be able to prove that this style of warfare is an anachronism, and contains in itself the elements of defeat; but to do so I must return to the first part of my undertaking, namely, the investigation of the discordant elements and conflicting circumstances which had, as I have said elsewhere, the effect of making medical officers

dissatisfied with their profession, and of leading them to look to military position and to military titles for social and other advancements.

What then were these elements and circumstances? I group them under five heads, namely, political, social, military, departmental, and professional. In the discussion of them which follows, I shall, for convenience sake, and because their action and effects are so intermingled, investigate together the first and second, and for the same reasons I shall deal similarly with the third and fourth. At first sight perhaps it will be considered far fetched to associate agitation in a department with political and social movements outside it, and with which it may not have had much sympathy, but of the reality of this connection I have no doubt. To trace this connection it will be necessary to go back some thirty years in the history of the country. The political and social changes, which were then taking place, had at that time a strongly levelling down tendency. The tocsin of privilege by prescription had sounded, the doctrine of universal brotherhood was preached, and the reign of equality had dawned. At the same time the diffusion of wealth had given to other and more aggressive classes in the commonwealth increased powers, which, if impotent to level up, were most potent to pull down and to destroy. It has been ever thus in the history of the world; the spirit of a new democracy is always guided by impulse, and is therefore in the first instance destructive. It is only by experience it gains wisdom, and learns the lesson that though it is easy to destroy, and though the results are irrevocable, yet it is no nearer the goal of its ambitions, or that the advantages are not what it anticipated. It is the genius of the English people that they more quickly than any other nation have realised the fact that destruction does not spell progress, but that advancement depends upon personal effort rather than upon political systems. It is this conservative instinct and the higher education of the people which have enabled them to detect and to expose the shams of the past decade. Every day that passes makes their exposure more complete, and the electorate more intolerant of pretences.

The Army Medical Department, as I have already said, was not slow to make use of these new political and social forces, and to turn them to its own advantage, aided and abetted as it was by a powerful association. It was quite right to do so, but most unfortunately the object it had in view was not professional progress, but military encroachment. That this line of action was ill advised, and is so still, I have no doubt; for its authors failed to see, as they do still, the trend of military affairs. But of this later on.

It will simplify the discussion of the second set of causes if I arrange my remarks in chronological order. I propose, therefore, to consider the state of the Army and of the medical service from 1860 up to the present time. For greater convenience I shall split up this period into three lesser periods, namely, from 1860 to 1870, from 1871 to 1881, and from 1882 onwards. The first period represents the old order of things; the second, that of unrest and of military reform; and the third, that of progressive development.

I have to begin with the medical department, because it was the first to feel the Spirit of Progress. It was in 1860 that the Army Medical School was established, and candidates for commissions were required to have a medical qualification, as well as a surgical diploma. These changes owed their existence to the lessons taught the nation by the Crimean War, and by its increasing knowledge of the health conditions of British troops in India. The medical disasters of the former, and the large mortality from preventable diseases caused by the latter, were notorious. These were wise measures, and fruitful of good results; but they would have been more so had not the older generation of medical officers, with whom all authority and power lay, been so wedded to the past, and so intolerant of counsel. How was it possible to expect otherwise when it was in consequence of the vices of the system under which these officers had been trained that the inception of these very measures was owing? There were bright exceptions to this rule, men, as it were, who were born before their time, or rather living in advance of it. How often I have heard them say "Our efforts are useless. Our work is killed by apathy or by obstruction." They were, so to speak, "rari nantes in gurgite vasto."

During this time, the state of the Army was much the same as it always had been. Its recruitment was for long service, and its officers obtained their commissions by purchase. It had not yet been discovered that the profession of arms required for its successful prosecution high culture and scientific training. It was but a pastime which the gilded youth of the day might enjoy for a season. In these circumstances it was natural that the young medical officer, who had arrived at his present position after years of study, should contrast his fortunes with those of the combatant officer. He felt it to be an insult to the democratic spirit of the age, that money should be the means of bestowing military rank upon its possessor, and with it social precedence, while to him there was no prospect of professional advancement. What, therefore, was left for him but to turn to his military position as that which would bring him compensation? Though the condition of the Army, at this time, was as I have stated, there were not wanting

signs that a new era was about to dawn. The recent institution of the camp at Aldershot furnished a valuable experience, and was affording practical proof of the necessity of improved military training, and a more extended knowledge of military affairs generally. Much of the progress, which has since taken place, had its origin in the same idea. For this the late Prince Consort has deserved well of the nation, and when the history of Army Reform in this country is written, full justice will be done to his patriotism, and to his labours in this direction. A period followed pregnant with fatalities on the continent of Europe. The campaign in Germany of 1866 had spoken with no uncertain sound of the necessity of not only the leaders in the field being masters of the art of war, but that company commanders should share in this knowledge, so as to produce that combination of action, which alone, under the conditions of modern warfare, can secure victory. The experiences of the Franco-German war of 1870-71, thundered forth the same advice. The country which failed to act upon these warnings when next it exposed its fortunes to the arbitrament of war, only courted defeat and national disaster.

The second period, from 1871 to 1881, I have described as that of unrest and of reform. I might have added that it was one of discontent also. The consciousness of impending changes had previously existed. Its origin could be traced as I have already stated to social and to political causes, as well as to military necessities. In a service so saturated with *esprit de corps*, the very name of change was a bugbear. Besides, the Army had deserved so well of the country in the past, that anxiety for its future was legitimate. It could hardly be expected to be otherwise. The training of the soldier, whether officer or man, fostered this contraction of view, and prevented that largeness of character, which would enable him to see in these innovations, the road to progress. Therefore, when short service became law, and when purchase was abolished in 1871, it was necessary to carry the latter through by royal warrant. This, too, was the age of invention in the production of weapons and munitions of war. In the same period, the unification of the Army Medical Department took place. Station hospitals were introduced, and the regimental system was abolished, while it was admitted that short service would increase the fighting force of the country, it was feared that what would be gained in quantity would be lost in quality. So, too, the most desponding views were taken of the abolition of purchase, and of the substitution for it of competitive examination, as the channel for obtaining commissions. Similarly, the linking of regiments together with territorial designations instead of by their old

numbers, was considered opposed to their dearest traditions, and fatal to their *esprit de corps*. The outlook of the Army Medical Department, consequent upon these changes, was not so gloomy. All its previous history in the field proved the old regimental system to be rotten, and that there could be no readiness for war with so antiquated an organisation. If it was to be held responsible for its own work, it must stand or fall alone, and therefore it must be endowed with power adequate to its new obligations. All this is commonplace now, but it is necessary to recall these events because it was in these conflicting circumstances—in this uncertainty of the military future—that the department found its readiest ally. It is ever thus. One man's misfortune is another man's opportunity.

The third period has been one of continuous progressive military development. The year 1882 very pertinently serves as the starting point, because it was in that year the Egyptian campaign took place. Though only a very brief time had elapsed since the introduction of short service, yet it was sufficient to demonstrate its value. The success which attended the calling out of the Army Reserve men at that time heralded the present satisfactory condition of that force, when it can add 80,000 trained soldiers to the fighting strength of the Army. The linked battalion system, with its territorial associations, has lived down all that was prophesied against it; rather it has increased the prestige of the Service, and has raised the soldier in public esteem. Of all these innovations, none has had more beneficial results than the substitution of competitive examination for purchase. There is no body of young men of the same age in the country so highly educated as the successful candidate for admission into the Royal Military Academy, Woolwich, and into the Royal Military College, Sandhurst. The professional training they undergo there, with its accompanying discipline at that period of life which is the most plastic and the most susceptible to those influences, which go to form character, teaches them the necessity of obedience to authority. To know how to command, it is first necessary to learn to obey. For the purpose I have in view, it is not necessary for me to go into other details. It will be sufficient to mention that during this period the improvements in the *matériel* of war, in army organisation and administration, and in the augmentation of the military resources of the Empire generally, have reached a high standard. The nation has not been slow to recognise, and to reward those officers in high position who have initiated and carried out these great reforms.

The year 1882 opened with equal good promise for the Army

Medical Department. Great progress, in recent years, had been made in medicine and surgery, and the boundaries of sanitary science were being largely extended. The reforms already mentioned as having been inaugurated during the second period were now in course of completion. The appointment, therefore, in that year, of a new Director-General, believed to be able, and in sympathy with his officers, was hailed with acclamation, for it afforded the opportunity of these reforms being successfully put into practice. I do not recollect there being a single dissentient voice. It was not once, but often, this officer had expressed the opinion that the evolution of the medical service must be conducted on professional lines, so as to best advance the interests of its officers, and, at the same time, to give results most advantageous to the State. However, the tenure of his appointment had hardly begun, when it became evident that he lacked the ability and the force of character necessary to carry through his original purpose. The honesty of his intentions was never in dispute, but his ability was writ in sand. The circumstances of the time were too many for him. His initial mistake was that he had not made himself acquainted with the special qualifications of his senior officers. Consequently he failed to select the instruments best suited to carry out his policy. It is this want of knowledge on the part of its chief which always mars a department, for without it there can be no successful administration, and it is this faculty of selection which indicates a real leader of men.

Under these circumstances the Egyptian campaign took place, and officers high in command complained that medical officers failed in initiative, and to assume the responsibility which service in the field had imposed upon them since the unification of the department. Sufficient time has now elapsed to take a dispassionate view, and, without admitting all that was alleged, there can be no doubt that in many instances this complaint was well founded. But what of that? It would have been impossible to have expected anything else. It is always a dangerous operation to change horses midstream. Recollect that in this case the new order of things was not even thoroughly established when, without any previous training, senior medical officers, wedded to another system by more than a quarter of a century's service, were asked to throw over their experience of the past, and to trust entirely to their own resources. It was a large order.

I am not concerned with the further development of this subject, except in so far as it influenced the department, more especially the junior officers, in relation to regiments and to other departments. This influence was first made manifest in the junior

officers, and from them it spread to the department generally. It naturally had this beginning, for these officers with higher professional attainments had expected better things from the reconstitution of the service. Doomed to disappointment, they saw in their profession no hope of progress, or of advancement, and, instead, sought for a more defined military position as that which would best secure their own interests, and fit them for the larger sphere in which they were now placed. While in this state of discontent, it was with an astonishment akin to dismay they learned that relative rank was abolished, and that they no longer had any military status. Hence arose the struggle for military titles pure and simple with substantive rank, and, paradoxical as it may appear, it was for the same reasons the department raised no objection to the degradation of their profession. I have already shown how this has occurred, but I will give one more instance. Quite recently the Indian subordinate medical service has been reorganised, and the time-honoured title of apothecary has been abolished, that of surgeon, etc., being substituted. Not only are the titles of assistant-surgeon and surgeon, etc., misleading, but I ask by what right has this change been effected? How is it that a title which ought only to be conferred by a royal college has been usurped by a subordinate service. I say the authorities who have done so have no legal right. It is entirely indefensible. Why was it done then? Is it to make medical officers still further disgusted with their medical designations, and to give them a greater claim for military titles alone? It can have no other effect.

"Ne sutor ultra crepidam." This quotation is pertinent to the discussion of the fifth set of causes, or the professional, which, notwithstanding the concurrent advance of medical and surgical knowledge, have contributed more than anything else to this agitation. Indeed, without them it would have never taken place. These causes I have arranged under four heads. They are (1) the low standard of preliminary education, (2) the multiplicity of medical schools and of examining bodies, (3) the competition for petty and ill-paid civil appointments, and (4) the want of professional *esprit de corps*. These causes have had, and could have, only one result, namely, the social degradation of the profession as a body. Of course this does not apply to the leaders of the profession in their personal relations to society, but it does very materially affect them in public estimation, and in the treatment the profession always has received from the State as regards honours and rewards. The profession has never yet obtained the recognition it has deserved so far as relates to the work of its most distinguished members on behalf of the public.

It is not my province, in this article, to point out how these evils can be corrected. The way and the means are self-evident. Suffice it to say that this work, however distasteful it may be to medical schools and corporations, must be undertaken by the profession itself, and with such unanimity as to compel immediate and effective legislation. I say, once again, that no encroachment on the military or other public services will give the medical profession a better status. It must depend upon itself, and upon itself alone. I have already alluded to Dr. Burney Yeo's views on medical etiquette, as a lever to coerce society, and now I have to call attention to a further perverse development of the profession to secure its ends, which is to boycott the medical services of the State. Perhaps the profession would act more wisely if its journals cease these threats, and confined themselves to more legitimate warfare. This is a game that can be carried a little too far, and so far as influencing the ultimate result, it is but emulating the labours of Sisyphus.

While writing the above there has appeared, in one of the leading medical journals, a criticism on the remarks recently made by the Adjutant-General, Sir Redvers Buller, G.C.B., when distributing the prizes at the Army Medical School, Netley. He ventured to observe that departments were most respected when most efficient, and that medical officers would be best esteemed according to the manner in which they discharged the duties of their profession. A very unobjectionable and common-sense view, one would think, to present to young officers joining the department, but not so received by this paper. It was lacking in sympathy with the aspirations of those members of the Army Medical Staff who want a "greater share in the work of the regular army." In the Garden of Eden it was the devil's spectacles Eve used, when she looked longingly on the tree of knowledge of good and evil. It is always so. Our power of vision is that of our desire or of our interest. I give this as an illustration of the spirit with which military affairs are treated by the medical profession, when they impinge upon its supposed interests. There could not have been a more inopportune time to suggest that the sphere of duty of medical officers should be extended—but of this presently.

The second part of my undertaking is to show how the altered relations of the department to the Army, which have resulted from these new conditions, affect the well-being of the soldier, and influence departmental efficiency. I had intended to have limited myself to these two points, but the demand recently made by some members of the Army Medical Staff, for a "larger share in the work of the regular army," compels me to embrace this contention

also. I would have preferred to have left it untouched, and to let it meet with the fate its recklessness deserves. This cannot be done. The experience of the past forbids it. It is a contingency—a force—that must be reckoned with, more especially as it is obtaining a veiled support from the profession, and as it is the outcome of existing tendencies in the department.

The well-being of the soldier, from a health point of view, and the efficiency of the Army Medical Department are inseparable. They are correlative. I shall therefore discuss them together. In the remarks I am about to make, I do not wish for a moment to convey the idea that I am raising the shadow of an objection to the unification of the department, to the existence of station hospitals, and to the endowment of the Army Medical Staff with power and authority, free and unfettered, and commensurate with the functions they have to perform. I am well aware that no other system will succeed, more especially as the whole tendency of the present time is to decentralise, and to fix responsibility upon departments and upon individuals. It is the faults, therefore, of the system to which I wish to draw attention. They are in no wise inherent, but have grown as excrescences to disfigure the original stock, and to impair its utility. These faults are: (a) the deprivation of corps of the continuous services of medical officers; and (b) the sacrifice of the medical to the military duties of the department.

In some articles which I have recently written, I have shown that there has been both medical and sanitary failure consequent upon regiments no longer having medical officers serving with them.* It will not be necessary, therefore, to repeat the facts and arguments. I am the more inclined to this course, because I have never yet heard from a single officer of experience—whether medical or combatant—a contrary opinion. All that has been alleged in opposition has been, that the present system could not be worked, and a medical officer appointed to each corps, without such an increase to the fixed establishment as would largely add to the medical vote. I dissent from this view. With certain modifications of organisation, and of the terms of service, to which I have called attention in my article on Army Medical Organisation, already referred to, a medical officer might be appointed to do duty with every regiment without increasing, to any great extent, the cost of the medical service. Of this I am perfectly certain, if the country knew the real facts, no expense would stand in the

* See UNITED SERVICE MAGAZINE—numbers for April, July, September and October, 1895.

way. Short service has rendered this difficult. With long service this necessity long since would have been made as clear as noonday.

Let me give this one more experience. In 1877 and 1878 I was Divisional Staff Surgeon at the headquarters of what is now called a first class military district in India. I was therefore the medical attendant of the general officer commanding, who was at that time suffering from a disease both obscure and serious. Indeed, so obscure was it that he himself was not conscious almost of its existence, much less of its grave import. That officer now, by the gratitude of his country, and by the favour of his Sovereign, enjoys the highest military honours, and yet the page of history which merited these distinctions he could have never made had not this disease been detected in time. Now suppose this case occurred in a regiment under the present conditions of the medical service, the disease must have remained unrecognised until, through the hardships of field service, it had worked its fatal consequences. The conditions of the soldier's life away from family and friends renders it more difficult than in the case of civilians to get all the information which is so necessary for the successful treatment of an illness. This treatment depends not only upon the accuracy of the diagnosis of the disease, but upon the knowledge of the moral, mental, and physical forces to combat it.

The sacrifice of the medical to the military duties of the department is an evil of no small magnitude, and it is a growing one. The whole tendency of the present time in the public services is to demand thoroughness of work with perfection of results; in other words, this is the age of specialism. This is no less true of military questions than of medical. It is this larger view which modern warfare and modern inventions have opened up to the profession of arms, which has made it necessary that its officers should possess more than average ability and education, and afterwards that they should make the problems of war their constant study. Formerly the study of military details was irksome, not so now, for, illumined by this greater light, these details are seen to form part of a large system which helps the scientific soldier to the attainment of this higher knowledge. "Can the military details which medical officers are responsible for in quarters or in the field have a like effect upon them?" Most certainly not. Look at the subject from all sides. Separate these details from the professional duties of medical officers. Turn and twist them how you will their place is a secondary one. Again view the question in the light of the rank of medical officers. By this I mean the rank commensurate with the performance of

certain specified duties. Well, I unhesitatingly affirm that there is no position an executive medical officer holds, so far as military duties only are concerned, which demands higher military rank than that of major. Therefore the claim that because of their military duties medical officers require high rank is absurd. It is a very doubtful asset in the ledger of the department, and not to be traded upon unless, indeed, the department had other securities to fall back upon. Well, thank Heaven it has these securities. They are furnished by its profession, and by its profession only. They are more than sufficient to cover all military risks. If the department will only take this lesson to heart its material and other interests will not suffer.

The piling up of the responsibility for military details on executive medical officers in charge of station hospitals, and doing duty, but more especially on the former, impairs the efficiency of the department to an extent greater than without actual experience could be believed. It is their pettiness which gives them so much importance, and it is this too which makes me refrain from giving examples, but their name is legion. They occupy so much time also that officers so employed cannot possibly bring to the solution of professional questions that freshness and keenness of intellect which alone can insure their being adequately dealt with. Surely it must be within the limits of military and medical administration to afford the necessary relief.

I have stated that the demand recently made by some few members of the Army Medical Staff for "a larger share in the work of the Army," and which has been sympathetically mentioned in some medical papers, is the result of forces now at work which cannot be ignored simply because of its extravagance. The whole history of the department forbids it. Some limit must be put to these pretensions. The time has come, therefore, to view this question dispassionately. While advocating for the Army Medical Department full power to settle the affairs of its own household, and for the care of the sick and wounded, and within certain limits for all sanitary questions also, I am of opinion that outside this sphere it should have no authority in military affairs.

It is clear that the department cannot possess the special knowledge. Besides, the age at which medical officers join the service (the average age is about twenty-four years) is too old to learn discipline. Moreover, the whole of their previous training is dead against it. I have said the present time was singularly inopportune to have raised this question. What an object lesson to this end has been the recent raid into the Transvaal. I say nothing against the bravery of the leader. Of the simplicity of character and of

the disinterestedness of Dr. Jameson there appears to be no doubt, but I venture to observe that no officer who had entered the Army by any of the present avenues for a commission as a combatant officer, and who had risen to the rank of major, would have made so gross a military miscalculation of his own strength, and of the forces he would have to meet, and would have so grievously failed in discipline—in obedience to lawful authority.

Before entering upon the final portion of my undertaking I am desirous of making some further observations on the rank and titles question. I am the more concerned to do so because I believe I have not stated the strongest argument that can be advanced in favour of military titles, and it is only fair that I should do so. As regards rank I do not think there is any existing complaint, or, if there is, that it is a reasonable one. On the other hand, for military titles pure and simple there is more than a hankering. Well, the argument is that if medical officers had these titles they would not only obtain more social consideration but that their position would be more assured in their official relations, that a cause of friction between them and other officers would be removed, and that their representations would be more considerably treated—in a word, it would not be thrown back upon them as a mark of inferiority that this is only a doctor's business. This contention deserves careful thought. The social aspect of the case may be very well omitted, because it would be impossible for the services of the State to add to their responsibilities the settlement of such questions: moreover, they generally right themselves.

I am of opinion that this feeling had its origin in military jealousy, and in an over-sensitiveness of the department. Both, to a certain extent, were justifiable; the military jealousy more because medical officers had high rates of pay and of pension. If, therefore, military titles were granted to them, combatant officers naturally asked, what have we left? The whole of this article is a living proof of how the over-sensitiveness of the department has been produced and how it is still fostered. I think, in the progress of military affairs, much of this jealousy has died, and in the general appreciation of medical science, which is now taking place, this over-sensitiveness will disappear also.

So far as this article is concerned it is only necessary for me now to submit my proposal. I shall do so only in outline. In the limits at my disposal it is not possible for me to give details. My proposal then is that the recruitment of the Army Medical Staff should be undertaken before professional education has begun, a certain standard of knowledge, embracing classics, modern languages, mathematics, and literature, being fixed; this examination

to be undertaken between the ages of sixteen and eighteen years. After which the successful candidates should undergo their professional education at some selected schools or colleges. That during this time they should go through a course of company drill, either by being attached to a corps during the holidays or by belonging to the Volunteer force. That, after qualification in medicine, surgery, and public health, the choice of officers for the department should be determined by competition. I recollect the late Sir William Muir, K.C.B., when director-general, saying he did not want to know the medical schools his officers studied at, but tell him the school the candidate came from where he spent his boyhood. For the importance of this early school life cannot be exaggerated. It is it which broadens character more than all after experience. In this sense the military training I have recommended would be invaluable and develop that sense of discipline which, under present circumstances, can never exist. There would be no difficulty in obtaining a sufficient number of suitable candidates; rather, the difficulty would be one of excess, and the question of cost need not be considered for the candidates would gladly undertake it until qualified. Such, in brief, is the scheme I propose. I do so because I believe it affords that solution of the question which will make a contented and efficient service, and will best secure the well-being of the soldier.

W. HILL-CLIMO.



THE NEW SWORD EXERCISE.

A REJOINDER BY AN ONLOOKER.

THE discussion which has been raised by the introduction of the new sword exercise is one of much interest to many outside as well as inside the Army. It does not appear to me to be much advanced by the talk in which Captain Hutton indulges, as to Colonel Fox as the high priest of the new cult, as though that settled the question against him and it, or by the assumption which Captain Hutton appears to make, that none of those who have been engaged in teaching under Colonel Fox ought to be listened to, because they are necessarily prejudiced. It seems to me that those of us who are not, by position or training, specially committed to one side or the other, are chiefly interested in having the question threshed out on its merits, whether this is actually, for the training of an army, the better form of sword exercise. Obviously we shall hardly arrive at this if no one is to be heard without prejudice who does not agree with Captain Hutton. Furthermore, it is a notorious fact that all the fencing schools of London have been, for many years past, occupied by the professors of the French art. All, therefore, of those very influential officers who have devoted themselves to a study of fencing in any of its forms, have necessarily been taught by French professors, and, if the question is to be judged on its merits, one has to appeal to them to examine the facts with as little bias as they can, because naturally, no matter how superior a system may be, it is hard to overcome the traditions of all their own training, and to discount for themselves the presumption of a lifetime. This is the more necessary, because it is scarcely possible, with any fairness, to discuss on paper, especially without illustrations as Captain Hutton has done, the directions of a drill-book. They are intended as guides to keep uniform the training of trained men, and every sensible drill-book proceeds on the assumption laid down expressly in the Infantry Drill-book, that the instructor will depend more on the illustrations, which his example personally gives of each

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THE FUTURE OF THE ARMY MEDICAL STAFF.

A REJOINDER.

BY R. H. FORMAN, SURGEON-MAJOR, A.M.S.

IN your issue of April there is an article on the above subject by Brigade-Surgeon Lieutenant-Colonel W. Hill-Climo, and I am tempted to ask for space to reply to this article, because I think, to any one acquainted with the subject, it is abundantly evident that many of the views therein expressed are not only cruel and superficial, but are in many respects contrary to fact. My first difficulty in reading Dr. Climo's article was to grasp what his meaning was, and what he was endeavouring to prove; even now, after a perusal, I am by no means clear on this point. I take it, however—and if I am wrong I am open to correction—that Brigade-Surgeon Hill-Climo means to say that the present aim and object of the large majority of the officers of the Army Medical Staff is to subordinate their professional to their military duties, or, in other words, to pose as soldiers instead of being proud of their position as doctors. In this he maintains they are aided and abetted by the schools and medical journals, and briefly, according to his views it would appear that the whole medical profession is agreed that from a social point of view their position is one of degradation, and that the sooner they don the lion's skin the better. This is a preposterous proposition, and contains a libel, not only on the Army Medical Staff, but upon the profession as a whole. I unhesitatingly say that the officers of the Army Medical Staff, far from wishing to belittle their profession, are, on the contrary, universally proud of it; and it is for that very reason that as self-respecting men they demand, in season and out of season, that due recognition should be accorded to them in virtue of their position as members of possibly the most honourable calling in the world. It is from a feeling of loyalty to their profession, and not as Dr. Hill-Climo would have us believe, from a desire to grasp a

shadow in the shape of rank, that the military doctor protests against being placed in a subordinate position.

It is on record that a few years ago, in a public assembly, a distinguished general officer—since deceased—deliberately stated that he personally would consider it a degradation if Army Medical Staff officers were granted substantive rank. Is this not tantamount to saying that the doctor *per se* is an inferior being, and will Dr. Hill-Climo maintain, in face of such a statement as this, that if men do not protest vehemently they decry their own calling, and admit their own inferiority? Dr. Hill-Climo specifically admits that "the profession has never yet obtained the recognition it has deserved so far as relates to the work of its most distinguished members on behalf of the public." Does this sentence—somewhat involved though it be—not convict him out of his own mouth? I suppose he means to imply that it is unjust, for instance, that no single one of our leading physicians and surgeons has ever been raised to the Peerage. The Army, the Navy, the Bar, the Church, and the successful merchant frequently receive such recognitions of the nation's appreciation, but it is habitually denied to members of the medical profession, of whom many, by their patient research and self-denying labour, have written their names large on the scroll of fame and conferred many a boon upon suffering humanity. I ask Dr. Hill-Climo, would he or would he not feel gratified to see his profession so honoured? If, for instance, a grateful country had seen fit, in acknowledgment of his services, to confer upon him a K.C.B., would he consider it a professional degradation to sink the doctor in the rank thereby conferred, and would he prefer to be addressed as Dr. W. Hill-Climo or Sir William Hill-Climo, K.C.B.? This is on all-fours with the rank question in the Army—rank is everything in Her Majesty's services; in the nature of things it cannot be otherwise. A military medical man is a doctor by virtue of the degrees conferred upon him by his university; with the professional status so conferred the Service has nothing to do. Like other officers, he enters the public service, but unlike them, his claims to preferment by long and meritorious service are ignored, and in the vast majority of cases he leaves his life-long work as naked as the day he came into it. Where is "the degradation of their profession" in claiming that this injustice should be swept away? It is a contradiction in terms to say, as Dr. Hill-Climo does, that military jealousy was aroused because of the high rates of pay and pension of medical officers, and that therefore if rank were granted to them other officers would be deprived of something. To begin with, it is not true that military medical officers get higher pay and pensions than other officers, and

no one knows better than Dr. Hill-Climo that the contrary is the case—more particularly in India. Moreover, if such a dog-in-the-manger policy actuates other branches of the Service as to deny medical officers rank because it puts them on a par with themselves, does not this prove to demonstration that the possession of rank is considered generally as placing the possessor in a higher position? If such be the case, it seems to me that in claiming equality it is not I that am degrading my profession, but men like Dr. Hill-Climo. That my views are shared by the vast majority of my professional brethren is abundantly evident, as, for example, in the unfortunate disinclination of young professional men to enter the Service, and the perennial discontent that is so frequently in evidence. Self-respecting men, and men with the interests and honour of their profession at heart, will not enter a service where they are placed in an inferior position.

It is a curious thing that the great majority of people have no idea that the duties of an Army Medical Staff officer are other than purely professional. This is a thing not to be wondered at in a man not acquainted with the facts of the case, but it is an astounding revelation to find a man, like Brigade-Surgeon Climo, who has spent his life as a military doctor, and yet has failed to grasp, in even an elementary form, that organisation is as essentially an integral portion of a medical officer's duty, as the actual care and treatment of the sick and wounded. Well might the medical journal he quotes say, he was "not up to date," for it is self-evident that he, in contradistinction to certain distinguished officers he cites, was born after his time. Apparently he would have us retrograde fifty years and go back to the days when the hospitals were under a dual control, and when the work of the Medical Department was hampered on all sides; inasmuch as the doctors had no jurisdiction over their own organisation. Even now we are far from having freedom enough, and as a necessary result friction follows. For example, there is no transport belonging to the Army Medical Staff as are dependent on the Army Service Corps for it. To my thinking, far from believing that the duties of the medical officer should be confined to purely medical work they should be made more and more administrative. No outsider can possibly understand the requirements of a military hospital, or what is necessary for the care of the wounded, so well as a doctor, whose training is continuously such as to familiarise him with these matters. He must be a doctor, and yet more than a doctor; he must not only know how to treat the wounded, but he must be intimately acquainted with the most improved methods of bringing those wounded within reach of skilled assistance. The medical

arrangements of the late Ashanti campaign will illustrate what I mean. This was essentially a "Doctors' war," and from the initial fitting up of the hospital ship *Coromandel*, to the careful attention to detail in the provision for carrying the sick, the prevention of outbreaks of disease, and the hundred and one minutiae of prophylactic sanitary precaution, I dare venture to say that nothing more perfect has ever been seen in the whole medical history of war. This was the work of the Army Medical Department, when a free hand was accorded to it. Will Dr. Hill-Climo, or any one else maintain, that this could have been as well done by any other body of men, in or out of the Service? Does he imagine that, if he could have taken all the leading physicians and surgeons of London, and set them the task; they would not have made a disastrous mess of the whole thing? The *raison d'être* is perfectly simple; the Army doctor could do it, and did do it, because he is trained, both as a doctor and partially as a soldier, and is, or should be, equally familiar with the requirements of the sick, and the organisation necessary, to meet these requirements. Dr. Hill-Climo says, "The sacrifice of the medical to the military duties of the department is an evil of no small magnitude, and it is a growing one." Now this is an instance of reckless perversion of facts which a moment's consideration would have saved him from. It is not the case now, nor has it been so at any time, that the medical are sacrificed to the military duties. Of late years, the latter have been added to the former because, amongst other things, it was known that the professional duties of medical officers did not occupy their whole time, and it tended towards efficiency and economy, that the military duties should be superadded. Again I find farther on the following: "The piling up of the responsibility for military details on executive medical officers in charge of station hospitals, and doing duty, but more especially on the former, impairs the efficiency of the department to an extent greater than, without actual experience, could be believed" . . . "These military details occupy so much time also that officers so employed cannot possibly bring to the solution of professional questions that freshness and keenness of intellect which alone can insure their being adequately dealt with. Surely it must be within the limits of military and medical administration to afford the necessary relief." Now this all looks very well on paper, but as a matter of fact it is unmitigated nonsense. Dr. Hill-Climo is fond of giving illustrations in support of his views, and perhaps he will permit me to take a leaf out of his book. I am at present an executive medical officer in charge of a station hospital, and have all the "responsibility for military details" on my overburdened

shoulders. I have two medical officers serving under me and I take my fair share of the medical work of the hospital. The onerous military details take me half an hour daily at the outside to get through, and if that impairs the "freshness and keenness of my intellect," then, the sooner a medical board relegates me to the confines of a lunatic asylum, the better for Her Majesty's service. I have had the pleasure, in past years, of serving under Dr. Hill-Climo, when he occupied the position I now do, and he knows I state a positive fact when I say that in spite of all the military details added to the abstruse professional questions he had to solve, his daily official work did not occupy him four hours. Am I not justified, therefore, in saying that reckless statements such as those quoted are the merest verbiage? His article teems with loose affirmations of this kind. On what grounds can he state that "it is clear that the department cannot possess the special knowledge," to fit it for, "a larger share in the work of the Army"? I suppose he implies by this that we should keep the "freshness and keenness of our intellects" wrapped up, so to speak, in silver paper, prepared to let them loose when occasion offers? It is somewhat appalling to contemplate the dire plight of some unlucky individual who had the misfortune to come into the hands of three or four Army Medical Service officers with their intellects sharpened to the keenness of a razor edge. I fear me much he would not get out of it under a *post-mortem* examination at the very least.

I was not aware until Brigade-Surgeon Hill-Climo enlightened us on the point, that the whole early training of medical officers and the fact that they entered the service at an average age of twenty-four years, was dead against their learning discipline. He emphasises this astute deduction by dragging in neck and heels the unoffending Dr. Jameson, and using the fact of his unsuccessful raid into the Transvaal as a convenient peg to hang his flimsy argument upon. Surely if ever there was an illogical contention this is one. He ignores the fact that for years back Dr. Jameson has proved himself one of the ablest administrators in South Africa; but because he made an error, because he disobeyed orders and *a fortiori* because he was a doctor, therefore all doctors are wanting in a sense of discipline and are unfitted to undertake any responsibility outside of their immediate professional work. He might as well argue that because Nelson disobeyed orders and clapped the telescope to his blind eye, or because—as some hold—Bazaine proved himself an incompetent man, therefore all admirals and generals are fools. It may be that I am dense and fail to grasp the *post hoc* from the *propter hoc*, but I trust he

will forgive me if I say that an assertion such as this involves a species of logic which, to my mind, has a distinctly Hibernian flavour. Apparently the doctor outside of his own work is a born nincompoop, or at any rate he can never aspire to the mental pedestal to which his brother officers, in other branches of the Service, have attained. This is not my assertion, I have Dr. Hill-Climo's authority for it. "There is no body of young men of the same age in the country so highly educated as the successful candidate for admission into the Royal Military Academy, Woolwich, and into the Royal Military College, Sandhurst;" and again, with reference to Dr. Jameson's error: "I venture to observe that no officer who had entered the Army by any of the present avenues for a commission as a combatant officer, and who had risen to the rank of major, would have made so gross a miscalculation of his own strength, and of the forces he would have to meet, and would have so grievously failed in discipline, in obedience to lawful authority." It must be highly gratifying to combatant officers to find that there is at least one man possessed of such an appreciation of their transcendental merits. Personally I am rather proud to think that Jameson belongs to the same profession as myself. Doubtless this is mere sentiment on my part, yet, in my purblind way, I cannot but think that far from degrading his profession he is an honour to it. He is, in my humble opinion, a born leader of men, and, though I readily admit that he would equally have come to the fore whether he had been originally a tinker, a ploughman, or even a professor of logic and rhetoric, still the fact remains that the medical profession considers itself honoured in numbering him among its members.

It would be easy to traverse Brigade-Surgeon Hill-Climo's contention sentence by sentence and show that almost without exception his statements are as devoid of logical reasoning as those above noticed. But neither time nor space are available, and I shall therefore confine myself to one or two further points. The unification of the Army Medical Staff took place in the late seventies, and the knell of the obsolete and defective regimental system was sounded at that time. Dr. Hill-Climo specifically informs us that "he does not wish for a moment to convey the idea that he is raising the shadow of an objection to the unification of the department, to the existence of station hospitals, and the endowment of the Army Medical Staff with power and authority, free and unfettered, and commensurate with the functions they have to perform." The newly organised department was first put to practical test in the Egyptian War of 1882, and "officers high in command complained that medical officers failed in *initiative* (the

italics are mine), and to assume the responsibility which service in the field had imposed upon them since the unification of the department." Further on he says, "In some articles which I have recently written I have shown that there has been both medical and sanitary failure, consequent upon regiments no longer having medical officers serving with them." Now examine these statements when placed thus in juxtaposition, and I venture to assert that they are contradictory. If I can trust my knowledge of the meaning of the English language, I should summarise them as follows:—Firstly, we are wanting in initiative; secondly, the department must be given a free hand; and thirdly, as a means to an end we are to go back to—a sort of pseudo-regimental system. If we admit for the sake of argument that the department was wanting in initiative in 1882, and is so now, is it not perfectly plain that this was, and is due to the fact that it is not "free and unfettered"? How could it improve in this respect if one half of its "power and authority" were taken from it, and its duties were confined to those of a purely professional nature, and all the details of its military organisation relegated to other hands? Surely if such a necessary adjunct to efficiency as initiative is to be fostered, it is a *sine qua non* that we should not be dependent on others? I fail entirely to see how a return to a quasi-regimental system is going to help us; on the contrary, it is a distinctly retrograde movement, and would only accentuate the existing lack of freedom and initiative. Dr. Hill-Climo complacently says, "I have shown that there has been both medical and sanitary failure, consequent upon regiments no longer having medical officers serving with them," and further on, "I have never yet heard from a single officer of experience—whether medical or combatant—a contrary opinion." He completely ignores the fact that a medical officer of experience published an answer in this magazine, which, to use a vulgarism, completely "knocked the stuffing" out of his so-called facts and arguments. If he has never heard a contrary opinion expressed he must have gone through the world for the last eighteen years with his ears shut; my experience has been vastly different to his, and I do not hesitate to say that nine-tenths of the Army Medical Officers are distinctly of a different opinion. It is singular, moreover, that if such marked unanimity exists as Dr. Hill-Climo indicates that this reform has not been carried out. It appears to me that if the facts are as stated, then there must be a much greater lack of initiative at the War Office than there ever was in the medical department. However, he shall not have occasion to repeat this statement, for though I may not come up to the standard of what he considers an experienced officer, yet I may

lay claim, after seventeen years' service, to have some knowledge of the matter at issue, and I deliberately state that I totally disagree with him on this point as well as upon many others.

A word now as regards Dr. Hill-Climo's proposal for the future perfecting of the Army Medical Staff. It is well, I think, "that the limits at his disposal render it impossible for him to give details"; for if he could it would only make confusion worse confounded. Where the merits of his crude and vague scheme come in, I cannot see. Now supposing he could get men to recruit for the Army Medical Staff before their professional education began—a very doubtful thing—what guarantee can he offer that, in any given batch of recruits, a sufficient number of them will be found persevering enough to complete their studies "at their own expense," with the problematical prospect in front of them of getting into the public service after competitive examination? Or what guarantee can he produce that a sufficient number of them will develop the necessary professional aptitude to raise them to the required standard? He knows as well as I do that of every hundred first year medical students scarcely one half reach the goal, and of this residue not a moiety are fitted for Her Majesty's Service. The idea that their professional education should be conducted at certain selected schools is absurd. The non-selected schools would be likely to demur. Would he have the Army Medical Staff officers turned out in batches, cast in the same mould and with all their ideas but a second-hand reflex of one set of teachers? To gain experience as house-surgeons and physicians would be an impossibility. Medicine is an inexact science, and such a course of procedure would choke out all originality and strike at the very root of the future efficiency of the Army Medical Staff. I would recommend Dr. Hill-Climo to think a little before he seriously puts forward such a chimerical and impossible scheme as this.

I fear I have trespassed at too great length on your space, but I should just like in conclusion to make a few brief remarks on what my ideas are regarding the future of the Army Medical Staff. In the first place it should be autonomous. The Director-General should be given much more power in sanitary and other matters; he should be raised in rank, and have his full right of speech in the councils of the War Office. There should be no intermediary between him and the Commander-in-Chief. His powers of initiative and expenditure should be largely increased; in short, he should be no longer the figure-head but the actual autocratic chief of the department. The *personnel* of the department, both in officers and men, should be increased; but inasmuch as in peace

time sufficient work could not be found for the medical officers, Government should utilise the enormous amount of latent scientific talent they possess, and, by the establishment of bacteriological laboratories and the like, ensure their medical officers being usefully employed and, at the same time, do much to advance the cause of science.

In this connection I have often thought that a separate veterinary department for the Service is a superfluity. There is no doubt in my mind that the duties of the Army Veterinary Department could be carried out equally efficiently by the Army Medical Staff. All that would be required, would be that a certain number of medical officers should be trained for a few months in the technique of handling horses and the like. The phenomena of disease are identical throughout the animal kingdom, only in man they are somewhat more complicated. The department should have its own transport, and as a necessary corollary it should have its own mounted branch. In short, it should be complete in every detail in itself, and in this respect independent of any and every other branch of the Service. Much more attention should be paid to the training of both officers and men in the intelligent use of equipment and general details pertaining to the care of the sick and wounded in active operations in the field. At the present moment, I am convinced that we are quite incapable of bearing the strain of even moderately extensive operations, and in India, the organisation of the department is simply in a state of chaos. To me it seems a disgrace to have to own that the medical department of the Japanese Army is ahead of us in many respects; but if any one will read Surgeon-Major-General Taylor's pamphlet on the late Sino-Japanese war, he will see that such is the case. In sanitary matters, generally, we must be given a far freer hand. The records, more particularly of India, with the daily lesson of the continued prevalence of enteric fever, dysentery and the like, are, in this age of scientific progress, a standing disgrace. We doctors are not in fault, the onus of blame rests elsewhere. We know the cause of these diseases, and give us the wherewithal, and within the next decade we will check their ravages; but we cannot make bricks without straw, nor can we face the enemy together if we are not commanded by our own generals. It is the old story, the initiative is knocked out of us by outside interference. Lastly, I submit, and I do so in all humility, that the Army Medical Staff has deserved well of the country, and the time has come to foster within it a loyal spirit of *esprit de corps*, and make it into a royal corps; we should be granted the title of the Royal Medical Staff, and further, the officers should be given substantive rank within the corps.

I say nothing here about the non-recognition of royal warrants, pay, etc., in India. These are questions of detail that would of course require attention. Doubtless increased expenditure would be required. I can only say that if it secures efficiency it is money well spent. It is the worst form of extravagance to lavish money on a useless article, and the medical department comes perilously near that in many respects at the present moment. Sir Redvers Buller recently said at Netley, that what the Army wanted was "good doctors." That is a truism, but it is equally true that you will never get the good men to come forward so long as there is the impression abroad that a man must put his self-respect in his pocket when he enters the Service, and be content to dance whilst others pipe. In this connection, within certain limits, I subscribe to the revolutionary doctrine of "liberty, equality and fraternity." I want liberty for my department; I want equality and fraternity with all other officers of Her Majesty's Service. I yield to no man in my love for my profession, and I believe that the way to honour and glorify that profession is to sweep away even the semblance of slight. The overwhelming majority of my professional brethren, both within and without the Army Medical Staff, hold the views I have endeavoured, however feebly, to express; and in spite of the platitudes and vague generalities of Brigade-Surgeon Lieut.-Colonel W. Hill-Climo, it is, I think, self-evident that the profession at large knows best what is necessary in a matter that so nearly touches their own interests and those of the calling to which they have the honour and privilege to belong. The military medico is more than a doctor, much more, and if I might be allowed to parody the words of Rudyard Kipling, I might with truth say that

"'Tis a kind of a giddy harem-frolic,
—soldier an' doctor too!"

R. H. FORMAN, Surg.-Major, A.M.S.

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DEPARTMENTAL BIMETALLISM.

BY BRIGADE-SURGEON LIEUTENANT-COLONEL WILLIAM HILL-CLIMO, M.D., ARMY MEDICAL STAFF (RETIRED).

IN my article headed "The Future of the Army Medical Staff," which appeared in the April number of this MAGAZINE, I invited attention to the persistence with which a large number of the Army Medical Staff urged their claims for military titles entirely dissociated from their profession, and to the support given to this demand by the chief medical journals of the day, threatening to boycott the Service by preventing candidates from competing at the half-yearly entrance examinations until this demand was complied with. This threat has been now put into practice. The medical schools are declining to send up candidates, and with the strength of medical officers below the fixed establishment, the present outlook is unsatisfactory. The time therefore has come to settle the question on its merits.

Perhaps, if the granting of military titles would once and for all settle the question, and bring to a happy termination the military aspirations of the department, it might be as well to accede to the demand; but its history for the past five-and-twenty years forbids it, and gives no hope of finality. Each change which has taken place has been followed by fresh agitation—*Vires acquirit eundo*. Besides, the bestowal of military titles, pure and simple, on Army Medical officers, opens up the larger question of the use of these titles by all departments not entrusted with the command of troops in the field as a fighting unit. It embraces the whole range of military authority and command on which the fabric of Army discipline rests. It is neither fair to the Army, nor to the departments concerned, that there should be any hesitation—any leaving the question in a state of suspense. It produces a state of tension and of uncertainty which should be terminated at all costs.

There is not a week that passes but some medical paper of light and leading lends itself to the propagation of the new gospel, in which military titles by themselves are no longer sufficient, but that

henceforth the Army Medical Staff must be given "a greater share in the work of the regular Army." This is the ultimatum of the medical profession to the Secretary of State. Has it occurred to the advocates of this "Forward Policy," that if such work be entrusted to the Army Medical Staff, then its officers must be entitled to exercise command outside the sphere of their medical duties; in other words, that in so far as these new duties are concerned they must cease to be medical officers? There is no other solution, for responsibility and command are concurrent.

In the article just quoted I commented upon this development, and gave a historical summary of the conflicting circumstances to which it was owing. It will not therefore be necessary to go over old ground. "Let the dead bury their dead." The all-important question remains, what is to be done now? It is for the military and medical authorities to decide. Let their action be liberal, and let it be prompt; above all, let it be decisive. Half measures never suffice, and reform by dribbles only invites attack. Whatever may be done, it will not be necessary "to rob Peter to pay Paul." Hitherto, the question has never been approached in the spirit which commands a successful issue. To tide over a present difficulty, or to satisfy the exigencies of the moment, has been the end in view, leaving the morrow to take care of itself. The blame for this hand-to-mouth policy is not entirely departmental, but must be shared in by the military authorities. How this has occurred will presently appear.

The heading of this article will suggest to the reader some of the points to which I wish to attract his attention, and the inferences which spring out of them. The department has been for years sailing under two flags, obtaining all the advantages of pay and pension, and of high rank also, which are rightly accorded to its profession, and now it demands that to these advantages there shall be added every right, every privilege, and every distinction belonging to the combatant officer; and these it demands, not because of its professional worth, but on account of its Service relations, and of those quasi-military duties which the unification of the department has imposed upon it. The arguments advanced in support of these claims, if pushed home, will not, I fear, help them much. I propose detailing these arguments, and testing them to see how far they justify this position. Afterwards, I shall briefly consider the present grievances of the department which require to be redressed.

If reference be made to the medical journals which have espoused the cause of the Army Medical Staff, we shall obtain but little guidance. The statements made by anonymous correspon-

dents in the Service columns of these papers vary from week to week, while the editorial notes are equally shifty; but in all stand out prominently the wish to cast off the medical profession as an unclean thing, and the hope that in future medical officers may be known only as captains and colonels, etc. A few weeks back I had the opportunity of conversing with a staff officer of some standing on the subject. Without giving the exact words of the conversation, the following may be taken as a summary of his remarks:—"The difficulty he had, and he was not singular in this experience, was to know of what the Army Medical Department complained, and what it wanted. That the head of the department never once formulated in precise and unmistakable terms its causes of complaint and its requirements—in a word, never once acted as its mouthpiece. That the feeling of the Army Medical Staff seemed to be practically unanimous in favour of military titles, but that as their duties must remain medical, and their power to command must be limited as at present, he was at a loss to know where would be the gain. In fine, that he felt the situation to be as difficult to appreciate as bimetallism." There is much truth in the above. There never yet has been a coherent statement put before the Secretary of State of what the department requires to make it contented and efficient. It has always been my contention that this ought to be the prime duty of the Director-General and of his advisers.

I approach the discussion of military titles for medical officers with considerable reluctance, because I know that the conclusions I have come to separate me from many old friends, and because my present views are in some measure different to what I entertained when the question was merely an academic one, and not pressing for solution. Naturally my personal leanings and my sympathies were altogether in favour of this claim. Notwithstanding this bias, the more I studied the question the more untenable seemed my original position, and now, viewing it not only from the standpoint of a medical officer, but from that larger field as to how it would affect the Army either directly, or indirectly through the political and social movements of the day, I am convinced of its inexpediency. Well, then, a wider experience and a more extensive reading of the military history of the country has made me (reluctantly I repeat) recognise how fatal also it would be to professional progress, for of necessity it would still further push the profession to the background.

Recently a medical officer of ability, in discussing with me the advisability of giving military titles to medical officers, thus stated his opinion: "There must be distinctions between medical officers.

The generic term 'doctor' won't do. The officer of five years service is not on the same footing as the man of thirty, while the responsibilities of the latter are infinitely greater. Hence it is necessary that there should be gradation of rank, which should be on military lines. Some of the present compound titles are very cumbersome, so much so that even combatant officers give the professional affix the go-by in conversation and use the military only. I admit the force of these observations, but they do not carry home the conviction that the official titles of medical officers should be military only. Mr. Gladstone has recently written, "that we are all ruled in our judgments by our inclinations." If in his great career he has found this to be so, how much more truly can it be said of humbler natures, and of those to whom fortune has given a sphere of lowlier ambitions.

Again, I am advised by a friendly critic that "there is no earthly good in arguing against military titles, that the wishes of the many, backed up as they are by the entire profession, must carry the day; and therefore that to fight against it is simply to court failure, even though the evolution of the service on professional lines may be the higher ideal." The signs of the times are very much in favour of this forecast, but what of that? My belief is, and I give it after mature consideration, that if even these titles were now granted it would not be for long, but that it would hasten the time when the title must correspond with the employment of the holder—when to be a "Captain of the Host" will mean that and nothing more. The whole tendency of the age is to get rid of flabby generalities and jelly-fish affinities. The State has a perfect right to make the differentiations of its servants depend upon their duties, and upon them only. The schoolmaster is abroad. With the higher education of the people and the more general diffusion of culture the nearer is that time approaching.

The arguments brought forward in support are chiefly derived from what is considered to be the analogy between the present service conditions of the Army Medical Staff, and of the Royal Artillery and corps of Royal Engineers as these corps existed some years ago, when the right to hold a mixed command by officers of these corps was denied them. These arguments, though often made use of, are not advanced with that heartiness which insures belief. There is a lurking dread somewhere that the present state of affairs hardly justifies the comparison. Notwithstanding the corps of Royal Engineers is specially signalled out for comparison, as its evolution from a civil basis is the more distinctive, and the more suggestive of the possible future of the Army Medical Staff. Lord Wolseley quite recently pointed out

how neglected has been the teaching of the military history of England in our public schools, and even in our military institutions for the training of young officers. He has shown what a gain to the country this teaching would be in fostering patriotism, and by making the public better acquainted with the military needs of the Empire. Herein ready at hand lies the explanation. There is no student of the military history of the British Empire during the past fifty years but must be struck with the paramount part the corps of Royal Artillery, and the corps of Royal Engineers have played during this period in all our wars, both in attack and defence. From the Indian Mutiny down to the defence and relief of Chitral, every page of this history bristles with their glorious deeds—deeds which might have been glorious, but which would not have had such far-reaching consequences, had not they been scientifically planned and executed. I am not concerned in this argument with acts of personal bravery and of individual gallantry; were they the determining factors, then the history of the Army, and of the Indian, Medical Services would suffice. But that is not the point. The point is this, that for both attack and defence, in fine, for all enterprises of war, both these arms of the Service—Artillery and Engineers—are all-important; whereas the medical service in civilised warfare has no such duties, rather is precluded by international agreement from undertaking them.

If military titles be given to the Army Medical Staff, then to act logically, rather to act honestly, every service, every department of the State, employing members of the medical profession, should bestow upon them their respective titles. It has often occurred to me that if this custom prevailed in the sister Service, then the whole range of the titles of executive naval officers would have to be appropriated by its medical staff. Absurd. The strict sense of discipline in the Navy, the necessity of promptness of action, and the risk of confusion incident to the use of similar titles by officers with diametrically opposite duties forbid it. The same reasons apply with no less force to the use of military titles for medical officers in the Army, unless the professional equivalent precedes them. This is a self-evident proposition, but being a question of common-sense it will no doubt meet with much opposition. How this claim for military titles has become so pronounced perhaps may be explained by the fact that the standard of precedence outside hereditary rank is a military one of which the title is the symbol, but that does not justify the appropriation of the standard itself. Had the system of officering the Army continued as it existed six-and-twenty years ago, when commissions were bought and sold as medical practices are at

the present time, this claim of medical officers might be considered to have some reasonable foundation, and would perhaps more fittingly meet the requirements of the medical papers as being "up to date." It is because the whole system of military warfare has altered during these years, and because medical science too has broadened her boundaries, that I cannot subscribe to this new gospel. Let me complete my confession of faith. I know how my views are looked askance on now, but we are living in an age of transition. A new century with its great discoveries will soon dawn; I venture to say it will not be twenty years old before this gospel is dead, and as extinct as the megatherium and the dodo.

I have in the article already quoted pointed out how rampant is the spirit of militarism in the department. Like some fabled monster it lives upon itself. Were this title worship a harmless social ambition, it might be left to smoulder and to die; but this is not so. It exercises a pernicious influence on its everyday work, and, like some corroding canker, it is eating into the vitals of the department. The following two instances will suffice: In a station—the headquarters of a district command—a year or so ago, His Royal Highness, the late Commander-in-Chief, was expected to make his annual inspection. To visit the sick in the station hospital was part of the programme. For hours the Army Medical Staff Corps were paraded in the hospital grounds to give a salute. Surely it would have been more decorous and more in keeping with the spirit of the place to have had these men doing duty in the hospital wards, crammed as they were with sick. There was a time when hospitals were used for the infliction of punishment, deserters and bad characters being respectively branded with the letters D. and B. C. within their walls. Those times have long since passed away, thank Heaven! How repugnant to one is this idea now. And so, too, in the near future, will be the association of hospitals with all other functions except those required for the treatment of the sick and the alleviation of human suffering. Again, shortly afterwards, in the same station, sixteen rank and file of the corps were paraded for company drill. This parade was superintended by the surgeon-colonel of the district, accompanied by a brigade-surgeon lieutenant-colonel, while a surgeon-lieutenant-colonel and a surgeon-major in turn put the men through their drill. Surely these officers might have been more profitably occupied with their medical and sanitary duties, which were of urgent importance and sufficient to occupy every moment of their working day. In any case it was not a duty for officers of their seniority, and might have been more appropriately left to a non-commissioned officer, under the supervision of a surgeon-lieutenant

or surgeon-captain. To drive in a tenpenny nail with a Nasmyth's hammer is a useless expenditure of power. However this may be, I cannot believe that this picture will be in existence some twenty years hence, except in the libretto of some comic opera of the day.

I have often heard the argument brought forward that it is on field service military titles for medical officers are essential, to mark their position, and to secure their orders being promptly carried out. Here, again, is an instance of dogmatic assertion taking the place of the actual fact. These titles must be associated with the names of the possessors, and on field service they are rarely employed. It is not difficult to see that if this were the custom it would cause endless confusion, and might lead to actual disaster. In consequence, officers are addressed, not by name, nor by title, but by the actual appointments they hold. Thus it is that orders are issued to the G. O. commanding a division or brigade, to the C. O. of a regiment, battery, or company, to the P. M. O. of a division and to the S. M. O. of a brigade or field hospital, etc. The advantages of thus associating officers with their respective duties are obvious. I recollect, a few years ago, discussing this very point, namely, the connection of the duty with the title of the holder, with a general officer, who since then has become distinguished in the field. With a rough cynicism he asked me these questions: "Suppose a medical officer, on joining the department, was given the title of field-marshal; how would that affect him in relation to his work? Would not the measure of his duties remain the same as it is now, and must not his power of command be limited to the sphere of his medical and sanitary duties? Will not his appreciation by the Army outside his department depend upon how these duties are performed?" It was in reference to this claim of medical officers for military titles that this conversation arose. He who plays at bowls must expect rubbers, and therefore perhaps I could, without wincing, appreciate the pertinence of these questions. They are still ringing in my ears.

In the search for arguments in favour of military titles the example of the United States of America is often quoted, and its medical service is set up as a pattern to copy. In that country, where "one man is as good as another, and six times better," in every car, in every court, on 'change, and behind the counter, the irrepressible Yankee colonel is in evidence. I confess I could never see the force of this argument. This everlasting desire to copy other countries, combined with the habit of belittling home institutions, is repellent to me. I am well aware of the forces which are at work, but I should have thought that the medical profession, with its

larger knowledge of mankind, would have been the last to have made use of them. The Army Medical Staff have a jewel of great price in their profession, but, like a spoilt child, they prefer the setting. In this agitation one thing has particularly struck me, and that is, how little support the claim gets from the lay press and from the public.

At the risk of being tedious I have discussed the question at this length, for its settlement must be effected, not by outside clamour, but by departmental responsibility. I take it that honorary titles are neither acceptable to, nor suited for, medical officers, and yet it is because of other departments possessing these titles that the medical department finds its justification. It is rather a petty way of looking at it, but this is one of the reasons most gravely advanced in favour of it. Should the present compound titles be continued, as I think they ought, there should be nothing about them to which exception could be taken. Excluding the title of brigade surgeon-lieutenant-colonel they are in every respect satisfactory. The objection I have to make to that title is that it corresponds to no army rank. The rank of brigade surgeon-lieutenant-colonel remains the same as that of surgeon-lieutenant-colonel. Hence this promotion is a case of simply "as you were"; besides, its inordinate length deprives the title of any utility as a means of conversational address. Every step in departmental grading should have a corresponding military rank. If not, of what use is the promotion? It certainly has been a frequent cause of complaint, and has been used as the medium to ridicule the whole thing. The number of surgeon-major-generals and of surgeon-colonels, more especially of the latter, on the home and colonial establishments have been in recent years reduced; why not therefore make the military rank that of colonel. The administrative medical officers of districts could be distinguished from them by the designation of surgeon-colonel on the staff. As it would allow these officers to serve longer, the ultimate cost to the State would be inappreciable, which is of itself a recommendation.

I now leave the title question for what I consider the material and *bond fide* grievances of the department. I regret to have had to spend so much time and space upon it, and would have preferred to have treated it as Laing did the Gorham case, dismissing it with a simple D; but that was impossible, for until it is set to rest there will be no peace in the department. Most of the grievances of the Army Medical Staff have some financial importance, but none of them, I take it, present any great difficulty, always supposing that the regulations as regards pension and retirement, etc., be modified to suit the present conditions of the

Service. In my article on Army Medical Organisation, which appeared in the December, 1894, number of this magazine, I called attention to this subject. Leaving out of consideration that automatic and gradual increase which the natural progress of affairs entails, I pointed out that a large increase in the cost of the medical service must be expected, unless its internal economy, root and branch, be investigated, and its terms of service altered. How true this forecast was, the medical vote for the current financial year proves, when it stands at £557,000, whereas twenty years ago it was only £373,000, the cost of the Army Medical Staff serving in India not being included in the above sums. I do not propose proceeding further with this financial question. To do so would unduly lengthen this article; but I will ask, Where is this to end unless the measures I suggest are carried out? As a distressed taxpayer I pause for a reply.

The two first grievances, which will be now inquired into, have no financial importance; but they have had a sinister influence on the contentment and efficiency of the department. These are (1) the want of union between the Army Medical Staff and the Army Medical Staff Corps, and (2) that the responsibility of medical officers in questions of discipline, and in matters outside the sphere of their medical duties and of their present command, has not hitherto been precisely defined. I shall discuss them in order; but the most cursory reader will note that here are two vital questions affecting the department, and yet they are permitted to remain incomplete, or uncertain. A bimetallic strain runs through both.

With regard to the want of union between the Army Medical Staff and the Army Medical Staff Corps, what is wanted is the welding together of the two into one homogeneous body, with one title common to both. It seems extraordinary that this union has been so long delayed. For all practical work they are one, therefore the designation or title should cover both officers and men. Their duty is limited to the treatment and care of the sick. There is no fear that in the future this duty will be widened. Where, then, can the objection to their having a common designation come in? Again, whether the amalgamated body be given the name of service, department, or corps, what objection can there be to make it a royal one? We are all servants of our Queen. We are all animated with the same spirit of patriotism. The Army Medical Staff and Corps serve everywhere. They incur the risks of war, and they are also more than all others exposed to the dangers resulting from epidemic diseases. Why, therefore, should they not be shown

some special mark of their Sovereign's favour? To do so will not rob the Army of any privilege. It will not take away from it any virtue, while it will add to the prestige of a service upon whose labours the efficiency of that Army so largely depends.

The responsibility of medical officers in questions of discipline, and in matters outside the sphere of their medical duties and of their present command, has become a burning question. It has always been a sore point. Into the merits of Surgeon-Captain Fowler's case I have no desire to enter, nor am I in possession of all the facts which would warrant me to do so. The recent debate in the House of Commons does not furnish so complete a statement as would enable one to form judgment. However this may be, the case has attracted so much attention that the question must be authoritatively dealt with, so "that he may run that readeth it." As I take it, the present regulations, though somewhat elastic, only impose this responsibility upon medical officers for occurrences similar to those partially witnessed by Surgeon-Captain Fowler, namely, to bring them to the notice of the senior combatant officer, or of the officer commanding the corps concerned, reporting at the same time their action to the S. M. O., under whom they may be serving, for the information of the P. M. O. of district. For every given case it may be impossible to lay down any hard-and-fast rule, but surely there ought to be no difficulty in determining the broad lines which should govern conduct. It is a fact within my knowledge that this uncertainty has been a constant source of irritation and of dissatisfaction to medical officers; what is more, it affords a legitimate basis for further agitation.

The other grievances are chiefly of a local character, though general. Officers on the home establishments complain of the shortness of the period of home service, the frequency of removal from station to station, and the increasing difficulty to obtain leave, either ordinary or for the purpose of study. The department has become impressed with the importance of keeping its officers contented, and with better administration these evils have been mitigated; but they will never be got rid of under existing circumstances. In my article on Army Medical Organisation, already quoted, I have discussed this subject at considerable length. To do so here would be only to repeat the facts and arguments. Medical officers serving in the United Kingdom also complain that they meet with but little consideration from combatant officers. This, notwithstanding its social aspects, can hardly be said to be a personal question, because medical officers and combatant officers see so little of each other since the old regimental

days. This separation is likely to increase as the senior officers die out, unless, perchance, a medical officer is posted to each corps for a term of years. In no other way can official action influence it.

The grievances of the Army Medical Staff serving in India are very real. The Israelites found the Egyptians hard taskmasters; but no harder master can be found than the Indian Government. It will have its pound of flesh. No department, no service, has experienced this more than the Army Medical Department. As regards pay and allowances the department is worse off now than it was twenty years ago. The work has been increased a hundred-fold. Those officers who used to get horse allowance have been deprived of it. The pay of rank has not been conceded; both the junior and senior ranks equally suffer. I have had long service in India, and I am well aware of the discontent—the legitimate discontent—which prevails. I say this feeling alone is sufficiently strong to keep men from joining the Service. I know it to be so.

I have endeavoured in this article to give a plain statement of the grievances of the department, some of which I think are not real, and which only require explanation to be brushed aside; while, on the other hand, many of them are serious, and keep back eligible candidates. I think, therefore, it is time that the fullest inquiry should be made into them, and wherever an evil is found, corrected, and wherever a hardship exists, redressed.

W. HILL-CLIMO.

THE COSSACKS IN WAR.*

BY CAPTAIN R. G. BURTON, Indian Staff Corps.

THE traveller in Russia who possesses an inquiring mind will doubtless hear much of the degeneration of the Cossacks, should he seek for information among those who are acquainted with the subject. Indeed, the Russians make no secret of the fact, but aver with truth that the Cossacks are not what they were a hundred years ago, or at the commencement of the present century, when all Europe rang with their fame after the great part they played during the retreat of the Grand Army from Russian territory in 1812.

The causes of this degeneration, which is perhaps only temporary and remediable, are not far to seek. Races of warlike people, all the world over, who have enjoyed a long period of peace, and have turned their swords into ploughshares, must lose some portion of that military instinct which was formerly a part of their nature. So with the Cossacks. Inured to war in days gone by, for ever contending with the Tartars of the Golden Horde, sometimes defending their hearths and homes against their Eastern foes, at other times carrying the war into the enemy's country, continually engaged in frays, forays and raids, they became so far a warlike race, that that part of their lives which was not passed in actual campaigns was spent in military exercises. They lived to fight. From the Central Asian hordes they learnt those tactics which were subsequently employed with such effect in harassing an army, composed of the flower of European chivalry, led by the greatest soldier the world has ever seen.

But now all this is changed. The Cossack no longer goes forth to foray as in days of old. He lives a peaceable life on the land he cultivates for the support of his family, and when called out for

* Material for this paper has been obtained principally from articles by MM. Mikévich and Krasnoff in the Russian *Military Magazine*. General Bogdanovich's 'War of the Fatherland,' Bronzevski's 'History of the Troops of the Don,' and Klenbovski's 'Partizan Operations' have also been consulted.

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THE PROPOSED ABOLITION OF THE ARMY
VETERINARY DEPARTMENT.

By VETERINARY-CAPTAIN F. SMITH.

IN the August issue of this Magazine, Surgeon-Major R. H. Forman, A.M.D., has dealt with "The Future of the Army Medical Staff," and laid before the Service his views on the re-organisation of the Medical Department. Among other suggestions, it is urged that an increase in the *personnel* of the department is necessary, and as the only objection to this appears to be the financial one, the author suggests—as some inducement to the authorities to consider the grievances of medical officers—to entirely abolish the Army Veterinary Department, and employ the Army Medical Department to do the work!

Many suggestions have been made during the last twenty-five years for promoting contentment in the medical department, but the majority of these are mere repetitions. Surgeon-Major Forman may, at any rate, claim to have suggested an original and somewhat novel remedy, viz., the total extinction of a small and useful department, in order to maintain the vitality of a large and distinct branch of the Service.

In case, however, it should be thought that we have misunderstood Surgeon-Major Forman's views, we will let him speak for himself:—

"The *personnel* of the department, both in officers and men, should be increased; but inasmuch as in peace time sufficient work could not be found for the medical officers, Government should utilise the enormous amount of latent scientific talent they possess, and, by the establishment of bacteriological laboratories and the like, ensure their medical officers being usefully employed, and, at the same time, do much to advance the cause of science.

"In this connection, I have often thought that a separate veterinary department for the Service is a superfluity. There is no doubt in my mind that the duties of the Army Veterinary Department could be carried out equally efficiently by the Army Medical

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Staff. All that would be required would be that a certain number of medical officers should be trained for a few months in the technique of handling horses and the like. The phenomena of disease are identical throughout the animal kingdom, only in man they are somewhat more complicated."

We have to assume that in making this latter suggestion Surgeon-Major Forman considered it in all its bearings, and that it was not the outcome of hasty and immature consideration.

Surgeon-Major Forman asks for an increase in the strength of his department, and then, finding it impossible to utilise in peace the extra numbers asked for, suggests that they be kept in training by practising another, and to them unknown, profession! Such, indeed, is the scheme the authorities are seriously asked to entertain.

A larger medical department may be necessary, but it requires no expert in organisation to recognise that a scheme must be defective which, having obtained an increase in numbers, finds itself for an indefinite period in the peculiar position of being unable to find employment for them. But one would have thought, if any branch of the Service found itself in such a predicament, some attempt would be made to utilise the surplus officers in the direction of their previous training. For example, in the case of surplus medical officers, it might have been suggested that they be

1. Attached to regiments in order to learn the actual conditions under which soldiers of all branches live and work; to rigidly supervise the quality of rations and sanitary arrangements, and to afford instruction in first aid to the wounded.
2. Or they might be sent for practical instruction in the inspection of meat and judging supplies.
3. Or posted to London and provincial hospitals for surgical work, and thus their hand prevented from losing its cunning.

If it were considered necessary that an entire change of duties would be the best thing for the surplus officers, the newly-created Ordnance Department might find places for some; the Army Service Corps would be able to teach others about transport, supply, waggons and stable-management; in the Infantry facilities could be afforded for keeping up their drill, while even exclusive corps, like the Artillery and Engineers, might be glad to receive a little of "the enormous amount of latent scientific talent" which is available.

In this way the surplus medical officers could be spread over

the whole Army, and when recalled on mobilisation, their loss in the combatant branches would not be so severely felt, as if they had been employed to entirely displace one particular branch of the Service.

Such a scheme, even the alternatives just mentioned, would be a more logical procedure than the measure suggested by Surgeon-Major Forman, for the reason that, assuming his veterinary scheme worked during time of peace, it ceases to exist in time of war. The surplus medical officers employed in veterinary duties return to their legitimate calling in war, while the veterinary department becomes extinct at a moment when it should be at the highest pinnacle of its usefulness.

But even this argument may not be considered conclusive by Surgeon-Major Forman; let me, therefore, deal with that part of his scheme which is to afford the medical officer the needful information to qualify for veterinary duties.

According to Surgeon-Major Forman, the only instruction a doctor requires in order to convert him into a veterinary surgeon, is a few months' experience in the handling of horses. No instruction is required in diseases, as, according to this writer, diseases are identical throughout the animal kingdom, though somewhat more complicated in man.

Unfortunately for Surgeon-Major Forman's scheme his premises are wrong, and the reverse of those stated. No matter what the disease may be, the greatest difficulty which faces the veterinary practitioner is having to deal with a dumb patient, and this difficulty prevents any case from ever being really simple. If Surgeon-Major Forman finds it as easy to determine the nature of a disease in an infant or a speechless man, as it is in the case of a person not only capable of explaining exactly how he feels, but of indicating the seat of his trouble, then I am sure his own profession will not fail to acknowledge his phenomenal powers of diagnosis.

The symptoms of disease presented by the lower animals are purely objective, and it is entirely by the study of objective symptoms that their diseases are diagnosed. To this end constant practice and extended experience are the sole teachers, neither books nor lectures can supply the information. Every faculty and every sense, such as sight, hearing, touch, and even smell, must be trained to the highest point of development if the best results are to be obtained. It is impossible to impart this training in the four years' course of study which the veterinary student has to undergo, but it is supplied solely by practical experience under qualified tuition outside the walls of the schools.

But even when these difficulties are overcome there are others

to be faced. The symptoms and treatment of identical diseases will vary in different animals; indeed, so much is this the case that the veterinary profession naturally divides itself into those who study the horse, those treating cattle and sheep, and a third division, who attend principally to dogs. In connection with this, it may not be out of place to remind Surgeon-Major Forman that the horse is not the only animal looked after by the Army Veterinary Department.

But assuming that these and other difficulties were swept away, how is the practitioner of human medicine to deal with such extremely technical subjects as the care of the feet and shoeing; the diagnosis and treatment of lameness; the feeding, care, and management of horses; prevention of sore backs and injuries, etc., subjects which have no possible counterpart in human practice, and to which, therefore, the army medical officer could only bring the most profound ignorance to bear.

It is useless to pursue this subject further. Surgeon-Major Forman's scheme has nothing to recommend it, it is both illogical and expensive; setting aside the extra loss which must follow from disease and accident, the country would have to pay £5000 a year more for the proposed department than it pays at present.

The ethics of the question admit of no doubtful interpretation; in order to strengthen his own department Surgeon-Major Forman proposes the complete destruction of another, and one which we may venture to say has not been without some useful influence in the Service. Until an Army Veterinary Service was created one hundred years ago, there was not a single regiment or battery which did not suffer more or less from glanders, farcy, contagious skin diseases, and other equine pests, while the mortality from ordinary diseases was appalling. In a very few years this had quite changed, and not only were diseases suppressed, but the useful life of the army horse was increased by a better understanding of his care and management.

Though the State has been tardy in recognising our usefulness, yet each year now shows some act of official appreciation, and we naturally object to surrender the excellent position we have created by quiet and unostentatious work, to any body of surplus medical or other officers.

The appreciation of veterinary work is uninfluenced by popular passion or sentiment. Had it been otherwise the Crimea would have done for the veterinary what it did for the medical service. As it is, whatever position we hold to-day was not made for us, but is one of our own creation. We have shown ourselves to be indispensable to an army, and we enjoy a measure of success and

confidence, which, it is not difficult to understand, even a medical officer might envy.

In conclusion, it is perhaps desirable to say—in view of the cordial relationship which has always existed between the medical and veterinary departments—that this criticism is intended solely for Surgeon-Major Forman and those who hold his views. It is not believed that he will find many adherents in his own department.

FRED SMITH.

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THE ARMY MEDICAL DEPARTMENT.

To all who are interested in the wellbeing of our army the present condition of its Medical Department must be a matter of very grave concern. It is tolerably well known that there is considerable unrest and some discontent among the officers of the Army Medical Staff; unrest and discontent which are having the effect of preventing eligible and efficient men from seeking the commissions offered for competition and are sapping the good qualities of those officers now in the service. We believe that the subject is under the consideration of the Secretary of State for War and that definite proposals have been laid before him by the heads of the department, which, if acted upon, may have the desired result of putting matters on a more satisfactory footing and of securing to an important part of our military organisation the national confidence, which is now somewhat imperilled. It seems an appropriate time to glance generally at the history, characteristics, and present position of the Medical Department of the English army, and it may be that, in doing so, the readers of 'Maga' will be introduced to some facts possibly unknown to them formerly and be able the more readily to form an opinion on some of the points now at issue.

The necessity of medical attendance with an army in the field seems to have been always more or less recognised. In the days of Edward II., Edward III., Henry V., and Edward IV., physicians and surgeons are recorded as having formed part of the levies which were taken into the field;

but till the sixteenth century the proportion of such men to the whole force was very small, and for this Grose says that one reason may be assigned, "which is that, immediately after a battle, such of the meaner sort of soldiers, whose wounds seemed to require a considerable time for cure, were by the general dismissed with a small pecuniary provision to carry them home; this, according to Barnes's 'History of Edward III.,' was done immediately after the battle of Poitiers." It may be a question whether it was not rather an advantage to escape falling into the hands of the surgeons of the time, for the treatment was in the highest degree barbarous, empirical and stamped with ignorance. "Cautery with boiling oil" was one of the recognised methods of treating gunshot wounds, and Grose notes that a famous surgeon of Turin proposed a balm of which two young whelps, earthworms, oil of lilies, terebinth and aqua vitae were the principal ingredients. Terrible, indeed, must have been the sufferings of the unfortunate wounded after a medieval battle, whether they were treated by the so-called professional men or had to trust alone to the *vis medicatrix nature* and, if they made any recovery at all, the final result was probably just as good in the one case as in the other.

In an expedition, organised in the reign of Mary, fifty-seven surgeons were provided for an army of about 6000 men; and when James I., sixty years later, proposed to send an army of about 25,000 foot, 5000 horse and twenty guns to the Palatinate, an estimate was made for a large num-

ber of surgeons. Besides others, there was to be a surgeon for every company of 150 infantry, and one for each troop of 100 cavalry. It is curious to remark that on this last occasion, although the medical officers were detailed, there was no allowance or provision in the estimate for medicines or hospital appliances, and this is the more striking because there is a very minute detail of every other kind of necessary store. It would appear that the surgeons were supposed to find their own instruments, dressings and medicines, and that the wounded on a battle-field were to be dependent on their comrades' care for removal to a place where they might find shelter and nursing.

Besides the allowance from the king, surgeons received a stoppage made weekly from the pay of the private soldier, and this was probably intended to cover the expense of medical and surgical appliances; for in a MS. of Queen Elizabeth's time it is noted that every "soldier, at the paye-daye, doe give unto the surgeon 2d., as in tyme past hath bene accustomed, to the augmentation of his wages, in consideration whereof the surgeon oughte readilie to employ his industrie upon the soore and wounded souldiers. . . . Regarde that the surgeon bee trulye paid his wages and all money due to him for cures, that bye the same hee maye bee able to provide all suche stuffe as to hym is needfull."

At the time of the formation of a standing army at the end of the Stuart period, there was a distinction made between a physician and a surgeon, which existed till the middle of the eighteenth century, "so much so that not unfrequently during Marlborough's campaigns in Germany we read

of the commander-in-chief promoting a surgeon to be a physician, and, as late as 1764, Brocklesby wrote how necessary it was that the military surgeons should be educated as physicians."

It is not till the time of Marlborough that we find any sign of prominence being given to the medical service of the army; but it was nearly forty years later when the first great reforms in military medicine and sanitation were introduced by Sir John Pringle. This distinguished man was a professor in Edinburgh when, under the auspices of Lord Stair, he was appointed in 1742 physician to the military hospital in Flanders. He was present at Dettingen, and was appointed in 1744 by the Duke of Cumberland to be physician-general to the forces in Flanders. He was recalled for service in the Scottish campaign of 1746 and afterwards settled in London, though he continued for some years to be physician to the army. He was among the first to see the importance of putrefactive processes in the production of disease, and was quite the first physician to apply his principles to the prevention of dysentery and hospital fever—the scourge of armies of his day. The sanitary measures which he advocated are now considered essential to the preservation in health of troops in the field or camp and he may be regarded as the father of modern military medicine. It was probably also at his suggestion that Lord Stair proposed to the Duc de Noailles that military hospitals should be held neutral and mutually protected, which was done throughout the campaign and has been the subsequent practice in all wars between civilised countries. The long series of wars in which

England was engaged at the end of the eighteenth and the beginning of the nineteenth centuries produced many able men who left their mark on the organisation of the army, and the record of whose work and methods is still full of instruction and example to combatant and departmental officers of to-day. Among these old heroes, who made of their England the foremost and most powerful nation in the world, Sir James M'Grigor was by no means the least meritorious servant of his country. His simple and modest autobiography tells a story of trials and labours more than Homeric in their severity. Now voyaging in a small and crazy transport commanded by a drunken and incapable captain, now encountering disease of the most virulent and fatal type, now suffering from lack of food and the commonest necessities, everywhere taking a full share in all the recognised perils of a soldier's life from shot and steel, in siege and battle, he must have been a tough Scotsman, of iron mould and most undaunted courage. Beginning his career as a military surgeon in 1793, M'Grigor served at Bergen-op-Zoom, in the West Indies, in India, in Sir David Baird's force which, landing at Kosseir, crossed the desert and moved down the Nile to Alexandria, again in India, then in high administrative work in England. He was then specially sent to grapple with the sickness which had overtaken the ill-fated Walcheren expedition and finished his service in the field as principal medical officer in Portugal and the Peninsula under his old friend the Duke of Wellington. No man could have affronted a longer succession of deadly perils than he, from typhus, yellow fever, the plague, from shipwreck and the

enemy's weapons; but ever in the midst of danger he was collecting and digesting facts, ever in the few periods of respite from active campaigning he was studying the best professional works of his day and striving to adapt their lessons to the benefit of the suffering humanity with which he had to deal. To this great man, who had gathered unexampled stores of experience and had added to them the fruits of diligent research, it was due that in the department of which he was afterwards the head, order was evolved out of what had previously been more or less chaos, and that the Army Medical Service became an organised body, uniting in itself the best traditions of two noble professions. Space is here wanting to enumerate all the many improvements which he introduced into institutions which he found existing, all the new usages which he himself originated, during the long period when he was Director-General after the time of the great war. As one example of the admirable work which was accomplished under his directing hand in the Peninsula, it may be told that "in the interval between the siege of Burgos and the battle of Vittoria (some ten months) the total number of sick and wounded passed through the hospitals was 95,343, and yet by the assiduous care of the medical officers there were only 5000 sick on the eve of the battle, the ranks being recruited by convalescents who had been properly treated and returned to their duty." In the long peace that followed Waterloo, our military machinery rusted from disuse or decayed from lack of means to renew its various parts as they became worn out. Nothing was left but a splendid collection of regiments, and few

or none of the various supplementary services which are necessary to form an army had been maintained in a condition of efficiency. Of these supplementary services, probably the Army Medical Department was at least in a better condition than any other. All of the staff and regimental surgeons were men who had received a high training and the greater number, in the face of many disadvantages, had kept themselves fairly abreast of the forward movements of medical science. As a rule, they were imbued with the devotion to duty which has ever been the chivalrous attribute of the medical profession, and in whatever situation of trial or stress English troops found themselves, there was ever perfect confidence that their surgeons would be ready to show unstinted devotion in their efforts to help those under their care and to relieve their sufferings. But the department really consisted of the surgeons alone, and even they were so organised that the fullest benefit could not be obtained from their exertions. Of all the many details which go to make up a complete provision for the care of sick and wounded in war there were none. The arrangements which had been made and the material which had been collected in the old war-time had all disappeared, nothing had taken their places and, when a day of trial came, the best endeavours of the best men were powerless to grapple with all the problems which were to be faced, and the result was much misery to individuals, much discredit to the nation, much loss of military power to the English army in the field. The Crimean war showed to the full the old quality of self-devotion among all the surgeons in the field; among many the qualities of personal capacity and skill and among

some few, who had an opportunity of showing it, the power of organisation which is such an important factor in all attempts to deal with masses of human suffering; but it also showed how completely the lessons of old experience had been forgotten, how comparatively helpless was a department which had none of the means for carrying out even an antiquated system of operations. The delusions prevalent for many years past, that an era of universal peace in Europe had set in, were rudely scattered and England was forced to recognise that she must not only maintain in the future such a number of armed men as might be necessary to guarantee her national honour and security; but that, if these men were not to be merely a *nomineis umbra*, they must be supported and made effective for their duties by the provision of thoroughly organised and equipped subsidiary services, of which the Army Medical Department was by no means the least important.

Before going any further, we may here take note of the Army Medical Staff as it was constituted at the time of the Crimean war and for seventeen years later. Roughly speaking, it was divided into two classes, staff surgeons and regimental surgeons, though the whole were borne on one list, and, up to a certain rank, were interchangeable. After a surgeon had attained a certain seniority, however, and was promoted to the rank of first-class staff surgeon, he ceased to be a regimental surgeon, and was thenceforth employed in superintendence and regulation rather than in personal professional practice. Almost all the officers of the Army Medical Staff had at one time or another been regimental surgeons; the regimental surgeons were the men

who were best known to the army at large, and on them depended to a great extent the estimation in which the department was held, the character which it bore both among soldiers and civilians. And, generally speaking, well and honourably did these officers accomplish their task, maintaining under all circumstances a high standard of attainments, zeal and soldier-like qualities.

The system, long pursued, of gazing medical officers to individual corps (in the days of long service and before the necessities of linked battalions came to cause a constant movement of officers and men) had many advantages both socially and professionally. The surgeon was naturally better educated and had a more cultivated mind than most of the officers with whom he was associated and, if he was a sympathetic, genial man, he frequently became a very intimate and trusted friend of all his comrades. He belonged as peculiarly to his regiment as any other officer, was as fully imbued with its *esprit de corps* and entered thoroughly into the hopes, fears, pursuits and prejudices of all ranks. He became a sort of family physician to officers and men, and his intimate personal knowledge of their constitutions and habits enabled him generally to perform his duties with peculiar efficiency and satisfaction to his patients. He was of essential service and support to the commanding officer and, knowing the rank and file as he did, he was in a position to be a valuable confidential adviser in many matters of discipline and interior economy. To the troop or company officers he was very often the man to whom they could go in a difficulty with the certainty of receiving kindly advice and possibly the

aid of personal influence. To the non-commissioned officers and men he represented tender care in sickness, alleviation of pain, perhaps rescue from threatening death, and in many cases a knowledge of and sympathy with cares and troubles that could be confided to no one else. In one regiment that we could name, so completely did the surgeon represent all this that he was familiarly, and with no irreverent thought, always known as "our father." We have many other old regimental surgeons in our mind who certainly possessed in great measure all the qualifications which we have essayed to describe, and we think that we may safely ask any old soldier if he cannot also call many such to kindly and grateful remembrance.

But if the system had many advantages, it had also many undoubted drawbacks. The first and most important of these was that, when surgeons arbitrarily and definitely belonged to particular corps, there was always a difficulty in utilising them elsewhere, and thus, if the public service was to be carried out, the total number of surgeons to be maintained required to be much greater than would have been the case if all were available for employment according to the special necessities of time and place. In our days of necessary economy this in itself condemned the system. But, putting aside this consideration of economy and distribution of work, other serious disadvantages were very obvious. It was found that in many instances the regimental surgeons, unless they were very exceptional men, had a tendency to drift into a quasi-routine method of professional practice. It might often happen that for long periods they

were not called upon to treat any but the simplest ailments and injuries; they had no occasion to maintain in its proper vigour their professional knowledge, and they had little opportunity or stimulus for its improvement. Of course very many of them, from their own initiative, kept themselves quite abreast of the march of medical science and lost no opportunity of profiting fully by such experience as came in their way; but there was inevitably a certain proportion who, possibly not looking or hoping for any career outside their regimental life, took things very easily and when a time of stress came were unable to meet its requirements. The proportion to the whole strength of the department was no doubt small, but it certainly existed, and amusing stories are told of the straits in which some of these gentlemen found themselves when they were overtaken by emergency. Of these one will be sufficient to illustrate our meaning. After the battle of the Alma, there was ample work for every surgeon on the field in attending to the large number of wounded. One regimental surgeon, a most worthy and popular man in peace-time and then quite equal to his simple duties, was not to be found anywhere. At last he was discovered in his tent, into which he had brought a dead Russian, refreshing his surgical knowledge by cutting off a leg. *Se non è vero, è ben trovato*. We do not vouch for the absolute accuracy of the story, which has been often told and, even if it is true, the case was no doubt an extreme one.

In 1858 a Royal Commission, with the Right Hon. Sidney Herbert as president, was ordered to report on all matters connected with the status and work of the Army Medical Department, and

from the time of that Commission's report may be dated the entire remodelling of the department and the organisation of a practical army medical school. From that time also date many practical reforms in the administration of military medical affairs. The end of the Crimean war had seen the creation for hospital duties of the Army Hospital Corps, a body of men possessing a complete military organisation, and all the material was thus provided from which an efficient medical service might be made. It was not till 1873 that the system of regimental surgeons was finally abolished and all the medical officers of the army were constituted as one staff. Since then no corps (except the Household regiments) has had any medical officer permanently attached to it, and regimental hospitals have been altogether abolished. Thenceforth medical officers have been detailed to do duty with any corps or portions of corps as might be most convenient for departmental arrangements, and the only hospitals have been the general hospitals and station or field hospitals. For purposes of medical and surgical care, all regimental organisation ceased to exist and all arrangements have been in the hands of the Medical Department alone. It may with truth, indeed, be said that previous to 1873 there was no Medical Department properly so-called. Medical attendance on troops in all situations was provided more or less effectively by men whose energies were not properly organised and directed, and it was only by the talents and experience of individuals that a fairly good result was ever attained. Shortcomings in the field were common, not due to the fault of the officers employed, but to a defective system.

Next to the great change in 1873, perhaps the most important modern alteration in the condition of the Army Medical Staff was made in 1877, when authority was given to medical officers to command the officers, non-commissioned officers and men of the Army Hospital Corps, and also all patients in military hospitals, as well as soldiers attached to them for duty. The medical officers then *ipso facto* ceased to be purely professional men, forming part of the army for one specific purpose; but they were invested with the military command of men trained, disciplined and sometimes armed, and became responsible that these men were employed to the best advantage in the country's service. Primarily, no doubt, their command would only be exercised in the administration of hospitals and in caring for the sick and wounded; but it is sufficiently obvious that it involves the performance of many other duties and differs in no respect from the responsibility resting upon any commissioned officer in any branch of the service. The training, discipline, supply, payment and movement of soldiers were put into their hands, and it might well happen that the direction of soldiers in fight might also be their duty. The rules of the Geneva Convention and the neutrality of hospitals are not recognised by many of the enemies which English troops may be called upon to encounter, and though in war with civilised nations the medical officers and the men under their command are not supposed to take any part in actual combat, circumstances are conceivable in which such a necessity might be forced upon them. In any case the medical staff have always the most trying

experience in siege or battle, that of performing an overwhelmingly anxious duty, exposed to all the dangers from the enemy's shot and steel, and of leading men in action during the performance of that duty into positions of extreme peril.

As a necessary sequel to the giving of actual command to medical officers, it was found that in their titles of rank the grade of authority which each officer possessed must be indicated, and in 1891 a warrant was issued laying down that, in lieu of the denominations hitherto employed, the medical staff were to be named "Surgeon Major-General," "Surgeon Colonel," "Brigade Surgeon Lieut.-Colonel," &c., &c., and it was understood that these titles were to carry all the advantages and status indicated by the military portion of the title.

The Medical Department of the army now consists of 949 officers, known as the Army Medical Staff, and 2600 non-commissioned officers and men, known as the Medical Staff Corps. Its tasks in peace-time and the responsibilities which are laid upon it are so numerous and varied that it is impossible here to do more than name some of them. They include the general treatment of all sick—officers, men, women and children; the observation and regulation of the sanitary surroundings of the soldier in many climates and under many conditions; the examination of recruits; the invaliding of men in the ranks who are medically unfit; the management and control of all general and station hospitals, hospital ships, lunatic hospitals and hospitals for women and children; the supervision and control of all officers and men in hospital and those doing duty in hospitals, and the entire command of the Medical Staff Corps.

It may be interesting to sketch here, however, the manner in which the department is distributed for service on a campaign; for there is much vagueness of thought on the subject even amongst soldiers, and the number of civilians who have the slightest acquaintance with it must be few indeed. Its duties in war may be summed up as follows: "Immediate provision for sick and wounded at the front, and the evacuation to the base of operations and to home of all who from wounds or sickness are unlikely to be again fit for service with the army during the campaign." For convenience of nomenclature the officers and men of the department with an army in the field are said to be organised in three lines. In the first line are the medical officers with corps and the bearer companies; in the second line are the movable field hospitals; and in the third line are the stationary field hospitals. There are, besides, general hospitals at the base of operations and, as English campaigns are happily always carried on beyond the seas, our country's marine is represented by hospital ships and hospital transports. The total provision for an army corps, consisting of three infantry divisions besides corps troops, such as artillery, engineers, &c., is—for each of the three divisions, two bearer companies and three field hospitals; for the corps troops and general purposes of reserve, one field hospital. The cavalry division operating with the army corps has two bearer companies and three field hospitals. For each regimental unit there is one medical officer, and there are about 104 medical officers for general purposes. The whole, under the command of a surgeon

major-general, forms a strength of about 154 medical officers, eight bearer companies, thirteen movable field hospitals and an advanced depot of medical stores. The movable field hospitals are each equipped for 100 beds and are divisible, in order to be able to accompany detached forces, into half hospitals of 50 beds. Stationary field hospitals are scattered along the line of communications, buildings being used when available, and are more fully equipped than the movable field hospitals. Each of them accommodates 200 sick, and receives all disabled men passing from the front as well as the sick from the troops employed on the line of communications.

Let us follow the *modus operandi* of the department in the field. When a soldier falls wounded in the fighting line, he is reached and attended to as quickly as possible by the medical officer attached to his regiment or corps, and is carried or assisted to the collecting station, which is the advanced post of ambulance transport and the various forms of wheeled carriage. From this point all the wounded are passed on to the dressing station, about 1500 or 2000 yards from the fighting line:—

"The dressing station is specially adapted for relieving the most seriously wounded, restoring those who are exhausted, and for performing the necessary operations. . . . From the dressing station the wounded are passed to the field-hospital, which is placed in some suitable position beyond the reach of fire, or under cover from it. There is here provision for men to remain two or three days if necessary, and they may either be discharged to duty again or passed to the base hospital along the line of communications."

What does all this practically mean? Let us accompany the

medical officer of an infantry battalion into action. He has probably been roused before daylight from a very rough bivouac and, after a scanty meal, including, if he is lucky, a cup of hot tea or coffee, he has ridden for hours through clouds of dust or amidst a sea of mud. Everybody is sleepy and tired or silent under the mental strain inseparable from the consciousness of an impending crisis. Suddenly there is a galloping of orderlies and an increased amount of flag-signalling, and almost simultaneously the roar of artillery is heard. The enemy is in front in position, and the first act of a great drama has commenced. The battalion is halted for a time, and some of the men begin to fumble nervously with their accoutrements, some look with strained eyes in the direction of the coming battle. At last the order is given for an advance, the thunder of the guns becomes more and more distinct and probably some of the enemy's shells are heard shrieking overhead. The medical officer receives a message from a superior pointing out to him a spot, somewhat sheltered by a little eminence, as the dressing station, and he sees a tent being pitched, while a small knot of vehicles and animals are collected round, and the white flag emblazoned with the red cross waves over it. But his battalion is still advancing and he follows. Probably he passes two or three huddled-up and shattered objects, which are all that is left of some gallant soldiers, and he sees some wounded men with pale, drawn faces staggering to the rear. All the officers near him have drawn their swords, and there is a sympathetic quiver of nervous excitement in the ranks which is almost as nearly allied to fear as it is to courage; but he must keep himself

perfectly cool, thinking of nothing but his personal duty. Some orders are given and the battalion extends. Perhaps the colonel or one of the senior officers finds time to tell him that a movement is to be made against a feature in the country in front which is occupied by the enemy, and he knows that his work must soon commence. Now the whistle of rifle-bullets seems to fill the air, and the ground is knocked up at his feet by something like the heavy rain-drop of a thunder-shower. Ah! at last he hears the cry, "Where is the surgeon?" passed from the front, and he runs forward through the fire, which is searching the ground pretty closely. Two men have fallen. One he sees at once is past all aid. He turns to the other, and, kneeling beside him, finds that he has been shot through the leg. A bone has been smashed, and there is a good deal of bleeding, but he is able, from the equipment carried by his orderly, to apply the necessary splints to the fractured limb, and adjust a tourniquet to control the loss of blood; he then affixes to the man a tally naming the nature of the wound and the treatment adopted and helps him on to the stretcher, which two of the bearers have brought up. "Take him to the collecting station." Again and again he hears the call for his assistance, and backwards and forwards he runs on his errands of mercy. "Why has No. 2 stretcher not returned?" "One of the bearers has been killed." "Well, some of the wounded must lie where they are till the action is over." The medical officer does what he can for each victim, and if he himself is still unscathed at the end of the day, which, considering that he has been more exposed than almost anybody, is not

too probable, he at last manages to collect most of them and to convey them to a place of some shelter where they can be duly attended to. Smearred with blood, fainting from exhaustion, and weary in mind from prolonged effort, he has now to brace himself to assist his colleagues in a long night's work of the most delicate operations, of the most anxious thought and, still unrepaid, he may probably have to accompany his battalion on the following day. No one who has not seen the medical officers of the army doing their duty coolly, calmly, and methodically in the midst of all the excitement and turmoil of battle can realise how much they display complete self-abnegation, the sense of duty, the training and skill which will not allow itself to be disturbed by any surrounding circumstances and the true soldierly bearing in extreme peril.

As an example of what is done by medical officers, it may be permitted to tell of an incident of the Ashanti war in 1874. The English force was hotly engaged at Amcafa, and the 42d were gallantly making their way through the dense bush. Several men had fallen, and every surgeon on duty with the fighting line was fully occupied, when two Highlanders were seen coming into the open space, where were collected the

brigadier and other officers, supporting between them the regimental sergeant-major, a magnificent old soldier wearing the medals for the Crimea and Mutiny. He had been shot through the neck and the arterial blood was spouting like a fountain from the wound. The gallant principal medical officer, who had pushed to the front to watch the progress of the action and superintend the work of his subordinates, saw the wounded man approaching, and saying, "If that man is not attended to, he will be dead in five minutes," at once set himself to the task, to perform which there was no other officer available. He extemporised a support for the poor fellow's head and laid him down. Then, while the ugly "phit," "phit" of bullets sounded all around, he tied the carotid artery with as steady a hand and as unshaken nerve as if he had been in the best appointed operating-room in England. A brave and skilful man acted with courage and skill, and the life of another brave man was saved to his country. The medical officer was Surgeon Major (now Sir W. A.) Mackinnon,¹ until lately the Director-General.

We have glanced at the work of a medical officer with a battalion. Let us follow the stream of wounded men which is making

its way to the dressing station, and see what is being done there. We shall find two or three officers hard at work, taking case after case and disposing of all with the utmost promptitude combined with the most tender care and skill. There is no time or means here for performing any operations which can by any possibility be deferred till the injuries have received more prolonged examination; but every case has to be diagnosed, the ghastly injuries inflicted in modern war have to be examined, and even if the final resources of surgery are not at once brought into requisition, as must often be the case, the powers of fainting nature must be strengthened by restoratives, the first treatment must be given, and the many patients must be put into a condition to endure the transit to the nearest field hospital. And all this must be done within the wide-ranging influence of modern battle, in a position which, if not within the zone of hottest action, is still full of anxiety and danger. Truly the men who toil here must have nerves of iron and a cool determination that nothing can shake. From the dressing station convoy after convoy of mangled humanity is passed, by road or rail, still under the organisation and care of the Army Medical Department, to the field hospital; and here, though the work is still at the highest pressure, there is comparative leisure to examine cases thoroughly, comparative facility to treat them completely. We need not follow the movement to the stationary hospital, to the base hospital and to the hospital ship. Suffice it that every contingency is foreseen, every requirement of skilled treatment, of nursing, feeding, transport and shelter, is provided. All this great service is entirely in the hands of

the Army Medical Department. From the moment a campaign is opened, its members are called upon to display coolness, skill, pluck and resource in the field itself, and the highest administrative and professional qualifications on the line of communications and at the base. Through their care the ranks are recruited by many men who would otherwise have been lost to the country's service, the pains of those who have been sorely hurt in the performance of duty are mitigated and many lives that would have been sacrificed are preserved.

There is apparently a curious anomaly connected with the military official arrangements for the employment of the Army Medical Staff in the field. It is laid down as a principle that "the principal medical officer of a force will normally have his headquarters with the general of communications; but he will be available, when required, for consultation with the general officer commanding-in-chief, to whom he will give advice in writing in reference to rations, clothing, shelter, sanitary arrangements, and precautions for preventing disease, and on all other subjects bearing on the health and physical efficiency of the troops." Most people would imagine that the principal medical officer is a very important member of the commander-in-chief's staff. Sir James McGrigor made daily personal reports to the Duke of Wellington and was constantly in consultation with him. Baron Larrey, in like manner, was ever in close attendance on Napoleon in all his campaigns. It may be that there are excellent reasons why a modern English commander-in-chief can dispense with the presence of his principal medical officer, but they are certainly not very obvious. Supposing, for instance, that an

¹ As Sir W. Mackinnon's name has been here mentioned, it would be a pity not to record another specially gallant deed performed by him which is not without its ludicrous side. At the unfortunate assault on the Gate Pah in April 1864, Surgeon Mackinnon not only sedulously attended to the wounded under a heavy fire, but personally protected them by keeping the enemy at bay. Seeing a Maori chief, rifle in hand, leading his followers towards the place where the defenceless sufferers were lying, the brave surgeon seized a wounded man's musket and fired; then (this was before the days of breechloaders) snatching up another loaded musket, he again fired and the Maori leader fell, shot through the leg. The enemy's attack repulsed, the Maori wounded were brought in for treatment under the same conditions as the English soldiers, and Surgeon Mackinnon completed his share in the action by skilfully amputating the leg which he had himself damaged.

English force was ordered next year to move on Khartoum. Of what use as an adviser to the commander-in-chief would be a principal medical officer at Assuan or Wady Halfa? It would be almost as reasonable that the officers commanding Royal Engineers and Royal Artillery should be posted on the line of communications. The head of a great department ought surely to be where he can watch the progress and requirements of the campaign, instead of having to form a professional opinion from the reports of others, who are presumably less able and experienced men.

Before leaving the subject of what the Army Medical Department is and does, two important branches of it must be shortly noticed. Wherever the English flag flies, wherever the English drum rolls, the name of Florence Nightingale is held in reverence and honour. The story of the work which she organised and carried out during the Crimean War was more familiar to an earlier generation than it is to-day; but it is sufficiently well known that that gallant lady went as a ministering angel among the sick and wounded soldiers in our pest-stricken hospitals, and instituted such a system of nursing as had never before been known to the victims of war. She led to a self-imposed task a number of trained lady nurses, and completely revolutionised the old ideas of hospital attendance. Never before had sick soldiers known a woman's pitying care, never had their pains been soothed by such soft sympathy and such a tender touch as only a woman's hand can give. Many a poor lad who had given his health and strength for his country blessed Florence Nightingale as she passed, and we may

here repeat the anecdote, now well-nigh forgotten, how a sick man kissed in adoration the place where her shadow had fallen. The work which she inaugurated is still going on, and a corps of nursing sisters is enrolled and serves under the Army Medical Staff. These ladies serve abroad as well as at home, in war as in peace, and are detailed for duty by the Director-General. There is no service where great pay and honours are to be gained; but their chief reward must be the satisfaction which gentle hearts feel in soothing the agony of a sick-bed and the knowledge that they have the love and gratitude of the whole army.

It was noted above that part of the outcome of the 1858 Royal Commission was the institution of a practical army medical school. This took effect in the great establishment now located at Netley. This magnificent school, looking out on the silvery sheet of Southampton Water, embowered in rich woodland, specially secluded and healthy in its surroundings, comprises in itself a hospital and a college. There all men, except Royal Artillery, who are invalided to England with wounds or sickness come for repose and cure. There they are nursed with the utmost solicitude and have all the benefits of the latest scientific discoveries. There the abilities of medical officers are tested, and they have such an opportunity of watching the course of tropical and other complaints special to soldiers which no other hospital in England could give. There the valuable organisation of trained lady nurses is taught and brought into relation with military discipline. There all inventions bearing upon sanitary conditions, treatment of disease in general and the casualties to which soldiers are

liable in particular, are thoroughly tested, elaborated and added to the magazine of knowledge and *matériel* with which a modern army surgeon takes the field. There also is the very perfect bacteriological school, where every disease is traced to its parent germ, and the bacilli of cholera, diphtheria, typhoid in all its stages, and of other diseases have been identified so completely that they can be produced, cultivated and rendered innocuous at will. Nowhere is instruction more complete, nowhere can its results be more accurately verified than at the Netley school. It is the home of military medical science, an institution of which our country may be proud, and a monument of the great attainments of those to whose care she trusts the lives of her soldiers.

We have now traced, very briefly no doubt, the past history of the Army Medical Department, and we have seen something of the great labours with which it is intrusted, the responsibilities which it has undertaken, and the part which it must play whenever the country may feel obliged to maintain its honour or secure its safety by force of arms. Let us now examine the causes of the unrest and discontent which, as we said in the beginning of this article, are now preventing good men from seeking commissions in the Army Medical Staff and are sapping its vigour. Speaking broadly, they all resolve themselves into the question of status and the recognition which medical officers receive from the other branches of the service. And this is no fancied and sentimental grievance, but a very real and practical foundation of complaint.

There apparently now exists most lamentably a caste feeling among many so-called combatant

officers which forbids them to look upon the Army Medical Staff as a part of the Crown's military forces bearing any kind of equality in condition with themselves. There is a medieval flavour about this sentiment, recalling the days when the offices of sargeon and barber were united in the same person, before the sciences of medicine and surgery had taken birth, before human suffering could be warded off or relieved by the skill and devotion of highly trained men. As well might the cavalry officer of to-day look down upon him of infantry, because the one is a descendant of the mailed man-at-arms and the other represents the archery who were levied from their lords' estates and occupied a humble position. As well might cavalry and infantry scorn artillery, because, when gunpowder was first introduced, the artillery officers were (like Robert Borthwick, King James's master-gunner in the Flodden campaign) not even knights, and had none of the prestige attaching to the great feudal chiefs.

In our modern days many social changes must follow the advance of science and the perfecting of every vocation. Have we not seen men of every walk in life most deservedly and honourably placed in such positions as their predecessors could never have aspired to? When the great brewers and manufacturers of our time become peers of England, it is not a little absurd that men who, to say the least, practise a somewhat nobler calling under the most trying circumstances, should not be honoured in the profession to which they are affiliated. May not the medical officer, somewhat in Shakespearean words, say to the combatant officer: Is not the medical staff in every military

the preservation of your life!"

Their attitude is not only wrong in the relations between the medical and combatant branches of the Queen's military service. Some of the matters may seem slight and trivial in themselves indeed, but they all have a common bearing.

There is a strong and increasing tendency to depreciate and mortify one class of officers as compared with another. Although it would appear by the Queen's Regulations that all officers of a certain rank and position are equal, and that the same regulations apply to all, the elements from guards, it has lately been ruled that this does not extend to the Army Medical Staff, and that guards are not to pay them such compliments. A medical officer may have the rank of general or colonel, but for him the badges of his grade are an empty letter; they are not to receive the recognition due to them. The compliment is supposed to be paid to the uniform, to the ensigns of the Queen's Regulations, and not to the man. It is not to be paid to the man, but to the uniform, to the ensigns of the Queen's Regulations, and not to the man. It is not to be paid to the man, but to the uniform, to the ensigns of the Queen's Regulations, and not to the man.

again, it is the very proper custom of the service, one most highly conducive to discipline, that junior officers should address any one in the rank of field officer as "sir." True, this is the case; but it does not apply to the medical officers of any rank, who are frequently addressed by the junior members of their rank as "first cousin," as if they were equals in the dignity of appointment, in the value of position. Whenever a garrison board is assembled—it may be to consider an important question of sanitation, food, or some other matter gravely concerning the health of the troops—no medical officer, whatever his rank and experience, can claim to sit as president. The president is almost invariably a combatant officer, and may be a comparatively junior and untried man, while the medical officer, with all his knowledge and experience, is Queen's commission naming him of a certain rank, and with the accumulated experience of long years of service, only appears as a witness or adviser. The military status conferred on medical officers is practically meaningless, and is almost entirely forgotten. In official correspondence they are generally referred to as doctors and seldom as officers, Royal warrants notwithstanding, while the unwieldiness of titles, such as "Brigade Surgeon Lieutenant-Colonel," renders their use almost impossible. What, then, is the use of the rank? What is its real meaning? Apparently none.

The worst of the caste prejudice on the part of combatant officers is that, although it is very far from being universal, it is very widely existing, and it is the inevitable result of the army from the very highest downwards, and is frequently expressed not only

purely military occasions, but also in the social intercourse and institutions of private life. Its results are before the world in the difficulty which exists in inducing pupils of the highest class in the great medical schools to come forward as candidates for service in the Army Medical Staff. There are numbers of men of the best qualifications, sprung from purely military and noble life, who would willingly join the Queen's service on the medical staff, but are now deterred by the certainty that, in doing so, they will subject themselves to such slights as would never fall to combatant officers, who may be their own brothers or near relations. And this feeling exists not only among the men, but even those who enter the Army Medical Staff, but who are universal in the great medical profession of our country, and is approved by it. The medical men of England have themselves very strong caste feelings, and, proud of their grand calling's past achievements, proud of its teaching, its organisation, and its weight in human affairs, all feel aggrieved at any indignity to its members, and will not acquiesce in those to place themselves where such indignity may be suffered.

It has been said, we believe, that the Army Medical Department are not soldiers, but only attendants upon soldiers. What is it that makes a man a soldier? Is it necessarily to bear deadly weapons, and to have no other occupation but to use them or to cause others to use them in action? If that is the case, how many invaluable departments of the army at once cease to have the qualification! Let us take the pontoon train, for example. Are not the men composing it soldiers? And

yet they do not directly form part of a line of battle. Let us even take the great majority of staff officers. How often is it the case that the ablest and most useful of them never have the good fortune to see a shot fired during a campaign! But who can question the fact that all staff officers, like the pontoon train, are undoubtedly soldiers! Let us now turn to the Army Medical Department.

How far could an army go and what great operations could it undertake, without the aid of the medical staff? Few people are aware how they must be consulted at every turn, and of what essential service they are to the official command in all the preliminary and tactical operations. They realise the intense anxiety, the constant toil, which the medical staff go through in order to keep the troops at their fighting strength, and to prevent their moral from being sapped by active disease or even by declining health. And when the day of battle comes, they know that the medical staff is not only called to as much danger as any purely fighting men! Let the long roll of their killed and wounded answer the question. Above all, does the performance of acts of the noblest courage, of the most chivalrous self-devotion before the enemy give them any ground for rightly to be called soldiers? With their travelling bag beyond the campaigns of our own day, when was the Victoria Cross ever more worthily gained than it was by Surgeon Captain Whitchurch at the defence of Chitral? Of all the brilliant features of that most gallant campaign, none so stirred the stronger their land as the rescue of his comrade by the young surgeon from a savage and

ruthless enemy. Since Sir Philip Sidney died at Zutphen where can we read of an act of self-devotion, even during the last moments of life, equal to the sublime deed of Surgeon Arthur Landon at Majuba Hill? "Mortally wounded, with the agony of death closing in, in the midst of his own pain and weakness, he heard a wounded man shrieking aloud in his sufferings, and creeping, forgetful of self, to where this man lay, gave him a morphine injection to relieve his distress, and giving it—died."

We believe that so far has the prejudice against the Army Medical Staff gone in some minds that it has actually been proposed to abolish it altogether as an integral part of the army, handing over the care of the sick in peace to the civilian practitioner of a district, and in war replacing it by a purely civilian medical department, organised and enrolled for duty when special occasions should arise. We will put out of sight considerations which may not readily occur to everybody, such as the enormous difficulty and friction which would arise in distributing, controlling and utilising a large number of men who were unaccustomed to discipline and unacquainted with the wants of soldiers and their routine of life. Let us consider the question of expense. What remuneration would it be necessary to offer to men in good practice (and it would only be men in good practice who would be qualified for the higher positions) to induce them to undertake the tremendous work, the serious personal risks of war? Would it be always possible to induce civilian practitioners, temporarily engaged, with no feeling of military honour, a plant of slow growth, to push forward into the

fighting line or undertake the work at a dressing station? Some might do so, no doubt, but would all? And if there was any doubt in the matter, if the soldier did not feel confident that aid was near when he was exposed to the enemy's weapons, how much would the moral of the army be deteriorated, what would be the result on its power as a fighting body? No. To any one who will give the matter the smallest thought, it must be apparent that the medical staff of an army cannot be other than a definite and permanent part of that army. Of course we do not for a moment mean to imply that civilian surgeons should not be engaged in any number that may be necessary if an occasion arose. It would be quite impossible for the members of the present Army Medical Staff to meet all the requirements of a great war, and if England unfortunately found herself committed to such a war, large numbers of civilian practitioners would have to be engaged and employed. But these gentlemen would generally be made use of at base hospitals, and they would always be controlled and directed by experienced men of the regular medical staff. They would supplement the present organisation, and would in no sense replace it.

There is one matter connected with the status and recognition conceded to the Army Medical Staff in which these officers consider, and we think with reason, that they have recently been treated with less than justice as compared with other officers in the army. They point to the Gazettes which announce the honours after each campaign for the last fifteen years, and certainly these Gazettes mention the names of very few medical officers in proportion to

the numbers employed. It is unnecessary here to multiply examples, but we may select the Gazette for the Burmese campaign, as the operations in Burma were carried on in very unhealthy conditions and the medical service had even a greater amount of work and responsibility than usual. In that Gazette the following rewards were given:—

	Consultants, Medical.
Promoted	43 0
K.C.B. and C.B.	29 0
D.S.O.	51 6

It can never be expected that, to able medical men especially, the public service can offer such pay as will rival the attractions of a civil career. The balance must be struck by the bestowal of honours and distinctions and, if these are withheld or given with a niggardly hand, it cannot be expected that men who are conscious of possessing capacity and knowledge will seek for commissions in the Army Medical Department.

The net result of the present dissatisfaction among the officers of the Army Medical Staff and the sympathy which is felt for them by the great medical profession at large, is that there is a marked deficiency of candidates for commissions. This "leads naturally to a lower standard of efficiency in a service recruited by competitive examination, and what the medical officers now fear is . . . that their ranks will be recruited from the refuse of the schools, and that the efficiency of their service will be damaged for a generation."

What, then, is the status to which the Army Medical Staff considers that it is entitled, which we think all reasonable persons will agree should be conceded to it and which alone will satisfy its natural and legitimate aspirations? Its officers must be everywhere recognised as soldiers, and the titles which they bear must represent real military rank, to be recognised by the usual forms of military compliment and courtesy. They must have their proper share of honourable distinctions instead of the small amount allotted to them in every war of late years, with the exception of the last Ashanti expedition, when their services were fully recognised by the present Commander-in-Chief.

The whole problem might be solved in the easiest possible way without the smallest expense to the country. If the Medical Staff and Medical Staff Corps were united into one corps, called "Royal Surgeons," or some such title, on the same lines as the "Royal Engineers," there could be no further question of prejudice or quasi-superiority on the part of other corps. The medical officers would be on precisely the same footing as that held by other gentlemen bearing the Queen's commission. They would have their definite duties to do and their command would be restricted as at present; but they would have the position due to the memory of their department's great services in the past and the heavy responsibilities which will be laid upon it in the future.

*J. Cecil Russell. Major General.
late 12th Lancers.*

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THE FUTURE OF THE ARMY MEDICAL
STAFF.

A REPLY TO REJOINDER.

BY BRIGADE-SURGEON LIEUT.-COL. WILLIAM HILL-CLIMO, M.D.
Army Medical Staff (Retired).

IN the August number of this Magazine there appeared a rejoinder by Surgeon-Major Forman, Army Medical Staff, to my article with the above heading published in the April issue. With greater amplitude I explained my views on the present condition of Army Medical affairs in the September number, in the article entitled "Departmental Bimetallism." Personally, therefore, I would prefer to leave the subject without further comment, but I feel constrained to ask the favour of making this reply for two reasons. The first and lesser is that a partial criticism tends to misconception. The second and more important is that the discussion, which has recently taken place not only in service and professional papers, but in the lay press, as to the unsatisfactory state of the Army Medical Service at the present time, leads to the hope that the question is ripe for solution. Certainly this discussion has narrowed the field of controversy, and brought into strong relief the more salient points. In many of them is disclosed an agreement which admits of no doubt of the requirements of the department, while on others it has thrown a fierce light, and in regard to certain claims and methods of the Army Medical Staff it has brought into view certain differences of opinion, which from their very nature are irreconcilable.

To examine these differences of opinion is the object of this article, and I do so with the hope that this examination will in some measure contribute to their settlement. In that the organisation of the Army Medical Service at the present time is not such as can successfully meet the wants of the Army in a European war, I find my justification. I believe I am not exaggerating when I assert that what is tantamount to its reorganisation would have to be undertaken if two, or even if only one, Army Corps had to be put in the field to-morrow. If this does not spell confusion and disaster I

don't know what does. The very A B C of efficient medical administration is that each corps unit should have its medical arrangements complete in peace as well as during war, and yet it is in the department itself will be found the chief obstacle, for it is by it that difficulties will be raised to the appointment of medical officers to corps units during peace. Since the unification of the department its opposition to posting medical officers to corps, or to giving any permanency of employment with regiments, has been notorious. The reason for this action is not far to seek. Always it has been the fancied interests of the craft, and them alone. Assuredly medical efficiency has had but little to say to it.

To begin with Surgeon-Major Forman's criticisms, I would in the first instance observe that, knowing the department as I do, the trend of his observations is just what I would have anticipated. Of its tone I shall make no complaint, but I think I am justified in saying that a little more moderation of expression with less personality would have been more becoming. Not unfrequently in forensic practice does an advocate with a bad case abuse the opposite side. I will not retaliate. I will give him credit for singleness of purpose and a great "loyalty" to his profession. His contradictions and admissions will speak for themselves. I will not describe them as "verbiage," or "unmitigated nonsense." These expressions come home to roost. He ought to have learnt from his military associations that the bludgeon is not always the most effective weapon. Moreover the issues involved are too important to be met with and argued in this fashion. For my part I will be well satisfied to have my original article, Surgeon-Major Forman's rejoinder, and my reply considered together.

Surgeon-Major Forman begins with this complaint. "My first difficulty in reading Dr. Climo's article was to grasp what his meaning was, and what he was endeavouring to prove." That of course must be so, but in penning that sentence he must have forgotten the proverb, "Surely in vain the net is spread in the sight of any bird." His attack embraces the following points. These are (1) the military rank of medical officers, (2) the complete control over their own organisation, (3) my proposal for recruiting the department, and (4) that the removal of medical officers from corps has caused both sanitary and medical failure. He accompanies his arguments with a good deal of stage thunder, but in a serene atmosphere let us see what it all means.

Before proceeding with my analysis of the above I pause to draw attention to the imputation which the two first suggest. I have never said, and I have nowhere written, that medical officers should not enjoy corresponding military rank with all the rights and

privileges accruing from it. Nay, I have always contended that for the efficient performance of their duties this rank is a necessity, whilst the complete control of their organisation is equally vital. Why therefore should Surgeon-Major Forman endeavour to fasten upon me this charge? As Surgeon-Major Forman has taken the Veterinary department under his fostering care he has no doubt observed in the animal kingdom an illustration of the ruse he here employs. During the pairing season certain birds, when their nests or young are in danger, utter cries of distress, or assume a maimed appearance, in the near distance to attract and draw off the attention of the fowler.

My position as regards military rank for medical officers I think I have made sufficiently intelligible. I infer that Surgeon-Major Forman takes exception to my assertion that such rank gives no claim to medical officers to appropriate to themselves military titles pure and simple, and entirely dissociated from their profession. Also that to support this claim by a constant reference to those routine military duties, which are incidental to the management of hospitals, to the transport of sick and wounded, and to the command of the Army Medical Staff Corps, is injurious to the best interests of the Army Medical Staff. Five-and-twenty years ago one of the shrewdest medical officers I ever met, also of wide experience, and who was at the time in medical charge of a brigade of Artillery, wrote to me prophesying that the department would make this attempt, and that, if successful, it would not yield the fruit expected from it. I have never ceased pondering over his words. They are as fresh to me to-day as when they were written. A remorseless logic compels me to acknowledge the prescience of my friend.

Surgeon-Major Forman raises the title question with no uncertain sound. He desires, he says, "equality with all other officers." Without admitting any inferiority on the part of medical officers, I say that perfect equality between combatant and medical officers can never be, because they do not travel on the same line. Their lines are and must be kept distinct. Parallel are these lines no doubt; but lines which, no matter how far prolonged, can never meet. This may be a sore point to the Army Medical Staff; but its soreness does not lessen its truth. The medical journals put this question of equality in another way. To satisfy their demands military titles are no longer sufficient even when combined with substantive rank in a unified department, and with an amalgamated corps. No army rank must be conceded. No more preposterous request was ever made. Its absurdity to anyone conversant with military administration is so patent that it

is quite inexcusable. Will these medical journals just consider what army rank means? They would serve the interests of the department better if they did not intrude into the domain of questions in which every step they take shows how imperfect is their information or how badly advised they are.

Army rank means to its possessor that he, when the senior officer present, assumes the command of all arms. How is it possible then to give this rank to medical officers? "The rose by any other name would smell as sweet." No change of name will carry with it the substance. The whole thing is a craze—a temporary madness which must pass away. It may be allowable, as in Utopia, in the evolution of Society when, as Mr. Herbert Spencer has pointed out, its military condition will still further give way to the industrial, that army rank may be given to medical officers, but until that time comes the Medical Service must be subordinate. And, therefore, meanwhile there cannot be that perfect equality which Surgeon-Major Forman desires. I reiterate, without this power of command being invested in any particular branch of the Service, there can be no equality. It is impossible, and yet, I repeat, I recognise no inferiority in my profession. The sanitary expert is not the sanitary authority, nor is it desirable that he should be so. There is no question of inferiority involved in the case. I equally fail to see how limiting the power of command of medical officers to their sphere of duty, as now exists, is in any wise different. I think it would be well if the Army Medical Staff were to reconsider their position in this matter, and ask themselves is the game they are playing worth the candle.

The complete control, or jurisdiction, as Surgeon-Major Forman terms it, over their own organisation I have always advocated for the Army Medical Staff, but within certain limits, for it would be impossible to allow to grow up an *imperium in imperio*. With this reservation I entirely concur with Surgeon-Major Forman. Without such control there can be no successful administration. Moreover, there can be no responsibility for failure or for wrong-doing without authority. The one follows the other. This has been my standpoint all through this controversy. I have always maintained that the care of the sick or wounded soldier, from the time he comes into the hands of the Army Medical Staff till he returns to duty, dies, or is invalided from the Service, should rest wholly, without let or interference, in the hands of the Medical Department. It would be hardly necessary to say that with this object I include the organisation of hospitals, and the transport of sick, etc., were it not that Surgeon-Major Forman gravely propounds, as a profound discovery, that a medical officer "must be a doctor."

And yet more than a doctor; he must not only know how to treat the wounded, but he must be intimately acquainted with the most improved methods of bringing these wounded within reach of skilled assistance." Quite so. To be a successful worker accommodation to environments is no mean factor, and I quite concur in the opinion that this adaptation to circumstances can only be acquired by actual service with troops, and that it cannot be gained in civil life.

Having said this much I cannot travel further along the same road with Surgeon-Major Forman. Here our roads diverge. In the demand for military work outside these limits I can take no part. Forsooth the department must be given new kingdoms to conquer, and Surgeon-Major Forman suggests that the first of the spoil should be the Army Veterinary Department. No, no, that indeed would be too costly a bargain for the State. The work of the Veterinary Department has been too valuable, though carried out so unobtrusively, to deserve so scant consideration. Most assuredly my voice of warning has not been too soon raised, and it will be well if the authorities take steps to curb an ambition so overweening.

In this demand for extra military work the Army Medical Staff seem to me to forget how, if conceded, it would affect the working of the department under the terms of the Geneva Convention. It is well therefore that from time to time its attention should be drawn to it by high authority. To this end let me recall to their recollection the address on International Law, delivered by the Lord Chief Justice of England, before the Law Congress of America at Saratoga, on the 20th of August last. In describing the modern tendencies of International Law to minimise the evil effects of war, *inter alia*, he instanced "the protection secured for ambulances and hospitals, and for all engaged in tending the sick and wounded, of which the Geneva Convention of 1864 is a notable illustration." In the face of this statement I cannot see the propriety of doing anything which will tend to lessen the distinctive characteristics of the medical service of the Army; rather the tendency ought to be to specialise them, and to complete the union of the Army Medical Staff and the Army Medical Staff Corps. Had there been since this Convention became law a European war in which we were engaged, this necessity would have brooked no delay. The perfection of the *matériel* of war, and the higher training of the soldier indicate that the number of wounded in future wars between the Great Powers will be enormous, requiring the most complete medical arrangements. Now while we have the opportunity

nothing should be spared to make ours as thorough as possible, so that when put to the test in the field nothing may be found wanting.

My proposal for recruiting the department by the selection of candidates after a literary and scientific examination, previous to undergoing their professional education in certain selected schools, is scouted by Surgeon-Major Forman with flouts and gibes. He is indignant because I called attention to the inferiority of the general education of medical students. And he waxes wrathful because I ventured to compare with it the high standard to which the successful candidates for admission into the Royal Military Academy, Woolwich, or into the Royal Military College, Sandhurst, must attain. These facts are notorious. Surgeon-Major Forman finds a strong objection to my proposal in the fact that the number of students, who never go through the entire curriculum, or who fail to reach the standard to pass, is phenomenally large. Quite true. But what is the import? It is that the weeding should take place earlier; and that there should be some better guarantee than there is at present of intellectual ability before the study of medicine is undertaken. This view is corroborated by the reports of the Army Medical School.

Since my article was written the question of the low standard of general education required to open the portals of the medical profession has been commented upon by the public press, and, indeed, is admitted by professional papers. There is no use trying to burke the question: it is always with us. I take the following extracts from a letter, dated the 31st of July, which appeared in the *Standard*, and which was written by a Fellow of the Royal Society, and who is also a member of the medical profession: "This excess of candidates should lead the medical corporations, had they really the interest of the medical profession at heart, to narrow exceedingly the portals of entrance to the medical profession; and the only way of doing this is by raising, in a very decided manner, the standard of examination—literary, scientific, and professional—and in insisting on a curriculum which should indicate a thorough training in all the subjects of importance to the medical man." It is because I believed this higher education will furnish the best corrective to the militarism which now holds the department in bondage that I offered the suggestion. If the medical profession is to boycott the public services of the country, while its schools and colleges enrich themselves by neglecting their duty, then I say the State would be justified to act as I have recommended.

In a very sympathetic article the *Times* of the 30th of July commented upon the present unsatisfactory state of the department. It gives great weight to the proposal I have made not directly but inferentially. It reads as follows: "Another much needed reform would be effected if it were arranged that every Army surgeon, on his return from foreign service, should be attached for a time to some hospital or school in London at which he would have the opportunity of becoming practically acquainted with all improvements in his calling which had come into operation during his absence. It would be still better if some one school were selected for the purpose, so that it might become leavened with a military spirit, and might so far acquire the traditions of the service, as to be a training ground from which further supplies of Army surgeons might be expected." This proposal approximates so nearly to my own that I would be well satisfied with its adoption. I am not wedded to my own idea. The results in either case would be much the same, while the *Times* scheme has the distinct advantage of the change being more gradual and less disturbing to the existing order of things. Indirectly it would exercise a leavening influence on the medical profession, and raise the standard of preliminary education, which, after all, is the chief want. It is a coincidence of no slight import that the Japanese Army Medical Department, which has been so recently before the public as almost perfect, is recruited in the very way I have suggested.

Surgeon-Major Forman considers that the appointment of a medical officer to each corps during peace time would be to return to—"a sort of pseudo regimental system," and that it would be "a distinctly retrograde movement, and would only accentuate the existing lack of freedom and initiative." He supports this contention by arguments drawn from the general stock-in-trade of the department, such as that it would deprive the department of "half its power and authority," and make it dependent upon others. Also that it would "confine its duties to those of a professional nature," while "all the details of its military organisation would be relegated to other hands."

I do not intend to repeat the arguments I have used in other articles urging the importance of having a medical officer always attached to each corps. For all practical purposes they are sufficiently detailed in the article, "Army Medical Organisation," which appeared in the December, 1894, number of this magazine. Moreover, since then the proposal has met with such general support, both from the lay press and from the service papers, that I can well afford to do so. It is the keystone of the articles in the

Times from which I have already quoted. Perhaps it would not be an unmitigated evil if medical officers were confined to their professional duties. Certainly it would be a preferable development to the constant raiding on the military services which now prevails. How it would make "the department dependent upon others," and deprive it of "half its power and authority," I fail to see if only the department were loyal to itself. This is the rock on which always the department has feared shipwreck. Guarantee the loyalty of its officers to the department and every difficulty vanishes. The arrangement must be carried out in war, and is the Army to be deprived of the benefit of this reform simply because the department is afraid of itself? All the other military services are organised on the lines upon which they must work during war, and there will never be efficiency of the medical service in the field until it is similarly treated.

This is a practical question. Surgeon-Major Forman so treats it. With this view he brings forward the recent experiences of Surgeon-Major General Taylor in the late campaign in China. He writes as follows: "To me it seems a disgrace to have to own that the medical department of the Japanese army is ahead of us in many respects, but if anyone will read Surgeon-Major General Taylor's pamphlet on the late China-Japanese War, he will see that such is the case."* Surgeon-Major Forman is quite right, but I would ask him, has he thought out whither this road will lead him to?

To thoroughly understand the subject this pamphlet should be read in its entirety. It will amply repay the study given to it. I can only give a short summary of the constitution of the medical department of the Japanese army during war as given by Surgeon-Major-General Taylor. (1.) The basis on which it rests is a complete regimental medical organisation, the battalion or regiment being the unit. (2.) The Medical Staff Corps (bearer column) consists of a centre and two bearer companies, the centre being commanded by a captain chosen from any regiment in the division for a week or day. Each company is similarly commanded, and the captain of company may be a lieutenant. (3.) The Field Hospitals are organised under the command of medical officers with a commissariat officer of the Intendance Staff attached. (4.) The transport staff of each division for the removal of sick and wounded to the rear or towards the base is organised by the chief of the Divisional Medical Staff, and is under the divisional commander until it reaches the *étape* jurisdiction, its chief being a major or

* Aldershot Military Society. "The Medico-Military Arrangements of the Japanese Army in the Field," by Surgeon-Major-General W. Taylor, M.D. Published by Gale and Polden.

captain. (5.) The chief of the *étape* medical staff on the lines of communication is a surgeon-lieutenant-colonel or surgeon-major, who is under the orders of the *étape* commander, except in purely departmental matters on which he receives orders from the field medical commander. (6.) There is a medical reserve for each division, whose duty it is to establish hospitals, and to pass the sick and wounded back to the base. (7.) Each army in the field has its own army medical staff, so also has each division for superintendence and administration. (8.) General hospitals at the base are established under the charge of the medical staff, the chief being a surgeon-colonel, lieutenant-colonel, or surgeon-major. (9.) The field medical commander, who corresponds with our principal medical officer of the force, remains at base, and serves directly under the chief of the staff or quartermaster-general.

If my article on Army Medical Organisation, to which I have already called attention, be referred to, it will be seen how closely the constitution of the medical department of the Japanese army follows the lines I had therein recommended for the organisation of the Army Medical Staff. In both the fundamental principle is a strong regimental basis with relief from routine military duties. I ventured also to point out how important it was for the efficient working of all the medical arrangements in the field that the principal medical officer of force (field medical commander in the Japanese army) should remain at the base serving under the chief of the staff or quartermaster-general, and that in no other way could he keep in his own hands the entire direction of affairs. It was therefore with a feeling of satisfaction I read Surgeon Major-General Taylor's pamphlet. It entirely justifies my position.

Surgeon-Major Forman meets my statement that the removal of medical officers from corps has caused both sanitary and medical failure with this single remark: "He completely ignores that a medical officer of experience published an answer in this magazine which, to use a vulgarism, completely 'knocked the stuffing' out of his so-called facts and arguments." This of course is Surgeon-Major Forman's opinion, but it involves a very incomplete statement of the facts. Let me recall them. In the April 1895 number of this magazine there appeared my article: "The Scourge of India: Its Cause," and in the May number was published Surgeon-Major Perry Marsh's rejoinder, which was followed in July by my reply. This is not the place to enter into so large a controversy. It is one of the most important questions affecting the British soldier in India, and sooner or later must be taken up by competent authority. It is only fair to both sides that these articles should be studied together.

But stay, it seems to be the very irony of fate that Surgeon-Major Perry Marsh should provide me with the most complete justification in this matter, and this too in an article which appeared in the August number of the *Westminster Magazine*. The coincidence is curious. His article, "Our Young Soldiers in India," deals with the causes of the increasing prevalence of and mortality from enteric fever. He points out, while short service has furnished an increase of susceptible material, that the cause of the disease is found in the insanitary conditions the soldier is exposed to. He considers the disease in India to be of specific origin, and he summarises his conclusions thus: "We have strong evidence to show that the disease is increasing, and that the specific infective material pervades the whole country." Again, as regards the water supply, he writes: "Shallow wells dug in the polluted ground provide the water supply, which in many instances has been found on analysis as rich in organic matter as London sewage itself." It is not necessary to go on with these quotations, but note the difference between the position he has taken up in them, and the methods he employed in his rejoinder. Never was a change of front more conspicuous: never was it more thorough.

Surgeon-Major Forman, like Balak the son of Zippor, has called in his prophets to curse me, and instead they have blessed me altogether. I will finish this branch of the subject by instancing a sanitary failure which has been chiefly caused by the removal of medical officers from regiments. It is now generally acknowledged that the trench system is faulty and a cause of sewage pollution of the soil. Well, in the old regimental days there was not a single sanitary fault that could escape detection for a length of time by the medical officers serving with regiments. Their supervision was constant. Since that time I have served in some of the largest cantonments in India, and I state as a fact that in many of them there were medical officers serving, who were not aware of the exact locality of the sites of these trenches. They never once visited or inspected them. I go further and say, that with perhaps one single exception, the P.M.O. of the district in making his annual inspections never once included a visit to these places, and no more important duty could have devolved upon them. I assert once again that the unit of sanitation should be the regiment. It is quite large enough for one medical officer if the work be well done.

Again, as regards medical treatment, there must be failure. We are not all Abernethys or Erichsens. In the treatment of many illnesses the knowledge of the peculiarities of an individual is often not less important than that of the disease or of the medicines with which to combat it. There are moral and mental forces at work

in every patient, the knowledge of which is most important to the medical attendant. In the present relations of the Army Medical Staff to the Army this knowledge can only be exceptionally acquired.

As Surgeon-Major Forman found some difficulty to realise what I was aiming at, I will now restate my position. I am of opinion that in no case should military titles pure and simple be given to medical officers. That to do so will bring disaster on the department, and will indicate a decadence of the military spirit of the country; that the claim for Army rank is preposterous, and that the endeavour of the military authorities, and the trend of medical administration should be directed to relieve the department of routine military duties, taking the constitution of the medical department of the Japanese army as a model. It is the line I have recommended for many years in various articles, which from time to time have appeared in the public press.

While bringing this article to a conclusion, in some of the Service papers I notice that a demand has been made by the department for disciplinary power over patients in hospitals, that is to say, by attaching the sick to the Army Medical Staff Corps for discipline. I served thirty-two years in the Army and I never wanted more power than the department at present has to maintain discipline in hospital. Crime will be committed in hospital, no doubt. Large bodies of men cannot be kept under restraint—such restraint as is necessary in all hospitals—without breaches of discipline occurring. But that is no reason why hospitals should be associated in the mind of the soldier with their punishments. As a patient cannot be punished until after he is discharged from hospital fit for duty, I fail to see the expediency of the proposal, nay, I do not believe that it is possible for the department at the present time to have made so great a mistake. The proposal is subversive of discipline in a larger and more important field than in an hospital. To associate the medical officer, who treats a sick soldier, in this way with his trial and punishment, would undermine his position in regard to those special duties to which he owes his employment in the Army.

I have written this article with some regret. Link by link I have had to pay out the chain of circumstances to make the entanglement of the department clear and distinct, and to show how fatal are the effects to its efficiency, and to its progressive evolution. If it contributes even in some remote degree to relieve it from the present incubus which weighs it down, I shall be well satisfied.

W. HILL-CLIMO.

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IN THE LINES.

ON THE RANGE.

BY CAPT. D. BEAMES, Indian Staff Corps.

If there is one thing that the Sepoy is eminently good at, that thing is musketry. His drill is half musketry, and quite two-thirds of his time is spent in musketry. This is only as it should be, because the rifle is the sole reason of the Sepoy's existence. He must be a good marcher so as to be *there* with his rifle when wanted, hence a poor marching regiment is poor essentially, and smartness in parade drill goes for nothing in these days of loose and independent movements. He must not be a fool, otherwise he never learns his rifle and might as well carry a pea-shooter. He must be clean, or his dirty rifle will suffer and be useless. He must be cool, or his jumpy nerves make him a bad shot and waste his rounds. He must regard his rifle as his lord and master and his life and soul. A cavalry man on foot, or a gunner apart from his guns, is a far less helpless and useless being than an infantry soldier with no rifle or no rounds. This being so, it is no wonder that, apart from the rewards given, the entire year centres in the Annual Course of Musketry. The British officers are just as keen as the men, and wrangle away merrily all the year round over it.

In many ways the best way of learning to know one's men is to go through the course with them inch by inch. A far greater insight may be obtained into all their characters thereby than by any other means.

One year the Hafiz Rifles had resolved to beat the Imandar Regiment. The Imandars had given out that they were going to head the list that year, and somewhat swaggered over the Hafiz Rifles, who had never been higher than fifth or sixth as yet with all their pains. Both regiments lay together at Mian Mir, and as their ranges were side by side the competition was conducted on even terms, except that the Imandars had to march nearly four miles to the range, while the Rifles lay close on the edge of the great parade on which the butts were. Of course the wing

THE MEDICAL SERVICE AND WAR.

A WEAK LINK IN THE CHAIN.

BY SURGEON-MAJOR FOREMAN.

A FEW months ago, I had occasion to put forward my views regarding the future of the Army Medical Staff, and in doing so, joined issue with Brigade-Surgeon W. Hill-Climo, who has for a considerable time back constituted himself the champion of what I might be allowed to term a policy of retrogression. I see that in the March number of this magazine Dr. Hill-Climo returns gallily to the charge, and in an article replete with vague generalities, tries to prove, as far as I can gather, that the Army Medical Staff is essentially of a low order in the scale of existence and as such should be crushed into subordination. No good purpose can be attained in prolonging such a discussion, and I can only say that, both in and out of the Service, his views are totally opposed to those of his professional brethren. It may be that he is right and that all the rest of us are wrong, and that in the near future he is destined to blossom out into the prophet of our regeneration. At any rate, I am prepared to accept the teachings of the philosophy of John Stuart Mill, anent the sacred rights of the minority, and allow Dr. Hill-Climo to revel in his minority of one and abase himself to his heart's content.

In my former article, I touched but lightly on the defects of the Army Medical Staff, and indicated in the briefest manner the remedies I proposed; my main object being to expose the fallacies contained in an article by Dr. Hill-Climo. I now propose to show more in detail how unfitted the Army Medical Staff, as at present constituted, is to stand the strain of a European war, and, *a fortiori*, of a national crisis, which, looked at in the light of recent events, may be sprung upon us *volens volens* at any time; and in doing so I will endeavour, to the best of my ability, to demonstrate where amendment is most urgently called for. *Imprimis*, I assert that the Army Medical Staff is a perilously weak link in the chain

of our national defence, and I take my stand upon this assertion as a basis upon which all that follows is founded.

It may be accepted as a military axiom, that the power of defence of a nation may be gauged by its ability or inability to assume the offensive; or in other words, a nation which is strong enough to attack and maintain that attack, is concurrently thereby providing, in the best manner possible, for its own defence. If we admit this point therefore—and no man of common sense can fail to admit it—it follows that, in the event of a national emergency, England must find her safety in an offensive movement away from her own shores; and this movement must not be merely a flash in the pan, but a sustained effort, capable of being developed as circumstances may dictate. I believe I am right in saying—though on this point I speak with all due modesty, as I am not a tactician—that at least two army corps would be required to undertake any effective offensive operations in an enemy's country; and the question I have set myself to consider is, whether the Medical Department is capable of meeting the requirements of such a force, and maintaining its efficiency under the exceptional strain that is a necessary concomitant of active service in the field, at a distance from the base. Much effort and great forethought have been expended in the endeavour to equip England with an efficient offensive fighting force, and necessarily, the first step to be taken was and is, the organisation of that force before its conservation comes under consideration. Personally, I consider that the latter should advance *pari passu* with the former, but the exigencies of the moment have thrown it into the background, and the lesser has been swallowed up in the greater: a fatal error, I aver, and one but too likely, unless attended to, to disastrously bring home to us the lesson conveyed by the old proverb, "the strength of a chain is that of its weakest link."

Many men—I might even say, the majority of men—habitually ignore the vital necessity of putting the health of an army in the very forefront of those considerations and arrangements that make for the maintenance of efficiency. They appear to think that all that is required of the nation is the ability to put a given number of trained robust men into the field, oblivious, or apparently so, to the fact that trained men are limited in quantity, and that the human organism is not an unbreakable machine. To these and such as these I may be allowed to quote a few illustrative and authoritative extracts which will bear me out in saying, that an army without a thoroughly efficient medical and hygienic organisation is a rabble, which already contains within it the elements of defeat and disaster. Brigadier-General R. C. Hart, V.C., C.B.,

says in his 'Reflections on the Art of War,' "We may pass now to a few remarks on the subject of sanitation in connection with armies in the field. The bullets and bayonets of the enemy may claim their thousands, but during the course of a campaign it is certain that sickness and disease will carry off their tens of thousands, unless the medical arrangements are good, the staff sufficient, and sanitary rules and regulations enforced in the strictest manner. As it is only of late years that civil communities have seriously attended to the laws of health, it is not surprising that commanders of armies have paid but little attention to sanitation, and yet its neglect has caused armies to dissolve and disappear like melting snow." Again, Von der Goltz says: "The conditions of health in the German Army in France were quite favourable; no dangerous pestilence broke out; and yet during the course of the war 400,000 sick, besides the 100,000 wounded, were obliged to have recourse to the hospitals." Yet again, Kinglake says: "On the last day of February our army, out of a main strength of 30,919 for the month, had lying in hospital no less than 13,608 men. . . . Between the beginning of November and the 28th February, 8898 men died in hospital. Of the maladies causing 48,742 admissions into hospital nearly three-fourths were of the kind which science ranks as 'zymotic' and declares to be, in some sense, 'preventable.' During a period of only seven months, from 1st October, 1854, to the end of April, 1855, and out of an average strength of only 28,939, there perished in our hospitals, or on board our invalid transport ships, 11,652 men, of whom 10,053 died from sickness alone; and of the maladies causing all this mortality, the proportion which ranges under the head of 'zymotic' was transcendently great—so great, indeed, that science in some of her moods has computed it at even nine-tenths." The effect of this awful mortality was to rouse public opinion in England, and as a consequence a sanitary commission was appointed to investigate the whole matter. Kinglake sums up the outcome of their recommendations as follows: "Then came on a change which, if it had only been preceded by mummery, instead of ventilation and drainage and pure water supply, would have easily passed for a miracle. Down went the rate of mortality. Having gone down from the terrible rate of 42 per cent. to 31, it descended in the next fortnight to 14; in the next twenty days to 10; in the next to 5; in the next to 4; and finally, in the next twenty days—days ending on the 3rd June, 1855—to scarce more than 2: a rate so low as to touch the very goal for which sanguine toilers were striving, because brought down to a level with the rate of mortality in our military hospitals at home." These were the days before the

discovery of antiseptic surgery and other marvellous advances in the healing art; or, perchance, the improvement would have been still more pronounced. The late Professor Sir George H. B. Macleod told me that in the Crimean campaign he preferred to treat his patients in tents, or even in the open air, exposed to all the rigours of a Russian winter, rather than subject them to almost certain death from hospital gangrene, erysipelas and the like, in the foul reeking dens that did duty as hospitals. Lastly, the *Lancet* in 1877, in an article headed 'Indirect War Losses,' furnishes us with the following appalling figures, the substantial accuracy of which there is no reason to doubt:—'During the Crimean campaign of one year and a half, 341,000 men were buried in the district of Taurida, which includes the Crimea. The Russians lost 170,000 soldiers; the English, French and Turks, 156,000; and there were 15,000 Tartar victims. Of this total, 324,800 were interred in the Crimea, including 210,000 in the neighbourhood of Sebastopol. Those killed in battle were but 30,000, and allowing an equal number for the losses from wounds, 281,000 persons must have succumbed from disease. The deaths of sick persons sent away from the seat of war were about 60,000 men, which makes the number of dead from the Crimean campaign over 401,000. It will be seen from the above calculation that out of some 401,000 soldiers who succumbed during the Crimean campaign, 30,000 only were actually killed in battle, some 300,000 dying from disease. How many of these deaths were preventable, had a more judicious and liberal use been made of medical assistance, it were vain to speculate; but of this there can be no doubt, that a well-found medical staff, although apparently a costly item, is in the long run by far the most economical investment a nation undertaking a campaign can make. The loss of one or two hundred thousand trained soldiers from sickness is a very serious consideration, and one a nation proud of its reputation for science might well be ashamed of.'*

I might multiply instances, but the above are amply sufficient to convince any sane man that the neglect to provide an efficient and properly organised medical staff is an act of criminal folly, the disastrous effects of which it would be impossible to exaggerate. I may, however, remark parenthetically, that these horrors occurred in the days of regimental hospitals, to which our mentor, "the minority of one," would wish us to return. As an outcome of this lamentable failure of the medical organisation of the army to rise

* My thanks are due to Brigadier-General Reg. C. Hart, V.C., C.B., for supplying me with these references.

to an emergency, a committee of inquiry under Lord Herbert was appointed, and in later years Lord Morley's and Lord Camperdown's committee were organised to consider the grievances of the Army Medical Staff, and endeavour to find a remedy for its shortcomings. These committees recommended drastic reforms, and from the days of the Crimea down till the present time the medical profession has been urging the country to set its house in order. I do not say that our medical organisation is as bad as it was in the Crimean War, but I do say that, whether from motives of economy, or through apathy, the recommendations of these authorities have been in great measure ignored; that a policy of starvation is still in vogue; that grave faults and defects exist; and that in the event of a national crisis our chances of success, *ceteris paribus*, are inversely proportional to the degree of that faultiness.

Firstly, then, I assert that the Medical Staff and Medical Staff Corps is undermanned, and there is a reluctance on the part of young medical men to enter the army. Secondly, the medical officers as a body are not as good as they should be, or as they might be, and the rank and file are insufficiently trained. Thirdly, the equipment is defective, both in quantity and otherwise, and both officers and men are unfamiliar with its uses.

If my original premises be granted, that for successful national offensive defence (to employ an apparent contradiction) two army corps, as a minimum, are a *sine quâ non*, it will be at once seen, by reference to existing authorised scale, that the numbers available are far below requirements, irrespective of the fact that the sanctioned scale of *personnel* is demonstrably insufficient. Let me illustrate this by an example. Our army corps consists of 36,000 men, requiring eight bearer companies, fourteen field hospitals, eight stationary field hospitals, and two general hospitals. To man these necessitates 262 medical officers, 34 quartermasters, and 2041 men of the Medical Staff Corps. For the field army therefore we should require 524 medical officers, 68 quartermasters, and 4082 men. This does not include the *personnel* for hospital transport ships and for the base hospitals in England, such as Netley, to which the more serious cases would naturally gravitate. Now have we anything like these numbers available? I speak from memory, writing, as I am, away from all references, and I think I am well within the mark in stating that if England was denuded of every Army Medical Staff officer and every man of the Medical Staff Corps within her shores, they would not suffice for one army corps, let alone two. It may be contended that the medical officers can be supplemented by civilian doctors on

emergency. That is true, within certain limits; but it is a grave mistake to imagine that a civilian doctor can, under all circumstances, fill the place of his military *confrère*, without adequate previous training for the duties, other than purely professional, that necessarily devolve upon him; and on the efficient and intelligent performance of which success so much depends. As well imagine that a volunteer officer could fill equally well the position of a regular officer and leave our battalions under-officered. Again it may be urged that the gaps in the rank and file can be filled up from the reserve of the Medical Staff Corps. This is true also; but it seems a desperate state of affairs to expend your reserve at the very outset of a campaign. An efficient orderly requires months of training, and if there is no reserve to fall back upon to meet casualties, it is to be feared that ere long the sick and wounded would soon find themselves left in incompetent hands and the death-roll would mount up. In the Crimea, civilian medical assistance and lay help was freely forthcoming, but the above-quoted extracts show all too plainly how inefficiently such haphazard provision worked. As to quartermasters, who, be it remarked, are a body of officers absolutely indispensable if everything is not to descend into a condition of chaos—there are not anything like sixty-eight of them in the corps, and in their case there is not even a reserve to call upon. But over and above all this, it is quite certain that the numbers above quoted are not sufficient to meet the exigencies of service in the field. For example, on the present scale to each regiment of cavalry, battalion of infantry, or battery of artillery, is allotted one medical officer. Surely if a battery requires one medical officer, a battalion requires more, and a regiment of cavalry, scattered as it is over a wide front, requires more still. If the single medical officer of a battalion is shot in action, what then? Or again, the number of medical officers in a bearer company is three, *i.e.*, one for each section; consequently there is no provision made here either for casualties. According to Surgeon-Colonel Evatt an ideal bearer company should have six medical officers. It is too well known to require reiteration from me, that young medical men are reluctant to enter the Service; the paucity of candidates in recent examinations, and the number of existing vacancies, are facts which speak for themselves.

Before suggesting remedies for this unfortunate state of affairs, I should like to enter into a few details in support of my second contention; for the remedies under the two headings so dovetail into each other that they are better considered together. In saying that the medical officers of a body are not as good as they should

be, I am fully aware that I am trenching on dangerous ground; but facts are stubborn things, and blinking them will not provide the remedy. I suppose it will be admitted that, failing other methods, the only standard available to arrive at an approximate estimate of a man's capabilities in comparison with his fellows is that of competitive examination. Now, fortunately for my purpose, there is a collateral channel through the Indian Medical Staff by which we can gauge the Army Medical Staff candidates; for the examination is the same for both, and bi-annually the candidates for each department go through the same tests. Here are a few facts to ponder over. During the last fifteen years on no occasion have the Army Medical Staff recruits gained anything like the same number of marks as the Indian Medical Staff, and this difference, instead of righting itself, is becoming more prominent, as a glance at the figures of the last three examinations will prove. In February, 1896, there were nine successful candidates for the Army Medical Staff and seventeen for the Indian Medical Staff. If they had been pitted against each other, the first Army Medical Staff man would have been second on the list, the second would have been fifth, the third, ninth, and the fourth would have beaten the seventeenth Indian man by one mark; the remaining five would have been below him. At the London examination of August 1896, the number of successful candidates were thirteen Army Medical Staff and twelve Indian Medical Staff. The first Army Medical Staff man beat the first Indian Medical Staff, the second would be fifth on the Indian list, but the third gained less marks than the last Indian man. The last examination in February 1897 fairly clinches the matter, for the first Army Medical Staff man gained fewer marks than the last Indian Medical Staff man. In plain language, of the Army Medical Staff recruits in the last two examinations only two of them would have been accepted by the Indian Government. Moreover, be it remarked, that on no occasion were the Indian recruits a "level lot," on the contrary, there were many hundreds of marks between the first and last man; and further, though in days gone by the Indian Government did get the very pick of the schools, I gravely doubt if such is the case now, for the privileges and advantages that erstwhile placed the Indian Medical Staff almost, if not quite, on a par with the Indian Civil Service, have of late years, by force of circumstances, been gradually curtailed, until at present there is a distinct tendency in the profession towards hesitancy in entering it. With these facts, therefore, in front of him will any man gainsay me when I assert that the Army Medical Staff officers are not all they should be, or will there not be a feeling of profound

astonishment that such a state of affairs has been allowed to exist for so long a time? Surely the health and well-being of the British soldier is at least of equal importance to that of the Indian Sepoy, and demands equally efficient weapons for its maintenance. As to the rank and file of the Medical Staff Corps I can only say, that although undoubtedly we possess many most trustworthy and excellent non-commissioned officers and men, their numbers are far too few. The lowering of the standard below that of infantry regiments was a grave error; for the nature of their duties is such that only men of good physique can undertake them; but it was a still graver error to shorten the period of service with the colours to three years and then draft the men into the reserve. It takes at least two years to make an intelligent man into a really good nurse, and just when he is useful he goes back to civil life, there to forget all he has learned.

Now as to the remedies for this grave state of affairs. Briefly I would summarise them as follows:—We must foster *esprit de corps* amongst the officers and men of the department, and, as a preliminary, we must amalgamate them into one homogeneous body—which they are not at present. Nothing, to my mind, would tend to defeat this object more surely than attaching the young officers to regiments, for thereby you separate them from their seniors, and detach them from the men, and set before them a dual interest—the regiment on the one hand, and the department on the other. It might—nay, it would—surely often happen, that the principal medical officer would pull one way and the regimental commanding officer the other, and the unfortunate medical officer would be between the devil and the deep sea; he could not serve two masters. For this very reason, amongst others, much more power and authority must be vested in the senior officers, for it stands to reason that, if we as a body have always to bow down to the *ipse dixit* of those who, however well-intentioned, cannot possess the necessary technical knowledge to adjudicate, a feeling of inferiority must pervade the corps, and thus mar its efficiency. I dare venture to assert that, if in recent years more authority had been conferred on the medical department, we should not now be face to face with the appalling state of affairs that appertains in India, for the suicidal policy of yielding to the outcry of a few illogical faddists would have been nipped in the bud. Secondly, we must hold out sufficient inducement to attract the best men from the schools into the service of the State, and when we have got them we must keep them at a high state of proficiency.

Rightly or wrongly, the department and the medical profession as a whole are agreed in saying that, to attain this object, medical

officers must be granted army rank. Personally, I do not think that this is a matter of very vital importance, for I hold that the compound titles will meet all requirements, provided it is distinctly laid down that the military portion of the title carries with it definite army rank, without reservation or equivocation, and the absurd and cumbersome title of brigade-surgeon-lieutenant-colonel is dropped. But, at the same time, there seems to be a strong feeling in the profession that military titles, pure and simple, should be conceded, and that the withholding of them places the medical officer in an inferior position, and, therefore, I cannot see that anything but good would arise from granting them. It is sheer fatuity to say that the giving of military titles and rank would of necessity carry the right of command; no medical officer in his senses would claim such a thing outside his own corps. The fallacy of this assertion has been exposed time and time again, and it only needs to point out the position of paymasters and commissariat officers to show its absurdity. The third remedy I propose is increase of emoluments, and award for professional merit. There is an idea almost universally accepted that the Army Medical Staff is one of the highest, if not the very highest paid branch of the Service. Space forbids me to enter into detail, so I must content myself by stating the bald fact that, far from this being the case, the medical department is the very worst paid. It is not difficult for any one to verify this statement, for if a calculation is made of the amount of money paid by the English and Indian Governments in a year to the eight hundred odd medical officers, and then a comparison is made with an equal number of other officers of equivalent rank, allowing a due proportion for staff billets, etc., it will be perfectly plain that the medical officer comes out a very bad second. A little has been done in the last few weeks to remedy this anomaly in the enhancement of the pay in the junior ranks in India, and the granting of a slight increase to brigade-surgeons, but this is by no means enough to place the department even on a level with their *confrères*.

In the nature of things the young medical officer, unlike his line comrade, does not carry a possible Field-Marshal's baton in his knapsack; the paths of honour and glory, and the possibility of attainment to high social distinction, are not open to him—or only to a very limited extent; therefore, if we want to attract good men to the colours, we must offer a solatium in another form. The Indian Government recognises this plainly enough when it comes to a case of necessity, for the Indian commissariat officers are recruited from volunteers from the line, and in joining that department they give up their chance of the Field-Marshal's baton in exchange for a money equivalent. The pay of a com-

missariat captain in India is as high as a surgeon-major, and a commissariat major's pay is higher than a surgeon-lieutenant-colonel, or even a brigade surgeon. Much of this discrepancy is due to the fact that the Indian Government declined to give a charge allowance for hospitals, and the Army Medical Staff officer stands in the unique position of being the only officer in India to whom command or charge allowance is denied. The whole tendency, moreover, of the policy adopted towards the medical staff appears to be to choke all ambition and desire to excel out of them as individuals. It does not appear to be of any use for any man to strive to perfect himself professionally, so far as any rate as any advantage to him will accrue in the Service, the only spur to is him a moral one; and it appears to me that as doctors are after all but human, neither better nor worse than their fellows in other walks of life, something more than this is required to act as an incentive, if the larger proportions of them are to be rescued from sinking back into a state of apathy and dead-level mediocrity. Compare this with the case of officers in other branches of the Service. Does any man imagine that line officers would be what they are if there was no such thing as a Staff College, or awards for professional merit? Would not the old dictum still apply, that the British Infantry were regiments of heroes led by asses? I am firmly convinced that in these points the whole crux of the present deadlock lies, and that if we want "good doctors" in the service, as we are so often told we do, we must be prepared to pay the price. But if by wise measures of reform the best material was attracted to the Service, then we might expect a liberal return—"to whom much is given, of them shall much be required;" and amongst a new generation of army doctors, of higher professional attainments and social status, the long drawn-out internecine war, now so deplorable a fact, would at last come to an end.

As regards the rank and file of the Medical Staff Corps, what I have already said practically indicates the reforms required. We want more men, of better physique, enlisted for the same length of service as the line, and more systematically and continuously trained.

Lastly, just one word on the lack of equipment and unfamiliarity of officers and men with its uses. The shortcomings in this respect are patent to any one acquainted with the subject. When and where do we see our field hospitals worked systematically, and officers and men trained in their working? Where are our arrangements for meeting the requirements of mounted corps? Where are our transport animals, mules for our waggons, and so

forth; and where are our men trained in mounted duties? Space forbids my criticising in detail the haphazard arrangements that at present exist in these respects; but I am certain of this, that for practical purposes they will prove but a broken reed to lean upon.

I have purposely confined my remarks, in great measure, to the medical arrangements as they at present exist in England and the Colonies. As regards India the subject is too big a one to deal with within the limits at my disposal. I can only say that if England is bad, India is worse—far worse—and it is no exaggeration to say that the sum total of her medical arrangements to meet a national emergency spells but one word, and one word only, and that word is, *Chaos*.

I have thus sketched roughly where in my opinion the most flagrant defects lie, and indicated in what direction the remedies are to be sought for. I must leave others more competent than I am to fill in the details, in picturing to themselves the difficulties that would beset us on all sides, if we were faced with the problem of dealing with ten thousand sick and wounded men in a hostile country. The question is a much wider and more intricate one than the knowledge of the *locale* of soil trenches and other petty details of routine duty will meet, in spite of the fact that a prophet of the renaissance of the goddess Hygieia has arisen in our midst. I think, though, that I have said enough to prove that this indeed is a weak link in the chain of our national defence. No man can for a moment doubt that the *morale* of troops must be shaken when they are daily witnesses of such horrors as Kinglake so graphically describes. Do we, in the closing years of this civilising nineteenth century, wish to contemplate yet once more the Crimean charnel-house? God forbid! Then for the sake of our national honour and safety, and in the sacred name of humanity, let us be up and doing. Heretofore we have escaped with the lesser penalty of the loss of thousands of lives unnecessarily, because other nations were even greater sinners than we were; but it is by no means certain that such is the case now, and mayhap we may find, when too late, that the greater punishment of national disaster and ruin may be superadded. The Crimea affords an object-lesson that none of us dare disregard, and it is with the facts of this campaign in front of me, and my own knowledge of how much the horrors of war can be accentuated by neglect of timely medical organisation, that I am constrained to raise my voice in humble yet vigorous protest.

R. H. FOREMAN.

"THE APOTHEOSIS OF HYPOCRISY."

A REJOINDER.

BY REV. J. KIRK MACONACHIE.

THOUGH in a sense specially concerning the United Services, the subject of this paper is one on which appeal has been made to the general public. It is therefore reasonable, and may be profitable, that, by the courtesy of the Editor, a statement should be made in these pages by some outsider who has at least the qualification of having given the subject great attention, with a sincere desire to get at the truth.

In the June number of this magazine an article appeared over the signature of Colonel A. E. Turner, R.A., C.B., entitled "The Apotheosis of Hypocrisy." This article will be kept in view throughout the present paper, not so much as the subject of detailed controversy, as suggesting, and from one point of view expounding, the wider issues raised in connection with the re-imposition of contagious diseases measures in India. Colonel Turner refers to the opponents of these measures as "purists," "fanatics," "bigots," "faddists," "social pests." Our arguments are "the automatically regular chattering of the parrot;" we are sunk in "blind conceit;" the ravaging wolf and the burglar are used to illustrate our heartless cruelty; our ignorance of human nature is the subject of reiterated sneer; we are conceivably re-incarnations of the 12th century torturers; in one curious and not very lucid passage we are cleared, by reason of age and the fact that our wild oats are of the past, from the suspicion of personal interest in protective measures, and are therefore credited with a degree of unselfishness in our "mischievous interference."

Colonel Turner is not alone in this manner of thought and expression.

I have a letter from a noble member of the present House of Commons in which the terms "wickedness," "fiendish," "malignity" are freely employed. The *Times* has given us many a rub; the

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How to Remedy the Wrong of the Army
Doctors

"AFTER seven hours of fighting, the gabion was ours. To the music of showers of musketry, we sat down to lunch—Phil Fogerty, the doctor and myself. A cold chicken was found in our haversacks; for salt we had gunpowder, and you may be sure wherever our regimental doctor was some excellent whiskey would be found close to his instrument box." This extract from *Punch's Prize Novelists* by Thackeray might almost be a literal transcript from one of the earlier and more rollicking novels of Charles Lever. Other writers of the Leverian school introduce the military doctor only in the background of a duel. Not till *Charles O'Malley* and *Harry Lorrequer* appeared did the martial medico figure as the soul and life of the mess-room in non-combatant moments; as well as the reliever of suffering when the battle was at its fiercest. The first mention of the doctor on the battlefield may, perhaps, be thought to occur in the Homeric poems where the God of Healing tends the wound, and composes to slumber the form, of the stricken hero. Allusions to him may also be found in Chaucer *passim*. The doctor, being a personage in camps at the time of the Peninsular War, had found a place in that excellent novel, *The Subaltern*, with which Gleig preceded Lever, as well as in the military memoirs of the Peninsular period. None of the earlier writers who celebrated him brought to their task the same unction as the author of those romances which are responsible for having sent as many boys into the army as Captain Marryat ever caused to run away to sea. If Lever can be called the earliest prose laureate of the army doctor, it is probably because he himself was of that order.

Before Lever, after graduating at Trinity, Dublin, practised medically in the Galway district first, and in Brussels afterwards, he had served with more than one regiment as its medical attendant; so, at an earlier date, had one of the fathers of English

Radicalism, Joseph Hume, who had gone through the Mahratta War, and only ceased to be an army surgeon that he might become Member for Weymouth, which he represented before Aberdeen or Montrose. Dr. Conan Doyle is but the latest and most distinguished literary ornament of a class of men who have never been wanting in literary ability. Much of the excellent work done by these practitioners is known only to those behind the scenes. Miss Florence Nightingale has indeed left on record her high opinion of the manner in which army doctors did their work in the Crimea. But no person who has not had a special motive for reading semi-medical reports, neither very interesting nor very easily accessible, of that time, can form an idea of the valuable contributions made by these men to the general science of practical hygiene. Someone has accused these gentlemen of what in the slang of the day is called "pushfulness" in their statement of their case. The obvious comment is that had they some years since shown more of that quality, they would at this moment have had less ground of complaint. The military doctor did much of his best work in the era before professional advertisement was as essential a part of medical practice as the medical diploma itself. If, in Crimean days, the cheap press had been firmly established; if friendly editors of Society papers supplied then, as they can supply to-day, an organisation for puffing professional reputations, the army doctor would by this time have been as much assured of something more than fair-play as the College of Physicians itself.

In the professional history of our day few features are more noticeable than the increase of social importance conferred upon the members of the healing art. The despotism of the doctor has, in fact, superseded that of the priest. Not even lawyers are the depositories of as much power to-day as doctors. They, it is, who by a word can make or unmake the reputations of individuals, of institutions, and of places. In general conversation, the name of a man who in some walk of life is making his mark is mentioned with bright prognostications of future triumph. Some Galen who is of the company shakes his head ominously. The prosperous counsel, merchant, civil engineer, or trader, as the case may be, is "neurotic." Thus far the weak point has not been detected. But the discovery will be made, for the breakdown cannot long be delayed. Whoever the object of this prophecy may be, he

becomes, from the moment of its being made, a marked man. Clients and customers unaccountably begin to fight shy of him; his practice falls off; flaws in his professional work are detected; the word goes round that he is not to be trusted; if he be not actually cold-shouldered out of his vocation, he may consider himself lucky. Should it happen that the sinister prediction receives partial fulfilment; should the health of the professional worker thus ominously pointed at fail him for a season, his prospects will be for the time, and perhaps long afterwards, at the mercy of the medical Cassandras. Nor will his position be regained till some professional arbiter of the sound mind and the sound body has given the invalid a clean bill of health.

It is the same with places, with institutions, and, above all, with games. Some years ago a Hampshire watering-place was at the height of a sudden and golden popularity. In a single season lodging-house keepers and hotel proprietors made fortunes. Landlords sold building-plots at fancy prices. It was as if a goldmine had been discovered amid the pine-woods sloping down to the sea. In the midst of all this some oracle of Harley Street returned a dissentient response to a patient who asked the great man's advice about going to the haunt of health. The whole thing was an imposition. The climate, so far from being genial, was treacherous. The convalescent would never succeed in getting the temperature of his room above 60°. From that day the reputation of the spot declined; visitors fell off; hotel runners put up their shutters; lodging-house keepers crowded into the Bankruptcy Court. About the same time boat-racing was medically pronounced to be the parent of heart disease. It really seemed for some weeks as if the inter-University match on the Thames might be discontinued. Some years later than this, a doctor discovered a forgotten velocipede in his coach-house. His son, home for the holidays, took it out. The bicycling mania began. A new industry was called into existence. Instances of the same sort in the department of diet are too many to be cited. They are all of them real proofs of the penetrating omnipotence of the medical profession. It cannot, therefore, be said that, judged by the accepted canons of professional usage, the army doctors are committing any solecism in calling attention to the disadvantages of their position. That position is to-day not quite a quarter of a century old. In 1873 the unification of

the Army Medical Department began to be carried out. The regimental medical-officer system was abolished. The sick of each regiment were treated by the officers of the newly organised Medical Staff in stationed hospitals. It was, however, provided in case of the Household Cavalry and the Brigade of Guards that the medical officers belonging to the several regiments should remain with them until their death or retirement in due course; all vacancies, as they occurred, being supplied by officers of the Medical Staff, "lent," or attached, for a term of five years in each case. With respect to these it was intended that the senior medical officer of each regiment or battalion should always belong to such regiment or battalion, as the case might be. Under the Medical Act, it should also be said, no army doctor can now practise who does not possess a double diploma—in medicine and surgery. Every member, therefore, of the Army Medical Staff possesses to-day that twofold qualification. The present head of the department is Surgeon-Major-General J. Jameson, M.D.

It is a fact that the abolition of the regimental medical system has not avowedly involved any change in the precedence of medical officers. Rightly or wrongly, the doctors believe their position would be improved by their military rank being made absolute instead of, as is now the case, being qualified by a medical prefix indicative of the healing profession. The demand raises, of course, some difficulties, and, as is urged by the authorities, might, if granted, cause practical confusion without the advantage which the petitioners anticipate from it. The position of a duplicate edition of captains, majors, colonels, and so forth, not being combatant officers, might be objected to by those who already bear these titles, and who serve actively in the field. The relations, therefore, between the soldier-officers and the doctor-officers might in that case scarcely be improved. Several of the grievances alleged in past years by the army doctors have, it should be said, already been remedied. Thus the pay of the lower ranks of the profession in India has been increased; the term of foreign service has been shortened by a year; the right to preside at courts-martial when the doctors present are senior to the combatant officers attending has been conceded; their military rank has been recognised in the case of surgeon-major-generals by guards turning out and presenting arms as to major-generals combatant.

The abolition of the regimental medical system deprived, of course, the doctors of their place at the officers' mess; much, indeed, of the time formerly available for social enjoyment now had to be given to the central hospital to which they were attached. Since then, their wishes have to a certain extent been met in this social matter. At all large stations, the doctors enjoy all facilities for forming messes while retaining their staff allowances, which are calculated on the assumption of a mess not being available. Further, a real professional disability has been removed by the opportunities that the doctors now enjoy of special leave for purposes of medical study at home and abroad. Though these concessions have been accepted as substantial instalments, the chief and central wrong—the qualification of the military title by the medical substantive—remains unremedied. It is resented as a stigma of inferiority. Nor, it is declared, will the doctors themselves ever be regarded by combatant officers as their brothers in arms, by the private soldier, or by the general public as the real equal of their combatant colleagues, till, titularly at least, there is nothing to distinguish the son of *Æsculapius* from the son of Mars. Whether even the granting of the present demand would be as satisfactory in its results as the claimants anticipate may perhaps be doubtful. Thus, the recognition of the medical colonels, majors, and so forth in that particular rank at the military clubs cannot be guaranteed by Statute. Still, the fact remains that a difficulty is now found in suitably filling vacancies on the medical staff of the army at home. This cannot be attributed to any decline of militant patriotism among Englishmen who join the army. In the case of India, where the medical staff is a really fine service to which the very best appointments throughout the country are accessible, the number of aspirants for admission to it steadily increases year by year. The conclusion is therefore irresistible that there must be something really intolerable, since the abolition of the regimental system, in the position of military doctors at home. This is not the time when any disadvantage to the health of our home army can be regarded with equanimity. The professional men, who are now as a body so grievously discontented, have an honourable record of past service; having this, they deserve to be treated with a justice that may perhaps incline to the side of a sentimental generosity. The question is one which cannot be

settled, or even advanced, but may be dangerously exacerbated, by newspaper correspondents, whether in the journals of the profession or of the public at large. It is eminently one of those topics that half-a-dozen educated and intelligent men representing the social interests and prejudices of the medical officer on the one hand, and of the combatant officers on the other, could discuss with a certainty of arriving at a mutually acceptable conclusion. The course to be pursued is therefore simple. Let Lord Lansdowne meditate the composition of a small Royal Commission, which from its formation will be assured of the confidence not only of all those whose professional interests are now primarily concerned but of their combatant comrades as well.

To complete the view of the present crisis, one must recall the Crimean epoch and its revelations. Near half a century of peaceful languor had brought the medical system, as well as the army of which it was a part, into a dangerous state. That older medical system, though well-suited for detached units, afforded no basis for expansion into consolidated hospitals, or bearer companies, or brigades and divisions in the field; while the narrow and mechanical training of the surgeons destroyed initiative, and unfitted such as rose to deal as administrative chiefs with extended organisation in the field—even had they possessed sufficient army status and authority, which they did not. It was, therefore, the Crimean experiences which proved to Sir William Muir the doom of the regimental medical system. When, as principal medical officer in Canada, he visited, during the American War, Grant's Army on the Potomac, he saw that nothing but a unified medical service on the basis of a corps organisation could be equal to the varied wants of an army in the field. In the changes which followed the abolition of purchase, Sir William Muir, as Director-General, had some opportunity of putting his views into practice. Thus, gradually, medical officers were removed from their corps, and placed in a general list. One medical officer was for some time left with each corps; he was not removed until some twenty years ago, when station hospitals came into working order. These changes had been resented or resisted by those combatant officers who, by tradition, distrusted any new form of organisation, and who, on principle, opposed all. Nor were the medical officers, while acknowledging the necessity for some change, enthusiastic for that

which severed them from companions and from a life to which they were attached. From the first, therefore, the new *regime* did not work very smoothly. Later on there came Horse Guards orders declaring regimental surgeons to be junior in the rank of major, or to be, in fact, only on a level with senior captains. There is now the opportunity, as there assuredly is the necessity, of ending by an easy and costless solution the unhappy era of misunderstandings, compromises, and slights that have thus far attended the working of the new system during two or three decades, and that have now come to a head. The pattern of the reform now advocated is to be found in the organisation of the scientific corps of the army. Let a Medical Corps be formed like that of the Engineers; let medical men in that have substantive, not relative, rank; the entire difficulty will be surmounted, without any residue of heart-burnings, and without the cost of an additional sixpence to the country. Some of their advisers may have a professional prejudice against this proposal. There is good reason to believe that the clear and vigorous mind of the Secretary of State, Lord Lansdowne, appreciates its advantages, and is prepared to entertain its adoption. Let Lord Lansdowne insist, then, on having his way in what is at least as much a civilian as a military question.

T. H. S. ESCOTT.

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VOLUME THE SIXTY-EIGHTH.

The Army Medical Service.

WITHIN the last few decades England has thrown off the lethargic indifference as to her real fitness to defend her interests in wars which so long lay upon the country. The easy confidence and feeling of security, born of her naval and military victories in the great struggles of the beginning of the century, was rudely shaken by the Crimean and Mutiny experiences, and several years later panic after panic passed in waves over the island, people when they saw developed in continental campaigns a previously inconceivable perfection of military organisation and hosts of perfectly armed,

equipped and trained warriors in previously unheard-of numbers easily put into the field and easily manoeuvred. Every part of England's national armour has, within the last quarter of a century, been carefully scrutinised, and every organisation for offence or defence has come in for more or less criticism and comment, which have in all cases produced vast change, in most cases undoubted improvement. There is one department, however, of the country's defences, and that by no means the least important, whose development and improvement have not for various reasons aroused the same

popular enthusiastic interest as others, but which now very specially demands that its present condition should be widely known, and that the causes of that condition should be rectified.

The Medical Service of the Army has been losing popularity very seriously within the last few years, so much so that it now fails to attract a sufficient number of qualified young men to fill its vacancies, and, unless something is done and done soon to remove the prejudice now existing against service in the Army Medical Department, the efficiency of that Department will be very gravely compromised.

It is not without interest to consider briefly what is the history of medical attendance on soldiers, and what is the special history of that which is now called the Army Medical Staff of England's forces.

However far we penetrate into the mists of antiquities, we find indications that medical men, equipped with the science of their time, accompanied armies. Even in the Hindu Vedas it is very distinctly laid down that skilled medical attendance was to be provided for the sick and wounded, and there is a tablet, now preserved in the Newcastle Museum, which was erected by the Roman masters of Britain to the memory of the medical officer of the first Tungrian cohort, a body of soldiers known to have served in the north of England and the south of Scotland. Other tablets also exist in which the medical officer of a legion is mentioned, and there is one referring to the medical officer of a trireme, so the Romans must have had naval as well as army surgeons. In mediæval wars surgeons were not unknown among military staff but their services were almost entirely

devoted to the great men and leaders. It was considered cheaper, when an ordinary man at arms was wounded, to dismiss him with a small gratuity, to find his way at the expense of curing and caring for him. And probably the men who were so discharged, whether they lived or died, were thus spared a vast amount of torture, for the surgical treatment of the time was barbarous in the extreme, carried out by men upon whom the light of science had not begun to shine.

It was not till the end of the 16th century that military surgery made several most important forward steps, as it was practised by Paré in France, Clowes in England, and Peter Lowe, a Scotsman. Then in the days of the Commonwealth came Woodall, who still further advanced the art of healing, and, in Charles the Second's time, Richard Wiseman, who has been termed the father of English surgery. During Marlborough's wars we find the care of sick and wounded taking a more prominent place than had ever before been conceded to it. People began to discover that, irrespective of the considerations of humanity, the individual trained soldier could not easily be replaced, and that, if he was temporarily incapacitated, it was better policy, in an economic point of view, to restore him to efficiency than to discharge him and enlist another to take his place. Towards the middle of the 18th century the medical service of our army was for the first time placed upon a footing in some degree approaching to its condition to-day by Sir John Pringle, who served with distinction as Principal Medical Officer in Flanders and at Dettingen. He set himself with success to combat the hospital fever and dysentery which,

till his time, had made such ravages among the sick of all armies.

The man, however, to whose professional skill, genius for organisation, and vast experience gained in many countries and in many campaigns, England must ever owe a debt of gratitude as the founder of a complete system of care for her soldiers' health, was Sir James McGrigor, the trusted friend and adviser of Wellington in the Peninsula. By his exertions and by the excellence of the methods that he originated and employed, thousands of sick and wounded soldiers were returned to the ranks of the army, and were made available for service in the great battles which crushed the power of France and scattered her previously invincible legions. In peace as in war, he gave to the department of which he was long the head the importance and influence that are rightly its due, and provided that its members should be so professionally instructed and qualified that they were worthy of the interests committed to their charge.

While we think of the great English army surgeon, we must not, however, forget how much humanity was served by his able and gallant contemporary in the army of the first Napoleon. During the long series of campaigns from Egypt to Waterloo in which the military genius of the great conqueror led his countrymen from victory to victory and finally to shattering defeat, Baron Larrey was the Emperor's constant companion, friend and favourite. And well he deserved to be so. Whether in the battlefield performing delicate operations under fire, or saving wounded men by his own personal exertions; in times of want and exposure providing for the crying

necessities of his helpless sick; or in organising new schemes and methods of reaching and providing for human suffering, Larrey was ever brilliant in thought, decided in character, dauntless in courage. He was the first to invent the flying ambulances by which wounded soldiers were picked up on the field of battle and almost under the enemy's fire, and well deserved the encomium of his master, who said, "Your work is one of the happiest conceptions of our age. It will suffice for your reputation." In the will of the great Emperor, too, made at St. Helena, Larrey was thus specially mentioned:—"I bequeath to the Surgeon-in-Chief of the French Army, Larrey, 100,000 fr. He is the most virtuous man I have ever known."

When the epoch of great wars closed in 1815, all the military science of our country fell into desuetude. Our army nominally remained, but it was merely a collection of regiments, magnificent in material, high in spirit, but altogether lacking the many departmental services which are indispensable to bind together the component corps of an army and make them into a whole really fit for war.

In a small way the Medical Service became a reflex of the Army itself. It was composed of carefully selected men, well-grounded and enthusiastic in their profession and quite ready to sacrifice themselves at the call of duty. But the construction of the Department was inelastic and cumbrous. It practically consisted of the medical officers alone and possessed few or none of the various adjuncts, staff of nurses, ambulances, field hospitals, &c., without which the efforts of the best science in the world are nearly neutralised. And, when the time of trial suddenly came

in 1854, the consequences were terrible to the Army and disgraceful to the State whose misplaced economy had allowed matters to come to such a pass. The medical officers, as they have always done, nobly vindicated the honour both of their original profession and of that to which they were affiliated, but their best efforts were vain to combat the evil and the authorities woke to the knowledge that like so many other departments the Medical Service of the Army must be wholly reorganised.

Before passing to the great changes and improvements which have now been made, let us look at the medical officers as they were disposed of in the Army before the Crimean War and until 1872. In those days two were gazetted to three surgeons and sometimes three surgeons were gazetted to individual regiments and remained with them till they were promoted. They were a component part of these regiments as much as any other officer or man and they had all the social privileges and prestige belonging to the corps. Their duties in time of peace were light and easily performed and they could and did join in all the sports, pursuits and interests of their regimental comrades. Professionally, from their long and intimate association with officers and men, they became more like confidential family physicians than anything else and were able to be peculiarly efficient in treating sickness and managing the constitution of patients whom they knew so well. Socially their education and abilities gave them a position and an influence that were frequently invaluable in all grades of regimental life, for, occupying as they did a sort of neutral standpoint, they could act as advisers and friends in circum-

stances where other brother officers would have been unsuitable.

Most old soldiers of all ranks must certainly recall with pleasure the memory of regimental surgeons who were skilful, kind and tender in sickness, genial friends and good comrades in all relations of military life. And to the medical officer himself the intimate association on equal terms with the combatant officers was often of the highest value, particularly on first joining the service. Like all young men when they first put on uniform or indeed commence any career it was a good thing for them to be "licked into shape" in ideas and manners, and nowhere was this more effectually done than in a good regiment. Then, in many cases too they made influential friends who stuck to them as medical advisers and were of essential service in helping them to form a civil practice when, as sometimes happened, they tired of soldiering.

We must not leave the old regimental surgeons without recalling some of the remarkable characters among them, remarkable we mean in other than a professional sense. How many men, who served in the Crimean and Mutiny Wars must remember "Peter" Wilkin, who began his military career as an assistant surgeon and accepted, as a reward for specially gallant conduct, a combatant commission. No officer of his rank in the English cavalry did more brilliant service than he and those who knew him best thought that it was but meagrely recognised by a brevet majority. After some years of staff service at home, he retired and the Army was the poorer by his loss. Then there was the surgeon of a well-known light cavalry regiment who was more *farouche* and military in appearance and man-

ners than any other man in the corps. Not even the colonel had more to say in all regimental questions and, in an ultra lively mess, he more often than not led the revels. Peace to his ashes! He was a better boon companion than a surgeon,—though it must not be supposed that he was ever considered to have failed in his professional duties.

It is many years ago now since an extraordinary person died in high rank in the Medical Department, who after death was found to have been a second edition of Chevalier D'Eon. It was a woman who for many long years had served with the highest credit in many positions of importance. Of course the peculiar appearance and voice of the deceased Inspector General Barry had often been remarked, but the sex was not suspected. This medical officer had, as might possibly be expected, a somewhat capacious and irascible temper and had fought two duels in early life. Perhaps the most remarkable discovery was that not only was the personage a woman but that she had, at some time or another, been a mother.

How many surgeons were among the best military sportsmen of their day! As a rule, they were not men of sufficient wealth to keep large studs of hunters, but, when they were able to take the field, they generally held a very forward place and showed a real knowledge of *vénérerie* that few of their comrades could equal. It was in shooting and fishing, however, that the old regimental surgeons, when they were sportsmen, usually made their mark, and the soldier, who can go back in memory thirty or forty years, must recall many who were the neatest shots and threw the lightest fly in the corps to which they belonged. We will

not now record the names of some that occur to our mind, but we may say that, while never neglecting their professional work, they were always a potent influence for good in spreading and encouraging the love of field sports which has ever done so much for the British Army.

Of course, besides the regimental surgeons, there were a large number of medical officers on the staff, who were in charge of stations or were employed in departmental or administrative work. But the regimental and staff medical officers were all on the same list for promotion and were interchangeable until they arrived at such a seniority that they were employed on administrative work alone. Without in the least depreciating the old medical officers who elected to spend most of their time in staff work, there is little doubt that their department was best known to the Army and the world at large through the regimental surgeons and its reputation could not have been in better hands.

That the old organisation had its merits, some of which we have mentioned, no one can deny, but, as we said above, it was inelastic and cumbersome. In times of stress the regimental surgeons could not be made use of outside their corps and the work of the department was thus gravely hampered. Then, when a man remained for a long time with one corps, he was perforce cut off from much experience and much opportunity of keeping his professional knowledge abreast of contemporary advance. To their credit be it said, many surgeons, indeed we may say most, did, by their private exertions, quite maintain the high standard of attainments that is the pride of the English medical profession. Cases were

not unknown in which regimental surgeons were not only not encouraged but were actually impeded by the commanding officers, under whom they served, in their efforts to gain outside experience. There was an unreasonable jealousy which desired to keep the work of the medical man for the use of the regiment alone, forgetting that the regiment must profit by every bit of experience gained by the medical man. A case in point occurred to a surgeon who since most deservedly attained to the highest rank. He was much sought after as an adviser by civilians dwelling in a certain military station and his colonel complained to the very distinguished general in command on the subject.

"Well Colonel —, does Dr. — neglect any of his regimental work for his private practice?"

"No. He is always most careful and attentive."

"Then, let me tell you that neither you nor I have the power to interfere with him in any way and, what's more, I think he is doing the best thing possible for the Service by gaining outside experience."

We fear, however, that all authorities were not always as sensible as the General in question.

Perhaps the most important part then of the re-construction of the Medical Department was that carried out in 1872, when the system of gazzetting surgeons to individual corps was done away with. All the medical officers in the Service became, as the Army Medical Staff, available wherever their services were required and assumed a separate existence as purely departmental officers, having no connection with any other branch of the Service except the

temporary relations which came of professional employment. All purely regimental hospitals were done away with, no combatant officers, such as commanding officers of regiments, had as heretofore anything to say as regarded provision for the sick, but all sick men were received into station hospitals where they were solely and absolutely under the control of the Medical Department.

The net result of this reconstruction, as far as our country's service is concerned, has been a vast saving of expense, for, as every surgeon came directly under the control of his own departmental superiors, his services could be utilised whenever they were required and that without throwing any undue stress of work upon individuals. When the sick were collected in station hospitals, it became much easier to provide them with continuous professional supervision and nursing and, above all, a stimulus was given to professional self-improvement, both by the increased variety of experience which all gained and the emulation that was introduced among men who felt that their conduct was being keenly watched by equals and seniors. Nearly parallel in time with the re-construction of the Army Medical Staff was the institution of the great military medical school and hospital at Netley, which, it is not too much to say, takes rank among the noblest scientific institutions of our country. There are received for treatment invalids from every distant corner of England's wide empire, and there they receive the benefits of the latest scientific discoveries. There the abilities of all medical officers are tested and there they have the opportunity of familiarising themselves with the special diseases and casualties

which they may be called upon to treat in the course of their service. At Netley too is trained the valuable corps of lady nurses and the whole routine of hospital management can be and is exemplified in its highest efficiency.

It is unnecessary to say more here of the great and very perfect organisation of the army medical service of to-day; the provision of field equipment, the elaborately thought-out arrangements not only for meeting all the multitudinous necessities of campaigns abroad, but also for the provision of skilled attendance on every item of our armed forces in the (it is to be hoped) remote contingency of a general mobilisation in defence of our own country. Let us rather consider the circumstances which very unfortunately are now making service in the army unpopular with the medical profession at large and are preventing good men from coming into it in sufficient numbers to fill its vacancies. The whole may be summed up shortly as consisting in the reluctance that exists both in high administrative quarters and among the so-called combatant branches of the army to give to military surgeons a definite status as soldiers, comrades and social equals. It is too commonly thought, not only by inexperienced boys but also by men whose judgment might have been presumed to be less warped, that the medical officer is simply a "practitioner dressed in uniform, a sort of necessary incumbrance like a hospital wagon or a litter, in case any one should fall sick or be wounded; that he should have the working of a complicated military system, requiring powers of organisation and command; that in fact he should be an officer of a scientific corps of the army is a view of the case that seldom crosses the average . . . mind."

It has even been said that the medical department "is not composed of soldiers but only of attendants upon soldiers," and it has been realised by few, very few, that it is an essentially important piece of the country's armour, a defensive weapon which, in the fulfilment of its office, guards the most vital parts and, in doing so, receives as many blows and dints as any other portion of the panoply of war.

It has been noted what was the social position of the surgeons in the old regimental days. Then the greater number of them definitely belonged to various corps and shared to the full the social and military prestige and status of all officers. Undoubtedly they were then generally happy and contented and the service attracted a sufficient number of the best men from the great medical schools. Now, however, under the new *régime*, medical officers lead a separate and departmental life. They live together, possibly mess together, and, except in isolated cases, do not join in the social life and pursuits of the combatant officers. They are no man's children and the status and consideration due to their noble profession have not been universally granted to them. High authorities have snubbed them and other soldiers of their own standing have treated them with cold indifference, if not with actual slight. They have not been recognised by English society as an integral part of the army, deserving as much social countenance as horse, foot or artillery, and, even in military clubs, they have been subjected to a sort of ostracism. What wonder if the medical officers of the army are sore and discontented with their position and the treatment that they receive! What wonder if the great medical profession of

England has taken up their cause and will not encourage as in old days the best of its young members to join the army. It must, in justice be admitted that some medical officers have, by injudicious conduct and want of tact, aggravated the situation very considerably, but this has arisen to a great extent from the condition in which they have found themselves. They have not met with recognition as the soldiers that they really are and, resenting this want of recognition, they have shown their resentment, sometimes by undue assumption of dignity, sometimes by excessive officialism. Another circumstance has prevented some of them from showing themselves the good fellows which they may be at bottom; they have not had the "licking into shape," which junior surgeons shared in old days with all the youngsters who entered the army.

It certainly seems to us incomprehensible why the Medical Department of the Army should not be held to be soldiers to as full an extent as the officers and men of all the other great departmental services. The officers, besides their purely professional duties, are put in active military command of the non-commissioned officers and men belonging to the Medical Staff Corps, who are armed and equipped and, on occasion, may have to fight as soldiers. The Army Medical Staff will be indeed under the protection (so far as it goes) of the Geneva Convention in European War, but our wars are for the most part with savage people to whom the Geneva Convention is unknown and, in them, besides the tremendous exposure incurred in attending to the wounded under fire in action, every surgeon carries his life in his hands at all times quite as much as any other officer.

The duties of a soldier are to promote, directly or indirectly, the success and well-being of the force to which he belongs at the hazard of his own life, and who shall say that the surgeons do less than any other men to make success possible for an army and to provide for the safety of their comrades when death has already stretched out his hand? That they do this at the hazard of their own lives is very sufficiently proved by the extraordinarily large proportion of killed and wounded among them and the number of valorous deeds which they have performed, so distinguished in their brilliancy that they have perforce been rewarded by the Victoria Cross. Yes. The rescuing from death of the sorely hurt during the heat of action, the provision for the sick and wounded in the course of a campaign and the sanitary measures for the prevention of disease in the field are not only conspicuously of the first moment on the score of humanity, but have a military consequence that cannot be minimised in maintaining the efficiency and raising the morale of any large body of troops and thus ensuring victory. The men who accomplish this are most assuredly soldiers and are entirely justified in claiming the full status as such.

What is demanded and what must be granted, if the medical service of the army is not to remain in its present condition of unpopularity, securing only a most inadequate supply of recruits, and those by no means the best men who have passed through the medical schools, is that the officers (the Army Medical Staff) and the rank and file (the Medical Staff Corps) should be combined into a Royal corps with some title such as "Royal

Medical Staff Corps." This corps should have its recognised military status, in the same manner as the Royal Engineers or the Army Service Corps. The present cumbersome and ill-judged titles of rank now borne by the medical officers should be changed for something more simple, even to the adoption of the ordinary military titles, colonel, major, &c., &c., as has been done without creating any confusion in the Egyptian army, in the American army, and the armies of some Continental States. Such an arrangement could be made perfectly easily without in any way taking medical officers out of their proper sphere of duty and without investing them with any authority which would in any way clash with the duties and authority belonging to the combatant officers. Those grievances which are now felt so sorely and which are so deleterious to the service would be obliterated and the Army Medical Service would be confirmed publicly in the position long ago assigned to it in the minds of all thinking men, that of an honourable, essential and glorious part of England's line of battle.

The tremendous duties and responsibilities of medical officers during a campaign have been very briefly alluded to, but a word must be said of the daily and hourly work and anxieties of an army surgeon. He is constantly face to face with the great enemy Death and, even on home service, has from time to time severe calls made upon his nerves and judgment. But the periods of home service that fall to the lot of one of the Army Medical Staff are comparatively few and far between. A very large portion of his life is spent in foreign stations, in most of which the

very existence of the troops, certainly their existence in efficient condition, depends upon his unceasing vigilance. Our troops serve in every climate of the world and the guardians of their health must be familiar with every insidious influence that can poison the stream of life or irrevocably cut its course. Their duty it is to advise as to the sanitary conditions of barrack, cantonment or camp and the smallest disregard of these conditions is, they know, like the opening of a breach in a great dyke which will allow the tiny stream to pass and rapidly to swell into the flood that shall overwhelm the lives committed to their care.

Round every station where British troops maintain the honour of their country's flag, there is constantly at the gates a shadowy crowd of foes which are seeking admission, and woe to that station when every postern, every inlet is not carefully guarded. And when, in spite of all precaution or because from unavoidable conditions precaution has been impossible, the foe has established himself in the midst of helpless victims, what a grim battle has the medical officer to fight. Then may the youngest in the department be called upon to show qualities of nerve, coolness, determination and resource which could not be more than equalled by the greatest soldier that ever writ himself general. Maintaining a cheerful countenance in the most dispiriting circumstances, struggling, it may be in single combat, with death in his most appalling forms, oppressed by overwork and bodily weakness and knowing that he himself is doubly and trebly exposed to the shafts, whose wounds in others he strives to staunch if he cannot ward them off altogether, who can

gauge his dogged pluck, the magnificent professional pride that forbids him to yield, the determination with which he uses every weapon in his armoury and, when weapons are, as alas they must often be, wanting, the initiative that he displays in supplementing deficiencies, in utilising previously unthought of methods of defence or schemes for undermining the attacker's force.

In illustration of this, let us recall the story of an epidemic of yellow fever in the West Indies. A battalion had lately arrived from Canada and, as is usually the unfortunate case under such circumstances, was accompanied by a large number of women married to the rank and file but not officially on the strength of the corps. These wretched creatures, for whom of course there was no room in barracks, had to find such poor lodgings as were possible in Coolies' huts scattered for miles round. The unhealthy rainy season was approaching and the one young surgeon, who happened accidentally to be in sole charge of the troops, heard the gruesome report that cases of yellow fever had appeared in the neighbouring town. He was instantly upon the alert and gave minute and hourly attention to every sick person who showed the smallest feverish symptoms. For some days the dreaded visitor did not appear but at last the surgeon thought he identified four cases. He had never met "Yellow Jack" before so he wished to confirm his diagnosis by the opinion of the local practitioner. That hardworked man spared a few minutes to walk through the military hospital and at once pointed to the four suspected patients as undoubted cases. The young surgeon collected himself for the struggle before him and, remaining himself

in the isolated hospital with the victims of his formidable enemy, advised that the battalion should be sent into camp. On the very day of the move the rainy season broke in all the terrible power of a tropic storm. The camping ground was turned into a pool of water and the drenching given to men added vigour to the now raging pestilence. Everywhere the disease gained ground and, worst sign of all to men familiar with its ravages, even the monkeys were smitten with it and died by hundreds in the neighbouring woodland. Not only the sick belonging to the regiment, who alone were officially under his charge, appealed to the young surgeon for care but the multitude of women furnished many cases and his kind heart and professional zeal bade him do for them all that was in his power. By day and night, with few and broken periods of rest, he passed from one sick bed to another, travelling miles daily to treat case after case as it appeared. Nor did he confine himself to his medical duties alone. He knew, better than any other, how the mind acts upon the body and how sickness may be warded off by preventing men from brooding over melancholy surroundings and their own personal risks. The surgeon had always been a leader in sport and amusement and now he gave all the energy that he could spare to initiate cricket, quoiting matches, concerts and theatricals. Needless to say that his ideas were well taken up and carried out by the battalion officers, but his was the mind that advised, his was the energy that gave the stimulus. How difficult was the task may be realised from the grim fact that, for the theatricals, two actors had to be cast for each character, for no one could reckon with certainty

on a day's immunity from disease. Great was the reward to the gallant man's exertions. The men felt that he was sturdily fighting their battle and they gave him that complete confidence, which is the best assistant to a physician, and thus went halfway towards their own cure. For three months the trial lasted, then the fever, subsiding in virulence with the advancing season, took a modified form and at last disappeared. What the surgeon's work had been in that three months is

shown by its effect on a man of by no means a very burly frame. He had lost three stone in weight!

What would the lot of the afflicted battalion have been, if it had not been in the care of a man, trained in the brave and honourable traditions of the Army Medical Service; and who can, with any generous and soldierly feeling or even with any common sense of justice, consent that a department which produces such men should be in any way depreciated?

C. STEIN.

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The Case of the Army Doctors up to Date

IN the October number of this REVIEW attention was drawn to the deplorable condition of the Army Medical Service, as well as to the national disadvantage or danger resulting from the continuance of this professional grievance. At the same time specific suggestions were offered for the removal of all ground of reasonable complaint by the doctors, and, as a happy consequence, for the restoration of the service itself to its former popularity and efficiency. It is not often that the comments of a monthly periodical produce, so immediately and so definitely, appreciable and satisfactory results. Writing with the fullest and most accurate official intelligence to which any can have access, we then ventured to hint that the real obstacle to the only practicable solution of this most pressing problem is presented by the attitude, not of Lord Lansdowne, but of his military advisers; and, above all, by those obstinate incarnations of British militarism, who, because of the admiration their exploits in the field compelled, are mistakenly permitted to assert a power which is wholly mischievous, and to which they have no sort of claim in the Council. *Fou comme un vieux militaire* is a proverb whose truth has long been practically recognised in France, and the ignoring of which cannot be due to lack of instances of its applicability to England. One illustration that is historically exact will do as well as any other.

Among a very articulate clique of military experts in London the opinion in 1870, on the eve of the Franco-Prussian War, was that, in generalship, in resources, in the brains which direct soldiers, in the spirit and courage of the rank and file that obey these directions, the French were decidedly superior to their opponents. The few very slight advantages gained by France at the first seemed to justify that view. A well-known military authority, now dead, meeting at his club a civilian friend who had dissented from the pro-Gallican forecast, declared that the war was already virtually over, and Berlin practically in the occupation of Napoleon's troops. Then came the first French reverses. These were declared to be victories in disguise. With a fine air of superiority the scientific warrior admitted he did not expect the non-military observer to be capable of appreciating the consummate generalship which was waiting to strike the decisive blow at the Prussians. So things went on, each accomplished French defeat was only another prognostication of eventual triumph. By this time the Germans had locked up their assailants in Sedan, with results not necessary to recapitulate. After the siege of Paris was actually formed, the man of science admitted the possibility of his being mistaken. When the Prussians had entered Paris, when, for the surrender of the provinces

and the payment of the milliards, peace was signed, the strategical expert only protested that he ought to have been right but for the facts—for those facts, therefore, so much the worse—and declared the imminent collapse of the new German Empire, proclaimed in the great hall of Versailles.

This very scientific soldier, to whom, in comparison with theories, events were as nothing, was the great apostle of that school of military thought which is now using its malignant influence with Lord Lansdowne to prevent the professional concessions to a class of men essential for the service of humanity, so long as the last appeal of dissident peoples is to the sword. Meanwhile, the Army Medical Service is steadily deteriorating in quality; the number of qualified candidates forthcoming bears no proportion to that of the vacancies which are left unfilled. Lord Lansdowne did not indeed meet the deputation that waited on him in Berkeley Square, on the 20th of January, with a refusal of their requests. The strongest of Governments, on all matters of social interest, is strong only so far as it is supported by public opinion. Whether the subject matter be civil or military, material or sentimental, the men now in power meet every request made to them with a counter request that their hands may be strengthened. The smaller squires and the farmers still hanker after a duty on foreign meat and imported corn. They are blandly told to organise a protectionist agitation on the same lines that fifty years ago Cobden and his friends planned those movements which compelled Sir Robert Peel to free the ports. In the same way now, Lord Lansdowne does not deny justice and expediency alike to be on the side of the Army doctors. All he does is in effect to appeal to the friends of the profession to strengthen his hands by eliciting an unequivocal verdict from the taxpayers and electors in favour of the demands still before the Government. That request shall in part be complied with here; for it is not so much a professional wrong which has to be dealt with, as a national calamity of most horribly incalculable proportions which, while there is yet time, Ministers are asked to avert. The scourge of a great war may, every one devoutly hopes, never be felt by this country again. The present is the moment when only the most lying or rash of prophets would predict the indefinite continuance of such an immunity. Those who can recall the first half of the second French Empire will remember the periodical scares that the inscrutable doings of Napoleon III. produced on our side of the Channel. Yet neither that prince nor his motley *entourage* cherished any real hatred of the country where they had found in past years so seasonable an asylum.

To-day, however, we are confronted, not in France, but in Germany, by no Brummagen Emperor, wearing on his sleeve his hatred of his mother's native land. If, as we all humbly pray and hope, an European coalition, recalling that of Napoleon the Great, against England, be thwarted or foiled now, it will be in teeth of the efforts which the German Emperor is making to prepare that international instrument for

active use. Only one thing is certain. A great war, if, and when, it should come will seem to be sprung on us suddenly. Even should our forces and preparations by sea and land be ready, the existing condition of our medical service must insure the repetition of gratuitous misery and avoidable suffering, with which those of Crimean days would by comparison be slight, to an untold number of British subjects. Sufficiently cogent are the statistics submitted to Lord Lansdowne, and showing the number of competent Army doctors to have decreased as nearly as possible in proportion as the Army itself has increased.

That is only one aspect of the affair. While there are fewer healers available for our soldiers in the field than ever, the work which these healers have to do is immeasurably greater, more responsible, more exacting; demanding more labour of brain and skill of touch than can ever have been known in the history of war. Half a century or so ago the majority of injuries received on active service were not very much more serious than those inflicted to-day by French duellists on one another; dislocations to be set, fractures to be mended. Not more formidable than these were very many, if not most, of the evils with which the Army doctor, whom Charles Lever knew, had to deal. The greatest blessing ever conferred by science on the men who fight their country's battles is the antiseptic treatment discovered by the genius and skill of Lord Lister. That method of dealing with wounds requires such minuteness and care in its application as to be successful but in the hands of those who thoroughly understand it. Hence it follows that the only practitioners of real use for the Army must be not only surgeons who can wield the knife, but men of science, who can act in accordance with those curative principles which science has discovered. A suggestive instance of this truth was mentioned by one of the callers at Lansdowne House, Sir Thomas Grainger Stewart. In the Crimea astonishment was felt that frequently wounds tended in hospital tents did better than those cared for in what were then considered perfectly organised hospitals. The reason was scarcely even conjectured at the time; it is now known to be the comparative absence from the tents of the disease germs of which the hospitals were full. Other responsibilities now recognised of Army doctoring comprise all the details of field hospitals, and the moving to the rear of the wounded. Yet, while the work has become necessarily more complex, and the demands on every faculty of the workers are heavier, there was never a time when the Army had the services of so few healers or when the standard of those healers' qualifications were so low. Men who have fair degrees do not avoid the Indian or the Navy services. They have for some time ceased to apply for appointments in the Army. The reason, of course, is that while the other branches of their profession just mentioned offer careers and inducements, the Army Medical Service, as now constituted, presents only a combination of deterrents. The remedy is, happily, as simple as the evil itself is glaring and calamitous. In October last our article suggested a scheme that has practically the unanimous approval of the

medical profession as a whole; that commends itself to civilian common sense; that is not seriously resisted by the Secretary of State for War; and that is only not adopted already because of the antagonism it has elicited on the part of those professional militarists, of whom the martial expert that knew all along in 1870 the French were bound to win, is the historic type. Writing, though as civilians, then not less than now, we ventured to predict the endorsement of our proposal by the whole strength of the medical profession. The record of the proceedings at Lansdowne House during the first three weeks of the present year has more than justified our predictions of last autumn. An Army Medical Corps, after the pattern of the Army Scientific Corps, membership of which should confer substantive military titles, would, we then showed, remove every complaint and secure every suffrage.* The request now made to Lord Lansdowne, as political head of the Army, is in effect that the Army Medical Department should become an Army Medical Corps, and that this corps should include what is at present the medical staff and the Medical Staff Corps. Those two would in effect be associated together, and would have their strength increased up to the point necessary for full efficiency; while its members would exchange the insult of military rank on sufferance for the medical due of military rank by title. All the analogies of experience, all the arguments of common sense, point to the formation of such a body and to its working success. The precedents of the Royal Engineers, of the Royal Artillery, and of the Army Service Corps meet every objection, as well as promise the happiest issue of the experiment. In each of those bodies that are to-day integral parts of the Army there was a time when they were regarded as foreign growths upon it, which could never properly be amalgamated into the system. The Duke of Cambridge might recall a time when an artilleryman was quite outside the regular Army lines. In the same way those who are now the objects of popular and professional respect, the Royal Engineers were doomed to long and weary waiting before they were recognised save as sappers and miners. When each of these additions to the regular troops was made, the doom of the whole service was predicted by the analogues of those militarists who are to-day resisting the association of the doctors on an equality with themselves. The very fact of the exception of the Guards from the operation of the present system when it was established is logically, of course, *prima facie*, the strongest plea one could have in favour of its being reconstituted now.

Some impartial observers might have thought that under a dispensation in which Lord Wolseley was recently promoted so justly to the position he fills so well, the prejudices of professional militarism would not be likely to obstruct a professionally-equitable, a popularly-expedient, and a nationally-imperative reform. If public opinion had not weighed with Army administrators, of that Army Lord Wolseley

* These titles would, of course, run Colonel, Major, &c., R.M.C.

would not to-day be Commander-in-Chief. He became the inevitable successor of the Duke of Cambridge, because, taking him all round, the English people, which makes and unmakes administrations, recognised in him the best man for the place. Lord Wolseley is not only a competent general, as he has often shown himself to be, but a quick-witted and sagacious man of the world, as he has signally the opportunity of proving himself now. He is also a man of a humane patriotism, who has ever shown himself interested in all which promotes the welfare of the humblest of his men in time of war or peace. The object of adequate medical attendance in the Army is to obviate or to minimise human suffering. To dispense with skilled aid for that end would be to relapse into savagery. Yet the increasing lack of reputable doctors for the Army exposes us to something more than a risk of that unfeeling and impolitic retrogression. From Lord Wolseley, the great captain, surrounded by a professional staff steeped in all the unreasoning prejudices of their order, the appeal must be made to Lord Rosebery, the citizen and politician, whose intelligence is not tied down to any procrustean bed of martial prejudices, who, it may be hoped, is still, as when he first became a power in his country, alert of intelligence, free from fettering traditions of caste, nimbly resourceful, quick to perceive the true bearings and the final issues of any subjects submitted to him, and slow only to let himself be an instrument in the hands of those unwise disciples in arms who are now exercising so mischievous an influence over Lord Lansdowne, and who seem to think that professional wrong and national danger are a small price to pay for a vain, a malignant, a purely selfish, and most unpatriotic triumph.

T. H. S. ESCOTT.

REPORT
OF THE
SIXTH INTERNATIONAL CONFERENCE
OF
RED CROSS SOCIETIES,

HELD IN VIENNA BETWEEN THE 18TH AND 24TH
SEPTEMBER, 1897.

BY
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ARMY MEDICAL STAFF.



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1898.

REPORT ON THE SIXTH INTERNATIONAL CONFERENCE OF RED CROSS SOCIETIES.

I. Introductory Remarks.

The Sixth International Conference* of Red Cross Societies took place in Vienna between the 18th and 24th September, 1897, and was attended by 186 delegates some of whom were appointed by the governments of States, signatory to the Geneva Convention, while others were representative of the various Red Cross National Aid Societies, now established in practically all civilised countries.

In fact, Great Britain, (with the exception of Turkey and Bulgaria), was conspicuous in being the only European country not represented by a delegate of a national aid society.

The following table shows the countries represented and the number of delegates from each:—

TABLE showing the number of delegates attending the Sixth International Conference of Red Cross Societies.

Countries.	Official delegates.	Delegates of Red Cross Societies.	Representatives of Orders, etc.	Total.
Austria	6	85	4	95
Belgium	1	2	—	3
Bulgaria	2	—	—	2
Congo Free State	1	—	—	1
Denmark	1	1	—	2
France	3	2	—	5
Germany:—	—	6	1	7
Baden	1	2	1	4
Bavaria	1	1	—	2
Hesse	1	—	—	1
Prussia	2	3	—	5
Saxony	—	1	—	1
Württemberg	—	1	—	1
Greece	—	1	—	1
Great Britain	1	—	1	2
Italy	2	3	—	5
Holland	2	2	—	4
Hungary	3	6	—	9
Japan	1	2	—	3
Norway	—	1	—	1
Sweden	—	1	—	1
Norway and Sweden	1	—	—	1
Portugal	1	2	—	3
Roumania	2	1	—	3
Russia	1	1	—	2
Serbia	1	2	—	3
Siam	1	—	—	1
Spain	—	3	—	3
Switzerland	2	2	5	9
Turkey	1	—	—	1
United States of America..	3	2	—	5
Total	41	133	12	186

* Previous International Conferences of Red Cross Societies took place as follows:—At Paris in 1867; Berlin, 1869; Geneva, 1884; Karlsruhe, 1887; and (1894) B 2

The President of the Conference, Count Franz Falkenhayn, held an informal reception of delegates on the evening of the 18th September, in the Kunsaal of the Stadtpark, and the Conference was formally opened by the Archduke Ludwig Victor the following day in the Festsaal of the University. In addressing the meeting, the Archduke remarked that, no matter how earnestly the Great Powers might strive to preserve universal peace, recent events proved how important, indeed how indispensable, it was to organise voluntary aid societies in time of peace, and that the duty of the Sixth International Conference would be to advance such organisations, with a view to maintaining the Red Cross Associations on a firm basis and developing them in harmony with the diverse needs and requirements of nations.

Sittings for the discussion of the subjects entered on the official programme took place on the 20th, 21st, 22nd and 24th September.

At the commencement of the first sitting, M. de Martens, the official delegate of the Russian government drew attention to the irregularity in the representation of the various governments, some being represented by one delegate only, and others by considerably more. He considered that, for the purpose of voting on the various questions submitted to the Conference, there should be only one vote for each country and, in view of the fact that it had been decided in committee that all delegates should vote equally, thus giving a preponderance of votes to those countries represented by several delegates, he declined on behalf of his government to take part in the voting. The delegates from some other countries expressed themselves in similar terms. As being the only official delegate from Great Britain, I was asked to support M. de Martens, but, although I agreed with him in principle, I did not consider myself in a position to raise the question of abstention from voting, but rather to suggest that rules of voting on the principle of equal representation for each country should be adopted at future Conferences.

The Committee subsequently decided to adopt this principle of voting at the next International Conference.

Some of the official delegates appear to have come armed with instructions and powers from their governments to express an official opinion on the various questions, and so doubt M. de Martens attached considerable importance to the "vote" on this account.

In the opinion of many, however, he made too much of the point, as the so-called "voting" that takes place at these Conferences is simply a general expression of a desire that this or that state of affairs should or should not exist.

In addition to attending all the sittings, I took the opportunity of visiting the principal military hospital at Vienna (Garnison-Lazareth No. 1), the depot of the Austrian Red Cross Society and the Humane Society, known as the Wiener Freiwillige Rettungs-Gesellschaft.

I also visited Buda Pesth and saw the hospital and depot of the Hungarian Red Cross Society there.

At present the transactions of Conferences of Red Cross Societies are of interest to our army only in a general way; that is to say, the organisation and equipment of voluntary aid societies lack that special significance which they possess on the continent, where such societies, in practically all the States, are under the direction of a national committee of the Red Cross, known as the "Central Committee," and are elaborately organised and equipped in time of peace in order to form, under definite regulations, an integral part of the regular Army Medical Service in time of war.

In our country, however, there is no such peace organisation in existence. Voluntary aid, such as would be forthcoming in abundance in the event of our being involved in an international war, would come upon the military authorities in the form of a mass of unorganised and untrained elements, probably so unused for the actual requirements of the moment that, for a time at any rate, the working and administration of the regular Army Medical Service would be considerably hampered and embarrassed. We

Rome, 1882. At the Karlsruhe Conference it was decided to hold these International Conferences quinquennially, the place and programme being arranged by the International Committee at Geneva.

have, it is true, organised bearer company units of the Volunteer Medical Staff Corps and, recently, an Army Nursing Sisters' Reserve, while outside these there are the St. John Ambulance Association and the National Society for Aid to the Sick and Wounded in War; but these in no way represent what is meant on the continent by the organisation of voluntary aid societies under a National Central Committee of the Red Cross, the object of such being to maintain in times of peace, under the supervision and inspection of the military authorities, medical and surgical equipment, transport, &c., of the kind and pattern approved and required by the regular Army Medical Service; to collect money for this purpose by voluntary subscription; to organise and equip hospitals, &c., in the home territory for the reception of sick and wounded returning from the front; and to undertake many similar duties; thus practically setting free the entire regular medical service for work with the army in the field, and saving the national revenue of a considerable proportion of the expense of the medical services of the army. In States, where there is compulsory military service, each home has a direct interest in the welfare of the sick and wounded amongst the troops, and under such circumstances it is an easy and natural process for voluntary aid societies to spring into existence, and become organised and maintained in a state of activity in time of peace. It is in this peace organisation, then, of voluntary aid, in this preoccupation as it were in advance of the sentiments which would be uppermost in every home after the first great battle of an international war, that the military medical organisation of the great armies of other European States differs so essentially from our own in its relationship to voluntary aid societies, and, one may say, to the country generally.

I have endeavoured, therefore, in this report, merely to bring into prominence the vast amount of practical thought that is being devoted by other nations to the organisation of voluntary aid societies in times of peace, the extensive revenue collected and utilised by these societies, and the important and valuable equipment held in readiness to supplement the regular military medical services in time of war.

II. Programme of subjects discussed at the conference.

With regard to the work of the Conference itself, the programme consisted of discussions on:—

1. Questions connected with the organisation and preparation of Red Cross Societies for the requirements of future wars.
2. The extension of the benefits of voluntary aid under the Red Cross to sick and wounded in naval battles.
3. The work of Red Cross Societies in time of peace.
4. The contravention of the Geneva Convention and the prevention of the Red Cross badge being used by unauthorised persons.
5. Other international and diplomatic questions connected with the work of Red Cross Societies.
6. Rules of procedure at International Conferences.
7. The employment of the "Augusta Fund."
8. Reports of work done by Red Cross Societies in recent wars or expeditions in tropical climates.

III. Reports of Central Committees.

Under the first group, an important report was submitted by the International Committee of Geneva, summarising the reports of various national central committees on a proposition brought before the previous International Conference in Rome, to the effect that Red Cross Associations should consider what the effect of the new arms of precision (small bore, magazine rifles and smokeless powder) would be in future wars and how far the voluntary aid associations were organised and equipped to meet the probable change in the number and nature of the casualties.

Fourteen Central Committees sent replies to the circular issued by the International Committee on the subject, but reports dealing with the question in detail were forwarded only by Germany, Austria, Hungary, Italy, Holland and Portugal. All these reports are suggestive and practical in character, while some contain points of special interest.

(a) Germany.

The Report of the Central Committee of the German Red Cross Society deals mainly with the necessity of increasing the personnel of both hospital nursing establishment and sick transport columns (*Sanitäts columnen*), the preparation and equipment of portable hospital huts and the adoption of a supply of dressing material of some fixed and uniform pattern suitable to modern requirements.

It is noted that an increase in the number of trained female nurses can be obtained by contract with and by subsidising those religious associations and establishments (*religiöse Genossenschaften, Diakonissenhäuser, &c.*), which are in a position to hand over a portion of their staff for voluntary sick nursing in time of war; by increasing the number of institutions established during the last twenty years for training women who follow the occupation of nursing sisters in time of peace, such for example as the Red Cross Nurses Association (*Magdinen von Rottem Kreuz*); also by associating with the Red Cross other nursing institutions and societies, which have come into existence outside the Red Cross organisation, and which in organisation and training are of good repute and otherwise unobjectionable; and lastly by systematic training of women for employment in general hospital work apart from the actual nursing of sick.

The German Association, however, finds it more difficult to obtain and train men whom one could depend upon becoming available as voluntary sick nurses in time of war. Two organisations have been formed for overcoming this difficulty, both helped and permanently subsidised by the Central Committee and local Red Cross Associations, namely:—

1. The Association of Voluntary Sick Nurses in War (*Die Genossenschaft freiwilliger Krankenpfleger im Kriege*), formed of medical students and others of the same class, who are exempt from military service. These have a theoretical and practical training in hospitals, although they are naturally not employed in constant sick nursing duties in time of peace.

In addition to these, some of the religious orders and establishments for men can be reckoned upon taking part in the work of voluntary sick nursing in time of war as well as a small number who follow the occupation of hospital attendants in peace.

2. The Volunteer Bearer Companies (*Sanitäts columnen*). This organisation is intended for the transport of sick and wounded, but is trained in sick nursing as well, the two duties being practically inseparable. The majority of the members of these companies are members of other associations or still liable to military service, but a small number of them would be available for work under the Red Cross Association. Their training is mostly theoretical, combined with practical exercises. Their employment, however, in time of peace, is daily becoming more extensive and they are beginning to do practical work in connection with public calamities and large gatherings, and on one or two occasions they have taken part in military manoeuvres. It is not found necessary to restrict the membership entirely to those above the age for military service, seeing that their training for employment with the Red Cross "Sanitäts columnen" need not be delayed till they reach the age of exemption.

The preparation and maintenance of portable hospital huts in time of peace is insisted upon in Germany, not only in order that there may be no delay in establishing them in sufficient numbers by practised hands in places where they are most wanted in war, but also with a view to their employment in peace in connection with serious accidents and other public calamities. Portable huts have come more and more into use during the past few years on account of their suitability in a variety of ways for employment on such occasions. But experience has proved that to be of real value they must be constructed of the very best material, and the German Central Committee draws attention to the excellent material used in the huts made by Christoph and Unmark of Copenhagen, who have also made improvements in the design of hospital huts, notably in the construction of the flooring. In Germany, portable huts have been employed temporarily in many places

throughout the country during the last few years. For example, the Red Cross Central Committee was able to hand over twenty-eight huts to the War Minister for use during the cholera epidemic in Hamburg. Huts were also sent to other towns where cholera was raging, and during the Berlin Industrial Exhibition one was ready in case of accidents. Many similar instances of their employment in peace could be enumerated. At Holtenau, for example, the German Red Cross Association established a hospital of five huts on the occasion of the opening of the Kaiser-Wilhelm Canal. Instances of the permanent use of these huts as supplementary hospitals, infectious hospitals, &c., are also given in the German report, and a note is made of the fact that at the great fair of Nijni Novgorod, 125 of these huts were used to supplement hotel accommodation. During the last five years the German Central Committee of the Red Cross have handed over at cost price or lent over seventy moveable hospital huts. The number of beds fully equipped in each hut is twenty, and this proportion is recommended as the most suitable for use in time of war. The remarks of the German Committee upon moveable huts conclude by stating that in peace they are a great boon, in war a necessity; and to meet the latter requirement they must be got ready, used, and understood in time of peace.

The question of supplying a fixed and uniform dressing material was dealt with in a separate discussion in which Professor von Bergmann of Berlin and Dr. Pozzi of Paris took the principal parts, and Dr. Mooy of Holland exhibited some special dressings of his own design.

The discussion was considered too technical for a Conference of Red Cross Societies, but it may be of interest to note that while Professor von Bergmann insisted upon asepsis and sterilisation being the principal objects to be attained, Dr. Pozzi pointed out with equal force that antiseptic and disinfection were of far more importance on field service. In the former case the provision of an unlimited supply of sterilised dressings and portable sterilising apparatus for sterilising dressings in large quantities in the rear of the army, and in the latter case the provision of an unlimited supply of antiseptic agents and antiseptic dressings were regarded as necessary duties to be undertaken by Red Cross Societies. It either case it was generally conceded that the material maintained for field service dressings should be periodically inspected and tested, and sterilised or charged with antiseptics, when found necessary; and that the provision of portable disinfecting apparatus for sterilising dressings by super-heated steam was essential.

An important point touched upon by Dr. Pozzi was the need of removing wounded men as rapidly as possible to a place where antiseptics are available for thoroughly dressing and disinfecting wounds. Although bullet wounds *per se* are considered originally aseptic, there are numerous ways in which they become infected, when a man falls in battle, and the disinfection then becomes a matter of necessity before the principles of asepsis can be brought into operation at all.

The dressings exhibited by Dr. Mooy consisted of squares of lint with a small tag in the centre of each square, on one side only, by which the dressing could be held and applied without touching the surface placed directly over the wound. Larger sized dressings had double tags and they are impregnated with antiseptics by dusting a powder or pouring a solution over the surface before applying the dressing. The principle of having dressings for field service ready cut and capable of application without unnecessarily touching or soiling either the dressing itself or the rest of the material in the package cannot be too strongly recommended; and Dr. Mooy's dressings are only one out of many attempts to carry out this principle.

(b) Italy.

The Italian Central Committee's report recognises that in future wars voluntary aid societies will not have to confine their efforts to the organisation and management of hospitals at home for the reception of the sick and wounded or to providing hospital trains for the evacuation of field hospitals to hospitals in the rear, but that they may be called upon to exercise the functions of field hospitals in the first and second lines of assistance, since the necessity of affording prompt aid to the wounded on the battlefield, and of bringing them under hospital treatment on the spot is

likely to be very greatly increased. The Italian Red Cross Committee is consequently bestowing special attention to the subject of increasing the number and personnel of its moveable field hospitals, and during the last five years (1892 to 1897) a notable increase has taken place in its organisation and equipment in this direction. On the 1st January, 1898, the Italian Association possessed the equipment and organisation for 8 field hospitals of 100 beds each, with the equipment, &c., ready packed for transport; 13 field hospitals of 50 beds each, for wheeled transport; and 10 of 50 beds each packed in boxes or saddle bags suitable for mule transport. In addition to these they had the equipment, &c., for 14 hospital trains of 200 beds each, for 1 hospital train of 100 beds, for 2 hospital ships of 125 beds for naval service, and for 33 "aid stations" (*postes de secours*) to be established near the railway stations on the lines of evacuation of wounded from the front. On the 1st January, 1897, this equipment had been increased by the addition of 16 moveable hospitals suitable for mule transport, 13 field hospitals for mountainous country (*hospitales de montagne*) and 2 floating hospitals for conveying sick and wounded by rivers (*hospitales fluviales*).

The idea of having "Ambulances de montagne" originated in the demand for small and readily moveable hospitals in Erythrea during the war with Abyssinia, and a trial was made of 50 bed hospitals divisible into 2 sections of 25 beds each. Ten such hospitals were accordingly formed and sent out to Erythrea. They have since been returned to the Red Cross Society's stores and are again ready for use. The personnel of each was one surgeon and two hospital attendants. The equipment of each hospital was packed in 17 boxes, containing everything needed for the treatment of wounded in the front. The packages were light and capable of being carried by 7 mules, with loads not exceeding 60 kilogrammes, excluding the pack-saddle, and indeed were arranged so as to be readily carried by bearers. The material in each ambulance was calculated for dressing 100 serious wounds in the first instance. The dimensions of the boxes, bags, field kitchen equipment, &c., did not exceed 64 centimetres in length by 39 in depth and 23 in width (approximately 19" x 11" x 7"). A large tent is included in the equipment so that each "ambulance" can be converted into a small hospital for the reception of men seriously wounded, the stretchers being utilised as beds.

The following administrative and executive officers are at present ready for service with the Italian Red Cross Society:—

570 *Medical Officers* (an increase of 387 since 1892) consisting of inspectors (*Médecins inspecteurs*) ranking as lieutenant-colonel or major. Senior Surgeons (*Médecins en chef*) ranking as captain, and surgeons ranking as lieutenant or 2nd lieutenant.

103 *Apothecaries* (an increase of 60 since 1892) consisting of senior apothecaries, ranking as captain, and apothecaries ranking as lieutenant or 2nd lieutenant.

248 *Administrative Officers* (an increase of 66) consisting of inspectors (*Inspecteurs d'administration*) ranking as major, commissaries and accountants ranking as captain, lieutenant, or 2nd lieutenant.

78 *Chaplains*, &c. (as compared with none in 1892), consisting of inspecting chaplains, chaplains, and evangelists, who are given no corresponding military rank.

1,534 *Subordinate Officials* (as compared with 775 in 1892), including senior superintendents (*Surveillants en chef*) ranking as quartermaster-sergeants, superintendents as corporals, and hospital assistants, as privates.

71 *Cooks*, as privates (an increase of 56), and 567 orderlies, buglers and servants (an increase of 436).

In all, the Italian Red Cross Society possesses a personnel, organised on military lines for supplementing the regular Army Medical Service in time of war, of 260 officers and 2,172 subordinates; being an increase during the last four years of 491 officers, and 1,251 subordinates.

The revenue of the society has increased in proportion. On 31st December, 1891, it possessed in cash 2,561,496 lire, and in material 1,531,090 lire; a total of 4,092,586 lire. At the end of 1896, the cash account showed a balance of 3,841,531 lire, the material was valued at 2,078,331 lire, and the total assets at 5,919,862 lire, or an increase of 727,396 lire during the past five years.

To further perfect the system, the Italian Red Cross Committee urge two points:—

- (1) The training of the personnel in habits of strict military discipline.
- (2) Legal recognition of the position of the society as an integral part of the regular military medical service in time of war.

With regard to the first point, the Committee state that, according to the experience they have had in manoeuvres in time of peace and in Erythrea, a strict military discipline is essential on the mobilisation of their units; although at first sight this idea may seem opposed to the sentiment of voluntary aid and charity.

With regard to the second point, the Committee have approached the Government on the subject, with the result that a royal commission was appointed in May, 1896, to examine the Red Cross Society's demands and report to the Minister of War.

The following questions were examined by this Commission:—

- (a) The necessity of determining once and for all, what officers and soldiers on the retired list can be permitted to serve under the Red Cross Association, and whether this permission can only be granted as at present to retired members of the army, inscribed in the territorial militia, and members of the navy inscribed in the naval reserve.
- (b) The advisability of submitting the Red Cross personnel to military jurisdiction and discipline, both in time of war and during peace manoeuvres.
- (c) The necessity of granting a state pension to members of the Red Cross personnel and their families, in case of wounds, sickness or death, occurring on active service or the direct result of service during peace manoeuvres.
- (d) The necessity of effectually protecting the association from abuse of the badge or distinctive marks of the Red Cross Association.
- (e) The need of determining whether, on the outbreak of war, all societies, which are only then formed for aiding sick and wounded, should not be placed under the Red Cross Association, seeing that the latter is already formed and organised for that purpose in time of peace.

The last point is one upon which the Italian Red Cross Committee place great stress and apparently with good reason. They note that when war breaks out, at the very time when their association is obliged to appeal to public charity in order to enable them to effectually mobilise their field hospitals and establish their reserve hospitals in the places already fixed for them, they are liable to find themselves competing with other individuals and institutions, all eager to succour the wounded and appealing to public charity to aid them in doing so. Such appeals not only direct the flow of charity into the hands of improvised and imperfectly organised institutions, but deprive the Red Cross Association of the necessary funds to enable them to set in motion the costly machinery which they have elaborated by persistent efforts during long years of peace. The Italian Red Cross Society thus clearly recognises those very conditions that would arise in this country on the outbreak of hostilities, namely, a rush of improvised and disorganised charity offered by individuals and institutions from all parts of the country. The result would be in Italy to impair the usefulness of a well equipped and organised voluntary aid society; in our country, as already stated, to embarrass the administration of the army medical department.

(c) Austria.

The Red Cross Association in Austria, as is shown later on, is probably more an integral part of the regular military medical service than in other continental states, and the report of the Austrian Committee is consequently more of the nature of an official document than is the case with the reports of other countries.

It recognises that in future wars the absolute number of wounded will be greater on account of the increase in the numbers likely to be engaged in mili-

tary operations, and, secondly, that not infrequently the number of wounded in any one battle is likely to be quite abnormal in consequence of the new arms of precision. Twenty per cent. is taken as the approximate number of casualties in future battles amongst civilised powers, and it is also supposed that, as compared with past experiences, there will be an increase in the number of severely wounded and of those killed outright.

Touching the question of voluntary aid in the first line, the Austrian Committee declares emphatically that such cannot possibly be contemplated except in the form of bearer companies properly equipped and organised as military units and under military command. It is absolutely out of the question to allow isolated Samaritans and other self-sacrificing individuals to co-operate with the army medical staff on the battlefield. On the other hand, it is pointed out that there is a very large field for voluntary aid in providing dressing material and medical comforts, &c., for the requirements of the medical staff in the fighting line; and the Red Cross Association is recommended to undertake the following duties:—

(1) To keep in readiness absorbent wool and similar dressing material. This must be kept sterilised but not impregnated with any antiseptic agent, because the latter is apt to become inert by keeping and by a peculiar chemical or other combination with the fibres of the material. The old custom, therefore, of keeping antiseptic dressings is discouraged. It is costly, whereas sterilisation is simple and cheap, and can be effected at any time. Should antiseptic dressings be required, the agent can be applied at the time of use.

An apparatus for sterilising instruments and dressings should also be kept for use with bearer companies, and the dressings themselves protected from dust in tin cases, or, if they happen to be impregnated with corrosive sublimate, in carefully made wooden boxes. The various forms of bandages and splints, elastic tourniquets, &c., should also be kept ready by the Red Cross Society, and in large quantities. They should be of the same quality and pattern as the regulation supplies of field hospitals and bearer companies, and in packages suitable for immediate conveyance to the battlefield, it being of importance that the material so supplied by voluntary aid should be of a kind which the officers and men of the Army Medical Corps are accustomed to use themselves.

(2) Another important duty on the battlefield is the work of bringing nourishment to the wounded and those exhausted by fatigue. The medical comforts carried by the regular medical service must soon be exhausted after or during any extensive engagement and cannot well be replenished from places in the neighbourhood of or on the battlefield; while the commissariat wagons carry provisions for healthy troops only, and not articles suitable for wounded and exhausted soldiers.

Very valuable work could therefore be undertaken by the Red Cross Association in this direction. It would not be necessary to keep medical comforts ready stored in time of peace, but the Association could arrange where they could be secured when necessary arose, and form a depot from which they could be distributed to the army in the field. Such comforts should consist of wine, cognac, rum, tea, coffee, condensed milk, &c.

(3) To co-operate with the Army Medical Service in the evacuation of the wounded to the rear, by means of transport columns organised on a military basis, with stretchers, ambulance wagons, litters, &c. In arranging such columns, a distinction should be made between mountain and field equipment, and the Red Cross Societies are asked to direct their attention to the provision of such equipment. In all cases, however, their transport material should conform with army patterns.

(4) To provide means of lighting the battlefield in order to search for and secure wounded. This would be a welcome addition to the regular army medical equipment. Up till now lanterns and torches have been used, but the Red Cross Society is recommended to study the improvements in electric lighting apparatus, and be prepared to adopt any that may appear useful for field service.

(5) It is assumed that a certain number of wounded cannot with safety be moved from the place where they fall, and in order to provide shelter for

such cases the Austrian Red Cross Association is asked to keep in readiness portable huts and tents, such as have frequently been used in Austria lately in times of public calamities. It is noted that most of the Red Cross Societies already possess fully equipped portable huts, and the first part of the equipment to keep ready for sending to the front should be pillows, blankets and straw mattresses.

(6) Finally the provision of clean linen, &c., is a duty that might well be undertaken by the duly members of the Red Cross Association. The soldier has little opportunity on service of changing his underclothing; and, when he is wounded, the chances are that it becomes soaked with blood and in a condition totally opposed to modern ideas of successful treatment of wounds. The maintenance of a stock of clean underclothing comes next in importance to the provision of dressing materials and the Red Cross Society should consider these two things the most important to have ready for forwarding to the front.

In rear of the army, the Austrian report recommends that aid societies should develop their usefulness in the direction of providing movable hospitals, hospital trains, &c., but these must be organized on a military basis and capable of being readily adopted as a branch of the regular service.

In the home territory the work of the Red Cross should be in the direction of equipping hospitals and convalescent depôts and arranging for the nursing of wounded in private houses. Small hospitals of 50 to 100 beds are recommended as best from a sanitary point of view, but from an administrative point of view the larger hospitals are cheaper.

(d) Hungary.

The Hungarian Red Cross Society's report states that the work of a Red Cross Society in future wars calls for the following considerations:—

(1) The means of increasing the number of those engaged in succouring wounded on the battlefield.

(2) The means of increasing the amount of wheeled transport.

(3) The advisability of remunerating persons engaged in the work of affording voluntary aid to wounded in war.

With regard to the first point the Committee believe that the Hungarian War Office is disposed to favour an increase in the number of stretcher bearers, if they can be recruited from the "Volkskram."

The Red Cross Association can aid in this matter:—

(a) By undertaking the training of the personnel.

(b) By giving them an organisation which will enable them to find employment in peace as rescue parties (*Hilfskolonnen*) in accidents and epidemics.

(c) By organising on a military basis out of this body of men a sanitary police for the larger cities.

With regard to increasing the wheeled transport the military authorities deprecate an increase in the number of the heavier wheeled carriages, and the Red Cross Association should limit itself to providing light vehicles capable of being taken anywhere, but fully equipped to undertake independently the transport of wounded.

The Hungarian Red Cross Society has already endeavoured to meet the want of light wheeled transport by an ingenious contrivance by which the four and six-wheeled country carts, drawn by two and three horses respectively, can be converted, by the removal of one or two wheels plus the former into two and the latter into three carts of two wheels each. Each of these light carts is arranged to carry two wounded men, lying down, along with two attendants and a driver. They are intended for use on the battlefield in place of stretchers; and it is pointed out that a stretcher, carrying one man, requires four bearers, whereas with this light cart, only two and a driver are needed for the conveyance of two severely wounded men to the rear.

The remuneration of volunteer stretcher bearers in action is recommended to be carried out according to a system of life insurance suggested by Dr. de Farkas.

Dr. de Farkas' scheme is a novel one and depends upon a combination of life insurance, remuneration to men affording first aid to the wounded and a system of identification papers.

With regard to the identification of combatants, upon which the other two points hinge, he quotes the startling fact that in the Austro-Prussian War of 1867, the fate of 84 officers and 12,287 soldiers could not be traced, notwithstanding every possible attempt made by their families and by the War Office officials. The question of identification was discussed at the Red Cross International Conference of 1884. Identification tallies, it was pointed out then, were unsatisfactory; the soldiers looked upon them as symbols of death and threw them away. As an example of this, it is noted that, although each soldier of the German Army was provided with an identification tally during the Franco-Prussian War, over 1,500 of the killed and wounded could not be identified. Tattooing was also condemned, and marking the clothing with a definite number was equally unsatisfactory, as the clothing got mixed during a campaign and many soldiers, killed on the battlefield, were found with five or six different numbers on different articles in their possession, so that it was impossible to say which was the identification number. Since 1881 the question has remained in abeyance, and Dr. de Farkas' scheme is to make life insurance papers the means of identifying killed and wounded, as also of assessing rewards to those engaged in saving life on the battlefield.

His scheme, as I understand it, is briefly this. A military lottery or life insurance institution will be founded in time of peace. On the mobilisation of the army, each soldier will have given him a share certificate numbered and made out in his own name, which it will be his interest to keep for himself or his family. At the end of the war, the life insurance funds will be divided amongst those wounded, who submit their certificates, or amongst the families of those killed, whose certificates have been found on them. In the case of wounded a percentage of the share will be deducted and given to those responsible for having brought the man from the place where he fell to the dressing station. Dr. de Farkas is convinced that a scheme such as he suggests will have the effect of increasing the efficiency of first aid to the wounded and render the identification of the dead more certain. He does not enter into the financial aspects of the scheme but thinks there should be no difficulty in that respect. He suggests that the Red Cross Society would be a suitable agency for controlling the funds, investing the capital in good securities in time of peace, registering certificates of killed and wounded in battle, and so on.

In connection with this scheme, Dr. de Farkas insists on the necessity of testing during peace the resources of both the regular and voluntary medical services of the army, especially with regard to their ability to rapidly remove wounded to the dressing stations. This, he says, can only be done by peace manoeuvres, and as a basis for testing the services he estimates that for every 10,000 combatants in any one battle there will be 1,000 casualties, consisting of 250 killed and 750 wounded, of whom 370 will have to be removed in a lying down position. This latter number then should be made to act as severely wounded in manoeuvres where 10,000 troops are engaged, and the personnel of the Medical Staff Corps tested not only as to whether the number present is sufficient to cope with the work, but also as to whether the men possess the strength and endurance for labour of so tiring a nature.

(e) *Holland.*

The Dutch Central Committee, in a short statement, analyses the position and work of a Red Cross Society and its Central Committee. The necessity of maintaining an adequate supply of dressing material and means of sick transport and of instructing the personnel and training them in habits of discipline is insisted upon; while the organisation of a Red Cross Society's resources in peace must be based upon the needs of its own country, whether its army is intended for defensive warfare (such as would be the case almost invariably in the lesser States) or for offensive warfare in a hostile or foreign country.

In either case the organisation of a Red Cross Society should only be undertaken when full information is granted on the following points:—

- (1) The strength and organisation of its army on a war footing.
- (2) The strength and organisation of the regular medical service with each army corps in the field.
- (3) The approximate number of constantly sick with an army corps in the field.
- (4) The probable percentage of wounded in future battles.
- (5) The amount of personnel and material sufficient to remove to hospital within 24 hours of a battle all the wounded of an army corps.

(f) *Portugal.*

The report of the Red Cross Central Committee of Portugal is written by Dr. Rodriguez Braga, Chief of the Red Cross Ambulance, during the Portuguese campaign at Lorenzo Marques in 1895. This ambulance undertook the whole work of the Army Medical Department during the campaign, in which about 3,000 European soldiers were engaged. Dr. Braga summarises his experience of the effects of small calibre rifles, as follows:—

- (1) For the same number of shots fired, distance being equal, the number of wounded will be greater than formerly.
- (2) Wounds of the head and neck will be in greatest proportion and usually fatal, especially as explosive effects on the skull, head, liver, &c., are produced at certain distances and in certain cases.
- (3) Wounds will generally be more serious in their immediate effects in consequence of the greater risk of hemorrhage, the result of division of blood vessels, injuries to bone and lodging of sharp fragments of projectiles.
- (4) Wounds of the soft tissues will be simpler and less serious than formerly.
- (5) Fractures and wounds of bone will continue to be serious.
- (6) Although the probabilities of being able to practise conservative surgery will not be increased, still they will not be diminished.
- (7) Unquestionably these wounds which require immediate, energetic, and skilful treatment to prevent a rapidly fatal result will be increased, and this point necessitates careful selection of personnel and material for the first line of assistance.
- (8) The number of cases, which it will be dangerous to move after rendering first aid, will also be unquestionably increased.

IV. *The Red Cross in Naval Warfare.*

The second group of subjects discussed at the Conference included the application of the articles of the Geneva Convention to naval warfare and the rôle of the Red Cross Association in succouring shipwrecked and wounded seamen, and formed the subject of papers submitted by the Italian Central Committee of the Red Cross, and by Dr. Aufferet, Director-General of the Medical Department of the French navy. The Marquis de Vogüe, representing the French Government, Professor Mazzoni of Rome, the Marquis de Villaboa (Spain), M. Chapuis (Switzerland), and Dr. Löw (Vienna) also spoke on the subject.

This question has constantly been before Red Cross Conferences ever since the first International Conference in 1867 at Geneva. In 1868 articles intended to embrace naval warfare were discussed at Geneva during the Conference on the Convention, but were dropped in consequence of certain objections raised by one of the Powers.

Since then the question has not assumed any concrete form, and so far as the Sixth International Conference is concerned, merely the usual wish was expressed that the various governments should again consider the matter, the Marquis de Vogüe pointing out that diplomatic action, on the initiative of the Powers themselves, alone could bring the wishes of the Conference into effect. But as a basis for an international agreement on the subject, the Italian Red Cross Association submitted a series of articles, defining the nature and limits of the work of Red Cross Associations in naval wars. These articles are 30 in number. The chief suggestions are that all vessels intended for the purpose of rendering aid to sick and wounded at sea shall be called "Red Cross Ships" (*Navires Croix Rouge*), they shall be painted

white, no matter what their nationality, with a red cross painted on the bows and stern of the vessel. They shall be fully equipped with the latest improvements in boats, electric light, supply of medical and surgical requirements, &c., and have a high rate of speed, and be able to go to sea at all seasons. The name and description of each "Red Cross Ship" will be communicated to the other States by the State to whom it belongs. The ships will be manned by a crew under command of a captain appointed by the Minister of Marine, and the hospital services will be under a delegate of the Red Cross Association, the former having complete control over the movements and destination of the ship, and the latter over the medical and surgical details. In naval battles near the coast, smaller boats, steam yachts, &c., may be permitted to succour wounded under the Red Cross flag (yellow with a red cross). They need not be painted white, but will still be called "Red Cross Ships" although their neutrality will only be observed in battles within 12,000 metres from the coast. The personnel should have an identical uniform for all nations and wear the international *brassard* of neutrality. The medical personnel of hospital ships belonging to the regular naval or military services as distinct from those belonging to Red Cross Voluntary Aid Associations will also be considered neutral. Red Cross ships will not be permitted to save ships themselves, but only their crew, and must not attempt salvage of wrecked material, or carry letters or orders or help the movements of ships going to action, even if the enemy is not in sight. They will not hoist their national ensign in the presence of opposing fleets or ships. They will be permitted to enter the zone of fire, and the power to signal for help is left exclusively to the Commander of the ship in distress. All shipwrecked or wounded persons taken on board will be landed at the nearest place, provided it belongs to a Power signatory to the Convention, or in a port, which, in the opinion of the captain is most suitable for disembarkation, and all such persons will engage upon their honour to take no further part in the war. These are the main provisions of the articles drafted by the Italian Red Cross Committee.

Dr. Low stated that the Austrian Red Cross Association has for some years past maintained and equipped a hospital ship for succouring sick and wounded at sea independently of any International Convention. The project was formed by one of the local branches of the Austrian Red Cross Society, namely the "Frauenhilfsverein" (Ladies' Association) of Itria at Trieste, and the hospital ship was instituted for the sea transport of sick and wounded belonging to the Austro-Hungarian Army and Navy from port to port, or from a fleet at sea to land. The Austro-Hungarian Lloyd Steamship Company and the Government co-operate with the Red Cross Association in instituting and maintaining the ship. The Company place gratuitously at the disposal of the Association a moderately sized vessel capable of being fitted with 100 hospital beds, keeps it ready for sea, and maintains and pays the ship's crew, including engineers, cooks, &c. The Association purchases and maintains the necessary medical and surgical equipment, while the State supplies the medical personnel, namely, two naval surgeons, two non-commissioned officers as wardmasters, twelve hospital orderlies, and a non-commissioned officer as accountant, with a retired naval officer as representative of the Admiralty (Naval branch of the Ministry of War) and also as delegate of the Red Cross Association. The Inspector-General of voluntary aid services (a War Office official) selects and appoints the latter, who will be generally responsible for the services performed and generally administer discipline, &c., on board. The State also pays the expenses of dieting, &c., the sick and wounded on board as well as all damages to the vessel during its employment in time of war or as a hospital ship. At other times the Austro-Hungarian Lloyd Steamship Company keep it in a state of repair. The ship is exempted from payment of harbour duties in any of the Austro-Hungarian ports, but pays the customary duties at foreign ports. The Red Cross Hospital Ship is, like all other Red Cross Institutions, under the command of the Inspector-General of voluntary aid to sick and wounded, and the procedure on mobilisation or partial mobilisation is as follows:—The Inspector-General at the request of the Minister for War issues an order to the "Frauenhilfsverein" of Itria to

prepare and equip the hospital ship for the particular service required, the ship being for mobilisation purposes berthed in Trieste harbour, and the nature of the equipment dependent upon whether the service is evacuation of sick from hospitals on shore at any port, or evacuation of sick from ships at sea. When the ship has been fully equipped the "Frauenhilfsverein" notifies the fact to the military commandant at Trieste, who is the director-general of transports. It will then be taken over by a staff officer of the Navy according to a detailed method laid down in regulations; and a report of its having been taken over is sent to the garrison hospital at Trieste, to the "Frauenhilfsverein," and to the Austro-Hungarian Lloyd S. S. Company. When this has been done the ship is at the disposal of the Military and Naval Authorities at headquarters.

Dr. Auffret, in his interesting and important publication, enters into minute details of the organisation and equipment of hospital ships and takes the Trieste institution as a model upon which similar institutions should be based. As he himself describes it, there should be a "trilogy" in the establishment of such institutions, formed of three distinct bodies, co-operating together, each contributing a definite share. The trilogy is thus formed of:—

- (1) One of the great steamship companies (supplying the ship).
- (2) The Red Cross Association (supplying the hospital equipment and fittings to convert the ship into a hospital ship).
- (3) The State, Ministry of War or Marine, (supplying the personnel).

Dr. Auffret further draws attention to the valuable aid that might be obtained in time of war from the societies for saving life at sea, which are established on the coast line of nearly all European countries. In France for example there are 80 lifeboat stations and 421 rocket apparatus stations, 20 of them provided with boats. Forty-seven lighthouses have also rocket apparatus, and many other appliances for saving life at sea are established all over the coast line. The various posts are in telegraphic communication with one another, and Dr. Auffret recognises the valuable assistance that could be rendered by affiliating these to a Red Cross Association for aiding sick and wounded in time of naval war.

V. The Red Cross in Time of Peace.

The work of Red Cross Societies in time of peace was the subject of a paper read by Dr. Pannwitz of Berlin and led to a discussion, in which M. de Martens (Russia), Dr. Low (Vienna) and many others took part. Dr. Pannwitz's paper drew special attention to the work that could be done in establishing Red Cross Hospitals for the poorer classes, especially with a view to combating the increase in tubercular diseases and providing constant employment in sick nursing, &c., for those who would be engaged in such duties in time of war. The Central Committee of the German Red Cross Association has, with this object in view, already started a hospital at Grabowsee, near Berlin, by lending 25 of their portable hospital huts, and other branches of the Association are engaged in establishing similar institutions or in providing for the care of families of sick and indigent poor.

M. de Martens laid down certain principles for organising the peace work of Red Cross Associations:—

- (a) By maintaining a permanent organisation for affording aid in public calamities, such as fires, famines, earthquakes, &c.;
- (b) By establishing Red Cross Hospitals for affording medical aid to the poorer classes during epidemics and also in ordinary times;
- (c) By organising humane societies in the larger towns for rendering aid in case of street accidents;
- (d) By recruiting and instructing male and female sick nurses, the work of untrained Sisters of Mercy having been found in Russia of little value.

M. de Martens pointed out that so far as to-day's considerations were concerned, the Russian Red Cross Society, in spite of rendering aid in all classes of public calamity, of maintaining more than 2,000 Sisters of Mercy and

83 hospitals, treating something like 1,000,000 sick annually, at an annual cost of 20,000,000 roubles), had increased their capital during the 30 years of their existence, and had at the beginning of 1897 from voluntary subscriptions alone, a balance of 10,000,000 roubles, and fixed property valued at 2,000,000 roubles.

It was pointed out by Dr. Galvani (Greece) that some States are not wealthy enough to collect or expend much money in time of peace; and eventually it was agreed that the various Central Committees should report to the next conference what their societies have been able to effect in the matter.

VI. The Protection of the Red Cross Badge.

Much importance was attached to the fourth group of subjects, namely the contravention of the Geneva Convention and the protection of the Red Cross badge by law so as to prevent its use by unauthorised persons. M. de Martens introduced both subjects, and with regard to the Geneva Convention urged that each country should insert a clause in its criminal code addition, that an International Court, approved by all the Governments signatory to the Geneva Convention, should be created, to which appeals should be made in doubtful cases. M. de Martens referred especially to a resolution, concluded in similar terms, brought forward by M. Gustave Moynier and passed at the meeting of the Institute of International Law at Cambridge in 1895, and pointed out that the International Committee at Geneva could exercise no authority in the matter as at present constituted.

The Conference passed a resolution to the effect that it is desirable that each State should insert a clause into its criminal code for the punishment of transgressions of the Geneva Convention, and that an International Committee, approved by the Powers signatory to the Geneva Convention and by the Central Committees of the Red Cross, should be established to decide in doubtful cases.

With regard to the abuse of the badge, several States have passed laws on the subject. In Serbia, only the Red Cross Society can use it and any transgression of the law can be punished by imprisonment and fine, the latter going to the funds of the Society. In Italy the Italian Red Cross Society has the power to prosecute any person or society using the badge. In Belgium there is also a law protecting it. In Hungary manufacturers of medical and surgical material are only permitted to use it on payment of a tax of 20 to 50 florins yearly, the money going to the pension fund for sick nurses. In Austria a ministerial order of 14th March, 1885, prohibited the use of the badge by any society not recognised by the Austrian Red Cross Association. In Russia the act of constitution of the Red Cross Society includes a clause placing the use of the badge exclusively at the disposal of the Society. Under this clause the Central Committee alone has the right to grant authority to other societies, institutions or individuals to use the badge and then only if it is with some special object in view and in the service of the Red Cross. The new criminal code, moreover, in Russia, has a clause to the effect that the abuse of the badge of the Red Cross, without legal authority, in trade, for the transport of goods, for collecting money, for sign boards or other designations of commercial and industrial establishments, renders the delinquent liable to imprisonment for three months or to a fine not exceeding 300 roubles, provided the abuse is not accompanied by fraud of any kind. In Germany no steps have yet been taken to protect the badge, but a resolution brought forward by Baron von Kneesebeck (one of the German delegates) was passed by the Conference, thanking the Russian Central Committee for what they had done in the matter and expressing a hope that, wherever the Red Cross badge had not as yet been granted protection by law, the example of Russia should be followed.

VII. International Relations of Red Cross Societies.

The fifth group of subjects discussed at the Conference embraced international and diplomatic questions on the following points:

- (1) The principles regulating the manner in which Red Cross Societies of different nationalities should mutually aid one another in time of war.
- (2) The principles that should be adopted for securing the passage of a Red Cross ambulance from a neutral state through the enemy's territory when proceeding to the assistance of one of the belligerent armies, and whether the latter would have the right to refuse such assistance, provided all the conditions regulating the part to be taken by its own national Red Cross Society are submitted to.
- (3) The steps to be taken to secure free passage along with exemption from any custom house duties or formalities, by railways and steamships of all medical and surgical equipment intended for sick and wounded in war or during public calamities.

The first of these subjects was introduced by Baron von Kneesebeck (Germany). The discussion was limited to whether the Central Committee of one nation should offer assistance or apply for assistance from the Central Committee of another nation direct or through the intervention of the International Committee at Geneva; some speakers, including the Russian delegate, desiring the former method, and others, including the Austrian and German delegates and the delegates of the lesser States, the latter. Eventually it was agreed that Central Committees should be free to ask and apply for aid as they pleased, i.e., either direct or through the International Committee of Geneva, but applications for aid would only be recognised, when they came from societies recognised as belonging to a Red Cross Association.

The other two subjects in this group were introduced by M. de Martens (Russia).

The question of the right to refuse assistance from the Red Cross Society of a neutral country or to refuse passage to its ambulances, when proceeding to afford aid to the sick and wounded of the enemy, led to considerable discussion, but the Italian, German and Austrian delegates were emphatic in their statement that nations had every right to refuse and that the acceptance or refusal of assistance in time of war was entirely a matter for governments and the generals commanding the belligerent forces to decide.

In connection with the third subject, much interesting information was given regarding the exemption from railway or other charges for the conveyance of the material and personnel of Red Cross Societies. In France such material is carried free, and in Italy a reduced tariff and freedom from custom duties within Italian territory are in operation. In Serbia a similar act has been passed as well as one allowing all parcels marked with the Red Cross to go free by post. In Russia a congress of representatives of railways not belonging to the State was held in 1904, at the desire of the Red Cross Central Committee, and it was agreed to give free transport of both personnel and material belonging to the Association. The State railways grant the same privilege. The Russian tariff provides for the free conveyance of the following:—

- (1) All the personnel of "Colonnes Sanitaires" composed of representatives and agents of the Red Cross Society, doctors, nursing sisters, and hospital attendants.
- (2) All such persons when travelling alone and detached from their "Colonnes Sanitaires."
- (3) All Sisters of Mercy travelling on duty for the Red Cross Society.
- (4) All sick and wounded soldiers and Sisters of Mercy, with or without escort, (provided the escort does not exceed the number of sick and wounded), proceeding to or returning from places where they are under treatment.
- (5) All the Society's material, notably:—
 - (a) Materials for the construction and furnishing of hospitals, portable huts, tents, clothing and bedding for sick, &c.
 - (b) Medical and surgical material, instruments, utensils, &c.
 - (c) Sick transport such as stretchers, wagons, boats, &c., and their equipment.
 - (d) Personal baggage of doctors and sick attendants.

(1904)

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The weight carried gratuitously by each train is limited to approximately three tons (300 puds) by passenger train and nine tons (900 puds) by goods train.

At the close of the discussion it was decided that a complete report on the subject should be submitted to the next International Conference by the various Central Committees, showing what privileges had been secured in their countries for free conveyance of personnel and material of voluntary aid societies, acting under the Red Cross.

VIII. Minor Discussions.

The sixth and seventh groups of subjects, namely, the rules of procedure at International Conferences and the employment of the "Augusta Fund," do not call for any considerable notice in this report beyond mention of the fact that it was agreed to allow the latter, which was created in memory of the Empress Augusta for the purpose of offering prizes for inventions &c., in connection with hospital and other equipment for succouring sick and wounded in war, to accumulate until the next International Conference instead of devoting it to the purpose of a prize competition at present.

IX. The Russian Red Cross Society's Mission to Abyssinia.

In the eighth group of subjects some interesting reports were submitted to the Conference, two of which, namely the work of the Russian Red Cross Society in Abyssinia and the organisation and working of the Congolese and African Red Cross Association (*L'Association Congolaise et Africaine de la Croix-Rouge*) merit detailed notice.

In connection with the former, it may be noted that the Russian Red Cross Society claims to have rendered assistance to the wounded of foreign armies in all wars that have taken place since its foundation. It has sent out ambulance columns to the Franco-Prussian War, the war between Turkey and Montenegro, the war between Bulgaria and Serbia and the war between China and Japan. It determined therefore to maintain its traditions by taking part in the war between Italy and Abyssinia in 1896. The ambulances were under the charge of Major-General Schvedof, a member of the Red Cross Central Committee, who was formerly in charge of similar ambulances in the Russo-Turkish War of 1877-78 and in the Serbian War of 1885. The personnel was selected chiefly from amongst the officers and subordinates of the regular military medical Service on the grounds that in an expedition to Abyssinia it was necessary to have a personnel accustomed to military discipline and camp life. This personnel consisted of the "plenipotentiary" and chief of the expedition, Major-General Schvedof, and two deputy commissioners, (one to take charge of an ambulance in Erythraea, and the other of an ambulance in Abyssinia), a chaplain, a secretary or treasurer, an officer in charge of the depot, a principal medical officer, an agent of the Society for special missions, 17 medical officers (7 medecins, 4 officers de santé, 6 aides-chirurgiens), 1 apothecary, 12 nursing sisters (*sœurs de charité*), 2 interpreters, and 21 sick attendants. The material consisted of the usual medical and surgical equipment (dressings, instruments, &c.), tents, bedding, litter, cooking and other utensils, medical comforts, &c. The total weight of the material was 34 tons.

The expedition was got ready on the 25th March (5th April style) and left St. Petersburg the same day for Odessa. From Odessa it was shipped to Alexandria, which was reached on 7th April (19th April). The section intended for Erythraea was to have proceeded to Massowah but the Italian Government asked that the mission should proceed from Naples, and the Red Cross Association fitted out another and special ambulance for Naples, under the direction of Dr. Paolo, Surgeon to the Imperial Court, who had with him several other eminent surgeons. Subsequently, however, the Italian Government informed them that they would not be allowed to enter Abyssinia by Massowah and that their assistance would not be required. Consequently it was decided to enter Abyssinia by Jibouti, and, as the route was long and difficult, the nursing sisters and five of the hospital orderlies were sent back to Russia. The remainder of the personnel and all the material left Port Said on the 11th April (23rd April) and reached Jibouti on the 18th (30th April) in the "Nubia." The personnel suffered greatly from the heat

of the Red Sea, prickly heat and intestinal complaints being specially prevalent. On arrival at Jibouti they were despatched inland in three caravans, the first leaving on the 20th April (2nd May) the second on 28th April (10th May) and the third on 11th May (23rd May). The three caravans consisted of 252 camels and 19 donkeys. An escort of 28 Abyssinians, 56 Somali servants and six "sheikhs" accompanied the mission. The arrangements for the march were made in advance by the special agent accompanying the expedition, who accomplished the journey between Jibouti and Harrar on camels in 34 days. The ambulance followed but took 18 days to traverse the route, a distance of 350 kilometres. The personnel suffered greatly from fatigue and heat during the march. In some places they note that there was a total absence of water. They reached Harrar on 15th May (27th May) and remained there for one month, during which time a field hospital was kept working. It was partly formed of the houses in which the personnel was lodged, and partly of tents; and was divided into three sections, one for medical, one for surgical, and one for ophthalmic work. The numbers applying for treatment increased daily and all classes of natives were treated not only in the hospital but in the city and neighbouring villages. In all, 1,196 patients were treated during the month in hospital and 28 in their homes. 51 surgical operations were performed and 28 cases of gunshot wounds were admitted. At the end of the month (18th June old style), the major portion of the ambulance started for Addis Ababala by the Dankali desert (the lower route), leaving 2 surgeons and 2 assistant surgeons with 3 ward orderlies to continue the work in Harrar, where they remained till the 8th (20th) November. The journey from Harrar to Addis Ababala covered a distance of 640 kilometres and lasted till the 25th July (7th August). The chief difficulties on the way were the excessive heat and absence of water; although during the latter part rain fell continuously for 5 days. At each camping ground medical and surgical aid was given to all classes of sick and wounded, and amongst others, to many Italian prisoners of war. 300 in all were treated on the march, 8 cases of gunshot wounds receiving prolonged treatment, while 7 surgical operations were performed. At Addis Ababala a hospital was constructed of wooden huts, with considerable difficulty on account of the nature of the soil and difficulty in getting sufficient wood. The soil is noted as being composed of a surface layer of clay, 8 to 12 inches thick, on a stony subsoil, and in rainy weather formed a thick tenacious mud. To make proper surface drains, and drive the supports of the huts into the ground, the rocky subsoil had to be dug into. Two hundred native labourers were employed in the work of constructing the huts. In the meanwhile the hospital was composed of tents surrounded by a zaraba of bamboos, leaving an entrance to the enclosure by a small gateway only, barred off so as to admit one patient at a time. This was to prevent confusion and a rush of patients, amongst whom there were constant quarrelling and fighting to get attended to first.

The tents were arranged as at Harrar for distribution of work. Operations were performed in two tents joined together with apertures for light in the top and sides, the floor being carefully cemented over. Another tent was set apart for electric and massage treatment. In all there were 33 fully equipped beds, but in case of necessity these could be augmented.

Sick were treated from the 1st August onwards, and the hospital was in full working order on the 7th. There was heavy rain at the time, but this did not prevent the natives coming for treatment in great numbers, as soon as they heard of the arrival of the mission. The Negus had already shown a desire to join the Geneva Convention, and the opportunity was taken of inducing him to recognise as neutral the Italian Ambulance and Medical Establishments. He eventually came his standard to be hoisted alongside the Red Cross flag, and announced that the Empress Taitu had agreed to become patroness of an Abyssinian Red Cross Association.

On the 10th October (22nd) the Mission left Addis Ababala on its return journey to the coast, but at the special request of the Negus, a detachment was left behind to look after the wounded and complete the treatment of 30 operation cases remaining in hospital. The detachment consisted of four doctors and an interpreter, and remained till the 11th (23rd) January. (1904)

An epidemic of small-pox was decimating the population at the time, and vaccination was practised amongst the natives.

During the two months in which the major portion of the mission remained at Addis Ababa, 8,919 sick and wounded were treated, of whom 958 were in the latter category; 70 patients were attended to at their homes, 75 were treated as in-patients in the hospital, and 115 operations were performed. The return journey from Addis Ababa to Harrar lasted from 10th (22nd) October to 8th (20th) November. At Harrar the main body was rejoined by the detachment left behind there. The medical officers of this detachment had treated 15,785 cases of sickness, and 170 cases of wounds, as out-patients, paid 105 visits to patients at their homes, and performed 436 surgical operations.

The hospital at Harrar was now closed, and the mission resumed its march to the coast on the 10th (28th) November, reaching Jibouti in 14 days. It embarked on the 7th (19th) December and arrived in St. Petersburg on the 22nd December (4th January) after nine months' absence.

The detachment left at Addis Ababa remained there till the 11th (23rd) January, treating 4,517 patients, of whom 108 were wounded, and performing 301 surgical operations. The detachment eventually returned to St. Petersburg on the 30th March (11th April). The total results of the expedition are 30,946 patients treated as out-patients (15,539 attending once only, and 15,387 receiving continuous treatment), 762 wounded and 190 sick admitted to hospital, 279 domiciliary visits paid, and 1,143 surgical operations performed. Only two cases died in hospital, one a woman who had been shot in the lungs, and the other a man who died of wounds. One hundred and eighty-eight of the sick and wounded treated were Italians.

The cost of the expedition was 156,000 roubles, in addition to 15,000 roubles' worth of equipment, such as surgical instruments, tents, stretchers, surgical dressings, material and drugs, utensils, &c., given away to the Abyssinians for the formation of an Abyssinian Red Cross Society.

X. The Red Cross in the Congo Free State.

The *Congolese and African Red Cross Association* was founded on the 30th December, 1888, by the King of the Belgians. Its primary object is to render aid to sick and wounded soldiers and subjects of the Congo Free State, both in peace and war; but it offers assistance as well, in all parts of Africa, without any reserve beyond the sanction of existing local authorities, to all sick and wounded Europeans and other individuals engaged in the work of African civilisation, and to sick and wounded natives. For this purpose the Association is at present engaged in establishing hospitals, sanatoria and similar institutions in Central Africa.

So far the Association has not any experience extending over a long period of time; but, since its foundation, its members have received sick or wounded officials and explorers returning from expeditions in the interior and treated them in a sanatorium selected and constructed where the conditions of climate and other circumstances appeared to afford the best prospects of recovery. This sanatorium is at Boma, the capital of the Government of the Congo Free State, and is in full working order. The original intention was to construct the sanatorium at Moanda, near the mouth of the Congo, in order to let patients have the benefit of sea air; but the idea was abandoned on account of the difficulties of transport thither from the interior.

The sanatorium at Boma is constructed on the system of small isolated pavilions, each accommodating two patients in separate wards. The wards are specially made large and airy and have a bath-room attached to each. They are raised from the ground and have wide verandahs.

The first pavilion was made of wood in separate pieces, joined by iron clamps, and was constructed in Belgium and sent to Boma in pieces not exceeding 30 kilos in weight each, so as to form suitable loads for bearers. Owing, however, to the progress of industries in the Congo, the Association has been able to construct the remaining pavilions of bricks made on the spot. Bricks are now strongly recommended as the best material for building in Central Africa. The brick pavilions are found to be more durable and cooler, the material keeps out noise better than wood and is not attacked by insects. The construction of wooden huts with double walls

was found especially objectionable on account of the space between the walls becoming a harbour for snakes, rats and other vermin, which kept up a perpetual noise in the wards.

The pavilions are in a large compound surrounded by plantations; and the object kept in view in the construction of the sanatorium has been to give the patients complete rest, freedom from business and other anxieties and as much fresh air as possible; these conditions being essential in Central Africa for the restoration of health.

In addition to the pavilions there is a large building for the nursing sisters, and another for the medical officer in charge.

Natives are treated as out-patients by the medical officer of the establishment.

Since it was opened, it has almost always been full, and excellent work is reported to have been done in it.

It is intended to construct a similar sanatorium at Leopoldville, when the railway is extended there, and the town becomes the seat of Government.

In addition to the sanatorium at Boma, the Association has established medical aid stations (*postes sanitaires*) at various places in the interior where travellers can obtain medicines and get temporary treatment by a doctor before continuing their journey. They are established along the caravan routes in those parts where the cataracts prevent navigation on the Congo.

Finally the Association has also established light movable hospitals (*ambulances volantes*) to accompany expeditions. The equipment of these ambulances consists of tents, litters, hammocks, surgical instrument cases, dressing material, antiseptics, medical comforts, and drugs in tabbed form, all the equipment being made up in loads of 30 kilos each.

In addition to the reports of these two societies, the Spanish Red Cross Society gave a statement of its work in connection with the rebellions in Cuba and the Philippines, and the Japanese and American Red Cross Societies submitted elaborate reports, the former of its work during the war between China and Japan, and the latter of aid rendered to distressed districts in Armenia during the recent troubles there.

XI. The Vienna Rettungs-Gesellschaft.

With regard to the various institutions and establishments visited in connection with the Conference, the visits to the Wiener Freiwillige Rettungs-Gesellschaft, the Red Cross Society's depot at Vienna, the Red Cross Hospital and depot at Emden, and No. 1 Garrison Hospital at Vienna, were specially interesting and instructive.

The Wiener Freiwillige Rettungs-Gesellschaft (the Vienna Society for Saving Life) was founded by Count Wilczek, on the 9th December, 1881, the day following that on which the great catastrophe connected with the burning of the Ring Theatre occurred.

The objects of the Association are wide and unique in character, and its work may be said now to embrace almost every possible kind of assistance in connection with street casualties, occurrence of infectious diseases, epidemics and other public calamities. In connection with street casualties and infectious diseases, the work of the Society is limited to Vienna, but, in the case of great epidemics and national disasters, the Society invariably endeavours to send assistance to all parts of the country and even to foreign States. For example, they sent assistance to Hamburg during the cholera epidemic in 1892, and carried on active work during the inundations at Prague in 1893, and at Lullach in 1895.

For rendering assistance during fires, nine volunteer fire brigades with a strength of 371 men fully equipped are affiliated to the Society, and, for work during inundations, 180 trained ex-armies, belonging to three Vienna rowing clubs, are registered on the books. In addition, the Society has three kitchen wagons, with a provision wagon to provide food and nourishment in cases where inundations or other catastrophes have cut off communication with other sources of supply.

For affording first aid in case of accidents in Vienna itself there are 11 paid medical officers, 267 honorary physicians and surgeons, and 60 medical students, 3 clerks, 10 sick attendants, and 5 concubines.

The sick transport belonging to the Society consists of 25 wagons, and a variety of other forms of transport, most of the wagons having been in use now for over 15 years.

The Society undertakes lectures on first aid, and has published two small books of instruction, one "On first aid in sudden accidents," and the other "On the transport of sick and wounded in cities."

In 1882 a contract was entered into with the Ministry of War regarding the manner in which the Society is to co-operate with the regular medical service in time of war. In this contract the Society undertake gratuitously (1) the formation of rest stations at the railway stations and river landing places in Vienna, with a permanent day and night service of doctors, stretcher bearers, and medical and surgical equipment; (2) on the arrival or departure of hospital trains or ships, to place at the disposal of the military authorities their personnel and transport material for embarking and disembarking sick and wounded, and conveying them to the hospitals, &c.; (3) to equip railway carriages for conveyance of sick and wounded to civil hospitals and private houses in the suburbs of Vienna by the Vienna suburban railways; (4) to provide, for all these services, the necessary doctors, attendants, medical and surgical equipment, food and nourishment, &c.; (5) to remove sick officers, &c., and soldiers requiring special transport from hospital to private homes, or vice versa, in the city of Vienna and suburbs; (6) to provide boats and boatmen for embarking or disembarking sick and wounded when floods or other mishaps prevent the steamers landing them at the regular landing stages; (7) to provide day and night fire guards at military hospitals and establishments in Vienna, during time of war, when called upon to do so; (8) to fully instruct stretcher bearers and all willing to take part in voluntary aid to sick and wounded in war; (9) to publish in their quarterly reports, statements of their existing establishment and equipment, or, in lieu, to send an annual statement at the end of February, each year, to the Ministry of War.

In time of war the Society especially stipulates that it will not be called upon to give assistance outside Vienna, and expresses a hope that all its resources may not be requisitioned for by the War Office as it will always be necessary, even in time of war, to carry on the usual work of the Society amongst the civil population.

From 1881 to 1896 inclusive, the total revenue of the Society was 1,484,113 florins, and the expenditure 1,113,352 florins.

The arrangements for carrying on the work undertaken by the Society are admirable. The central station of the Society is a new building close to the Danube Canal and at the north east end of the Ring Strasse. These new quarters of the Society were occupied for the first time during the summer of 1897. In addition to the administrative offices, the building contains a large lecture room fitted with models, diagrams &c., for the instruction of policemen, firemen, workmen &c., in first aid; a library and committee room, containing the books and other relics of the late Baron Mundy, on whose initiative the Society was originally founded, and to whose active co-operation its great usefulness is due; two rooms for the reception of sick and injured; bath room; rooms for the medical officers on duty, of whom four are always present, and another room for the medical students engaged in the work of the Society.

The building is equipped with almost every conceivable requisite for rendering prompt aid in cases of sudden sickness or accident. For example, the following equipment is kept in readiness for use at a moment's notice:—

- (1) Poison antidote chests.
- (2) Bags with splints and other fracture apparatus.
- (3) Large medical and surgical panniers for railway accidents, with full supply of instruments, dressing material, and medicines.
- (4) Medium sized medical and surgical panniers.
- (5) Small sized medical and surgical panniers.
- (6) Surgical havresacs.
- (7) Medical havresacs.

In the entrance hall there are kept ready for use a stock of blankets, an ice box with a constant supply of ice, electric lanterns, and a tub with baby

linen and all the necessary material for rendering assistance in cases of parturition in the street. These latter cases seem quite frequent in Vienna, as many as 30 having been attended during the past year by the officials of the Society. There are also bags containing pneumophores, with sufficient oxygen to enable a person to continue breathing for half an hour, while engaged in rescue operations wherever there is an irrespirable atmosphere.

The rooms for the reception of the sick are equipped for performing any emergent operation. The floors are of concrete; corrosive sublimate, lysol, and carbolic acid solutions are kept ready and practically "laid on" to wash-basin basins, operating tables, &c. The furniture is all covered with tin and white enamel, and there is an electric heating apparatus.

The station is in telegraphic and telephonic communication with all parts of the town night and day, and in the office of the medical officers on duty there is a blackboard, on which is entered twice daily the number of beds vacant at each of the city hospitals. Thus when any accident occurs a message is sent from the nearest police or fire station, or wherever there is a telephone, stating what has happened and where. An ambulance wagon, which is always in readiness, is at once sent off to the spot with doctor, medical student and two sick attendants, who take with them a pannier, havresac, or other equipment suitable for dealing with the accident reported. The patient is then taken to his home, or to the nearest hospital where there is a vacant bed, according to circumstances.

The equipment for sick transport, &c., is all maintained in the central station, in an admirably constructed annex, containing stabling for 19 horses, with barracks for drivers and sick attendants above the stables. The stables are kept remarkably clean and healthy, special dung buckets being used which are removed and emptied weekly in a specially constructed cart. There is a large variety of wheeled carriages including landaus, ambulance wagons, broghams, padded wagons for insane cases and tin lined wagons for infectious diseases. The wagon employed for ordinary cases is a two-horse wagon, opening at the side, along its whole length, and containing a stretcher, which can be slung or not as required. There is an electric lamp inside the wagon and another is fixed at the fore end of the shaft, the light being turned on or off by the driver at will. Each wagon carries a reserve wheel, and in winter the wheels can be replaced by sleigh runners.

In connection with the central station there are workshops, where all kinds of repairs can be effected.

In addition to the conveyances for sick transport there are provision wagons for the staff, should the accident be of a nature requiring prolonged work, and large, medium and small sized kitchen wagons for preparing soup and other nourishment for the sufferers.

Stretchers are kept ready not only in the central station but in various parts of the town, in the waiting rooms connected with the tramway lines, in stands by the side of streets, &c. For railway accidents two-tier wooden stretchers are kept ready to be fitted into railway carriages.

There is also a supply of bath chairs in the establishment.

When cases of infectious diseases are removed by the Society from their homes to the hospitals, all the infected material is disinfected at the infectious diseases hospitals or at the city disinfecting establishment, which is a municipal establishment, but for its own use, the Society possesses a portable steam disinfecting apparatus, and, if cases of cholera are being removed, the attendants wear waterproof clothing and gloves.

Many cases of sudden death are attended to, and, for the purpose of removing the bodies to a mortuary, a special wagon, constructed as a hollow cylinder on wheels, forms part of the equipment of the central station.

The permanent medical officers get paid 1,800 to 2,400 gulden yearly by the Society. The sick attendants begin with a monthly salary of 34 gulden and rise to 80 gulden. They are said to be extremely efficient and their pay is comparatively high.

During the short time spent in visiting the central station, I had ample opportunity of observing the numerous calls made upon the Society. On one occasion as many as eighteen calls were attended to in one hour, the wagons being turned out as promptly as the engines of a well organised fire brigade.

Some idea of the amount of useful work done may be gathered from the

fact that during the year 1896, a total of 8,053 street accidents were attended to and 5,634 surgical and medical cases were removed in the ambulance wagons of the Society, either to their homes or to hospitals.

The cases comprised all varieties of accidents requiring first aid, such as cases of fainting, epilepsy, drunkenness, apoplexy, poisoning of various kinds, attempted suicides or murders, wounds, and injuries of every description. The cases appear to have been fairly evenly distributed throughout the several months of the year, while it is noted that 5,270 of the street accidents occurred during the day and 2,823 during the night.

At present, with the exception of the stretcher stands in the streets, the Society possesses only one station, the central station already described, but a building fund has been established and it is intended to open branch stations whenever sufficient money has been contributed.

XII. The Red Cross Depot in Vienna.

The depot of the Red Cross Society in Vienna is in the Prater, close to the Rotunda, and consists of seven huts arranged in line parallel to one another. They are constructed of brick, with wooden floors, roof ventilation, and side windows, and are intended to be converted into hospitals in time of war. Each hut has one large room only, capable of containing 200 beds. Five of the huts store in peace time the wheeled transport of the transport columns maintained by the Vienna Red Cross Association for evacuating field hospitals and dressing stations, each column consisting of 15 ambulance wagons and one material wagon. A sixth hut contains the equipment for converting the depot huts into hospitals and the materials for erecting moveable hospital huts, and the seventh the complete equipment and sick transport of a field hospital for 200 beds, maintained by the Deutscher-Ritter-Orden. The wheeled transport kept in this hut consists of 10 ambulance wagons, holding 4 stretchers each, and one omnibus. There are also kept at the depot of the Red Cross Association the pieces for constructing 20 portable hospital huts, one hut requiring three carts to convey the several pieces and its hospital equipment. A portable steam disinfecting apparatus (Gebrüder Schmidt, Weimar, pattern) is also kept at the depot. The equipment for converting the huts into hospitals is very complete and consists of wire-mattress folding beds, bed-head tables, blankets, pillows, linen, stoves for heating, food utensils, and all the usual medical and surgical necessities. Some idea of the extent of the wheeled transport and hospital equipment maintained by the Austrian Red Cross Association can be formed when it is stated that similar depôts exist in all the principal towns, while the Deutscher-Ritter-Orden alone maintains in the various depôts 44 field sick-transport columns with equipment, consisting of a total of 176 ambulance wagons, 48 omnibuses for the personnel, 1,056 field stretchers, 820 panniers for equipment, 48 field kitchens, 48 operation huts, clothing and equipment for 1,156 soldiers belonging to the bearer and transport columns, as well as saddlery and stable requisites for 48 riding and 984 carriage horses. In addition to this equipment the Order maintains 4 field hospitals for 200 sick each, similar to that stored in the Vienna depot, equipped with 8 ambulance wagons and 4 material wagons, 32 stretchers, and 384 boxes and panniers of medical and surgical equipment and hospital requisites, in addition to the personal equipment of 120 hospital orderlies and 4 officers' servants. The Order also possesses a hospital in Schloss Freudenthal for 4 wounded officers and 40 men, equipped and maintained at the personal expense of the Archduke Wilhelm, and civil hospitals at Troppau (28 beds), Freudenthal (34 beds), Friesach (30 beds), and Langendorf (6 beds).

Another Order, devoting itself to voluntary aid to sick and wounded, is the Malteser Ritter-Orden, which maintains and fully equips hospital railway trains for use in time of war.

XIII. The Red Cross Hospital and Depot in Buda Pesth.

At Buda Pesth, the depot of the Red Cross Society is in the grounds of the Red Cross Hospital, newly erected on the southern outskirts of Buda, some distance from the Danube and near the new military hospital. The

hospital consists of a central administrative block and four separate pavilions for the sick, containing in all 120 beds; there are also a separate kitchen block, engine room, and ice house; a chapel, mortuary and house for the surgical staff. An institute for nursing sisters, 120 of whom are employed in the hospital, is in course of construction. None of the buildings are connected with one another by covered ways. The hospital is used for the reception of paying patients of two classes, two of the pavilions being set apart for first class patients paying 8 florins, and two for second class patients paying 2 florins daily. Each patient in the former class has a separate room, the latter class are treated in small general wards. One of the novelties in the hospital is that each bed has a telephone close to it, connected with all the principal places of entertainment, &c., and a patient can thus relieve the monotony of treatment by listening to opera, concerts, or in fact anything he or she pleases, the system of telephonic communication in Buda Pesth embracing all forms of instruction and entertainment. The Red Cross depot consists of a series of barrack huts, five in all, containing field medical and surgical equipment, and wheeled transport. These huts are built of brick, and, as in the case of the Red Cross depot huts at Vienna, are intended for use as reserve hospitals in time of war. They are all of similar pattern, each hut containing two large wards capable of accommodating 40 to 50 sick each. The wards have ridge ventilation with five windows on each side and a large "porte cochère" as entrance at the end. The floors are concrete throughout. In the centre of the hut and between the two large wards there are two small rooms and a kitchen, used in peace time as quarters of the caretakers. The equipment in one of the huts consisted of various field hospital materials, models of methods of carrying wounded in country wagons, and a large omnibus and brougham for the personnel of the Red Cross sick transport columns.

Amongst the articles of field equipment, I specially noted a portable operation table fitted into a wooden case, the sides of which were formed of panels capable of being readily removed and used as fittings (tables, &c.) for an operating tent or room. The arrangement was ingenious and compact but did not appear to be one that would stand such rough work. The second large room of this hut contained 9 new ambulance wagons and 1 material wagon of the Blossiren Transport Column No. XXXI. The wagons are of the new pattern required by the Army Medical Service, and are constructed to carry four stretchers in two tiers, fitted with a rail for fixing and slinging the stretchers and carrying them forward into their places in such a way that none of the bearers need enter the wagon. The material wagon is fitted with a large piece of canvas on the top, so as to enable it to be converted into an operating tent. Another of the huts contained similar wheeled transport for the Transport Columns, Nos. XXIX and XXX. A third hut contained 16 material wagons and 16 ambulance wagons of an older and heavier pattern, along with an omnibus for the medical personnel of the "Elizabeth" field hospital. All the material for the field hospital was kept ready packed in panniers to be placed in the material wagons. Amongst the equipment in the other huts there were two portable disinfecting apparatus of the Geneste and Herscher or "Equifex" pattern. These apparatus seemed heavy and only suitable for being drawn along good roads. There were also 1 large country wagon for carrying wounded lying down, 12 long narrow country wagons, with medical and surgical materials ready packed in panniers; stretchers and apparatus for carrying wounded on the backs of bearers in hilly country, and 20 light country carts arranged for carrying wounded lying down.

XIV. The Military Hospital in Vienna.

No. 1 garrison hospital at Vienna was visited under the guidance and sanction of Generalstabarzt Dr. Kraus, the head of the Austrian Army Medical Service. There are 26 garrison hospitals altogether throughout the Austro-Hungarian Empire, designated by consecutive numbers. Thus, Nos. 1 and 2 garrison hospitals are at Vienna, No. 3 at Przemysl, No. 4 at Linz, and so on, Vienna and Buda Pesth being the only towns where there are two such garrison hospitals. Garrisons with less than 500

men have what are called troop or regimental hospitals (Truppenhospitäler), which are named after the place where they are established, and which would be closed on the troops leaving the station. Where there are neither garrison nor regimental hospitals, cases of sickness likely soon to recover are treated in what are called "sick houses" (Marodenhäuser) the severer cases being conveyed by rail or ambulance wagon to the nearest military hospital. These "Marodenhäuser" are established, however, only where the garrisons are between 300 and 500 strong.

No. 1 garrison hospital is an old building covering an extensive area of ground, but placed in a somewhat densely built part of Vienna with but few open spaces around. It was constructed in 1784 as part of the "Josephinum" Academy of Sciences and was originally a military medical school and cadet establishment, now no longer in existence.* The number of beds is 600, capable of increase to 750. An officer's hospital with 49 beds was constructed in 1873 on an adjoining piece of ground. There are two large operating rooms in the hospital, the windows of the old building having been enlarged and the floors converted. These rooms are fitted with sterilisers and hot water apparatus, and the customary operating room articles of furniture. An annex has recently been built containing the kitchen and bath rooms. The cooking is by steam, and women cooks are employed. The bath rooms are numerous (50 in all) and of various kinds. They are set apart for use at fixed times by officers and men of the garrison, not patients in hospital. In the same annex there is a fixed disinfecting apparatus (Thursfield, Vienna, pattern) and also a light and simple pattern of portable disinfecting apparatus by the same maker, consisting of a cylindrical chamber, with fire place and stove hole beneath it, slung between two wheels. 150 of these portable apparatus are in use in the Austrian Army. A zinc lined box on two wheels is used for carrying infected articles from the barracks to the hospital for disinfection. Sick are conveyed from barracks hospital in ambulance wagons, 8 wagons of the old pattern, carrying 4 stretchers each, being kept at the hospital for this purpose in a shed. The horses are stabled in the hospital grounds. There are also three ambulance wagons for purposes of instruction in loading and unloading wounded, &c. The medical establishment consists of 2 surgeon-colonels, 4 surgeon-majors, 4 regimental surgeons (surgeon captains), and 2 surgeon-lieutenants. There are also on the strength of the hospital, 2 subaltern officers (ober-officers), 1 chaplain, 1 paymaster, and 10 officers' servants, 3 apothecaries and 11 nurses. In Austria, it should be noted, the Medical Staff Corps (Sanitäts-Truppen) is officered by officers who are especially garrisoned to the corps, and who are not medical officers. There are at present no nursing sisters in military employment.

Attached to the hospital there are bacteriological and chemical laboratories and pathological and anatomical museums. The latter contain the famous wax anatomical preparations which Napoleon I. was said to have been desirous of securing, but which were saved by being removed and concealed when the Grand Army passed through Vienna.

There is also a museum where patterns of every form of equipment connected with the medical and sanitary work of the army are kept. Amongst new inventions that are being tried and adopted the following were brought to my notice:—

(1) An apparatus for illuminating dressing stations, &c., on the battlefield at night. This apparatus consisted of a zinc reservoir or bucket, of 72 litre capacity, capable of standing any amount of rough work. It is filled with petroleum, 64 litres being the quantity put into each reservoir. There is an air force

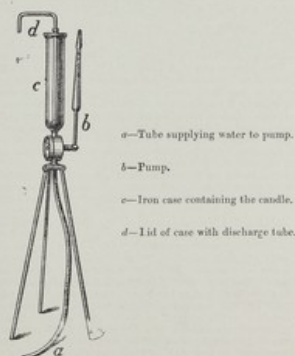
* The medical officers of the Austrian Army are appointed by selection and not by competitive examination from amongst the students of the University. After three years' study (6 semesters) they receive 300 to 500 gulden yearly allowance, and qualify at the end of the fifth year (10 semesters). An additional year is spent in a military hospital and they are then gazetted as regimental surgeons. Twenty-five army medical officers hold appointments for a complete year in civil hospital "cliniques."

pump connected with the reservoir and the pressure in it is increased up to 0.7 kilo, as shown on an attached manometer. A small quantity of petroleum is previously lighted in a cup below the burner, which is attached to the end of a gas tube, fixed to the top of the reservoir, and, when the stop cock is opened, petroleum gas passes up the tube and forms a brilliant flame in the burner. The flame, which by lengthening or shortening the tube can be placed at a height of 8 to 13 feet above the level of the ground, is 5 inches high and is said to illuminate a surface area of over 3,000 square yards with great brilliancy, and to keep burning even in heavy rain and wind. The illuminating power is equal to 700 candles, and the expenditure of petroleum is 3 kilograms per hour. The apparatus is the invention of Herr Kohl, 30, Nussdorfer Strasse, Vienna, and costs 225 florins in Vienna. It has been adopted by the Austrian Army Medical Service for use in the dressing stations of each infantry division in the field. The weight of the apparatus packed for transport is 56 kilograms, and it forms a package about 4 feet high by 1½ feet wide.

For searching for wounded, torches (long and short patterns), such as are used with the bearer companies of the German Army, are employed.

(2) A bicycle for conversion into a wheeled litter. This is said to be the invention of an artisan employed in one of the military depôts. It is an ordinary pneumatic tyred bicycle, the frame of which is jointed and can be bent back so as to bring the fore and hind wheels parallel to one another. Stretcher poles and canvas are then fitted into rings connected with the frame and the apparatus thus converted into an ordinary wheeled litter. The Austrian Army Medical Department are experimenting with the

BERKEFIELD FIELD FILTER (BRUCKNER'S PATENT).



N.B.—The water is pumped up through the filter and discharges at the top.

apparatus in the expectation of finding it a useful equipment for stretcher bearers with a cavalry division; the idea being that the bearer can keep up with cavalry along roads, &c., on his bicycle, and when a trooper falls, dismount, convert the bicycle into a litter, the poles and canvas being carried with the bicycle, and so wheel the patient to the collecting or dressing station. It is proposed to equip each cavalry division with ten such bicycle litters.

(3) A field service filter. This consists of the ordinary cavalry canvas bucket, with a block of asbestos pulp, let in at the bottom, and covered with a perforated tin disc. There is a tap in the bottom of the bucket to draw off the filtered water. The asbestos is only intended to clarify, although at first it will keep back micro-organisms, and should be cleaned and boiled from time to time. It is intended to add .02 grm. of hypochlorite of lime to each litre of water when the water is supposed to be infected with cholera or typhoid germs. The Berkefeld Filter (Bruckner pattern) is also adopted in the Austrian Army for field service, and consists of a single candle on a folding tripod stand with force pump attached, the weight of the whole being about 14 kilos. One filter of this pattern is sufficient for a section or squad, and is calculated to filter about two litres of water per minute, if the filter is thoroughly cleaned every second day. (See drawing.)

XV. The Relationship of Voluntary Aid to the Regular Army Medical Service in Austria.

I had collected notes and materials for giving a detailed account of the relationship between the Austrian Army Medical Department and the voluntary aid associations but, although the subject is of much interest and has an important bearing on the working of the medical services in time of war, I find this report has lengthened itself out to such an extent, that I must confine myself to a brief summary of the several duties undertaken by the voluntary aid societies under the regulations of the Austrian Army Medical Service.

1. *The first line of medical and surgical assistance in the field is supplemented by voluntary aid in the proportion of one "field column" (Feld Sanitätskolonne), provided by the Deutscher-Ritter-Orden, for each infantry division. This column, although designated as the column of the Deutscher-Ritter-Orden, is not named but only equipped by the Order, i.e., the Order merely keeps in readiness the wheeled transport and harness, while the personnel, namely 1 corporal and 12 privates of the Medical Staff Corps (Sanitäts-truppe), and 1 corporal and 8 privates of the Army Service Corps (Train-truppe), with 14 horses (2 in reserve), are supplied from the regular army. The wheeled transport as supplied by the Order, consists of 4 two-horse ambulance wagons with stretchers of the regulation pattern and 1 four-horse material wagon for each column.*

The column forms an integral part of the "Feld-Sanitäts-Anstalt" of each infantry division, an establishment corresponding to our bearer company, and is the only supplementary voluntary aid allowed in the fighting line.

2. *The field hospitals, forming the second line of assistance, are supplemented by voluntary aid associations as follows:—*

(i) The "Deutscher-Ritter-Orden" will, so far as its funds allow, establish field hospitals of 200 beds each with corresponding transport columns. Four such hospitals, as already mentioned, are maintained at present. The hospitals are designated the "Deutsch-Ordens-Feld-Spítäler" and are numbered consecutively I, II, III, and IV, the transport columns being also distinguished by the number of the hospital to which they belong. The hospital and transport columns are, as in the case of the "Sanitäts-Colonnen" of the first line, fully equipped by the Order, but only a portion of the personnel is provided. Thus the Order provides the hospital personnel, composed of a hospital commandant, 5 doctors, 1 apothecary, 1 chaplain, 15 nursing sisters belonging to the Order and 3 servants; while the regular army provides a complete Medical Staff Corps detachment (Feld-Sanitäts-Abteilung)

composed of one paymaster, 1 sergeant-major, 1 pay sergeant, 2 sergeants, 6 corporals, 10 lance-corporals, 57 privates and 1 officer's servant; along with 1 conductor, 57 drivers, 1 riding, 110 draught and 4 reserve horses. The wheeled transport of the column, all supplied by the Order, consists of 17 four-horse wagons (16 for hospital equipment and 1 for medical and surgical equipment and medical comforts) with 21 two-horse ambulance wagons with stretchers, &c.

The duty of this voluntary aid transport column is strictly confined to the work of searching for and bringing in wounded to the hospital of the Order after the battle and evacuating the hospital to the rear. It is laid down that the column must be accompanied by at least one doctor while searching for wounded. It may be noted here that the field hospitals of the regular army in Austria are independent units, the number estimated as likely to be required being in the proportion of one for each infantry division. They are equipped for 600 beds each, and are divisible into three sections of 200 beds each, so that the "Deutscher-Ritter-Orden" field hospital is equivalent to one-third of the regular service field hospital.

(ii) The Red Cross Association undertake the whole of the transport of sick and wounded to and from the field hospitals after the battle; and for this purpose each field hospital of the regular service has attached to it a sick and wounded transport column (Blessirten-Transport-Colonnen) of the Red Cross, consisting of 15 two-horse ambulance wagons and 1 four-horse medical and surgical wagon, convertible into an operation tent by means of canvas carried on the roof. The personnel and horses for these columns are supplied from the regular Medical Staff and Army Service Corps, and they are employed in the same way as the transport columns of the Deutscher-Ritter-Orden field hospital.

(iii) The Red Cross Association also supplements, in the field, the field medical store depôts, and undertakes, in affiliation with these, to supply medical and surgical equipment, transport material, linen, bedding, hospital utensils, and medical comforts for replenishing the first and second lines of assistance.

3. *On the lines of communication the voluntary aid assistance is confined to:—*

(i) The maintenance and formation of supplementary hospital trains, a duty undertaken by the Malteser-Ritter-Orden, which, like the Deutscher-Ritter-Orden manages its own funds, equipment, and personnel apart from the Red Cross Societies. This Order maintains six hospital trains. Each train consists of 10 hospital railway carriages fully equipped with lying down accommodation for 100 sick and wounded, 1 carriage for the staff, 1 kitchen wagon, 1 equipment wagon, and 3 wagons for provisions, stores, &c.* The personnel, all provided by the Order, consists of 1 commandant, 2 doctors, 1 accountant, 10 sick attendants (1 for each hospital carriage) and 2 cooks.

(ii) The formation of rest stations (Kranken-halte-station), which are established by the Red Cross Association, usually near or at railway stations along the lines of evacuation of sick and wounded. The rest stations are of two classes, those equipped for providing refreshment and attending to simple dressings, &c., in the case of sick convoys or trains resting only for a few minutes or hours; and those intended for the reception of sick and wounded resting over night.

(iii) The equipment of hospital ships. The only assistance given by voluntary aid societies in this direction is that already referred to in connection with the hospital ship equipped by the Franchi-Hilfsverein of Istria at Trieste.

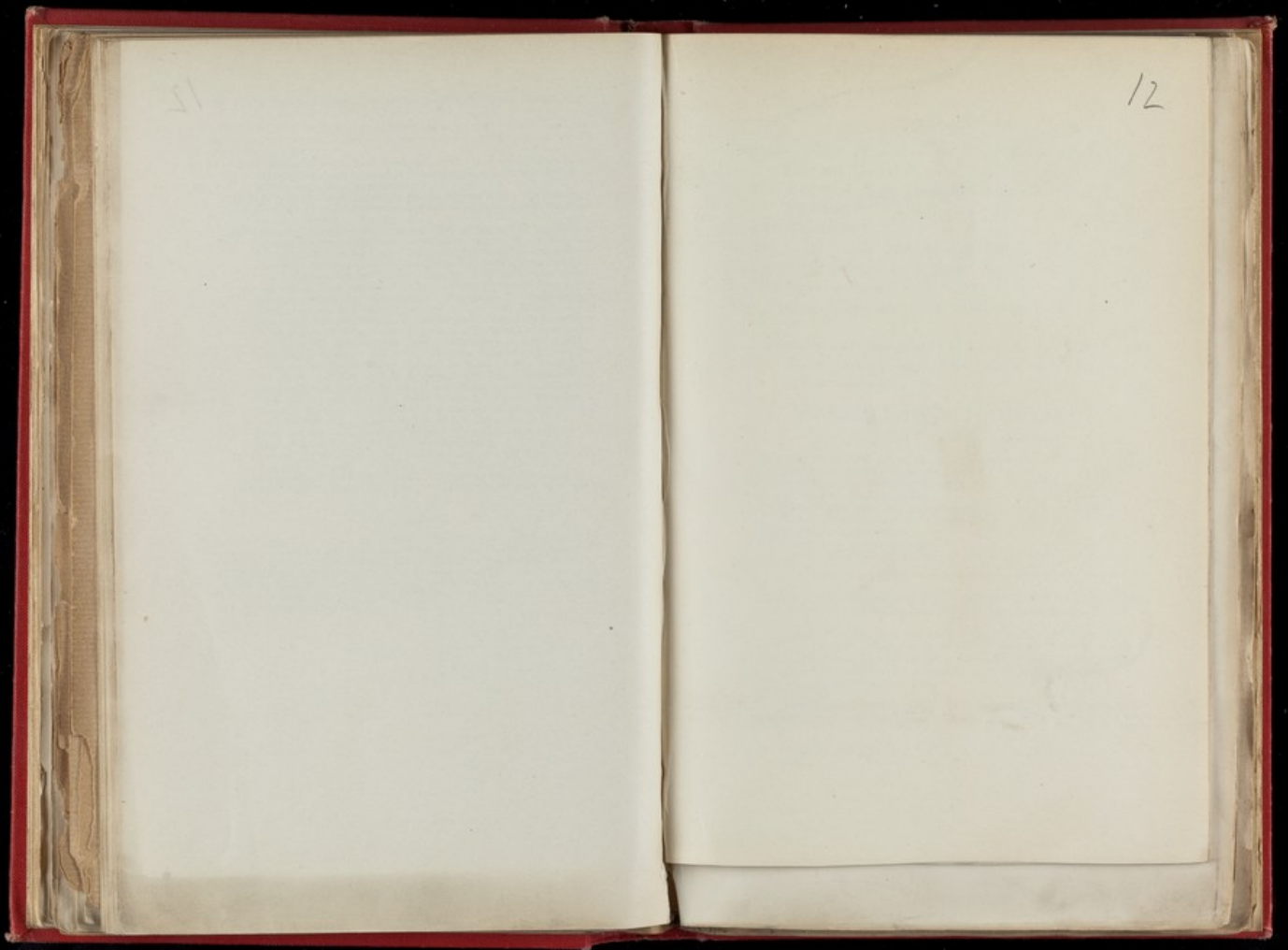
* Hospital trains also form part of the regular service equipment. Each train is equipped to convey 100 sick of the rank and file and four officers.

4. *In the home territory* (i.e., at the base or in rear of the base) the Austrian voluntary aid societies play an important part in time of war in the following ways:-

- (i) In provincial towns local branches of the Red Cross Association organise transport columns for conveying sick and wounded from railway stations to hospitals, &c.
- (ii) The Malteser-Ritter-Orden, (as also the Wiener Freiwillige Rettungs-Gesellschaft, in the manner already noted), performs similar transport duties in the city of Vienna.
- (iii) The Red Cross Association undertakes the equipment and organisation of large reserve hospitals and convalescent homes for the reception of wounded from the front. Reference has already been made to the use of the Red Cross depot huts at Vienna and Buda Pesth for this purpose; but an equally important duty undertaken by the Association is to convert barracks vacated by troops sent to the front into reserve or base hospitals. The details for doing this are most elaborate and carefully worked out, so that on mobilisation the work is carried out on a definite plan. Contracts have been made with various firms to supply, when called upon, fixed quantities of equipment, furniture, &c., and a programme of the work done each day is definitely laid down. Thus the work of converting, for example, the Franz Joseph Barrack in Vienna, into a hospital for 30 officers and 500 men, in 1 surgical and 4 medical divisions, is completely mapped out according to days and hours, in such a way that the barrack would be ready to receive sick and wounded on the 21st day after mobilisation, with full establishment of trained hospital staff and equipped with every hospital requisite.
- (iv) Reserve depôts of medical and surgical equipment are also formed in the various towns by the Red Cross Association.
- (v) Bureaux are established for communicating with the friends of the sick and wounded.
- (vi) Arrangements are made for receiving patients into private homes.
- (vii) Pecuniary assistance is given to indigent invalids and their families.

XVI. Conclusion.

In bringing this report to a close I desire to acknowledge my deep obligations to the Central Committee of the Austrian Red Cross Association, to the Deutscher-Ritter-Orden and Wiener Rettungs-Gesellschaft, as well as to the Director-General of the Medical Department of the Imperial Army of Austria-Hungary, for the ready courtesy with which sources of information were placed at my disposal. To Dr. de Farkas of Buda Pesth I am specially indebted for my visit to that city.



MACMILLAN'S MAGAZINE

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THE ARMY-DOCTOR.

THE one fact above all others which the Dreyfus case has, during its many phases in the past few years, brought to light is that in the French War-Office expediency is supreme. Honour exists there only in name, and equity is an unknown thing. In this country we have naturally grasped the opportunity of thanking God that we are not as other men are, and chances of self-complacency are too rare to be lost. It has occurred to few to inquire whether there is any justification for the easy confidence which has been placed in our own military righteousness. Our War-Office it is true does not commit the clumsy blunder of forgery, and the Government razor is reserved for shaving only. We do not have recourse to the expression on the honour of a soldier when we fail to produce evidence in support of an allegation, because we believe, or feign to believe, that honour is too great a thing to be split up into compartments, and because we have not the nice sense of discrimination which characterises our neighbours. But, for all that, expediency dominates all else at the English War-Office every whit as much as it does at the French War-Office.

The doctor in the Army has, after many years of moderately successful agitation, and after a few months of an absolutely successful strike, become a real live officer. He is no longer after some twenty years' service a Something-Colonel or a Colonel-Something; he is a Colonel pure and simple. The Commander-in-Chief himself would hesitate to affirm that this concession of rank has been

granted the Army-doctor as a matter of equity. The reverse indeed is the case. The history of the Army Medical Department is on all fours with the history of all other Service departments, except the clerical branch. The chaplains have never agitated, and though they have probably refrained from doing so from a proper sense of decorum, such action would have benefited them nothing. It is of no official moment whether the chaplain is good or bad, and, more still, the matter is one of opinion. A good or bad Army-doctor, or Supply-officer, is a matter of fact. The departments have induced legislation on their behalf in the simplest fashion. They have done their work badly, or omitted to do it at all. Tradition is the most stubborn foe which the present race of War-Office politicians have had to fight. The combatant branch of the Service, (though still, except in cases so rare as not to merit attention, without emoluments, and shorn of its ancient honours) and the combatant branch alone attracts the young man of military ardour. But, Dr. Johnson notwithstanding, a man must live, and feeling that the axiom was unimpeachable the youth of England came in and the departments were served. "My poverty and not my will consents," whined the boy, who had visions of greater things as he submitted himself to the non-combatant yoke. "I pay thy poverty and not thy will," said the War-Office, and the result of work undertaken in this spirit can be readily imagined.

Modern inventions and increase of empire enhanced in a few years the value of the Supply and of Departmental officers to an extent for which the authorities were utterly unprepared. The Army clock refused to go fast enough, and the War-Office commenced a long system of tinkering at the works without perceiving that it was the mainspring that was at fault. The Ordnance, Commissariat, and Transport branches they succeeded in getting into something like shape by means of a system of bribes, which were grossly unfair from the standpoint of equity, to the combatant officer. Their action was as illogical as it was unjust. The laws of supply and demand are simple enough in themselves, but they do not bear the introduction of extraneous matter in their administration. "I can officer the regiments to-morrow for nothing," Lord Wolseley is reported on good authority to have said. If this be so, a second-lieutenant in a Line battalion receives 5s. 3d. a day on the principle that the labourer is worthy of his hire. The payment of this sum commits the War-Office at least to a policy of equity. That being so, arguments on the subject of the market-value of a chattel or an individual fall to the ground. The Regimental officer had admittedly done his work satisfactorily, but there were a great many of him always forthcoming, so there was no necessity for him to come under review. The misdeeds of the Departmental officer cried aloud, and as a simple commercial transaction the War-Office proceeded to pay a higher price for a better article. The doctors observed the development of this state of affairs, and profited by the lesson that was taught. A very large number of them invariably come from Ireland, and the name and story of Boycott were familiar to them. They

combined, and refused to come in. Little wars increased in frequency, and the War-Office became seriously alarmed. In vain they offered to widen the gold stripe on the doctors' trousers, and to reduce to such infinitesimal proportions as would escape the observation of a sentry the thin black line on their forage-caps, which alone proclaimed that they were not Staff-officers. Their cry was *rank, rank, and nothing but rank*. Matters came to a crisis when at a certain examination there were less candidates than vacancies. Then the War-Office capitulated, and a few months of action brought about the result which years of petitioning had failed to accomplish. The hateful title of surgeon has disappeared, and they are henceforth captains, majors, colonels.

Surely it is a curious history, and one of which there is absolutely only one explanation. The men who wish to obliterate all allusion to their profession are ashamed of it. This state of affairs is hard to be understood of the people, and the simple layman need not be mocked for holding that the relief of suffering and the saving of life rank high in the list of human deeds. I do not say that this cry for the elimination of all allusion to their profession in their official title was universal. It was not so. Many excellent men, who were proud of being soldiers, but who were proud of being doctors as well, were much in favour of retaining a designation which marked them as both. But the contented man seldom agitates one way or another. Another considerable section of the Department were at the end of their service. They knew that the War-Office wheel turns slowly, and, thinking that the matter would not affect them one way or another, they were indifferent. Thus

the promoters of the new movement met with no organised opposition from within, and the authorities at the Horseguards were prevailed upon to issue their famous warrant of surrender.

There is a miserable fallacy that the doctor was what is called in ordinary parlance "looked down upon" in the Service. The most cynical combatant officer would admit that the calling of the doctor (and the chaplain) was higher than his own, and, if they could be persuaded to believe it, it is only when the doctor neglects, or by his actions and demeanour belittles, that calling that he falls in military esteem. Surely this extraordinary greed for rank is a poor thing. We excuse it in women, for, either by reason of lack of opportunity or want of ability, their sphere of action is limited; and it is invariably the case that the woman who fails to do something wants to be somebody. But for man there is no such excuse. However, the desire to be labelled, and, as the Army-doctor thinks, to be honourably labelled, is increasing.

The peculiarity is that the War-Office apparently fails to perceive the inevitable result of giving way to a desire on the part of a body of their servants to conceal what they are, and to be known as what they are not. It may be argued, and of course officially it is so argued, that such a description does not represent the state of affairs truthfully. Everyone, however, acquainted with military social life knows better. Take a simple instance. Let a sympathetic lady ask a Medical captain (in the presence of others) how that poor man is who was injured at the Sports yesterday, and see if he looks pleased, or is inclined to be talkative. When the same lady asks the Line captain if this morning's parade was not an

unusual one, she had perhaps better make up her mind to be bored.

Military rank was, until quite recent times, the right and the distinguishing mark of the combatant Regimental officer. Indeed it was more; it was part of his pay. Young men of education since Marlborough's time have been content to take commissions in regiments for a wage which a respectable artisan would scorn, to submit themselves to a discipline which has no counterpart outside the Services, to be hunted without warning from one corner of the globe to another, and to undergo risks which an Insurance Company very practically regards as extreme. Their reward has been the honour of their profession and the recognition thereof in military rank. Not unnaturally Society began to extend a good deal of hospitality to the soldier, and to treat him with a kindly consideration which he could not fail to find pleasant. It was not on account of his rank, but on account of the conditions and circumstances under which that rank was conferred that these little courtesies were extended to him. Then in the midst of an age of labels and advertisement the Volunteer movement began; a grand practical illustration of English character, but one from which a section of its members, who are not careful to render unto Caesar the things that are Caesar's, have already detracted sympathy. It soon became evident that it was the rank of an officer, and not a modified form of his duties, which attracted a large number of individuals into this unpaid Army. The communities in which these gentlemen live are for the most part busy, and have neither the time nor the inclination to analyse. So it soon came about that the opulent merchant, who sat at home at ease, who neglected or performed his self-imposed military

duties as he felt disposed, who did not rudely expose his constitution to the biting blasts of Wimbledon Common, and who retained the unalienable right of the British civilian to say she's not under all circumstances, dined comfortably in his own castle and was received by his friends in the evening as the Colonel. Sometimes he carried the craze for rank into his daily life to an extent which became absolutely exasperating, as the following story will illustrate.

A man suffering much from tooth-ache once went to a firm of dentists, all three partners of which were ardent volunteers. "Is Mr. Osgood at home?" he asked. The footman who opened the door to him had also military tendencies: "Captain Osgood," he replied, "is at Bisleigh for the Cup competition." "Oh, is Mr. Hapworth in?" "Major Hapworth, sir, is undergoing a course of instruction at Aldershot." "Ah, can Mr. Dixon attend to me then?" "Colonel Dixon is on battalion-parade and cannot possibly be disturbed." The poor man was in great pain; he spoke wildly: "Look here, have you an Admiral on the premises who can take my tooth out?"

We have now arrived officially at this state of things in the case of the Army-doctor. The operator who removes the British soldier's tooth has not yet been advanced to the rank of admiral, but he is already a colonel, and doubtless he thinks that there are possibilities in the future.

If the doctor is likely to be more useful to the Army now that he is called Major or Colonel than he was when he was called Surgeon-Major and Surgeon-Colonel, the privileges of the combatant Regimental officer would suffer in a good cause. The complaint in the Service is already that the medical man is more of the officer than the doctor; is he

likely to attend more to his profession now that all allusion to it is obliterated in his title? As a matter of fact it is most unjust to blame the individual military doctor, as he is freely blamed, for carelessness and incompetence. True the Army does not attract the best men from the hospitals, because its prizes cannot compete with those which civil practice offers to the man of energy, ability, and research. In fact the conditions of the Service themselves put a premium on stagnation. It is almost impossible to expect any scientific man to put forth his best work on a regular salary. In every other branch of life one does not hesitate to appeal to a man's interest in preference to his sense of duty. Why should an Army-doctor be placed upon an impossible plane, and execrated when he slips off it? There is no stimulus for industry in the life of the Army-doctor, and the War-Office know perfectly well that they are engaging men who do not wish their industry to be stimulated. Commercially nine out of ten earn their money; that is to say, a similar amount of time and attention to that which they expend in the Army would at least gain them a similar income in private practice. A pennyworth may not be a great deal, but it is as much as a man, even if he be a high military official, has a right to expect for a penny.

Discipline goes hand in hand with rank, and the ordinary discipline of the combatant officer is not always suitable in a branch where individual opinion must reasonably count for much. Yet such is the training of the Army-doctor that the senior grows to resent any divergence of view on the part of the junior, and a question which is often purely a medical one is distorted by the introduction of a false sense of discipline. Once upon a time in Burma an officer's pony

tumbled over, and the officer injured his arm. He was attended by a doctor who prescribed. That doctor went on leave in the evening, and another doctor attended next day. The second doctor, a senior man, altered the course of treatment, and told his patient that he should not be back for a few days. On the following morning a third doctor came in, and was vastly surprised to find the injured officer lifting heavy weights at much personal inconvenience. The third doctor was a cheery young fellow and a friend of the patient; he tersely asked him if he was mad or drunk. The officer explained that he was obeying the orders of the surgeon-major who had attended him on the previous day. The cheery doctor at once looked grave and after a pause commenced to chat on social matters. But it was too late. "Is this treatment right or wrong?" said the officer. "I'm not going to countermand Jones's orders," said the young man. "He'll be back in a couple of days, and you can talk to him." "Yes, but I'm not going to make a fool of myself for a couple of days, old chap, for the sake of preventing your boss from jumping on you, you know." Then the officer went on to point out, in vigorous Saxon, that the weight-lifting operation was a particularly painful one. Finally he apologised for being compelled to become official, but he felt bound to desire a direct expression of opinion. The young doctor was equal to the occasion: "I endorse Surgeon-Major Jones's treatment," he said coolly.

The incident is not unique, but merely illustrates a state of affairs that is known to exist. It is but fair to admit that the consequences of divergence of opinion are sometimes more serious to the patient than those of endorsement. Some years ago in India I was a member

of a European District Court-Martial which was trying a native soldier on the charge of malingering. The man had received a bullet wound in the Soudan, and for two years, on the recommendation of the Station-doctor, had been excused the heavier portions of his military work. Then the doctor left for Barnah and his successor at once certified the man to be fit for duty. The colonel of the regiment thereupon had that sepooy brought to justice. The prisoner very naturally called in his defence the doctor who had attended him for two years. That doctor being hundreds of miles away, the application was referred to headquarters. Three months elapsed and at last a lengthy document arrived from Simla. It was too clever for the simple court-martial officer to follow, but it concluded with what seemed to our limited capacities the inconsequent ruling that the Barnah doctor's attendance was unnecessary. The chief witness for the prosecution was the new doctor, and he said simply that he had examined the man on arrival and found him suffering no pain. Whereupon the prisoner put the very natural question, "How do you know that I was suffering no pain?" It was an awkward retort, but the new doctor had plenty of pluck. I do not know what he meant to say, or if his reply, as delivered, is a sound medical axiom, but he answered: "Pain is accompanied by redness and increased effusion of the joint; those symptoms I found to be absent." A flippant young officer on that court had a pin in his hand, and he ran it into the knee of his next neighbour as the doctor spoke. The wounded officer made an irrelevant exclamation and was very properly reproved by the President. Nor could he be persuaded, when we at once inspected his knee (we had just

reached the luncheon interval) and pointed out to him that it was an entire mistake on his part to suppose that he had suffered any pain. The prisoner received a severe sentence,—two years' imprisonment and dismissal from the Service—and thus it would have been far better for him had the new doctor sunk his independence.

A great deal is heard about the responsibility of the Army-doctor. The young doctor on joining, however, is rapidly reminded that responsibility must only be undertaken as a last resource, and that the important thing is to learn and comply with the regulations, regardless of result. It is better to illustrate. A junior officer serving on the Staff, while walking to the office with his Chief, slipped and fell just outside the Cambridge Hospital at Aldershot, and injured his knee. His Chief, with the assistance of an orderly, got him inside the hospital and met the Surgeon-General in command of the District as he entered the door. As the said Chief occupied a high official position the Surgeon-General accompanied the party into the waiting-room and chatted suitably upon general subjects. But he had no intention of doing any doctor's work. He sent an order, and received a reply that a medical officer would shortly be forthcoming. In vain the senior Staff-officer hinted that it would be a kindness if the great man himself would condescend to place his hand on the spot. Half-an-hour or so elapsed, and finally a young doctor appeared and prescribed. The injured officer was fortunate, for he had fallen into extremely good hands. He spent some weeks on the sick-list, it is true, but was much pleased when his adviser told him that (it was the fourth or fifth time that the knee had given way) he hoped to effect a permanent cure. I

speak with all the becoming diffidence of a layman upon a technical point, but I understand that the doctor recommended that the cartilage should be wired, though he was careful to say that a stiff knee might result from the operation. The officer was ready to risk the consequences, but directly higher authority learned the proposal, that young doctor received a severe reprimand. Were the attempt unsuccessful, questions of pension would be involved, for the patient would naturally have to be invalided out of the Service. Supreme medical authority and supreme administrative authority were careless as to whether an officer had a good knee, but they were not prepared to take the consequences of his having a bad one. There is no trace of the principles of the Employers' Liability Act in the Queen's Regulations. The poor young doctor pleaded that he had only recommended what he believed to be best, and was sternly bidden to get out of that habit. He is trying to do so, I hear, but he has a conscience which is not under proper military control.

The responsibility of the doctor with the officer sometimes pales in importance when compared to that of the officer with the doctor. I again lapse into anecdote. Some years ago I was in camp, with about a hundred men, somewhere in the North West Provinces. The doctor detailed for duty with us asked for forty-eight hours' leave. I do not believe I had any authority to give leave, but I felt I could spare him, and a man who cannot get equity before regulation in the jungle cannot do so anywhere. Having consented, however, I felt inclined to shirk my responsibilities as his substitute. As he was going I asked him what I was to do in case of emergency. "Come to the Hospital-tent now and I'll tell you,"

he replied. He was an Irishman, and I will ask the reader kindly to supply the necessary *bedads, begorras* and *at-all-at-alls*, without which no Irish story in print is artistic, together with the proper pronunciation. "Here are two bottles now. If a man comes to you and says, 'Oh I feel any'ow in the head—everythin's buzzin and I'm not drunk,'—give him some of this bottle." "Yes,—how much?" "Oh, as much as you like; it won't hurt him. And if he says he's all crumpled up in his belly and turns sick at the sight of a canteen-mug, give him some of this bottle." "Yes,—how much?" "Oh, be easy with it; I've not a pint left. And if he comes in and sits down and says nothing and don't give a dam for anything, get a *dhoolie* and send him into Benares." He departed, and I soon had a patient. He appeared to display symptom No. 1, but my courage failed me and I gave him treatment No. 3 and procured a *dhoolie*. No further catastrophe occurred, and the next evening the doctor returned. He brought with him some twelve couple of snipe which were useful in the mess-tent during three days and a stock of *shikar*-stories which lasted the ante-room a week.

Undoubtedly the possibility of seeing active service attracts a certain number of men at the hospitals into Government employ, and it is on Service that the doctor is seen to the greatest advantage. In the field he triumphs over the regulations and does grand work in spite of them. Like the Regimental officer he knows that a campaign is his only chance of distinction. The case is different in other military departments and on the Staff of the Army; there a man may win fame, honour, and preferment in the piping times of peace by adding elegance to a tunic-button, or by re-

ducing the circumference of a cooking-pot. But the doctor and the Line subaltern must learn to be shot at with equanimity, and do their work the while, if they wish to attract that most dangerous of all attentions, official notice. The complaint sometimes goes forth that, when the war is at an end (I should say when military operations have terminated) the proportion of rewards and decorations given to the doctors is largely in excess of those distributed among other branches of the Service. Undoubtedly such is the case, and were that proportion doubled no injustice would be done. It is one of our pleasantries to assume that the personal courage of the Englishman is greater than that of any foreigner. Be this as it may, a study of the military history of Continental nations leads one to the indisputable conclusion that the self-devotion of the British doctor on the field of action, putting aside all questions of skill, has no parallel in the armies of France, Germany, or Russia. One is not at pains to inquire why this should be so; it is sufficient to notice the fact. What the doctors do well under the trying conditions of active service, they could certainly do well in the easy surroundings of the hospital that abuts on the barrack-square. It is the regulations that let and hinder them. The fatal and futile struggle for uniformity, into which the War-Office for ever plunges with desperate courage, is nowhere more noticeable than in their medical arrangements. In vain the young doctor complains that he cannot fit the square man into the round hole; he only gets himself into trouble. Let him but know the Medical Regulations, and the works of Thomson, Quain, Richardson and others need never litter his bookshelves. Driven by stress of circumstances from a legitimate and

natural interest in his professional work, he takes refuge in the pleasures of social life, and tries to master the difficult art of killing time agreeably. Increase of pay might assist him much in this pastime, but that he knows is out of the question. So he asks for more feathers, more lace, more frogs, and more salutes, and these have one after another been conceded to him. Now he has asked for real rank; and he has got it. What he will do with it, is the question of the day; and what the War-Office will do with him, now that he has got it, is the question of the future. Medical work is increasing in the Service just as it is in civil life. It is an uncivil proceeding to give a child new toys and to reduce his playtime. Signs are not wanting that the latest concession has already begun to tell its own obvious tale. Certain proceedings, which were matters of daily routine formerly, have now been discovered to be either beneath, or out of keeping with the dignity of a captain or a major in her Majesty's Army. He is a dreamer who regards the present state of affairs as anything but a phase. Fortunately the whole history of military administrative experiments points to a return of the old order of things when matters have become

sufficiently unbearable. Second-lieutenants were abolished; in nine years' time they were reintroduced. Two lieutenant-colonels and an unlimited supply of majors per battalion was another departure. Then the value of Mr. Gilbert's adage was recognised: "When everyone is somebody then no one's anybody." Once more therefore the order was *As you were*. So there is still hope.

In the Guards the system of the Regimental doctor worked well and happily long after it was abolished throughout the rest of the Army. In the future professional men may be less susceptible to sentiment, at any rate in official matters, than they are at present. Money has now been the measure of value in civilised communities for many hundreds of years, and it is not improbable that the doctor of the future may refuse to accept the rank of archangel as part payment for his services. His remuneration will therefore have to be increased. Competition will ensue: the best men will come in; and possibly the Army will once more be served by those who regard doctoring as their profession and who are not unwilling to be known as doctors.

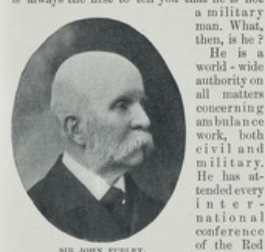
PHILIP C. W. TREVOR.

*Late Colonel, Norfolk Regt.
Riley comd as captain 25 Aug 1890.
He was for some time a Deputy Asst.
Commissionary General of Ordnance. Induced
some Departments!*

A KNIGHT OF THE RED CROSS:
SIR JOHN FURLEY AND HIS AMBULANCE WORK.

By LEONARD W. ILLINGSTON.

THERE are incidents in Sir John Furley's life sufficient to supply half a dozen shilling "shockers" with thrilling situations. He spent some weeks with the Danish army during the Schleswig-Holstein war of 1864; he went through the Franco-German war, through the still more terrible conflict that followed—the war of the Commune—and he was in Spain during the last Carlist rebellion. Finally he was the special commissioner to Montenegro for the British National Aid Society during the Russo-Turkish war of 1876. Yet Sir John is always the first to tell you that he is not



SIR JOHN FURLEY.
Photo by Bassano, Old Bond Street, W.

a military man. What, then, is he? He is a world-wide authority on all matters concerning ambulance work, both civil and military. He has attended every international conference of the Red Cross Society since 1869, he was vice-president at that of Vienna in 1857, and at Rome in 1892. His life has been devoted for more than a quarter of a century to the succour of the sick and wounded. Sir John's knighthood was recently conferred upon him by her Majesty in recognition of these his services to humanity. He has, too, a genius for organising; he was one of the founders of the St. John Ambulance Association. He is a thoroughly practical man, he is the inventor of the stretchers and two-wheeled litters known as the "Furley pattern," several thousands of which are in use at the

present time at hospitals, mines, railway stations, and other public institutions throughout the country. Sir John Furley declined to retain any pecuniary interest in his inventions—he has given them, as he has given his services in many a sanguinary fight, in the cause of humanity.

The French Government made him an officer of the Legion of Honour for his heroic conduct at the Bridge of Neuilly in 1871, the French Red Cross Society presented him with a gold medal in recognition of his "indefatigable and courageous devotion." A complimentary dinner was given in his honour in this country a few years ago, when an address was presented to him bearing the signatures of a representative body of distinguished men, both civil and military. Sir John has both spoken and written on the care of the sick and wounded. He has delivered more than one lecture on the subject at the Royal United Service Institution; he is also the author of the "Struggles and Experiences of a Neutral Volunteer," and "Among the Carlists," and much Red Cross literature of a more technical character.

Sir John has all the reticence of the brave man. His *song froad* is impenetrable. He appears to regard bullets at close quarters as quite everyday affairs. He speaks of passing through the zone of fire as though it were merely a question of crossing the street.

It was as commissioner for the British National Aid Society that he was in the thick of the Franco-German war.

"I soon saw that it was not going to be all plain sailing," he said. "My friend and colleague, Admiral de Kantzow, was arrested as a Prussian spy. The prevailing impression appeared to be that everyone who was not a Frenchman was a spy. I was not surprised to be told myself that I had 'a very Prussian cast of countenance.'"

"It did not end there, I suppose?"
"Oh, no; I was made a prisoner at Conches by some *franco-tireurs*. They decided that I was a spy and must be shot out of hand. I asked to be taken before

the mayor. He declared that my papers were satisfactory. But that was not enough for the mob, and I was obliged to point out to his worship that he would be held responsible for my safety. So I was sent a prisoner to Evreux, to the *préfect*. He was a sensible man—he liberated me and apologised."

"Were you again captured?"

"Yes; Sir Henry Havlock and I were stopped by *frances-tireurs* at Hondan. The authorities approved our credentials, but meanwhile a crowd had collected round the carriage. They insisted on examining our baggage. Clothes, books, papers—everything was thrown into the road and closely overhauled by men, women, and children. A homoeopathic case was regarded with



SHELLS FROM THE SIEGE OF PARIS, ONE CONVERTED INTO A BALLOON.

considerable suspicion. After a great deal of abuse we were allowed to proceed."

"Did you find any difficulty in dealing with the claims for relief?"

"Sometimes. Both belligerents were naturally inclined to take very broad views as to their right to assistance. When Paris was invested, and I was at the German headquarters at Versailles, I remember receiving an application for some porter for a Royal Highness. I refused to supply it without a medical certificate. I got that certificate—I have it now."

"You saw a great deal of the fighting there?"

"Yes; but there was something very

artificial about war as practised at Versailles. We would go out to see a *sortie* as though we were going to a race-meeting. You could ride out after luncheon, assist at an engagement, and get back to dinner at seven!"

"With this qualification—that there was a tolerable chance that you might not get back at all?"

"Well, we got our share of any risk that was going. There was a particularly lively trip which we took to Evreux, for example. We started half a mile the road was very much exposed and there was a brisk fire going on. I saw one fellow deliberately pot at us at a distance of four or five hundred yards; then, small arms having to effect, a big gun was brought into position. Fortunately the shot missed; before there was time to fire another we were hidden by the houses of the town. But perhaps the excursion to Beaugency in the winter of 1870 is the one I remember best. Here were terrible scenes. The theatre had been converted into a hospital; the scenery used in the last performance still hung upon the stage. In the passage, as I went in, lay a corpse upon a stretcher with a sheet flung over it. The *salle*, from the stage to the back of the pit, was full of wounded, maimed in every conceivable way. Crouched round an iron stove were a few men able to crawl."

"During the armistice the French authorities declined to allow Sir John to enter Paris, though he was bent on rendering assistance to the beleaguered citizens and ascertaining the state of the hospitals. The German authorities facetiously told him that he might try to get in if he liked—but he would not get very far."

"Having made up my mind to go into Paris, I went," he said. "I borrowed the livery of a well-known diplomatist's coachman and drove in on the box-seat of his carriage. Privileged persons occasionally obtained leave to pass through the lines."

Sir John Furley, amongst his many relics of those stirring times, has in his possession a portrait of himself in the part of the coachman. He subsequently met with copies of this photo on sale in Belgium under the title of "*Le Cocher International*." The end justified the means; he was able to give invaluable assistance to the unfortunate Parisians. Sir John went into Paris again with the German troops. He returned to England soon after for a few days, but was back again to participate in the struggle with the Commune.

"I went one evening on a tour of exploration with Mr. Lawrence Oliphant, then correspondent of the *Times*," he said. "I had thought it well to warn one of my friends not to approach me in a new hat, or to be surprised if he saw me in the midst of a crowd, shouting '*A bas les aristocrates!*' We saw that night three poor wretches more dead than alive, supposed to be agents of the police, dragged along to summary trial and execution."

Sir John interviewed the Communal authorities.

He gave me a very graphic and amusing account of his visit.

"Seated at the tables," he said, "talking, sleeping, or eating, were men of all grades. A very talkative sentry, who frequently refreshed himself from a tin bottle, kept the door. We were presented to a Citizen-General, who gave me the idea

of a non-commissioned officer deprived of his stripes for intemperance. He welcomed us warmly; his eloquence brought tears to his eyes. I was informed subsequently that the

tears were the result of abstinence, to which the citizen was much addicted, and under the influence of which, on one occasion, he broke a chair over the head of a colleague."

Sir John narrowly escaped being a victim during the



REMINISCENCES OF THE CARLIST WAR.

Shell converted into an inkstand; a Carlist badge; a bullet which struck a stone upon which Sir John Furley was leaning; a Red Cross flag taken by him at the battle of Estella; and a cross from a wrecked church at Somorrostro.

great demonstration of the Friends of Order. He was sitting at breakfast in the *Restaurant de la Paix*, when he noticed that the iron shutters were being put up. He hurried out into the street, where the Friends of Order were assembling, and joined Mr. Lawrence Oliphant upon the balcony of his apartments. From 1,500 to 2,000 of the 'Friends' had met in front of the Grand Hotel. They made a move towards the *Rue de la Paix*, but were stopped by the Communists posted at the top of the street. Oliphant and I went to the Washington Club, where we thought we should get a better view. The unarmed Friends of Order continued to press on,



A LEAF FROM THE TEXT BENEATH WHICH THE FIRST SHOT OF THE FRANCO-GERMAN WAR WAS FIRED; ALSO A BALLOON LETTER SENT FROM PARIS DURING THE SIEGE. The letter is one of those sent out by balloon. The first page is a newspaper, and the letter is written on the inside.

forcing before them the line of sentries. Oliphant proposed that we should go down into the street. We did so and went with the crowd. I saw the defenders struggling to lower their rifles, whilst their opponents were trying to force them up. I confess I began to have serious misgivings. We made a strategic movement to the right. I palled at the bell of Blooms' Bank as I had never palled at bell before. We were admitted and witnessed the scene from one of the windows. "It was a deliberate massacre. As we looked out a shot passed between us, sending splinters of stone and glass into the room. Meanwhile nothing could be done towards helping the wounded; any person showing himself in the street was at once fired upon."

"Oliphant, by the way, who at that time was under the domination of the prophet Harris, regarded this shot as a message summoning him to America. It was suggested to him by Sir W. H. Russell that he should take me with him, for it was quite as likely to have been intended for me as for himself. Oliphant went to America, but returned within the month."

Sir John passed through the Republican and Communist lines sixty-five times. This

"Pray, Sir John," I said, "how did you manage it?"

"That is a curious story," he said. "One example will be sufficient. I had issued some circulars as chairman of the Paris Committee of the French Peasant Farmers' Seed Fund. By mistake they were issued on huge yellow posters, the official colour of the Commune, and stuck about the streets. They bore my name, to which was attached, *Président du Comité de Paris*. The effect of this title was tremendous. It

sounds incredible—but I was even able to sign passports for friends working for me. In one instance, at least, my signature was accepted, when a passport vised by the British ambassador was rejected, greatly to the amusement of Lord Lyons, when I told him."

Sir John, with his friend the Vicomte de Romanet, was joint director of the *Armée Volontaire* with the army of Marshal MacMahon. He was in every engagement fought during this period.

"What were your impressions at the Bridge of Neuilly?" I asked.

"There was little time to note facts," he said. "De Romanet and I went out accom-



PAPER-WEIGHTS MADE OF MARBLE FROM THE CHATEAU OF ST. CLOUD, AND A CRUCIFIX WHICH BELONGED TO THE EMPRESS EUGÉNIE.



BROKEN PIPE, PRAYER BOOK, AND SET OF DIAMONDS, FOUND LYING BY THE SIDE OF A DEAD GERMAN ON THE FIELD OF SEDAN; FRENCH EAGLES FROM THE SAME PLACE.

is a record performance. Hundreds of people attempting to leave Paris were turned back by the Commune. Many were forced against their will to serve in the ranks of the revolutionists.

panied by two labourers. Just as we turned a corner into the main avenue a shell burst, bringing down the cornice of a house about our ears. A vigorous fire was being directed upon the bridge. A shot struck the parapet



SHELL WHICH BURST CLOSE TO SIR JOHN AT NEUILLY; ALSO A BULLET FROM A COMMUNIST'S POCKET.

and the heavy stones fell, smashing two soldiers who were crouched behind them. A man near us was hit, his heart torn out with his side, and I was splashed with his blood. Further on were others, some dead, others dying; and still the horrible

Looking on this awful scene, and finding myself almost alone, I candidly confess to a moment of hesitation. As I gazed up the avenue and saw the guns belching fire, and heard the shots flying, I was almost paralysed with horror. However frivolous it may seem, being compelled to force my thoughts into another channel, I concentrated them upon a cigar. I stooped down behind a heap of sandbags and asked a soldier for a light, and, having set the weed going, I stuck it in my mouth and determined to keep it alight. A few seconds later we had



A SOUVENIR OF THE BRIDGE OF NEUILLY.

Unexploded shells converted into candlesticks and presented to Sir John Furley by Dr. Fouché. Inscribed "To my stretcher-bearer and the signer of my passport."

our stretcher a marine who had been shot through both thighs."

Sir John Furley, by the way, possesses a

curious memento. It is a shell which burst near him when out reconnoitring. A friend of his had the fragments collected and fixed together in a network of wire. Also upon the mantelshelf in his study stand two unexploded shells which have been converted into candlesticks. They were presented to



SIR JOHN FURLEY IN THE DOG-CART OF A COACHMAN IN WHICH HE GOT INTO PARIS.

him as souvenirs of the Bridge of Neuilly. When the Government troops entered Paris, Sir John Furley, as usual, was at the front. When Anteuil was taken, he, with other members of the French Red Cross Society, had a temporary hospital going before the military surgeons came up. And the Red

Cross helpers did not go unscathed during the war. On this occasion one *infirmier* had both his legs shot off, whilst another was killed by a bullet through the body.

Sir John saw the death as well as the birth of the Commune. "I looked down," he said, "in one place upon the bodies of hundreds of dead Communists laid in long parallel trenches."

His recollections of the Franco-German War and the Commune are practically inexhaustible. But I wished to know something about his campaign in Spain during the Carlist insurrection. The position of a "benevolent neutral" in time of war is always a dangerous one. In civil war, however, the risk is trebled.

"If you are not shot," said a friend, "you will be received as a Providence; if by any chance you are shot, *au revoir dans l'autre monde*."

Sir John was at Bilbao, and went from there to Castro Urdiales.

"Here," he said, "occurred one of the most flagrant violations of the Geneva Convention—I have ever met with. The church and cloisters, protected by the neutral flag and used as a hospital, contained tons of Remington cartridges, some pieces of artillery, and a guard-room!"

It was Sir John who rescued from a Carlist prison O'Donovan, the celebrated and ill-fated war correspondent, who perished later in the Sudan with the army of Hicks Pasha. The British Government could do nothing without recognising the Government of Don Carlos. So Sir John obtained credentials from Dona Margarita, wife of Don Carlos. He learned from her that O'Donovan was charged with having come to Spain with the intention of poisoning Don Carlos. He found O'Donovan imprisoned in a lathsome hole at Estella, having been a prisoner for more than six months, under the most wretched conditions.

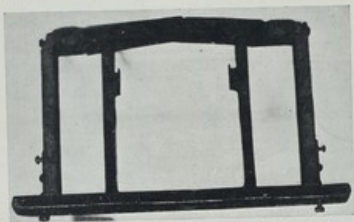
Sir John's luck was again to the fore.

"I was received with much attention and exceptional politeness at Estella," he said. "I did not understand it until I was informed that an English milord had presented four small steel guns to Don Carlos. It was rumoured that I was the milord! One morning, as a column of prisoners was passing through the streets, I thought I saw my man. I ascertained by a cautious word or two that it was he. I obtained access to the prison that night. After much trouble I got an order for O'Donovan to be transferred to me, and still as a prisoner, to be taken in my charge to the Carlist headquarters, where the question of his liberation was to be settled. We rode over the mountains to Durango. Here my servant mounted guard over the prisoner, while I interviewed the Carlist ministers and, finally, Don Carlos himself. The

dénoûment was comical—whilst the negotiations were proceeding the enemy swept down on Durango, and the 'King,' his ministers, his court and his army eked out, taking with them nearly all the means of transport.

By dint of bribery I procured horses, followed, and caught them up in the middle of the night. Believing it was now best to ask no more questions, we started off again early in the morning, and did not stop until O'Donovan was safe on the other side of the frontier."

Sir John values very highly a letter which he received some time after from Sir H. Layard (who had been British ambassador at Madrid), congratulating him upon the conduct of his mission. It was performed, by the way, entirely at Sir John's own cost. Upon his return to England, a certain noble lord called upon the Secretary of State for Foreign Affairs and suggested that the least that could be done would be to recomp Sir John his out-of-pocket expenses. The Secretary of State replied that he regretted that there was no fund available for such a purpose!



BED OF A CARRIAGE BELONGING TO THE TOY RAILWAY OF THE PRINCE IMPERIAL IN THE CHATEAU OF ST. CLOUD.

THE JOURNAL OF THE ROYAL UNITED SERVICE INSTITUTION.

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RE-ORGANISATION OF THE ROYAL ARMY MEDICAL CORPS.

By Major J. W. COCKERILL, R.A.M.C.

THE fact that there were only fourteen candidates found qualified for commissions in the Royal Army Medical Corps at the late examinations, when twenty-eight were offered for competition, merits the consideration of all who are interested in the welfare of the Army. All ranks are concerned that the corps should be thoroughly efficient, and capable of performing the various important duties which it is constantly being called upon to carry out, and which is impossible while it remains undermanned. The question of obtaining an ample supply of candidates is therefore all-important, but this depends, to a very great extent, upon the ordinary laws of supply and demand. A certain number join the Service on account of family traditions, or love of a military career, but this class is probably not very numerous. At the present time factors are at work which have reduced the supply of young qualified men, while at the same time the demand has increased. The increase in the length of the medical curriculum to five years has naturally decreased the supply. The action of the General Medical Council preventing practitioners employing unqualified assistants in their practices, has increased the demand. The result is seen in the salaries now offered to newly qualified men. A perusal of the advertisements published in the medical papers shows that for an in-door assistant £120 is about the average offered; for an out-door assistant £180, with furnished rooms, coal, gas, and attendance. The newly joined subaltern Royal Army Medical Corps receives about £260, but owing to necessary expenses he can save little or nothing. An assistant has practically no expenses, and out of such a salary can certainly save a considerable proportion.

He is very soon able to buy a share in a practice, when he will probably secure an income larger than he can hope to attain until he has served twenty years in the Army. Further, the Indian Government competes with the War Office for those who determine to enter the public service. This competition has recently become more marked, as candidates are now allowed to make their choice after the result of the examination has been made known. Very naturally the majority choose that service which appears to offer the higher inducement. They know that the officers of the Royal Army Medical Corps have practically as much Foreign and Indian service as an officer who joins the Indian Medical Service, and that when in India the Government of that country are allowed to pay them less than they pay their own officers, and to

refuse to recognise financially their military rank, so that it happens that a captain Royal Army Medical Corps is absolutely the worst paid of his rank in India. For the first six years of his service his pay is far less than a lieutenant Royal Engineers, and about the same as a newly-joined subaltern in the Indian Staff Corps. Again, a senior lieutenant-colonel Royal Army Medical Corps receives some 800 rupees a month less than an officer commanding a British battalion, and a surgeon-general 1,300 rupees less than a major-general! It is to be doubted whether the Royal Army Medical Corps can ever be popular while these discrepancies are permitted to continue.

The Indian Medical Service has other advantages in the shape of higher pensions, both for officers as well as their wives and children.

For example, comparing the pensions:—

	Surgeon-General.	Colonel.	Lieut.-Colonel after 30 years.	Lieut.-Colonel after 25 years.	Major or Lieut.-Colonel after 20 years.
I.M.S.	£1,050	£950	£790	£700	£365
R.A.M.C.	£730	£630	£547 to £457	£415	£365

Early retirements have much to do with the causation of the difficulty, but is it any wonder that an officer retires at twenty years' service when he sees that he can only count on increasing his pension from £365 per annum to £437 after a further ten years' service? In the Indian Medical Service under the same conditions he knows he must raise his pension to £700 per annum, so naturally serves on if physically able to do so.

An officer of the Indian Medical Service serves his five or six years in India, and then comes home on furlough for a year, or even longer. The Royal Army Medical Corps officer serves as long, and owing to the paucity of the establishment obtains a month's leave! Owing to the same reason he is put to much inconvenience and great expense. He is always on the move, seldom or never able to settle down, he has to exist in garrison lodgings, and to crown all "orderly duty," usually every third day, sometimes every other day, and occasionally every fourth day. If this duty merely consisted in visiting the hospital two or even three times, going round meals, and being prepared for a call at any moment, it would not be so unpopular as it is.

At Netley, Aldershot, Woolwich, or Dublin, and perhaps at a few other stations, a medical officer in constant attendance is no doubt absolutely necessary; the duty, therefore, is not so irksome and irritating as at some other stations where the necessity does not appear so obvious. In these larger hospitals, too, the duty does not come round so often. In many cases medical officers live close to the hospital. This, however, is not taken into consideration. If the orderly officer lived only twenty yards from the hospital gate, he would still have to occupy the orderly officer's room night and day. In the Indian Medical Service there is no orderly duty, the large general hospitals have a resident surgeon. Why should not the same plan be adopted in England? At all events it could

be done at the smaller hospitals, where the necessity of instant attendance is infrequent. Let proper quarters be built, and a resident surgeon be appointed, with security of tenure, and perhaps a little extra pay.

An officer of the Royal Army Medical Corps is so frequently moved that he never goes to hospital without half expecting sudden orders; the Indian officer knows no such disturbing experiences. In either military or civil employ he has fixity of tenure. If in the former, he belongs to his regiment and moves with it; if in the latter, he remains at the same station until promoted to a more valuable appointment, or he expresses a wish for a change.

In the Home Service there are practically no prospects. No medical officer has ever received the Grand Cross of any order. At the present moment not a single officer on the active list of the Royal Army Medical Corps holds the knighthood of any order. It is always difficult to make comparisons, but it is not uninteresting to compare the number of C.B.'s in the Royal Army Medical Corps and Army Service Corps, for as it happens all the officers of the latter corps who hold this decoration are on the supernumerary list of the corps, and consequently in precisely a similar position to the officers of the Royal Army Medical Corps.¹ There are eleven surgeon-generals, and among them are four who are Companions of the Bath, the others have no orders. The other ranks can be tabulated, thus:—

	Colonels.	C.B.'s.	Lieut.-Cols.	C.B.'s.
A.S.C.	4	4	42	7
R.A.M.C.	26	3	81	1

The total in the Army Service Corps being eleven to only eight in the Royal Army Medical Corps, or a percentage of about six three-quarters per cent. holding the rank of lieutenant-colonel and above, in the latter, to about twenty-four per cent. in the former. It must further be remembered that officers of the Army Service Corps have much less active service than those of the Royal Army Medical Corps, as they do not participate in any of the numerous campaigns in India.

If a comparison be instituted with the Royal Engineers the disparity is still more marked, especially in the higher ranks. In this corps there are thirteen general officers still on the active list. They hold one G.C.B., four K.C.B.'s, six C.B.'s, two G.C.M.G.'s, one K.C.M.G., three C.M.G.'s, one K.C.I.E., and one C.S.I. Total, nineteen decorations, or one hundred and forty-six per cent., nine being knighthoods. The eleven surgeon-generals have four C.B.'s, and are absolutely unrepresented in the Indian and Colonial Orders. The fifty-one colonels Royal Engineers have two K.C.B.'s, seven C.B.'s, one K.C.M.G., five C.M.G.'s, two C.S.I.'s, one K.C.I.E., one C.I.E. and three D.S.O.'s, or forty-three per cent., four being knighthoods. The twenty-six colonels Royal Army Medical Corps

¹ Monthly Army List for July, 1899.

have beside their three C.B.'s only two D.S.O.'s, or fifteen per cent. Like the surgeon-generals, they are unrepresented in any Indian or Colonial Order. A search among the retired officers will discover four K.C.B.'s, and one K.C.M.G. However, it is to be hoped that this anomaly is ceasing, as some of the more junior officers have been granted the C.M.G. When the services of the Royal Army Medical Corps in India are considered, it is surprising to find the neglect with which they have been treated. The Indian Government appears never to have recommended an officer of the Home Service for even the lowest class of the Star of India; while the C.I.E. is only given to surgeons to the Viceroy or Governors. The action of the authorities in excluding the name of the principal medical officer from the list of those who were honoured by being specially mentioned in the vote of thanks passed by the two Houses of Parliament after the Khartoum campaign may also be instanced. On that occasion, too, Mr. Balfour did not improve matters by explaining that "the line must be drawn somewhere," entirely oblivious of the fact that the surgeon-general, in addition to being the representative of the medical service, was actually the senior officer present, senior even to Lord Kitchener himself!

In spite of the warrant forming the Royal Corps and the consequent improvement in status, many stamps of the old inferiority have unfortunately been allowed to remain. In fact, they are too numerous to do more than merely mention. Before the last warrant was issued, Lord Lansdowne stated at the Mansion House that military titles up to colonel were to be granted, but that difficulties existed to granting the title of major-general. He announced that the Queen had been pleased to create a "new rank of general officer," with the title of surgeon-general. That the present rank is quite different to the old departmental rank of the same name appears to be duly recognised in the Official Quarterly Army List. Unfortunately, however, in the pay warrant it is replaced under the heading of departmental ranks, as if the old departmental rank were reconstituted instead of a new rank of general officer created. Why, too, are officers holding this rank labelled as belonging to the "Army Medical Staff"? The regulations say that principal medical officers are on the Staff of the Army. The same remarks apply to the rank of colonel. Surely officers holding either of these ranks should be shown as "Removed from corps as general officers, and still on the Active List," and as "Removed from corps as colonels, and still on the Active List," as done in the Royal Artillery, and still on the Active List, and Army Service Corps. The heading then Royal Engineers, and Army List as "The Royal Army Medical could be given in the Army List as "The Royal Army Medical Corps," and not as the "Army Medical Service," which is an anachronism. The authorised badge and motto should appear in the Army List as in the case of other regiments and corps.

Why are not colonels and surgeon-generals gazetted to the Staff as "colonels and surgeon-generals on the Staff" and distinguished with the "s" as in the case of other officers on the Staff? Why are not officers at Head Quarters gazetted to the Staff of the Army? Why are not

the surgeons to the Viceroy of India, the Commander-in-Chief in India, the Governors of Madras and Bombay, shown as belonging to their personal staff? It cannot be because they have limited command, as officers of the Army Service Corps on the Supernumerary List are gazetted in this way.

Why are the commissions issued since the formation of the corps worded like the old departmental commissions, instead of the same way as other regimental officers? Why is the adjutant of the Volunteer Medical Service Corps described as "captain R.A.M.C.," with date of commission, instead of "captain in the Army," which is the phrase used in other similar cases in the Army List? Why should the "Queen's Regulations" say that officers of the Royal Army Medical Corps are not "entitled" to the presidency of a court-martial? No officer in the Army is "entitled" to the position; he is detailed by the convening officer by name. If an officer of the Royal Army Medical Corps of sufficient rank be appointed he is eligible, and therefore entitled to sit; for the Court is legally constituted according to the Army Act, which makes no distinction. It therefore appears to be irregular for a convening officer to appoint a captain as president of a district court-martial when a field officer of the Royal Army Medical Corps is available. It is not as if officers of the corps were unacquainted with military law, for they have to pass in that subject before promotion. Why are principal medical officers forbidden to join the staffs of their general officers in ceremonial parades; and why is no place laid down in the Drill-Book for medical officers ordered to attend brigade parades? Officers of the Royal Engineers when on parade without their men are directed, if under the rank of field officer, to place themselves with the G.O.C.'s aides-de-camp; if of higher rank, not being "colonels on the Staff," with the staff officers of similar rank. Officers of the Royal Engineers very seldom find themselves in this position: with the Royal Army Medical Corps it is a matter of every-day occurrence. These differences are either accidental or intentional; in either case it is high time that they should be done away with. When the Athara and Khartoum gratuities were granted, the novel phrase "rank of combatant and medical officers" was used. It is to be hoped that this precedent will not be followed in future, attempting as it does to draw further distinctions.

There seems to be no reason why brevet rank should be withheld. It would appear very suitable for those lieutenant-colonels who have been selected for higher pay under Art. 362 of the Royal Warrant, on attaining four years' seniority as lieutenant-colonels. It would also be useful as a reward where a D.S.O. is unsuitable. At present promotion is seldom given, as it means future pecuniary loss, and permanent supersession of others.

There is only one difference, of which all admit the necessity and wisdom, and that is that officers of the Royal Army Medical Corps should be debarred from exercising general command; not by any difference in status, but by a Queen's Regulation, which, like every other regulation, the senior

officer is responsible for carrying out. Thus, when an officer of the corps becomes the senior present, he is himself responsible for handing over the command to the next senior, who has no right to push him unceremoniously aside. That this is the strict legal position is scarcely to be doubted, and it should be recognised more than it is, if only as a matter of courtesy. It may be said that cases might arise where such a course would entail delay in an emergency; but rules and regulations are not made for emergencies. Occasions have frequently arisen, and will arise again, where officers of the corps have had to command in actual warfare. The writer has commanded in action more than once, as well as under more peaceful conditions, and such an experience is by no means uncommon; but that does not prove that medical officers should have general command, as an ordinary rule. It might, however, raise the question, Who has the better right to the title "combatant"—one who has fought in a combat without special training, or one who has been specially trained without having fought?

The question of further training after service abroad is one urgently requiring solution. Unlike most other branches, officers of the Royal Army Medical Corps enter almost completely trained. They pass through a four months' special course at Netley, followed by six weeks at Aldershot. They are then doubtless thoroughly qualified for their work as far as education can fit them; but they lack experience. To make a thoroughly efficient officer, experience is absolutely essential; yet as the medical officer gradually gains this valuable quality, he is gradually becoming more and more behind the times. It is not as if medicine, surgery, and hygiene were exact sciences which can be learnt once for all. Look at the advance made within the last few years in bacteriology alone. It is impossible for anybody to keep himself abreast of the times by reading only; actual instruction and demonstration with personal work under a qualified teacher in a properly equipped laboratory is essential. Every Army surgeon should be well up in this branch of science, and able to demonstrate the presence or absence of the various micro-organisms associated with diphtheria, enteric fever, plague, malarial fever, etc., with certainty and without hesitation. An analysis of water without an efficient bacteriological report is practically worthless. The School of Musketry, Artillery College, Staff College, and a dozen courses of instruction, are kept up at a very considerable expense for the further education of Army officers. For medical officers there is nothing except the operative surgery course. It may be impossible to organise a special college, but it would be easy to recognise various post-graduate courses in London, or elsewhere. In addition to the necessary leave on full pay and allowances, the fees should be paid by the Government, on condition that evidence is produced showing satisfactory attendance. It unfortunately not infrequently happens that the Army surgeon's knowledge and skill is sneered at. That this is due to ignorance can very easily be proved by comparing the statistics of the recent campaigns on the N.W. Frontier of India, in West Africa, and Egypt, with the French expeditions in Tonquin and Madagascar, and the recent Spanish-American War. The fact that not a single death occurred

from septic disease among the wounded in the N.W. Frontier campaign is simply marvellous, but unfortunately it can only be appreciated by those who know the medical history of previous campaigns. The same immunity has been experienced during the recent rebellion in Sierra Leone, and is the result of the most scrupulous care and attention on the part of the much-abused Army surgeon. This success in carrying out Lord Liston's teaching under circumstances of great difficulty, with the result of completely stamping out that old enemy "surgical fever," leads to the hope that similar success will be the result of a spread of knowledge concerning the life-history of the various morbid micro-organisms. A few years ago, on the outbreak of enteric or cholera, nothing could be done beyond close attention to cleanliness and sanitation.

Nowadays an organised search with the microscope to trace the cause of the disease to its origin is absolutely essential. Major Ross, by his recent work in West Africa, has rendered it practically certain that that dreaded scourge malarial fever must in future be added to the list of those diseases which can only be fought successfully with the aid of the microscope. To fight this fight, further training for medical officers is absolutely necessary, and while the present scarcity of candidates persists it is difficult to see how it can be arranged.

There is another point which requires attention. It is the regulation requiring officers commanding units to hand over to the medical officer two men per company when an engagement is expected, to act as regimental stretcher bearers. These men are taken away from duties for which they have been carefully trained, to perform most important duties of an entirely different nature, for which they have had only the most superficial training. This system is wrong *ab initio*. It is very natural for commanding officers to object to have their fighting strength reduced at the critical moment, by losing two trained men per company, while from the medical officer's point of view the objection is just as strong in having practically untrained men as his assistants. It is impossible to thoroughly train a man in the art of applying first aid to the wounded unless his whole time is given to the subject. He ought also to have actual hospital experience. He must know exactly what to do, and how to do it, without hesitation or delay. It is very certain that the attendance on the wounded in a war against an enemy armed with modern weapons will consist of very little more than what is known as "first aid," until after the engagement is over. Orderlies properly trained would be quite as capable of carrying out this duty as a qualified surgeon. Carrying men to the rear on field stretchers under a heavy fire will be found to be absolutely impracticable. They may have to be moved short distances into a less exposed position, but any systematic removal to the rear would cause too heavy a loss amongst the bearers; besides the services of these men will be required rendering first aid to the wounded where they fall.

These two men per company are, according to the present Regulations, taught in peace-time what they will never be required to perform in war, and are not properly trained for those duties which they will have to

perform. It therefore appears only reasonable that they should be removed from their present units, and added to the establishment of the Royal Army Medical Corps, where they would be properly trained. The question of the provision of transport for the corps also require reconsideration. At present this duty falls on the Army Service Corps. It would be just as reasonable for that corps to horse the Royal Artillery batteries, or the Royal Engineers pontoon and telegraph wagons. As it is at present, half the men of a bearer company belong to one corps, half to another—an arrangement unknown in any other branch of the Service, and one calculated to produce friction. There is also a certain amount of waste of strength, as the drivers could, if properly trained, make themselves useful in many ways, when the wounded began to arrive. If drivers, wagons, and horses were handed over to the Royal Army Medical Corps it would for the first time become a homogeneous corps, solely responsible for the proper performance of its own duties. It is no more unreasonable that horses and wagons should be kept exclusively for the use and training of the Royal Army Medical Corps, than it is that they should be kept for other branches of the Service.

If the strength of the corps were thus increased, and drivers, horses, and wagons added to it, several bearer companies and field hospitals could be kept as units ready in every respect to proceed on active service. The officers would know their men, the men their officers. As a training ground they would be invaluable; at present the number of officers and men who have actually had experience of a mobilised bearer company or field hospital is insignificant. There would not be a great extra expense, as what is proposed is merely a re-arrangement, not an increase in numbers. Probably the need of paying men now in regiments, corps pay would be the only real expense. That it would greatly increase the popularity and efficiency of the Royal Army Medical Corps is undoubted.

TREATMENT:

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THE MEDICAL SIDE OF WAR.

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To the general public war means a series of battles, and to those at home the main interest of a campaign centres in the shock of the opposing armies. But battles are decided by numbers and by position; success generally falls to the general who can engage the enemy with the greatest number of troops placed in the most advantageous position. Much has to be done before a big battle can be risked; troops have to be concentrated, and favourable positions must be seized before the enemy can occupy them. This entails long and tiring marches, crowding of men into confined areas, and hardships due to living in the open, exposed to all kinds of weather, on food which may be plentiful but is rarely very varied.

The decisive battle may take a single day, but weeks or months have been occupied in manœuvring for "position." If sieges occur, both forces are tied down to the same ground whilst the siege lasts. Sanitation becomes difficult both in the beleaguered town and in the camps of the besiegers, and sickness is certain to occur in both forces.

As the popular interest centres in the battle, and hardly notices the manœuvres which lead up to it, so also it is the list of killed and wounded which, coming all on one day, arouses the sympathies of the nation at large, rather than the returns of sickness which reach us during the whole campaign. These returns, spread out over a long period, rarely shock by the length of any one list; but in the aggregate the casualties from disease far exceed the number of casualties in action.

It may be taken as a general rule that the shorter the campaign the less will the list of casualties from sickness exceed those from

wounds, but in a long-continued war the deaths from disease far outnumber those caused by the weapons of the enemy. Those struck off duty from illness exceed in number the non-effectives from wounds, and even amongst those who never "go sick" there are many whose health will be permanently affected by the campaign. The British soldier on service does not readily "go sick"; he is much too anxious not to miss the next fight, and fears that if he once gets into hospital he may be kept there or sent to the rear. I have seen a man die of perforation three days after admission to hospital; he had kept at duty for a fortnight whilst suffering from enteric fever. I had to keep a careful watch on my orderlies at Suakin in order to detect the symptoms of enteric fever, because they would not report sick so long as they could get about.

When, however, the excitement is over, the fatigue and strain tell. Hard work, exposure, want of variety in food, impure water, the insanitation of camps—all these sooner or later have their effects, and as the campaign proceeds, and especially as it reaches its close, medicine rather than surgery becomes the prominent feature in the hospitals.

In the present war in South Africa the numbers of killed and wounded have been considerable, for our troops are facing skilled marksmen with modern weapons firing from behind shelter in carefully selected positions. No wonder that we all eagerly scan the casualty list after each engagement, and sum up the large total disabled by the enemy's fire. No wonder that the various civilian hospitals sent out seek for skilled surgeons to form their staffs. But we must not forget the other side of the casualty list. We see some mention of deaths from disease, but this list in the newspapers is very short as compared with the list of killed, wounded, and missing which precedes it. Every casualty in action is noted, however; every wound is recorded and published, but only the deaths from disease are mentioned in the papers. For every death from disease, put down ten other men ill—a proportion which is certainly not excessive—and it will be obvious that the full number of non-effectives from sickness will be by no means small. In the House of Commons a few nights ago the number of deaths from disease was stated to be something over 500.

Even in a campaign which has as yet only lasted a few weeks, during which time our troops have been in constant touch with the enemy, and attacking almost impregnable positions held by brave and determined men, it is probable that the total number of sick already exceeds the heavy roll of casualties in action. The war is, however, not by any means over; the enemy may be driven

from his strong defensive positions, but there is still the occupation of his territory to be carried out. The casualties in action will, we may hope, very largely diminish, but those from sickness will in all probability largely increase.

The chief scourge of armies in the field has always been diarrhoea, and though we have learned the value of sanitation, and practise such sanitary precautions as the circumstances of a campaign will allow, enteric fever and affections of the intestinal tract still figure as the chief causes of sickness on service. Camp diarrhoea, dysentery, and enteric fever will furnish a large proportion of the cases, whilst the climatic conditions will be accountable for some invaliding. Small-pox, scarlet fever, or measles, if introduced into the force, may cause much trouble. Small-pox is prevalent amongst some of the native tribes with whom the troops may come in contact, but in a well-vaccinated force a serious outbreak is not to be feared. Measles caused a great deal of sickness amongst the young levies during the American Civil War, and this disease is dangerous to young troops in proportion to the amount of exposure those affected have to undergo.

An outbreak of either of the exanthemata would cause a very great deal of trouble, both from the military and from the medical point of view. During the hot weather of the South African summer there are sure to be cases of illness directly attributable to the effects of the sun. Sunstroke (*coup de soleil*), heat apoplexy, sun fever, and heat exhaustion represent the chief effects which may follow exertion in a hot climate. Sunstroke and heat apoplexy are often immediately fatal—the first from exposure to the direct rays of the sun, the latter occurring even in the shade or after the sun has gone down. Sun fever, as the name implies, is accompanied with rise of body temperature; heat exhaustion generally gives a subnormal temperature. When I was at Suakin, many men were brought into hospital suffering from the effects of fatigue whilst exposed to the hot sun, and were at first returned as cases of sunstroke, until it was pointed out that these usually had subnormal temperatures, when the term "heat exhaustion" was used for such cases.

On the high ground in South Africa, where the chief operations are taking place, there must be great differences between the night and day temperature, and with the heavy thunderstorms which frequently occur the men will often get thoroughly drenched. Under these conditions cases of pneumonia (which is common in that part of the country) will occur, and probably pleurisy also. Rheumatism may also be expected. On this high tableland malaria is said not to occur; but in the lower ground nearer the sea there is a prob-

ability that cases of malarial fever may cause some admissions into hospital.

In the Zulu War there were many cases which resembled the so-called typho-malarial fever which caused so much sickness in the American War, and which, under various names, has furnished many cases amongst our troops in different parts of the world. At Suakin, in 1885, I found that the cases admitted as enteric fever included at least one other disease in addition to true enteric fever. There were cases with the prominent symptoms of enteric fever, *e.g.*, diarrhoea and adynamia, but differing from this disease in course and in pathological condition. At the time I was inclined to consider them similar to the disease known as Malta fever, and believed them to be more closely allied to malarial fevers than to enteric fever. Since that time Malta fever has been differentiated from malaria, and much has been done to distinguish remittent fever and enteric; but it is important to remember that these different diseases may so closely resemble one another in symptoms that without due care they may be confused. From the point of view of prevention, as well as from that of treatment, it is important to differentiate these diseases.

With regard to enteric fever, it is necessary to remember that the disease may be spread from the ambulant and early cases using the common latrine. The regulation allowance of earth to be thrown into the latrine daily is probably quite insufficient in a dry and hot country. Old camping-grounds will be avoided as much as possible, though it must sometimes happen—as, in fact, has already occurred in this campaign—that a force must encamp in a position which has already been previously occupied either by our own troops or by the enemy. With the heavy rains and rapid falling of the rivers, the level of the ground-water will frequently rise and fall considerably. Where the ground has been previously fouled, this rapid alteration in the ground-water level may tend to increase the danger of occupying a site as a camp.

It is probable that the enemy will suffer from dysentery and diarrhoea at least as much as our own men; sanitary precautions will need to be carefully taken at the base where prisoners are confined, not only for the sake of the prisoners themselves, but in the interests of the inhabitants of the towns where they are confined.

The surrender of a large force after a stubborn and prolonged resistance would add to the danger in this direction.

The more constantly our troops are on the move, the less they will suffer from diarrhoea, dysentery, and enteric fever. It is in

the long-occupied camp and in the beleaguered town that these diseases play such havoc. In the Crimea the deaths from bowel complaints in the force before Sebastopol during the month of January, 1855, exceeded those from wounds throughout the whole of that long campaign. South Africa has a healthy climate compared with that of the Crimea, and the campaign will not be so stationary, whilst the sanitation of camps receives much more attention than it did five-and-forty years ago. We have, therefore, no cause to fear anything approaching the mortality or the sickness which marked our last great war, as it had done previous wars. Sickness, however, there will be, and it will be evident, when the lists of killed and wounded in action become fewer and shorter—as we hope they very soon will do—that the physician is as necessary with a force in the field as the surgeon. It must be remembered, to the credit of the officers of the Royal Army Medical Corps, that they are in the truest sense physicians and surgeons; they have to treat wounds and disease of every kind on their own responsibility, often far from any help from a "second opinion," and they do it well. Whilst the whole country recognises the complete organization of the medical arrangements in the field, and the bravery of the individual medical officers, their medical brethren alone can appreciate the skill and knowledge which enables them to treat with success the endless variety of cases—surgical and medical—which come under their care.

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THE ROYAL ARMY MEDICAL CORPS.

OUR army as a whole, and in each of its branches, has been severely tested for several months. There have been many details of command and administration which apparently deserve to be criticised, though it is possible that, when the whole truth is eventually published, it may be found that the present weight of criticism may have to be readjusted or even removed altogether. Circumstances are sometimes stronger than organisation however perfect, or plans of action however well conceived. But there is one military department which has proved itself quite equal to the work that it has undertaken, in whose operations it has been impossible to detect the slightest flaw, and in which there has never been any friction or shortcoming. The medical service of the army has attracted the cordial admiration of Continental, and particularly Russian, military surgeons by its performance of duty in the field and the completeness of its arrangements, and this means a great deal, as almost every other branch of the army is, whether rightly or not, judged unfavourably. It is a good thing when others see us as we would wish to be seen, and 'Maga' most cordially joins in the chorus of foreign approval, and wishes to direct attention to noble work nobly done. It is in the highest degree satisfactory

to see a perfect organisation perfectly successful in the ends for which it has been framed, and those who are responsible for it ought not to lack their meed of public appreciation.

There is no question but that the Royal Army Medical Corps (the department of which we speak) is animated just now by a very special desire to deserve well of England. Some years ago, and for a long time previously, the Army Medical Department, admirable and deserving as it had always proved itself, had been left by the country's Government in a most anomalous condition both as regards rank and privilege. It had been systematically snubbed and its professional and military pride had been gravely injured. Its officers were justifiably disheartened, and the service had lost its attraction for the best young men from the medical schools. In December 1896 'Maga' took up the cudgels in its behalf, and summed up the subject in a manner which, she is proud to believe, gained the gratitude of the department, and had some influence in moving the authorities to make necessary reforms. A due military rank was subsequently granted to the medical officers, and they with their men were formed into a special corps bearing the proud distinction of "Royal." Although it is certain that this concession should be by no means final, and that, in many details, there yet re-

mains much to be done, it has given the highest satisfaction to our army surgeons, and, in order to show themselves worthy of honour, they are, if it were possible, more anxious than ever before to strain every nerve in the performance of duty. They can never have to submit to a higher trial than that which is being given to them by the present war.

Few people realise completely what is the work that the Royal Army Medical Corps has to do, how vast are the responsibilities committed to it. Let it then be understood that, from the time when a severe campaign is in full swing, the most moderate estimate of the number of the sick and wounded to be dealt with is ten per cent of the total forces employed. If we have 100,000 men in the field, there will at any given time be about 10,000 in the care of the R.A.M.C. While soldiers are effective for fighting purposes they are distributed in regiments, battalions, and batteries; in brigades, divisions, and armies. The moment that they are stricken by disease or become victims to the enemy's weapons, they pass into another organisation. They become medical or surgical cases, and are on the strength of one or other of the established posts over which floats the red-cross flag. Every one of these posts has its special object, from the hurried relief on the battlefield itself, the careful examination and treatment at some neighbouring spot, more or less sheltered from the

enemy's bullets, up to the completely fitted field hospital and the still more elaborate hospital at the base of operations. It is worth while to examine all of these, and to see what share each takes in the saving of life, the mitigation of suffering, and the possible restoration of a soldier to his place in the fighting-line.

First, for the battlefield every unit (regiment, battalion, or brigade division of artillery) has attached to it an officer of the R.A.M.C., who accompanies it wherever it goes, and is ever at hand to give instant attention when casualties occur. These gallant gentlemen are as much exposed to the enemy's fire as any of the combatants, and they practise their profession coolly and deliberately under circumstances the most trying to nerve and mental equilibrium that can well be conceived. To their valour is often due the preservation of a life that is ebbing away or the saving of a limb that would otherwise be lost. Even if the case is beyond the aid of science, who can gauge the great reduction of mortal agony that may be the work of their tender and skilful hands? After the first attention has been paid to the wounded, they are removed by the regimental stretcher-bearers to the "collecting station," a spot as near the fighting-line as possible, but to a certain extent sheltered from the enemy's fire. No surgical work is done here; but the first line of ambulances is in waiting, and receives the victims of war for carriage to the "dressing station." And

now we come to the work of another item of the system, the "bearer companies," one of which is attached to each brigade of cavalry or infantry. In a great battle it would be obviously impossible for the surgeons attached to units to attend to all the men who are injured,—the regimental stretcher-bearers could not carry all from the field. More assistance is necessary, and this is given by a bearer company, consisting of three officers, nearly sixty non-commissioned officers and men of the R.A.M.C., and thirty-eight men, under a warrant officer, of the Army Service Corps. The major of the company and another medical officer remain at the dressing station with the sergeant-major, three non-commissioned officers, four privates, and a cook, while the remainder of the company moves after the fighting-line to help in tending and removing the wounded as they fall. The dressing station is established beyond the zone of fire, and, if possible, near a road and a good water-supply. Buildings are utilised when available, but if not tents are pitched; fires are lighted for heating water and preparing restoratives; everything that surgery requires is ready for use, and medical comforts are provided. It is here that there is the first opportunity of minutely examining the condition of a wounded man. Here he is carefully attended to. Here immediately necessary operations are performed, and here his strength is sus-

tained by food and stimulants. Mr. Treves, one of the consulting surgeons with the forces in Africa, gives a most vivid account of what he saw at such a place:—

"The scene presented at this spot was beyond description. The men were coming in as fast as ambulances and bearers could bring them. Some were dead, some were dying, all were parched with thirst and baked and blistered with heat. The men were lying on all sides on stretchers—amidst tents, piles of rifles, accoutrements, battered helmets, and blood-stained tunics. It was a sight no one would wish to see again, and the blazing sun added to the miseries of all."

But the dressing station is only a halting-place. There it is impossible to keep any cases for prolonged treatment, and all are at once placed in the second line of ambulances for conveyance to the "field hospital." This is a large establishment consisting of a hundred beds, and is under the charge of four officers and a quartermaster, with thirty-five non-commissioned officers and privates R.A.M.C., and, in addition, twenty non-commissioned officers and privates Army Service Corps for transport duty. A field hospital is attached to every brigade or equivalent body of troops, and it can, if required by circumstances, be subdivided into sections of twenty-five beds. As it must accompany its brigade on the march, it is to the fullest extent mobile; but it is so equipped and provided that it can remain in one place for a considerable period and give to its patients every facility for

repose and comfort as long as they remain in its shelter. This is no long time, however. Being liable to marching orders at any moment, every case that can possibly be removed must be transferred at once to a "stationary hospital." As its name implies, this is a hospital which does not accompany the movements of the army, and is a fixture until there is a great change in the scheme of operations. It is placed on the line of communications, and all of its arrangements have a more or less permanent character. There are several stationary hospitals now in South Africa, and each contains a hundred beds; but it can be broken up into sections of fifty beds, complete in every respect. The personnel of each is nearly the same as that of a field hospital, with the exception that there is no transport equipment. No man is, however, placed in a stationary hospital if he is fit to undergo the journey to a "general hospital" at the base of operations. General hospitals have been established at the great South African seaport towns, and they are the *ne plus ultra* of medical science and administration, hardly yielding in any single point to the great organisations at home. Each accommodates 500 rank and file and 20 officers, and is worked by a large staff, comprising a colonel, seven officers, and about 140 non-commissioned officers and men of the R.A.M.C., with eleven civilian surgeons, a lady superintendent, and eight nursing sisters. From the general

hospital there are only two moves possible for the patient—one back to his native land, when he is, alas! permanently disabled or not likely to be fit for war for a considerable time; the other, and happily it is one that can often be made, when he is entirely restored to health and strength and is able to return to his duty in the ranks, very likely again to qualify for hospital treatment.

The long list of posts where sick and wounded are treated by no means exhausts the rôle of beneficent establishments under the direct charge and administration of the officers R.A.M.C. Besides the base depots and advanced depots of stores, medical comforts, &c., for which they are directly responsible, they have entirely in their hands the equipment and control of all the transport of patients by land and sea. No methods long prepared and framed in accordance with any practicable peace establishment could ever cope satisfactorily with the dire immediate necessities of a great battlefield, and the wise foresight of Colonel Gallwey, C.B., the principal medical officer with Sir Redvers Buller's army, made one of the most admirable provisions ever heard of in war's history. He organised a volunteer ambulance corps of 2000 men, who were told off in the proportion of 12 men to a stretcher. These stretcher-carriers bore all the more seriously wounded from the field in the Colenso fight, and thus spared them the suffering and danger which would have been inevitable from the

jolting of the ambulance-wagons over the uneven ground. Not only did they do this all day, but during the following night and day they carried all the worst cases on to the stationary hospital. It was due principally to Colonel Gallwey's bold initiative and thoroughness of previous organisation that not a single wounded man was left on the field after dark. This is only one instance out of many that might be cited showing what a practical grasp the officers R.A.M.C. have of everything that bears on their responsibilities, and how perfectly prepared they are to foresee and meet necessities that may arise.

Then, for the long railway journeys from the front to the base, hospital trains of the most elaborate completeness in equipment were prepared before the necessity for their use actually arose, and have been found admirably adapted for their purpose. Each train is a self-contained hospital, with stores, means of cooking, comfortable arrangements for patients, and room for medical staff. African railways are generally a single line of rails, so frequent shunting on to a siding must take place to allow other trains to pass; but from this there follows no inconvenience except the delay, and every precaution is taken that in passing from the battlefield there is no increase of hurt or suffering. Again the work on the Natal side may be quoted as an example of what has been done, but certainly only as a case of *ex uno disce omnes*. Major Brazier

Creagh has made his hospital trains the object of unlimited labour and thought. In them, as soon as a patient has been put into his berth, he has been able to command iced soda-water and whisky, iced milk, hot soup, or even champagne and seltzer-water. In relation to hospital trains it should be noted that Major Creagh brought his train actually under fire on to the battlefield at Colenso, and that the wounded were lifted into it from the place where they fell. Truly, if war is a brutal and illogical business, at any rate some of its worst evils have been palliated by philanthropic science.

In African waters there are now six hospital ships—the *Trojan* and the *Spartan*, which were provided by Government; the *Princess of Wales*, prepared by the Red Cross Society, assisted by funds given by the kind Princess whose name it bears from moneys remaining in her hands after the occupation of Egypt; the *Maine*, chartered and fitted out by the generous exertions of American ladies, under the personal care and supervision of Lady Randolph Churchill; and the *Lismore* and *Nubia*, lately fitted out in the colony. These magnificently arranged and provided ships are under the direct control of the R.A.M.C., though it has been of course impossible to find, from its too limited numbers, all the professional personnel, and this has been formed from the cream of the medical faculty in England and the United States.

The normal requirements of an army in the way of medical attendance differ so enormously from the tremendous pressure of a great war, that it would be out of the question to maintain such a permanent establishment of the R.A.M.C. as would be sufficient to meet all the duties which now lie before it. Like those of other nations, our military medical department has always had to contemplate the necessity, when an emergency arose, of appealing to the medical profession at large for assistance. The appeal has now been made by the Director-General, and most nobly and enthusiastically has it been answered. Thousands of the most highly qualified men in our islands, representing all the great medical schools, have applied for employment, and the only difficulty has been to choose from the multitude the few hundreds that have been required. It is understood that these civilian surgeons are to receive the same pay and allowances during their term of employment as the regular officers; but no such temptations, nor indeed any temptations whatever, were necessary to secure their services. These gallant volunteers were only anxious to practise their noble profession in their country's service, not in mere commonplace hospital work, but in the most advanced posts, where exposure and hardship are greatest and the enemy's bullets are flying most thickly. So far it has not been considered desirable to gratify their very laudable ambition to the utmost, as

their lack of military experience and knowledge of military routine might present some difficulties, but they are finding ample employment in the base and stationary hospitals. It is by no means improbable, however, that the time may come when some of them may find themselves in situations which will very fully try their nerve and hardihood.

In addition to the regular working staff of our medical organisation for war, our soldiers are also having with them some of the greatest British surgeons as consultants. The names of Sir W. MacCormac, Mr Treves, Sir W. Stokes, and others who have gone to South Africa, are those of princes in their great calling, and England owes a deep debt of gratitude to such men, who, forsaking their great positions and largely paid practices at home, have gone forth on their errand of mercy. It is no confession of weakness on the part of the R.A.M.C. that it should welcome the advice in grave cases of scientists whose reputation is pre-eminent. The credit of its officers, gained brilliantly in peace and war, puts it beyond any such suggestion; but there is no doubt that it is often more difficult to decide whether a serious operation is advisable than to perform the operation itself, and it must be of the greatest satisfaction to the patient, to the patient's friends at home, and to the surgeon that the propriety of any course of action should be supported and fortified by an opinion of unquestionable weight and

value. If they had gone from England for nothing else but to inspect and report upon the R.A.M.C. work in the field and in hospital, the presence of the consultants in Africa would have been an immense satisfaction to the English people. No men know better than they what surgery and nursing should be, and when, as independent critics, they can and do pour forth unstinted praise upon every detail that has come before them, we can bless the arrangement that has given us their opinion. In employing these distinguished men, England is only doing what all great Continental nations propose to do in the case of war; but even in our own history we have seen a leading London surgeon hurry to the scene of a great campaign:—

"The fact may not inappropriately be recalled that Sir Charles Bell acted as a volunteer consultant to the forces after Waterloo. In his 'Letters,' published by his widow, it is stated that when, on June 22, 1815, the news of the great battle reached London, Bell exclaimed to his brother-in-law, Mr John Shaw, afterwards surgeon to the Middlesex hospital: 'Johnnie! How can we let this pass! Here is such an occasion of seeing gunshot-wounds come to our very door. Let us go.' They set off at once, the only passports they thought of being surgical instruments; these Shaw shook in the faces of the officers, who thereupon let them pass without making any difficulty. On their arrival at Brussels they found things in some confusion. Bell writes on July 1: 'It was thought we were prepared for a great battle, yet there we are, eleven days after it, only making arrangements for the reception of the wounded.'"

Sir Charles Bell appears to

have given his great skill principally to the French wounded, though he was consulted by General Adam, Sir Edward Barnes, Sir Henry Hardinge, and other officers.

After all, surgery and medicine are not everything in the treatment of a case, but careful and tender nursing takes a very important part. The medical officer cannot always remain by one bedside, and if his directions are not minutely carried out during the long hours when he is employed elsewhere, his best skill will be but of partial avail. It does not appear to be usually known that the men of the R.A.M.C. are not only stretcher-bearers but are also highly skilled and experienced hospital attendants, and are divided according to their capabilities into various classes. The orderlies of the first class are thoroughly trained "nurses," while the others are employed as compounders, cooks, &c. Probably nowhere more felt than it is by the orderlies in a military hospital. Quite irrespective of the sympathetic feeling which we believe that most Englishmen have towards helplessness and suffering, they are very fully imbued with the military virtues of discipline and devotion to duty. We know well how in the combatant ranks good officers can by their leading incite their men to deeds of chivalry and heroism, and in like manner the unflinching scientific coolness, resource, presence of mind, and entire forgetfulness of self shown by the officers

of the R.A.M.C. are constantly emulated by the men who serve with them. There is no doubt that in the line nearest the enemy, where work must inevitably be to some extent rough and ready, when grave danger is hovering near, and a hospital must, as it were, "come into action" with the utmost rapidity, and not always under the most favourable surrounding circumstances, the men of the R.A.M.C. are the best possible nurses. It has been suggested that some lady nurses should be attached to the field hospitals; but the consensus of opinion among those who are responsible that the work is well done, and among the poor Tommies who form the cases, is that the ladies would be quite out of place so near the battlefield, and that it is much better to rely entirely on the men who have always proved themselves to be so good and efficient. It is obvious, too, that, if a lady nurse falls sick, it would be impossible in a field hospital to provide that she should have the care and privacy due to her sex.

But in the case of our sick and wounded soldiers there is still a very important place for lady nurses. Immediately after the first shock of a wound, the patient's thoughts are still full of the excitement of the fight, or else he is nearly unconscious of surrounding influences. So long as he is attended to, there is little room for the sway of the mind over the body; but when he finds himself in a stationary or base hospital, during the long-drawn-out days while he is slow-

ly progressing to convalescence, or when perhaps he is fading out of life, the gentle touch of a woman's hand and the soothing tones of a woman's voice are to him of inestimable value. Good and attentive as male nurses may be, their care lacks something which is supplied by that of the "ministering angels." This has been recognised for some years, and a corps of ladies called the Army Nursing Service has been formed for hospital duty in England and the Colonies, India being provided for by the Indian Nursing Service, which is a separate body. The sisters of the Army Nursing Service all go through a course of instruction at Netley, and there become accustomed to military ways and military discipline. A large number of them are now in South Africa, and how admirably their work is done will be told by the invalids who are now returning to England. As the Army Nursing Service would be unable to meet all the calls upon it, it is supplemented by sisters from the Army Nursing Reserve, an organisation managed by a committee of which Princess Christian is president, and into whose benevolent work she has thrown her whole energy. The followers in the footsteps of Florence Nightingale are now many. The good work that she initiated has now become a commonplace of warlike organisation, the difficulties that she found in her path have passed away for ever, and all the world recognises the noble practicalness of her aims.

Some comment has been made

on the omission of special sanitary officers from the staffs of our armies. The fact is, however, that such officers are now in no way needed. Every officer of the R.A.M.C. goes through a course at Netley on all matters connected with sanitation, and is perfectly competent to advise in every such detail. The medical officer attached to each unit is responsible to the principal medical officer of the division for the proper condition of his camp, and a most careful eye is kept upon the sources of water-supply, the food, and all matters that can possibly affect the wellbeing of the men. How thoroughly sanitation is attended to is shown by the excellent general health of all the troops, although typhoid fever is known to be very prevalent in South Africa during the autumn and summer. The only places where there have been any serious outbreaks are among the besieged garrisons and one or two camps close to the enemy, and their conditions are of course beyond the control of any sanitary science, however perfect and however energetic in action.

A very ill-advised commander in the English army once said, not so very long ago, that the medical corps "were not soldiers but only attendants upon soldiers." It may be perhaps difficult to define what special qualifications or employments make a man a soldier; but if entire self-abnegation in the cause of duty, if patient endurance of fatigue and hardship in the course of military operations, if the profoundest dis-

regard of danger in the battlefield, if the fact of their officers and men being large sharers in the death and injury that smite the *personnel* of an army, are any of the conditions that mark a true soldier, the R.A.M.C. can say, "No men are more of soldiers than we." This must be iterated again and yet again; for, in the face of these very palpable facts, there can be no doubt that in certain military quarters, and those, so far, very influential quarters, there is still a deep-rooted feeling of animosity against the medical service. Or is it possible that the feeling is rather one of jealousy because that service has been so eminently equal to a great occasion, when the purely combatant administration has, to say the least, not been too successful? Specific army status has been granted to the medical department, but this has not apparently always carried with it the recognition that is due. For a salient example of what is meant it may be pointed out that the name of the principal medical officer of the last Sudan expedition was omitted from the otherwise comprehensive list of those to whom the thanks of Parliament were tendered. The record of special acts of gallantry performed by our officers and men in South Africa is somewhat slow in reaching us, and what has come has been wanting in fulness. Perhaps it is only the despatches of successful generals that can be expected to contain eulogies of subordinates, however well they may have served, however brilliant an example

they may have given. But, though we have yet to learn officially the details of many deeds of heroism, the commanders of the most important forces hitherto employed have spoken generally in the most laudatory terms about the work done by the R.A.M.C. General Buller says:—

"One of the Natal papers is attacking the military hospitals, and, as some of the false and ridiculous statements may cause anxiety at home, I think it right to say that Mr Treves assures me that there is no possible ground for complaint, and that I may rest satisfied that all the medical arrangements are completely satisfactory to him. I pressed him if he could suggest improvement, and he said he could not. I have given the matter every consideration, and can only express my admiration of the arrangements made by Colonel Galloway and the Royal Army Medical Corps, and Mr Treves assures me that he entirely agrees with me."

Lord Methuen thus concludes his despatch after the Modder River fight:—

"Again I call attention to the splendid hospital arrangements, for at 4.45 p.m. on the day after the fight all my wounded were on the way to Capetown. I am glad to have been slightly wounded, because in no other way could I have learnt the care taken of the wounded; and there was nothing officer or private soldier required that was not provided at once, and the medical officers never tired in their endeavour to alleviate suffering."

The despatch also contains the following mention: "He (Colonel Paget) draws attention to Captain Moores, R.A.M.C., who, although wounded in the hand, said nothing, but continued his duties."

From other sources we know

that, while our soldiers have behaved, without exception, in accordance with the noblest traditions of the British race, when one of the few bright elements in the campaign's history is the knowledge that all ranks have acquitted themselves like men, the R.A.M.C. has specially distinguished itself, and we cannot help feeling our blood stirred by tales of what it has done. Mr Treves tells of poor Lieutenant Roberts's death:—

"Before he was brought in he had been lying for seven hours in the sun in a donga. Here he was attended by Major Babtie, R.A.M.C., who rode into the donga through a hail of bullets, and whose horse was killed under him. Major Babtie kept by the wounded men in the donga until the battle was over, and as he alone had water in his water-bottle he doled out water to each man in a minim measure, 1 drachm to each. The courage and daring of Major Babtie on this occasion call for some recognition from the medical profession, if not from the military authorities."

Then the 'Morning Post's' correspondent, writing of the battle of Magersfontein:—

"It is most necessary here to say a word in praise of the Army Medical Corps, who faced a hot fire all day long, going close up to the firing-line to bring back our wounded. It seems almost incredible that during the day 500 wounded men should have been brought back by the Medical Corps, though to get them back stretcher-bearers and searchers had to cross and recross a zone of fire nearly a mile wide."

Writing of the same battle, the 'Daily Telegraph' correspondent says:—

"When the ambulance was brought up about noon, the Boers would not allow it to come nearer than 500 yards. Enser, however, went on

alone within 300 yards of the enemy and brought back a wounded man, although a heavy fire was directed on him by the Boers. Captain Probyn, attached to the Gordon Highlanders, walked erect up and down the firing-line attending to the wounded officers and men under a hail of bullets."

And so on and so on.

Several officers of the R.A.M.C. have met a soldier's death in the field. The first to give his life for his country was Major Gray, who fell while ministering to the wounded at Elandslaagte. Then Captain Hughes, one of the most brilliant young English scientists, died by Buller's side at Colenso. Even

that unemotional commander telegraphed, "We had all learned to love him"; and it has been written of him in a great professional journal, "His untimely death is a loss not only to the Royal Army Medical Corps, but also to the profession at large and to medical science." And, alas! there are others.

A very spirited ditty has come before us. It was published in the 'Morning Post,' and it is no discredit to it to say that it is evidently inspired by the study of Rudyard Kipling. Its last lines seem to sum up very perfectly all that we think about the R.A.M.C. in the field:—

"But, here's to the man of the R.A.M.C.
Buzzing about on the field like a bee,
Tending the wounded where lead's
flying hot,
Biting his lip when he gets himself shot;
Brave as the best of us, hurt and not
tell,

Doctor he may be—he's soldier as well."
And, besides their chivalrous courage and readiness in the

actual battlefield, the R.A.M.C. have given examples of the most extraordinary endurance in carrying out their duties after the actual fighting is over,—an endurance so much beyond the ordinary capacity of human powers, that it can only be accounted for by believing that they are stimulated by the noblest professional zeal and the most eager and high-minded philanthropy. After the battle of Magersfontein the medical men worked incessantly for thirty-six hours. After the battle of Colenso Mr Treves writes:—

"Some 800 wounded were passed through the field hospitals and dealt with by sixteen surgeons. Those who harshly criticise the Medical Department should have seen the work done on the memorable Friday on the Naval Hill before Colenso. No work could have been done better. The equipment was good, the arrangements elaborated, and the officers worked on hour after hour without rest or food under the most trying possible conditions. No greater strain could have fallen upon a department, and all concerned met the test of it valiantly and well. One could not be other than proud of one's profession."

And be it remembered that the men who did this great work, work which involved as much toil to the brain as it demanded the utmost skillfulness of hand, did not come to it fresh and unfatigued. Many of them had had a weary march, many of them had been present and employed during the long and bitter action. The temperature was over 100°, and the atmosphere was permeated with dust. Truly a marvellous feat!

Something has now been

said of our Army's Medical Service in the field, of its marvellously perfect organisation, of the individual initiative, cool courage, skill, endurance, and sense of duty shown by its members in the most trying tests that can well be conceived; but it must be remembered that there are other officers of the R.A.M.C. who, though they are not serving in the field, have to discharge duties as essential to the efficient working of the department. A long succession of most able, experienced, and practical men have built up the present system of administration and execution, and it has been the good fortune of Surgeon-General Jameson, the present Director-General, to see how admirable in every respect is the result of the labour done

by himself and his predecessors. He has within the last few months had to face a gigantic task, and to face it at the head of a service which is miserably undermanned. Complaints have, in one or two instances, been made of so-called shortcomings in the department that he controls, but they have been the outcome of profound ignorance as to real facts, and in no single case have they been justified—indeed they have always been triumphantly refuted. The strain has been terrible, but in no detail has the medical service given way. Surely there is here a combination of science, of business capacity, of patriotic feeling, of profound sense of duty, which our nation should be proud to see in servants of the State. Surely it should not be ungrateful.

J. Cecil Russell.
Major General.

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ART. X.—*Debate in the House of Commons on Management of Hospitals in South Africa, June 29, 1900.*

ACCORDING to the theory which has, perhaps, found most favour among the learned of recent years, it was a deterioration in the health of the citizens of the Roman Empire which accounted for the ignominious collapse of the greatest civilised organisation that the world has ever seen. If such was the cause that determined the fate of that which all men thought to be invincible and eternal, health is not less the rock upon which is founded the success of an army in the field. For a time, indeed, and under special conditions, neglect of health may not spell ruin: the Americans in Cuba, and the French in Madagascar, fought and won because those campaigns were comparatively of short duration and conducted against a vastly inferior enemy. But it happens too often that, when an epidemic begins among the ranks, divisions dwindle into brigades, brigades into battalions, battalions into companies, and that the sick, by hampering the transport and consuming those so-called comforts which are in reality necessities, spread, as it were, a second contagion throughout the forces and paralyse the whole.

During the ten months which preceded the actual outbreak of hostilities in South Africa, the shadow of war seemed constantly to shift: now it receded beyond the horizon, and now it stood almost overhead. But throughout that period our people were, as the Greeks would have termed it, three removes from any anxiety, or even thought, as to the preparations to be made by the Royal Army Medical Corps for the possible event of war. Conscious themselves of not desiring it, they did not believe in its outbreak; even should it occur it was sure to be short and sharp, thus affording no scope for extensive sickness; and, thirdly, if both these two anticipations were to be negatived, they had no reason to place other than the most complete confidence in the War Office arrangements.

If such was the feeling of the general public, those who had studied the situation from a more intimate standpoint did not share those sentiments. To begin with, the corps during recent years had suffered a serious decline in numbers while our army had increased, for whereas its total of officers was a little over 850 at the commencement of this year, that figure showed a falling off in two years of not far

from one hundred officers. The cause, or at least a main cause, was the unpopularity of the service among those entering the medical profession, as is instanced by the fact that in the last examination held before the war only fourteen candidates presented themselves for twenty-eight appointments, the remaining vacancies having to be filled by nomination. To put the matter in another light, it is a fact that notwithstanding an increased army the medical establishment of officers immediately before the war was about 20 per cent. under what it was thirty or forty years ago. No further proofs are needed of what, indeed, is a matter of common knowledge among members of the profession, that the corps was not only undermanned, but was being stocked with men of inferior calibre.

Such facts as these gave rise to two remarkable expressions of opinion from authoritative sources previous to the outbreak of hostilities. The 'British Medical Journal,' having devoted itself to an examination of Lord Wolseley's statement that we had two army corps 'complete in every respect,' came to the conclusion that as far as the medical service was concerned the prospect of such a mobilisation was 'alarming,' and indicated a dread of an experience of the Crimean 'folly.' Professor Ogston, the Regius Professor in Surgery at Aberdeen, in delivering a lecture shortly before the war, referred to the deputation from the British Medical Association which waited on the Secretary of State in 1898, to inform him through its president that 'if there were to come a time of war, it is to be dreaded that all the horrors which occurred during the Crimea may be repeated,' in response to which Lord Lansdowne admitted that 'only the comparatively inferior men present themselves,' and that it was 'a very grave condition of things.' The Professor pointed out that 'the service is undergoing rapid deterioration,' that the Ministry had recently admitted that the medical contingent for two army corps was not available, and that it was a 'fatal error' to imagine that an organisation could be suddenly created by calling in civil aid.

To such administrative anxieties at home was added the knowledge that in South Africa any campaign would be productive of much sickness of the most serious kind. In Lord Wolseley's 'Soldier's Pocket-book,' as published in 1886, it is stated that the ratio among our troops of those constantly non-effective from sickness in South Africa was nearly 50 per 1,000. But, according to the last report of the Army Medical Department in 1898, that figure had risen

to 56½ per 1,000, the cause probably being that 'the prevalence of enteric fever in the command is assuming grave proportions.' Indeed, it was well known that enteric or, in other words, typhoid fever was a common scourge of South Africa, due to the neglect of ordinary sanitary precautions and the consequent absence of a pure water supply. 'Extraordinary precautions are urgently needed against enteric fever' were the warning words used by Surgeon-General Jameson, Director-General of the Army Medical Department.

If such was the condition of the department on the one side, and the dangers of disease upon the other, the events which immediately accompanied the actual outbreak of hostilities did not seem reassuring. On the mobilisation of the first Army Corps, Nos. 1, 2, 3, and 4 general hospitals were ordered to accompany it, not to mention four stationary hospitals, twelve field hospitals, and eight bearer companies. It is the business of the Ordnance Department to supply such material as tents, beds, and wagons to the medical service. According to the statement of Sir Henry Brackenbury, Director-General of Ordnance, 'the reserve of hospital equipment previous to the outbreak of the war was totally inadequate: they had a reserve of only one base hospital of 520 beds, and two stationary hospitals of 110 beds each.' Colonel Stevens, Principal Ordnance Officer, added that on several occasions he asked to be allowed to proceed with the equipment of the necessary base hospitals, but was refused permission, and that, though it required about four months for the whole, he did not receive orders to proceed with the preparations until October 4. What was the explanation of this? Sir Ralph Knox, Permanent Under-Secretary for War, stated that the Government had not in July, or even in August, made up its mind as to what would have to be done.† Nor were matters much more satisfactory as regards the staff of the Army Medical Corps. Immediately after the outbreak of war the total strength of the officers of the corps was 833, or 60 below the figure which a late director-general had pronounced 'perilously low.' It was distributed as follows:—408 at foreign stations, 245 in South Africa, and 140 at home, besides other details to the number of 40. One single army corps had been mobilised at that date; a second army corps could

* Daily News, July 25, 1900.

† Daily Telegraph, July 25, 1900.

hardly require less than 150 officers, and yet, as the 'British Medical Journal' stated, 'barely 100 medical officers are available to complete the mobilisation of a second army corps should that prove necessary; and not a man will be left at home to fill vacancies. Is this a safe and creditable position for a great and humane country?' Nor was this all. The embodiment of the Militia was proceeding apace. But, with the exception of a few companies of the Militia Medical Staff Corps trained for bearer duties, the Militia have no medical officers or establishments, but rely on the Royal Army Medical Corps. Against all this the Medical Corps, so far as itself was concerned, had one resource: 95 of its former members were on the retired pay list and liable to be summoned. But in the time of crisis this did not avail much, since of this number some proved unfit, others held permanent military appointments at home, and ultimately only four were sent out to South Africa.

So far, then, as our investigation has proceeded, several facts of the gravest import seem established beyond dispute. We have it on the highest authority that those who enter the Army Medical Corps are not otherwise than of 'comparatively inferior' capacity as a rule; that the corps is dangerously undermanned; that the mobilisation of a single army corps used up its spare officers; that its reserve practically does not exist for purposes of active service; that its reserve equipment was utterly inadequate; and that no steps were taken until October 4 to remedy that deficiency, although war actually began on October 11.

Then occurred a wonderful transformation scene—an almost miraculous change—a metamorphosis as satisfactory as any recorded. War was declared, and disorganisation, instead of exhibiting itself, disappeared from view. The curtain fell upon confusion only to rise immediately upon a department working like a machine. Its success was indeed so instantaneous and striking that even its heads and its representatives acknowledged it, for the relief of a public which had never been anxious. The most authoritative of such utterances were those of the Director-General of the Army Medical Service and of Sir William MacCormac. In a speech delivered by the former as early as November he explained that, prior to the outbreak of war, the surgical equipment had been so perfect that 'only a few extra nail-brushes' were now required,* while as regards the dreaded

* British Medical Journal, November 25, 1899, p. 1488.

enteric he had taken the 'extraordinary precautions' of ordering Berkefeld filters—an order which we believe was not fully carried out—and of allowing anyone to be inoculated who liked. To these two precautions was added a third—the distribution among the Medical Corps of an American pamphlet on sanitation. Sir William MacCormac, who had been sent out at the Director-General's suggestion, in the capacity of a consultant, arrived at Cape Town in November, inspected No. 1 General Hospital, the only one then in working order, since No. 2 was not ready until the closing days of the month, and proceeded at once to Natal. On his way to Natal he wrote a public letter, declaring that the equipment for the sick and wounded was unprecedented and perfect, though with the exception of the base hospital mentioned the medical arrangements were either hundreds of miles up the railway with Lord Methuen's column, which he had not visited, or in Natal, the principal seat of operations, where he had not yet arrived.

The next authoritative utterances were those of Lord Roberts and General Buller in reply to certain articles which appeared in the 'Times' of January. Telegraphing towards the close of January, the former general expressed himself 'perfectly satisfied with all arrangements,' while the latter 'could only express my admiration' for them; and, accordingly, these preliminary criticisms disappeared. Proceeding in order of time, we may observe that the chorus of congratulation grew stronger as the months advanced. In March it was stated in the House of Commons that the Army Medical Corps was 'the real success of the war,' while an article in Blackwood, evidently written by a person of experience, eulogised in the same month 'the marvelously perfect organisation' and the impossibility of detecting the 'slightest flaw' in the operations of the Medical Service.

But of course the great climax came at the memorable banquet given at the end of April by the Reform Club to Sir William MacCormac and Mr. Treves, when Lord Rosebery presided and spoke with all his accustomed eloquence. He pointed out that, in regard to the war, 'there has been unanimity only on one point, and enthusiastic unanimity'—that our medical and hospital service has been practically perfect. Sir William MacCormac and Mr. Treves endorsed Lord Rosebery. They said they had been through the campaign and seen only perfection, though Lord Roberts pointed out subsequently that 'neither of these two gentle-

'men took part in any long and difficult march.' Last and most authoritative witness of all, the Director-General of the Army Medical Department stated in evidence at the close of July that he had not received in his official capacity any complaints of any special hospital.*

Here, then, we are face to face with a somewhat startling administrative paradox. A medical service so unpopular as to be declining in numbers, in the standard of those who enter it, and organised only to supply some 50,000 men on active service, is called upon to meet the requirements of an army of far greater numbers. It is given only a week's notice for active preparations. It operates during many months in a country rife with typhoid. The campaign is so terrible that, excluding all those who pass through its hands and do not recover or who pass through its hands and return to the front, some 27,000 soldiers are invalided home. Yet at the end of this period the great official who presides over this department can state in evidence that not a single complaint of any single hospital has reached him. Who, then, tended the remaining 150,000 men, and had any complaints reached any other quarter?

The crisis, so far as regards the inadequacy, recognised on all hands, in the numbers of the officers of the Royal Medical Staff, was met in the three following ways. First, every available officer was sent to Africa and their places in the home establishment filled by civil practitioners, secured by advertisement, and also by a certain number of retired pay officers of the Army Medical Corps. Secondly, the numbers of the Army Medical Corps were hastily increased to such an extent that not far from one out of every three officers who have been sent to South Africa are under two years' service, men, that is to say, of the smallest experience. Thirdly, civil practitioners were enlisted and despatched to the seat of war, so that, according to the most recent statements, against 466 army medical officers there are about an equal number of civil practitioners sent out by the State, and even this figure does not include the civil practitioners engaged by the State in South Africa itself. That such steps were absolutely necessary is illustrated by the fact that even when No. 1 General Hospital set sail on October 6, 1899, 'the complement of officers is, of course, very short of the regulation number, which will be made up as far as possible as more officers become available.'†

* Times, July 26, 1900. † Lancet, October 28, 1899, p. 1185.

Turning from the question of the supply of officers to that of the subordinate grades—namely, female nurses and male nurses, or in other words orderlies—here, too, a similar deficiency had to be met. Into the vexed question of the proper extent of the employment of female nurses during active operations it is not necessary here to enter. Although the traditions of the Army Medical Corps are opposed to female nursing, assigning nearly nine times as many male as female nurses to a general hospital, suffice it to say that at the present time almost all men, from Lord Wolseley and Lord Roberts downwards, recognise its desirability, more especially in the fever cases, which are the common scourge of young soldiers. According to Mr. Wyndham's latest statement there are 566 female nurses employed by the State in South Africa. According to Lord Wantage, writing at the same date, in the name of the Red Cross Society, of which he is Chairman, the Army Nursing Service Reserve, a private association presided over by H.R.H. Princess Christian, has supplied the War Office with '500 fully trained nursing sisters.' As regards orderlies, the State had nearly 5,700 at the date of the last official statement. How many of these have been provided by private agency it is impossible to state exactly. The Red Cross Society had provided 2,000 at that date, a large number of these having been recruited from the ranks of the St. John's Ambulance Brigade, a private body working in conjunction with the Red Cross Society. As the above figure of 5,700 includes other volunteers, such as those raised in South Africa to the number of five or six hundred, we should be much surprised to find that the State had provided many more than 2,000 orderlies fully trained by itself.

So far, therefore, as our examination has proceeded, some glimmer of light appears in the mystery before us. A corps organised to meet the needs of 50,000 men has to meet the needs of 150,000, and does so, according to the official statement, without a complaint being officially raised. The staff, at any rate, has necessarily to be provided very largely from outside the Army Medical Corps. But that is not all, or rather is a small portion of the whole. Not only have civilians supplemented the staff of the Army Medical Corps to an immense extent, but they have provided whole hospitals and equipment of their own. The private hospitals that have been sent out from England alone are ten in number accommodating upwards of two thousand patients, the best known being the Portland, which was the pioneer of the move-

ment and opened in South Africa on January 7, and the Yeomanry, which was the largest. It should be clearly understood that these hospitals were civil institutions, as is illustrated by the fact that these two staffs were composed entirely of civilians, except the head officer, who in each case was a member of the Army Medical Corps, appointed for official purposes and having practically little to do with the treatment of the patients. And how many beds were there altogether available, say in June, for our soldiers in South Africa? Mr. Wyndham stated it at 18,600 in June, which figures 'include everything in the shape of local hospitals.' At that time the beds provided by the Army Medical Corps were as follows: 27½ field hospitals, accommodating 2,750 patients, though in reality field hospitals have no beds at all and only stretchers; five stationary hospitals accommodating 500 patients; and fourteen general hospitals, accommodating 7,560 patients. Total, 10,900 beds. The difference between 18,600 and 10,900 represents two things—first, the indebtedness of the State to private persons in respect of hospital accommodation; secondly, the concentration of fever and other patients to a number far beyond, and with a staff far less than, what is permitted or considered prudent by the Army Medical Regulations. Nor does this exhaust the matter. A vast amount of stores of all kinds have been provided by the various charitable societies, the chief of which is the Red Cross; not so-called 'comforts' merely, but such downright necessities as pillows, beds, and bandages, the necessary equipment of a hospital. A list of such provisions as supplied to the State hospitals by private enterprise might cause surprise in view of the official statement that 'only a few nail-brushes' were needed at the opening of the campaign, and that as the war proceeded 'stores have been piled up to an almost embarrassing degree.'

Hitherto we have been investigating a marvel and a mystery; a department, confessedly in deterioration, suddenly called upon to meet a crisis for which it was not organised, and facing it, as is alleged, without a flaw in its organisation or a complaint raised so as to meet official ears. One cause of this paradox has now been disentangled, the advent of civil aid to a degree quite unparalleled. But there are other causes. During the first four months of the war, until Lord Roberts's march on Kimberley and Bloemfontein in February, eight important battles were fought, four by Lord Methuen, one by General Gatacre, and three by General Buller. All these battles had three

common features—they were fought upon our own soil, their tactics were based upon the theory of the frontal attack, and they were all delivered either on, or close to, a railway. The advantages from a purely medical point of view of such tactics as those of the Modder, or Magersfontein, or Colenso, were great in the following sense. In each case trains were waiting to convey the wounded into the chief centres of civilisation, Cape Town and Pietermaritzburg, and thus no difficulties of transport or commissariat could easily arise, so that it was therefore perfectly open to all men to suppose that here was 'the one bright spot in the war.'

Another explanation of the mystery was that the sickness was for many months extraordinarily light. Until January, for instance, the health of Lord Methuen's force was extremely good, while at Colesberg General French's troops were healthier than at home. But the most authoritative and final statement made upon the point was that of Mr. Wyndham in the House of Commons on March 16. 'Do not let it go abroad,' he said, 'that there has been a great amount of sickness in South Africa. The percentage of sickness has been far lower than in any other case of which we have any record.' These words were uttered three days after Lord Roberts's army had entered Bloemfontein. Consequently, if the men up to that date had been healthy beyond parallel, then easy beyond parallel had been the task of the Army Medical Department. Thus we have said enough to show that until March a remarkable combination of favourable circumstances postponed any question as to the efficiency of our medical arrangements at the front. There was no test because there was no pressure; everything was 'perfect' because the hour of stress had not come.

And yet, such is the perversity of human criticism, even in those days here and there a voice was raised. Towards the closing days of December, we read in the 'Times': 'Complaints have been freely made for some time past about the military hospital accommodation at Cape Town; there is a want of organisation and foresight; the whole establishment was calculated on too small a scale; the number of nurses and orderlies is insufficient; it is absurd that the Army should depend on charity for sufficient food; there is a lack of a strong central organising head.' In the 'Guy's Hospital Gazette' appeared severe reflections on the management even of the hospital train after the battle of Belmont. The 'Times of Natal' also made certain criticisms on the Natal arrangements, which were, however,

at once stigmatised by the leading surgeon as 'unwarrantable, mischievous, cruel, and false.' But these were solitary and jarring notes, lost immediately in oblivion, or swiftly condemned by authorities beyond appeal. Like the sudden cry of some animal in the wilderness, they came and went without a trace, and were followed by a silence profounder than before.

It was on February 12 that Lord Roberts left his camp at the Modder River, and with some 45,000 men commenced the movement which ended on March 13, a month later, at Bloemfontein. During that month, in spite of the terrible heat and drought, the health of the troops was excellent. But now that for the first time we no longer rested upon a railway, an essential weakness of our medical organisation was revealed. It had no transport of its own, and, transport being short generally, its equipment both as regards ambulances and bearer companies was cut down to one-fifth of that usually allowed. What happened? At the battle of Driefontein, for instance, on March 10, there were about 400 wounded and only four of our ambulances to serve them. The result may be imagined when it is stated that our ambulance-wagon, an antiquated affair, holds only two men lying down and three or four sitting up. The consequence was that the removal of the wounded to hospital was not finally accomplished until the middle of the succeeding day. Fortunately, the general situation was alleviated by the arrival of a private hospital, the New South Wales ambulance, which, having its own transport, proved invaluable. 'Without this field hospital,' as Mr. Watson Cheyne, the leading surgeon with Lord Roberts's army, has observed, 'the Army Medical Department would very often have been in serious difficulties.*' It is curious that at almost the same date the organisation of the Army Medical Staff in Natal was also undergoing its first serious trial. Here the staff, and not the transport, was being tested. On March 1 General Buller entered Ladysmith. Up to that time the health of the Natal field force had been excellent, but now, with the sick in Ladysmith and with the sickness caused by the hardships endured during the relief, heavy calls were made upon the medical staff. Yet so little provision had been made to meet such an obvious emergency that 'there is not a single field hospital in Natal which has its full complement of officers and men, most of them having lost

* Times, July 23, 1900.

from twenty to forty per cent. of their establishment from sickness and other casualties, there being no reserve to fall back upon.*

A more serious strain was to come. Cronje surrendered on February 27, but during the days of his obstinate resistance, in the Paardeberg laager, the men encamped on the Modder below had drunk the water poisoned by the presence of that refuse and decay which is always so prominent a feature of a Boer camp. A month later, with the punctuality of a natural law, typhoid became rife among the troops who by that date had been some little time established at Bloemfontein. These cases, once having declared themselves, ran for nearly a month, and accordingly any one who saw Bloemfontein on April 28 or thereabouts was witness of the results of the Paardeberg encampment exactly two months previously.

The Paardeberg laager was followed by another event of medical importance, the capture of the Bloemfontein water-works by the Boers on April 3, and again with equal punctuality, about a month later, in the early days of May, a further outbreak of typhoid began. At that time the troops were clearing from Bloemfontein for an advance on Kroonstad, and they accordingly entered that place on May 12 with the new fever constantly declaring itself among them.

The absolute perfection of our medical organisation in South Africa had become meanwhile so much an axiom among the people of this country, and had been so repeatedly enforced upon them by authority, that an article published by Mr. Burdett-Connors on June 27, in the 'Times,' as one of a long series upon the general question of our wars and our wounded, was received with positive stupefaction by the British public. The pith of the statement was that on the date of April 28 before mentioned, hundreds of typhoid patients were lying in the Bloemfontein field hospitals 'with no milk and hardly any medicine, without beds, stretchers, or mattresses, without pillows, without linen of any kind, without a single nurse among them, with only a few ordinary private soldiers to act as "orderlies."'

It should be added that once the way had been opened by this critic the press, particularly the country press, opened its doors to numberless similar statements. The 'Daily News' correspondent stated of Natal that 'on the face of

* Brit. Med. Journal, May 26, 1900, p. 1311.

'it there appears to have been scandalous mismanagement,' while a medical correspondent of the 'Times' declared that 'if the condition of the sick at Bloemfontein was bad, words fail to describe the state of affairs here at Kroonstad, a shambles of sick soldiers lying immured and untreated.' Into the accuracy or otherwise of Mr. Burdett-Coutts's statement we are not concerned to enter, since Mr. Wyndham at once frankly admitted that 'to a lamentable extent it is true,' and since Mr. Watson Cheyne, the leading scientific authority with Lord Roberts at the time, has subsequently written as follows:—

'These field hospitals,' he wrote in the 'Times' of July 23 last, 'had arrived in Bloemfontein with a very much reduced equipment, and they very soon became overcrowded with sick to a most distressing extent, and not only was there extremely imperfect accommodation for the patients, but both the medical staff and the orderlies were undermanned and very much overworked. As the epidemic continued to spread this sad state of matters became daily more and more distressing, while there was but little increase in the facilities for dealing with it.'

We think that it will be more profitable to consider what ought to be done in future, and this leads us necessarily to consider what are the principles which should govern the organisation and direct the energies of the Royal Army Medical Corps.

It has been argued that every one anticipated that this was to be another of our comparatively small wars, and that therefore it could not be expected that our medical corps should have been prepared to meet it. But this plea in reality is beside the point. A body such as the one under discussion must clearly be organised on such a scale as to meet the needs of the largest body of men which this country can put into the field. It seems to be recognised that under our existing system about 200,000 is the number which we can maintain in the field for any length of time, and thus our medical arrangements must be framed to meet such an emergency. On this view an organisation, or at least a framework, should at all times exist equal to the demands of any such crisis. On the other hand, it is clearly impracticable and undesirable on the score of expense and other reasons to maintain a standing Army Medical Department fully up to the strain of a great war, since in peace time its members would be necessarily idle and superfluous. This problem has been solved in Germany as follows. In that empire every medical man who has served in the army

possesses a fixed military rank, even if engaged in civil practice, and is liable to be called upon to serve as a medical officer when and where required. Those who have not served in the regular army, but are in private practice, receive annually an inquiry addressed to them by the War Office as to whether they are prepared to assist their country in time of war. Every German medical man who has served in the army at all is maintained for nineteen years under military orders—that is, he possesses a fixed rank, and is allotted, even in time of peace, a known military post which he would occupy if war broke out. Thus the university professors hold high military positions, corresponding to their civil standing and attainments, rank as lieutenant-generals or generals, and in the event of war act as consulting surgeons to the medical officers of the army in the field or the base hospitals. On the other hand, the efficiency of the medical officers employed by the army in time of peace is carefully ensured. The most promising of them are sent to do duty for a year at a time in the medical and surgical departments of the great civil hospitals, while the senior medical officers serve in rotation in the larger military hospitals, in which are treated not merely soldiers but all kinds of ordinary patients. Compared with this elaborate and instructive system what have we to show? Will it be unpatriotic if we answer—little or nothing? As regards the Army Medical Department the system is as follows: The candidate, who must be between twenty-one and twenty-eight years of age, after passing an examination for entrance attends a course at Netley, and, passing out after another examination, receives a commission as lieutenant with pay of 200*l.* a year. From this point he rises to the ranks of captain, major, and lieutenant-colonel, an advancement practically determined by seniority and not merit, though there are two qualifying examinations. From these lieutenant-colonels a board selects twenty-four colonels, and from these again 10 surgeon-generals. Such, very briefly stated, is the hierarchy of the profession.

Two points of primary importance suggest themselves at once to the observer. In the first place, there is no system by which the members of the corps are kept abreast of the time and practised in the difficulties of their profession, as is ensured by the German system, nor, as in Germany, is there any system whereby civilians are at once drafted into the corps in case of war. As regards the first point, it is urged in answer that all the larger military hospitals

are being, or are now, provided with operation rooms on the most modern lines, and that in India and the colonies there are cantonment hospitals where much experience is gained; but this answer is of only a limited nature, and at all events has no application to that one-third of the army medical officers serving in Africa who, as already pointed out, had not more than two years' experience. Leave for study has been promised as often as it has been proposed, but has seldom been given on account of shrunken establishments. The army medical officer spends so much of his time abroad in isolation from modern scientific progress that an occasional leave for study is a real necessity, not merely in fairness to himself, but in justice to the valuable lives placed under his care. If, according to Lord Lansdowne, it is the men of minor capacity who enter, and if these men are promoted practically according to seniority, and if the State does not enforce their attendance from time to time at the best civil hospitals, with all their vast range of cases from which to learn, it becomes a matter of absolute certainty that the standard of the profession must be low.

As regards the measures taken to reinforce the corps in time of war the Medical Reserve can scarcely be said to be useful if, as already mentioned, it could provide only four officers to proceed to the seat of operations. The State had accordingly to look for civil practitioners. But, in the first place, it had no system of calling upon civilians; nor, of course, when those civilians had answered the advertisement, had they received any training in military medical affairs. For instance, at the outbreak of war, in order to fill up vacancies at home, civil practitioners were advertised for at a pay of 270*l.* a year, while as regards the front civil surgeons were secured at the rate of 365*l.* a year, with certain extra allowances and a gratuity of two months' pay on conclusion of service. Also a few eminent consulting surgeons were despatched at a salary of no less than 5,000*l.* a year. We cite these facts not as an account of all that was done, but as an example of the want of system, and, perhaps we may add, in respect of the last figure, of the expenditure that prevailed. But expenditure and want of system are old and inevitable allies. Suppose that in time of peace the War Office, as in Germany, were to keep a list of those civilians willing to serve in time of war, were to give a selected number a retaining fee, in return for which they were to undergo occasional instruction in the elements

of military medical organisation, then by an easy and immediate process an efficient reserve would have been created against a time of stress.

Passing from the training of the superior to that of the lower ranks, something must be said as to the instruction of orderlies and nurses. The army has hitherto neglected the question of female nursing, and, as already explained, did not place more than sixty or seventy of its own nurses at the seat of war up till a recent date at least. For instance, Mr. Clinton Dent, writing in March of No. 4 General Hospital in Natal, commonly known as the Mooi River Hospital, said that there were only nine nursing sisters at work. Nursing was, therefore, practically out of the question, since the beds numbered nearly six hundred. All that the sisters could provide was a general superintendence—valuable beyond question, but still of necessity so limited that its value was reduced to the smallest compass. Nurses were not only deficient, but in the early stages offers of trained nurses were actually declined. But as the war proceeded, as orderlies became scarce, as Lord Roberts insisted on female nursing, and as the usefulness of such assistance became apparent to all, more particularly at the base hospitals and in fewer cases, the number of nurses was increased. Recourse was had to the Army Nursing Reserve already referred to, the selection for which rests with a sub-committee of the Red Cross Society. The qualification is three years' training in a civil hospital of a size adequate to ensure a varied training, good certificates, and a personal inspection of each candidate by a member or members of the committee. The regulations provide for nine nurses for a general hospital of 520 beds, but so inadequate was such a provision found in practice that in April, for instance, Nos. 1 and 3 General Hospitals at Capetown had 58, instead of the prescribed 18 nurses, between them. The regulations allow no female nurses closer to the front than base hospitals. Clearly the experience of the war is in favour of female nursing, to be utilised to a far greater extent than hitherto, having this further advantage, of releasing men for work at the immediate front. This, in its turn, will necessitate that organisation of a female nursing service, which has hitherto been neglected.

As regards the orderlies, it is not to be disputed that very often there has been a grave deficiency of such men, their places having to be taken for longer or shorter periods by untrained regimental orderlies or the actual convalescents

of the hospital itself. The situation has been saved to some extent by volunteer societies, and principally by the St. John's Ambulance Brigade. Here, again, the system has been somewhat haphazard, and the men of the brigade, though admirable and willing, have not had the advantage of a practical training. This might be placed at their disposal in peace time by the State, which in return would have the advantage of knowing the quality and capacities and numbers of fully trained men on whom it could lay its hand in time of war. Such men could also be directly enlisted in the great centres of labour, trained in the evenings in the various duties of hospital orderlies, taken out once a year for a fortnight's field training, and given a retaining fee to come when called for. In this way a fine reserve of male nurses could be created, ample for all emergencies.

Having now dealt with the weaknesses disclosed and remedies suggested by the present war in the organisation and training in peace-time of the medical officers, nurses, and orderlies, let us deal as clearly and as concisely as possible with the proper principles which should govern the disposition of this *personnel* and its equipment on the outbreak of hostilities, using this war to illustrate and enforce them. According to the published arrangements, the first army corps was assigned four general hospitals, four stationary hospitals, twelve field hospitals, and eight bearer companies, one to each of the eight brigades into which the army corps was divided. Each of the brigades has also a field hospital—that is, eight altogether—and the total of twelve above named is accounted for by the fact that each of the three infantry divisions has a field hospital attached to its divisional troops, while the corps troops of the army corps have another field hospital assigned to them also—that is, twelve field hospitals altogether. The theory is for the general hospitals to remain at the base, for the stationary hospitals to be on the lines of communication, and for the field hospitals and bearer companies to provide for the immediate requirements of the fighting force. The question at once presents itself as to how the *personnel* of civilians, which we have already dealt with as the necessary reserve of the Army Medical Corps to be called up in time of war, should be distributed throughout this system. There has been wanting in our present war any very definite method in this respect, and that for two reasons. The staff of a base hospital is constructed in the main with a

view to performing the complete work of a hospital in all its parts, and not to supplying a framework for the admission of civil aid when necessary. Consequently, as soon as pressure arises, where is the civilian to go? To the front—that is, to the field hospitals and bearer companies? But the closer the work is to the front the more does it demand a military training. Are, then, the civilians to remain at the base? But the base hospitals, though permitting, according to regulations, a certain number of civilians, are largely provided for already. The solution of the difficulty is that the existing staff of a base hospital may be analysed up into that which is administrative and that which is medical, the whole consisting of 166 men and 11 women—177 persons in all. The administrative section may, perhaps, be restricted to army men, but the medical section, numbering about 128 persons, could almost wholly be filled up by civilian doctors, orderlies, and nurses, organised under the control and supervision of the administrative section, which is presided over by a colonel, who is the principal medical officer, and a major, who is secretary and registrar. Now in time of war the vacancies occur, of course, mainly among the staff of the bearer companies and of the field hospitals, who are exposed to the risks of an active campaign. Hence, if the staffs of the base hospitals were left as a skeleton into which civilians could be poured in time of war, this would release a large number of trained military men for service at the front. And what applies to the base applies similarly to the stationary hospitals.

The second reason why no very clear system has been in working order during the campaign in the relations between the civilian and military members of the profession at the seat of war is the advent of a number of hospitals organised and manned almost wholly by civilians. Among the many services which these have rendered to the State there is one bearing directly on the matter before us, for they have shown what very little military training is required by those who manage a hospital in time of war. Take the case of the Imperial Yeomanry hospital established at Deelfontein about thirty miles south of De Aar. Though equal in point of the number of their beds to a general hospital, they began at once not with the regulation nine, but with forty nurses. Their staff of some 200 persons did not include more than one member of the regular Army Medical force. Yet this system, so admirable in its practical results, is open, as a system, to a criticism which is very cogent to the point at

issue. When did the first of these hospitals arrive at the seat of operations? This was the Portland Hospital, which may be said to have opened at Capetown three months after the war broke out. And the Portland was no larger than a section of a base hospital, containing, that is, some 104 beds, while the larger Yeomanry hospital did not get into working order until five months of the war had passed. This delay clearly might have rendered the movement very much less useful than it has actually proved, if it had not happened that the war was prolonged and that sickness did not become serious till March. Clearly it would have been better that some framework, some cadre, should have been provided by the Government, or should be provided in future, into which private enterprise should fall at once.

Leaving the base hospitals and moving, so to speak, to the front into the sphere of the stationary and field hospitals and bearer companies, it should be premised that when a man falls wounded in action it is the duty of members of the bearer company to convey him to the collecting and dressing stations, whence he is passed by the ambulance into the field hospital.

If the army is on the move, the field hospitals have to be evacuated as soon as possible and their inmates passed into a stationary hospital, which is established on the lines of communication. A stationary hospital differs from a field hospital mainly in this respect—that it is equipped to receive patients, not temporarily, but for the period wherein they may become fit to return to the fighting line on the one hand, or, on the other, wherein it becomes clear that they must be returned to the base on account of permanent or of prolonged incapacity. If the force, however, is not on the move, it becomes an administrative question as to whether the sick and wounded shall be passed down to the stationary hospitals, or whether the stationary hospitals shall be moved up to the front. For instance, on Lord Roberts's march to Bloemfontein the sick and wounded at the early stages of the march were moved back to Jacobsdal, to Kimberley, and to Enslin; but as the march proceeded the sick and wounded were no longer sent back. After the battle of Driefontein, on March 10, they were left at that place with a field hospital, and then, soon after the entry of the army on March 13 into Bloemfontein, they were sent for and conveyed into that town. Henceforth the business was not to return the sick and wounded to their medical equipment, but to send the medical equipment to the

Bloemfontein army. But where was the equipment? We had held the Modder since the battle of that name, fought in the closing days of November, and, during the course of an occupation of over three months, had piled up a great amount of stores. We had held Nauwpoort on the line, soon to be opened from the south, ever since the opening of hostilities, with the exception of a very few days of withdrawal. If wagons could go from Bloemfontein, three days' journey, and fetch the sick and wounded from Driefontein, could they not have fetched equipment from the Modder? But Boer raids were to be feared. Then could not the field hospitals have carried equipment across with them on the march with the troops? But they had no transport of their own. Why not, if the New South Wales hospital had its own transport on the same march from Enslin? If *personnel* and equipment had been ready south of the Orange River, could they not have marched by road, as we read was done by a portion of the Irish hospital presided over by Sir William Thomson? Or why not by train, as soon as the line was opened? Because it must be entirely used to feed the troops. Not so, since it was utilised not only to feed the troops, but to prepare stores for a future advance. If there were twelve trains a day, could not a few trucks have been set apart? Or was it rather that down south there was disorganisation? No. 8 General Hospital did appear—at least its tents did, but apparently not its equipment for a fortnight later; while No. 10 also arrived with its staff, but not its equipment. All these are questions which suggest themselves or have been suggested. Writing in May from Bloemfontein to the *British Medical Journal*,† Sir William Thomson, surgeon-in-chief to the private Irish hospital, uses these remarkable words: 'The wagon equipment of the Irish hospital, fifteen ambulances, has been found of inestimable advantage to the local medical authorities. No other hospital here, except the Australian, is supplied with such means of transport. We have carried hundreds of sick and wounded for the various hospitals which have no efficient means of conveyance.' No efficient means of conveyance for the sick and wounded of an army corps of the richest and most generous nation that the world has ever seen!

Certain other very instructive or suggestive lessons are

* *British Medical Journal*, June 2, 1900, p. 1370.

† *Ibid.*, p. 1371.

also to be learnt, as regards medical arrangements in the field, from the experiences and practice of the Colonial Division, organised by the authority of Lord Roberts and Lord Kitchener soon after their arrival at Capetown in January, and placed under the supreme control of Brigadier-General Brabant, with Colonel Hartley, V.C., as the principal medical officer. Early in the war the Imperial authorities, being short of the necessary staff, had taken over the volunteer bearer companies of the Cape Medical Staff Corps, and in December were calling for recruits to that body. Nor was this all. Owing to the pressure upon them, they had further absorbed into their organisation a majority of the rank and file of the medical staff, who are regulars, of that fine body, the Cape Mounted Riflemen. Consequently, when orders came to raise the Colonial Division in the Eastern Province, Colonel Hartley found that besides himself and one sergeant-major there was no medical staff whatsoever in existence. Our well-wishers, however, in that patriotic district clubbed together and subscribed for medicines, ambulances, and medical comforts. Advertisements were issued, and a mysterious and multifarious medley of some eighty persons assembled under the denomination of Brabant's Ambulance, while some fifteen medical officers were chartered, all of whom had practised in the colony and understood the nature of its ailments. On mature consideration, and after experience of the earlier months of the campaign, a departure from the practice of the imperial army was instituted which, as we have arrived upon the subject of bearer companies, it may be well to notice. It should be said that, in order to assist the regimental doctor and regimental stretcher-bearer in a day of battle, a bearer company consisting of three officers and fifty-eight men is attached to every brigade of a corps. It is the business of this company to supply first aid to the wounded, having collected them out of the zone of fire; then, having carried them to the dressing station either by hand or by ambulance, to place them in the ambulances for conveyance to the field hospitals. On a day of battle one sees men carried in, some dying and some already dead, lying on all sides among stained tunics and rifles thrown away. They pass rapidly through the hands of the surgeons and disappear. But as soon as the action is over this large and valuable body of bearers seems to have few or no duties assigned to it. Thus, while the staff of the field hospital may be overworked, the

members of the bearer company may be idle till the hour of the next engagement arrives. It accordingly occurred to the organisers of the medical department of the Colonial Division that the only rational way out of this difficulty is to make the bearer companies an integral part of the field hospital, in order that men of the bearer companies might be given other duties than those already described. A day or two after the relief of Kimberley by General French on February 15 the colonial troops had their first engagement at Dordrecht, to be followed by others at Labuschagne's Nek and on the line of the Orange River. In March heavy rains broke out, and fever, diarrhoea, and dysentery ran their course among the troops. But they coped with all their difficulties of sick and wounded in practical, if rough and ready, colonial fashion by utilising at every point every assistance that a school-house, a public building, or private aid could supply, making use also of the civil hospital at Queenstown as a base hospital. The next event of medical as well as military importance in their history was the siege of Wepener in April, and again they pulled themselves out of their difficulties by availing themselves of the churches, schools, dwellings, and medical stores of Mafeteng and Maseru. Colonel Hartley followed up these measures later by forming small colonial hospitals as occasion demanded at such places as Thabanchu, Rouville, and Ficksburg. Are not some of these things written even for our own learning? Are they not illustrations of the primary principle that an active organisation of stationary hospitals, wherever and whenever it is humanly possible, is the great secret of medical policy in time of war?

Such, then, stated without fear or favour, is the truth. Such also are the lines on which we trust that her Majesty's Government will undertake to remodel the Royal Army Medical Department. The officers of that great service have had to endure the most arduous labours; they have had to battle with all the difficulties of an imperfect organisation. May it be for the last time!

- ART. XI.—1. *The Third Salisbury Administration, 1895-1900.* By H. WHATES. With maps, treaties, and other diplomatic papers. London: Vacher & Sons, 1900.
2. *Liberalism and the Empire.* Three Essays by FRANCIS W. HIRST, GILBERT MURRAY, and J. L. HAMMOND. London: E. Brimley Johnson, 1900.
3. *Address of the Marquis of Salisbury to the Electors of the United Kingdom.* Published in the Daily Papers, September 24, 1900.

SINCE household suffrage was accepted as the basis of the electoral system of the towns eight general elections have taken place, five of them since the extension of that franchise to the whole country; and we have now, therefore, sufficient evidence before us to indicate how far the hopes or the fears of those who took part in the great struggle of 1866 and 1867 have been justified by the event. The genuine terror with which men like Mr. Lowe and the Adullamites regarded the Americanising of the British Constitution, the establishment, as it seemed to them, of the rule of the ignorant and propertyless many over the wiser and better instructed and propertied few, seems to all of us now almost as exaggerated and fantastic as it seemed at the time to the Reformers a generation ago. Property in this country at the present day is at least as safe (we might easily put it higher) as in any other country of the world, or as in our own country at any previous time in its history. Even our country gentlemen, 'with their long line of ancestry behind them and their posterity before them,' in spite of the direst predictions, are with us still; and as for the 'Tory Party,' instead of having been extinguished, it claims to have ruled the country, with the exception of a very short interval, for the last fifteen years, and to have at its back at the present time, and in the new Parliament, as it had in the late Parliament, such majorities of the House of Commons as can be compared only with the sweeping Liberal majority which followed the Reform Bill of 1832.

- Yet, in truth, our political institutions have been democratised or Americanised, if that expression be preferred. Indeed, it was necessary that they should be, if they were to continue to fit a social condition which circumstances were rendering more and more democratic. No man, who is not deceived by mere party names or party clap-trap, would think of measuring political progress in the last half-

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It was 'Maga's' very pleasing duty in March 1900 to draw attention to the satisfactory provision that appeared to have been made for the care of England's disabled soldiers in South Africa, and to the admirable performance of duty by the Army Medical Service in the early part of the war. We all then believed that our military administration included at least one department which was absolutely without reproach, and that, amidst all the misery of a bloody campaign, everything humanly possible had been done to save life and relieve agony. We read the testimony of distinguished surgeons, who had spoken independently of the excellent work accomplished, with the highest gratification, and we felt that our countrymen who were fighting our battles were at least secure from every danger except such as must necessarily be a part of war.

It was with something of a shock, therefore, that we read one morning in the 'Times' a wholesale indictment of the medical arrangements for the care of our soldiers. It seemed incredible that the military department, to which of all others we had most firmly pinned our faith, should have been guilty of such grave lapses as were alleged to have been found in its operations; but it seemed hardly possible that a man on the spot, who presumably acted under some sense of responsi-

bility, should have made serious charges unless he was fully able to substantiate them. On the other hand, Lord Roberts had the established character of being the humanest of men, extremely careful of his soldiers' lives, and it could hardly be supposed that the state of the army hospitals was not perfectly well known to him and to the other officers in high authority. Travelling M.P.'s and irresponsible correspondents are not the only people who take an interest in our fighting men, and it was difficult to believe that the generals had utterly ignored a plain duty and had overlooked the sufferings of the men under their command.

As the news of the allegations made passed to South Africa, it became very evident, as we expected, that they only represented a one-sided view of the question. Lord Roberts requested a complete and independent inquiry into everything connected with the treatment of our sick and wounded soldiers. The Army Medical Service courted it in the fullest manner possible. We have now before us the report, the result of this inquiry. The evidence which was actually taken has been very voluminous, given by nearly 500 witnesses, of every position, rank, and sex, and representing every shade of experience and feeling. We may be satisfied that it has been very carefully weighed

in every detail, and that the opinions which are founded upon it may be received with full confidence in their correctness. Than this report nothing could be more cold, more judicial in tone. Every circumstance has been put into due perspective; nothing has been slurred over, nothing has had undue prominence. We have a finely balanced charge and summing-up, delivered to the great jury which is to give the verdict, the jury of the British people.

War is a terrible condition of human affairs at any time. It must, under any circumstances, entail almost inconceivable misery upon many individuals, and, at best, arrangements can only be made to relieve this misery in a very small degree. And in war it is often, nay, generally, the unexpected that happens. In the employment of strategy and tactics the most consummate generalship, the most perfect organisation, the most lavish supply of means, the utmost devotion, may all be made of no avail by some train of circumstances, possibly not altogether unforeseen, but taking some new form of development; and in the struggle to alleviate the sufferings of war it can, in like manner, never be certainly said that difficulties may not arise, and that such a stress may not make itself felt as will neutralise the best thought-out plans and projects of usefulness. The real questions that have come on for trial, and on which a verdict must be given, are—Did England in times past make

sufficient preparation for the military crisis that has arisen? and, whether her preparations were sufficient or not, Was she served loyally and well by the servants whom she had provided? It is evident in the report before us that the first question must be answered to a great extent in the negative, and the second unreservedly in the affirmative. There can be no doubt that our normal preparations for war were wholly inadequate to the struggle that we have been going through; and our army medical provision was, even with reference to the comparatively small efforts that we thought ourselves equal to, quite insufficient. It is evident that England has misconceived the military necessities of her imperial position, and has only been rescued from disaster by almost superhuman effort. The care of her army's sick and wounded has only been carried through without a breakdown by the extraordinary professional zeal of her Royal Army Medical Corps.

It has been said that we were all profoundly moved by a long statement in the 'Times,' giving such an account of the condition of hospitals in South Africa, and the administration and equipment of the medical service, as recalled the worst stories of Crimean maladministration. This was followed by a discussion in Parliament, in the course of which all that he had said in the 'Times' was repeated by the member for Westminster before the Commons of England, with the addition of several gruesome

details making the narrative still more impressive. The Ministers whose duty it was to speak were not, of course, prepared to answer every allegation that was made, for such could only be accomplished by the aid of very exhaustive inquiry; but, knowing as they did how much had been done by themselves to remedy previous national shortcomings, realising the tremendous difficulties of the war, and having full confidence in the supervision of commanders in the field, and in the zeal and capacity of the Army Medical Service, they were able to meet with confidence the sudden storm of criticism that had burst upon a part of their warlike administration, and further to indorse Lord Roberts' request, and to offer that part to the completest and most unbiassed scrutiny. It may be pardoned to some of the speakers if a shade of temper and annoyance was to be detected in their words. They felt that, though they could not offhand say that such and such statements were unfounded, they might reasonably feel irritation that one of their own party should give them grave embarrassment by publicly impeaching the conduct of a sufficiently critical war in one of its most important items, when he might just as well have said what he had to say in a private manner without disquieting the nation, without perilling the stability of the Government which he was bound in honour to support. They had full con-

viction that there was no basis strong enough to warrant the statements that had been made; but they felt that to prove this satisfactorily would be a matter of time, that during that time they and their agents would be under a cloud in the eyes of uninstructed people, and that public confidence was shaken.

The Commission of Inquiry demanded by Lord Roberts was unhesitatingly granted; but when its numbers and the names of its members were announced, again the Ministers were the objects of carping attack. It was objected that the medical element predominated too much in the group of three who were named; and that there might be no possible subsequent feeling that complete satisfaction had not been given, some influential politicians supported the objection. Two more names were added to the original three, but still the member for Westminster was dissatisfied. The Commission was only too unbiassed. There was no place found on it either for Mr Burdett-Coutts or any nominee of his, and having brought the charges, he doubtless thought that he should be invited to superintend the evidence which was to be taken. But neither was there named any soldier or man with a military cast of thought, nor any one representing the Army Medical Service. But still, though to men who only wanted to get at the plain truth there did not appear to be any qualification lacking to the Commission—judicial habits of mind, plain common-sense,

absolute integrity, with a sufficient addition of special knowledge—further exceptions were taken, and especially to the name of a distinguished scientist, who, from previous experience in like duties, had special gifts in the matter of sifting and co-ordinating facts. And why? Because he, having been an examiner of candidates for the Army Medical Service, was supposed to be prejudiced in its favour on account of the remuneration that he received. This was too absurd. A professor of world-wide reputation, a leading man in his noble profession, whose time was of the utmost monetary value (to use the meanest form of estimate), was to be considered prejudiced because he received £100 a-year from Government for using his great abilities in its service, a sum which barely would pay his out-of-pocket expenses during the time that he was employed on an all-important duty. As a matter of fact, the Government and the Army Medical Service lay under a heavy obligation to him for patriotic service. He was not bound by any obligation, and was unfettered by self-interest or by any sense of benefits either past or future. The ungenerous criticism, which in its tone had all the characteristics of a party attack, though it was led by a nominal adherent of Government, was for the time pushed aside; but warning has been given that it will be renewed, and it has been indicated by its authors that the finding of the Royal Commission will be by no means

held conclusive. It is to be hoped that they may not be so ill-advised.

The powers given to the Commission as to taking evidence were also, and as we think most unreasonably, alleged to be defective. Many, in fact practically all, of the individuals who had poured their complaints into Mr Burdett-Coutts's receptive ears had stipulated that their names were to be kept secret. This of itself was a suspicious circumstance as regards *bona fides*, but Mr Burdett-Coutts went still further in discrediting his grounds of complaint when he said that private soldiers and others would be deterred from stating all they knew from fear of personal consequences. In saying such a thing he showed either that he knew nothing of the British soldier, his manner of thought and manner of life, or he believed that the English people would, from ignorance, accept blindly a statement about the British soldier which to men intimately acquainted with our army was wildly and palpably inaccurate. Such as it was eventually constituted and authorised, it is, we may hope, unlikely that the Royal Commission will be generally regarded by its countrymen as being otherwise than a very perfect instrument for eliciting the truth about a very difficult subject.

In examining the report of the Commission we have first to see whether the state of things described by Mr Burdett-Coutts actually did exist, and if so, whether the responsibility for its existence lay with the

country as represented by its Ministers and financiers, with the various servants of the country who were actively employed at home or at the seat of war, or was to be divided between the two. There can be no doubt that Mr Burdett-Coutts did see at Bloemfontein and elsewhere an immense amount of human misery and pain. No man can follow in the track of war without encountering such an experience; but whether he saw much more of pain and misery than were inevitable to the circumstances seems to be very doubtful. The point to be kept specially in mind is, that no one ever anticipated, "when war became probable, that it would be of the magnitude that it has since attained." No one ever realised what enormous numbers of troops would be employed, and what sacrifices and efforts would be necessary in order to attain any measure of success. The limit of England's active military power was always supposed to be about two army corps, and making, as we supposed, due allowance for every possible contingency, it was believed that such a force, with perhaps the assistance of some colonial levies, would be sufficient to carry out our national purposes in South Africa. But the preconceived ideas which had more or less guided us for generations were quickly found to be incorrect. A new development of war had come about, and it was suddenly found that two army corps would be insufficient for the job in hand, and probably equally inefficient for any im-

portant job anywhere, under any conditions. It was this state of unpreparedness which has impeded every part of the army throughout the campaign, and if we say that the arrangements for the care of the sick and wounded have not been completely equal to the emergency, we only repeat what may be said of every other detail of our army, whether combatant or non-combatant. As a matter of fact, it may with every confidence be asserted that these arrangements compare most favourably with those of any other portion of our military system. And here the conclusion of the Royal Commission's report may be fitly quoted, a conclusion which should very completely restore the confidence that has been shaken by Mr Burdett-Coutts's statements:—

"In concluding our report, we desire to say that in our judgment, reviewing the campaign as a whole, it has not been one where it can properly be said that the medical and hospital arrangements have broken down. There has been nothing in the nature of a scandal with regard to the care of the sick and wounded; no general or widespread neglect of patients, or indifference to their suffering. And all witnesses of experience in other wars are practically unanimous in the view that, taking it all in all, in no campaign have the sick and wounded been so well looked after as they have been in this."

And where and why have the arrangements for the care of the sick and wounded not been all that could have been wished? First, most unquestionably the officers of the Royal Army Medical Corps were deficient in numbers, and, as a consequence,

to some extent in efficiency. Over and over again had successive director-generals urged upon the War Office authorities the necessity for an increase in the corps, but without avail; and this probably because it was feared that the necessary expenditure would not be countenanced by the country's parliamentary representatives. It had been proved to demonstration that it was only by the unceasing toil of the Royal Army Medical Corps that the sick of our army could be cared for even in time of peace. There was no margin of strength in the corps wherewith to meet any extra strain. So markedly was this the case that, whether ill or well, it was most difficult for a medical officer to obtain any leave of absence. If he had broken down on tropical service, his health was to be restored by placing him on duty elsewhere. He seldom had an opportunity of seeing his friends, and practically none for any relaxation. This, of course, made a service whose profits were not those of civil work little attractive to the medical profession. Let that consideration pass, however. The most crying evil attending the paucity of medical officers was that, when all were of necessity constantly employed in routine work, it became impossible to give opportunities for advanced study to any officers of the Royal Army Medical Corps. Now, it is well known that the arts of medicine and surgery do not stand still; they are always advancing. Moreover, however capable a man may be when he takes his

diploma, his knowledge must inevitably become somewhat rusty after years of commonplace military practice, and if it is to be kept at a high level, it should from time to time be refreshed and brightened. Well, neither for the purpose of studying developments of science or of brushing up his original proficiency could a medical officer ever be spared for any adequate period. Of course it was always contemplated that, if a time of great stress should come, civilian assistance would be largely employed, and that thus the lack of numbers in the Royal Army Medical Corps might be redeemed, though this was by no means a result that could be certainly reckoned upon; but nothing could restore to young and enthusiastic professional men the opportunities of self-improvement that had been lost through the nation's parsimony. That the Royal Army Medical Corps has passed through its present trials in such a manner as to merit the following judicial tribute shows how as a whole, before the war, they have been admirably organised, how careful has been their service training, and how their professional zeal has supported them in the face of constant discouragement:—

"Speaking of the officers as a whole, their conduct and capacity deserve great praise. Their devotion to their duties both at the front and in the fixed hospitals, and the unselfish way in which they have attended to the sick and wounded, often at the risk of life, have been recognised by all impartial witnesses. The number of those who have died during this war in discharge of their duty is unfortunately large."

It is to be candidly recognised, as it has been recognised in the report before us, that there were "a few exceptions to the general efficiency"; but is it reasonably to be expected that, even by the exercise of the greatest care and discrimination, the presence of some unit members is not to be found in any large body of men, particularly when these men are tried to the uttermost in capacity, nerve, and physical endurance? Let any critic reflect for himself how many civil practitioners he has met in his own limited experience to whom he is somewhat loath to intrust the care of himself and his family. Among over 500 medical officers at the seat of war, it would be odd indeed if, under trying circumstances, some men were not found who had defects of manner, of diligence, even of professional competency. No body of men is perfect. The limit of human possibility is reached when it can be said, as can truly be said of the Royal Army Medical Corps, that its average of merit is very high indeed. It will be seen, then, that if the Royal Army Medical Corps was unable to stretch itself to cover easily all the work that lay before its members, if in some instances it did not touch the highest level of modern science, the fault does not lie with the many able, brave, and patriotic men who were zealously eager to represent their special calling in its utmost excellence, but with the long-continued national economy which had de-

nied to them ways, means, and numerical strength.

Subordinate to the medical officers, but of very essential importance in the care of war's human wreckage, the Royal Commission has very carefully considered the two classes of attendants in hospitals, the nurses and the orderlies. Much has been said in complaint that nurses were not present with the army hospitals at the front at the time of greatest stress, and that they were not sent up in sufficient numbers till much later in the year. It is certainly perfectly true that for a long time after Lord Roberts entered Bloemfontein there were practically no nurses, and this for a very good reason. The only hospitals that could follow the army in its rapid forward march were what are called field hospitals—i.e., lightly equipped, extremely mobile organisations, which are able to accompany troops in movement. With regard to them the report says: "Of course they [nurses] could not be employed in field hospitals or at the front. No one knowing the conditions under which these hospitals have to work could suggest that they should be so employed." A proportion of nurses was provided for, and was always present with, the more completely fitted fixed general hospitals which were established at the base of operations, and as soon as communications were open for their conveyance, many were hurried forward to the front. "Before this war the employment of nurses was but slightly

recognised in the army." It was not that the matter had been overlooked, for by numberless committees, composed of most experienced and able men, it had been carefully considered in providing, as far as means would allow, for the organisation of medical attendance on troops in the field. It had, however, been decided that, as a rule, nursing should be done by trained male orderlies, and that nurses should be principally employed in superintendence. It may be granted that, though this view was completely justified by previous knowledge, before the vast modern changes in war and war's conditions had taken place, it would have been better if the extreme value of nurses and the possibility of their employment had been recognised earlier than has been the case, and that hospital attendance should have been more put into their hands: but this is one of the new lessons which all military nations, in common with ourselves, have had impressed upon them by our experience. No other nation has hitherto contemplated the use of nurses on a large scale, and it is in the very highest degree creditable to our administrators at home and abroad that they should have learned the lesson so quickly as they did, and acted upon its teaching. After it was realised that the Medical Department had not a sufficient amount of trained orderlies, "no efforts were spared on the part of the authorities to supply the nurses, and during all the latter

part of the campaign nurses were largely and freely employed." At the present moment between 800 and 900 nurses are employed in South Africa. And nobly have these ladies toiled. "The nurses employed in this war have shown great devotion, and many have lost their lives in the discharge of their duties."

With regard to the trained orderlies, again, we have to deplore the fact that the nation alone is responsible that there has been a degree of inefficiency. It has been often represented by the successive heads of the Army Medical Department that the number of non-commissioned officers and men of the Royal Army Medical Corps was far below what was absolutely necessary, but always their applications for an increased strength have been refused altogether, or only very partially granted. In the estimates for 1899-1900 an increase of 400 of all ranks was pressed for in consequence of the increased establishment of the army as a whole, and it was stated that South Africa was "gravely undermanned." An increase of 150 men of all ranks was granted. Of course, when war broke out in the following year men had to be gathered from every source, but they were quite untrained. If the full 400 had been sanctioned when they were applied for, they would have had a year's training, and their services would have been invaluable. The men of the Royal Army Medical Corps not only pick up and remove men on the field of battle,

but are carefully trained to all nursing duties in hospital; and it may be doubted whether any attendants, male or female, could be more devoted and efficient. On account of their small numbers, however, it was impossible to provide from their ranks sufficient attendants for the patients who poured into the South African hospitals, and their duties had to be passed on to others, principally convalescents and ordinary private soldiers. These men were quite untrained, and had none of the peculiar *esprit de corps* and discipline of the Royal Army Medical Corps trained men. They were generally willing, but necessarily incompetent, and some of them certainly gave just cause of complaint as being inattentive, rough, given to drink, and even by pilfering and taking bribes from patients for the supply of comforts and rendering the assistance that was due. And if a few of the men employed as orderlies failed, if a few were inattentive, if even a very few gave way to drunkenness, the strain of work to which they were exposed must be held as an extenuating circumstance. As an example, in one hospital "for some weeks the orderlies were kept working thirty-six hours out of forty-eight." Everybody knows how gallantly all the orderlies, whether Royal Army Medical Corps men or not, have behaved in attending to the wounded in action, and how much suffering and loss have been saved by their prompt solicitude, often under heavy fire, in carrying men

from the places where they had fallen; and the report also definitely notes how, in the hospitals, "the way in which the orderlies as a body discharged their duties has deservedly been the subject of high praise from many witnesses of experience. Many orderlies displayed great devotion towards their patients, and lost their lives in the faithful discharge of their work."

Apart from the actual duties connected with the persons of the sick and wounded, there must necessarily be an immense amount of administrative work in organising and supervising large hospitals more or less mobile, and we are glad to see that the Royal Commission is distinctly of opinion that, even though it must to a great extent withdraw him from actual medical and surgical practice, "from the nature of his duties it is clear that the head of a military hospital should be a member of the Royal Army Medical Corps." It has been suggested by many people that the administration of hospitals should be placed in the hands of combatant officers or of civilians, not even necessarily medical men, but this would undoubtedly lead to divided authority and confusion. An organisation for a particular purpose must be under the full control of the professional men whose business is to carry out that purpose. Not to go far from an illustration too far from a military connection, what was the result of the deputies of Venice or the commissioners of the French Republic accom-

panying and controlling the operations of armies but to cause disorder and bring disaster?

And the mention of administration leads us to the consideration of the so-called paralysing influence of "red-tape" in the English army generally, and the supposed waste of time that is caused in the Medical Department particularly, by the number of documents and returns that are called for on field service. As the report says of "red-tape," "the phrase is in the mouths of many theorists, some of whom would have difficulty in stating what are the precise evils which they wish to indicate by the phrase in question, and still more difficulty in remedying those evils." After all, "red-tape" only means organisation, and every man who carries on any business well knows the reality, though perhaps he calls it by a different name. Possibly, indeed probably, the English army has hitherto suffered from over-organisation, and the individuals who serve in it have in general been allowed too little scope for personal initiative. The system of check and counter-check may have been carried too far in some departments; but with regard to the ordinary business of the Army Medical Service this cannot reasonably be pretended. It seems to us indeed that it would be difficult to devise a system so comprehensive as that which is the rule of the Army Medical Service, or one that is at the same

time more simple. Practically there are only eight documents in general use, and some of them are only to be rendered on special occasions which are not of frequent occurrence.

It is worth while to enumerate these documents, for the information of critics: (1) The admission and discharge book, to be kept in each hospital. (2) A form, copied from No. 1, which accompanies an invalid when he is handed over for conveyance to the base hospital. (3) On transfer from one hospital to another or to a hospital-ship, a small medical certificate, like a cheque, is rendered, conveying absolutely necessary information. (4) A return is sent in weekly of all the sick in hospital, and the same form is used for the daily report to the general commanding, but this last only contains non-medical details. (5) A form containing nominal roll of killed and wounded, to be furnished immediately after an engagement. (6) A nominal roll of admissions to and discharges from hospital, for the daily information of commanding officers. (7) A brief weekly sanitary report, rendered by principal medical officers of divisions and of general hospitals. (8) Casualty reports, which are rendered in each case of death, from general and stationary hospitals.

It is to be remembered that each of these forms is most simply and clearly drawn up and printed, so that the required record or information can be entered in the fewest possible words and with the

least expenditure of trouble. Much of the work too can be, and is, done by clerks, though in matters of grave import, involving issues of life and death, the clerking requires careful supervision. No doubt it must always be a worry to have to fill up records and returns at all, and after a serious engagement or during an epidemic the aggregate of small memoranda adds considerably to a medical officer's work. But if the above list is carefully considered, it is difficult to see where any reduction can be made without possible risk of injury to patients, and without depriving authorities of information which is indispensable if warlike operations are to be carried on at all. We may be reminded that, besides the purely medical returns, an officer has to furnish requisitions for the daily supply of his hospital. But how otherwise could requirements be notified? An account must be kept of the stores that are expended, or else the British taxpayer would assuredly suffer in a way that he would not like, and the requirements for diet, &c., vary so much from day to day that no standing requisitions can be made. The forms here employed are, too, of the simplest description, making no demand upon any deep thought, and easily to be filled up with a minimum of trouble.

To any one who has carefully followed the history of the war, has read the evidence taken by the Royal Commission, and that Commission's report, it

must be a subject of great admiration how well and practically, as far as its means would allow, the Army Medical Department has carried out its administration in the teeth of extraordinary difficulties, caused by deficiency of transport and the great lack of local resources. As the report sums up the matter: "None but those who were actually engaged in the staff work, or who (like ourselves) had special opportunities of investigating, and had investigated, the subject, can properly realise the immense amount of work that had to be discharged by the head staff, and the great difficulties they had to encounter—difficulties far greater than those to be met with in ordinary campaigns."

In the complaints that have been made about the medical arrangements of the campaign, a good deal has been said about two items of equipment in particular, the hospital tents and the ambulances, and these complaints are partially indorsed by the report of the Commission. It may be noted, however, that though the hospital marquees in ordinary use may have some defects, they have the indisputable and essential good quality, that they can stand an indefinite amount of wear and tear. We believe that it is the case that the lighter and slightly more roomy tents, which were used by some private hospitals, have suffered very much from the weather, and are practically worn out, while the regulation marquees have remained in perfectly sound condition. Then,

with regard to the ambulances, it is an undoubted fact that, for service in every variety of country, no form of ambulance in Europe can compete with the latest pattern in use in our army. No doubt some of the ambulances in South Africa were of an old and disused pattern, because the demand was so great that the stock of the newest pattern was quickly exhausted, and as time was not available for preparing more, all the old vehicles were sent out, *faute de mieux*. It is possible that the ambulances which the commissioners tried, and found to be "very jolty and uncomfortable," were some of the old pattern, Mark III., and not the improved pattern, Mark V., which will be provided in the future.

In making its report, the Royal Commission has very scrupulously confined itself to obeying its instructions, "to consider and report upon the care and treatment of the sick and wounded during the South African campaign." Mr Burdett-Coutts and others had formulated certain charges, and had made many statements, but it was very wisely proposed to give to the inquiry that was to be made a much wider scope than

the limits of these charges and statements. It was felt that the work of a great military department was to be examined as a whole, and not only in such isolated parts as had fallen under the observation or struck the imagination of individuals. The report, therefore, does not, paragraph by paragraph, take Mr Burdett-Coutts, who has written somewhat voluminously about his views and impressions in a lately published volume, but addresses itself to the much larger question. Incidentally, however, all the principal and more particular allegations are noticed, and it is proved to conviction how dangerous it is to generalise from slight observation, and on how narrow a basis of facts a structure of assertion was elevated which threw a shadow over England. There is no form of misstatement so deceptive as one that has a small admixture of truth, and it is well that cold and unimpeachable inquiry and judgment have finally made everything clear.

It is worth while to place side by side some of Mr Burdett-Coutts's most sensational assertions, and the comments made upon them in the report:—

Mr Burdett-Coutts.

"Civil surgeons employed in these military hospitals have been required by the Army Medical Department to sign a contract not to divulge in any way what their impressions may be on hospital matters. That is a clause of very sinister significance."

Commissioner's Report.

"We would add a word or two with regard to a suggestion that has been made, that the civil surgeons employed by the Government were, either by the contract of their engagement or by order or other communication, forbidden to report upon or state the true condition of matters at the military hospitals. We believe that there is no foundation for this suggestion."

Mr Burdett-Coutts.

"The staff of a third [general hospital], No. 10, was there [at Bloemfontein], without tents or equipment, and it was employed in manning the town hospitals."

"At night there were not enough [orderlies] to prevent those in the delirious stage from getting up and wandering about the camp half naked in the bitter cold."

"—and another [hospital] in which the corpse of one of the patients, who had died during the night, had been stuffed into the only lavatory there was in the hospital. It was found by the patients who went to use the lavatory in the morning."

"From morning to night the gloomy processions followed each other across the market square at slow march with arms reversed, bearing shapeless figures sewn up in blankets to unknown crowded graves in the cemetery on the southern hill, day after day and week after week, in ever-growing numbers."

It would be easy to multiply cases in which the report is in direct opposition to Mr Burdett-Coutts's statements, but space does not permit. One more must, however, be noticed, as it is singularly ungenerous, and has been proved to be absolutely without foundation. He stated that, a few days after an action in which the Inniskillings and Scots Greys had been engaged, the wounded had for military reasons to be removed from the spot where they were being tended, and that this movement was carried out, notwithstanding

Commissioner's Report.

"No. 10 general hospital, on its being landed at East London, left its tents there, because it was only intended to be used for the buildings taken at Bloemfontein, and these tents were subsequently used for other hospitals. The fact that these tents were left behind did not show a want of organisation, as Mr Burdett-Coutts appears to have thought."

"For some days the number of trained orderlies was wholly insufficient, and it was probably owing to this that one or perhaps two cases occurred at this hospital of men wandering away during the night."

"Inquiry has been made in all quarters to find out whether there is any foundation for this allegation. No such case can be found to have occurred either at Bloemfontein or anywhere in South Africa."

"This is not the fact. In the first place, the numbers of men dying at Bloemfontein have been overstated by some witnesses. There were not 50 deaths a-day; the maximum was 40, and that only for one day. Each body was buried separately and with every respect and care, and each grave was numbered, and the number and name of the dead man registered."

ing the protest of the surgeon, excepting for three officers, who were detained. He added that it appeared to him that the detention of these officers was an unfair distinction. The real facts of the removal are now shown to be these. It was necessary to move the wounded, so far as they could be without injury to themselves. Three surgeons consulted together and selected those patients who, in their opinion, could be moved with safety. No protest of any kind was made by any surgeon. Three patients were kept be-

cause they could not be transported with safety. Of these, two were officers and one was a private. It was obvious that no questions of rank entered into the matter, not only from the nature of the wounds of the men who remained, but from the fact that among the patients who were sent away were three officers.

Needless to go any further and to give the plain unvarnished truth regarding many stories, such as that about eight men left, "appeared to be dying," for a long time at the railway-station of Bloemfontein, and many others. Enough has been quoted to show that the picturesque gruesomeness of Mr Burdett-Coutts's letters and speeches owed something to a vivid imagination, and a somewhat imperfect and careless verification of evidence.

Mr Burdett-Coutts prides himself upon "the immediate result of my disclosures in the 'Times' and in the House of Commons upon the condition of the sick and wounded out in South Africa. I have no hesitation in saying that it effected a remarkable transformation—scene, to the great benefit of the sick and wounded out there at the time." In saying this, does he not stultify himself in some degree? In his evidence he said, "I had never the slightest intention of making any reflection upon the *personnel* of the R.A.M.C.; I consider their work has been magnificent, and performed under superhuman difficulties." Well, if the work was always magnificent, how came there to be a magic transforma-

tion—scene when Mr Burdett-Coutts waved his wand? Might it not have been possibly due to a complete change of circumstances and to the realisation of preparations and plans long before thought out by administrative authorities at home and abroad? Does Mr Burdett-Coutts not assume that *post hoc* is *propter hoc*? In every page of the Royal Commission's report it will be seen that all the authorities, military, administrative, and medical, were quite alive to all the wants of the sick and wounded long before he made himself heard, and were straining every nerve to supply all deficiencies in *personnel* and *matériel*. That numbers of female nurses, abundant hospital supplies, and a profusion of luxuries and comforts, arrived at the front coincidently with the reports of his agitation is no proof that their appearance was the result of the agitation. In fact, if the dates of hospital improvement and of Mr Burdett-Coutts's agitation are considered, it will be evident that they had no connection with each other, for *personnel* and *matériel* could not have been collected and shipped from England so as to arrive in the nick of time if their necessity had not been recognised at a much earlier period.

In looking over the great mass of evidence taken by the Commission, it is impossible to avoid being struck, in a general sense, by the difference in tone between that given by persons who may be called amateurs and the words of those who, by previous training and experi-

ence, knew thoroughly what they were talking about. In the latter class we may particularly include (besides administrative officials, combatant officers, and officers of the Royal Army Medical Corps, all of whom might have the credit of being biased) civil surgeons with no past or probable future connection with the army, ministers of religion accustomed to hospital visitation, and independent nurses drafted from civil hospitals in England. All of these, while stating frankly what appeared to them to be defective, spoke coolly and reasonably on the subject, recognising the difficulties imposed by surrounding conditions, and at the same time the great, and to a great extent successful, efforts that were made to meet those difficulties. Among the former must certainly be named Mr Burdett-Coutts himself, and some ladies who, though sufficiently positive, certainly were far from being convincing when they were under examination—and the evidence of this class certainly seems to us to display, in consequence, a constant shifting of ground and a measure of spiteful petulance. Indeed, the evidence of one lady is so extraordinary that we cannot but think that she and her friends must feel somewhat discomposed when they see it in print, particularly in connection with the account of her conduct given by many reliable authorities.

And here we are drawn to think that, in considering the whole onslaught on the medical arrangements in South Africa,

the old adage, "*Cherchez la femme*," may apparently again be used. Commenting upon a letter from a very well-known civil surgeon in charge of a most excellent and beneficent private hospital in South Africa, the '*British Medical Journal*' wrote last year:—

"In too many instances the work of the hospitals has been hampered by the incursions of ladies who, while eager to pose as Florence Nightingales, have failed to make themselves acquainted with the most elementary rules of good nursing, and have even refused to obey strict instructions issued in the interests of the patients. Defeated at Cape Town and repulsed from Bloemfontein, this 'monstrous regiment of women' is now, it would appear, finding its way back to this country, and is commencing a campaign of vengeance against the medical authorities who have had to discharge the disagreeable duty of telling them that they were hindrances and not helps."

The echo of Mr Treves's scathing words on the same subject cannot yet have died away, when he said, "They [the ladies] came out in the guise of amateur nurses, having exhausted every other form of excitement. They took up the time of the officers, and, in fact, had the camp to themselves." It is to be feared, indeed, that at one time there was some truth in the distinction epigrammatically drawn between the nursing in the Crimean war and that in South Africa: "The first was undertaken by nightingales and the second by larks."

The conclusion arrived at by the Royal Commission has already been noted, that it cannot properly be said that the

medical and hospital arrangements have broken down. There has been nothing in the nature of a scandal with regard to the care of the sick and wounded. But most certainly there has been a terrible and most undue strain upon all the Army Medical Service, and there has occasionally for a time been very grave embarrassment. The cause of that strain and that embarrassment is perfectly evident. It was not the default of individuals, but was the natural result of our country's unpreparedness for war on a large scale. And, whoever may be the individuals whom each of us may be inclined to blame for this state of things, there can be no question but that the country itself is ultimately responsible. If the War Office declined to press for largely increased expenditure, it was probably because it was supposed (whether reasonably or not) that the money would be refused by the people. Our military forces as a whole, and in every arm of the service, have received a rude shock. Thanks to the national spirit that circumstances aroused, they have in no sense collapsed, though undoubtedly they have staggered. Probably the medical service has maintained its equilibrium as well as, it may be better than, any other. One thing has been made abundantly clear, and that is, that England has been most ably and loyally served by the Royal Army Medical Corps, from the Director-General and his organising staff at home to the humblest orderly who has

nursed an enteric patient in South Africa.

The Royal Commission has put forward several suggestions with a view of remedying defects. Except in some unimportant matters, they all represent conclusions to which the Army Medical Department has long ago come, and advice which it has over and over again tendered to the authorities at the War Office. It is to be hoped that in the reconstruction of our army which appears now to be imminent, these remedial measures will be considered and adopted. For lack of a not excessive annual expenditure (in relation to England's responsibilities and requirements) in times past, we have been obliged to pour out a hundred millions to prosecute a war which, after all, has not been of the first importance. If we still pursue a policy of undue economy, what might we not have to pay for the results of a really great war in the future?

Before concluding, we would say one word to Mr Burdett-Coutts and other agitators. They may possibly pride themselves on having at least been the instigators of a great and salutary inquiry, whether their own assertions were correct or otherwise. But except to calm the alarm of the British public, which had been roused by sensational statements, the Royal Commission has been of little practical use, for the weaknesses of our Army Medical Service had already been only too forcibly brought to the notice of numberless statesmen,

soldiers, and others, who have the will, and we hope will now have the power, to remove them. For all essential purposes it would make no difference if the Royal Commission had never sat. In saying this we by no means wish to depreciate the Commission itself, which has done its work most admirably, but only to point out that it has been superfluous. And in several ways it has done positive harm. In the midst of a most trying campaign, when, as we have seen, the powers of everybody were strained to the uttermost, it has been necessary for hundreds of people, from the Field-Marshal in command downwards, to devote many hours of time that could ill be spared to preparing and giving evidence, and the amount of research in collecting statistics has taken administrators and clerks away from most pressing and important business. Worse than that, it has had a most discouraging effect on the Army Medical Service itself. Its members, knowing how hard they had toiled, and how they had hoped by their devotion to show that they merited a high

place in their country's esteem, felt most acutely the fact that, at the word of the first passers-by, they were liable to be at once put upon their defence and examined as to every detail of the duties to which they had been sacrificing without stint their physical and mental powers, and even their lives. It is little wonder that we are told that one result of the Royal Commission has been to make many among the best officers of the Royal Army Medical Corps desire to leave the service, and has checked the supply of candidates for commissions.

Since the above was written, Mr. Burdett-Coutts has acted up to the intention of pursuing his campaign which he had previously indicated. He has addressed long letters to the press and has spoken in Parliament, giving to the report of the Royal Commission the "counter-check quarrelsome." It is hardly to be supposed that even his audacity will carry him to the limit of giving the "lie direct" or even the "lie with circumstance."

J. Cecil Russell, Major General -

THE NATIONAL REVIEW.

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THE SOUTH AFRICAN HOSPITALS ENQUIRY.

LAST June the British public was startled by a terrible description given of the treatment of the sick and wounded in South Africa. The picture was so circumstantial and so ghastly that the heart of England was deeply stirred. Mr. Burdett Coutts, the writer of the narrative, professed to write from personal knowledge, and regarded it as his "stern duty to tell the truth, lest we forget," while *The Times*, which published his communication, supported it with a leading article, in which the callous shortsightedness of the War Office was denounced. It is not my purpose to act as judge or advocate. Mine is a humbler task. Mr. Burdett Coutts, aided by *The Times*, claimed to have discovered a portentous scandal. He most certainly created a painful sensation, and added fresh pangs and fears to anxieties already great. This result he achieved by certain precise and positive statements.

The public memory is proverbially short, and it will be both wholesome and instructive to test Mr. Burdett Coutts' main and sustaining statements in the light thrown upon them by the Report and the Evidence of the Royal Commission. I will take seriatim the "horrible details," as *The Times* called them, which made up Mr. Burdett Coutts' article and speech. The first appeared in *The Times* of June 27th, and the speech in *The Times* of June 30th.

On the night of the 28th of April "men were dying like flies for want of adequate attention." Mr. Coutts is speaking especially of the 12th Brigade Hospital at Bloemfontein. The death-rate in this hospital up to the 4th of May was under 4 per cent.

The total number of enteric cases in the whole garrison on that day was 873, and the highest number of deaths in one day was forty. Mr. Burdett Coutts, when asked by the Commission what he meant by this phrase, gave this amazing answer: "It is a question really of numbers of staff." Possibly, Mr. Burdett Coutts would now defend himself by his superior knowledge of the rate of mortality amongst flies.

"Hundreds in the worst stages of typhoid lying on the hard ground, with no milk or hardly any medicines."

This is his description of the Field Hospital of the 12th Brigade.

The number of enterics in this hospital on April 28th was 124, and the Report states that there was "no deficiency with regard to medicines, stimulants, and food, or of condensed milk." "There was a deficient supply of fresh milk, but we think the resultant ill-effects have been much exaggerated." Mr. Burdett Coutts states that there were "many bell tents with ten typhoid cases lying closely packed together: the dying against the convalescent." The Report states that, with very few exceptions, "there would not be more than four enteric fever patients in a bell tent, and that up to May 4th there were only four deaths in the bell tents altogether"; and the Evidence shows that the description of the "dying against the convalescent" rests on no basis of fact. Mr. Burdett Coutts more than once dwelt upon the horror of delirious patients, half-naked, wandering in the cold air night after night. The Report states that "one, or perhaps two, cases occurred of men wandering away during the night." These two cases were fully and satisfactorily explained in the Evidence. It is true that Mr. Sloan, in his evidence, contradicted this. The value of this evidence will be best estimated by a careful perusal and comparison of the sweeping assertions made by Mr. Sloan.

Mr. Burdett Coutts, anxious not "to pile on the agony," only refers incidentally to a visit to this hospital, when "many typhoid patients were to be seen lying three inches deep in mud." The Report states that "the tents could not fairly be called wet, and that the men inside could not properly be described as lying in the mud; that there were only a few days during the period mentioned on which it rained in Bloemfontein, and that the dampness did not cause any material suffering or annoyance to the patients." Major Hamilton, who met Mr. Burdett Coutts on this visit about 100 yards from the hospital, states that Mr. Burdett Coutts "was never inside the hospital at all." So much for the mud story. Another incidental horror with which Mr. Burdett Coutts inflamed his narrative was that of a corpse stuffed into the only lavatory available for patients. The Report gravely remarks that, after careful inquiry in all quarters, they are satisfied that Mr. Burdett Coutts was misled. It may be urged that for most of these mis-statements Mr. Burdett Coutts may plead the excuse of inaccurate informants, although such an excuse seems trivial when we remember the gravity of the statements. I now come to a specific statement which rests upon the personal

testimony of Mr. Burdett Coutts himself. "At Bloemfontein Station he saw eight wounded and sick men lying on the platform. They arrived, after fifteen hours' journey in open trucks, at six o'clock in the morning, and they lay on the platform until 3.30 in the afternoon, with absolutely nobody to attend to them. Four of them were dying. He knelt down, listened to their whispered story, and took their names and regimental numbers. For these men to lie as they did on a railway platform with traffic in full swing was a disgrace. At last the ambulance of the Irish Hospital, happening to come down, took the men into their hospital; and he knew two of the men died there."

The Commissioners, evidently regarding this as a crucial instance whereby to test and demonstrate the value of Mr. Burdett Coutts' statements, have gone fully into the case. One truck in a long train contained eight patients suffering from fever, which afterwards proved to be enteric. This truck was next to the engine, and immediately behind it came some empties, and then followed all the other trucks containing the other sick and wounded. By a mistake of the railway shunters this truck was unnoticed, and shunted with the two empties into a siding. The rest of the sick and wounded, 171 in number, were detained. The eight men, at 9 a.m.—three hours after their arrival—were removed from the truck and put on the platform under shelter, with their blankets and great-coats, and food was given them. Meanwhile, Colonel Exham, the principal medical officer, had been informed of their arrival. He visited them himself at 11.30 a.m., and by his order warm milk and beef-tea were at once provided for them.

The eight patients were then removed to the Irish Hospital, the last one arriving about 2 p.m. "When Colonel Exham saw them at 11.30 a.m. he found them mostly asleep, and he says that none were in such a condition as to make an early removal an urgency." *Not one of the eight died* from this attack of typhoid fever. The Report significantly adds: "The facts of the case speak for themselves."

Mr. Burdett Coutts mentions one incident, "graver than all the rest," of twenty of the worst cases of typhoid removed to a hospital and jolted across the veldt, with the result that four of the men died.

The Report deals with this incident thus: "We should perhaps refer to a suggestion that four men died in consequence of being improperly removed to the Portland Hospital. We have investigated this and believe it to be unfounded."

One more illustration of Mr. Burdett Coutts' personal testimony,
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the only occasion on which Mr. Burdett Coutts seems to have come within sound of firing :—

He states that after a disaster to the Inniskillings and Scots Greys he came across the wounded, who had been left lying from nine o'clock in the morning till 4.30 in the afternoon without anyone coming near them. They were then taken to a tin house fitted up as a temporary hospital. Two days after the doctor in charge was ordered to evacuate this hospital and send the wounded away. The doctor protested in vain against this, but insisted upon keeping three officers there. "It seemed to him (Mr. Burdett Coutts) a strange thing that the men who were dangerously wounded should be taken away from that hospital, but that the officers should be left. It was a somewhat unfair distinction." Now for the facts; the Report states: "The ambulances at once gathered the wounded men *without any undue delay*, three surgeons being present to attend them during the night. Some days after the wounded had to be removed, as the enemy were threatening the position. Before the removal three surgeons had consulted together and selected those patients who, in their opinion, could be removed with safety. No protest of any kind was made in respect of the removal by any surgeon. They all agreed that the patients who were sent could properly be removed. Three patients, and three patients only, were kept, because their condition was such that they could not be transported with safety to themselves. Of those, two were officers and one was a private. They were kept wholly irrespective of questions of rank."

This last case is fairly typical of Mr. Burdett Coutts' reliability. If anyone will take the trouble to test the statements made by Mr. Burdett Coutts by the Evidence and the Report of the Commission, they will find that his statements are, without exception, unreliable, and almost every figure he quotes is inaccurate. Two instructive incidents are given in the Evidence. Surgeon-General Wilson, the principal medical officer in South Africa, described Mr. Murray Guthrie, secretary to the American Hospital, coming up to him with his note-book, which he tapped with much pleasure, exclaiming, "I have got twenty-five charges of neglect here against the R.A.M.C." Surgeon-General Wilson replied, "I told him (Mr. Guthrie) it was a pity he did not tell me when he had got twenty-four, as we saw each other every day." Lord Stanley, in his evidence, states that he informed Mr. Burdett Coutts that he could not allow him to stay longer at Bloemfontein. Mr. Burdett Coutts then said "he was sorry, but if he could not have any further time at Bloemfontein he

would have to make a bad report of the hospitals there." The Commissioners, in their Report, have thought it desirable to give one illustration of Mr. Burdett Coutts' methods: "Between the 29th of March and the 17th of April, the army at Bloemfontein had never more than one day's reserve of food accumulated, though a reserve of food was urgently necessary for a speedy advance towards Pretoria."

"For that advance, in addition to food, there were also urgently needed a supply of ammunition, horses, and mules for transport, horses for remounts, and baggage material," and it was not until the 3rd of May that this reserve of food and sufficient equipment had been obtained. During this critical period Mr. Burdett Coutts denounces the authorities for not having brought up to Bloemfontein hospital equipment and necessities, the fact being that the military authorities, guided by the pressure of military necessities, had to decide what material should be first sent up into Bloemfontein. The Report points out the extreme difficulty of the situation, and emphatically calls attention "to the extraordinarily good work done by the railway and military authorities with their single line." At this moment of stress Mr. Burdett Coutts gets his own four horses and two grooms sent up from Cape Town to Bloemfontein. The way in which he managed this had best be stated in the words of the Report:—"At that time horses were being sent up because remounts were urgently needed at the front, and his (Mr. Burdett Coutts') horses were forwarded because they were consigned as remounts to an officer at the front." The Commissioners publish the whole correspondence relating to this significant incident in the Appendix.

Small wonder that Mr. Burdett Coutts is dissatisfied with the Report. *The Times*, in their leading article of January 24th, gave Mr. Burdett Coutts a broad hint to be quiet, but unwisely he neglected this friendly advice.

It may well be that there were defects in the hospital arrangements in South Africa. Those of us who have had relatives in those hospitals feel a profound debt of gratitude for the care and treatment given to the patients, and it seems a mere act of justice to protest, however feebly, against the sensational statements of those who seem mainly concerned upon creating a scandal. Moreover, the cause of reform is never, in the long run, helped forward by the sensation-monger. The weighty words with which the Royal Commissioners conclude their Report deserve attention :—

"We desire to say that, in our judgment, reviewing the campaign as a whole, it has not been one where it can properly

he said that the medical and hospital arrangements have broken down. There has been nothing in the nature of a scandal with regard to the care of the sick and wounded; no general or widespread neglect of patients, or indifference to their suffering. And all witnesses of experience in other wars are practically unanimous in the view that, taking it all in all, in no campaign have the sick and wounded been so well looked after as they have been in this."

A. G. ASAPH.

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No. CCLXXXIX—MARCH 1901

THE SOUTH AFRICAN HOSPITALS COMMISSION

THE elaborate report of the Royal Commission upon 'the care and treatment of the sick and wounded during the South African campaign' resolves itself into two distinct divisions. The one of these is concerned with an inquiry into the many serious complaints made as to the care of the sick and wounded, and the other with recommendations for the remedying of certain defects in the Army medical service.

The body of the report will be read with considerable relief, and with a degree of satisfaction. The inquiry undertaken by the Commission has been arduous and far-reaching, has involved the handling of an immense mass of evidence, and the investigation of charges which have lacked little in the way of either variety or virulence.

It is satisfactory to find that the graver of the charges made have proved to be either exaggerated or unfounded, and that the medical service of the Army can claim to rise from the ordeal with distinct credit.

The findings of the Commission will carry with them conviction, for it is abundantly evident that the inquiry has been conducted with infinite patience, with thoroughness, with impartiality, and with admirable judgment.

The general result of the investigation is summed up in the concluding passage of the Report, and in the following words:

We desire to say that, in our judgment, reviewing the campaign as a whole, it has not been one where it can properly be said that the medical and hospital arrangements have broken down. There has been nothing in the nature of a scandal with regard to the care of the sick and wounded; no general or widespread neglect of patients, no indifference to their suffering. And all witnesses of experience in other wars are practically unanimous in the view that, taking it all in all, in no campaign have the sick and wounded been so well looked after as they have been in this.

The more detailed analysis of the evidence makes it clear that the strain thrown upon the Army medical service was very severe, and that on occasion the demands were so sudden and excessive that they could not be satisfactorily met by the department. Those who read the report cannot fail to find themselves more in sympathy with the Royal Army Medical Corps, for the matter-of-fact account which is given shows vividly the immense difficulties the department had to face, and furnishes details as to the overpowering crowd of sick

and wounded who flocked to the hospital tents. The report itself is sympathetic; and it is apparent from many of the comments made that the Commissioners fully appreciate the hard case of the worried and overworked medical officer who had to deal with emergencies which no forethought could have anticipated, had to wait always upon the fortunes of an overburdened transport, and had constantly to attempt the problem of 'making bricks without straw.' The report, moreover, brings forcibly into notice the fact that in war there is cast upon the sick and wounded an immense amount of needless suffering and misery. The fact is lamentable enough, and the Commissioners are compelled to acknowledge that no little of this distress would seem to be unavoidable and beyond remedy. In this admission there is no attempt to hide incompetency and unpreparedness under the platitude that 'war is war,' nor are the results of inefficiency improperly shielded by the general cloak of the 'horrors of war.' Speaking of the state of the wounded in the advance to Kimberley, the Commissioners have to own that 'the suffering occasioned was part of the price that had to be paid for success in the campaign.' Over and over again in the report this remark is re-echoed.

The finding of the Commissioners upon the very numerous complaints brought before them need not be discussed in this place; but the following incidental matters in the substance of the report are of some importance and interest. The number of individuals under the control of the Army Medical Department may be gathered from the following paragraph: 'At the time of the greatest pressure, which occurred at the end of the month of March, the total force then engaged being about 207,000 men, there were about 800 medical officers (including civil surgeons), 6,000 hospital subordinates, and 800 nurses in the country.'

The Commissioners' opinion of the Royal Army Medical Corps and the civil surgeons is thus expressed:

Like every large body of men, the Royal Army Medical Corps has its unfit or bad members, but the evidence justifies us in saying that, in this war, the proportion of such members to the whole body of the Royal Army Medical Corps is very small. Speaking of the officers as a whole, their conduct and capacity deserve great praise. Their devotion to their duties, both at the front and in the fixed hospitals, and the unselfish way in which they have attended to the sick and wounded, often at the risk of life, have been recognised by all impartial witnesses. The civil surgeons employed in this campaign have, as a body, done their duty extremely well. But few complaints have been made against any of them, and such complaints as have been made are not of a grave character. As a rule, the civil surgeons worked well with the officers of the Army Medical Department.

The much-abused orderlies are commented upon in these words:

Many orderlies displayed great devotion towards their patients and lost their lives in the faithful discharge of their work. The complaints against the orderlies are no doubt due, to a great extent, to the fact that the supply of trained men of

the Army Medical Corps was greatly insufficient for the war, and that orderlies not properly trained or constituted for the work had to be supplied. . . . Some orderlies have been inattentive and some rough, others have occasionally been intoxicated, and a few are even said to have been brutal to their patients.

Of the nurses they speak highly, and point out that 'there was no difficulty found in obtaining a sufficient number of suitable persons, nearly all of whom were properly trained.'

A very detailed account is given of the work of the medical department on the various lines of advance, and the description is sufficiently ample to enable the casual reader to form an opinion of the difficulties to be faced and of the manner in which they were met. It is, perhaps, needless to say that the Commissioners are not entirely satisfied with the condition of medical affairs as laid bare by the evidence they collected. They have found certain complaints to be well founded. They draw attention to 'mistakes and oversights on the part of the responsible authorities.' And they conclude their report, as already stated, by discussing 'what steps ought to be taken with a view of remedying the evils they have noticed,' and they add that 'those evils were serious and ought not to be minimised.'

This brings us to the second division of the report—to the suggestions made with a view of remedying defects. To this portion of the report the greatest interest must attach. That there is much to be put right in the administration of the medical service admits of no question, and the most enthusiastic admirer of the Royal Army Medical Corps must confess that the department is not only capable of improvement, but is in great need of it. That part of the report which deals with the remedying of defects will be perused by many with no little disappointment. The recommendations are few and indefinite, and will, I think, hardly satisfy those who are tolerant of some reform on the one hand, or eager for a large measure of change on the other. It is only fair, however, to state that the terms of the appointment of the Commission did not go beyond the order 'to consider and report upon the care and treatment of the sick and wounded during the South African campaign.'

Minor recommendations of the Commissioners deal with the improvement of the existing ambulance waggon, the selection of hospital tents, the control of the Royal Army Medical Corps in the matter of supplies, and with administrative details of a comparatively unimportant nature. The principal suggestions come under the following heads:

(1) The establishment of the staff of officers and orderlies of the Royal Army Medical Corps and its equipment on a scale sufficient to enable it to discharge adequately the duties ordinarily cast upon it in times of peace, and by the smaller wars in which the Empire, by its vast extent, is so frequently engaged.

(2) Regulations and provisions which will enable surgeons and trained orderlies in sufficient numbers to be rapidly obtained and added to the ordinary staff of the Royal Army Medical Corps in the event of a great war, and that will also ensure

a rapid supply of all hospital and other equipment required for the due care of the sick and wounded in such a war.

(3) The attraction to the Royal Army Medical Corps of a sufficient and regular supply of officers of good professional attainments, and the improvement of the position of the officers by the allowance of sufficient holidays, and by provisions enabling them to become adequately acquainted with the advancements in medical and surgical science, and the necessity of employing in the higher posts men selected for their merits rather than by seniority.

(4) The employment, to a greater extent than that recognised and practised until the later stages of this war, of nurses in fixed hospitals for the care of the wounded and of fever and dysenteric patients, and such others as can properly be nursed by females.

(5) The appointment of properly qualified officers of the Royal Army Medical Corps to undertake sanitary duties.

Before, however, such questions as these can be discussed it is essential that the position of the Army Medical Department in the scheme of the Army should be more satisfactorily defined. The reading of the body of the report would make it appear that the time has come when the medical service should occupy a far more prominent position as a detail of the Army than it at present holds. In the prosecution of a war the primary object is, without doubt, to effect the purpose upon which the institution of the war was based; and it is equally obvious that the secondary object is to effect that end with as little loss of life to the forces concerned as is possible. This war, like others, has shown that, in a long campaign, the loss of life from disease is unfortunately greater than is the loss from wounds; and when it is recognised that the larger proportion of these deaths from disease are due to what are termed preventable affections, the importance of the medical department of an army becomes very strongly emphasised. There is a disposition—due in some degree to the subordinate position occupied by the medical service—to consider that war is represented only by attacks on trenches and gun positions, and to disregard strongholds and ambushes of dysentery and fever.

In the returns of the present war, as published at the end of January, the following figures are to be noticed:

TOTAL REPORT UP TO, AND INCLUDING, THE MONTH OF JANUARY		
	Officers	N.C.O.s AND MEN
Killed in action	334	3,346
Died of wounds	103	1,081
Prisoners who have died in captivity	4	92
Died of disease	188	7,005
Accidental deaths	6	330
Total deaths in South Africa	635	12,354
Missing and prisoners (excluding those who have been recovered or have died in captivity)	15	922
Sent home as invalids	1,703	39,095
Total South African Field Force	2,353	52,371

54,724

When this question was discussed some years ago, it was considered that the lack of a military rank explained the unpopularity of the service. This rank was granted, and the medical service was embodied as a Royal corps. In spite of a few opinions to the contrary, it would appear that this granting of military rank to

(3) The amount of non-professional work thrown upon the Army

surgeon is considerable, and is very irksome to men who are anxious to practise their profession and to make advance in it.

In the present campaign the officers of the Royal Army Medical Corps, in some of the larger stationary hospitals, were kept constantly occupied with what may be termed office-work, the writing of reports and returns, and the checking of lists of supplies, &c. They were entirely prevented in several instances from attending upon the sick and wounded, that duty being undertaken by civil surgeons. This purely clerical work is a serious burden. It helps to extinguish interest in professional affairs, it does nothing to make an officer a more efficient surgeon, and it is from a business point of view exceedingly extravagant. The services of a specially qualified man are demanded and are paid for at a special scale, and yet when he enters the field of his work, he as often as not finds himself engrossed with petty concerns which could be as well or better disposed of by an ordinary clerk. It would seem anomalous if the senior surgeon of a civil hospital should be answerable for all reports and returns of patients, and should have to concern himself with supplies and with all details connected with stores, stretchers, blankets, utensils, and the like. In a civil hospital such work falls to the lot of a house governor or a house steward, and the surgeon is free to follow his special calling. In a military hospital in the field all this non-professional work should be in the hands of a quartermaster, whose responsibilities and duties should be so extended beyond their present narrow limit as to enable him to entirely relieve the commanding medical officer from this irksome and quite unsuitable work.

The Commissioners in their minor suggestions ask 'Whether the administrative and clerical duties of the Principal Medical Officers can be lightened; and, in particular, to what extent the reports and returns which have to be made can and should be shortened?'

(4) The Army medical service offers very little encouragement for advancement in professional work. It must be assumed that the majority of those who enter the profession of medicine do so because that particular occupation interests them. It cannot be denied that the Army medical service does little to foster this interest and still less to encourage a continued advancement in purely professional work. When once a young surgeon has obtained his commission he need trouble himself but little about medicine and surgery. He will be advanced to the position of a colonel if he lives long enough and behaves decently, but his advancement will be rather by years of service than by professional merit. The Service encourages its officers to live long and give no offence, but it does very little to help them to progress in their profession and to become more able surgeons and physicians, and, as a consequence, more able officers. Promotion, indeed, in the Service should be by professional merit rather than by years. The Commissioners allude to this when they

urge 'the necessity of employing in the higher posts men selected for their merit rather than by seniority.'

To go more into detail it may first be noted that the entrance examination of the Army medical service is not popular, nor is it of notable utility. It deals—as regards its compulsory subjects—with the same topics of examination as form part of the usual tests for a qualifying degree or diploma. The recently qualified candidate has just had his knowledge satisfactorily tested in these subjects, and he is not impressed with the need of going over the same ground again merely for the purpose of being ranged in a list. The optional subjects—which embrace modern languages, physics, zoology, geology, and botany—do not appear to be particularly germane to his future career, except perhaps as regards the first-named item.

It would be of greater value to the candidate and to the Service he is joining if the entrance examination were to concern itself with such subjects as tropical diseases, gunshot wounds, hygiene, camp sanitation, and the like, and possibly also with modern languages. The candidate has already shown himself qualified to practise, and is probably not a little weary of five years' study in the subjects required by the qualifying examinations. The subjects just detailed open up new fields and new interests, and are of direct service in the future; and as the entrance examination has little real object beyond that of being a means of classifying competitors, it is well that it should be as practical as possible.

The successful candidate becomes a lieutenant, and after three years' service on full pay, a captain. After twelve years' service on full pay—including at least three years abroad—he may become a major, provided he meets certain requirements. The chief requirement is that he pass an examination in those very subjects which are prominent in the entrance examination, and also display a knowledge of hygiene and of the administrative work connected with the medical service. He has to write a report on some professional subject and to supply certain certificates.

There is no evidence that this examination is other than a somewhat lenient affair, and, be that as it may, it is not of a character to encourage the best type of professional work in a man who has already held a commission for twelve years. In the place of this questionable test it would be well to institute an examination in certain special subjects, and to supplement that by a moderate general examination.

The special subjects should be such as ophthalmic surgery, laryngology, nervous affections, tropical diseases, operative surgery, and others. The result of such a test would be this—that officers before promotion to the rank of major would have to furnish evidence of having kept up their general knowledge of medicine and

surgery, as at present, and of, moreover, possessing a sound knowledge of some one special branch of practice. The individual officer would be thus encouraged, from the time of obtaining his commission, to follow up his professional work, and to make himself proficient in a particular branch of it. By such work he would secure his promotion. The Director-General, on the other hand, would gradually acquire the services of men who had made themselves proficient in special branches of medicine and surgery, and who could be located where their particular qualifications would be most valuable. Some such course is more or less inevitable, for so wide now has become the art and science of medicine that it is almost impossible to expect an individual to possess a thorough and practical knowledge of all the subjects embraced by that science.

Two minor matters incidental to the encouragement of professional work in the Royal Army Medical Corps may here be alluded to. Firstly, it is natural that those who seek a commission in the Service should endeavour to obtain it as soon as possible after they have become qualified. It thus happens that few who enter the Army can afford to hold the exceedingly valuable offices of house surgeon or house physician in a large hospital. It would be well if such especial leave could be given to officers who have just joined as would enable them to hold these appointments without loss of seniority.

Secondly, the purely professional side of the Army Medical Service could be materially helped if some mutual arrangement for the carrying out of certain hospital work could be entered into between the civil and military hospitals.

The second recommendation of the Commissioners deals with a matter of pressing importance, viz. the obtaining of a sufficient number of surgeons to be added to the Staff of the Royal Army Medical Corps in the event of a great war. It is obvious that no medical establishment in the Army could be maintained perpetually on a war footing. Unfortunately, the demands upon the Service during the times of peace and during the progress of a great war present differences so enormous that they cannot be met by any reasonable compromise. It is a little unsatisfactory to maintain the Army medical service on a peace footing, and then to trust to the services of casual volunteers in the event of a war. The civil surgeons who filled up the ranks of the Royal Army Medical Corps in the present campaign did admirable work, but they had no knowledge of the routine of military duties, nor of military methods and discipline. They were consequently ineffective except when accompanied, and to some extent controlled, by officers of the Service.

This obvious difficulty could be met by the establishment of an Army Medical Reserve upon the lines of the Military Reserve. For the first two or three years after a student has obtained his quali-

cation, he is apt to find himself too well supplied with leisure. He is hardly in a position to commence practice, even should he have at his disposal the means for such a step, and, as a matter of fact, it will be found that many occupy the early years which immediately follow graduation by travelling, by holding the post of resident officer in smaller hospitals, by acting as ships' surgeons, and by working as qualified assistants. There would, I think, be little difficulty in enrolling from among the ranks of the 'recently qualified' a valuable Medical Reserve on the following lines. Candidates would be required to serve for three years, one year of which would be with the Colours, and two in the Reserve. When in the Reserve they would of course be perfectly free to occupy themselves as they thought fit. In the event of a war the Director-General would have at his immediate disposal a number of young surgeons who had been carefully selected, and who would already possess such a knowledge of military routine as would enable them to be of the utmost service. So far as the members of the Reserve themselves are concerned, the engagement would not be irksome to the many who had not as yet taken upon themselves the more serious duties of professional life, and few men would be other than benefited by twelve months' well-directed discipline. It is obvious that the members of this Reserve would have to be adequately remunerated, but even if that remuneration were liberal it would, I think, be still found to be on the side of economy.

With regard to the fourth recommendation of the Commissioners there can be little doubt as to the value of the suggestion. The good orderly is a *rara avis*, and a very liberal employment of nurses in fixed hospitals has proved in the present campaign to be in every way eminently satisfactory. Orderlies should be reserved for the field hospitals, in which the employment of nurses is impossible. There is no doubt that all nursing should be in the hands of properly trained women whenever and wherever the employment of women is possible.

The fifth suggestion in the report will also commend itself strongly to all who have interested themselves in the care of the sick and wounded in war; and it may be well to add to the suggestion that the sanitary officer should not only be 'properly qualified,' but should be placed in such a position of authority as would enable him to go beyond the mere making of recommendations.

FREDERICK TREVES.

SHAM VERSUS REAL HOME DEFENCE

As Colonel Lonsdale Hale, in his article of last month, has referred very fully to me and to the views which I put forward about Home Defence, perhaps I may be permitted to say a few words myself upon those views. I should hardly have ventured to publish the last chapter of my *Great Boer War* had I realised the number of controversies in which it would plunge me, and yet I cannot regret it since I am more convinced than ever that my conclusions are sound, now that they have run the gauntlet of a good deal of professional criticism, and come out undamaged, or at least very slightly modified.

A large part of that last chapter was devoted to the effect which the war has had, and will have, upon the different arms in our Service. Some of the views there put forward are already accomplished facts. I refer to this because it shows that, though some of my critics have discounted my remarks as being those of a civilian, my judgment was none the less correct as to the military lessons of the war. I spoke, for example, of the need for breaking up batteries into their sections, and it has been very largely done since then. I spoke of the approximation of the cavalry to the mounted infantry, and we have seen a cavalry brigade go out armed with the rifle. I spoke of the uselessness of the lance, and I saw a letter from a lancer the other day which described how they stuck their lances into the ground at the beginning of an action, and came back for them when it was finished. I spoke of the necessity for getting the extra seven stone off the cavalry horses, and something has since then been done in that direction. In these and other instances I read the signs of the times correctly. I put forward this fact to screen me against the foolish and narrow-minded suggestion that a civilian cannot be correct in military matters—a suggestion which has never been made by Colonel Lonsdale Hale, but frequently in other quarters.

The remainder of my last chapter was devoted to sketching out a method of reorganising our military forces by which, as it seemed to me, they might be made more formidable. The encouragement of the civilian rifleman was only one out of several factors which were to add to our strength, but for some reason it appears to have eclipsed

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SOME SUGGESTIONS FOR ARMY REFORM

III

ARMY NURSING

[I HAVE read the subjoined article at the request of the writer. Miss McCaul's extensive acquaintance with nursing in this country and her exceptional experience in a Field Hospital in Natal enable her to speak with authority.

I am sure that her suggestions for the much-needed reform of Army Nursing will commend themselves to all those who have taken interest in this important matter.—FREDERICK TREVES.]

AFTER reading the Report of the South African Hospitals Commission and the evidence contained therein, and after bringing my own personal experience to bear (gained in a Field Hospital which followed General Buller's column up to the relief of Ladysmith), I have come to the conclusion that a great many of the alleged grievances are genuine, and are due to the fact that Army Nursing is worked on an impossible system, without any pretensions to business or method, and without reasonable regard for the requirements of modern nursing.

It is much to be regretted that the Commissioners, in their recommendations, have not touched upon the great question of Army Nursing. It is stated very emphatically that reforms are urgently needed in the Army Medical Service, and those who read the evidence upon which the Commissioners' report is based, will have little doubt in their minds that reforms are still more urgently needed in the matter of nursing in the Army.

Without discussing the numerous grievances, complaints, and 'scandals,' and without entering into particulars as to my own personal experience among the wounded at the front, I may proceed at once to indicate the directions in which it appears to me that reform is needed in this important branch of the service.

The matter may be considered under the following headings:

- (1) The Status of the Army Nursing Department.
- (2) The Method of Admission into the Service.
- (3) The System of the Nursing Reserve.

- (4) The Training of the Orderly.
- (5) The Disposal of Hospital Comforts.
- (6) The Field Hospital Equipment.

1. THE STATUS OF THE ARMY NURSING DEPARTMENT

Unless the War Office is prepared to place Army Nursing on a proper business footing, with a recognised head and staff, who would be made responsible, not only for a high standard of nursing, but also for the entire management of the details incident to nursing throughout the Army, there will be no cessation of complaints. The recommendation of the Royal Commission to increase the number of nurses sounds hopeful; but if the nursing staff be increased by hundreds there will be no substantial advance made in Army nursing so long as it remains under the present Netley system.

The first all-important reform will come when the War Office recognises the fact that the Lady-Superintendent and her nurses are an absolute necessity to the Army. A corps for nursing, entirely independent of the R.A.M.C., should be established, corresponding to other official departments. The Lady-Superintendent should be looked upon as a Government official and be held responsible for nursing and its details. Army Nursing cannot be properly administered until a woman's influence is felt through every branch of it, from the base depot to the far distant field hospital. Officers and civilians have again and again denied the existence of a Lady-Superintendent at Netley in such a way as to show that she is not a sufficiently recognised head. Her position in the Army Nursing Department should be on the same footing as is that of the Director-General in the R.A.M.C. There is a fault in the method by which the Lady-Superintendent is elected. The Director-General alone has the power of appointment. No one man should have this right. The election should be made by a suitable council, which should include three matrons from large civil hospitals. Candidates for the post of Lady-Superintendent should have worked their way up through the grades of military nursing. This appointment should be the goal for which the younger sisters should aim.

The salary of the Lady-Superintendent should be raised and should certainly not be less than 300*l.* a year.

2. THE METHOD OF ADMISSION INTO THE SERVICE

The difficulty of this subject is great, and to say one word against the Army sister at this moment may appear hard and unsympathetic after the self-sacrificing work she has done. The kindness and courtesy I have received from them, one and all, in South Africa, will always be present to my mind, and I trust none will take my

criticisms in other than the spirit in which they are intended. The Director-General's power over the nursing staff, according to the 'Army Medical Regulations,' paragraph 143, is expressed as follows: 'No sister will be selected or dismissed without his sanction being previously obtained in each case.' This position would appear to be entirely wrong. The Lady-Superintendent should have a voice in the choosing of her own nurses, and these matters should, if need be, go before a nursing council.

There seems to me to be a want of justice in the way in which a sister becomes a superintendent. The following is from Sir Henry Burdett's book, *The Nursing Profession*:

The female nursing is classified as follows: 1. Lady-Superintendent; 2. Senior Nursing Sisters, acting as Superintendents; 3. Nursing Sisters. The two former classes will, as a rule, but not necessarily, be filled up from the grade below, by selection on grounds of experience, administrative capacity, and personal fitness.

It should be made impossible for any but an Army sister to fill the higher grade. What is to prevent favouritism and the filling of these posts from the civil nursing community? Surely, there must always be women in the Army suitable for these appointments. If not, it shows that a very indifferent standard of qualifications is expected on their admission to the service. If the position of Superintendent is open to the civilian, it does away entirely with nursing ambition in the Army, and this in itself must be detrimental to the department.

Nurses should rise solely by their merits as nurses.

Again, the Army regulation for the retirement of a nurse is from the age of fifty to sixty. To my mind the retiring age should be forty-five. A nurse at the age of forty-five is a far older woman than is an ordinary woman at that age. Of course it is a serious thing for a woman of forty-five to find herself among the unemployed, and therefore a suitable pension should be provided. I think more actual and detailed nursing should be expected of the Army sister. Under the present régime she can always turn to the orderly to do the actual nursing. She is not indispensable, but may claim to be a very pleasant adjunct to the Army. This is shown by the following extract from 'Regulations for Army Medical Services,' paragraph 151: 'They (the nurses) will be present and render assistance at surgical operations, if required.' In large civil hospitals, an operation is not performed without the assistance of a nurse; the nurse is indispensable. If the Army sister were made to feel that the main honour and responsibility of the nursing rested with her and that she was absolutely necessary to the department, there would be more earnest work done.

I know of no rule which prevents a nurse, who has been engaged in private nursing, from entering the Army. I am sure, however, that a nurse who has been so engaged is quite unsuitable. Private nursing

should be a point of disqualification and only nurses should be admitted into the service who come direct from a recognised hospital.

How to get the immediate improvement of the Army sister is indeed a difficult question. It would be well for the senior sisters over forty-five to be requested to retire, on a suitable retiring pension. Many nurses who have been working for Government during the present stress of work have come direct from large hospitals. An offer should be made to these nurses to enter the Army service, and it would be desirable that the remainder of the Army sisters should go through a three months' course of modern nursing in a civil hospital.

3. THE SYSTEM OF THE NURSING RESERVE

The present system, upon which the Army draws its nursing reserve is almost ludicrous. Any nurse who has a certificate of three years' hospital training can apply to be taken on the Reserve. Many of the Army Reserve sisters are without doubt exceedingly nice and able women, although quite unfitted to nurse soldiers. Most of them have been engaged in private nursing for some years—an occupation which renders them useless when they come to re-enter any hospital, military or civil. They have lost touch with discipline, with the routine of ward work, and very often with modern surgery. Of course there are exceptions to this rule, but we have to deal with the many, not the few. Private nurses should indeed be disqualified for the Reserve. A nurse on leaving her hospital should forfeit her position as an Army Reserve sister.

There should be Reserve matrons as well as Reserve sisters. The principal large training hospitals should have their matrons on the Nursing Reserve. If three matrons were elected every two years the large hospitals would be duly represented in turn and fresh vigour and new ideas would be brought perpetually into Army nursing.

The matrons of every large training school would feel proud to furnish the Government with perfectly trained hospital nurses. No one should be allowed to enter her name for a Reserve nurse until she had entered her third year of hospital training.

4. THE TRAINING OF THE ORDERLY

We have no system in England for the training of male nurses, so it is not surprising that the military training of men nurses is practically a farce. The scanty instruction represented by a few months' training at Netley or the Herbert Hospitals under the medical officers and sisters can scarcely be looked upon as a serious endeavour to teach the orderly the art of nursing, although they

have to pass an examination and appear to have grades in this elementary form of instruction.

It is not clear to me how it happens that a man, who is naturally unsuited for nursing, becomes a trained nurse under the Netley system, when it takes a woman, who is born with the instincts of nursing, three years!

A year devoted to the art of nursing would not be overmuch for any man to give who wishes to acquire sufficient knowledge to fit him for nursing in the military hospitals.

I have heard a suggestion to do away with orderlies altogether. This is impossible, and no one who has seen anything of military nursing would give the proposal a second thought. On the contrary, the orderly is as important as any other individual in the medical service. The thing to aim at is a proper training for these men, with a pay in proportion to their improved training. The present system of Ward Master is a mistake when there is a Sister-in-charge, as she should have absolute nursing control over the orderly. I could spend much time in describing the ignorance and squalor of orderlies in the matter of nursing, but it would be neither kind nor just; the blame of ignorance does not rest with them.

The question of the training of the orderly is a very large one. I would only point out here that it would be well if the training of a certain number of orderlies could be undertaken in the male wards of certain civil hospitals. There would be little difficulty in the way of the War Office making mutually advantageous arrangements with civil hospitals for such training. Moreover, the civil surgeon would learn something of the possibilities of the male nurse, for there can be no doubt that male nurses should be much more largely employed in civil as well as in army practice than they are. A demand for male nurses in private life would soon lead to an active enlistment in the R.A.M.C. Female nurses should be much more extensively employed in times of war than is the custom at present.

The Royal Commission condemns the idea of female nurses being 'employed in Field Hospitals or at the front. No one,' say the Commissioners, 'knowing the conditions under which these Field Hospitals have to work would suggest that they should be so employed.' So far as the advanced Field Hospitals are concerned this statement is correct, but it certainly does not apply to the second line of Field Hospitals. There can be no doubt that the two Army sisters who worked in No. 4 Field Hospital (the hospital to which I was attached) did the most useful and valuable work ever done in the annals of Army nursing, and if it were recognised that two or four Army sisters could always follow the column, as we did, there would be no difficulty in selecting suitable women for this really grand service. In any case, female nurses ought to be exclusively

employed in Stationary Field Hospitals and in Base Hospitals, and the orderly at the base should be done away with.

5. THE DISPOSAL OF HOSPITAL COMFORTS

Government should not depend on the charitable public for bare necessities; and for such gifts as are accepted for the sick and wounded there should be a proper means of distribution. The Royal Commission refers to the lack of organisation in the following paragraph:

There must have been some waste owing to the overlapping of the various charities and charitable gifts, and to the difficulty of properly distributing the same amongst those who needed them. In future wars it would be advisable, if possible, that some provision should be made by which all charitable gifts should be received and dealt with by one organised body.

The great need for organisation in this matter must have occurred to the minds of many. A properly appointed Government office in each large town at the base, superintended by an Army sister, would have rectified this evil.

When war broke out every woman in England, from the highest to the lowest, plied her needle to make shirts and comforts for the wounded as loyally as the soldier himself fought. Thousands of shirts and pyjamas were made, every facility was afforded by large shipping firms to forward these comforts. Man, woman, and child grasped the necessity for such things being to hand. All went well until they reached Africa: then what became of the shirts is hard to say. That they never reached the front can be vouched for, and bundle after bundle must be lying about even now at Cape Town, Durban, and other large centres. Now, supposing a Government Receiving Office for comforts for the wounded had been opened at Cape Town, East London, and Durban, what confusion and disappointment would have been saved! Supposing at Cape Town all parcels had been sent to the Receiving Office to be opened and sorted by a lay staff of colonial ladies, superintended by an Army sister, who would have decided which garments were most suitable to each place at the front. No parcel should have been allowed to be sent out for the comfort of the sick and wounded until a Government label had been procured. This label should have been stamped, 'Government Receiving Office.' In the same way colonial parcels, given by the ladies of the colony, should not have been used until they had been through the Receiving Offices. Then there would have been an official recognition of the enormous amount of work undertaken by these ladies. The office would have been a centre for all medical officers to apply to when short of comforts—in fact, it would be a perfectly organised depot for these articles (entirely worked by women), containing not only shirts,

pyjamas, &c., but tobacco, newspapers, and periodicals. Very little additional expense would be incurred by these offices, while every one would have the satisfaction of knowing that their labours had not been in vain.

I know, at Cape Town for instance, there was a large store, where civilians tried to sort the enormous amount of goods, and sergeants of the different regiments came to look for their regimental parcels. I also understand that a corporal or sergeant aided the civilian in this hard work, and that there was an official locking-up at night. I mention this to show that there was an attempt made at some organisation, but that this attempt failed is only too well known.

An enormous number of troops will remain in Africa, and for many a long day comforts for the sick will continue to pour in; therefore these offices should be started at once to cope with parcels going out as well as those already there.

6. THE FIELD HOSPITAL EQUIPMENT

With regard to Field Hospitals a marked improvement could be made in their equipment without adding to the transport and yet adding to the comfort of the wounded. The Commission reminds us that a

Field Hospital is only intended for the temporary treatment of patients and has no female nurses; it moves with the advancing army, and its usefulness depends upon its power of free movements and the means that are provided in the shape of stationary and general hospitals along the lines of communications for its rapid and frequent evacuations with the view of giving it that mobility that is so essential for the proper fulfilment of its function, it carries an extremely light equipment, it has no beds, but is supplied with eight stretchers, it is provided with no invalid clothing, and in other respects it is only equipped with the bare necessities for the treatment of 100 patients.

There are occasions, however, when Field Hospitals have to become stationary for a time, which fact will be seen from the Report in Part III.

In this respect Lord Methuen's advance had a great advantage over that of Lord Roberts, which, during the greater part of it, had no line of railway as a communication with the base, and where, accordingly, the field hospitals were of necessity, for a considerable period, used as fixed hospitals.

Improvements, therefore, which could be made in their equipment without adding to transport ought to be earnestly taken into consideration as tending to diminish the rough nursing which is almost unavoidable at present in a Field Hospital.

Surgical overalls should be provided for surgeons and orderlies. The dirty condition of the orderly's hands and clothes is beyond description. The only plan would be to envelop him in a large over-all and provide him with rubber gloves. The orderly in his present condition of squalor is a positive danger to surgery. I once

heard a very witty saying about a suppurating case, that the patient was suffering from 'Orderly poisoning'!

Transport for four nurses only should be provided to follow each large mobile Field Hospital. Two nursing vans, much after the style of gipsy caravans, in which the sisters could sleep by night and take their meals by day, having all their personal baggage with them, would serve the purpose. A neat Government field-uniform should be substituted for the Netley one.

The nurses for the front should be carefully chosen; they should have a knowledge of cooking, and should be able to adapt themselves and their appliances to field-hospital work. The Netley sister can take no part in this type of work until she has been freed from the present Army system.

From my own personal knowledge of how we women stood the strain and climate, the argument that women are too delicate for the work is not sound. Before any final decision is given to this scheme, let me implore, for the soldier's sake, that it should have due consideration. The question must touch the highest in command and the lowest in the ranks.

As Field Hospitals have a transport of their own, I suggest that each Field Hospital should have a small waggon to contain nursing appliances for 100 men. Now, if it is possible for a Field Hospital to have a waggon in its transport, it is quite as possible that it should be a waggon with some value. Because it should be constructed as a sort of miniature store house, there is no reason that it should add to the number of waggons, but rather, if thoroughly well planned, should diminish labour and bulk. There are occasions, every one knows, when Field Hospitals must do away with even waggons and have to trust to packed transport; then, of course, my waggon would be as useless as any other waggon; but these occasions are, we hope, rare.

Some of the advantages that would be attainable by this waggon are these. It would do away with many packing cases, save the orderlies' time and labour when a hospital was pitched, and an orderly in charge would give out from the waggon all nursing appliances. The same would apply when a hospital was struck—there would be one place to which all the orderlies would have to take their nursing appliances.

Those who have not seen the mushroom-like growth of these hospitals cannot possibly understand the necessity for more distinct method. Time is the one important thing; very often the wounded are waiting to come in. The word time also applies to the striking of a hospital. In the hurry and scurry of retreat the only way to save time is by having method.

The actual nursing requisites to be packed into this waggon could, in many cases, be greatly increased if suitable patterns and materials were used.

ETHEL McCALL.



Wm. W. Johnston
Munster W.
Munster
24.12.01. Wm. W.

22.

MEDICAL ADMINISTRATION
IN THE
SOUTH AFRICAN WAR

Being a Report of Speeches delivered

BY

SIR WILLIAM CHURCH, BART.

President of the Royal College of Physicians of London

SIR WILLIAM MACCORMAC, BART.

President of the Royal College of Surgeons, England

AND

SURG.-GENERAL J. JAMESON, C.B.

Late Director-General Army Medical Service

At a Complimentary Dinner given to the latter by the Medical
Profession of Great Britain and Ireland, on the 24th July, 1901.

I HAVE been asked by numerous friends for a copy of a speech which I delivered on the occasion of the Complimentary Dinner, given to me by the Medical Profession of Great Britain and Ireland, on July 24, 1901.

This speech was elicited by a general feeling of sympathy for me under the circumstances attending the closure of my tenure of the office of Director-General of the Army Medical Service, of which Sir William Church, Bart., President of the Royal College of Physicians of London, was the spokesman.

I have, therefore, decided to reprint for private circulation Sir W. Church's speech and my reply thereto, and Sir William MacCormac's speech. My reply is necessarily defensive in tone, and in assuming that attitude I desire pointedly to associate myself with the able men who have assisted me at head quarters, and the whole body of officers who have so worthily upheld the reputation of the Medical Profession and the Army Medical Service at the seat of war.

J. JAMESON.

Complimentary Dinner to Surgeon-General Jameson.

AFTER the loyal toasts had been honoured, the CHAIRMAN proposed the toast of "The Guest" of the evening, and said that when a very general feeling was expressed that the long and valuable services Surgeon-General Jameson had given to the country should be publicly recognised, it very naturally took the form of a dinner. They had met to do honour to one who had deserved well both of his profession and of the country. After describing the career of Surgeon-General Jameson, the Chairman, continuing, said that in 1896 he was appointed the Director-General of the Army Medical Department. The labours and difficulties that he had had to surmount in that department were known to all. The extreme difficulty of his position, and the arduous character of his labours, put him somewhat in the position of the Israelite of old, because he was asked to make bricks without straw. The present war was unique in its character and difficulties, and never before had so many men left our shores for so great a distance. When the country realised what had to be done, and rose like one man to assist the Government, it was a much easier task for the Government to increase the forces of the country than it was for those whose duty it was to organise the departments which were absolutely necessary for the forces the country was ready to give. The general public had no idea of the difficulties of organising the hospital service of South Africa. Sur-

geon-General Jameson had said that all requirements that had been made upon him he had been able to meet, and he thought it reflected the highest possible credit both upon the Surgeon-General and upon his department. They recognised by the dinner that night, the value of a long life spent in the service of the country, and they recognised still more, the constancy with which, amidst labours of the most difficult kind, Surgeon-General Jameson stuck to his post and did good work. As civilians they also wished to acknowledge the able manner in which he had kept up the good relationship between his own corps and his civilian brethren.

Surgeon-General JAMESON in reply said:—

MR. CHAIRMAN AND GENTLEMEN,—I find some difficulty in replying to the toast, and expressing in adequate terms, my feelings of profound gratitude to the medical profession for the compliment they have paid me this evening, and through me the Royal Army Medical Corps.

It has been my fortune to have been Director-General during a very eventful period, when a strain has been put upon the Army Medical Service such as has been never put before.

The medical establishment before the war was designedly fixed for two army corps and two cavalry brigades, and it was practically exhausted in the early months of the war, and little remained for hospital duties at home. Events developed rapidly, the army was doubled, then trebled, and with each unit which embarked, a proportion of medical *personnel* and material had to be provided. Militia regiments were embodied, necessitating fresh demands upon an establishment already impoverished, and soon there began to arrive from South Africa invalids in tens, in hundreds, and in thousands. Since the beginning of the war we have received from South Africa,

India, and the Colonies, over 50,000 invalids. All of them were received and handled by us in conjunction with, and ably assisted by, the Quartermaster-General's Department. None were transferred to the Civil Hospitals; only men on furlough gained access to these, and from first to last the work was performed without a single hitch. But my critics will ask, how could you possibly attend to over 50,000 invalids together with the sick at home, when your establishment had already been expended? That, gentlemen, is the miracle I am about to describe.

At the commencement of the war the strength of the officers was somewhat below the normal establishment. For some years difficulties had been experienced in obtaining recruits by competition, and when demands were far in excess of establishment, resort had to be made to the system of nomination by colleges and medical schools. These responded readily to the requisitions which I felt compelled to make upon them, and in this manner the establishment was restored to its normal strength, and temporarily increased by 100. In addition, over 700 civil surgeons were enrolled for duty at the front, and a large number in addition were engaged for work in the hospitals at home. I desire on this occasion to acknowledge warmly the readiness with which the medical profession responded to the call. Many of the excellent men who tendered their services have done so at considerable sacrifice. I would particularly mention my obligations to Professor McCall Anderson, of Glasgow, and Professor Cunningham, of Trinity College, Dublin, for willing and effective aid in the matter. In order to recruit the rank and file, we began by calling out the Reservists or the Corps, and that gave temporary relief; then we enlisted men, and trained them as rapidly as possible. The next step was to bring home from the Colonies every man that could be spared. By these means we sent to South

Africa nearly 7,000 of our own trained men, and kept a proportion for duty at home. But a further effort had to be made, and we tapped the Militia Medical Staff Corps, which gave us 500 men, 160 of whom went on active service. Then we turned our attention to the Volunteer Medical Staff Corps and the Volunteer Infantry Brigade Bearer Companies, who responded with 600 good men. A number of our pensioners came back, and every civilian with hospital experience that we could hear of, him we employed. The institution which was the most helpful, outside of our own corps, was the St. John Ambulance Brigade, which gave us 1,900 men, and whenever help was most needed, we applied to this Brigade, and never in vain. It is true that the men for the most part had no previous ward training, but they were willing and intelligent, and with experience they became efficient nurses. The sick attendants of the Langman Hospital were all St. John's men. They suffered in a greater degree from the risks of war than any unit in the fighting line, and I state on the authority of Dr. Conan Doyle, that 75 per cent. of them contracted enteric fever. It will be seen that our difficulties at first were chiefly due to the deficiency of men of our own corps, and the question arose, who was responsible? The answer is to be found in the report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded in the South African Campaign, in these words: "The deficiency was not the fault of the Director-General and the staff of officers associated with him. They had for a considerable time before the outbreak urged upon the Military authorities the necessity for an increase of the corps, but for the most part without avail."

It has been asserted by a high military authority, that the trained soldier is the only article you cannot buy in the open market. This statement is, I think, a little

optimistic. You cannot buy the trained hospital orderly, because the article does not exist in any quantity. Experience in this war, on the other hand, tends to prove that a man without much military training may be a very good fighting soldier, Lord Strathcona's Horse, for example. In it many men were killed, but no man ever surrendered, and there was no one the Boers had more cause to fear than the rough, untrained, but plucky soldier from Canada, who always fought to a finish.

The deficiency of trained male attendants being acknowledged, this leads to the question, why were not more female nurses employed at the beginning of the war? The answer is simple enough. Every detail of every unit for war purposes is carefully worked out in times of peace. This was done by a committee in which all branches of the War Office were represented, and a scheme was drawn up which met with the approval of the Commander-in-Chief, and was given to us for our information and guidance, showing so many medical officers of different ranks in the unit, so many quartermasters, warrant officers, non-commissioned officers and men, and so many female nurses. It was not business to give up at once a scheme so carefully prepared. I therefore adhered to it so long as trained men could be provided, and when no more were available, we employed female nurses in ever increasing numbers, and over 800 have gone out to the seat of war, while many are employed at home. It may be stated, however, that in no other European army has such a liberal provision been made. I have much pleasure in stating that it is to Her Majesty the Queen, and to Her Royal Highness the Princess Christian, that we are indebted for the supply of such a number of highly trained and competent nurses. The Army Nursing Reserve was the creation of Her Royal Highness the Princess Christian. The nurses were selected with great

care by a committee of which Her Royal Highness was president. They gave most valuable help in many instances at the sacrifice of their own lives, and the failures can be counted on the fingers of one hand.

Hitherto I have referred chiefly to the difficulties in regard to *personnel*, but as professional men and taxpayers, you may be interested in knowing what was done in reference to material.

The normal annual expenditure for medicines, &c., is about £14,000. We increased it to £198,000. The whole medical vote, excluding the non-effective vote in normal times, is about £300,000 a year. Last year we spent over a million. Since the war began we have sent out 4,000 shipping tons of medicines and surgical material. We have mobilised 151 staff and regimental units, 19 bearer companies, 28 field hospitals, 5 stationary hospitals, 16 general hospitals, 2 hospital ships, 3 hospital trains, 3 advance, and 2 base depôts of medical stores. In addition, many units were organised in South Africa with men and material provided from home. Among the stores sent out were 19 X-ray apparatus and outfit for 4 dental surgeons. Over and above these we have provided large quantities of material for the use of the China Field Force.

In a recent telegram, the principal medical officer in South Africa reported that he had nearly 21,000 hospital beds equipped, exclusive of the accommodation in field hospitals, and of that number only 600 beds are in private hospitals.

When one recalls that the grand total of hospital accommodation in London is only some 30,000, and that that figure not only includes the numerous small hospitals, the great general hospitals, but the hospitals of the Metropolitan Board and the Poor Law Infirmarys, I think the magnitude of our undertaking will be realised.

The assistance given us by the private hospitals organised in this country for war service, was most opportune. These hospitals were splendidly equipped, and the nation owes a deep debt of gratitude to all those who gave so bountifully of their means, their time, and their services. They were the Yeomanry, the Portland, the Langman, the Moseley, the Van Allen, the Irish, and the two Scottish hospitals. Nor must it be forgotten that one of the most perfect medical units was sent from New South Wales.

It is not, I think, very well understood by some of our critics what our responsibilities are as regards supply. Food and so-called hospital comforts are supplied on requisition by the Army Service Corps, while all hospital equipment, beds, blankets, mattresses, hospital clothing, utensils, furniture, &c., are, or should be, provided by the Ordnance Department, and when you hear of such things being wanting, the blame, if any, does not rest with us. It is true that we were compelled at Bloemfontein to commandeer things, and this was done extensively, because there was not a single ordnance store officer present until ten days after its occupation. Then as regards ablution arrangements and the washing of hospital clothing, if unsatisfactory, the blame should not have been cast upon the Medical Department. Again, we were criticised for defective sanitary arrangements in the field, in face of the fact that the post of sanitary officer had been abolished against medical advice, and the over-worked principal medical officers had to be their own sanitary officers. The selection of sites for camps and hospitals is a duty devolving upon the Quartermaster-General's Department, and expert advice may or may not be asked, or it may be ignored. And in respect to taking over buildings for temporary hospitals, in no instance, as far as I am aware, was any building taken over by the Barrack Department.

or the Royal Engineers, the very department organised for the purpose. The Royal Army Medical Corps from necessity, not only had to take over buildings, but also in numerous instances, undertake structural alterations and equipment at a time when their services were urgently needed in their own sphere.

The care of the sick and wounded, if conducted on humanitarian principles in the future, will require an enormous increase of transport, and this is what never will be given, or if given, it is certain to be taken away in favour of food and ammunition when the necessity arises. Lord Roberts, in his evidence before the Royal Commission, stated that, for a whole month at Bloemfontein, he had not a single day's food in the larder, that he was dependent for his supplies on a single line of railway cut in places, and the enemy close down on the frontier of Cape Colony. Any accident or serious reverse would have cut him off from his supplies altogether. Is it likely, then, that the chief of the staff, with starvation staring him in the face, would give much heed to the supply of hospital utensils? Lord Roberts' evidence, is, in my opinion, a complete answer to every complaint.

The confidential reports by general officers upon our officers on active service, are almost, without exception, most flattering, and it is a pity that such reports are treated so confidentially. Zeal, devotion to duty, good professional work, are the characteristic features described. It is to be hoped then, that with a better knowledge of character, the estrangement which has unhappily existed for some time between combatant and medical officers, and which has found expression in a social direction, will disappear. It is to the medical service, rather than to individuals, that this unfriendly feeling is displayed, and this is generally looked upon as a protest by combatant officers of junior rank, against the abolition of the regi-

mental system of which they have had no experience; or perhaps it is the protest against the creation of a Royal Corps with rank and titles equal to their own. If so, it is not in accordance with the best traditions of the English officer. Personally, I have no cause to complain, and never had, my oldest and dearest friends are combatant officers. In my five years' service in the War Office as Director-General, nothing could exceed the kindness and courtesy shown me on all occasions by all the officers of the headquarter's staff, and conspicuous in urbanity has been the Adjutant-General, Sir Evelyn Wood.

But the medical department is looked upon as a kind of excrescence of the War Office. It is not upon the same equality as that of the Royal Engineers, for example. The Director-General, unlike the Inspector-General of Fortifications, is not a member of the War Office Council, presided over by the Secretary of State, or of the Army Board, presided over by the Commander-in-Chief. He attends their meetings when summoned, but subjects concerning his department may be discussed in his absence, and as has sometimes happened, he may get a knowledge of their decisions after some delay. There are few subjects, I imagine, discussed, in which the health and comfort of the soldier is not directly or indirectly concerned, and when one considers that in war disease is always more fatal than gunshot, and that a tenth part of the army is every day under the command of the Medical Department, the wisdom of the Director-General's exclusion from these Boards is not apparent.

A short time ago I was present at a complimentary dinner given to two distinguished gentlemen who were vacating their appointments in the War Office. There was much after dinner speaking, and much praise was bestowed on individuals in the various branches, and I have no doubt deservedly. There was much praise of the

Military Secretary's branch, Adjutant-General's branch, Quartermaster-General's branch, Ordnance branch, Royal Engineers, Financial branch, Contracts' branch, and of clerical work generally, but from first to last no mention was made of the Medical branch, and when I think of it, nor of the Chaplain's department either, from which it may be inferred that the care of souls and bodies is not held of much account in Pall Mall.

During the war, no general officer has equalled Sir Redvers Buller in the generous expression of his appreciation of the work done by the Army Medical Service. I remember well the first interview I had with him after my appointment, for it characterises the man. After some conversation, he said: "Before you go let me give you a bit of advice. It is this, whoever opposes you, never mind who it is, high or low, stand up for your own department." Gentlemen, I followed that advice, as men usually follow advice which agrees with their own inclinations. I acknowledge there has been an abundance of opportunity given me for standing up, and when our officers and men, after superhuman efforts on their part, find themselves subjected to criticism and to an enquiry such as has not been applied to any other part of the army, and to blame which others should bear, it is not surprising that in all ranks of our Corps the idea prevails that justice has not been done. And the sympathy which others have denied, but which you have shown by your presence here this evening, will be all the more esteemed.

I sincerely trust that in the changes which are under consideration, by a committee in which, by the way, the Medical Department is but feebly represented in numbers and voting power, our organisation may not be disturbed. It was developed by that liberal-minded statesman, Lord Lansdowne. It is prized by us, and has created *esprit de corps*, stimulating us to work up to our motto, "*In arduis*

fideliis." The most urgent want now, and for years past, is an increase in the *personnel*, and given that increase, leave for study, and a due proportion of home service will become possible, but to obtain that increase the service must be made more attractive in one way or another. Even with the difficulties that existed in South Africa, which I have attempted to describe—and they were mainly due to military exigencies—I take consolation from the conclusion of the Royal Commissions' report: "And all witnesses of experience in other wars are practically unanimous in the view, that taking it all in all, in no campaign have the sick and wounded been so well looked after as they have been in this." That is the verdict given after an exhaustive trial, and when the history of the war is written, that verdict, I am convinced, will be upheld.

Sir WILLIAM MACCORMAC, in proposing the toast of "The Public Medical Services," observed that it seemed to be a matter of course that after every war an enquiry into the medical arrangements should be held. The Royal Commission sent to South Africa had found some minor defects, but on the whole its report was most favourable. But incompetent critics were not satisfied, and the effect of the injustice with which the service had been treated was shown by the fact that there was at the present moment not a single candidate applying for admission to His Majesty's Medical Service. He thought it was impossible to say too much in the way of admiration of how Surgeon-General Jameson had met every requirement that had been made on him, and it seemed to him passing strange that the Government had allowed that man to leave the ranks of the army, not only without the customary recognition given to every one of his predecessors, but also without one word of thanks, or one line of acknowledgment.



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THE RT. HON. THE LORD MAYOR IN THE CHAIR.

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Colonel C. E. Ward, M.P.
Lieut.-General J. W. Lewis, M.P.
Captain H. M. Jessel, M.P.
Lieut.-General Sir F. Fitzwygram, Bart.
Colonel Sir George S. Curle, K.C.M.G.
Rear-Admiral John E. Pringle.
Lieut.-General Sir William Stirling,
K.C.B.
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Lieut.-Colonel R. Polington, M.P.
Colonel Sir E. S. Hill, K.C.B., M.P.
Vice-Admiral A. H. Markham.
Admiral E. Thompson, C.V.O., C.B.
Colonel John M. Denny, M.P.
Admiral Sir W. M. Denny, G.C.B.
Colonel W. Kenyon-Shaw, M.P.
Rear-Admiral Sir John Hunt, K.C.I.E.
Admiral Sir A. H. Hawkins, G.C.B.
Colonel Sir F. H. Jenkins, K.C.B.
Lieut.-General The Hon. Somerset J.
Gough-Calthorpe.
Admiral Sir A. C. F. Housage, K.C.B.
Lieut.-General Sir W. Gifford, K.C.B.
Lieut.-General Sir Oriel Y. Tanner,
K.C.B.
Rear-Admiral C. Johnston.
Admiral L. F. Jones.
Lieut.-General Sir Charles M. Clarke,
Bart., K.C.B.
Colonel E. E. Baggott, C.B.
Vice-Admiral E. J. Gough.
Lieut.-Colonel Wilby, M.P.
Lieut.-General C. E. Ewart, C.B.
General Fower Butler, C.B.
Rear-Admiral John H. Bainton.
Rear-Admiral Sir W. Cecil H. Donville,
Bart., C.B.
Captain Sir A. Berkeley Milne, Bart., R.N.
Colonel J. W. Ostry, C.I.E.
Rear-Admiral John Bythorn, V.C., C.B.,
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Rear-Admiral A. W. Gillett.
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Major-General J. C. Berkeley, C.I.E.
Admiral Sir Henry Clarke, K.C.B.
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Major-General Sir E. Stodman, K.C.I.E.,
C.B.
General Sir James F. M. Browne, K.C.B.

General Sir Henry W. Norman, G.C.B.,
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Lieut.-General G. S. Young, C.B.
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Colonel T. J. Gairway, C.B.
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Colonel The Earl of Sandwich.
Colonel Henry Hall.
Colonel G. A. W. Forrest.
Major-General R. Thynne, C.B.
Colonel G. M. Fox.
Major-General H. P. Grant, C.B.
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J. I. Thorneycroft, Esq.
Right Hon. Sir Arthur Otway, Bart.,
P.C.
Sir Frederick Bramwell, Bart., D.C.L.,
F.R.S.
Major-General Sir R. Westmacott,
K.C.B., D.S.O.
Admiral of the Fleet, Sir F. W. Richards,
G.C.B.
Rear-Admiral T. Sturges Jackson.
Colonel Sir James Willcock, D.S.O.,
K.C.M.G.
Lieut.-General Sir W. F. Gatacre, K.C.B.
Lieut.-General Sir H. Le G. Henry, K.C.B.
General Sir A. G. Montgomery Moore,
K.C.B.
General Sir C. E. Howard Vincent, C.B.,
M.P.
Captain Sir John C. E. Colvill,
K.C.M.G., M.P.
General Sir Robert Biddolph, G.C.B.,
G.C.M.G.
Admiral Sir W. Graham, K.C.B.
Lieut.-General Wm. G. Dunham Mast,
C.B.
General Sir Martin A. Dillon, K.C.B.,
C.S.I.
Major-General Augustus E. Warren.
Vice-Admiral Sir Cyprian A. G. Bridge,
K.C.B.
Col. Sir Thomas Charlton-Meyrick,
Bart., C.B.
Arnold S. Hills, Esq.
Hon. Sir D. Trevelyan, K.C.M.G.
Hon. Sir J. A. Cockburn.
Lieut.-Colonel T. M. Stanley, M.P.
Sir Edward Walter, K.C.B.
Colonel Sir W. S. S. Blunt, K.C.I.E.
Sir W. H. White, K.C.B.
Captain The Hon. Holworth Lambton,
C.B.
Rev. J. H. Berry, M.A., Chaplain of the
Fleet.

Rear-Admiral Henry Ross, K.C.B.
Lieut.-General Sir Henry Moore, K.C.B.,
C.I.E.
Colonel W. Campbell, R.M.A.
Admiral F. A. Cline.
Rear-Admiral C. C. P. Fitzgerald.
Major-General M. W. E. Gosset, C.B.
Admiral A. F. E. De Hume.
Vice-Admiral A. H. Allington.
Vice-Admiral Charles E. Buckle.
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K.C.B., K.C.V.O.
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Sir Douglas Fox, Past President Inst.
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Lieut.-General W. H. Caine.
General Sir Charles C. Johnson, G.C.B.
Vice-Admiral G. J. Napier.
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Admiral Sir H. F. Nicholson, K.C.B.
Major-General F. S. Russell, C.M.G.,
M.P.
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Colonel Sir A. Monroff, K.C.B.
Colonel V. Milner, M.P.
Rear-Admiral W. C. Karslake.
Rear-Admiral H. C. Kane, C.B.
Admiral Sir Charles G. F. Knowles, Bart.
Colonel Sir L. McTear, Bart., M.P.
Colonel the Right Hon. Sir W. H. Wal-
ford, Bart., P.C., M.P.
Major-General J. T. Cole.
Colonel Sir F. J. Aiken, K.C.B.
Sir F. D. Dixon-Hartland, Bart., M.P.
Lieut.-General Sir J. Bryan Edwards,
K.C.M.G., C.B.
Vice-Admiral C. M. Buckle.
Admiral Sir E. Gossamer, C.B.
General Sir Hugh Rowlands, V.C., K.C.B.
Admiral Sir A. Buller, K.C.B.
Colonel A. R. M. Lockwood, M.P.
Rear-Admiral G. T. H. Boys.
Lieut.-General H. M. Evans, C.B.
W. H. M. Christie, Esq., C.I.E.
Colonel W. T. Ashby.
Major-General Jago-Trevelyan.
Vice-Admiral Sir D. S. Nares, K.C.B.
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Lieut.-Colonel Sir Ernest Paget, Bart.
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Sir Henry Trevelyan Wood.
General Sir John B. Johnson, K.C.B.
Rear-Admiral B. F. Clark.
Captain D. V. Price, M.P.
Colonel Sir W. E. Overy, K.C.B.
Lieut.-Colonel George E. L. S. Sanford,
C.B., C.S.I.

Lieut.-General Lord SALTOUN OF ABERNETHY.
 Lieut.-General Sir JOHN STOKES, K.C.B.
 The Earl of DENBIGH.
 Admiral Sir R. M. MOLYNEUX, K.C.B.
 Colonel Lord BELHAVEN AND STENTON.
 General Sir R. BIDDLEPH, G.C.B., G.C.M.G.
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 Colonel The Hon. R. S. COTTON.
 Captain F. H. MAHONY.
 Commander R. FF. POWELL, R.N.
 Major-General HENRY M. WEMYSS, C.B.
 Sir CHARLES WOLSELEY, Bart.
 Lieut.-General TURTON.
 Colonel H. MALET.
 Captain A. C. S. CHRISTOPHER.

Lieut.-Colonel W. GORDON CLEATHER.
 Major-General Sir JOHN DONNELLY.
 Admiral G. DIGBY MORANT.
 General WILLIAM GORDON, C.I.E.
 Sir VINCENT KENNETT-BARRINGTON.
 Colonel J. W. OTTLEY, C.I.E.
 Colonel E. GRATTAN, R.L.
 Lieut.-General W. H. CAINE.
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 Colonel O. MENZIES.
 Sir JAMES WILLIAMSON.
 Colonel G. M. FOX.
 Colonel H. S. S. WATKIN, C.B.
 Sir M. BHOWNAGGREE, K.C.I.E., M.P.
 Lieut.-General A. C. COOKE, C.B., R.E.
 Colonel Sir W. R. OLIVY, K.C.B.
 Major E. S. ST. B. SLADE.
 Vice-Admiral C. G. FANE.
 Sir DOUGLAS FOX.
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 Colonel R. PARRY NISSET, C.I.E.
 Surgeon-General MUIR, C.B.
 Major-General J. M. SHAW STEWART.
 Admiral St. GEORGE C. D'ARCY IRVINE, C.
 Lieut.-General J. W. LAURIE, M.P.
 Lieut.-Colonel Sir J. T. O'BRIEN, K.C.M.G.
 Colonel G. A. W. FORREST.
 Lieut.-General H. M. EVANS, C.B.
 S. RAYSON, Esq.
 VAUGHAN FENDRED, Esq.
 Surgeon-Major F. L. STEPHENSON.
 Major C. PETERS.
 LEWIS ATKINSON, Esq.
 ERNEST SCHENK, Esq.

Captain The Hon. ARTHUR SOMERSET.
H. E. MILNER, Esq.
HENRY GILLMAN, Esq.
Colonel C. F. MASSY (Secretary to the Exhibition).
W. GARDINER, Esq.

The LORD MAYOR:—Ladies and gentlemen, I may, perhaps, be permitted to say at the outset that I am very gratified indeed to see ladies taking apparently an active interest in this important matter. (Hear, hear.) You will permit me simply to add that, as the Chairman of the Crystal Palace Company will speak to you as to the aims and objects of the Exhibition we are met here to-day to promote, I shall not presume to take up your time by making any remarks now. I shall, if you please, simply content myself by asking the Secretary to the Exhibition to refer to some absentees, whom we had hoped to have had the pleasure of welcoming here this afternoon.

The SECRETARY (Colonel C. F. Massy):—My Lord, we have received letters of regret and of their inability to attend this meeting, on account of ill-health or business engagements, from:—

Field-Marshal Earl Roberts, V.C., K.G., etc., etc.
General Rt. Hon. Sir REDVERS BULLER, V.C., G.C.B., K.C.M.G.
The Marquis of DUFFERIN and AVA, K.P., G.C.B.
Captain The Earl of GLASGOW, G.C.M.G.
Colonel Rt. Hon. Sir W. H. WALKOND, Bart., P.C., M.P.
Major-General Viscount FRANKFORT.
Sir SEYMOUR KING, K.C.I.E., M.P.
Sir F. DIXON HARTLAND, Bart., M.P.

Sir JOHN FURLEY.
The Rt. Hon. Lord STRATHCONA and MOUNT ROYAL, G.C.M.G.
The Rt. Hon. Lord STALBRIDGE, P.C.
C. H. WILSON, Esq., M.P.
Colonel Sir JAMES WILLCOCKS, D.S.O., K.C.M.G.
Hon. Sir E. H. WITTENOOM, K.C.M.G.
Major-General R. POLE-CAREW, C.B., C.V.O.
Lieut.-Colonel WELSH, M.P.
Colonel J. M. DENNY, M.P.
Lieut.-General Sir CHAS. WARREN, G.C.M.G., K.C.B.
Captain Sir JOHN COLOMB, K.C.M.G., M.P.
Major-General Sir F. CARRINGTON, K.C.M.G., K.C.B.
Admiral Sir A. BULLER.
Captain D. V. AIRIE, M.P.
Lieut.-General Sir JAMES HILLS-JOHNES, V.C., G.C.B.
And many others.

The CHAIRMAN:—It is now my pleasure to ask Mr. Ernest Schenk, the Chairman of the Crystal Palace Company, to speak to the aims and objects of the Exhibition.

Mr. ERNEST SCHENK:—My Lord Mayor, ladies and gentlemen, the leading facts in connection with the great Exhibition of 1851 are so well known, that it is only necessary for me to refer to them in outline before passing to the reasons which led to our decision in commemorating its Jubilee in the present year by a Naval and Military Exhibition. It is amusing now to recall the bitter opposition and violent prejudice which had to be overcome before the great scheme was finally adopted. Petitions and memorials were organised in all directions; doleful predictions were made even in Parliament as to the disastrous results which would certainly follow the holding of the proposed Exhibition, and while

some of the more extreme party contented themselves with invocations to Heaven to send storms of hail and lightning for the destruction of the building, others read papers before learned scientific societies, in which it was conclusively proved that the building as designed could not stand for a week. Perhaps after all the most striking feature of the Exhibition was the great building which, so far belied the predictions of its enemies that it remains to-day, fifty years afterwards, the most tangible monument of the Exhibition, after having been taken to pieces and re-erected six miles away on its present site at Sydenham. I believe Sir Douglas Fox will bear me out in stating that even in the present day it is very doubtful indeed whether the record of rapid construction accomplished by the contractors, Messrs. Fox and Henderson, could be bettered, while the building as it now stands is for all practical purposes as good as when it was first put up. When it is remembered, to quote the report of the Royal Commissioners, presented on the opening day to Her Majesty the Queen, "that a building has been erected entirely novel in its construction, covering a space of more than 18 acres, measuring 1,848 feet in length and 456 feet in breadth, capable of containing 40,000 visitors" (a figure, by the way, which was very greatly exceeded, as many as 109,000 having been accommodated), "and affording a frontage for the Exhibition of goods to the extent of more than 10 miles," when it is remembered, I say, that all this was accomplished in the incredibly short space of seven months, notwithstanding that no experience was available of such a class of construction, one feels that the engineers and contractors who undertook and carried out the work must have been men of a very exceptional order of enterprise, courage and ability. (Hear, hear.)

While the credit for initiating the Exhibition rests with a few public-spirited men, who themselves confessed that only

the powerful support of H.R.H. the Prince Consort and of Her Majesty the late Queen rendered the scheme practicable, it must not be forgotten that the original idea of a great International Exhibition emanated from France, where, in the year 1848, the then Minister for Commerce, M. Buffet, proposed to the French Chamber that such an Exhibition should be organised in Paris. M. Buffet's proposal, however, was not favourably regarded in France, and it was not until a good many years after that an International Exhibition was held in Paris.

The idea having once been mooted in England, the organisation of the project was proceeded with at a much greater pace than is nowadays considered necessary for the promotion of great International Exhibitions. It is only necessary to refer to the Exhibition at Paris last year, and to that in Glasgow in the present year, the former of which was in course of preparation for no less than ten years, while even the energetic people of Glasgow have been at work for five years. The first definite decision arrived at was at a meeting held at Buckingham Palace on the 15th June, 1849, when Prince Albert, on information furnished to him by Mr. Scott Russell and Mr. Francis Fuller, announced at the annual distribution of prizes at the Society of Arts that the time had arrived for attempting an exhibition of the industry of all nations.

The idea of the Exhibition soon became public property, and the Society of Arts was obviously the agency through which the best results might be obtained. Nearly a century before, in 1756, this Society had held Exhibitions of manufactures, and for the six years preceding 1851 had held annual Exhibitions of some kind, each one growing in importance.

On the 30th June the Prince laid down the lines on which the Exhibition should proceed, and by minutes inscribed

in his own handwriting the general classification and the international character of the Exhibition were decided upon. A Royal Commission was appointed and communications opened with all the Governments of the civilised world, except that of China. The labours of this commission and of the innumerable committees and sub-committees which were formed filled volumes of closely printed reports. The foreign commissioners and foreign juries alone constituted committees of distinguished men, who were fairly described at the time as "the Aristocracy of Art, Science, and Commerce of all nations." It is not to be supposed that the whole of this enormous machinery created at such short notice without precedent or model for guidance, could conclude its labours without internal difficulties of greater or less degree; but all were in the end successfully overcome. Many of the nations represented at the Exhibition insisted upon regarding the available space as a map of Europe in miniature, and boundary disputes arose almost as difficult of settlement as those which have to be settled by arms when diplomacy has failed. The Italian States, not then united, strongly resented being grouped in one section, regarding this as an indication of the acceptance of the ideal of a united Italy. Spain and Portugal punctiliously required that their respective exhibits should be divided by a clear boundary line, while the fact that a portion of Belgian space stood in the way of France had to be diplomatically adjusted.

The indications of public opinion when the Exhibition was in preparation, or during its course, are of interest at the time that we are considering the celebration of its Jubilee.

The *Illustrated London News*, after referring first as a matter of courtesy to foreign countries, speaks of the exhibits of our Colonies and dependencies "which although much talked of are less known to us than many foreign States." The Colonial

exhibits generally were spoken of with sympathy not unmixed with condescension as commendable efforts on the part of young children. A remark in the *Times* in reference to the period for the reception of exhibits in Hyde Park brings rather vividly to one's mind the change in London in fifty years. The writer described "the block of traffic in Piccadilly as so great that one might fancy oneself in central London rather than in a road leading to the suburbs." One might be tempted to deal at length with the results of the great Exhibition of 1851, and indeed volumes were written at the time, which however, having read some of them, I will only deal with comprehensively by saying that either from one point of view or another there is very little indeed which was not predicted or has not been claimed as the result of the great Exhibition; and while in the clearer perspective of an interval of fifty years it is evident that the natural enthusiasm of the moment looked for results which have not all been obtained, it is nevertheless certain that not only was the great Exhibition an historical landmark in itself, but that very important, far-reaching, and valuable results did undoubtedly accrue. Of these perhaps the greatest cannot be particularised, I mean the general awakening of ideas and intelligence and the vast educational influence which this first great International Exhibition undoubtedly exercised upon all classes of the community, while many practical results are traceable to the Exhibition, such as the formation of the International Postage Association, which brought about enormously improved facilities of international communication, and which may claim the honour of having so long ago as 1851 advocated the introduction of an Imperial Penny Post (an ideal only just realised). Important advances in the international laws of patents and copyrights also resulted from the Exhibition.

A stimulus was given to railway travelling but for which the cheapening of fares and the development of excursion

traffic might have been delayed almost for another generation. The Exhibition made Mr. Cook, and Mr. Cook made such substantial sums for the railway companies that he obtained an influence with them in the future which resulted in building up the business which he subsequently made familiar all the world over.

The hope which was freely expressed that the Exhibition would mark the introduction of a new era of peace and goodwill amongst the nations has proved unfortunately to be as vain as most human aspirations of this order. Hardly had the Exhibition closed when the nation was engaged in the Crimean War, and indeed one might almost justify the holding of a Naval and Military Exhibition in the present year on the ground that almost continuously during the last 50 years the country has been engaged in some more or less serious war in various parts of the world. It is indeed a sad commentary on the hopes expressed by the Prince Consort in the noble speech which he delivered at the Mansion House in 1850, in the course of which he referred to that realisation of the unity of mankind, which it was hoped was advanced one step by the great Exhibition, that if indeed we are nearer to it to-day than we were 50 years ago it would seem to be rather by the arts of war than by those of peace that the map of the world will be ultimately painted one colour.

The gains in material advantage of closer international communication, which undoubtedly received an enormous impetus from the Exhibition, have been very marked indeed, and cannot easily be over-estimated. We now rapidly secure the benefits of the scientific discoveries, knowledge and products of other countries, in a way that before the era of the Exhibition people could have had no conception of. Unfortunately, however, we do not seem to have become more disposed to reap peacefully what we may of these mutual benefits, but

we are more than ever inclined, or perhaps it is wiser to say obliged, to resort to the force of arms, if not to take what we want, then at least to protect what we have got. In short, we may say of the great Exhibition of 50 years ago that in respect of the purely material, practical, or commercial objects, which it was designed to promote, it more than justified the labour and money that were spent upon it, while it must be confessed that some of the ideals it was hoped to foster seem to be no nearer realisation.

It is interesting to note in the speech of Prince Albert, which I have referred to, and which were there time I should wish to have read, how accurately the lines of the commercial development of the latter half of the century were predicted by H.R.H. After 50 years it would not be possible to have added to or taken from his speech one word which would have brought it nearer the actual truth. While possibly the destruction of distance by means of the telegraph and steam-engine may have been almost a common-place even in those days, he showed a remarkable discernment in predicting as the paramount influence in modern industrial development the great principle, then only beginning to be understood, of division and sub-division of labour in all the branches of Science, Industry, and Art. It is undoubtedly the high point of development which this principle has lately reached which has paved the way for the latest and equally powerful factor in industrial progress which seems to tend towards the concentration of the forces of the various great industries into the colossal units with which America is already familiar, and which to a lesser but growing degree, are being organised in Great Britain.

I have dwelt at such length on the retrospective part of my subject without, I am afraid, doing it the barest justice, that I shall have so far exhausted your patience as to be

allowed but a few words on the subject of the Naval and Military Exhibition which we intend to hold this year. This being the Jubilee of the great Exhibition, but for which the Crystal Palace would never have existed, it was of course necessary to mark the occasion in some adequate manner. After the close of the Exhibition it was the wish of Her Majesty the late Queen and of the Prince Consort that the building should be preserved to the nation as a treasure house of Art, and as a great pleasure resort for the population of London. In the year 1854 the Palace was opened at Sydenham by Her Majesty with all the popular rejoicings and State ceremonials that attended the opening of the Exhibition in 1851, the only difference being that the crowds at Sydenham were even greater than those present on the earlier occasion. Her Majesty took as great a personal interest in the re-building of the Crystal Palace as in the original building in Hyde Park. She constantly visited the works in progress, and as her most interesting letters show, she felt the greatest pleasure and pride in the success of the efforts which were so greatly assisted by the co-operation of the Prince Consort.

As I have said before, the choice of a Naval and Military Exhibition might be justified by the almost continuous state of war in which this country has existed for the past 50 years. We were influenced, however, more particularly by the fact that immediate circumstances have aroused in the country an amount of interest in the naval and military resources of the Empire which it is no exaggeration to state is at the present moment the uppermost question in the public mind. We felt that it would be necessary to mark the Jubilee year by an Exhibition of a national character. A great International Exhibition would have been for many reasons out of the question. The financial risk involved would have been greater than we should have been justified in undertaking without Government assistance; moreover, after the ex-

haustion of Paris last year, and in face of the great Exhibition which has been in course of preparation for five years at Glasgow, it would not have been possible to have ensured success. The Naval and Military Exhibition, however, not only touches more closely the public sentiment of the moment, but offers a far greater chance of unqualified success than a more ambitious and larger industrial Exhibition. I do not think that we need regret that even in this we are not entirely free from competition. There is to be, I understand, a Military Exhibition at Earl's Court, but so far as I am aware we are alone in the naval side of our Exhibition. In any case, since we arrived at our decision, nearly a year ago, and since our public announcement was made first in the newspapers, we could not be influenced by fear of competition, and in fact I do not anticipate that such friendly rivalry as there may be, will in the slightest degree militate against the success of either Exhibition. On the contrary, I think it probable that both will gain from the added interest of comparison. I am glad to be able to announce that substantial progress has been made with our arrangements. We have been fortunate in securing such a powerful and representative Committee composed of the most distinguished officers of both Services, and the response to our appeal for loans, trophies and all classes of interesting relics has been so generous that this important section alone should prove to be of the greatest interest. Following the precedent of 1851 we have decided to give our Exhibition an International character, and I am pleased to be able to announce that in addition to the support of the majority of the leading firms of Great Britain a considerable interest in our Exhibition has been evinced by foreign manufacturers, many of whom are sending important exhibits. If, as we have every reason to hope, we obtain the loan of some of the interesting material which can only be drawn from the National collections,

Dockyards and Arsenal, our Exhibition will, I am satisfied, prove to be no less interesting or successful than that held some ten years ago in the grounds of the Chelsea Hospital. There remains only one word for me to say in referring to a subject which will be dealt with by others whom you would rather hear than myself. It was impossible to consider the question of a Naval and Military Exhibition apart from what is, unfortunately, in view of the several wars we have lately had on hand, a very urgent public question, viz., the needs of the Naval and Military Charitable Institutions, which at all times doing a good work, and requiring large funds, are now being subjected to a greater strain upon their resources than they have ever before experienced. As an illustration I need quote only one of the best known—the Soldiers' and Sailors' Families Association, which has distributed since the commencement of the war no less than three-quarters of a million in relief amongst the families of soldiers and sailors serving abroad. At the present time the demands on this Society alone exceed, I believe, £50,000 a month. When it is realised that through the agency of upwards of 10,000 voluntary workers every case is properly examined, that one may say with certainty that hardly a shilling is misspent, when one realises further that the whole of this great work is performed at an almost absurd minimum of expense, one cannot but entertain feelings of admiration for this thoroughly British institution, and of the highest respect for the able and hard-working man who brought it into existence, and now devotes himself entirely to its welfare—Colonel Gildea. (Hear, hear.)

I have just heard, to my great regret, that Colonel Gildea, whom it was hoped would be present, is confined to his bed too ill to attend this meeting.

The question we had to consider then was, how were we, while taking advantage of the sentiment of the moment

in holding a Naval and Military Exhibition, to do our share of the public duty in contributing to this and the other recognised Naval and Military Charitable Institutions. The problem was not quite so easy as perhaps it seemed. We were not in a position to make a substantial money gift, before, at any rate, the result of the Exhibition was ascertained. On the other hand, after careful consideration of a variety of schemes by which certain Institutions might receive some proportionate benefit from results, we were strongly of opinion that such a complication of interests was, in every sense, both difficult and undesirable. We felt, moreover, that whatever we might be able to give should be a clean gift—that a guinea paid by any one of the public in connection with the Exhibition and ostensibly for the benefit of a charity, should be handed, without any deduction whatever, to that charity. (Hear, hear.) With this cardinal principle in view, we decided to offer as a gift to the leading Charitable Institutions 50,000 Guinea Season Tickets for the current year, to be sold for their benefit (applause) with one necessary reservation only—that they shall not be sold to our existing subscribers, who number over 15,000, and whose subscriptions we could not well afford to lose. I submitted this proposal to Colonel Gildea in the course of last summer, since when he very kindly and most unselfishly took the trouble to communicate it to the other leading kindred Institutions, with the result that, in addition to his own—the SOLDIERS' AND SAILORS' FAMILIES ASSOCIATION—the following Societies have decided to avail themselves of the offer:—THE ROYAL NAVAL FUND, THE SOLDIERS' DAUGHTERS' HOME, THE ROYAL SCHOOL FOR DAUGHTERS OF OFFICERS OF THE ARMY, THE ROYAL SCHOOL FOR NAVAL AND MARINE OFFICERS' DAUGHTERS, THE SOLDIERS AND SAILORS HELP SOCIETY, THE OFFICERS' FAMILIES' FUND, THE NATIONAL MEMORIAL GORDON BOYS' HOME, and THE CENTRAL

BRITISH RED CROSS COMMITTEE. (Applause.) Within a radius of five miles from the Crystal Palace a Guinea Ticket is non-transferable, but for *bona-fide* residents beyond the radius of five miles from the Crystal Palace, *i.e.*, the whole of London north of the Thames, a Guinea Ticket will be transferable. In addition to the Guinea Ticket there are Three-Guinea Tickets admitting a party of four, and Five-Guinea Tickets admitting a party of six. All these tickets will, on presentation at the booking offices, entitle the holder to obtain at the railway stations within a circle of several miles from the Crystal Palace on the London, Brighton and South Coast Railway and South-Eastern and Chatham Railway from their London termini, Victoria, Holborn, Ludgate Hill, St. Paul's, London Bridge, from Croydon, Beckenham, and all intermediate stations, return railway tickets to the Palace at about half fare. The tickets are only ready for issue this week, but already from the indications that have appeared there is every reason to believe that a very substantial sum is likely to be realised by their sale. In addition to the sale of these tickets, we have decided to give two Special Concerts in June and July, the proceeds of which will be handed to the Societies in the proportion in which they dispose of tickets. It may interest some of you to know that our late colleague, Sir Arthur Sullivan, took a great interest in these two Concerts, and he expressed to me his intention of securing for them, if possible, a brilliant success. He had intended not only to assist in conducting, but to have written for each a song, which would then have been produced for the first time.

In conclusion, while I feel assured of a successful Exhibition with the valuable support which is being accorded to us, let me ask not only for any help which you may be able to extend to us in contributing to that success, but let me urge upon you to help in securing an equal success, at least,

for the benevolent side of the Exhibition. All the money is wanted, and a very great deal more; and since we can only give guineas in the shape of tickets, see to it that before the close of the Exhibition they are turned into gold. (Applause.)

THE LORD MAYOR:—Ladies and gentlemen, I am sure you have listened with much pleasure to the very full and lucid statement which Mr. Schenk has just made, and you cannot but feel indebted to him for the great care he has shown in the preparation of such an address. I have now the pleasure to ask Sir Henry Trueman Wood to move the first resolution.

SIR H. TRUEMAN WOOD:—My Lord Mayor, ladies and gentlemen, the object of the resolution which has been placed in my hands is simply to secure your approval, I trust your unanimous approval, of the proposition to celebrate the jubilee of the great Exhibition of 1851 by a Naval and Military Exhibition at the Crystal Palace. There is something to be said for any jubilee. An event that happened fifty years ago is just the event which it is most difficult to find out anything about. It has slipped out of contemporary memory, and has not yet reached the domain of history. Consequently, if there is any great event that happened fifty years ago, it is our duty to recall it, and to commemorate it. When the history of that great reign which has so lately terminated comes to be written, I think it will be said that the establishment of international Exhibitions, and the holding of the 1851 Exhibition was one of the greatest events of that great reign. It is also true, as Mr. Schenk has said, that that Exhibition did not fulfil the particular expectations of its promoters. I am afraid that very few human institutions do that. Even an Act of Parliament is generally found to work in a totally different direction, and to have a totally different effect, from what those who passed it intended; but probably

if there had been an unbroken reign of peace extending from 1851 to 1901, we should not be proposing to celebrate that Exhibition by a Naval and Military Exhibition now. However, if it did not turn out exactly as was anticipated, it had, as the Chairman of the Crystal Palace Company has told you, most far-reaching effects. He mentioned many of them. Let me refer to two of them. The first is, that all our improvements in modern decorative art sprang entirely from the 1851 Exhibition. The whole thing can be traced back with the greatest ease and accuracy to that Exhibition, and the present public taste in the way of more refinement in decorative art had its foundations laid then. We not only learnt much ourselves at that time, but we have been able to teach much to the other nations who were our superiors then. The second point to which I would refer is, the different estimation in which scientific pursuits and scientific investigations in relation to art and industries is now regarded. In the forties science was regarded with a good deal of contempt and even hostility; but the whole attitude towards scientific men and thought has been changed. It has been said that if Galileo were alive now, we should not persecute him or put him in gaol; but that we should make much of him and we should do him much honour—we should even get up a company to sell his telescopes. (Laughter.) That, ladies and gentlemen, is one of the greatest effects of the Exhibition of 1851, many of which have been already fully placed before you. I am quite certain, after hearing the speech of Mr. Schenk, you will be of opinion we should commemorate that great event. How should that be done? Why, of course, by holding another Exhibition. Then, what is that Exhibition to be? It cannot be a great International Exhibition, because that would cost too much money. Probably you, ladies and gentlemen, have no idea what these things really do cost. I do not know how the finances of the last Paris Exhibition

turned out, but I may remind you that the last Chicago Exhibition but one cost three millions of money. A little more than half that was earned by the Exhibition, and a little less than half was provided by subscription. If the Government were to interpose and guarantee a sum like that for an Exhibition in England, what would be the effect? And if you had an Exhibition of the kind, it would not do to have one which was worse than its predecessors. (Hear, hear.) There are other difficulties that I need not dwell on. But it is evident that the Exhibition must be a small one, and within the limits of the building where the original Exhibition was held, namely, the Crystal Palace. If there is one Exhibition likely to be more popular than another at this time it is a Naval and Military Exhibition. (Hear, hear.) Those that have been held have been most popular, and so I am sure will be the one we are trying to inaugurate. The Navy is, and always has been, most popular, and, after recent events, the Army is, and will be, most popular also. I do not think the authorities at the Crystal Palace could have sought or found better subjects for the Exhibition; and I am sure they will find that is so in the result. I do not think I can advantageously say more upon points that have been already better dealt with by Mr. Schenk, and if I went on talking I fear I should be only trenching on the points of those who are to follow me. I will say, however, that the admirable scheme which has been developed for assisting the funds of the charitable institutions is one under which the institutions will certainly profit, whoever may lose. (Hear, hear.) I, therefore, beg to move "That this meeting approves and pledges its support to the commemoration of the Jubilee of the Great Exhibition of 1851, by the holding of the Naval and Military Exhibition at the Crystal Palace in the present year." (Applause.)

Lieut.-General SIR JOHN STOKES, K.C.B.:—My Lord Mayor, ladies and gentlemen, the great Exhibition of 1851 was one of the glories of the reign of our beloved Queen Victoria, the good and the great; and those of my generation now present will doubtless remember, as it will be remembered by Sir Henry Wood, that many at that time looked upon it as the beginning of an era of peace and of goodwill throughout the world. Free trade had then just been adopted as our great commercial principle, and it was hoped that our example would be generally followed, that all nations would thenceforward freely interchange their various commodities and, by becoming better known to each other, live on terms of friendship. During the half century that has passed since the conception of those hopes the ambitions and rivalries of men have shown how short we have fallen of the attainment of such an ideal. Wars have followed each other in quick succession, and they have been accompanied by keen international commercial rivalry and wars of tariffs. Navies and Armies have been the constant pre-occupation of men's minds all over the civilised world; and now, at the end of fifty years, it is proposed to commemorate the peaceful Exhibition of 1851 by holding a warlike one in the building which in 1851 was erected for such a different purpose. During the fifty years the Navy and Army have been completely transformed. Your fleet has been changed from ships of wood to immense masses of floating iron and steel, and its speed of movement has been doubled, in some forms of vessels even trebled. They are armed with weapons of infinitely greater power, some of which were not even known fifty years ago. The officers and men are of the same sterling stock as of old, but the officers are more highly trained, and the men are drawn from a better source, and are better cared for than of old. (Applause.) Your Army has been metamorphosed in the same way. The purchase system

has been abolished, and commissions can be obtained by any youngster who can pass the required examination. The ranks are still filled by voluntary enlistment, but short service has been substituted for long, and reserves have been formed, the Militia has been revived, and the splendid Volunteer force has been formed. As to weapons, we have passed from the old Brown Bess musket and smooth-bore cannon to magazine rifles and rifled guns, and from black powder to smokeless powder, whilst science has added to our equipment telegraphy, signalling, and balloons. A Naval and Military Exhibition which will show these changes is surely worthy of support. I am asked to say that it is hoped a section will be formed in the Exhibition for the special display of handicrafts of soldiers and sailors, including carpentry, leather work, sail-making, tailoring, needlework, and fancy work of every description made by men of His Majesty's Services. The object is to lend encouragement to these useful pursuits by letting the public see what our sailors and soldiers can do in their leisure moments. We also hope to strengthen the Exhibition by the loan of medals, trophies, pictures, and relics of the olden wars. I think, ladies and gentlemen, that having said all this, I have enlisted your keen interest in this Exhibition, and I have great pleasure in seconding the resolution that has been moved. (Applause.)

SIR DOUGLAS FOX:—My Lord Mayor, ladies and gentlemen, I think it was very appropriate that this resolution should have been moved by Sir Henry Trueman Wood who now occupies the high position of Secretary of the Society of Arts, that being the Society that was the originator of the institution which was the commencement of these international exhibitions. I have been asked to say two or three words to-day because, I am sorry to say, I am old enough to remember vividly all that took place in 1851. I remember it

perhaps with special vividness, because, being a school boy at that time, I was given three months' holiday to be present during the building of the Palace, and I can now call up before my mind most of the visits that took place on that occasion. The present beautiful building which is situated at Sydenham originated from the very bright idea that occurred to Mr., afterwards Sir, Joseph Paxton at the time when the Commissioners had before them designs which were beautiful, no doubt, in their way, but which had nothing of the novelty and beauty of the building that afterwards arose in Hyde Park. It was upon the suggestion of Mr. Paxton that this class of building was entertained by the Commissioners. The designs were afterwards submitted to the Engineer of the Commissioners—Sir William Cubitt—and then a contract was let to my father, Sir Charles Fox, and his partner, Mr. Henderson, who undertook what was thought a very extraordinary thing. They undertook not only to work out in detail this building, but to construct it in Hyde Park, and it was very much like what you see at Sydenham now, although there has been some little addition to it there. I remember my father telling me that just before he took the contract he walked into Portland Place and measured Portland Place. Having measured it he found that in length, breadth, and height it represented the building he had to construct. The contract was let in the month of September, and it was very marvellous to me, as a young boy, to see how, in an almost fairy-like way, the building sprang up out of the ground. The Chairman of the Crystal Palace has referred to the predictions of the time—that the columns and girders which went up in such a marvellous way would descend in showers during the next gale. But up they went, and there they stood. (Hear, hear.) One of my brightest recollections as a boy was the frequent visits paid by our lamented Queen and Prince Consort. They

would come quite privately and I spent a long time taking the deepest interest in all the details. Another personage who became impressed upon my mind was the old Duke of Wellington. My father asked him once whether he would take me to look over the building. He at once took me by the hand and walked about for an hour, all the while with his determined will not letting go of my hand. He came constantly from Apsley House to the building to encourage my father; and the very first person who came there on the 1st May was the Duke of Wellington. He came up to my father, and took hold of his hands, and said: "There, did I not tell you that you would be ready?" I remember perfectly well that the great idea of that Exhibition was that it was going to introduce an era of international peace. I believe it has introduced many great advantages, but it did not succeed in that direction. It is, perhaps, rather an incongruous thing that the jubilee of that Exhibition should be celebrated by an exhibition of Naval and Military Art; but I am personally prepared to support it, although I am one of those who are strong lovers of peace, because I believe that if we are to have peace we must be well prepared for war. This building, I, as an old City Volunteer, think an appropriate place to talk of a Military and Naval Exhibition, because the motto under which we used to go to drill in the Guildhall and the motto under which the Volunteers went forth from this Mansion House is "Defence, not defiance." (Hear, hear.) So long as that is the motto, I think we are not going contrary to the intentions of the promoters of the Exhibition of 1851; and therefore I think we may wish every success to the Exhibition which is going to be under the charge of the Chairman of the Crystal Palace Company, who has infused new energy into everything being done there and with every chance of success. (Applause.) I should also like to say this much. The Exhibition building of 1851 was afterwards

sold to the present Crystal Palace Company. Then the building was taken to pieces, and that is rather a severe test. Civil Engineers whose work is taken to pieces do not always like the result. However, it was taken to pieces, and re-erected at Sydenham. Not only has it not been blown down in the gales, but only last year, or the year before, the Directors did me the honour of asking me, with my colleague Mr. Cooper, to do some substantial repairs. That was 50 years after the building had been put there. Of course it has been kept in repair during that period, but the structure was found to have withstood the test of time to a wonderful extent, especially when you consider that it was the first building of the kind ever designed or erected. (Hear, hear.)

The resolution was put and carried unanimously.

The LORD MAYOR: Ladies and gentlemen, I will now call upon Sir James Bevan Edwards to move the next resolution.

Lieut.-General SIR JAMES BEVAN EDWARDS, K.C.M.G., C.B.:—My Lord Mayor, ladies and gentlemen, this resolution is one of so much importance to the success of the objects we all have in view that I will ask to be allowed to read it to you. It is, "That this meeting cordially approves the gift by the Crystal Palace Company of 50,000 season tickets, the entire proceeds of the sale of which, together with the proceeds of special concerts to be devoted to the leading Service charities, and hereby pledges itself to assist in every possible way towards securing a handsome contribution from these sources for the institutions and charities interested." I have read this resolution to you, because I wish you all to realise the pledge that I am sure you will unanimously approve of; but in order to carry out that pledge it is absolutely necessary we should have a perfect organisation. The Chairman of

the Crystal Palace Company has read to you a list of institutions to which the profits arising from the sale of tickets and from the concerts in June and July are to go. But, he said, they were to be divided in proportion to the number of tickets that each of those institutions succeeded in selling them. Now, my Lord Mayor, I see that out of these nine institutions one of them—possibly the most important, and certainly one of the latest—I mean the Soldiers' and Sailors' Families Association—is under the presidency of the wife of the present Secretary of State for War, and she has constituted and brought into being an exceedingly powerful committee for the sale of these tickets. I also see that last Friday Lady Lansdowne called a meeting with the view of organising an executive committee for the sale of tickets for another of these funds. Later on you will hear from some of the officers who are interested in the other funds what they are proposing, but I do think that this is a case in which combination would be strength, and we should be more likely to succeed if we confined ourselves to the sale of tickets through one great and powerful executive committee than if we had a dozen committees working for the same purpose. I do not presume to give advice, but I merely make this suggestion. I may add to that that if we can combine and form this strong executive committee, and if we could get Lady Hilda Brodrick, and perhaps Lady Lansdowne to exert themselves to work for the success of that committee, I think we should be more likely to succeed in selling our 50,000 season tickets than we should if we all acted independently. A question might arise as to how the proceeds are to be divided between the different charities; but I should think that might easily be settled by a meeting of the gentlemen who have to do with these charities. I merely make the suggestion. I desire to make the few remarks I have to offer in the most practical spirit I can, because I feel that if we are to fulfil the

pledge contained in this resolution we can only do so by organising our forces, by putting our shoulders to the wheel, and doing our very best for the sale of the tickets. (Hear, hear.)

Admiral SIR E. R. FREMANTLE, G.C.B., C.M.G., :—My Lord Mayor, ladies and gentlemen, you have had such full details given you by Mr. Schenk of what is proposed to be done by the Crystal Palace Company, that I feel it is not at all necessary for me to dwell upon that; but I may venture, I think, to congratulate the Company upon their entirely up-to-date way of going to work. We daily see in the newspapers or by circulars sent to us that we are able to get, in some way or other, something for nothing, or without paying much money. Sometime it is a bicycle and sometimes it is a whole library, but those of us who will use our brains in one way or another, or who will use our friends, may get a bicycle or library for nothing. Still I do not know that we have ever had such a handsome offer as that which has been made to us in this case. We have had the offer made to us (I am speaking of those interested in the charitable institutions for the Army and Navy), of a gift of some £50,000 if we will take the requisite trouble, whether we go to work in the way Sir Bevan Edwards referred to or not. The way this kind of thing is managed is, generally speaking, through the ladies; and I must say I think it has been rather an omission that, up to this point at all events, we have not mentioned the ladies. Most of these societies are more or less in the hands of the ladies, or, at all events, a great deal of the good work has been done by them. Nearly all the benevolent work has been done by them, and nearly all the detail work has been done by them. It has been said in some quarters: Why are these charities required at all? Why does not the Government provide for its own defenders? Why does not the Govern-

ment do all that is necessary? I venture to think that the Government is doing a very great deal, it is really doing much more than ever has been done, at all events in any way before this one. I believe I am correct in saying that every reservist's wife receives 1s. 1d. a day, with 2d. for every child while the husband is away at the front; and not only that, but arrangements are made so that the soldiers shall add so much thereto by means of allotment. I venture to think we ought not to look too directly for the Government to supply everything that is needed. In the first place Government could not do everything. The Government is not in a position to discriminate between those who want much and those who do not want anything. It is there that we have to come to the ladies. I am speaking particularly of the society I know about—the Soldiers' and Sailors' Families Association; but certainly in connection with that the ladies do go personally and enter into details with the tact and sympathy which ladies can and do show to each other, and they do what is requisite to supply means in accordance with the wants. (Hear, hear.) I do not wish to detain you, ladies and gentlemen, any longer, but I do think all these charities ought to be well supported. I am inclined to doubt whether we should do wisely if we did what Sir Bevan Edwards suggests. Perhaps he is not aware that already each of the societies has taken up the question, and many tickets have already been sold; but whether it would be advisable to pool the receipts, or for the societies to act separately, is a question which can, I doubt not, be settled by a general committee, and that we need not discuss here. We are only concerned to show that we ought to do what is requisite for those who are beyond the seas fighting the battles of their country. We have heard what the Soldiers' and Sailors' Families Association for one has expended and is expending. Often as I pass Trafalgar Square I look at the Havelock Monument so admirably sculptured and on which

are the words of the great chief addressing his soldiers: "Your devotion, your valour, your privations, and your sufferings will not be forgotten by a grateful country." I doubt very much whether that statement was as true then as we could wish it to have been, but it is true now. Those who are connected with the societies that have been mentioned have already been applied to; and those who are not connected with either of those societies are applied to now, and I ask you to assist us in every way with regard to this excellent offer that has been made to us in the national and patriotic spirit by the Crystal Palace Company. (Applause.)

Colonel the Hon. R. S. COTTON:—My Lord Mayor, ladies and gentlemen, the very generous offer of the Crystal Palace directors has been accepted by the officers of the Association in the full belief that everyone will do his best to make that scheme a perfect success. (Hear, hear.)

Mr. W. HAYES FISHER, M.P.:—My Lord Mayor, ladies and gentlemen, I will not detain you a minute or two at this period of the afternoon; but, in the absence of Colonel Gide, I should wish to say on behalf of the Soldiers' and Sailors' Families Association that I think the offer which has been made to the societies is a most generous offer, and is one we accept to the full. We intend to co-operate with the Crystal Palace Company most thoroughly and to make the Exhibition a great success, not only because we wish well to the Crystal Palace, but because we wish well to our own institutions. I am not here to puff the Soldiers' and Sailors' Families Association, whose claims appeal to all classes of Englishmen. I know that we are a very long row of needy and deserving mendicants; but the difference between our Association and the ordinary mendicant is, that whereas the word "self-help" is abhorrent to the ordinary mendicant, we are

endeavouring to help ourselves as much as possible. (Hear, hear.) With regard to Sir Bevan Edwards' idea, I do not know that it is quite so good as some may think; at any rate, I should certainly like to consider it before I adopted it. So far as I am concerned, I think a little healthy rivalry might be better for us all. I know that at bazaars a great deal is done by means of the rivalry that one sees at such places, and that more is obtained in consequence of that rivalry than if all the ladies were acting for one general purpose or object. (Hear, hear.) The military charities must act energetically in these times. Mr. Brodrick has produced an excellent scheme on paper—I think it is a most excellent scheme, and I believe most people think so. There is the frame which he has made, and the canvas; but the public have to fill in the figures. If word were to go to Africa that the wives and children of the soldiers are abandoned because the war in South Africa continues so much longer than it was expected to, you might depend on it that it would have a great effect on the recruiting, and on the system devised by Mr. Brodrick. On the other hand, the effect will be very different if you show that the charity bestowed was not a mere burst of enthusiasm; if you show that you will not let the wives and children, or mothers and dependents, of the soldiers suffer, and if you let them know that, although months or, perhaps, a year or two may go by, you will feel called on to maintain the societies—that you will not falter, waiver, or hesitate—that you will go on to the end backing the Government up and say, "Finish the war for us and conclude an honourable peace, and we will help the soldiers and sailors and their wives and families." (Applause.) If that is to be so, you must make extra efforts to obtain funds. Splendidly and nobly did our Queen write for one of our societies; and splendid and noble was the response to her letter and that of Lord Roberts. At any rate, we are

eating up the money now; the funds then raised will not last many months, and it is therefore necessary to invent some new scheme. My Lord Mayor, there are people in the City, I believe, who will tell you that commerce and philanthropy cannot go together. That may be so in some respects, but the Crystal Palace is an institution where they do. This is an institution that is helping us, and it is an institution that has done much for philanthropy. I am a Lord of the Treasury, and I may tell you that one of the traditions of the Treasury is, that we never impose a tax unless we see that it will at least pay for the collection of it. I am quite sure this will pay for the collection. (Hear, hear.) We have heard to-day that many new things have been introduced into the Army and Navy during the last fifty years, and we know that Maxims, pom-poms, and even an Irish regiment of Guards have come into existence since the first great Exhibition; so that at the proposed Naval and Military Exhibition possibly the man in the street may learn something he did not know before. A great deal will depend on your getting the right exhibitors. The Committee are working very hard, and are reaching many exhibitors, but not all. I know some people who would be happy to exhibit, but they have not been approached yet, and I shall be glad to give you their names. We shall do our utmost to make the thing a success, and if it is a good show you may be sure the people will flock to it. With regard to the charities, we see our way to making it a success; and we truly believe it ought to be a success. It should be one of the most popular Exhibitions that have ever taken place; and as that Exhibition opens in a period of war we hope it may close in a period of profound peace that shall be beneficial alike to the victors and the vanquished. (Applause.)

Admiral Sir N. BOWDEN-SMITH, K.C.B.: My Lord Mayor, ladies and gentlemen, I am here this afternoon, in the

absence of our Chairman, to say a few words on behalf of the Royal Naval Fund. This Society is the outcome of the Naval Exhibition of 1891, which was a very successful Exhibition, and where we earned a very considerable surplus that was applied in assisting cases which cannot be assisted from the Greenwich Hospital Fund under the existing regulations. If a man is killed in action, or is drowned in the Navy, or is killed from any cause immediately attributable to the Service, his widow or relations can be relieved from the Greenwich Hospital Fund; but there is many a poor bluejacket or jolly marine whose death is not attributable to the Service, and our society is then able to step in and assist. Our funds are not very large, but we can give a grant that enables a poor woman to tide over her great trouble and affliction. I may say that there is no over-lapping, because the gentleman who administers the Greenwich Hospital Fund is on our Committee, and he refers to us such cases as cannot be dealt with by them. I will not take up your time, ladies and gentlemen, with long observations; but although I do plead for my Fund, I must say that I feel with other officers and Mr. Hayes Fisher that the Soldiers' and Sailors' Families Association is the one that particularly calls for our support. I have great pleasure in supporting the resolution. (Applause.)

Colonel A. GRUBB:—My Lord Mayor, ladies and gentlemen, representing the Royal School for Daughters of Officers of the Army, I am glad to avail myself of this opportunity of saying a few words on its behalf. The school was founded in 1864 mainly through the exertions of two distinguished officers—General Sir Henry Lawrence and Field-Marshal Sir George Perrott. Its object is to provide a sound practical and religious education for the daughters of officers who have served or who are serving in His Majesty's Army

and Royal Marines. The school is situated near Bath at considerable elevation, and contains every appliance and convenience that can be supplied for the comfort and recreation of the girls. Her late Majesty was, and His Majesty the King has been, a life-long patron of the institution, and His Majesty has graciously continued his patronage since he came to the throne. Both her late Majesty and the King gave a substantial donation to the building fund, and since it began they annually contributed to its funds. H.R.H. the Duke of Cambridge has presided at the meetings for thirty-two years in succession, and he has always, by his kind words, cheered the Committee of the School and encouraged them in their work and their love for their less-favoured brother officers. Before Field-Marshal Lord Roberts went to South Africa he visited the School and expressed to me much pleasure as to all he saw; and Lord Roberts has already kindly promised to preside at our next annual meeting. The thoroughness of the teaching has every year been testified to by the examiners from Oxford and Cambridge. Of the 130 girls in the school 54 are fatherless, 9 are total orphans, and there are 11 whose fathers are serving or have served in South Africa, and 3 of the girls have lost their fathers during the war. I may mention that H.R.H. Princess Christian addressed a letter to your Lordship and brought before you the case of one officer who was killed. That officer left a widow and eight children, and your Lordship was pleased to send to the School a sufficient sum—nearly £250—to enable us to keep that girl until she attains eighteen. There is also a girl there whose father fell at Pieters Hill. She was placed in our School by her father last April, just before he went to South Africa. He wrote to his daughter every week from the seat of war, and his last letter spoke in terms of great dejection of his sorrow at losing so many men. Then there was a pause in the letters, and then a telegram arrived at the School to

say that in this case enteric had done its work, and the father's love had been buried at Vrede. I was pleased to see the daughter only three weeks ago at Bath, and she said to me, in an indescribably sad manner, "Father's letters then stopped." If the generous men in this great City of London could have seen that little orphan girl—if they could have seen her eyes and heard those four words, "Father's letters then stopped"—I do believe, notwithstanding the magnificent charity already displayed in the City, they would place this School, for which I have the honour to speak, in such a position that for the life of that girl, and of all the other girls there, fees should be altogether abolished. We have to thank you, my Lord Mayor, for the generous contributions received some years ago from the Corporation and your predecessors. We have received much support from the City of London; and after the open-handed, large-hearted and princely response made by the City of London to the appeal addressed to you by Her Most Gracious Majesty Queen Alexandra, it seems ungenerous on my part to ask for further aid; but the unexpected prolongation of this war has caused bereavements and sorrows to shadow many homes, and the fact is that we have no alternative. This Exhibition will do much to bring to all these charities more funds; and all I can venture to hope is that new subscribers and new donors may extend their ungrudging generosity bountifully to the Royal School for Daughters of Officers of the Army whose office is at 16, Cockspur Street. No claims of the fatherless and widowed can appeal more strongly than those of the girls who so frequently have become orphaned because of the heroic and gallant devotion of their fathers to the Empire. (Applause.)

Major-General Sir H. TROTTER, K.C.V.O.:—My Lord Mayor, ladies and gentlemen, on behalf of the Soldiers' and

Sailors' Help Society I should like first of all to thank the Chairman of the Crystal Palace Company for the very generous offer we have received. As Chairman of the Society on behalf of which I am speaking, I may say that it is a young Society, and I may explain why the Society has come into existence. It is within the memory of nearly everyone here that for many years there were great complaints that those who have had the honour of extending the boundaries of our great nation, were many of them spending their last days in places worse than workhouses; and that fact having been brought prominently forward, H.R.H. Princess Christian initiated this Society with the view of preventing such a thing occurring more frequently than could be helped. At the same time, it may interest you to know that we have 165 homes, and that during this last year we have taken into those homes over 1,300 soldiers, and we spent about £6000 in relieving soldiers in their own homes. One-sixth of the men who have come home invalided from South Africa have been accommodated in our homes. I am not going to detain you, because after Mr. Hayes Fisher's very eloquent speech there can be no one here who does not realise the claims of these charities. Still, I should like to impress those who are present that only last evening I happened to be at a City dinner, and one of the chief authorities at Natal spoke of a case of this kind. He said: "A man spent a short time in Natal and joined Brabant's Horse. Then he lost his legs, and was invalided home. That man, not having been a soldier, is unable to draw more than 1s. 6d. a day for twelve months, and, after that, that man and his wife and children will be cast on the country." Then the gentleman went on to say: "If you think that man will speak well for the Army of Great Britain, I shall be astonished." I was able to inform him that the Soldiers' Help Society would endeavour to put that man in a home and, if possible, provide for his wife;

and he was charmed to hear it. I mention that instance to prove to you how excellent is the work that has been done by our Society; and I am sure nobody has a greater sense of the noble work the Soldiers' and Sailors' Association has done than I have. Those soldiers and sailors who lose not only their limbs but their health in the interests of their country in doing what they can to maintain the honour, glory, and prestige of the country, and the Army or the Navy they belong to, for their King and Queen, deserve the assistance of the charitable. (Hear, hear.) I will not detain you longer, ladies and gentlemen; but I again thank the Crystal Palace Company for their kindness, and I only hope that everyone will do what he can to assist the Naval and Military charities to the utmost of his power. (Hear, hear.)

Colonel Lord BELHAVEN and STENTON:—My Lord Mayor, ladies and gentlemen, at this period of the afternoon I will not take up your time, but I am very pleased to have the opportunity of thanking the Crystal Palace Company for their kindness in extending to the Gordon Boys' Home the privilege of selling some of these season tickets, and of so obtaining some of the proceeds of the Naval and Military Exhibition. I am very much interested in the Exhibition myself, having had a good deal to do with the previous Military Exhibitions. I have only to thank you on behalf of the national memorial that was erected to do honour to the memory of General Charles Gordon. (Hear, hear.)

The LORD MAYOR:—Ladies and gentlemen, I think it would be unnecessary for me to read again the resolution that was proposed by Sir Bevan Edwards. I have no doubt you all have a copy of it in your hands; and, after what has been said in its support, I am sure you will pass it unanimously.

The resolution was put and carried unanimously.

The LORD MAYOR:—Ladies and gentlemen, Admiral Morant, who is chairman of the Executive Committee of the Naval and Military Exhibition, desires to speak upon a very uninteresting subject; but, none the less, I am sure you will be happy to hear him.

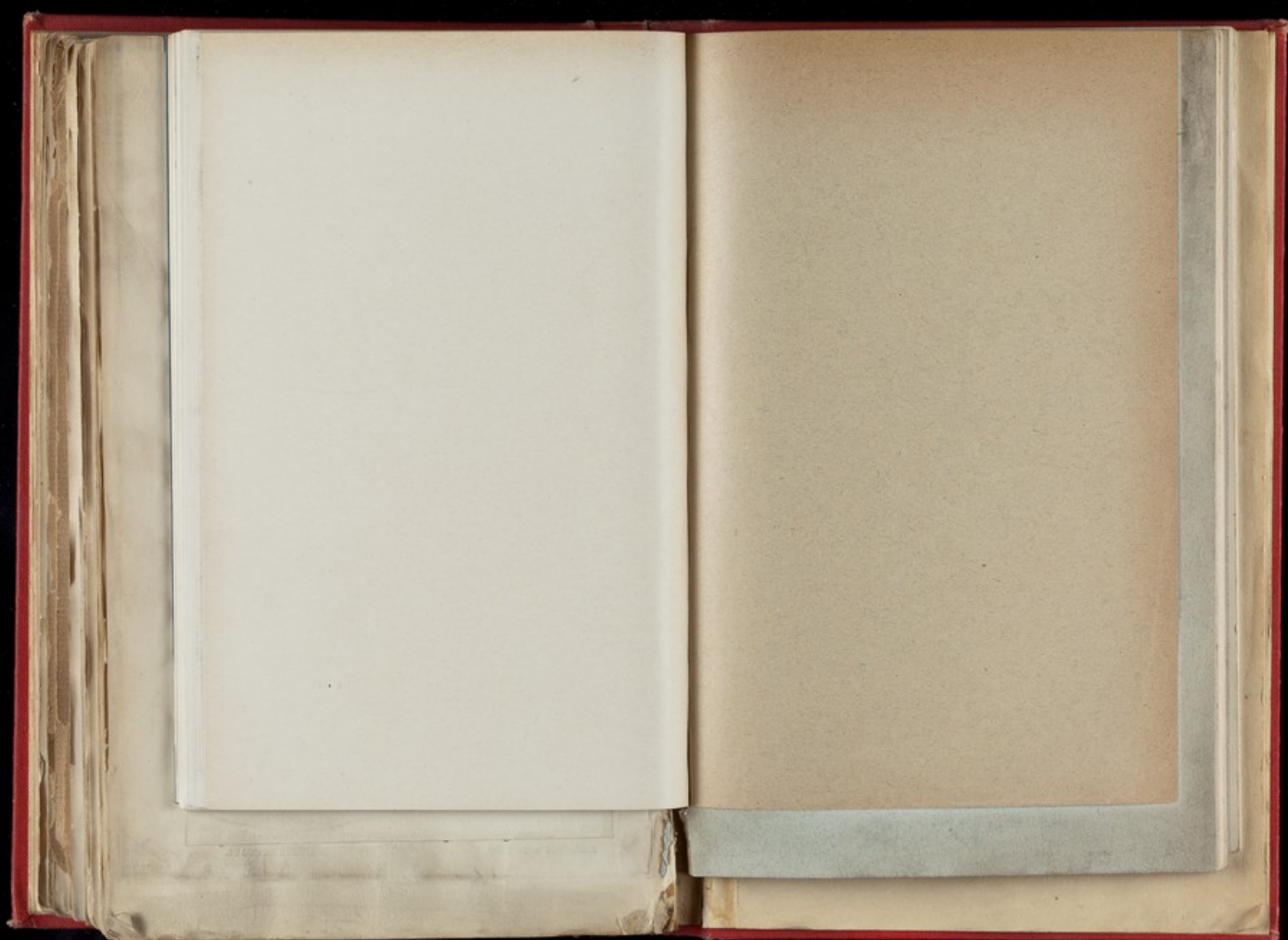
Admiral G. DIGBY MORANT:—Ladies and gentlemen, however uninteresting the Lord Mayor may think the subject I have to speak to you upon, I am sure you will all agree it is of interest to us, because he has so kindly placed this hall and himself at our disposal to-day. For the Lord Mayor of the City of London to take an interest in a business of this kind means that we are half-way to success, or more. The Lord Mayor of London is a man so appreciated throughout the country, and I might say throughout the world, that if he puts his hand to anything it means a great deal. I will not detain you longer now, ladies and gentlemen, but I beg of you to join most heartily in the vote of thanks which I would express to the Lord Mayor. (Hear, hear.)

Captain the HON. ARTHUR SOMERSET:—Ladies and gentlemen, I entirely associate myself with what has fallen from Admiral Morant, and I am sure I am expressing the feeling of every lady and gentleman in this room when I say that we have a sentiment of deep gratitude to the Lord Mayor for his kindness in presiding here, and for allowing us the use of this hall to-day. (Applause.)

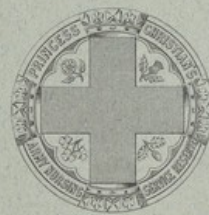
The resolution was put and carried by acclamation.

The LORD MAYOR:—Ladies and gentlemen, I thank you very much indeed. I am very pleased to have had the opportunity of presiding over so interesting a meeting, and one which I venture to hope and believe will be of great usefulness. I thank you very much. (Applause.)

The proceedings then terminated.



M. J. Hunter - 24
Oct 1900 -



LIST
OF
MEMBERS
OF THE
ARMY NURSING SERVICE RESERVE

*1st edition compiled under the supervision of
Lt. Colonel W. Johnston.*

30TH SEPTEMBER, 1900

ARMY NURSING SERVICE RESERVE.

The Army Nursing Service Reserve is formed for the purpose of supplementing the Army Nursing Service in the event of war. In time of peace it is under the control of a specially constituted committee, of which Her Royal Highness The Princess Christian of Schleswig-Holstein is President, but in time of war those nursing sisters who are called up for duty, are entirely under the control of the Secretary of State for War.

Although the sisters can be called on only to replace in military hospitals at home those members of the Army Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad, or at the seat of war.

The first member of the Army Nursing Service Reserve was admitted on 1st March, 1897, and up to 30th September, 1900, the total number of nursing sisters who had joined the Service was 820, of whom 755 were effective on that date.

The Regulations will be supplied to intending candidates, on application by letter to the

HONORARY SECRETARY,
Army Nursing Service Reserve,
18 Victoria Street,
London, S.W.

ARMY NURSING SERVICE RESERVE.

LIST OF MEMBERS, SEPTEMBER 30, 1900.

*. * The names of those who have ceased to be Members of the Service are printed in italics.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
227	ABRAHAM, Florence	May 4, 1900	St George's Hospital, S.W.	Military Hospital, Devonport.
333	ADKINS, Eleanor Elizabeth	Feb. 23, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
483	AGO, Constance L.	Mar. 28, 1900	St Thomas's Hospital, S.E.	Field Force, South Africa.
83	AINSWORTH, Lillian	Feb. 4, 1898	Royal Han's County Hosp., Winchester	Field Force, South Africa.
437	ALDER, Evelyn ..	Mar. 23, 1900	Royal Infirmary, Belfast	Military Hospital, Gibraltar.
477	ALEXANDER, Margaret Butler	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
732	ALLANAY, Alice Ruth	July 11, 1900	Royal Berke Hospital, Reading	Royal Infirmary, Dublin.
800	ANDERSON, Elizabeth	Aug. 13, 1900	Charing Cross Hospital, W.C.	Military Hospital, Aldershot.
297	ANDERSON, Edith McCall	Feb. 9, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
533	ANDERSON, Hannah	May 12, 1900	Crompton Infirmary, Manchester	Field Force, South Africa.
544	ANDRE, Alice Emily	May 4, 1900	University College Hospital, W.C.	Field Force, South Africa.
560	ANDREW, Ethel ..	May 12, 1900	Royal Infirmary, Salford	Military Hospital, Devonport.
408	ANDREWS, Emily ..	Mar. 9, 1900	Seamen's Hospital, Greenwich, S.E.	Field Force, South Africa.
15	<i>Appleton, Kate Gertrude</i>	<i>May 1, 1897</i>	<i>The Infirmary, Manchester</i>	<i>Resigned.</i>
723	ARELL, Hannah Ellen	July 11, 1900	Charing Cross Hospital, W.C.	Herbert Hospital, Woolwich.
004	ARMITSTEAD, Isabelle Jane	June 14, 1900	King's College Hospital, W.C.	Field Force, South Africa.
94	ARMAN, Louisa Eleanor Victoria	Jan. 2, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
304	ATKIN, Ethel Jessie	Feb. 9, 1900	St Bartholomew's Hospital, E.C.	Field Force, South Africa.
336	ATKINSON, Mary ..	Feb. 23, 1900	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
635	ATTREE, Louisa Jane	June 16, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
81	AULON, Emily ..	Feb. 4, 1898	Royal Free Hospital, W.C.	<i>Resigned.</i>
72	BABE, Mary Lyneham Twyler	Apr. 22, 1897	St Thomas's Hospital, S.E.	Field Force, South Africa.
174	BADGER, Lavinia	Dec. 1, 1899	Royal Victoria Hospital, Belfast	Field Force, South Africa.
116	Bailey, Edith Mary	Oct. 31, 1899	General Hospital, Bristol	<i>Resigned; re-instated as No. 777.</i>
737	BAILEY, Edith Mary	Oct. 31, 1899	General Hospital, Bristol	Military Hospital, Aldershot.
335	BAILEY, Liza's A.	Mar. 9, 1900	St Andrew's General Infirmary, Stafford	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
708	BAIKER, Martha Sophia	July 11, 1900	London Hospital, E.	Field Force, South Africa.
300	BAKER, Florence ..	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
709	BALLET, Ellen Elizabeth	July 11, 1900	London Hospital, E.	Field Force, South Africa.
276	BALFOUR, Gwendolen	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
770	BALL, Annie Elizabeth	July 24, 1900	Mull Road Infirmary, Liverpool	Military Hospital, Aldershot.
539	BANKES, Ellen Margaretta	May 12, 1900	Royal Devon and Exeter Hospital	Field Force, South Africa.
22	Barber, Alice ..	Mar. 1, 1897	Royal City of Dublin Hospital	Appointed to the Army Nursing Service.
216	BARNES, Sarah J.	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
447	BARNETT, Agnes Dora	Mar. 16, 1900	General Infirmary, Chester	Field Force, South Africa.
130	BARNETT, Eliza Gertrude	Dec. 1, 1899	Adelaide Hospital, Dublin	Military Hospital, Aldershot.
64	Barrow, Margaret Lena	Apr. 9, 1897	Royal Southern Hospital, Liverpool	Resigned.
677	BARRY, Florence Helena	July 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
753	BARTHOLOMEW, Minnie Gertrude	July 24, 1900	Royal Portsmouth Hospital	Military Hospital, Rochester Row, S.W.
570	BARTON, Mary ..	May 15, 1900	Hammerhead Hospital, London, W.U.	Field Force, South Africa.
41	BARTWELL, Marion Sabine	Oct. 13, 1899	General Infirmary, Leeds	Field Force, South Africa.
1	BARAN, Louisa ..	Mar. 1, 1897	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
167	BARCK, Edith Dacie	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Royal Victoria Hospital, Netley.
43	BEALE, Annie Mildred	May 14, 1897	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
743	BEAUFORT, Katy ..	July 24, 1900	Royal Devon and Exeter Hospital	Military Hospital, Dover.
134	BECHER, Edith Hope	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
4	Beck, Ethel Mercy	May 27, 1898	London Hospital, E.	Appointed to the Army Nursing Service.
6	BEDWELL, Alice Fanny	June 20, 1899	West London Hosp., Hammerhead, W.	Field Force, South Africa.
221	BEDDIE, Edith Frances	Jan. 29, 1900	Victoria Hospital, Burnley	Field Force, South Africa.
339	BEDDIE, Edith Mary	Mar. 2, 1900	Infirmary, Southport	Field Force, South Africa.
207	BEDLEY, Gertrude	Jan. 10, 1900	Swansea General and Eye Hospital	Field Force, South Africa.
532	BEDMAN, Elvance Mary	May 12, 1900	Crompton Infirmary, Manchester	Field Force, South Africa.
431	BEITH, Agnes ..	Mar. 16, 1900	Middlesex Hospital, W.	Field Force, South Africa.
28	Bell, Florence ..	June 20, 1899	Great Northern Central Hospital, N. Town's .. Hospital, Glasgow	Died at Kimberley, April 8, 1900.
56	BELL, Jessie Beatrice Reid	Mar. 19, 1897	Town's .. Hospital, Glasgow	Field Force, South Africa.
515	BELL, Mary Jane	May 4, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
526	BENNETT, Marianne Hollingall	May 4, 1900	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
790	BENTHAM, Elanthe May	Aug. 1, 1900	Royal Infirmary, Manchester	Military Hospital, Portsmouth.
389	BETTY, Barbara J.	Mar. 9, 1900	Southport Infirmary, Lancashire	Field Force, South Africa.
42	BICKENHEAD, Elizabeth Mabel	Oct. 13, 1899	Infirmary, Blackburn	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
343	BICKFORD, Sarah Alice	Feb. 23, 1900	General Hospital, Birmingham	Military Hospital, Malta.
738	BIGGS, Louise Mary	Aug. 4, 1900	Western Infirmary, Glasgow	Military Hospital, Portsmouth.
117	BENTLEY, Mary Alice	Oct. 31, 1899	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
103	BESOR, Fanny ..	Jan. 29, 1900	London Hospital, E.	Field Force, South Africa.
287	BLACK, Grace ..	May 31, 1900	General Infirmary, Leeds	Field Force, South Africa.
637	BLAIR, Mary Agnes Mary	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
333	BLAKELY, Maud	Feb. 16, 1900	Chelsea Infirmary, S.W.	Military Hospital, Curnagh.
22	BLAYDES, Nora Valentine	Oct. 21, 1898	General Infirmary, Worcester	Field Force, South Africa.
17	Blyth, Edith ..	Oct. 21, 1898	Royal Devon and Exeter Hospital	Appointed to the Army Nursing Service.
208	BOND, Lisa Evelyn	Mar. 2, 1900	North and Norwich Hospital	Field Force, South Africa.
223	BOND, Mildred Mary	May 4, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
12	Bond, Nellie Anger	Mar. 15, 1897	General Infirmary, Bedford	Appointed to the Army Nursing Service.
230	BONHAM, Sarah Ann	Mar. 9, 1900	Blackburn and East Lancashire Hosp.	Field Force, South Africa.
896	BORTH, Isabella ..	Aug. 15, 1900	St. Marylebone Inf., Notting Hill, W.	Military Hospital, Devonport.
694	BOULAGE, Jessie Edith	July 2, 1900	General Infirmary, Leeds	Field Force, South Africa.
278	BOUTWICK, Maria Anne Maxwell	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
331	BOYFIELD, Agnes Amelia	Feb. 23, 1900	General Hospital, Birmingham	Field Force, South Africa.
324	BOWEN, Alexandra Madeline	May 4, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
563	BOWSH, Jessie Dora	May 15, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
751	BOWIE, Helen ..	July 24, 1900	Dunfermline and Galloway R. Inf., Homeopathic Hospital, London, W.C.	Royal Victoria Hospital, Netley.
100	BOWLES, Alice A.	June 20, 1899	Homeopathic Hospital, London, W.C.	Field Force, South Africa.
189	BOYCE, Gertrude Amy	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
425	Boyd, Mary Syme	Mar. 9, 1900	Royal Infirmary, Edinburgh	Died at Newport, May 15, 1900.
97	BRENNER, Alice Barbara	Feb. 11, 1899	Addenbrooke's Hospital, Cambridge	Field Force, South Africa.
705	BRENN, Anne Marie	Aug. 2, 1900	House of Industry Hospitals, India	Military Hospital, Parkhurst.
11	BRENTON, Katherine Blanche	Jan. 29, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
284	BREIDFORD, Alice	May 31, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Colchester.
158	BROOK, Rose Label	Dec. 8, 1899	Norfolk and Norwich Hospital	Field Force, South Africa.
307	BROOK, Amelia Beatrice	Feb. 9, 1900	General Hospital, Bristol	Field Force, South Africa.
359	BROOK, Violet ..	May 31, 1900	St. Marylebone Inf., London	Military Hospital, Caterham.
702	BROOK, Louisa Frances	July 11, 1900	London Hospital, E.	Field Force, South Africa.
619	BRETTES, Agnes Winifred	June 28, 1900	General Hospital, Wolverhampton	Field Force, South Africa.
44	BROOK, Ada ..	Oct. 13, 1899	Royal Infirmary, Manchester	Field Force, South Africa.
650	BROUGH, Margaret	June 28, 1900	Royal Infirmary, Bedford	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
7	BROWN, Alice ..	Mar. 1, 1897	Royal Infirmary, Bradford	Field Force, South Africa.
323	Brown, Annie Heath	Feb. 16, 1900	London Hospital, E.	Resigned.
612	BROWN, Charlotte	June 16, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
5	BROWN, Edith ..	May 27, 1898	St. Mary's Hospital, Paddington, W.	Engaged in private nursing.
606	BROWN, Ellen Ronald	July 2, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
274	BROWN, Margaret Meade	Feb. 9, 1900	St. George's Hospital, S.W.	Engaged in private nursing.
654	BROWN, Matilda Margaret Mary	July 2, 1900	Royal Infirmary, Perth	Field Force, South Africa.
631	BROWN, Susan ..	June 22, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
101	Browning, Sophia Margaret	Feb. 11, 1899	Basildon Infirmary, Basildon	Appointed to the Army Nursing Service.
455	BROWN, Rosalie Mary	Mar. 23, 1900	General Hosp., Altrincham, Cheshire	Field Force, South Africa.
317	BRYANT, Maria Seymour	Feb. 23, 1900	Homeopathic Hospital, London, W.C.	Military Hospital, Egypt.
657	BUCHANAN, Emily M.	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
739	Buchanan, Margaret	Aug. 1, 1900	Royal Hospital, Belfast	Resigned.
81	BUCHANAN, Violet Helena	Oct. 13, 1899	Meath Hospital, Dublin	Field Force, South Africa.
119	BULLOCK, Rose Mabel	Oct. 31, 1899	Norfolk and Norwich Hospital	Field Force, South Africa.
468	BULMAN, Jane ..	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
141	BURBETT, Mary Isabella	Jan. 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
414	BURBETT, Rosa Elizabeth	Mar. 9, 1900	Royal Devon and Exeter Hospital	Royal Victoria Hospital, Netley.
383	BURTON, Henrietta	Mar. 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
629	BUSE, Margaret Elizabeth	June 10, 1900	Infirmary, Cardiff ..	Field Force, South Africa.
371	Butler, Elizabeth ..	Mar. 2, 1900	General Hospital, Bristol	Resigned.
310	BUTLER, Janet ..	Feb. 9, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
334	Buxton, Flora Lucy Wilmet	Mar. 2, 1900	University College Hospital, W.C.	Resigned.
432	BYERS, Annie Florence	Mar. 16, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
704	BYROFT, Beatrice Maud Ethel	July 24, 1900	Royal Infirmary, Bristol	Military Hospital, Canterbury.
624	BYRNE, Ann Eliza	June 19, 1900	Infirmary, Cardiff ..	Field Force, South Africa.
229	CABLE, Adeline Elizabeth	Jan. 29, 1900	London Hospital, E.	Field Force, South Africa.
235	CALN, Mary Ann ..	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
433	CALLEGHER, Isabel	Mar. 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
146	CALDWELL, Sarah Jane	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
703	CALLAGHER, Clara Anne	July 21, 1900	St. George's Hospital, S.W.	Military Hospital, Rochester Row, S.W.
66	Calman, Blanche Mary	Apr. 9, 1897	St. George's Hospital, S.W.	Resigned.
139	CALVERTLEY, Maudie	Oct. 31, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
611	CAMERON, Agnes Donald	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
422	CAMERON, Annie ..	Mar. 28, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
427	CAMERON, Annie B.	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
423	CAMERON, Jessie ..	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
726	CAMPBELL, Annie	July 11, 1900	Royal Surrey County Hosp., Guildford	Herbert Hospital, Woolwich.
45	Candy, Rosemond	May 14, 1897	Chelms Infirmary, S.W.	Resigned.
316	CAREY, Frances Lucy	Feb. 12, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
121	CAREY, Evelyn Mary	Oct. 31, 1899	Royal Infirmary, Edinburgh	Field Force, South Africa.
166	CARNTHERS, Agnes Frances	Dec. 1, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
621	CARNTHERS, Elizabeth Pattison	June 10, 1900	Infirmary, Cardiff ..	Field Force, South Africa.
661	CARR, Caroline Stewart	July 2, 1900	Victoria Infirmary, Glasgow	Field Force, South Africa.
473	CARTER, Kate M.	Mar. 23, 1900	Royal Albert Edward Infirmary, Wigan	Field Force, South Africa.
702	CARTWRIGHT, Katharine Ann	July 21, 1900	General Hospital, Wolverhampton	Military Hospital, Aldershot.
454	CARTYER, Florence Harriet Wing	Mar. 22, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
350	CASH, Emma Lucy	May 12, 1900	General Hospital, Nottingham	Field Force, South Africa.
311	CASH, Bertha Elizabeth	Mar. 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
84	CHAFFET, Edith Amy	Feb. 4, 1898	S. Day & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
170	CHAMBERLAIN, Edith Mary	Dec. 18, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
768	CHANDLER, Mary Elizabeth Colpoys	July 21, 1900	Master Miericordine Hospital, Dublin	Military Hospital, Aldershot.
667	CHAPMAN, Christina	July 2, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
814	CHAPMAN, Edith May	Aug. 13, 1900	West London Hosp., Hammersmith, W.	Herbert Hospital, Woolwich.
429	CHAPMAN, Gertrude Evelyn Grace	Mar. 16, 1900	The Infirmary, Dulwich, S.E.	Field Force, South Africa.
150	CHAWWEL, Violet D.	Dec. 8, 1899	Trinity Hospital, New York, U.S.A.	Field Force, South Africa.
235	CHETHAM, Edith Christine	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
353	CHINCHERY, Grace	May 4, 1900	Infirmary, Orléans	Field Force, South Africa.
639	CHISHOLM, Elizabeth	July 2, 1900	Royal Infirmary, Glasgow	Royal Victoria Hospital, Netley.
466	CHITTY, Amy Robinson	Mar. 23, 1900	Alfred Hospital, Melbourne, Australia	Field Force, South Africa.
317	CHURCH, Sophie Charlotte	July 9, 1897	Royal Free Hospital, London	Died in Natal, March 23, 1900.
623	CHURCH, Isabel Edith	Feb. 13, 1900	King's College Hospital, W.C.	Field Force, South Africa.
301	CLAIR, Sarah Alice	June 19, 1900	General Hospital, Birmingham	Field Force, South Africa.
363	CLARK, Sophia ..	Feb. 9, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
695	CLARKE, Anabel Fortier	Mar. 2, 1900	University College Hospital, W.C.	Field Force, South Africa.
198	CLAY, Mary Margaret	June 16, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
517	CLAY, Johanna Margaret Isabella	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
583	CLEMENTS, Mary ..	May 31, 1900	Brewin Hill Infirmary, Liverpool	Field Force, South Africa.
212	COATES, Florence	Jan. 16, 1900	London Hospital, E.	Field Force, South Africa.
211	CONCELA, Theodora Agnes	Jan. 16, 1900	Radcliffe Infirmary, Oxford	Field Force, South Africa.
193	COCKEN, Ethel	Jan. 10, 1900	King's College Hospital, W.C.	Field Force, South Africa.
469	COLE, Eliza Boyd	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
783	COLLINS, Clara Laws	Aug. 1, 1900	Infirmary, Sunderland	Military Hospital, Colchester.
434	COLLYNS, Grace ..	Mar. 16, 1900	Chelsea Infirmary, S.W.	Military Hospital, Aldershot.
816	COLSTON, Lucy	Aug. 25, 1900	Union Infirmary, Salford	Military Hospital, Glasgow.
633	CONDELL, Charlotte	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
222	COOPER, Emily	Jan. 29, 1900	Royal Infirmary, Liverpool	Field Force, South Africa.
493	COULSON, Thelma L.	Mar. 28, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
490	CORRY, Bertha Mary	Mar. 9, 1900	West London Hosp., Hammersmith, W.	Field Force, South Africa.
398	CORRIGAN, Ellen Lyon	Feb. 9, 1900	General Infirmary, Leeds	Field Force, South Africa.
406	CORRIGAN, Elizabeth Alice	Mar. 9, 1900	Swansea General and Eye Hospital	Field Force, South Africa.
122	COTTRELL, Edith Elizabeth	Oct. 31, 1899	Chelsea Infirmary, S.W.	Field Force, South Africa.
602	COWLEY, Edith Anne	July 2, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
602	COWLEY, Laura	June 14, 1900	Royal Infirmary, Bristol	Field Force, South Africa.
173	COL-DAYNES, Rachel Annie	Dec. 1, 1899	County Hospital, Monmouthshire	Field Force, South Africa.
61	COLES, Edith Helen	Mar. 26, 1897	West Kent General Hospital, Maidstone	Engaged in private nursing.
267	CRABE, Jessie Moore	Mar. 2, 1900	King's College Hospital, W.C.	Field Force, South Africa.
140	CRASHAM, Jane	Dec. 8, 1899	Guy's Hospital, S.E.	Field Force, South Africa.
610	CRICKER, Betsy ..	June 16, 1900	London Homoeopathic Hospital, W.C.	Field Force, South Africa.
357	CROSBY, Jane ..	Mar. 2, 1900	Middlesex Hospital, W.	Field Force, South Africa.
270	CROSS, Margaret ..	Mar. 2, 1900	West Kent General Hospital, Maidstone	Field Force, South Africa.
62	CROSS-DUNCAN, Inez	Mar. 26, 1897	Royal Victoria Hospital, Bournemouth	Engaged in private nursing.
673	CRUCKSHANK, Helen Ann	July 2, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
305	CULUM, Alice R.	Mar. 2, 1900	Cranwell Infirmary, Manchester	Field Force, South Africa.
23	Culverwell, Lucy Matilda	May 27, 1893	General Hospital, Bristol	Appointed to the Army Nursing Service.
424	CURRIE, Eliza	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
400	CURTIS, Harriet Mabel	Mar. 9, 1900	Royal Berke Hospital, Reading	Field Force, South Africa.
309	DALE, Louisa ..	Mar. 2, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
313	DAVIES, Ethel Margaret	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
51	DAVISON, Agnes Jane	Mar. 19, 1897	London Temperance Hospital, N.W.	Field Force, South Africa.
101	DAVISON, Amy Elizabeth	Jan. 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
102	DAVIES, Alice Mabel	Dec. 1, 1899	King's College Hospital, W.C.	Field Force, South Africa.
731	DAVIES, Ann Edith	July 11, 1900	Coventry and Warwickshire Hosp.	Royal Infirmary, Dublin.
808	DAVIS, Frances Alice	Aug. 15, 1900	Meath Hospital, Dublin	Military Hospital, Devonport.
145	DAVIS, Mary Anne	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
547	DAVIS, Helen Margaret	May 4, 1900	Westminster Hospital, S.W.	Resigned.
580	DAWSON, Laura Evelyn	Mar. 2, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
12	DEACON, Ellener Alice	June 20, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
619	DEACON, Gertrude	June 19, 1900	S. Devon & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
463	de BLAQUIERE, Florence	Mar. 23, 1900	St. Vincent's Hospital, Dublin	Herbert Hospital, Woolwich.
5	de Montmorency, Beatrice	Apr. 1, 1897	Royal Infirmary, Bristol	Appointed to the Army Nursing Service.
419	DEMPSTER, Mary ..	Mar. 9, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
190	DENNY, Edith May	Jan. 10, 1900	University College Hospital, W.C.	Field Force, South Africa.
314	DENTON, Minnie Gertrude	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
177	DEPAPE, Kathleen Marie	Dec. 1, 1899	Adelaide Hospital, Dublin	Field Force, South Africa.
435	DIBWOOD, Gertrude	Mar. 16, 1900	Warneford Hospital, Leamington	Field Force, South Africa.
220	DIXON, Lizzie Parrish	Feb. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
446	DODD, Janet Es-kine	Mar. 16, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
633	DONALD, Francois	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
294	DONK, Louisa Emma	Feb. 9, 1900	St. Mary Abbott's Inf. Kensington, W.	Royal Victoria Hospital, Netley.
627	DOUGLAS, Annie Jane	June 19, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
730	DOW, Mary ..	July 24, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
16	DOWKER, Mabel ..	June 20, 1899	East Suffolk Hospital, Ipswich	Field Force, South Africa.
415	DRAPEY, Amy Florence	Mar. 9, 1900	Royal Fortmouth Hospital, Meath	Field Force, South Africa.
767	DUNCAN, Clement	July 24, 1900	Meath Hospital, Dublin	Military Hospital, Aldershot.
93	DUTTON, Ethel Mabel	Feb. 11, 1899	King's College Hospital, W.C.	Field Force, South Africa.
302	EASTHEAD, Elsie Gertrude	Feb. 9, 1900	Birmingham Infirmary	Field Force, South Africa.
574	EDMONDSON, Elizabeth	May 18, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
271	EDWARDS, Edith Mabel	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
794	EDWARDS, Gertrude	Aug. 1, 1900	Royal Hospital, Sheffield	Military Hospital, Hillon.
302	ELLIS, Elizabeth ..	Mar. 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
638	ELMELIE, Christina Danks	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
159	ENGLISH, Mary Theresa	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
547	ETTA, Frances ..	May 12, 1900	Infirmary, Oldham	Herbert Hospital, Woolwich.
38	EXTON, Frances ..	May 7, 1897	Boston Hospital, Lincs.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
122	Evans, Clara ..	Dec. 15, 1899	London Hospital, E.	Did at Bloemfontein, May 31, 1900.
162	EVANS, Emile ..	Dec. 8, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
2	EVANS, Jade Ann	Mar. 1, 1897	Chesham Infirmary, Manchester	Royal Victoria Hospital, Netley.*
494	EVERETT, Mary ..	Mar. 28, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
39	FALCON, Margaret	May 7, 1897	Cumberland Infirmary, Carlisle	Field Force, South Africa.
358	FARLEY, Matilda	Mar. 2, 1900	Sir P. Dun's Hospital, Dublin	Field Force, South Africa.
611	FARRER, Julia Frances	June 16, 1900	Addenbrooke's Hospital, Cambridge	Field Force, South Africa.
69	FARRELL, Edith Margaret	Mar. 26, 1897	General Infirmary, Leeds	Resigned.
311	FEDERSON, Agnes Maxwell	Feb. 9, 1900	Charling Cross Hospital, W.C.	Field Force, South Africa.
18	FEDERSON, Annie Newbigging	May 1, 1897	St. George's Hospital, S.W.	Field Force, South Africa.
137	FEDERSON, Elizabeth	Dec. 1, 1899	Royal Infirmary, Bristol	Field Force, South Africa.
280	FELIX, Florence Elizabeth	Feb. 9, 1900	General Infirmary, Leeds	Field Force, South Africa.
250	FISHER, Alice ..	Feb. 9, 1900	Chelsea Infirmary, S.W.	Field Force, South Africa.
635	FISHER, Annie ..	July 2, 1900	City of Glasgow Fever Hospital	Field Force, South Africa.
315	FISHER, Elizabeth	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
305	FISHER, Ethel Mary	Feb. 9, 1900	Royal Infirmary, Bristol	Field Force, South Africa.
14	FISHER, Hannah ..	Mar. 1, 1897	Royal Infirmary, Bradford	Field Force, South Africa.
29	FISHER, Mary C. ..	Jan. 23, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
26	FISHER, Sarah Alice	July 19, 1897	Adelaide Hospital, Dublin	Field Force, South Africa.
689	FITZPATRICK, Flora Kathleen	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
331	FITZSIMON, Emily Frances	Feb. 16, 1900	Royal Victoria Hospital, Belfast	L.R.C.P. Edin., L.R.C.S. Edin.
75	FLEADGATE, Maude Victoria	July 9, 1897	Warneford Hospital, Leamington	Engaged in private nursing.
265	FLETCHER, Dorothy	Feb. 9, 1900	Gosport Hospital, Hants	Field Force, South Africa.
194	FLETCHER, Gertrude	Jan. 16, 1900	Prince Alfred Hosp., Sydney, N.S.W.	Field Force, South Africa.
36	FLETCHER, Louisa Maud	May 7, 1897	University College Hospital, W.C.	Field Force, South Africa.
339	FORBES, Mary Ann	Feb. 23, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
530	FORREST, Matilda	May 4, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
614	FRANCIS, Gertrude Ellen	June 16, 1900	Infirmary, Cardiff ..	Field Force, South Africa.
506	FRANKS, Annie W.	May 15, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
498	FRANKS, Margaret C.	Mar. 28, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
327	FRANKS, Edith ..	Feb. 16, 1900	Guy's Hospital, S.E.	Resigned.
505	FREER, Helena ..	June 14, 1900	Great Northern Central Hospital, N.	Field Force, South Africa.
539	FRENCH, Agnes ..	May 4, 1900	General Infirmary, Leeds	Field Force, South Africa.
405	French, Alice Elizabeth	Mar. 9, 1900	Royal Infirmary, Glasgow	Resigned; re-appointed as No. 747.

* On Probation for the Army Nursing Service.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
747	FRENCH, Alice Elizabeth	July 24, 1900	Royal Infirmary, Glasgow	Military Hospital, Shorncliffe.
577	FRENCH, Kate ..	May 31, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
91	FRIEND, Catherine Mary	Oct. 13, 1899	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
185	FRY, Elizabeth ..	Jan. 10, 1900	Hospital and County Infirmary, Meath	Field Force, South Africa.
715	Fry, Ethel Amy Lucy	July 11, 1900	London Hospital, E.	Field Force, South Africa.
423	GALLOWAY, Jane ..	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
65	Gardner, Edith Manley	Apr. 9, 1897	St. Mary's Hospital, Paddington, W.	Did at Marlburg, April 8, 1900.
771	GARGAN, Clotilde ..	July 24, 1900	St. Vincent's Hospital, Dublin	Resigned.
4	GASH, Charlotte Popham	June 20, 1899	Warneford Hospital, Leamington	Field Force, South Africa.
382	GIBB, Edith Pickering	Mar. 2, 1900	Charling Cross Hospital, W.C.	Field Force, South Africa.
790	GILBERT, Beatrice	Aug. 13, 1900	Mill Road Infirmary, Liverpool	Military Hospital, Portsmouth.
426	GILL, Annie Warren	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
435	GILLAM, Mary Ellen	Mar. 16, 1900	Middlesex Hospital, W.	Field Force, South Africa.
214	GILMORE, Mary Gertrude	Jan. 16, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
656	GILLESPIE, Grace Margaret	July 2, 1900	General Infirmary, Northampton	Field Force, South Africa.
272	GLEDHILL, Florence Louisa	Feb. 9, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
348	GLENN, Mary ..	Feb. 23, 1900	St. Marylebone Inf., Notting Hill, W.	Military Hospital, Aldershot.
372	GOLBY, Margaret Ann	Mar. 2, 1900	Infirmary, Leicester	Field Force, South Africa.
182	GOLDMANTON, Maud	Jan. 2, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
482	GOODMAN, Maud	Mar. 23, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
377	GOULD, Edith Mary	Mar. 2, 1900	University College Hospital, W.C.	Field Force, South Africa.
85	GORDON, Martha Lancelot	July 9, 1897	Western Infirmary, Glasgow	Field Force, South Africa.
660	GORDON, Mary Isabella	July 2, 1900	Royal Infirmary, Perth	Field Force, South Africa.
540	GORDON-CUMMING, Mary Bertha	May 4, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Rochester Row, S.W.
705	GORE, Amelia ..	July 11, 1900	London Hospital, E.	Field Force, South Africa.
54	GRAMAN-KELL, Laura G.	May 14, 1897	Adelaide Hospital, Dublin	Field Force, South Africa.
506	GRANMER, Helen Maria	May 31, 1900	Royal Infirmary, Bristol	Military Hospital, Aldershot.
630	GRANT, Mary Ann Catherine	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
555	GRAY, Elizabeth ..	May 12, 1900	Infirmary, Stafford	Field Force, South Africa.
35	GRAY, Elizabeth White	May 7, 1897	Royal Hospital, Sal- ford	Field Force, South Africa.
627	GRAYSON, Florence	July 2, 1900	Infirmary, Paisley	Field Force, South Africa.
332	GREGORY, Annie Elizabeth	Feb. 23, 1900	General Hospital, Birmingham	Field Force, South Africa.
162	GREEN, Lillian Mary	Oct. 13, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
131	GREENHAM, Mary Elizabeth	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
545	GREWIER, Isabella	May 4, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
78	Grierson, Isabel...	July 9, 1897	Royal Infirmary, Edinburgh	Resigned.
227	GRIFFITH, Rachel	Jan. 23, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
510	GRIFFITHS, Rosetta	Apr. 4, 1900	St. George's Hospital, S.W.	Military Hospital, Chatham.
775	GROSVENOR, Kate Fanny	July 24, 1900	Royal Haads County Hosp., Winchester	Military Hospital, Aldershot.
551	GUTTBRIDGE, Annie Marshall	May 12, 1900	Crumphall Infirmary, Manchester	Field Force, South Africa.
738	HADSEN, Susan Williams Johnston	July 24, 1900	Barnsey Parish Hospital, Glasgow	Military Hospital, Aldershot.
776	HAINES, Norah Friday	July 24, 1900	Infirmary, Kensington, W.	Military Hospital, Devonport.
648	HAINES, Marjorie Emily	June 28, 1900	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
203	HALL, Emily Margaret Bonilla	Jan. 10, 1900	Middlesex Hospital, W.	Field Force, South Africa.
92	HALL, Frances M.	Feb. 11, 1899	Infirmary, Manchester	Field Force, South Africa.
554	HALLIDAY, Janet	May 12, 1900	Dumfriesshire & Galloway Royal Inf.	Field Force, South Africa.
451	HALLIWELL, Elizabeth Maude	Mar. 16, 1900	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
296	HAMILTON, Catherine	Feb. 9, 1900	Royal Hospital, Salford	Field Force, South Africa.
126	HAMILTON, Elizabeth Maude	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
710	HANBURY, Cecil Georgina	July 11, 1900	London Hospital, E.	Field Force, South Africa.
270	HANCOCK, Edith Athena	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
437	HAND, Louisa	Mar. 16, 1900	Warneford Hospital, Leamington	Field Force, South Africa.
349	HANSON, Mary Machin	Feb. 23, 1900	St. Mary's Hospital, Paddington, W.	Military Hospital, Gibraltar.
11	HARDING, Mary Elad	May 2, 1897	Royal Infirmary, Edinburgh	Appointed to the Army Nursing Service.
181	HARDING, Nettie F.	Dec. 1, 1899	Adelaide Hospital, Dublin	Military Hospital, Devonport.
696	HARLAND, Susan	July 2, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
216	HARRIS, Ethel A.	Jan. 29, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
45	HARRIS, Ada Marion	May 14, 1897	Royal Free Hospital, W.C.	Plague duty in India.
592	HARRIS, Charlotte	June 14, 1900	St. George's Hospital, Bombay	Military Hospital, The Curragh.
23	HARRIS, Mary Louise	June 30, 1899	Royal Free Hospital, W.C.	Field Force, South Africa.
628	HARRISON, Annie Margaret	June 19, 1900	Queen's Hospital, Birmingham	Military Hospital, York.
820	HARRISON, Charlotte Handwick	Aug. 27, 1900	Royal Hospital, Portsmouth	Engaged in private nursing.
760	HAROLD, Mabel W.	July 21, 1900	General Hospital, Harbled	Engaged in private nursing.
417	HARVEY, Cecile Maud	Mar. 9, 1900	General Hospital, Tunbridge Wells	Field Force, South Africa.
303	HAY, Emily Henrietta	Mar. 9, 1900	Royal S. Haads Infirmary, Southampton	Field Force, South Africa.
618	HAY, Mary	June 16, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
379	HAYDON, Eleanor Mildred	Mar. 2, 1900	London Homeopathic Hosp., W.C.	Field Force, South Africa.
103	HEALE, Lillian Frances Mary	Oct. 13, 1899	West Kent General Hosp., Maidstone	Engaged in private nursing.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
735	HEALING, Nelly Bowdler	July 11, 1900	West Bromwich District Hospital	Military Hospital, Gosport.
608	HEATON-COLE, Emilie	June 16, 1900	General Hospital, Salisbury	Field Force, South Africa.
609	HENDERSON, Annie	July 2, 1900	City of Glasgow Fever Hospital	Field Force, South Africa.
458	HENDERSON, Helen Jane	Mar. 23, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
459	HENDERSON, Mary	Mar. 23, 1900	Royal Infirmary, Perth	Field Force, South Africa.
79	HERRING, Maida	Nov. 26, 1897	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
421	HERRIOT, Elphinstone Margaret	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
225	HESLOP, Agatha Alice Conlley	Jan. 29, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
411	HILL, Amy Agnes Sarah	Mar. 9, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
229	HILL, Amy Bland	May 4, 1900	New York Hospital, U.S.A.	Field Force, South Africa.
50	HILL, Anna	Apr. 22, 1897	General Hospital, Birmingham	Field Force, South Africa.
712	HILL, Elizabeth Bridges	July 24, 1900	Charling Cross Hospital, W.C.	Military Hospital, Dover.
123	HILL, Lavinia Doreen	Oct. 31, 1899	Royal Infirmary, Dundee	Field Force, South Africa.
194	HILSON, Alice	Oct. 13, 1899	Western Infirmary, Glasgow	Field Force, South Africa.
286	HILSON, Maud	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
757	HINTON, Louisa Maria	July 24, 1900	Mull Road Infirmary, Liverpool	Military Hospital, Devon.
231	HISLOP, Alice Frances	Jan. 31, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
213	HOARE, Brenda Marie	Jan. 16, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
470	HOBBS, Annie Frances	Mar. 23, 1900	Adelaide Hospital, Dublin	Field Force, South Africa.
187	HOBBS, Grace Florence	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
558	HODGES, Mildred	May 12, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
684	HODGINS, Florence May	July 2, 1900	Metropolitan Hospital, N.E.	Field Force, South Africa.
728	HODGKIN, Catherine	July 11, 1900	London Hospital, E.	Military Hospital, Aldershot.
801	HODGSON, Edith Mary	Aug. 13, 1900	Chorlton Infirmary, Manchester	Military Hospital, Aldershot.
34	HOGARTH, Helen	Oct. 21, 1898	Kensington Infirmary, W.	Field Force, South Africa.
210	HOLCROFT, Frances Caroline Agnes	Jan. 10, 1900	London Hospital, E.	Field Force, South Africa.
719	HOLLOWAY, Margaret Matilda	July 11, 1900	London Hospital, E.	Field Force, South Africa.
562	HOLMES, Amy Elizabeth	May 13, 1900	New York Hospital, U.S.A.	Field Force, South Africa.
103	HOLMES, Florence	Oct. 13, 1899	Royal Infirmary, Glasgow	Field Force, South Africa.
176	HOOK, Anna Delicia	Dec. 1, 1899	Derbyshire Royal Infirmary, Derby	Field Force, South Africa.
813	HOOKER, Ada Ann	Aug. 23, 1900	County Hospital, Lincoln	Military Hospital, Caterham.
309	HOPKINS, Martha A. E.	Mar. 9, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
341	HORNBY, Mary	Feb. 23, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
673	HOSELEY, Edith Helen	July 2, 1900	General Infirmary, Leeds	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
817	HOBLEY, Sara ..	Aug. 25, 1900	Infirmary, Oldham	Military Hospital, Glasgow.
866	HOWARD, Annie	May 31, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
37	HOWARD, Ellen	May 7, 1897	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
815	HOWARD, Harriet Rhoda	Aug. 24, 1900	St. John's Hospital, Halifax	Military Hospital, Edinburgh.
106	HOWELL, Margaret Evelyn	Oct. 13, 1899	Great Northern Central Hospital, N.	Field Force, South Africa.
49	HUMPHREY, Rose Alice	Apr. 25, 1897	Claring Cross Hospital, W.C.	Field Force, South Africa.
721	HUMPHREYS, Elizabeth	July 11, 1900	London Hospital, E.	Field Force, South Africa.
548	HUTCHINSON, Martha James	May 12, 1900	Seamen's Hospital, Greenwich, S.E.	Field Force, South Africa.
312	HUTCHINSON, Bertha Ellen	Feb. 9, 1900	University College Hospital, W.C.	Field Force, South Africa.
531	HYLAND, Dorinda Bessie	May 4, 1900	General Hospital, Birmingham	Field Force, South Africa.
678	LELAND, Mary Elizabeth	July 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
334	JACKMAN, Louisa	Feb. 21, 1900	St. Pancras Infirmary, N.	Military Hospital, Egypt.
462	JACKSON, Annie Blanche	Mar. 23, 1900	Royal Hospital, Salford	Field Force, South Africa.
87	JACKSON, Edith C. H.	Oct. 21, 1898	House of Industry Hospitals, Dublin	Resigned.
585	JACOB, Amy Constance	May 31, 1900	Moat Hosp. and Co. of Dublin Infirmary	Military Hospital, Colchester.
342	JACQUES, Frances ..	Feb. 23, 1900	Essex Infirmary, Oxford	Military Hospital, Malta.
702	JARVIS, Eleanor ..	July 7, 1900	Royal Infirmary, Bradford	Herbert Hospital, Woolwich.
285	JAYNE, Elizabeth Wilson	Feb. 9, 1900	Infirmary, Cardiff	Field Force, South Africa.
19	Jeffery, Mary E. ..	May 6, 1897	General Hospital, Bristol	Resigned.
275	JEPSON, Margaret Nola	Feb. 9, 1900	Claring Cross Hospital, W.C.	Field Force, South Africa.
330	JOB, Amy Bertha	Feb. 16, 1900	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
505	JOHNSON, Eleanor	May 15, 1900	Fulham and Hammer-smith Infirmary	Field Force, South Africa.
690	JOHNSON, Ellen ..	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
729	JOHNSTON, Alice Susan	July 11, 1900	King's College Hospital, W.C.	Military Hospital, Cork.
67	JOHNSTON, Gertrude	Apr. 9, 1897	Royal Infirmary, Liverpool	Field Force, South Africa.
511	JOHNSTON, Missie	Apr. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
556	JONES, Ada ..	May 12, 1900	Wolverhampton and Staffs. Gen. Hosp.	Field Force, South Africa.
814	JONES, Amy Louise	Aug. 24, 1900	Infirmary, Kidderminster	Military Hospital, Edinburgh.
204	JONES, Beatrice Isabel	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
144	JONES, Clemence May	Dec. 1, 1899	Royal Southern Hospital, Liverpool	Field Force, South Africa.
222	Jones, Elizabeth C. Stuart	Feb. 16, 1900	Royal Infirmary, Preston	Died at Eloufentia, May 15, 1900.
781	JONES, Emily ..	Aug. 1, 1900	Stanley Hospital, Liverpool	Military Hospital, Colchester.
506	JONES, Mary Eleanor	Apr. 2, 1900	Royal Infirmary, Manchester	Field Force, South Africa.
416	JONES, Mary Gwendolyn	Mar. 9, 1900	General Hospital, Cheltenham	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
192	JOSCELYNE, Alice Emma	Jan. 10, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
190	KENNE, Ethel Julia Marian	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
740	KEMP, Clementina	July 24, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
107	KENDALL, Maudie Winifride Bird	Oct. 13, 1899	Infirmary, Cardiff	Field Force, South Africa.
679	KENT, Edith Mabel	July 2, 1900	Royal Infirmary, Derby	Field Force, South Africa.
484	KING, Edith Mary	Mar. 28, 1900	Hastings and East Sussex Hospital	Field Force, South Africa.
485	KING, Kate Eliza	Mar. 28, 1900	King's College Hospital, W.C.	Field Force, South Africa.
118	KING, Margaret Boyd	Oct. 31, 1899	St. George's Hospital, S.W.	Field Force, South Africa.
404	KINDSAR, Lena	Mar. 9, 1900	Infirmary, Kennington, W.	Field Force, South Africa.
378	KIRKBRIDE, Sarah Agnes	Mar. 2, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
9	KITCHING, Evelyn	Mar. 1, 1897	Roadside Infirmary, Oxford	Field Force, South Africa.
184	KNAGGS, Amy ..	Jan. 10, 1900	Roadside Infirmary, Oxford	Field Force, South Africa.
200	LAMB, Violet Isabel	Jan. 10, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
403	LAMIE, Isabella Sterling	Mar. 9, 1900	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
234	LAMBERT, Florence Bartolough	Feb. 2, 1900	Newcastle-on-Tyne London Hospital, E.	Field Force, South Africa.
386	LAMMING, Susanna	Mar. 9, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
287	LAMONT, Catherine	Feb. 9, 1900	Infirmary, Greenock	Field Force, South Africa.
219	LANGCASTER, Bertha	Jan. 29, 1900	University College Hospital, W.C.	Field Force, South Africa.
456	LANGSHAW, Adeline Louisa	Mar. 25, 1900	King's College Hospital, W.C.	Field Force, South Africa.
381	LANTON, Susan Beatrice	Mar. 2, 1900	Homoeopathic Hospital, London, W.C.	Field Force, South Africa.
273	LATRAM, Annie Victoria	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
71	LAUGHTON, E. ..	Apr. 22, 1897	Royal Southern Hospital, Liverpool	Field Force, South Africa.
143	LAWLESS, Rosa ..	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
757	LAWRENCE, Anita	Aug. 1, 1900	Royal United Hospital, Bath	Military Hospital, Portsmouth.
279	LAWRENCE, Eleanor Constance	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
196	LAWRENCE, Helen Anderson	Jan. 10, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
712	LAWSON, Isabel ..	July 11, 1900	London Hospital, E.	Field Force, South Africa.
149	LEAKSMOUTH, Florence Nina	Dec. 8, 1899	Royal Hants County Hosp., Winchester	Field Force, South Africa.
228	LEE, Edith Alice	Jan. 29, 1900	London Hospital, E.	Field Force, South Africa.
217	LEIGHTON, Evelyn Constance Owen	Jan. 29, 1900	King's College Hospital, W.C.	Field Force, South Africa.
321	LENDON, Edith May	Feb. 16, 1900	London Hospital, E.	Field Force, South Africa.
305	LENS, Missie ..	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
19	LEONARD, May ..	Oct. 21, 1898	Master Misericordia Hospital, Dublin	Field Force, South Africa.
501	LEWIS, Elizabeth	Apr. 2, 1900	S.W. and Monmouthshire Infirmary, Cardiff	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
525	LELL, Agnes Sarah	May 4, 1900	London Hospital, E.	Field Force, South Africa.
78	LEIGHTFOOT, Mary Frances	Jan. 2, 1900	King's College Hospital, W.C.	Field Force, South Africa.
378	LINDSAY, Amy Couper	Mar. 2, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
805	LINDSAY, Florence May Caroline	Aug. 15, 1900	Royal Infirmary, Freetown	Military Hospital, Canterbury.
329	LIPFATT, Margaret	Feb. 16, 1900	General Hospital, Bristol	Field Force, South Africa.
383	LITTLE, Mary	Mar. 2, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
430	LIOTTE, Edith Constance	Mar. 16, 1900	General Hospital, Bristol	Field Force, South Africa.
729	LIOTTE, Edith Beatrice	July 11, 1900	London Hospital, E.	Field Force, South Africa.
733	LIOTTE, Margaret	July 11, 1900	Guy's Hospital, S.E.	Royal Victoria Hospital, Netley.
508	LIOTTE, Mary Anna	Apr. 2, 1900	General Hospital, Bristol	Field Force, South Africa.
90	LONGHURST, Geraldine Arden	Feb. 11, 1900	Sussex County Hospital, Brighton	Engaged in private nursing.
202	LOVEDAY, Mary L.	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
155	LOVETT, Isabella	Dec. 8, 1899	Charing Cross Hospital, W.C.	Field Force, South Africa.
157	Low, Sarah Georgia	Dec. 8, 1899	St. George's Hospital, S.W.	Did not depart, April 20, 1900.
811	Low, Ellen Jane	Aug. 22, 1900	St. George's Hospital, S.W.	Herbert Hospital, Woolwich.
428	Low, Frances Ann	Mar. 16, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
37	LOWE, Maud	Mar. 26, 1897	Royal Free Hospital, W.C.	Field Force, South Africa.
588	LEAH, Kate Evelyn	May 31, 1900	King's College Hospital, W.C.	Field Force, South Africa.
713	LECKIE, Harriet Olsson	July 11, 1900	London Hospital, E.	Field Force, South Africa.
593	LEWIS, Eugenia	June 14, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Portsmouth.
788	LEWIS, Amy	Aug. 1, 1900	Infirmary, Bridgewater	Royal Victoria Hospital, Netley.
722	LINCH, May	July 24, 1900	Mater Misericordiae Hospital, Dublin	Field Force, South Africa.
324	MACADAM, Mary Edith	Feb. 16, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
135	MACAULEY, Emma Maud	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
108	MACCARTHY, Myra O'Connell	Oct. 13, 1899	General Hospital, Nottingham	Field Force, South Africa.
602	MACCLOCH, Agnes Isabel	July 2, 1900	Infirmary, Sunderland	Field Force, South Africa.
460	MACDONALD, Annie Dettus	Mar. 23, 1900	Infirmary, Carlisle	Military Hospital, Portsmouth.
499	MACDONALD, Flora	Mar. 28, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
578	MACDONALD, Mary Alexander	May 31, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
520	MACDONNELL, Annie Maud	May 4, 1900	Sir Patrick Dun's Hospital, Dublin	Field Force, South Africa.
319	MACDONNELL, Mary H. McGill	Feb. 13, 1900	Infirmary, Sunderland	Field Force, South Africa.
356	MACDONNELL, Katherine	Mar. 2, 1900	Royal Southern Hospital, Liverpool	Field Force, South Africa.
153	McGOWAN, Chloe Stanley	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
630	McINTOSH, Annie Margaret	June 19, 1900	Royal Infirmary, Dundee	Field Force, South Africa.

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640	McINTOSH, Enid	June 22, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
620	McINTOSH, Margaret MacLaren	June 19, 1900	Barney Parish Hospital, Glasgow	Field Force, South Africa.
47	MACKAY, Barbara	May 14, 1897	Infirmary, Chelsea, S.W.	Infirmary, Chelsea.
533	MACKENZIE, Annie	May 4, 1900	General Infirmary, Gloucester	Field Force, South Africa.
638	MACKENZIE, Ann Robertson	July 2, 1900	Royal Infirmary, Perth	Field Force, South Africa.
601	McLENN, Jane	June 14, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
681	McLENN, Margaret	July 2, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
522	McLENN, Margaret Helen	May 4, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
671	McLENN, Annie	July 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
516	McLENN, Annie	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
325	McLENN, Mary	Feb. 16, 1900	Infirmary, Paisley	Field Force, South Africa.
88	MACMANAWAY, Kathleen Augusta	Oct. 21, 1898	Crummell Infirmary, Manchester	Field Force, South Africa.
591	McNAUL, Mary Jane	June 14, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
24	McNEILL, Minnie Orr	July 9, 1897	Royal Hospital, Belfast	Field Force, South Africa.
756	MACPHERSON, Catherine	July 24, 1900	Western Infirmary, Glasgow	Military Hospital, Rochester Row, S.W.
539	MACPHERSON, Elizabeth Catherine	Jan. 30, 1900	Cumberland Infirmary, Carlisle	Field Force, South Africa.
374	MACLEAN, Elizabeth	Mar. 2, 1900	University College Hospital, W.C.	Field Force, South Africa.
11	MacLellan, Georgina Adeline	May 27, 1898	House of Industry Hospitals, Dublin	Appointed to the Army Nursing Service.
735	MALE, Gertrude Elizabeth	July 24, 1900	Royal Hanley County Hosp., Worcester	Military Hospital, Shorncliffe.
552	Malist, Henrietta	Feb. 25, 1900	St. Bartholomew's Hospital, E.C.	Resigned.
20	March, Martha	May 1, 1897	Cumberland Infirmary, Carlisle	Appointed to the Army Nursing Service.
706	MARSH, Caroline Eleanor Elizabeth	July 11, 1900	London Hospital, E.	Field Force, South Africa.
665	MARSHALL, Elizabeth	July 2, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
818	MARSHALL, Selina Agnes	Aug. 25, 1900	Tottenham Hospital, N.	Military Hospital, Portsmouth.
161	MARTIN, Annie Nottingham	Dec. 1, 1899	St. Marylebone Infirmary, Notting Hill, W.	Field Force, South Africa.
505	MARTIN, Mary J.	Apr. 2, 1900	Middlesex Hospital, W.	Field Force, South Africa.
727	MASON, Harriett Helen	July 11, 1900	Royal Hospital, Portsmouth	Military Hospital, Aldershot.
607	MASON, Jessie	June 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
25	MASSEY, Winifred Gertrude	June 20, 1899	West Ham Hospital, Stratford, E.	Field Force, South Africa.
500	MATHESON, Annie	Apr. 4, 1900	Worcester Infirmary, Worcester	Field Force, South Africa.
641	MAYERS, Maud	June 22, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
538	Maw, Grace Hilda	June 14, 1900	St. Bartholomew's Hospital, E.C.	Resigned.
524	MAY, Mary Frances	May 4, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
540	MAZECCCHI, Elizabeth Margaret	May 12, 1900	Worcester Hospital, Leamington	Field Force, South Africa.

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700	MEADE, Margaret	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
464	MEANT, Catherine	Mar. 23, 1900	Royal Hospital, Salford	Field Force, South Africa.
480	MEER, Mary Campbell	Mar. 28, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
373	MELIA, Caroline Mary	Mar. 2, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
792	MENAGH, Catherine Elizabeth	Aug. 1, 1900	Royal City of Dublin Hospital	Military Hospital, Dorchester.
430	MILN, Mary J.	Mar. 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
739	MILAN, Hannah Connell	July 24, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
625	MILLINGTON, Mary	June 19, 1900	Blackburn & E. Lancashire Infirmary, Dundee	Field Force, South Africa.
676	MILNE, Maggie Smith	July 2, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
659	MINTON, Lizzie Dyko	July 2, 1900	University College Hospital, W.C.	Field Force, South Africa.
419	MITCHELL, Jessie	Mar. 16, 1900	Infirmary, Leicester	Field Force, South Africa.
741	MITCHELL, Lillian Eliso	July 24, 1900	Royal Infirmary, Manchester	Military Hospital, Chatham.
350	MOFFAT, Annie Isabella	Feb. 23, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
736	MOFFAT, Elizabeth Milford	July 11, 1900	Meath Hospital, Dublin	Military Hospital, Winchester.
168	MONCK-MASON, Edith Mary	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
465	MONK, Laura Maud	Mar. 23, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
472	MOORE, Edith	Mar. 23, 1900	General Infirmary, Huddersfield	Field Force, South Africa.
63	MOON, Mabel Edith	Oct. 21, 1898	London Temperance Hospital, N.W.	Resigned.
580	MOORE, Maria	May 31, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
74	MORAN, Georgiana Emma	July 9, 1897	Middlesex Hospital, W.	Field Force, South Africa.
754	MORRISON, Margaret	July 24, 1900	Royal Infirmary, Edinburgh	Military Hospital, Portsmouth.
720	MORTIMER, Jessie Mary	July 11, 1900	Coventry and Warwickshire Hosp. Bath	Military Hospital, Cork.
113	MOUTT, Jessie Eliza	Oct. 31, 1899	Royal Hospital, Portsmouth	Field Force, South Africa.
680	MOXON, Gertrude Charlotte	July 2, 1900	Royal Infirmary, Portsmouth	Field Force, South Africa.
70	MOXON, Katherine Alice	Apr. 22, 1897	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
478	MURDOCH, Ida	Mar. 23, 1900	Infirmary, Oldham	Field Force, South Africa.
153	MURPHY, Ada	Dec. 8, 1899	Great Northern Central Hospital, N.	Field Force, South Africa.
109	MURPHY, Mary Lillian	Oct. 13, 1899	General Infirmary, Northampton	Field Force, South Africa.
496	MYRHO, Ada Ruth	Mar. 28, 1900	St. George's Infirmary, Fulham Road, S.W.	Field Force, South Africa.
346	NAPLES, Georgina Anne Emily	Feb. 23, 1900	Royal Hants County Hosp., Winchester	Field Force, South Africa.
802	NEVILLE, Marie	Aug. 13, 1900	St. Vincent's Hospital, Dublin	Military Hospital, Portsmouth.
782	NEWBOLD, Ellen	Aug. 1, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Colchester.
765	NEWTON, Ellen	July 24, 1900	Mill Road Infirmary, Liverpool	Military Hospital, Aldershot.
228	NEWTON, Nettie Esther	Feb. 9, 1900	Seamen's Hospital, Greenwich, S.E.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
642	NIBBET, Catherine Emily	June 28, 1900	King's College Hospital, W.C.	Field Force, South Africa.
8	NIBLE, Alice Beatrice	Mar. 1, 1897	Royal Hospital, Sheffield	Field Force, South Africa.
110	NOLLE, Lucy Constance Meta	Oct. 13, 1899	Great Northern Central Hospital, N.	Field Force, South Africa.
371	NOLAN, Alice Georgina	May 15, 1900	Royal City of Dublin Hospital	Military Hospital, Aldershot.
572	NOLAN, Caroline	May 15, 1900	Royal City of Dublin Hospital	Military Hospital, Aldershot.
130	NORMAN, Adelaide Maud	Dec. 1, 1899	General Hospital, Birmingham	Resigned.
397	NORTHAM, Edith Jane	Mar. 9, 1900	Royal S. Hants Infirmary, Southampton	Field Force, South Africa.
83	NUTTALL, Margaret Beauchamp	Feb. 4, 1898	Arms Hospital, Manchester	Field Force, South Africa.
374	NUTTER, Grace	Mar. 2, 1900	General Infirmary, Leeds	Field Force, South Africa.
603	O'CONNOR, Hannah Mary	July 2, 1900	Royal Portsmouth Hospital	Field Force, South Africa.
721	O'DONNELL, Mabel Catherine Knox	July 11, 1900	St. Bartholomew's Hospital, E.C.	Herbert Hospital, Woolwich.
730	O'FLAHERTY, Ann	July 21, 1900	Meath Hospital, Dublin	Military Hospital, Devonport.
686	O'NEILL, Ellen	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
135	O'NEILL, Mary E.	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
138	OSERSON, Jane Ann	Dec. 1, 1899	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
784	OSK, Joanne	Aug. 1, 1900	City and County Hospital, London	Military Hospital, Colchester.
151	O'SHEA, Lucy H. M.	Dec. 8, 1899	General Hospital, Hobart, Tasmania	Field Force, South Africa.
810	OWEN, Millicent	Aug. 15, 1900	Mill Road Infirmary, Liverpool	Military Hospital, Devonport.
205	OVERBEEK, Irene	Feb. 9, 1900	Her Majesty's Hospital, Stepney, E.	Field Force, South Africa.
487	OWEN, Emily Stanley	Mar. 28, 1900	Royal Infirmary, Derby	Field Force, South Africa.
504	OWEN, Mary E.	Apr. 2, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
773	PAGET, Annie	July 24, 1900	Royal City of Dublin Hospital	Military Hospital, Aldershot.
774	PAGET, Jane	July 24, 1900	Royal City of Dublin Hospital	Military Hospital, Aldershot.
392	PALLOT, Adeline Annie	Mar. 9, 1900	Royal Hants County Hospital, Winchester	Field Force, South Africa.
17	PALMER, Dorothy Frances	Mar. 15, 1897	Aldershot's Hospital, Cambridge	Appointed to the Army Nursing Service.
761	PARKES, Martha Donaldson	July 24, 1900	Warwick Hospital, Leamington	Military Hospital, Aldershot.
714	PARKINER, Kate	July 11, 1900	London Hospital, E.	Field Force, South Africa.
509	PARKSON, Mabel	Mar. 28, 1900	Swansea General and Eye Hospital	Field Force, South Africa.
481	PATTERSON, Marion	Mar. 23, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
124	PERRIER, Mary	Oct. 31, 1899	University College Hospital, W.C.	Field Force, South Africa.
112	PERRIN, Louisa Barry	Jan. 2, 1900	Royal Infirmary, Exeter	Field Force, South Africa.
777	PENMAN, Kate	July 21, 1900	Royal Free Hospital, W.C.	Military Hospital, Wexley.
52	PENDRICK, Margaret	Mar. 19, 1897	Sussex County Hospital, Brighton	Field Force, South Africa.
388	PERCIVAL, Margaret	Mar. 9, 1900	Northern Hospital, Liverpool	Field Force, South Africa.

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68	PERTWEE, Mary Beatrice	Apr. 9, 1897	London Temperance Hospital, N.W.	Field Force, South Africa.
263	PETRUCCI, Ethel Mary	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
27	Phillips, Grace Margaret	July 28, 1897	Radcliffe Infirmary, Oxford	Appointed to the Army Nursing Service.
626	PHILLIPS, Jane Elizabeth	June 19, 1900	Barony Parish Hospital, Glasgow	Field Force, South Africa.
340	PHILP, Elsie Christian Russell	Feb. 23, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
467	PICK, Mary Louise	Mar. 23, 1900	Northern Hospital, Liverpool	Field Force, South Africa.
636	PICOTT, Kate Mary	June 22, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
127	PIERCE, Ada Louise	Jan. 29, 1900	Middlesex Hospital, W.	Field Force, South Africa.
493	PILMAN, Caroline Elphinstone	Mar. 28, 1900	Infirmary, Cardiff	Engaged in private nursing.
163	PLUMMETT, Ada Florence	Dec. 8, 1899	Adelaide Hospital, Dublin	Field Force, South Africa.
50	Poveck, Hilba Frances	May 27, 1898	West London Hospital, Hammermith, W.	Appointed to the Army Nursing Service.
208	POLLARD, Sevilla Florence	Jan. 16, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
333	POOLES, Winifred Mary	Feb. 16, 1900	Royal Infirmary, Bristol	Field Force, South Africa.
94	Porter, Edith ..	Feb. 11, 1899	London Temperance Hospital, N.W.	Resigned.
164	POTTS, Mary ..	Dec. 8, 1899	Royal Southern Hospital, Liverpool	Field Force, South Africa.
538	POULTER, Aline Marian	May 4, 1900	S. Devon and E. Corn. Hosp., Plymouth	Field Force, South Africa.
746	POWELL, Elizabeth Turner	July 24, 1900	Infirmary, Bolton ..	Military Hospital, Colchester.
215	POWELL, Mary K.	Jan. 16, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
438	PRANGLEY, Edith	Mar. 16, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
10	Pratt, Ethel Mary	May 1, 1897	Royal Infirmary, Manchester	Appointed to the Army Nursing Service.
179	PRETTY, Edith ..	Dec. 1, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
95	Price, Mabel ..	Feb. 11, 1899	London Temperance Hospital, N.W.	Resigned.
345	PRINCE-JONES, Rachel	Feb. 23, 1900	Royal United Hospital, Bath	Military Hospital, Gibraltar.
605	PRITCHARD, Jane Ellis	July 2, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
223	PRYDE, Dora ..	Jan. 23, 1900	St. Mary Abbott's Inf., Kensington, W.	Field Force, South Africa.
497	PUGH, Florence	Mar. 28, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
502	PUGH, Myfanwy Wenona	Apr. 2, 1900	General Hospital, Birmingham	Field Force, South Africa.
486	PURDY, Fanny Mary Gail	Mar. 28, 1900	General Infirmary, Leeds	Field Force, South Africa.
284	QUINN, Mary C. ..	Feb. 9, 1900	St. Vincent's Hospital, Dublin	Royal Victoria Hospital, Netley.
396	RAB, Mary ..	Mar. 9, 1900	Royal South Hants Inf., Southampton	Field Force, South Africa.
85	RAMRAY, Agnes ..	Oct. 21, 1898	Western Infirmary, Glasgow	Engaged in private nursing.
440	RANDOME, Mary Evelyn	Mar. 16, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
3	RAWLINGS, Ada Martha	Mar. 1, 1897	Royal Infirmary, Edinburgh	Plague duty in India.
796	READ, Alice Mary	Aug. 2, 1900	Middlesex Hospital, W.	Military Hospital, Parkhurst.

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432	REES, Alice Grace	Mar. 16, 1900	London Hospital, E.	Field Force, South Africa.
609	REILLY, Margaret Christian	June 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
748	REYNOLDS, Baltha ..	July 24, 1900	Royal Infirmary, Aberdeen	Military Hospital, Gosport.
763	REYNOLDS, Emily	July 24, 1900	Mill Road Infirmary, Liverpool	Military Hospital, Aldershot.
738	RHODES, Aloia Sheila	July 11, 1900	Meath Hospital, Dublin	Military Hospital, Gosport.
218	RHODES, Florence Adela	Feb. 15, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
175	RHODES, Florence Elizabeth	Dec. 18, 1899	General Hospital, Birmingham	Resigned.
366	Richards, Alice ..	Mar. 2, 1900	Addenbrooke's Hospital, Cambridge	Resigned.
53	RICHARDSON, Annie Isabel	Mar. 19, 1897	London Temperance Hospital, N.W.	Field Force, South Africa.
111	RICHARDSON, Elsie	Oct. 13, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
354	RICHARDSON, Helen	May 4, 1900	Royal Infirmary, Perth	Field Force, South Africa.
541	RICHARDSON, Mary Elizabeth	May 4, 1900	General Hospital, Nottingham	Field Force, South Africa.
725	RICHMOND, Sarah Elizabeth	July 11, 1900	Beckett Hospital, Burnley, Yorks	Herbert Hospital, Woolwich.
488	RICKARDS, Dora Isabel	Mar. 28, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
418	RICKARDS, Mildred Amytag	Mar. 16, 1900	General Hospital, Paddington, W.	Field Force, South Africa.
617	RIDER, Catherine	June 28, 1900	Her Majesty's Hospital, Surrey, E.	Field Force, South Africa.
490	RIDLEY, Fanny Ellen	Mar. 28, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
441	RIDLEY, Annie ..	Mar. 16, 1900	Northern Hospital, Liverpool	Field Force, South Africa.
546	ROBERTS, Ida Henrietta	May 4, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
716	ROBERTSON, Jane Buchan	July 11, 1900	London Hospital, E.	Field Force, South Africa.
597	ROBERTS, Eva Jane Mary	June 14, 1900	Royal City of Dublin Hospital	Military Hospital, Colchester.
289	ROCHE, Mildred ..	Feb. 9, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
631	ROGERS, Amy ..	June 28, 1900	Addenbrooke's Hospital, Cambridge	Field Force, South Africa.
575	ROGERS, Annie Grace	May 31, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
743	ROGERS, Clara Marinda Cordingley	July 24, 1900	General Infirmary, Bradford	Herbert Hospital, Woolwich.
381	ROGERS, Janet Elizabeth	Mar. 9, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
528	ROGERS, Mabel ..	May 4, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
168	ROLLESTON, Rose-mond Grace	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
749	ROSE, Louis Clara	July 24, 1900	Western Infirmary, Glasgow	Military Hospital, Rochester Row, S.W.
232	ROSE, Hilda ..	Feb. 2, 1900	Basildon Infirmary, Oxford	Field Force, South Africa.
697	ROOSEY, Florence	July 2, 1900	General Hospital, Birmingham	Royal Victoria Hospital, Netley.
812	ROSCOE, Beatrice ..	Aug. 22, 1900	Royal Portsmouth Hospital	Military Hospital, Aldershot.
412	ROSE, Annie MacLeod	Mar. 9, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
269	ROSEWILL, Minnie Eliza	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.

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166	ROWLEY, Emily	Dec. 8, 1899	Wellington Hospital, New Zealand	Field Force, South Africa.
173	RUSSELL, Frances	Dec. 1, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
183	Sabey, Margaret ..	Jan. 10, 1900	Great Northern Central Hospital, N.	Resigned.
337	Sage, Florence Louisa	Feb. 23, 1900	Taunton and Somerset Hospital	Dead at Springfontein, June 15, 1900.
46	SAUNDERS, Emily	May 14, 1897	Royal Berks Hospital, Reading	Field Force, South Africa.
803	SANDERS, Isabella Emily	Aug. 13, 1900	London Hospital, E.	Military Hospital, Portsmouth.
453	SANDS, Louisa ..	Mar. 22, 1900	General Hospital, Cleator	Field Force, South Africa.
237	SCANTLEBURY, Emily Ann	May 4, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
791	SCHLEIMANN, Sophie Catherine	Aug. 1, 1900	Ancoats Hospital, Manchester	Military Hospital, Devises.
264	SCHUB, Pauline ..	Mar. 2, 1900	King's College Hospital, W.C.	Field Force, South Africa.
328	SCHROEDER, Lotta ..	Feb. 16, 1900	Royal Infirmary, Liverpool	Field Force, South Africa.
698	SCOTT, Frances Elizabeth	July 2, 1900	Moath Hospital, Dublin	Military Hospital, Aldershot.
172	SCOTT, Marion Elizabeth	Dec. 18, 1899	Royal Albert Edward Infirmary, Wigan	Field Force, South Africa.
576	SEARLE, Ida Mary	May 31, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
564	SEEDON-SMITH, Edith	May 15, 1900	King's College Hospital, W.C.	Field Force, South Africa.
112	SELIGSMAN, Louisa Augusta Henrietta	Oct. 13, 1899	Royal Infirmary, Glasgow	Field Force, South Africa.
476	SHANNON, Elizabeth Cochran	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
614	SHARP, Emily Kate	June 28, 1900	Royal Berks Hospital, Reading	Field Force, South Africa.
394	SHAW, Hannah M.	Mar. 9, 1900	University College Hospital, W.C.	Field Force, South Africa.
103	SHAW-HOLLIER, Caroline Augusta	Dec. 1, 1899	Kimberley Hospital	Field Force, South Africa.
622	SHELLEY, Grace Lilian	June 19, 1900	Grosvenor Hospital, Dudley	Field Force, South Africa.
332	SHEPHERD, Leila	Feb. 16, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
354	SHERIFF, Elizabeth Fyner	Feb. 16, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
643	SHEPHERD, Daisy ..	June 14, 1900	Royal Hospital, Belfast	Field Force, South Africa.
34	Shells, Alexandra	May 7, 1897	Barrow-in-Furness Hospital	Resigned.
573	SHOEN, Florence Nightingale ..	May 18, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
672	SIDGONS, Anne Sarah	July 2, 1900	Infirmary, Greenock	Field Force, South Africa.
410	SIDLEY, Margaret ..	Mar. 9, 1900	London Hospital, E.	Field Force, South Africa.
95	SKILLMAN, Jane Elizabeth	Jan. 2, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
209	SMALLWOOD, Florence	June 14, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
407	SMITH, Alice Leo	Mar. 9, 1900	Royal S. Hanley Infirmary, Southampton	Field Force, South Africa.
125	SMITH, Annie Beadmore	Oct. 31, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
594	SMITH, Annie Elizabeth	June 14, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
518	SMITH, Edith ..	May 4, 1900	Royal Infirmary, Perth	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
645	SMITH, Elizabeth Claugrose	June 28, 1900	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
722	SMITH, Ellen Mary	June 28, 1900	London Hospital, E.	Field Force, South Africa.
632	SMITH, Florence Jessie Ellen	July 11, 1900	St. Saviour's Infirmary, East Dulwich, S.E.	Field Force, South Africa.
304	SMITH, Julia Eliza	June 14, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
418	SMITH, Lillian ..	Mar. 9, 1900	Royal Hospital, Salisbury	Field Force, South Africa.
21	SMYTH, Susan ..	May 1, 1897	Charing Cross Hospital, W.C.	Field Force, South Africa.
292	SMYTH, Edith Annie	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
282	SMYTH, Lucy Edith	Feb. 9, 1900	Northern Hospital, Liverpool	Field Force, South Africa.
100	SNELL, Dorothy Annie	Dec. 8, 1899	Housewife Hospital, W.C.	Field Force, South Africa.
188	SOLAY, Ethel Elsie	Jan. 10, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
654	SPENCE, Jamina ..	July 2, 1900	Chertsey Infirmary, Manchester	Field Force, South Africa.
744	SPENCER, Mary Jane	July 24, 1900	Barnsley Parish Hospital, Glasgow	Herbert Hospital, Woolwich.
26	SPOONER, Annie ..	Mar. 25, 1897	Royal Free Hospital, W.C.	Field Force, South Africa.
707	SPURGE, Violet Phoebe	July 11, 1900	London Hospital, E.	Field Force, South Africa.
503	Stanley, Helen W.	Dec. 8, 1899	Royal Infirmary, Adelaide	Resigned.
66	STANHAM, Anna Katharine	Oct. 21, 1898	Sussex County Hospital, Brighton	Field Force, South Africa.
39	Stand, Rose Elizabeth	Oct. 21, 1898	Addiscombe Hospital, Dublin	Resigned.
461	STEPHENSON, Margaret	Mar. 23, 1900	Dunfermline & Gallop R. Infirmary	Military Hospital, Portsmouth.
603	STEPHENSON, Jessie Russell	July 2, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
277	STEPHENSON, Lillian	Feb. 9, 1900	Royal Southern Hospital, Liverpool	Field Force, South Africa.
779	STEPHENSON, Marion	Aug. 1, 1900	Mill Road Infirmary, Liverpool	Military Hospital, Norwich.
116	STEPHENSON, Mary Douglas	Jan. 25, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
6	Stewart, Alice Violet	May 1, 1897	Royal Devon and Exeter Hospital	Appointed to the Indian Nursing Service.
197	STONEHOUSE, Edith Jane	Jan. 10, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
479	STONE, Anna Lina	Mar. 23, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
638	STRAMAN, Charlotte	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
130	STRANDMAN, Nanette Goff	Dec. 18, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
513	STRONACH, Catharine Goddes	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
126	STYLES, Georgina Gavilla	Oct. 31, 1899	St. Bartholomew's Hosp., Rochester	Field Force, South Africa.
281	SWART, Hannah ..	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
609	SWITCLIFFE, Nora Louise	Aug. 15, 1900	Royal Devon and Exeter Hospital	Military Hospital, Devonport.
734	SUTTON, Ada ..	July 11, 1900	Guy's Hospital, S.E.	Royal Infirmary, Dublin.
561	SUTTON, Ellen	May 12, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
442	SWANSON, Kate	Mar. 16, 1900	St. George's Hospital, S.W.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
491	SWAIN, Helen ..	Mar. 28, 1900	Royal Berks In- firm, Reading	Field Force, South Africa.
582	SYKES, Florence ..	May 31, 1900	General Infirmary, Salford	Field Force, South Africa.
557	SYMONS, Amy Gertude	May 12, 1900	Royal Hospital, Portsmouth	Military Hospital, Hillen.
568	SYDIEFANKE, Ida Kathleen	May 15, 1900	King's College Hos- pital, W.C.	Field Force, South Africa.
82	TABUTEAU, Naomi Constance Plunket	Feb. 4, 1898	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
344	TAIT, Evelyn Rosina	Feb. 23, 1900	Royal Infirmary, Liverpool	Field Force, South Africa.
579	TALBOT, Rosale Isabella	May 31, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
147	TALBOT, May ..	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
436	TARRICK, Rhoda Emma	May 4, 1900	Royal Hospital, Sal- ford	Field Force, South Africa.
711	TATE, Maud Ellen	July 11, 1900	Metropolitan Hos- pital, N.E.	Field Force, South Africa.
287	TAYLOR, Christine Kate Tutkhill	Mar. 9, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
191	TAYLOR, Elizabeth	Jan. 10, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
33	TEEDSALL, Adelaide	Apr. 28, 1897	Gov. Hosp., Adelaide, S. Australia	Field Force, South Africa.
643	TEMPLETON, Nellie Maud	June 28, 1900	Royal Berks Hos- pital, Reading	Field Force, South Africa.
41	TERRELL, Edith	May 14, 1897	St. Bartholomew's Hospital, E.C.	Resigned.
413	TERREY, Catherine	Mar. 9, 1900	King's College Hos- pital, W.C.	Field Force, South Africa.
616	THEOPHILUS, Clara Maude	June 16, 1900	Infirmary, Carlisle ..	Field Force, South Africa.
718	THOMAS, Annie ..	July 11, 1900	London Hospital, E.	Field Force, South Africa.
633	THOMAS, Elizabeth Emma	June 28, 1900	Infirmary, Carlisle ..	Field Force, South Africa.
78	THOMSON, Helen	Apr. 22, 1897	Royal Hospital, Portsmouth	Field Force, South Africa.
474	THOMSON, Mary Ritchie	Mar. 23, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
512	THORNTON, Annie	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
897	THORNTON, Louisa	Aug. 15, 1900	General Hospital, Bristol	Military Hospital, Devonport.
704	THORPE, Catherine Elizabeth Anna	July 11, 1900	London Hospital, E.	Field Force, South Africa.
233	TILLOT, Grace ..	Feb. 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
224	TIMBERELL, Annie	Jan. 23, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
632	TIMBERELL, Ellen ..	July 2, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
129	TIPPLES, Lillian Mary	Dec. 8, 1899	Guy's Hospital, S.E.	Field Force, South Africa.
10	TIPPLES, Mary Elizabeth	Mar. 1, 1897	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
4	Todd, Edith Mary Elizabeth	Mar. 1, 1897	Royal Surrey County Hospital, Guildford	Appointed to the Army Nursing Service.
25	Todd, Lucie M. ..	July 19, 1898	Addenbrooke's Hos- pital, Cambridge	Appointed to the Army Nursing Service.
778	TOWNSEND, Ellen	Aug. 1, 1900	Royal Infirmary, Bristol	Military Hospital, Warley.
291	TRAVIS, Clara Louisa	Feb. 9, 1900	W. Kent Gen. Hosp., Maidstone	Field Force, South Africa.
29	TREKERT, May Louisa	Feb. 11, 1899	London Hospital, E.	Military Hospital, Gosport.

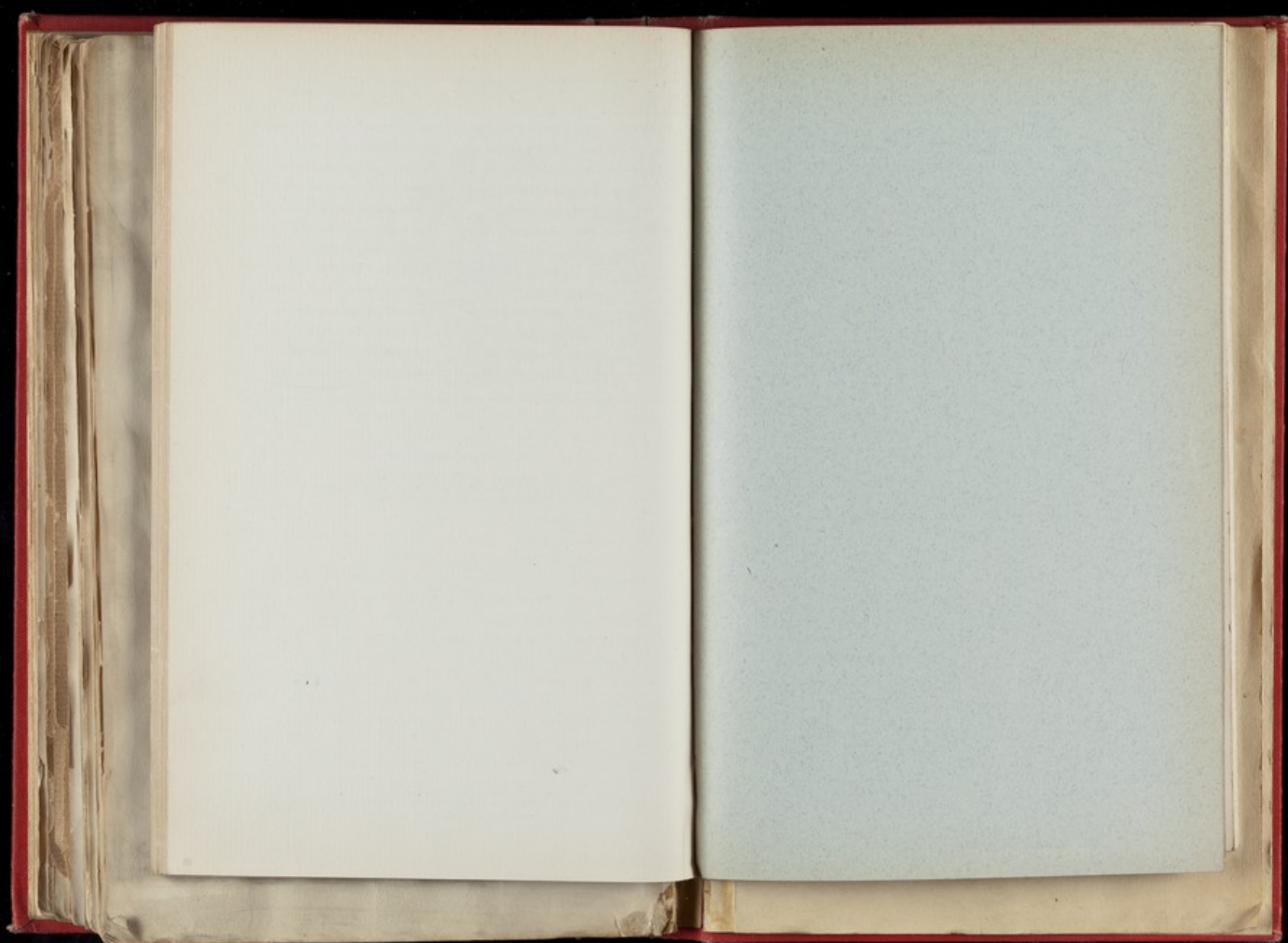
NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
59	TREW, Annie Blanche	Mar. 28, 1897	University College Hospital, W.C.	Field Force, South Africa.
473	TROUT, Geraldine	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
263	TRUETT, Mary Louisa	Mar. 2, 1900	General Hospital, Nottingham	Field Force, South Africa.
226	TUCKER, Eleanor ..	Jan. 29, 1900	Infirmary, Leicester	Field Force, South Africa.
232	TUNLEY, Mabel Mary	May 4, 1900	General Infirmary, Leeds	Field Force, South Africa.
699	TURNER, Amy Madeline Alice	June 14, 1900	South Staffordshire General Hospital	Military Hospital, York.
635	TURNER, Annie Elizabeth	July 2, 1900	King's College Hos- pital, W.C.	Field Force, South Africa.
69	TURNER, Bertha ..	Oct. 21, 1898	Royal Free Hospital, W.C.	Field Force, South Africa.
154	UTTLEBY, Eliza Frances	Dec. 8, 1899	Middlesex Hospital, W.	Field Force, South Africa.
281	USHER-SOMERS, Augusta Mary Blanche	May 31, 1900	Dr. Stevens' Hos- pital, Dublin	Field Force, South Africa.
10	VINCENT, Ellen Elizabeth	Jan. 29, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
819	VON-DEY, Alice Louisa	Aug. 27, 1900	Warneford Hospital, Leamington	Engaged in private nursing.
114	WALKER, Adelaide Louisa	Oct. 13, 1899	Meath Hospital, Dublin	Field Force, South Africa.
789	WALKER, Caroline	Aug. 1, 1900	London Hospital, E.	Military Hospital, Norwich.
621	WALKER, Elizabeth	May 4, 1900	House of Industry Hospitals, Dublin	Field Force, South Africa.
218	WALKER, Emma Eleanor Mar- garet	Jan. 29, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
42	Walker, Lucy Thompson	May 14, 1897	Homoeopathic Hos- pital, W.C.	Resigned.
201	WALKER, Maggie M.	Jan. 10, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
220	WALKINGHAM, Annie Williams	Jan. 29, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
115	WALTON, Maria ..	Oct. 13, 1899	London Hospital, E.	Royal Victoria Hospital, Netley.
445	WALWORTH, Jane Isabella	Mar. 16, 1900	Royal Infirmary, Newcastle	Field Force, South Africa.
40	Ward, Frances Edith	May 7, 1897	Addenbrooke's Hos- pital, Dublin	Resigned.
471	WARD, Jane ..	Mar. 23, 1900	Royal Hospital, Belfast	Field Force, South Africa.
283	WARD, Kate ..	Feb. 9, 1900	Addenbrooke's Hos- pital, Cambridge	Field Force, South Africa.
12	Ware, Carrie ..	May 27, 1898	General Infirmary, Leeds	Appointed to the Army Nursing Service.
177	Warner, Mabel Ger- trude Ashton	Oct. 31, 1899	General Hospital, Hobart, Tasmania	Appointed to the Army Nursing Service.
772	WARREN, Ella Louisa	July 24, 1900	Union Infirmary, Croydon	Military Hospital, Aldershot.
288	WARREN-SMITH, Mabel	Feb. 9, 1900	Royal Infirmary, Sheffield	Field Force, South Africa.
269	WARRICK, Lily ..	Feb. 9, 1900	Royal Infirmary, Manchester	Field Force, South Africa.
32	WASON, Annie Geraldine	Apr. 28, 1897	General Hospital, Bristol	Field Force, South Africa.
703	WATSON, Agnes Ann	Aug. 1, 1900	Union Infirmary, Glasgow	Military Hospital, Dorchester.
491	WATSON, May ..	Mar. 9, 1900	Homoeopathic Hos- pital, W.C.	Field Force, South Africa.
98	WATSON, Phoebe ..	Mar. 23, 1899	Royal Free Hospital, W.C.	Field Force, South Africa.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
513	WATTS, Louisa	May 4, 1900	General Infirmary, Leeds	Field Force, South Africa.
489	WESS, Ada J.	Mar. 23, 1900	Homoeopathic Hospital, W.C.	Field Force, South Africa.
691	WERN, Kathleen	July 2, 1900	Royal Infirmary, Lancaster	Field Force, South Africa.
632	WESTER, Emily	June 23, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
670	WEST, Deborah	July 2, 1900	House of Industry Hospitals, Dublin	Field Force, South Africa.
44	West, Elizabeth, Jane	May 7, 1897	St. Bartholomew's Hospital, E.C.	Resigned.
402	WEST, Mary	Mar. 9, 1900	Hockley Hospital, Barnsley, Yorks	Field Force, South Africa.
701	WEST, May	July 2, 1900	Hockley Hospital, Barnsley, Yorks	Royal Victoria Hospital, Netley.
597	WESTBROOK, Dora	May 15, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
308	WESTBROOK, Gertrude	Mar. 9, 1900	General Hospital, Nottingham	Field Force, South Africa.
797	WETTON, Dorothy	Aug. 3, 1900	East Suffolk Hospital, Ipswich	Military Hospital, Winchester.
785	WHATHAM, Emily	Aug. 1, 1900	Infirmary, Lambeth, S.E.	Military Hospital, Gosport.
90	WHEAT, Mabel	Feb. 11, 1899	Royal Free Hospital, W.C.	Military Hospital, Aldershot.
645	WHELEY, Lucy	June 28, 1900	Royal Barks Hospital, Reading	Field Force, South Africa.
717	WHISTLER, Caroline Evelyn	July 11, 1900	London Hospital, E.	Field Force, South Africa.
615	WHITE, Lucy	June 16, 1900	Infirmary, Cardiff	Field Force, South Africa.
171	WHITEFORD, Henrietta	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
55	WHITMAN, Emily	Mar. 19, 1897	St. Bartholomew's Hosp., Rochester	Field Force, South Africa.
785	WHYTE, Bessie	Aug. 1, 1900	Butcherham Hospital, Yorks	Military Hospital, Gosport.
674	WILCOCK, Eliza	July 2, 1900	General Infirmary, Leeds	Herbert Hospital, Woolwich.
608	WILKIN, Elizabeth	July 2, 1900	Infirmary, Paisley	Field Force, South Africa.
309	WILKINSON, Frances Maud	Feb. 9, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
13	WILKINSON, Isabel	Mar. 1, 1897	General Hospital, Birmingham	Field Force, South Africa.
526	WILLIAMS, Annie	Feb. 16, 1900	Royal United General Hospital, Bath	Resigned.
503	WILLIAMS, Alice	Apr. 2, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
507	WILLIAMS, Lucy	Apr. 2, 1900	Royal Southern Hospital, Liverpool	Field Force, South Africa.
128	WILSON, Annie	Oct. 31, 1899	Royal Infirmary, Edinburgh	Field Force, South Africa.
450	WILSON, Edith May	Mar. 16, 1900	Infirmary, Leicester	Field Force, South Africa.
613	WILSON, Elizabeth	June 16, 1900	Adelaide Hospital, Dublin	Field Force, South Africa.
77	WILSON, Esther	July 9, 1897	Royal Infirmary, Edinburgh	Field Force, South Africa.
63	Wilson, Mary	Mar. 25, 1897	Northern Infirmary, Inverness	Appointed to the Army Nursing Service.
186	WINDER, Alice	Jan. 10, 1900	London Hospital, E.	Field Force, South Africa.
617	WINDLEY, Annie	June 16, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
333	WOLFE-HANSEN, Hilmar	Feb. 16, 1900	Infirmary, Cardiff	Field Force, South Africa.

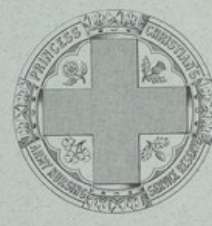
NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
99	WOHLMANN, Alice	Mar. 29, 1899	Royal Free Hospital, W.C.	Field Force, South Africa.
31	WOOD, Blanche S.	Apr. 28, 1897	Royal Infirmary, Windsor	Field Force, South Africa.
519	WOOD, Emily Jane	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
443	WOODMAN, Ethel	Mar. 16, 1900	Royal Albert Edward Infirmary, Wigan	Field Force, South Africa.
69	WOOLCOTT, Laura	Apr. 22, 1897	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
29	WORTHINGTON, Mary	May 27, 1898	Adelaide Hospital, Dublin	Appointed to the Army Nursing Service.
701	WYATKIN, Emille	July 24, 1900	Cranston Infirmary, Manchester	Military Hospital, Aldershot.
569	WRIGHT, Agnes	May 15, 1900	County Hospital, Durham	Field Force, South Africa.
444	WYATT, Annie	Mar. 16, 1900	Royal Infirmary, Portsmouth	Field Force, South Africa.
355	YOUNG, Helen	Mar. 2, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
683	YOUNG, Helena	July 2, 1900	Metropolitan Hospital, N.E.	Field Force, South Africa.
23	Young, Henrietta	May 15, 1897	Adelaide Hospital, Cambridge	Appointed to the Army Nursing Service.
420	YOUNG, Priscilla	Mar. 9, 1900	Northern Hospital, Liverpool	Field Force, South Africa.

HONORARY MEMBER.

Miss ANNIE J. GARLICK. 23rd March, 1900.
Employed with the Field Force, South Africa, at the instance of the British inhabitants of California.



W.J. 19. Oct. 1901 -
25



LIST OF MEMBERS
OF THE
ARMY NURSING SERVICE RESERVE

*2nd Edition, compiled under the supervision of
Lt. Colonel W. Bebbie C.M.B., V.C.*

30TH SEPTEMBER, 1901

ARMY NURSING SERVICE RESERVE.

The Army Nursing Service Reserve is formed for the purpose of supplementing the Army Nursing Service in the event of war. In time of peace it is under the control of a specially constituted committee, of which Her Royal Highness The Princess Christian of Schleswig-Holstein is President, but in time of war those nursing sisters who are called up for duty are entirely under the control of the Secretary of State for War.

Although the sisters can be called on only to replace in military hospitals at home those members of the Army Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad, or at the seat of war.

The Regulations will be supplied to intending candidates, on application by letter to the

HONORARY SECRETARY,
Army Nursing Service Reserve,
18 Victoria Street,
London, S.W.

ARMY NURSING SERVICE RESERVE.

LIST OF MEMBERS, SEPTEMBER 30, 1901.

*. The names of those who have ceased to be Members of the Service are printed in italics.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
527	ABRAHAM, Florence	May 4, 1900	St. George's Hospital, S.W.	Military Hospital, Devonport.
528	ADKINS, Eleanor Elizabeth	Feb. 23, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
483	<i>App, Constance L.</i>	Mar. 28, 1900	<i>St. Thomas's Hospital, S.E.</i>	<i>Resigned.*</i>
83	AINEWORTH, Lillian	Feb. 4, 1898	Royal Hanley County Hosp., Wiltshire	Field Force, South Africa.
457	ALDER, Evelyn ..	Mar. 23, 1900	Royal Infirmary, Bristol	Military Hospital, Gibraltar.
477	ALEXANDER, Margaret Butler	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
903	ALGAR, Ethel Millicent	May 10, 1901	Royal Hospital, Portsmouth	Military Hospital, Home District.
968	ALSON, Margaret	July 23, 1901	Western Infirmary, Glasgow	Glengall District Asylum, Ayr.
732	ALLAWAY, Alice Beth	July 11, 1900	Royal Barks Hospital, Reading	Field Force, South Africa.
802	ALLMAN, Lillian ..	Feb. 25, 1901	General Infirmary, Chester	Field Force, South Africa.
800	AMERSON, Elizabeth	Aug. 18, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
297	ANDERSON, Edith McCall	Feb. 9, 1900	Royal Infirmary, Dundee	Private nursing.*
553	ANDERSON, Hannah	May 12, 1900	Crumpton Infirmary, Manchester	Field Force, South Africa.
544	ANDRÉ, Alice Emily	May 4, 1900	University College Hospital, W.C.	Field Force, South Africa.
560	ANDREW, Ethel ..	May 12, 1900	Royal Infirmary, Salford	Field Force, South Africa.
408	ANDREWS, Emily ..	Mar. 9, 1900	Seamen's Hospital, Greenwich, S.E.	Field Force, South Africa.
15	<i>Appleton, Kate Gertrude</i>	<i>May 1, 1897</i>	<i>The Infirmary, Manchester</i>	<i>Resigned.</i>
728	ARELLE, Hannah Eliza	July 11, 1900	Charing Cross Hospital, W.C.	Herbert Hospital, Woolwich.
604	ARNITTEAD, Isabelle Jane	June 14, 1900	King's College Hospital, W.C.	Field Force, South Africa.
94	ARMAN, Louise Eleanor Victoria	Jan. 2, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
304	<i>Athia, Ethel Jessie</i>	<i>Feb. 9, 1900</i>	<i>St. Bartholomew's Hospital, E.C.</i>	<i>Resigned.*</i>
336	ATKINSON, Mary ..	Feb. 23, 1900	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
603	ATYER, Louisa Jane	June 16, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
81	<i>Auden, Emily ..</i>	<i>Feb. 4, 1898</i>	<i>Royal Free Hospital, W.C.</i>	<i>Resigned.</i>
72	BAIRD, Mary Lyzabeta Tadyer	Apr. 22, 1897	St. Thomas's Hospital, S.E.	Field Force, South Africa.
174	BALGHER, Lavina	Dec. 1, 1899	Royal Victoria Hospital, Belfast	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
118	Bailey, Edith Mary	Oct. 31, 1899	General Hospital, Bristol	Resigned; re-instated as No. 737.
737	BAILEY, Edith Mary	Oct. 31, 1899	General Hospital, Bristol	Field Force, South Africa.
395	BAILEY, Lizzie A.	Mar. 9, 1900	Staffordshire General Infirmary, Stafford	Field Force, South Africa.
708	BAINER, Martha Sophia	July 11, 1900	London Hospital, E.	Field Force, South Africa.
300	BAKER, Florence	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
709	BALDWIN, Elizabeth	July 11, 1900	London Hospital, E.	Field Force, South Africa.
276	BALFOUR, Gwen-dolen	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Private nursing.*
779	BALL, Annie Elizabeth	July 24, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
559	BANKS, Ellen Margaretta	May 12, 1900	Royal Devon and Exeter Hospital, Exeter	Resigned.*
22	BARBER, Alice	Mar. 1, 1897	Royal City of Dublin Hospital	Appointed to the Army Nursing Service.
296	BARNES, Sarah J.	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
447	BARNETT, Agnes Dora	Mar. 16, 1900	General Infirmary, Chester	Field Force, South Africa.
130	BARNETT, Eliza Gertrude	Dec. 1, 1899	Adelaide Hospital, Dublin	Private nursing.*
887	BARNOW, Lilian	Feb. 25, 1901	Royal Southern Hospital, Liverpool	Military Hospital, Cork.
64	Barrow, Margaret Lena	Apr. 9, 1897	Royal Southern Hospital, Liverpool	Resigned.
677	BARST, Florence Helena	July 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
753	BARNSTON, Minnie Gertrude	July 24, 1900	Royal Portsmouth Hospital	Field Force, South Africa.
570	BARTON, Mary	May 15, 1900	Homoeopathic Hospital, London, W.C.	Field Force, South Africa.
41	BARNWELL, Marion Salina	Oct. 13, 1899	General Infirmary, Leeds	Field Force, South Africa.
1	BARON, Louisa	Mar. 1, 1897	St. Bartholomew's Hospital, E.C.	Private nursing.*
167	BAUER, Edith Dacie	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Royal Victoria Hospital, Netley.
43	BEALE, Annie Mildred	May 14, 1897	St. Mary's Hospital, Paddington, W.	Private nursing.*
743	BEAUFAY, Kety	July 24, 1900	Royal Devon and Exeter Hospital, Exeter	Private nursing.*
994	BEAUMONT, Beulah Mary Josephine	Mar. 21, 1901	Mater Misericordiae Hospital, Dublin	Adelaide Hospital, Dublin.
919	BEAVAN, Mary Carvick	June 28, 1901	Adelaide Hospital, Dublin	Field Force, South Africa.
134	BECHER, Ethel Hope	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
4	Beck, Ethel Mary	May 27, 1898	London Hospital, E.	Appointed to the Army Nursing Service.
863	BECK, Evangeline	Feb. 25, 1901	The Infirmary, Birmingham	Military Hospital, York.
6	BEDELL, Alice Fanny	June 30, 1899	West London Hospital, Hammersmith, W.	Field Force, South Africa.
221	BEDELL, Edith Fanny	Jan. 29, 1900	Victoria Hospital, Burnley	Field Force, South Africa.
330	BEDEVY, Edith Mary	Mar. 2, 1900	Infirmary, Southport	Field Force, South Africa.
297	BEELEY, Gertrude	Jan. 10, 1900	Swansea General and Eye Hospital	Field Force, South Africa.
552	BENTHAM, Eleanor Mary	May 12, 1900	Crumpsall Infirmary, Manchester	Field Force, South Africa.
431	BETTS, Agnes	Mar. 16, 1900	Middlesex Hospital, W.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
28	Bell, Florence	June 20, 1899	Great Northern Central Hospital, N.	Died at Kimberley, April 5, 1900.
56	BELL, Jessie Beatrice Braid	Mar. 10, 1897	Town's Hospital, Glasgow	Field Force, South Africa.
515	BELL, Mary Jane	May 4, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
526	BENNETT, Marianna	May 4, 1900	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
799	BENTHAM, Blanche Mary	Aug. 1, 1900	Royal Infirmary, Manchester	Field Force, South Africa.
380	BETTY, Barbara J.	Mar. 9, 1900	Southport Infirmary, Lancashire	Field Force, South Africa.
42	BICKERDIKE, Elizabeth Mabel	Oct. 13, 1899	Infirmary, Blackburn	Herbert Hospital, Woolwich.*
313	BICKFORD, Sarah Alice	Feb. 23, 1900	General Hospital, Birmingham	Military Hospital, Rochester Row, S.W.
708	BIGGS, Louise Mary	Aug. 4, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
117	BINDLOW, Mary Alice	Oct. 31, 1899	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
103	BISHOP, Fanny	Jan. 29, 1900	London Hospital, E.	Field Force, South Africa.
587	BLACK, Grace	May 31, 1900	General Infirmary, Leeds	Field Force, South Africa.
895	BLACKLOCK, Janet	Mar. 8, 1901	Dumfries and Galloway Infirmary	Military Hospital, Hilsea.
637	BLAIR, Mary Agnes	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
330	BLAKELY, Maud Mary	Feb. 16, 1900	Royal Infirmary, S.W.	Field Force, South Africa.
22	BLAYTH, Nora Valentine	Oct. 21, 1898	General Infirmary, Worcester	Field Force, South Africa.
17	BODY, Edith	Oct. 21, 1898	Royal Devon and Exeter Hospital, Exeter	Appointed to the Army Nursing Service.
934	BOLE, Ellen Amelia	May 10, 1901	Perth Hospital, Australia	Military Hospital, Southern District.
368	BOND, Ida Evelyn	Mar. 2, 1900	North and Norwich Infirmary	Field Force, South Africa.
223	BOND, Mildred Mary	May 4, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
13	Bond, Nellie Anger	Mar. 15, 1897	General Infirmary, Bedford	Appointed to the Army Nursing Service.
390	BONHAM, Sarah Ann	Mar. 9, 1900	Blackburn and East Lancashire Hosp.	Field Force, South Africa.
806	BOOTH, Isabella	Aug. 15, 1900	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
604	BOULANE, Jessie Edith	July 2, 1900	General Infirmary, Leeds	Private nursing.*
278	BOSTWICK, Martha Anne Maxwell	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
331	BOYCE, Agnes Amelia	Feb. 23, 1900	General Hospital, Birmingham	Field Force, South Africa.
524	BOYCE, Alexandra Mabel	May 4, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
563	BOWELL, Beale Dora	May 15, 1900	Royal Edinburgh Infirmary	Field Force, South Africa.
751	BOWIE, Helen	July 24, 1900	Dumfriesshire and Galloway H. Infir.	Royal Victoria Hospital, Netley.
100	BOWLES, Alice A.	June 20, 1899	Homoeopathic Hospital, London, W.C.	Military Hospital, Portsmouth.*
180	BOYCE, Gertrude Amy	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
435	Boyd, Mary Syne	Mar. 9, 1900	Royal Infirmary, Edinburgh	Died at Newport, May 15, 1900.
97	BRIDGER, Alice Barbara	Feb. 11, 1899	Adelphi's Hospital, Cambridge	Field Force, South Africa.
705	BRIEN, Anne Marie	Aug. 2, 1900	House of Industry Hospital, Dublin	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
928	Baker, Margaret	May 10, 1901	Dr. Stevens' Hospital, Dublin	Military Hospital, Aldershot.
911	Baker, Mary Gertrude	Apr. 10, 1901	Cardiff Infirmary ..	Military Hospital, Cork.
11	Baker, Katherine	Jan. 22, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
584	Balderson, Alice	May 31, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Malta.
158	Balogh, Rose Isabel	Dec. 8, 1899	Norfolk and Norwich Hospital	Field Force, South Africa.
397	Balogh, Anclia Beatrice	Feb. 9, 1900	General Hospital, Bristol	Field Force, South Africa.
589	Balogh, Violet ..	May 31, 1900	Mater Misericordiae Hospital, Dublin	Military Hospital, Caterham.
703	Balrow, Louise Frances	July 11, 1900	London Hospital, E.	Field Force, South Africa.
619	Bartlett, Agnes Winifred	June 28, 1900	General Hospital, Wolverhampton	Field Force, South Africa.
44	Beebe, Ada	Oct. 13, 1899	Royal Infirmary, Manchester	Resigned.*
650	Beebe, Margaret	June 28, 1900	Royal Infirmary, Bradford	Field Force, South Africa.
7	Brown, Alice ..	Mar. 1, 1897	Royal Infirmary, Bradford	Field Force, South Africa.
912	Brown, Ann ..	Apr. 10, 1901	Mater Misericordiae Hospital, Dublin	Military Hospital, Devonport.
523	Brown, Annie Heath	Feb. 16, 1900	London Hospital, E.	Resigned.
612	Brown, Charlotte	June 16, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
5	Brown, Edith ..	May 27, 1898	St. Mary's Hospital, Paddington, W.	Private nursing.
606	Brown, Ellen	July 2, 1900	Western Infirmary, Glasgow	Military Hospital, Colchester.*
271	Brown, Margaret Marie	Feb. 9, 1900	St. George's Hospital, S.W.	Private nursing.
634	Brown, Matilda Margaret Mary	July 2, 1900	Royal Infirmary, Perth	Military Hospital, Colchester.*
631	Brown, Susan ..	June 22, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
101	Browning, Sophia Margaret	Feb. 11, 1899	Baddley's Infirmary, Oxford	Appointed to the Army Nursing Service.
455	Brown, Rosalie Mary	Mar. 23, 1900	General Hosp., Altrincham, Cheshire	Field Force, South Africa.
830	Bryce, Minnie Henrietta	Oct. 16, 1900	London Hospital, E.	Field Force, South Africa.
317	Bryant, Maria Seymour	Feb. 23, 1900	Hemorrhoid Hospital, London, W.C.	Military Hospital, Egypt.
687	Buchanan, Emily M.	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
789	Buchanan, Margaret Helen	Aug. 1, 1900	Royal Hospital, Belfast	Resigned.
81	Buchanan, Violet Helen	Oct. 13, 1899	North Hospital, Dublin	Resigned.*
119	Bullock, Rose	Oct. 31, 1899	Norfolk and Norwich Hospital	*
408	Bulman, Jane ..	Mar. 23, 1900	Western Infirmary, Glasgow	Herbert Hospital, Woolwich.*
141	Burpitt, Mary Isabella	Jan. 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
812	Burness, Dora ..	Dec. 12, 1900	McLachlan Hospital, Australia	Field Force, South Africa.
411	Burnett, Rosa Elizabeth	Mar. 9, 1900	Royal Devon and Exeter Hospital	Royal Victoria Hospital, Netley.
383	Burns, Henrietta	Mar. 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
629	Buse, Margaret Elizabeth	June 19, 1900	Infirmary, Cardiff ..	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
829	Bushnell, Myra Ann	Oct. 16, 1900	Royal Infirmary, Newcastle-on-Tyne	Resigned.
571	Butler, Elizabeth ..	Mar. 2, 1900	General Hospital, Bristol	Resigned.
310	Butler, Janet ..	Feb. 9, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
551	Burton, Dora Lucy Wilmet	Mar. 7, 1900	University College Hospital, W.C.	Resigned.
432	Byers, Annie Florence	Mar. 16, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
764	Bywater, Beatrice Maud Ethel	July 24, 1900	Royal Infirmary, Bristol	Military Hospital, Canterbury.
624	Bywater, Ann Ellen	June 10, 1900	Infirmary, Cardiff ..	Field Force, South Africa.
566	Byrne, Robertina Mary	July 23, 1901	Jervis Street Hospital, Dublin	Private nursing.
229	Cable, Adeline Elizabeth	Jan. 29, 1900	London Hospital, E.	London Hospital, E.*
205	Cairns, Mary Ann ..	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
431	Caldwell, Isobel	Mar. 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
146	Caldwell, Sarah Jane	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
763	Callaghan, Clara Anne	July 24, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
66	Calver, Blanche Mary	Apr. 9, 1897	St. George's Hospital, S.W.	Resigned.
120	Calverley, Maude	Oct. 31, 1899	St. Bartholomew's Hospital, E.C.	Resigned.*
634	Cameron, Agnes Donald	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
492	Cameron, Annie ..	Mar. 28, 1900	Royal Infirmary, Edinburgh	Resigned.*
427	Cameron, Annie Buchanan	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
422	Cameron, Jessie ..	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
884	Cameron, Mary ..	Feb. 25, 1901	Royal Infirmary, Glasgow	Field Force, South Africa.
726	Campbell, Annie	July 11, 1900	Royal Surrey County Hosp., Guildford	Field Force, South Africa.
961	Campbell, Charlotte Ann	July 23, 1901	St. George's Hospital, London, S.W.	Field Force, South Africa.
883	Campbell, Elizabeth	Feb. 25, 1901	Royal Infirmary, Glasgow	Military Hospital, Scottish District.
551	Campbell, Janet	June 28, 1901	Royal Infirmary, Glasgow	Private nursing.
48	Candy, Rosemond	May 14, 1897	Chelsea Infirmary, S.W.	Resigned.
316	Carey, Frances Lucy	Feb. 12, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
121	Carr, Roslyn Mary	Oct. 31, 1899	Royal Infirmary, Edinburgh	Field Force, South Africa.
106	Carswell, Agnes Prudence ..	Dec. 1, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
621	Carswell, Elizabeth Pattison	June 19, 1900	Infirmary, Cardiff ..	Military Hospital, Aldershot.*
661	Carr, Caroline Stewart	July 2, 1900	Victoria Infirmary, Glasgow	Field Force, South Africa.
473	Carter, Kate M.	Mar. 23, 1900	Royal Albert Edward Infirmary, Wigan	Field Force, South Africa.
702	Cantwell, Katharine Ann	July 24, 1900	General Hospital, Wolverhampton	Field Force, South Africa.
454	Canter, Florence Harriet Wing	Mar. 22, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
550	Carr, Emma Lucy	May 12, 1900	General Hospital, Nottingham	Private nursing.*

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
900	CASTLE, Louisa Gunning	Apr. 10, 1901	General Hospital, Bristol	Field Force, South Africa.
901	CAW, Bertha Elizabeth	Mar. 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
886	CHADBOURNE, Evelyn Louisa	Feb. 23, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
84	CHAFFET, Edith Amy	Feb. 4, 1898	S. Dev. & E. Cornwall Hosp., Plymouth	Military Hospital, Colchester.*
170	CHAMBERLAIN, Edith Mary	Dec. 18, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
768	CHAMBERS, Mary Elizabeth Colpoys	July 24, 1900	Mater Misericordiae Hospital, Dublin	Military Hospital, Aldershot.
839	CHAPMAN, Anne	Dec. 12, 1900	Radcliffe Infirmary, Oxford	Military Hospital, Malta.
667	CHAPMAN, Christian	July 2, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
804	Chapman, Edith May	Aug. 13, 1900	West London Hosp., Hammersmith, W.	<i>Died at Private Residence, January 5, 1901.</i>
429	CHAPMAN, Gertrude Evelyn Grace	Mar. 16, 1900	The Infirmary, Dulwich, S.E.	Field Force, South Africa.
848	CHATTFIELD, Mabel Jessie	Jan. 22, 1901	Carnarvon Hospital, Kimberley	Field Force, South Africa.
150	CHAWWEL, Violet D.	Dec. 8, 1899	Trinity Hospital, New York, U.S.A.	Field Force, South Africa.
205	CHETNAM, Edith Christine	Jan. 10, 1900	Guy's Hospital, S.E.	Royal Victoria Hospital, Netley.*
836	CHEW, Kathleen Ada	Dec. 12, 1900	Albany Hospital, Grahamstown	Field Force, South Africa.
335	CHICKNEY, Grace	May 4, 1900	Infirmary, Oldham	Field Force, South Africa.
659	CHISHOLM, Elizabeth	July 2, 1900	Royal Infirmary, Glasgow	Royal Victoria Hospital, Netley.
465	CHITTY, Amy Robinson	Mar. 23, 1900	Alfred Hospital, Melbourne, Australia	Field Force, South Africa.
76	Chios, Sophie Charlotte	July 9, 1897	Bond Portenouth Hospital	<i>Died in Natal, March 23, 1900.</i>
317	CHITSON, Isabel Edith	Feb. 13, 1900	King's College Hospital, W.C.	Field Force, South Africa.
623	CLARIDGE, Sarah Ellen	June 10, 1900	General Hospital, Birmingham	*
921	CLARK, Ada	Apr. 10, 1901	Royal Free Hospital, London, W.C.	Military Hospital, Southern District.
301	CLARK, Sophia	Feb. 9, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
300	CLARK, Anabel Patricia	Mar. 2, 1900	University College Hospital, W.C.	Field Force, South Africa.
606	CLARK, Lucy Alice	June 16, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
198	CLAY, Johanna Margaret	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
517	CLEBORN, Martha Isabella	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
956	CLEMENTS, Amy Caroline	June 28, 1901	University College Hospital, W.C.	Private nursing.
583	CLEMENTS, Mary	May 21, 1900	Browlow Hill Infirmary, Liverpool	Field Force, South Africa.
212	COATES, Florence Isabel Aubrey	Jan. 16, 1900	London Hospital, E.	Military Hospital, Devonport.*
211	COBBOLE, Theodosia Agnes	Jan. 16, 1900	Radcliffe Infirmary, Oxford	*
193	COCHRAN, Ethel Eliza	Jan. 10, 1900	King's College Hospital, W.C.	Field Force, South Africa.
908	COCKCRAFT, Ainslie Mary	Apr. 10, 1901	Alderbrook's Hospital, Cambridge	Royal Victoria Hospital, Netley.
469	COLE, Eliza Boyd	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
953	COLEMAN, Margaret	June 28, 1901	Suburban Hospital, Woodstock, S. Africa	Military Hospital, Gosport.

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
783	COLLINS, Clara Laws	Aug. 1, 1900	Infirmary, Sunderland	Field Force, South Africa.
434	COLLYNS, Grace	Mar. 16, 1900	Chelsea S.W. Infirmary	Military Hospital, Aldershot.
816	COLTON, Lucy Ellen	Aug. 23, 1900	Usdon Infirmary, Salford	Field Force, South Africa.
635	CONBELL, Charlotte	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
872	COOK, Hannah	Feb. 25, 1901	General Infirmary, Chester	Field Force, South Africa.
222	COOPER, Emily	Jan. 23, 1900	Royal Infirmary, Liverpool	Royal Victoria Hospital, Netley.*
495	COULSON, Thomasina L.	Mar. 28, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
400	CORTELL, Bertha Mary	Mar. 9, 1900	West London Hosp., Hammersmith, W.	Field Force, South Africa.
308	CORNER, Ellen Lyon	Feb. 9, 1900	General Infirmary, Leeds	Field Force, South Africa.
406	COUCH, Elizabeth Alice	Mar. 9, 1900	Swansea General and Eye Hospital	Field Force, South Africa.
122	COUTTS, Edith Elizabeth	Oct. 31, 1899	Chelsea Infirmary, S.W.	Private nursing.*
692	COWLEY, Edith Anne	July 2, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
602	COWLEY, Laura Annie	June 14, 1900	Royal Infirmary, Bristol	Field Force, South Africa.
173	COX-DAVIES, Rachel Annie	Dec. 1, 1899	County Hospital, Monmouthshire	St. Bartholomew's Hospital.*
61	COXON, Edith Helen	Mar. 26, 1897	West Kent General Hospital, Maidstone	Private nursing in Egypt.
567	CRAB, Jessie Moore	Mar. 2, 1900	King's College Hospital, W.C.	Field Force, South Africa.
140	CRADDOCK, Jane	Dec. 8, 1899	Guy's Hospital, S.E.	Field Force, South Africa.
610	CRICKER, Betsy	June 16, 1900	London Homeopathic Hospital, W.C.	Field Force, South Africa.
537	CRISP, Elizabeth	July 9, 1901	Melbourne General Hospital	Field Force, South Africa.
357	CRISPEY, Jane	Mar. 2, 1900	Middlesex Hospital, W.	Field Force, South Africa.
370	CROSS, Margaret	Mar. 2, 1900	West Kent General Hospital, Maidstone	Field Force, South Africa.
62	Crow-Duckman, Jess	Mar. 26, 1897	Royal Victoria Hospital, Bournemouth	<i>Resigned.</i>
918	CHURCHMAN, Eliza Jane	June 28, 1901	King's College Hospital, W.C.	S. African Police Hospital.*
673	CHURCHMAN, Helen Ann	July 2, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
363	CELLEUM, Alice R.	Mar. 2, 1900	Crompton Infirmary, Manchester	Field Force, South Africa.
28	Calverwell, Lucy Matilda	May 27, 1898	General Hospital, Bristol	<i>Appointed to the Army Nursing Service.</i>
424	CUMBERG, Elizabeth John	Mar. 9, 1900	Royal Infirmary, Edinburgh	Private nursing.*
409	CURTIS, Harriet Mand	Mar. 9, 1900	Royal Berke Hospital, Reading	Field Force, South Africa.
329	DALL, Louisa	Mar. 2, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
313	DARREY, Ethel Margaret	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
881	DARREY, Sibyl Avis	Feb. 23, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
51	DAVISON, Agnes Jane	Mar. 19, 1897	London Temperance Hospital, N.W.	Field Force, South Africa.
101	DAVIDSON, Amy Elizabeth	Jan. 2, 1900	Guy's Hospital, S.E.	<i>Resigned.*</i>
162	DAVIES, Alice Maud	Dec. 1, 1899	King's College Hospital, W.C.	Field Force, South Africa.

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
731	DAVIES, Ann Edith	July 11, 1900	Coventry and Warwickshire Hosp.	Field Force, South Africa.
808	DAVIS, Frances Alice	Aug. 15, 1900	Meath Hospital, Dublin	Field Force, South Africa.
145	DAVIS, Mary Anne	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
542	Dawe, Helen Margaret	May 4, 1900	Woolwich Hospital, S.W.	Resigned.
944	DAWSON, Eveline Maud	June 28, 1901	Great Northern Hospital, London, N.	Military Hospital, Aldershot.
101	DAWSON, Florence Agnes	Mar. 8, 1901	St. Mary Abbot's Infirmary, Kensington	Military Hospital, Cork.
280	DAWSON, Laura Evelyn	Mar. 2, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
844	DAWSON, Lily	Dec. 12, 1900	Lancaster Hospital, Lancashire	Field Force, South Africa.
12	DEACON, Ellinor Alice	June 20, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
619	DEACON, Gertrude	June 19, 1900	S. Devon & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
463	de BLANCHET, Fernand	Mar. 23, 1900	St. Vincent's Hospital, Dublin	Field Force, South Africa.
5	de Montmorency, Beatrice	Apr. 1, 1897	Royal Infirmary, Bristol	Appointed to the Army Nursing Service.
419	DEMPSEY, Mary	Mar. 9, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
109	DENST, Edith May	Jan. 10, 1900	University College Hospital, W.C.	Field Force, South Africa.
920	DENT, Mary Edna	Apr. 10, 1901	Kidderminster Infirmary	Military Hospital, Aldershot.
822	DENTON, Annie Blackley	Oct. 16, 1900	The Stanley Hospital, Liverpool	Field Force, South Africa.
843	DENTON, Frances May	Dec. 12, 1900	The Stanley Hospital, Liverpool	Military Hospital, Southern District.
314	DENTON, Minnie Gertrude	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
177	DEPARD, Kathleen Marie	Dec. 1, 1899	Adelaide Hospital, Dublin	Military Hospital, Dublin District.
435	DEWSON, Gertrude	Mar. 16, 1900	Warneford Hospital, Leamington	Cottage Hospital, Pershore.*
299	DIXON, Lizzie Parrish	Feb. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
852	DIXON, Lydia Odette	Jan. 22, 1901	Crumpsall Infirmary, Manchester	Military Hospital, Southern District.
446	DIXON, Janet Erskine	Mar. 16, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
633	DONALD, Françoise	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
294	DONE, Louisa Emma	Feb. 9, 1900	St. Mary Abbot's Infirmary, Kensington, W.	Royal Victoria Hospital, Netley.
627	DOUGLAS, Annie Jane	June 19, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
739	DOW, Mary	July 21, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
16	DOWKER, Mabel	June 20, 1899	East Suffolk Hospital, Ipswich	Field Force, South Africa.
415	DEAPER, Amy Florence	Mar. 9, 1900	Royal Hospital, Portsmouth	Military Hospital, Southern District.*
968	DRAYTON, Mary	July 23, 1901	Poplar and Stepney Sick Asylum	Private nursing.
917	DRURY, Louisa Beatrice	Apr. 10, 1901	S. Devon and E. Cornwall Hospital	Military Hospital, Aldershot.
939	DUGGAN, Fanny Christina	May 10, 1901	Dr. Steevens' Hospital, Dublin	Royal Victoria Hospital, Netley.
767	DUNCAN, Clement	July 24, 1900	Meath Hospital, Dublin	Field Force, South Africa.
925	DUNN, Elizabeth Fanny	Apr. 10, 1901	Richmond Hospital, Dublin	Military Hospital, Cork.

* Served in South African Campaign.

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552	DUNPHY, Margaret	June 28, 1901	Mater Misericordiae Hospital, Dublin	Military Hospital, Curragh.*
93	DUTTON, Ethel Mabel	Feb. 11, 1899	King's College Hospital, W.C.	Field Force, South Africa.
202	EASTMAN, Elsie Gertrude	Feb. 9, 1900	Birmingham Infirmary	Field Force, South Africa.
574	EDMONDSON, Elizabeth	May 18, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
271	Edwards, Edith Maud	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Resigned.*
794	Edwards, Gertrude Stobley	Aug. 1, 1900	Royal Hospital, Sheffield	Did not report, May 22, 1901.
825	EGAN, Elizabeth Jane	Oct. 16, 1901	Meath Hospital, Dublin	Military Hospital, Eastern District.
302	ELIAS, Elizabeth	Mar. 2, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
634	ELMER, Christina Innes	June 22, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
960	EMMINS, Annabella	July 23, 1901	Melbourne General Hospital	Field Force, South Africa.
837	Engels, Beatrice Charlotte	Jan. 22, 1901	St. Thomas's Hospital, London, S.E.	Resigned.
150	ENRIGHT, Mary Theresa	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
547	EYRE, Frances	May 12, 1900	Infirmary, Oldham	Herbert Hospital, Woolwich.
38	EYTON, Frances	May 7, 1897	Boston Hospital, Lincoln	Field Force, South Africa.
132	Evans, Clara	Dec. 18, 1899	London Hospital, E.	Did not report, May 27, 1901.
132	EVANS, Emily	Dec. 8, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
2	Evans, Jane Ann	Mar. 1, 1897	Charlton Infirmary, Manchester	Appointed to the Army Nursing Service.
868	EVANS, Lily	Feb. 25, 1901	St. Thomas's Hospital, London, S.E.	Military Hospital, Aldershot.
494	EVERETT, Mary	Mar. 28, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
39	FALCON, Margaret	May 7, 1897	Cumberland Infirmary, Carlisle	Field Force, South Africa.
338	FARLEY, Martha Sabina	Mar. 2, 1900	Sir P. Dun's Hospital, Dublin	Field Force, South Africa.
611	FARRER, Julia Frances	June 16, 1900	Addenbrooke's Hospital, Cambridge	Field Force, South Africa.
60	Farrill, Edith Margaret	Mar. 26, 1897	General Infirmary, Leeds	Resigned.
311	FERRIS, Agnes Maxwell	Feb. 9, 1900	Charling Cross Hospital, W.C.	Field Force, South Africa.
18	FERRIS, Annie Newbigging	May 1, 1897	St. George's Hospital, S.W.	Field Force, South Africa.
137	FERRIS, Elizabeth Letia Ralston	Dec. 1, 1899	Royal Infirmary, Bristol	Field Force, South Africa.
280	FLANN, Florence Elizabeth	Feb. 9, 1900	General Infirmary, Leeds	Field Force, South Africa.
290	FINCHER, Alice	Feb. 9, 1900	Chelsea S.W. Infirmary	Field Force, South Africa.
635	FISHER, Annie	July 2, 1900	City of Glasgow Fever Hospital	Military Hospital, Dublin.*
315	FISHER, Elizabeth	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
305	FISHER, Ethel Mary	Feb. 9, 1900	Royal Infirmary, Bristol	Field Force, South Africa.
14	FISHER, Hannah	Mar. 1, 1897	Royal Infirmary, Bristol	Private nursing.*
29	FISHER, Mary C.	Jan. 23, 1900	Guy's Hospital, S.E.	Private nursing.*
26	FISHER, Sarah Alice	July 19, 1897	Adelaide Hospital, Dublin	Field Force, South Africa.

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689	FRYDMAN, Flora Kathleen	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
331	FRYDMAN, Emily Frances	Feb. 16, 1900	Royal Victoria Hospital, Belfast	L.R.C.P. Edin., L.R.C.S. Edin.
75	FLAUGATE, Madeleine	July 9, 1897	Warneford Hospital, Leamington	Private nursing.
265	Fletcher, Dorothy	Feb. 9, 1900	Guest Hospital, Dudley	Died at Rustenburg, December 29, 1900.
194	Fletcher, Gertrude	Jan. 10, 1900	Prince Alfred Hosp., Sydney, N.S.W.	Resigned.*
36	FLITCHER, Louisa Maud	May 7, 1897	University College Hospital, W.C.	Field Force, South Africa.
339	FOURIE, Mary Ann	Feb. 23, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
530	FORREST, Matilda	May 4, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
898	FOSTER, Harle ..	Mar. 8, 1901	Addenbrooke's Hospital, Cambridge	Cardiff Infirmary.*
614	FRANCIS, Gertrude Ellen	June 16, 1900	Infirmary, Cardiff ..	Cardiff Infirmary.*
566	FRASER, Annie W.	May 15, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
498	FRASER, Margaret C.	Mar. 28, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
527	Freeland, Edith ..	Feb. 16, 1900	Guy's Hospital, S.E.	Resigned.
505	FRER, Helena ..	June 14, 1900	Great Northern Central Hospital, N.	Field Force, South Africa.
539	FRENCH, Agnes ..	May 4, 1900	General Infirmary, Leeds	Field Force, South Africa.
405	French, Alice Elizabeth	Mar. 9, 1900	Royal Infirmary, Glasgow	Resigned; re-appointed as No. 747.
747	FRENCH, Alice Elizabeth	July 24, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
577	FRENCH, Kate ..	May 31, 1900	St. Bartholomew's Hospital, E.C.	Private nursing.*
91	FRIEND, Catherine Mary	Oct. 13, 1899	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
853	FRONT, Evelyn Mary	Jan. 22, 1901	Brownlow Hill Inf., Liverpool	Royal Victoria Hospital, Netley.
185	FRY, Elizabeth ..	Jan. 10, 1900	Hospital and County Infirmary, Meath	Field Force, South Africa.
715	FRY, Ethel Amy Lucy	July 11, 1900	London Hospital, E.	Field Force, South Africa.
506	GARDNER, Martha Adelaide	June 28, 1901	Royal Infirmary, Sheffield	Jenny Lind Hospital for Children, Norwich.
423	GALLOWAY, Jane ..	Mar. 9, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
65	Gardner, Edith Maud	Apr. 9, 1897	St. Mary's Hospital, Paddington, W.	Died at Maritzburg, April 8, 1900.
771	Gargan, Claire ..	July 24, 1900	St. Vincent's Hospital, Dublin	Resigned.
4	GASH, Charlotte Popham	June 20, 1899	Warneford Hospital, Leamington	Field Force, South Africa.
382	GIBB, Edith Fisherling	Mar. 2, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
730	GILBERT, Beatrice	Aug. 13, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
426	Gill, Annie Warren	Mar. 9, 1900	Royal Infirmary, Edinburgh	Resigned.*
436	GILLAM, Mary Ellen	Mar. 16, 1900	Middlesex Hospital, W.	Field Force, South Africa.
214	GILMORE, Mary Gertrude	Jan. 16, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
656	GIRDLE, Grace Margaret	July 2, 1900	General Infirmary, Northampton	Private nursing.*
272	GLENN, Florence Louisa	Feb. 5, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
318	GLENN, Mary ..	Feb. 23, 1900	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
951	GOODE, Florence Anne	June 28, 1901	Dr. Stevens' Hospital, Dublin	Military Hospital, Portsmouth.
372	GOLBY, Margaret Ann	Mar. 2, 1900	Infirmary, Leicester	Field Force, South Africa.
568	GOLDENY, Eleanor Grace	July 9, 1901	St. Bartholomew's Hospital, E.C.	Salisbury Hospital, Rhodesia.
182	GOLDENY, Maud	Jan. 2, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
482	Goodman, Maud	Mar. 28, 1900	St. Thomas's Hospital, S.E.	Resigned.*
865	GOODMAN, Amy Cooper	Feb. 23, 1901	Northern Hospital, Liverpool	Military Hospital, York.
377	Good, Edith Mary	Mar. 2, 1900	University College Hospital, W.C.	Resigned.*
85	GORDON, Martha Lancelot	July 9, 1897	Western Infirmary, Glasgow	Field Force, South Africa.
660	GORDON, Mary Isabella	July 2, 1900	Royal Infirmary, Perth	North Riding Infirmary, Middlesbrough.*
510	GORDON-CUMMINGS, Mary Bertha	May 4, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
705	GORE, Amelia ..	July 11, 1900	London Hospital, E.	Field Force, South Africa.
54	GRANAN-KELL, Laura G.	May 14, 1897	Abchurch Lane Hospital, Dublin	Field Force, South Africa.
509	GRANDES, Helen Maria	May 31, 1900	Royal Infirmary, Bristol	Military Hospital, Aldershot.
639	GRANT, Mary Ann Catherine	June 22, 1900	Royal Infirmary, Glasgow	Military Hospital, Aldershot.*
535	GRAY, Elizabeth ..	May 12, 1900	Infirmary, Stafford	Field Force, South Africa.
33	GRAY, Elizabeth White	May 7, 1897	Royal Hospital, Salford	Field Force, South Africa.
657	GRAYTON, Florence	July 2, 1900	Infirmary, Paisley	Field Force, South Africa.
352	GREGORY, Annie Elizabeth	Feb. 23, 1900	General Hospital, Birmingham	Field Force, South Africa.
102	GREEN, Lillian Mary	Oct. 13, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
849	GREENE, Lelia Ellen	Jan. 22, 1901	St. John's Hospital, Limerick	Military Hospital, Dublin.
131	GREENHAM, Mary Elizabeth	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
545	GREWES, Isabella	May 4, 1900	Royal Infirmary, Aberdeen	Private nursing.*
73	GRIENON, Isabel ..	July 9, 1897	Royal Infirmary, Edinburgh	Resigned.
227	GRIFFITH, Rachel	Jan. 20, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
906	GRIFFITH, Mary Hannah Williams	Apr. 10, 1901	Royal Infirmary, Wigan	Field Force, South Africa.
510	GRIFFITH, Rosetta	Apr. 4, 1900	St. George's Hospital, S.W.	Military Hospital, Chatham.
775	GROSVENOR, Kate Mary	July 24, 1900	Royal Hants County Hosp., Winchester	Field Force, South Africa.
531	GUTHRIE, Annie Marshall	May 12, 1900	Crummell Infirmary, Manchester	Field Force, South Africa.
924	GWYER, Rhoda ..	Apr. 10, 1901	Prince Alfred Hosp., Sydney, Australia	Field Force, South Africa.
758	HADGON, Susan Williams Johnston	July 24, 1900	Barnsey Parish Hospital, Glasgow	Field Force, South Africa.
776	HAIN, Nora Friday	July 24, 1900	Infirmary, Kensington, W.	Field Force, South Africa.
648	HAINSHILL, Margaret Emily	June 28, 1900	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
203	HALL, Emily Margarette Bezilla	Jan. 10, 1900	Middlesex Hospital, W.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
52	Hall, Frances M.	Feb. 11, 1890	Infirmiry, Manchester	Appointed to the Army Nursing Service.
864	Hall, Isabella Alice	Feb. 23, 1901	University College Hospital, W.C.	Resigned.
554	HALLIDAY, Janet	May 12, 1900	Dunfermline & Gal- loway Royal Inf.	Field Force, South Africa.
451	HALLIWELL, Elizabeth	Mar. 16, 1900	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
296	HAMILTON, Catherine	Feb. 9, 1900	Royal Hospital, Sal- ford	Field Force, South Africa.
126	HAMILTON, Eliza- beth Helen	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
710	HANBURY, Cecil	July 11, 1900	London Hospital, E.	Private nursing.*
270	HANCOCK, Edith	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
437	HAND, Louisa ..	Mar. 16, 1900	Warneford Hospital, Leamington	Field Force, South Africa.
340	HANSON, Mary	Feb. 23, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
879	HARDEN, Jessie	Feb. 23, 1901	Brownlow Hill Inf., Liverpool	Military Hospital, Aldershot.
11	Harding, Mary	May 2, 1897	Royal Infirmary, Edinburgh	Appointed to the Army Nursing Service.
181	HARDING, Nettie F.	Dec. 1, 1899	Adelaide Hospital, Dublin	Private nursing.
696	HARLAND, Susan	July 2, 1900	St. Bartholomew's Hospital, E.C.	Private nursing.*
216	HARMER, Ethel A.	Jan. 29, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
45	HARRIS, Ada Marion	May 14, 1897	Royal Free Hospital, W.C.	Plague duty in India.
502	HARRIS, Charlotte	June 14, 1900	St. George's Hospital, Rensley	Field Force, South Africa.
23	HARRIS, Mary	June 30, 1899	Royal Free Hospital, W.C.	Private nursing.*
628	HARRISON, Annie	June 19, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
820	HARRISON, Char- lotte Harriett	Aug. 27, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
769	HARRIS, Maud W.	July 21, 1900	General Hospital, Hereford	Military Hospital, Portsmouth.
82	HARROWER, Madeline Isabel	Mar. 8, 1901	Launceston Hospital, Tasmania	Field Force, South Africa.
417	HANVET, Cecile	Mar. 9, 1900	General Hospital, Tumbidge Wells	Private nursing.*
303	HAY, Emily Hen- rieta	Mar. 9, 1900	Royal St. Martin's Inf., Southampton	Field Force, South Africa.
618	HAY, Mary ..	June 16, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
373	HAYDEN, Eleanor	Mar. 2, 1900	London Hospi- tal, W.C.	Field Force, South Africa.
846	HAYTHORN, Annie	Jan. 19, 1901	Westminster Hosp., London, S.W.	Field Force, South Africa.
103	HEALE, Lilian	Oct. 13, 1899	West Kent General Hosp., Maidstone	Private nursing.
735	Headley, Nelly	July 11, 1900	West Kent General Hosp., Maidstone	Resigned.
608	HEATON-COLE, Emilie	June 16, 1900	General Hospital, Salisbury	Field Force, South Africa.
660	HENDERSON, Annie	July 2, 1900	City of Glasgow Fever Hospital	Private nursing.*
458	HENDERSON, Helen	Mar. 23, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
459	HENDERSON, Mary	Mar. 23, 1900	Royal Infirmary, Perth	Field Force, South Africa.
79	HERRING, Maids ..	Nov. 26, 1897	S. Dev. & E. Cornwall Hosp., Plymouth	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
421	HEERD, Elphing- stone Margaret	Mar. 9, 1900	Royal Infirmary, Edinburgh	Royal Infirmary, Edinburgh.*
225	HEGG, Agatha	Jan. 29, 1900	North-West London Hospital, N.W.	Field Force, South Africa.
411	HEGG, Alice	Mar. 9, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
329	HILL, Amy Agnes	May 4, 1900	New York Hospital, U.S.A.	Field Force, South Africa.
50	HILL, Anna ..	Apr. 22, 1897	General Hospital, Birmingham	Field Force, South Africa.
742	HILL, Elizabeth	July 24, 1900	Charing Cross Hos- pital, W.C.	Field Force, South Africa.
123	HILL, Lavinia	Oct. 31, 1899	Royal Infirmary, Dundee	Field Force, South Africa.
104	HILSON, Alice ..	Oct. 13, 1899	Western Infirmary, Glasgow	Military Hospital, Curragh.*
286	HILSON, Maud ..	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
936	HINDMARSH, Grace	May 10, 1901	Royal Infirmary, Glasgow	Military Hospital, Southern Dis- trict.
757	HINTON, Louis	July 24, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
231	HISLOP, Alice	Jan. 31, 1900	Royal Infirmary, Dundee	Military Hospital, Scottish Dis- trict.*
213	HOARE, Brenda	Jan. 16, 1900	St. Thomas's Hospital, S.E.	Military Hospital, London, S.W.*
470	HOARE, Annie	Mar. 23, 1900	Adelaide Hospital, Dublin	Field Force, South Africa.
187	HODGE, Grace	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
538	HODGES, Mildred	May 12, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
684	HODGINS, Florence	July 2, 1900	Metropolitan Hos- pital, N.E.	Field Force, South Africa.
728	HODGINS, Cath- erine	July 11, 1900	London Hospital, E.	Field Force, South Africa.
801	HODGSON, Edith	Aug. 13, 1900	Chorlton Infirmary, Manchester	Field Force, South Africa.
34	HOGARTH, Helen ..	Oct. 21, 1898	Kensington Infir- mary, W.	Field Force, South Africa.
210	HOLCROFT, Frances	Jan. 10, 1900	London Hospital, E.	Field Force, South Africa.
719	HOLLOWAY, Mar- garet Matilda	July 11, 1900	London Hospital, E.	Field Force, South Africa.
562	HOLMES, Amy	May 15, 1900	New York Hospital, U.S.A.	Field Force, South Africa.
105	HOLMES, Florence	Oct. 13, 1899	Royal Infirmary, Glasgow	Field Force, South Africa.
176	HOOK, Anna Delicia	Dec. 1, 1899	Dorchester Royal Infirmary, Dorset	Field Force, South Africa.
813	HOOKER, Ada Ann	Aug. 23, 1900	County Hospital, Lincoln	Field Force, South Africa.
399	HOPKINS, Martha	Mar. 9, 1900	North-West London Hospital, N.W.	Private nursing.*
341	HOPKINS, Mary	Feb. 23, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Rochester Row, S.W.*
673	HOSKLEY, Edith	July 2, 1900	General Infirmary, Leeds	Field Force, South Africa.
817	HOSKLEY, Sara ..	Aug. 23, 1900	Infirmary, Oldham	Field Force, South Africa.
586	HOWARD, Annie	May 31, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
37	HOWARD, Ellen	May 7, 1897	St. Marylebone Inf., Notting Hill, W.	Private nursing.*
815	HOWARD, Harriet	Aug. 21, 1900	St. Luke's Hospital, Halifax	Field Force, South Africa.
106	HOWELL, Margaret Evelyn	Oct. 13, 1899	Great Northern Cen- tral Hospital, N.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
888	HOWELL, Mary Emma	Feb. 23, 1901	Sweden General Hospital	Field Force, South Africa.
49	HUMPHREY, Rose Alice	Apr. 23, 1897	Charing Cross Hospital, W.C.	Private nursing.*
721	HUMPHREY, Elizabeth	July 11, 1900	London Hospital, E.	Field Force, South Africa.
548	HUTCHESON, Martha James	May 12, 1900	Scamson's Hospital, Greenwich, S.E.	Field Force, South Africa.
312	HUTCHESON, Bertha Ellen	Feb. 9, 1900	University College Hospital, W.C.	Private nursing.*
531	HYLAND, Dorenda Rosie	May 4, 1900	General Hospital, Birmingham	Field Force, South Africa.
946	INGLIS, Elizabeth Mary	June 28, 1901	City of Dublin Hosp.	Military Hospital, Dublin.
678	IRLAND, Mary Elizabeth	July 2, 1900	St. George's Hospital, S.W.	Military Hospital, Chatham.*
913	IRVING, Annabella Lamond	June 28, 1901	Western Infirmary, Glasgow	Dundee Asylum.
916	JACK, Mary Noble	Apr. 10, 1901	Barnhill Hospital, Glasgow	Military Hospital, Curragh.
334	JACKMAN, Leonora	Feb. 21, 1900	St. Peter's Infirmary, N.	Military Hospital, Egypt.
462	JACKSON, Annie Blanche	Mar. 23, 1900	Royal Hospital, Salisbury	Field Force, South Africa.
87	JACKSON, Edith C. B.	Oct. 21, 1898	House of Industry Hospitals, Dublin	Resigned.
583	JACOB, Amy Constance	May 31, 1900	Meath Hosp. and Co. of Dublin Infirmary	Field Force, South Africa.
312	JACQUES, Frances ..	Feb. 23, 1900	Radcliffe Infirmary, Oxford	Military Hospital, Malta.
915	JARMAN, Agnes ..	Apr. 10, 1901	St. Mary Abbott's Inf., Kensington, W.	Field Force, South Africa.
702	JARVIS, Eleanor ..	July 7, 1900	Royal Infirmary, Bradford	Field Force, South Africa.
285	JATNEY, Elizabeth Wilson	Feb. 9, 1900	Infirmary, Cardiff	Field Force, South Africa.
19	JEFFERY, Mary E. ..	May 6, 1897	General Hospital, Bristol	Resigned.
275	JERROLD, Margaret Noble	Feb. 9, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
320	JOLLA, Amy Bertha	Feb. 16, 1900	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
565	JOHNSON, Eleanor	May 13, 1900	Fulham and Hammersmith Infirmary	Field Force, South Africa.
690	JOHNSON, Ellen ..	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
729	JOHNSTON, Alice Susan	July 11, 1900	King's College Hospital, W.C.	Field Force, South Africa.
67	JOHNSTON, Gertrude	Apr. 9, 1897	Royal Infirmary, Liverpool	Field Force, South Africa.
511	JOHNSTON, Minnie	Apr. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
256	JONES, Ada ..	May 12, 1900	Wolverhampton and Staffs. Gen. Hosp. Infirmary, Kidderminster	Field Force, South Africa.
814	JONES, Amy Louisa	Aug. 24, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
294	JONES, Beatrice Isabel	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Victoria Park Hospital, E.*
144	JONES, Clementine May	Dec. 1, 1899	Royal Southern Hospital, Liverpool	Field Force, South Africa.
222	Jones, Elizabeth C. Stuart	Feb. 16, 1900	Royal Infirmary, Preston	Died of Diphtheria, May 15, 1900.
731	JONES, Emily ..	Aug. 1, 1900	Stanley Hospital, Liverpool	Field Force, South Africa.
909	JONES, Jane ..	July 23, 1901	Derbyshire Infirmary	South Eastern Hospital, New Cross, S.E.
506	JONES, Mary Eleanor	Apr. 2, 1900	Royal Infirmary, Manchester	Field Force, South Africa.

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
416	JONES, Mary Gwendolyn	Mar. 9, 1900	General Hospital, Carlisle	Private nursing.*
192	JOSKEVITS, Alice Emma	Jan. 10, 1900	St. Mary's Hospital, Paddington, W.	Military Hospital, Cork District.*
190	KENE, Ethel Julia Marian	Jan. 10, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
740	KEMP, Clementina	July 24, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
107	Kendall, Maudie Winifride Brind	Oct. 13, 1899	Infirmary, Cardiff	Resigned.*
679	KENT, Edith Mabel	July 2, 1900	Royal Infirmary, Derby	Private nursing.*
847	KEHR, Mary Glendon	Jan. 19, 1901	Leeds General Infirmary	Field Force, South Africa.
484	KING, Edith Mary	Mar. 28, 1900	Hastings and East Sussex Hospital	Field Force, South Africa.
485	KING, Kate Eliza	Mar. 28, 1900	King's College Hospital, W.C.	Field Force, South Africa.
118	KING, Margaret Boyd	Oct. 31, 1899	St. George's Hospital, S.W.	Field Force, South Africa.
401	KINNEAR, Lena Grant	Mar. 9, 1900	Infirmary, Kennington, W.	Field Force, South Africa.
373	Kirkbride, Sarah Agnes	Mar. 2, 1900	Royal Hospital, Portsmouth	Resigned.*
9	KITCHING, Evelyns	Mar. 1, 1897	Radcliffe Infirmary, Oxford	Field Force, South Africa.
181	KNAGGS, Amy ..	Jan. 10, 1900	Radcliffe Infirmary, Oxford	Field Force, South Africa.
854	KNAPP, Marion Dumville	Jan. 22, 1901	London Hospital, E.	Field Force, South Africa.
826	LANE, Beatrice H.	Oct. 16, 1900	Crumplall Infirmary, Manchester	Field Force, South Africa.
200	LANE, Violet Isabel	Jan. 10, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
463	LANE, Isabella Stirling	Mar. 9, 1900	Royal Infirmary, Newcastle-on-Tyne	Military Hospital, Aldershot.*
234	LAMBERT, Florence Barnet	Feb. 2, 1901	London Hospital, E.	Private nursing.*
386	LAMMING, Susanna	Mar. 9, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
287	LAMONT, Catherine	Feb. 9, 1900	Infirmary, Greenock	Field Force, South Africa.
219	LANCASTER, Bertha	Jan. 23, 1900	University College Hospital, W.C.	Private nursing.*
456	LANDSHAW, Adeline Louisa	Mar. 23, 1900	King's College Hospital, W.C.	Field Force, South Africa.
381	LANTON, Susan Beatrice	Mar. 2, 1900	Honsecroft Hospital, London, W.C.	Field Force, South Africa.
918	LARSEN, Gertrude Emily	Apr. 10, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
897	LASHWOOD, Annie Maria	Mar. 8, 1901	Croydon Infirmary	Field Force, South Africa.
273	LATHAM, Annie Victoria	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
71	LAUGHTON, E. ..	Apr. 22, 1897	Royal Southern Hospital, Liverpool	Private nursing.*
279	LAWRENCE, Eleanor Constance	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
143	LAWLESS, Rosa ..	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
787	LAWRENCE, Anita	Aug. 1, 1900	Royal United Hospital, Bath	Field Force, South Africa.
196	LAWRENCE, Helen Anderson	Jan. 10, 1900	Royal Infirmary, Edinburgh	Private nursing.*
850	LAWSON, Annie	Jan. 22, 1901	Hope Infirmary, Manchester	Military Hospital, South Eastern District.
712	LAWSON, Isabel ..	July 11, 1900	London Hospital, E.	Field Force, South Africa.

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
149	LEARMONTH, Florence Nina	Dec. 8, 1899	Royal Hanley County Hosp., Winchester	Field Force, South Africa.
228	Lee, Edith Alice	Jan. 29, 1900	London Hospital, E.	Resigned.*
217	LEGGATT, Evelyn	Jan. 29, 1900	King's College Hospital, W.C.	Field Force, South Africa.
321	LONDON, Ethel May	Feb. 16, 1900	London Hospital, E.	Field Force, South Africa.
306	Long, Annie	Feb. 9, 1900	Guy's Hospital, S.E.	Resigned.*
19	Leonard, May	Oct. 21, 1898	Mater Misericordiae Hospital, Dublin	Resigned.*
501	Levett, Elizabeth	Apr. 2, 1900	S. Wales & Monmouthshire Infirmary, Cardiff	Resigned.*
525	LEWIS, Agnes Sarah	May 4, 1900	London Hospital, E.	Field Force, South Africa.
78	LEWIS, Mary Frances	Jan. 2, 1900	King's College Hospital, W.C.	Private nursing.*
378	LEWIS, Amy Couper	Mar. 2, 1900	Royal Infirmary, Glasgow	Private nursing.*
805	LEWIS, Florence May	Aug. 15, 1900	Royal Infirmary, London	Field Force, South Africa.
329	LEWIS, Margaret	Feb. 16, 1900	General Hospital, Bristol	Field Force, South Africa.
383	LEWIS, Mary	Mar. 2, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
430	LEWIS, Edith Constance	Mar. 16, 1900	General Hospital, Bristol	Field Force, South Africa.
720	Lloyd, Ethel Beatrice	July 11, 1900	London Hospital, E.	Died at Pretoria, April 24, 1901.
733	LLOYD, Margaret	July 11, 1900	Guy's Hospital, S.E.	Royal Victoria Hospital, Netley.
508	LLOYD, Mary Anna	Apr. 2, 1900	General Hospital, Bristol	Field Force, South Africa.
90	LONGHURST, Geraldine Arden	Feb. 11, 1899	Sussex County Hospital, Brighton	Private nursing in Egypt.
202	LOVEDAY, Mary L.	Jan. 10, 1900	Guy's Hospital, S.E.	Private nursing.*
155	LOVETT, Isabella	Dec. 8, 1899	Charing Cross Hospital, W.C.	Field Force, South Africa.
157	Low, Sarah Georgina	Dec. 8, 1899	St. George's Hospital, S.W.	Died at Devonport, April 20, 1900.
811	Low, Ellen Jane	Aug. 25, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
428	Low, Priscilla	Mar. 16, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
57	Low, Maud	Mar. 26, 1897	Royal Free Hospital, W.C.	Private nursing.*
588	LEWIS, Kate Evelyn	May 31, 1900	King's College Hospital, W.C.	Field Force, South Africa.
713	LUCKIE, Harriet O'Brien	July 11, 1900	London Hospital, E.	Field Force, South Africa.
593	LEWIS, Eugenia	June 14, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
728	LEWIS, Amy	Aug. 1, 1900	Infirmary, Bridgewater	Field Force, South Africa.
732	LYNCH, May	July 24, 1900	Mater Misericordiae Hospital, Dublin	Field Force, South Africa.
324	MACADAM, Mary Edwille	Feb. 16, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
824	MACALAY, Mary-belle	Oct. 16, 1901	Mater Misericordiae Hospital, Dublin	Military Hospital, Dublin.
890	MACALISTER, Jane	Mar. 8, 1901	East Poor House Hospital, Glasgow	Military Hospital, Aldershot.
135	MACARTHY, Emma Maud	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
902	MACARTHY, Frances	July 23, 1901	Mater Misericordiae Hospital, Dublin	Bolton Fever Hospital.

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867	McCOTTER, Jane	Feb. 25, 1901	Richmond Hospital, Dublin	Field Force, South Africa.
108	McCREERY, Myra O'Clance	Oct. 13, 1899	General Hospital, Nottingham	Field Force, South Africa.
602	McCOLLOCH, Agnes Isabel	July 2, 1900	Infirmary, Sunderland	Private nursing.*
409	McDONALD, Annie	Mar. 23, 1900	Infirmary, Cardiff	Field Force, South Africa.
409	McDONALD, Flora	Mar. 23, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
578	McDONALD, Mary Alexander	May 31, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
520	McDONNELL, Annie Maud	May 4, 1900	Sir Patrick Dun's Hospital, Dublin	Richmond Hospital, Dublin.*
319	McDONNELL, Mary E. Magill	Feb. 15, 1900	Infirmary, Sunderland	Field Force, South Africa.
858	McGILL, Elizabeth Carrie	Jan. 22, 1901	Royal Hanley County Hospital, Dublin	Military Hospital, Southern District.
821	McGIVERTY, Anne Elizabeth	Oct. 16, 1900	Mater Misericordiae Hospital, Dublin	Military Hospital, Devonport.
356	McGOWAN, Katherine	Mar. 2, 1900	Royal Southern Hospital, Liverpool	Field Force, South Africa.
133	McGOWAN, Chloe Stanley	Dec. 18, 1899	London Hospital, E.	Field Force, South Africa.
630	McINTOSH, Annie Margaret	June 19, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
640	McINTOSH, Euphemia	June 22, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
620	McINTOSH, Margaret MacLaren	June 19, 1900	Barony Parish Hospital, Glasgow	Field Force, South Africa.
47	McKAY, Barbara	May 14, 1897	Infirmary, Chelsea, S.W.	Infirmary, Chelsea.
553	McKENNIE, Annie	May 4, 1900	General Infirmary, Gloucester	Private nursing.*
658	McKINTOSH, Ann Robertson	July 2, 1900	Royal Infirmary, Forth	Field Force, South Africa.
611	McLENNAN, Janet	June 14, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
681	McLENNAN, Margaret Helen	July 2, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
522	McLENNAN, Margaret Helen	May 4, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
923	McLENNAN, Catherine Christina	Apr. 10, 1901	Royal Southern Hospital, Liverpool	Military Hospital, South Eastern District.
671	McLENNAN, Annie	July 2, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
516	McLEOD, Annie	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
325	McLEOD, Mary	Feb. 16, 1900	Infirmary, Paisley	Field Force, South Africa.
88	MACMANAWAY, Kathleen Augusta	Oct. 21, 1898	Crumpsall Infirmary, Manchester	Field Force, South Africa.
591	McNAIR, Mary Jane	June 14, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
24	McNEILL, Minnie Orr	July 9, 1897	Royal Hospital, Belfast	Field Force, South Africa.
756	MACPHERSON, Catherine	July 24, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
230	MACPHERSON, Elizabeth Catherine	Jan. 30, 1900	Cumbernauld Infirmary, Carlisle	Military Hospital, Southern District.*
374	MacRae, Elizabeth	Mar. 2, 1900	University College Hospital, W.C.	Private nursing.*
11	Magill, Georgina Adeline	May 27, 1898	House of Industry Hospital, Dublin	Appointed to the Army Nursing Service.
735	MALE, Gertrude Elizabeth	July 24, 1900	Royal Hanley County Hosp., Winchester	Field Force, South Africa.
353	Mallet, Henriette	Feb. 23, 1900	St. Bartholomew's Hospital, E.C.	Resigned.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
70	Mark, Martha ..	May 1, 1897	Cumberland Infirmary, Carlisle	Appointed to the Army Nursing Service.
706	MARR, Caroline	July 11, 1900	London Hospital, E.	Field Force, South Africa.
665	MARRALL, Elizabeth	July 2, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
818	MARRALL, Selina	Aug. 25, 1900	Tottenham Hospital, N.	Field Force, South Africa.
161	MARTIN, Annie	Dec. 1, 1899	St. Marylebone Inf., Notting Hill, W.	Field Force, South Africa.
505	MARTIN, Mary J.	Apr. 2, 1900	Middlesex Hospital, W.	Field Force, South Africa.
727	MASON, Harriett Helen	July 11, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
607	MASON, Jessie ..	June 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
900	Massey, Rosa Leak	Mar. 8, 1901	London Hospital, E.	Resigned.
35	Massey, Winifred Gertrude	June 20, 1899	West Ham Hospital, Stratford, E.	Appointed to the Army Nursing Service.
509	MATHESON, Annie	Apr. 4, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
938	MATHESON, Catherine Margaret	May 10, 1901	Kilmarnock Infirmary	Military Hospital, Dover.
641	MAVENS, Maud ..	June 22, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
538	Maw, Grace Hilda	June 14, 1900	St. Bartholomew's Hospital, E.C.	Resigned.
534	MAY, Mary Frances	May 4, 1900	St. Bartholomew's Hospital, E.C.	Private nursing.*
549	MAZUCHI, Elizabeth Margaret	May 12, 1900	Warford Hospital, Leamington	Private nursing.*
700	MEADE, Margaret	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
464	MEANT, Catherine	Mar. 23, 1900	Royal Hospital, Salisbury	Field Force, South Africa.
489	MEER, Mary Campbell	Mar. 28, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
375	MELLO, Caroline Mary	Mar. 2, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
792	MENAGH, Catherine Elizabeth	Aug. 1, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
439	MILL, Mary J. ..	Mar. 10, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
739	MILLAR, Hannah Gertrude	July 24, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
625	MILLINGTON, Mary	June 19, 1900	Blackburn & E. Lancashire Infirmary	Field Force, South Africa.
873	MILL, Martha Eliza	Feb. 25, 1901	Liverpool Infirmary	Military Hospital, Aldershot.
676	MILNE, Maggie Smith	July 2, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
896	MILNER, Mary Isabel	Mar. 8, 1901	Royal Infirmary, Manchester	Military Hospital, Scottish District.
639	MILSON, Lizzie Dyle	July 2, 1900	University College Hospital, E.C.	Resigned.*
419	MITCHELL, Jessie	Mar. 16, 1900	Infirmary, Leicester	Field Force, South Africa.
741	MITCHELL, Lillian Elsie	July 24, 1900	Royal Infirmary, Manchester	Field Force, South Africa.
350	MOFFAT, Annie Isabella	Feb. 23, 1900	Royal City of Dublin Hospital	Private nursing.*
726	MOFFAT, Elizabeth Milford	July 11, 1900	Meath Hospital, Dublin	Military Hospital, Winchester.
891	MOLONY, Alice Maud Elizabeth	Mar. 8, 1901	Jervis Street Hospital, Dublin	Military Hospital, Cork.
148	MORRIS-MARON, Edith Mary	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
465	MONK, Laura Maud	Mar. 23, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
831	MONTGOMERY, Matyery	Oct. 16, 1900	Royal Infirmary, Perth	Field Force, South Africa.
914	MOORE-REVELL, Mary A. R.	Apr. 10, 1901	Royal Infirmary, Aberdeen	Military Hospital, Cork.
472	MOORE, Robinette	Mar. 23, 1900	General Infirmary, Huddersfield	Field Force, South Africa.
67	Moon, Mabel Edith	Oct. 21, 1899	London Temperance Hospital, N.W.	Resigned.
580	MOORE, Maria ..	May 31, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
74	MORRIS, Georgiana Emma	July 9, 1897	Middlesex Hospital, W.	Private nursing.*
832	MORRIS, Florence Mary	Oct. 16, 1900	Kimberley Hospital	Field Force, South Africa.
754	MORRISON, Margaret	July 24, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
739	MORTLOCK, Jessie Mary	July 11, 1900	Coventry and Warwickshire Hosp.	Field Force, South Africa.
113	MOUNT, Jessie Elma	Oct. 31, 1899	Royal United Hospital, Bath	Field Force, South Africa.
940	MOUNTAIN, Doty	May 10, 1901	Royal Infirmary, Sheffield	Military Hospital, Aldershot.
890	MOULTON, Mary Elizabeth	Mar. 8, 1901	Janet's Hospital, Bombay	Military Hospital, Eastern District.
680	MORON, Gertrude Charlotte	July 2, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
70	MORON, Katherine Alice	Apr. 23, 1897	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
840	Morgan, Eliza ..	Dec. 12, 1900	North Cork Infirmary	Resigned.
478	MURDOCH, Is ..	Mar. 23, 1900	Infirmary, Oldham	Field Force, South Africa.
838	MURRAY, Elizabeth	Dec. 12, 1900	Dr. Stevens' Hospital, Dublin	Military Hospital, Devonport.
153	MURTON, Ada ..	Dec. 8, 1899	Great Northern Central Hospital, N.	Field Force, South Africa.
109	MURTAGH, Mary Liliac	Oct. 13, 1899	General Infirmary, Northampton	Private nursing.*
496	MYERS, Ada Ruth	Mar. 28, 1900	St. George's Infirmary, Fulham Road, S.W.	Field Force, South Africa.
346	NAYLER, Georgina Anne Emily	Feb. 23, 1900	Royal Hanley County Hosp., Winchester	Field Force, South Africa.
953	NEELY, Dorothy	June 28, 1901	County Infirmary, Londonderry	Field Force, South Africa.
802	NEVILLE, Marie ..	Aug. 13, 1900	St. Vincent's Hospital, Dublin	Field Force, South Africa.
876	NEVILLE, Mary Louise	Feb. 25, 1901	Kidderminster Infirmary	Field Force, South Africa.
782	NEWBOLD, Ellen ..	Aug. 1, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
765	NEWTON, Ellen ..	July 24, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
298	Norton, Nettie Edith	Feb. 9, 1900	Sunder's Hospital, Greenwich, S.E.	Resigned.*
642	NURSE, Catherine Emelia	June 28, 1900	King's College Hospital, W.C.	Field Force, South Africa.
8	NORRIS, Alicia Beatrice	Mar. 1, 1897	Royal Hospital, Sheffield	Field Force, South Africa.
110	NORRIS, Lucy Constance Mels	Oct. 13, 1899	Great Northern Central Hospital, N.	Field Force, South Africa.
571	NOLAN, Alice	May 15, 1900	Royal City of Dublin Hospital	Private nursing.
572	NOLAN, Caroline ..	May 15, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
180	Norman, Adelaide Maud	Dec. 1, 1899	General Hospital, Birmingham	Resigned.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
397	NORTHAM, Edith Josie	Mar. 9, 1900	Royal S. Hants Infirmary, Southampton	Field Force, South Africa.
80	NUTTALL, Margaret Bouschamp	Feb. 4, 1908	Alcock Hospital, Manchester	Field Force, South Africa.
376	NUTTER, Grace ..	Mar. 2, 1900	General Infirmary, Leeds	Field Force, South Africa.
603	O'CONNOR, Hannah Mary	July 2, 1900	Royal Portsmouth Hospital	Military Hospital, Southern District.*
724	O'DONNELL, Mabel Catherine Knox	July 11, 1900	St. Bartholomew's Hospital, E.C.	South African Police Hospital.
750	O'FLAHERTY, Amelia	July 24, 1900	Water Misericordias Hospital, Dublin	Field Force, South Africa.
688	O'Neill, Ellen ..	July 2, 1900	Royal City of Dublin Hospital	Died at Pretoria, March 12, 1901.
193	O'Neill, Mary E.	Jan. 10, 1900	Guy's Hospital, S.E.	Resigned.*
138	OSMERON, Jane Ann	Dec. 1, 1899	Royal Infirmary, Newcastle-on-Tyne	Field Force, South Africa.
784	ORR, Jennie ..	Aug. 1, 1900	City and County Hospital, Londonderry	Field Force, South Africa.
131	O'RYAN, Lucy H. M.	Dec. 8, 1899	General Hospital, Hobart, Tasmania	Field Force, South Africa.
810	OWEN, William, Mill-cent	Aug. 15, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
203	OVERBEEK, Irene ..	Feb. 9, 1900	Her Majesty's Hospital, Stopney, E.	Field Force, South Africa.
487	Owen, Emily Stanley	Mar. 28, 1900	Royal Infirmary, Derby	Accidentally drowned at Gormidon, Jan. 35, 1901.
504	OWEN, Mary E. ..	Apr. 2, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
773	PAGE, Annie ..	July 24, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
774	PAGE, Jane ..	July 24, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
392	PALLOT, Adeline Annie	Mar. 9, 1900	Royal Hants County Hosp., Winchester	Field Force, South Africa.
17	PALMER, Dorothy Frances	Mar. 15, 1897	Addenbrooke's Hospital, Cambridge	Appointed to the Army Nursing Service.
837	PALMER, Maud	Dec. 12, 1900	New Somerset Hospital, Cape Town	Field Force, South Africa.
761	PARKER, Martha D-maitson	July 24, 1900	Warneford Hospital, Lomington	Military Hospital, Aldershot.
714	PARNISTER, Kate	July 11, 1900	London Hospital, E.	Field Force, South Africa.
827	PARRSON, Louisa	Oct. 16, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
500	PARRSON, Mabel ..	Mar. 28, 1900	Swansea General and Eye Hospital	Field Force, South Africa.
833	PATERSON, Sophia M.	Oct. 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
947	PATRICK, Christina Findley	June 26, 1901	Berhill Hospital, Glasgow	Military Hospital, Aldershot.
481	PATTERSON, Marion	Mar. 23, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa. <i>Killed in S.E. Feb. 1903.</i>
845	PAUL, Lizzie ..	Dec. 12, 1900	London Hospital, E.	Field Force, South Africa.
124	PEELER, Mary ..	Oct. 31, 1899	University College Hospital, W.C.	Field Force, South Africa.
112	PEERS, Louisa Betty	Jan. 2, 1900	Royal Infirmary, Bristol	Private nursing.*
777	PENMAN, Kate ..	July 24, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
52	PENROSE, Margaret	Mar. 10, 1897	Sussex County Hospital, Brighton	Private nursing.*
388	PERCIVAL, Margaret	Mar. 9, 1900	Northern Hospital, Liverpool	Field Force, South Africa.
68	PETTER, Mary Beatrice	Apr. 9, 1897	London Temperance Hospital, N.W.	Private nursing.*

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
303	PETHICK, Ethel Mary	Feb. 9, 1900	London Hospital, E.	Field Force, South Africa.
878	PETTLER, Edith Mary	Feb. 23, 1901	Croydon Infirmary	Military Hospital, Aldershot.
27	Phillips, Grace Margaret	July 25, 1897	Radcliffe Infirmary, Oxford	Appointed to the Army Nursing Service.
626	PHILLIPS, Jane Elizabeth	June 19, 1900	Darney Parish Hospital, Glasgow	Field Force, South Africa.
340	PHILIP, Elsie Christian Russell	Feb. 23, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
467	Pick, Mary Louise	Mar. 22, 1900	Northern Hospital, Liverpool	Resigned.*
636	PICOT, Kate Mary	June 22, 1900	Royal Infirmary, Dundee	Private nursing.*
127	PICKER, Ada Louise	Jan. 29, 1900	Middlesex Hospital, W.	Field Force, South Africa.
403	PILLAY, Caroline Elphinstone	Mar. 28, 1900	Infirmary, Cardiff	Private nursing in Ceylon.
165	PLEVETT, Ada Florence	Dec. 8, 1899	Aldershot Hospital, Dorking	Field Force, South Africa.
877	PODOR, Clara ..	Feb. 23, 1901	West London Hospital	Military Hospital, Aldershot.
30	Poole, Hilda Frances	May 27, 1898	West London Hospital, Hammersmith, W.	Appointed to the Army Nursing Service.
208	POLLARD, Sevilla Florence	Jan. 10, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
333	POOLER, Winifred Mary	Feb. 16, 1900	Royal Infirmary, Bristol	Field Force, South Africa.
882	POPE, Ethel Grace	Feb. 23, 1901	Donet County Hospital, N.W.	Military Hospital, Southern District.
94	Porter, Edith ..	Feb. 11, 1899	London Temperance Hospital, N.W.	Resigned.
874	POTTER, Mary Louise	Feb. 25, 1901	Guy's Hospital, S.E.	Field Force, South Africa.
164	POTTS, Mary ..	Dec. 8, 1899	Royal Southern Hospital, Liverpool	Field Force, South Africa.
538	POULTER, Aline Marian	May 4, 1900	S. Devon and E. Corn Hosp., Plymouth	Field Force, South Africa.
746	POWELL, Elizabeth Turner	July 24, 1900	Infirmary, Bolton ..	Field Force, South Africa.
215	POWELL, Mary E.	Jan. 16, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
869	POWELL, Elizabeth Anne	Feb. 25, 1901	General Infirmary, Hereford	Field Force, South Africa.
438	PRANSLEY, Edith	Mar. 16, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
16	Pratt, Edith Mary	May 1, 1897	Royal Infirmary, Manchester	Appointed to the Army Nursing Service.
179	PRETTY, Edith ..	Dec. 1, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
95	Price, Mabel ..	Feb. 11, 1899	London Temperance Hospital, N.W.	Resigned.
345	PRICE-JONES, Rachel Louisa	Feb. 23, 1900	Royal United Hospital, Bath	Military Hospital, Gibraltar.
831	PRIDGON, Bessie Edith	Jan. 22, 1901	St. Mary's Hospital, Paddington, W.	Herbert Hospital, Woolwich.
605	PRITCHARD, Jane Ellen	July 2, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
921	PRITCHARD, Harriet Annie	May 10, 1901	Coventry and Warwick Hospital	Military Hospital, Eastern District.
223	PRIEST, Dora ..	Jan. 29, 1900	St. Mary Abbott's Inf. Kensington, W.	Field Force, South Africa.
497	PRIESTON, Florence	Mar. 28, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
502	PUGH, Myfanwy Wenona	Apr. 2, 1900	General Hospital, Birmingham	Field Force, South Africa.
486	PUGH, Fanny Mary Gail	Mar. 28, 1900	General Infirmary, Leeds	*

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
284	QUINN, Mary C. ..	Feb. 9, 1900	St. Vincent's Hospital, Dublin	Royal Victoria Hospital, Netley.
998	ROCKHAM, Alice	Apr. 10, 1901	Gay's Hospital, S.E.	Resigned.
306	RAE, Mary ..	Mar. 9, 1900	Royal South Hants Inf., Southampton	Field Force, South Africa.
805	RADGETT, Helen	Mar. 8, 1901	East Dulwich Infirmary	Field Force, South Africa.
86	RAMSEY, Agnes ..	Oct. 21, 1898	Western Infirmary, Glasgow	Private nursing.
440	RANNEY, Mary	Mar. 18, 1900	St. Mary's Hospital, Puddington, W.	Resigned.
3	RANNEY, Ada	Mar. 1, 1897	Royal Infirmary, Edinburgh	Resigned.
796	READ, Alice Mary	Aug. 2, 1900	Middlesex Hospital, W.	Field Force, South Africa.
833	REED, Blanche	Dec. 12, 1900	Royal Infirmary, Newcastle-on-Tyne	Military Hospital, Aldershot.
452	REES, Alice Grace	Mar. 16, 1900	London Hospital, E.	Field Force, South Africa.
009	REILLY, Margaret	June 16, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
748	REYNOLDS, Ruth ..	July 24, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
945	REYNOLDS, Maud	June 28, 1901	Bristol General Hospital	Resigned.
760	REYNOLDS, Emily	July 24, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
967	REYNOLDS, Elsie	July 27, 1901	Peterborough Infirmary	University College Hospital.
738	REYNOLDS, Alice	July 11, 1900	Meath Hospital, Dublin	Field Force, South Africa.
318	RHODES, Florence	Feb. 15, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
478	RHODES, Florence	Dec. 15, 1900	General Hospital, Birmingham	Resigned.
305	RICARDS, Alice ..	Mar. 2, 1900	Addenbrooke's Hospital, Cambridge	Resigned.
53	RICHARDSON, Annie	Mar. 19, 1897	London Temperance Hospital, N.W.	Private nursing.*
111	RICHARDSON, Elsie	Oct. 13, 1899	St. Bartholomew's Hospital, E.C.	Private nursing.*
514	RICHARDSON, Helen	May 4, 1900	Royal Infirmary, Perth	Herbert Hospital, Woolwich.*
511	RICHARDSON, Mary	May 4, 1900	General Hospital, Nottingham	Field Force, South Africa.
725	RICHMOND, Sarah	July 11, 1900	Beckett Hospital, Barnsley, Yorks	Field Force, South Africa.
488	RICHTER, Dora	Mar. 28, 1900	Royal Infirmary, Portsmouth	Appointed to the Army Nursing Service.
418	RICHTER, Mildred	Mar. 16, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
647	RIDER, Catherine	June 28, 1900	Her Majesty's Hospital, Stepney, E.	Field Force, South Africa.
490	RIDGLEY, Fanny	Mar. 28, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
441	RIDLEY, Annie ..	Mar. 16, 1900	Northern Hospital, Liverpool	Field Force, South Africa.
937	RIGGS, Laura Alice	May 10, 1901	St. George's Hospital, Bonhill	Field Force, South Africa.
929	RING, Lilian	May 10, 1901	Royal Infirmary, Bristol	Resigned.
800	ROBERTS, Bertha	Jan. 22, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
546	ROBERTS, Ida	May 4, 1900	Westminster Hospital, S.W.	Field Force, South Africa.
716	ROBERTSON, Jane	July 11, 1900	London Hospital, E.	Field Force, South Africa.

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
871	ROBERTSON, Margaret Jane	Feb. 23, 1901	University College Hospital, W.C.	Field Force, South Africa.
397	ROBERTSON, Mary	June 14, 1900	Royal City of Dublin Hospital	Appointed to the Army Nursing Service.
289	ROCHE, Mildred ..	Feb. 9, 1900	Royal Free Hospital, W.C.	Private nursing.*
631	ROCHE, Amy ..	June 28, 1900	Addenbrooke's Hospital, Cambridge	Field Force, South Africa.
575	ROGER, Anne	May 31, 1900	St. Thomas's Hospital, S.E.	Military Hospital, Aldershot.*
745	ROGER, Clara	July 24, 1900	General Infirmary, Bradford	Field Force, South Africa.
391	ROGER, Janet	Mar. 9, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
935	ROGER, Kathleen	May 10, 1901	Adelaide Hospital, Dublin	Military Hospital, Cork.
528	ROGER, Mabel ..	May 4, 1900	Royal Infirmary, Edinburgh	Private nursing.*
168	ROGERS, Emma	Dec. 8, 1899	St. Bartholomew's Hospital, E.C.	Resigned.*
749	ROGERS, Louisa	July 24, 1900	Western Infirmary, Glasgow	Military Hospital, Rochester Row, S.W.
232	ROGERS, Hilda ..	Feb. 2, 1900	Royal Infirmary, Oxford	Military Hospital, Aldershot.*
607	ROONEY, Florence	July 2, 1900	General Hospital, Birmingham	Military Hospital, Belfast.
883	ROPER, Annie ..	Feb. 23, 1901	Northern Hospital, Liverpool	Field Force, South Africa.
812	ROSCOE, Beatrice ..	Aug. 22, 1900	Royal Portsmouth Hospital	Military Hospital, Aldershot.
412	ROSE, Annie	Mar. 9, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
806	ROSE, Mary	Feb. 23, 1901	London Temperance Hospital	Military Hospital, Aldershot.
209	ROSE, Minnie	Jan. 10, 1900	Gay's Hospital, S.E.	Private nursing.*
156	ROWLEY, Emily	Dec. 8, 1899	Wallington Hospital, New Zealand	Field Force, South Africa.
173	RUSSELL, Frances	Dec. 1, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
183	SAGE, Margaret ..	Jan. 10, 1900	Great Northern Central Hospital, N.	Resigned. Re-appointed as No. 859.
859	SAGE, Margaret ..	Jan. 22, 1901	Great Northern Central Hospital, N.	Field Force, South Africa.
537	SAGE, Florence	Feb. 23, 1900	Taunton and Somerset Hospital	Died at Springfontein, June 11, 1900.
46	SAINTSBURY, Emily	May 14, 1897	Royal Barks Hospital, Reading	Field Force, South Africa.
803	SANDERS, Isabella	Aug. 13, 1900	London Hospital, E.	Field Force, South Africa.
453	SANTA, Louisa ..	Mar. 22, 1900	General Hospital, Chester	Field Force, South Africa.
941	SAVILLE, Bertha ..	June 28, 1901	Leicester Infirmary	Military Hospital, Devizes.
537	SCANTLEBURY, Emily Ann	May 4, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
791	SCHLEIBER, Sophie Catherine	Aug. 1, 1900	Assault Hospital, Manchester	Field Force, South Africa.
364	SCHUB, Pauline ..	Mar. 2, 1900	King's College Hospital, W.C.	Field Force, South Africa.
328	SCHUBERT, Letta ..	Feb. 16, 1900	Royal Infirmary, Liverpool	Private nursing.*
608	SCOTT, Frances	July 2, 1900	Meath Hospital, Dublin	Field Force, South Africa.
172	SCOTT, Marion	Dec. 18, 1899	Royal Albert Edward Infirmary, Wigan	Field Force, South Africa.
576	SEARLE, Ida Mary	May 31, 1900	Gay's Hospital, S.E.	Field Force, South Africa.

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NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
564	SERDON-SMITH, Edith	May 15, 1900	King's College Hospital, W.C.	Field Force, South Africa.
112	SERGMAN, Lonia	Oct. 13, 1899	Royal Infirmary, Glasgow	Field Force, South Africa.
476	SHANNON, Elizabeth	Mar. 23, 1900	Western Infirmary, Glasgow	Western Infirmary, Glasgow.*
841	SHATFERN, Rose Lida	Dec. 12, 1900	Prince Alfred Hospital, Melbourne	Field Force, South Africa.
644	SHARP, Emily Kate	June 28, 1900	Royal Depts Hospital, Reading	Field Force, South Africa.
964	SHAW, Emily	July 23, 1901	Mater Misericordiae Hospital, Dublin	Private nursing.
394	SHAW, Hannah M.	Mar. 9, 1900	University College Hospital, W.C.	Herbert Hospital, Woolwich.*
103	SHAW-HELLIER, Caroline Augusta	Dec. 1, 1899	Kimberley Hospital	Field Force, South Africa.
622	SHEPHERD, Grace Lillian	June 19, 1900	Guest Hospital, Dudley	Field Force, South Africa.
232	SHEPHERD, Lella	Feb. 16, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
354	SHERIFF, Elizabeth	Feb. 26, 1900	Royal Free Hospital, W.C.	Field Force, South Africa.
603	SHEPHERD, Lucy	June 14, 1900	Royal Hospital, Belfast	Field Force, South Africa.
54	Shields, Alexandra	May 7, 1897	Barnes-in-Furness Hospital	Resigned.
573	SHORE, Florence Nightingale	May 18, 1900	Royal Infirmary, Edinburgh	Private nursing.*
672	SHOON, Anne Sarah	July 2, 1900	Infirmary, Greenock	Military Hospital, Rochester Row, S.W.
410	SHOON, Margaret	Mar. 9, 1900	London Hospital, E.	Field Force, South Africa.
95	SKILLMAN, Jane Elizabeth	Jan. 2, 1900	St. Bartholomew's Hospital, E.C.	St. Bartholomew's Hospital.*
509	SMALLWOOD, Florence	June 14, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
407	SMITH, Alice Lee	Mar. 9, 1900	Royal S. Hants Infirmary, Southampton	Field Force, South Africa.
123	SMITH, Annie Beadmore	Oct. 31, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
594	SMITH, Annie Elizabeth	June 14, 1900	St. George's Hospital, S.W.	Field Force, South Africa.
318	SMITH, Edith	May 4, 1900	Royal Infirmary, Perth	Field Force, South Africa.
646	SMITH, Elizabeth	June 28, 1900	S. Devon & E. Cornwall Hosp., Plymouth	Field Force, South Africa.
722	SMITH, Ellen Mary	June 28, 1900	London Hospital, E.	Field Force, South Africa.
632	Smith, Florence Jessie Ellen	July 11, 1900	St. Saviour's Infirmary, East Dulwich, S.E.	Resigned.* Re-instated as No. 971
971	SMITH, Florence Jessie Ellen	Sept. 11, 1901	St. Saviour's Infirmary, East Dulwich, S.E.	Private nursing.*
919	SMITH, Isabella Colman	Apr. 10, 1901	Burnhill Hospital, Glasgow	Military Hospital, Curragh.
596	SMITH, Julia Eliza	June 14, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
418	SMITH, Lillian	Mar. 9, 1900	Royal Hospital, Bedford	Field Force, South Africa.
21	SMYTH, Susan	May 1, 1897	Charing Cross Hospital, W.C.	Field Force, South Africa.
861	SMYTH, Katherine Jane	Feb. 23, 1901	St. Bartholomew's Hospital, E.C.	Private nursing.
222	SNARE, Edith Annie	Feb. 9, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
282	SNARE, Lucy Edith	Feb. 9, 1900	Northern Hospital, Liverpool	Field Force, South Africa.
109	SNELL, Dorothy Annie	Dec. 8, 1899	Homoeopathic Hospital, W.C.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
188	SOLEY, Ethel	Jan. 10, 1900	Charing Cross Hospital, W.C.	Field Force, South Africa.
833	SOUTHALL, Jessie	Jan. 22, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
829	SPENCE, Janet	Oct. 16, 1900	Wellington Hospital, New Zealand	Field Force, South Africa.
502	SPENCE, Isabella	Mar. 8, 1901	St. Thomas's Hospital, S.E.	Herbert Hospital, Woolwich.
664	SPENCE, JESSIE	July 2, 1900	Chorlton Infirmary, Manchester	Field Force, South Africa.
744	SPENCE, Mary	July 24, 1900	Darby Parish Hospital, Glasgow	Private nursing.*
58	SPONER, Annie	Mar. 26, 1897	Royal Free Hospital, W.C.	Field Force, South Africa.
707	SQUIRE, Violet	July 11, 1900	London Hospital, E.	Field Force, South Africa.
263	Stanley, Helen W.	Dec. 8, 1899	Royal Infirmary, Edinburgh	Resigned.
66	STATHAN, Anna Katharine	Oct. 21, 1898	Sussex County Hospital, Brighton	Field Force, South Africa.
89	STEELE, Rose Elizabeth	Oct. 21, 1898	Adelaide Hospital, Dublin	Resigned.
461	STEENSON, Margaret	Mar. 23, 1900	Dundee & Gal. Infirmary	Field Force, South Africa.
663	STEENSON, JESSIE	July 2, 1900	Western Infirmary, Glasgow	Western District Hospital, Haddington.*
277	STEPHENSON, Isabella	Feb. 9, 1900	Royal Southern Hospital, Liverpool	Field Force, South Africa.
910	STEPHENSON, Lucy Emma	Apr. 10, 1901	R. Devon and Exeter Hospital	Military Hospital, Devonport.
779	STEPHENSON, Marion	Aug. 1, 1900	Mill Road Infirmary, Liverpool	Field Force, South Africa.
116	STEPHENSON, Mary Douglas	Jan. 29, 1900	Charing Cross Hospital, W.C.	Military Hospital, Dublin.*
6	Stewart, Alice Violet	May 1, 1897	Royal Devon and Exeter Hospital	Appointed to the Indian Nursing Service.
532	STEWART, Elizabeth	May 10, 1901	Parochial Hospital, Dundee	Military Hospital, Dublin.
197	STEWART, Edith Jane	Jan. 10, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
479	STONIE, Anna Linn	Mar. 23, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
880	STOWARD, Louisa Mary	Feb. 25, 1901	General Infirmary, Leeds	Military Hospital, Aldershot.
688	STRAHAN, Charlotte	July 2, 1900	Royal City of Dublin Hospital	Field Force, South Africa.
130	STRANDMAN, Nanette Goff	Dec. 18, 1899	St. Thomas's Hospital, S.E.	Field Force, South Africa.
922	STRATTON, Grace	Apr. 10, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
513	STRONACH, Catherine	May 4, 1900	Royal Infirmary, Glasgow	Military Hospital, Cork District.*
828	STUART, Amy Lillian	Oct. 16, 1901	General Infirmary, Salisbury	Field Force, South Africa.
120	STYLER, Georgina	Oct. 31, 1899	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
281	SUARE, Hannah	Feb. 9, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
809	SWILLIFFE, Nora Louisa	Aug. 15, 1900	Royal Devon and Exeter Hospital	Field Force, South Africa.
734	SUTTON, Ada	July 11, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
561	SWYTON, Ellen	May 12, 1900	Sussex County Hospital, Brighton	Field Force, South Africa.
491	SWAIN, Helen	Mar. 28, 1900	Royal Depts Infirmary, Reading	Field Force, South Africa.
442	SWANTON, Kate	Mar. 16, 1900	St. George's Hospital, S.W.	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
582	SYERS, Florence ..	May 31, 1900	General Infirmary, Sheffield	Field Force, South Africa.
965	SYKES, Hilda Maud	July 23, 1901	Royal Cornwall Infirmary	Bagthorpe Hospital, Nottingham.
557	SYMONS, Amy	May 12, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
568	SYDGEFANSSA, Ida	May 15, 1900	King's College Hospital, W.C.	Field Force, South Africa.
82	TABUTIAU, Nanci	Feb. 4, 1898	St. Bartholomew's Hospital, E.C.	Private nursing.*
344	TAIT, Evelyn	Feb. 23, 1900	Royal Infirmary, Liverpool	Field Force, South Africa.
579	TALBOT, Bessie	May 31, 1900	St. Thomas's Hospital, S.E.	Field Force, South Africa.
147	TALBOT, May ..	Dec. 8, 1899	Royal City of Dublin Hospital	Field Force, South Africa.
636	Tarbock, Rhoda Emma	May 4, 1900	Royal Hospital, Salford	Resigned.*
711	TATE, Maud Ellen	July 11, 1900	Metropolitan Hospital, N.E.	Field Force, South Africa.
287	TAYLOR, Christine	Mar. 9, 1900	St. Mary's Hospital, Paddington, W.	Field Force, South Africa.
191	TAYLOR, Elizabeth	Jan. 10, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
33	TREDALE, Adelaide	Apr. 28, 1897	Gov. Hosp., Adelaide, S. Australia	Private nursing.*
643	Templeton, Nellie	June 28, 1900	Royal Borneo Hospital, London	Resigned.*
41	Terran, Edith Maud	May 14, 1897	St. Bartholomew's Hospital, E.C.	Resigned.
413	THEAT, Catherine	Mar. 9, 1900	King's College Hospital, E.C.	*
505	THEAT, Mildred ..	Mar. 8, 1901	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
616	THEOPHILAS, Clara Maudie	June 16, 1900	Infirmary, Cardiff ..	Herbert Hospital, Woolwich.*
718	THOMAS, Annie ..	July 11, 1900	London Hospital, E.	Field Force, South Africa.
633	THOMAS, Elizabeth Emma	June 28, 1900	Infirmary, Cardiff ..	Field Force, South Africa.
870	THOMSON, Anna-bella Margaret	Feb. 25, 1901	Barabhill Hospital, Glasgow	Field Force, South Africa.
73	THOMSON, Helen Fergus	Apr. 22, 1897	Royal Hospital, Portsmouth	Private nursing.*
474	THOMSON, Mary Ritchie	Mar. 23, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
512	THORNTON, Annie	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
897	THORNTON, Louisa	Aug. 15, 1900	General Hospital, Bristol	Field Force, South Africa.
704	THORPE, Catherine Elizabeth Anna	July 11, 1900	London Hospital, E.	Field Force, South Africa.
273	Tillett, Grace	Feb. 2, 1900	Guy's Hospital, S.E.	Resigned.*
224	TIMBELL, Annie ..	Jan. 29, 1900	Guy's Hospital, S.E.	Colonial Hospital, W. Coast Africa.*
682	TIMBELL, Ellen ..	July 2, 1900	Queen's Hospital, Birmingham	Field Force, South Africa.
129	TIPPETT, Lillian Mary	Dec. 8, 1899	Guy's Hospital, S.E.	Private nursing.*
10	TIPPETT, Mary Elizabeth	Mar. 1, 1897	St. Mary's Hospital, Paddington, W.	Private nursing.*
4	Todd, Edith Mary Elizabeth	Mar. 1, 1897	Baptist Street Dispensary, Guildford	Appointed to the Army Nursing Service.
25	Todd, Lucie M. ..	July 19, 1898	Addenbrooke's Hospital, Cambridge	Appointed to the Army Nursing Service.
778	TOWNSEND, Ellen	Aug. 1, 1900	Royal Infirmary, Bristol	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
291	TRAVIS, Clara Louisa	Feb. 9, 1900	W. Kent Gen. Hosp., Maidstone	Field Force, South Africa.
29	TRIMERY, May Louisa	Feb. 11, 1899	London Hospital, E.	Military Hospital, Gosport.
50	TREWE, Annie Blanche	Mar. 26, 1897	University College Hospital, W.C.	Private nursing.*
475	TROTT, Geraldine	Mar. 23, 1900	Western Infirmary, Glasgow	Field Force, South Africa.
961	TRICELL, Mary Louisa	Mar. 2, 1900	General Hospital, Nottingham	Private nursing.*
226	TUCKER, Eleanor ..	Jan. 29, 1900	Infirmary, Leicester	Military Hospital, Gibraltar.*
332	TUNLEY, Mabel Mary	May 4, 1900	General Infirmary, Leeds	Field Force, South Africa.
690	TURNER, Amy Madeline Alice	June 14, 1900	South Staffordshire General Hospital, W.C.	Field Force, South Africa.
685	TURNER, Annie Elizabeth	July 2, 1900	King's College Hospital, W.C.	Field Force, South Africa.
60	TURNER, Bertha ..	Oct. 21, 1898	Royal Free Hospital, W.C.	Field Force, South Africa.
905	TYNLEY, Amy ..	Apr. 10, 1901	General Hospital, Birmingham	Field Force, South Africa.
875	TYNDALL, Mary Lillian	Feb. 25, 1901	Cranwell Infirmary, Manchester	Field Force, South Africa.
154	UPPLEY, Eliza Frances	Dec. 8, 1899	Middlesex Hospital, W.	Field Force, South Africa.
581	USHER-SCHERER, Augusta Mary Blanche	May 31, 1900	Dr. Steevens' Hospital, Dublin	Field Force, South Africa.
30	VINCENT, Ellen Elizabeth	Jan. 23, 1900	Guy's Hospital, S.E.	Field Force, South Africa.
819	VON-DUX, Alice Louisa	Aug. 27, 1900	Warneford Hospital, Leamington	Field Force, South Africa.
114	Walker, Adelaide Louisa	Oct. 13, 1899	Meath Hospital, Dublin	Appointed to the Army Nursing Service.
780	WALKER, Caroline	Aug. 1, 1900	London Hospital, E.	Field Force, South Africa.
521	WALKER, Elizabeth	May 4, 1900	Home of Industry Hospitals, Dublin	Richmond Hospital, Dublin.*
218	WALKER, Emma Eleanor Mar-garet	Jan. 29, 1900	Royal Infirmary, Edinburgh	Private nursing.*
913	WALKER, Juliet Emily	Apr. 10, 1901	Salford Royal Hosp.	Herbert Hospital, Woolwich.
42	Walker, Lucy Thompson	May 14, 1897	Homoeopathic Hospital, W.C.	Resigned.
201	WALKER, Maggie M.	Jan. 10, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
220	WALKINSHAW, Annie Williams	Jan. 29, 1900	St. Bartholomew's Hospital, E.C.	Military Hospital, Dunchester.*
927	WALKER, Bridget Margaret	May 10, 1901	St. George's Hosp., Brompton	Military Hospital, Warley.
115	WALTON, Maria ..	Oct. 13, 1899	London Hospital, E.	Royal Victoria Hospital, Netley
445	WALWORTH, Jane Isabella	Mar. 16, 1900	Royal Infirmary, Newcastle	Field Force, South Africa.
40	Ward, Frances Edith	May 7, 1897	Adelaide Hospital, Dublin	Resigned.
471	WARD, Jane ..	Mar. 23, 1900	Royal Hospital, Belfast	Field Force, South Africa.
283	WARD, Kate ..	Feb. 9, 1900	Addenbrooke's Hospital, Cambridge	Field Force, South Africa.
12	Ware, Carrie ..	May 27, 1898	General Infirmary, Leeds	Appointed to the Army Nursing Service.
127	Warner, Mabel Gertrude Ashton	Oct. 31, 1899	General Hospital, Hobart, Tasmania	Appointed to the Army Nursing Service.
772	WARREN, Ella Louisa	July 24, 1900	Union Infirmary, Creighton	Field Force, South Africa.

* Served in South African Campaign.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
288	WARREN-SMITH, Mabel	Feb. 5, 1906	Royal Infirmary, Sheffield	Field Force, South Africa.
269	WARREN, Lily ..	Feb. 9, 1900	Royal Infirmary, Manchester	Field Force, South Africa.
32	WASON, Annie Geraldine	Apr. 28, 1897	General Hospital, Bristol	Field Force, South Africa.
793	WATSON, Agnes Ann	Aug. 1, 1906	Union Infirmary, Gateshead-on-Tyne	Field Force, South Africa.
503	WATSON, Florence Emma Oswald	May 10, 1901	General Hospital, Nottingham	Military Hospital, Devonport.
401	WATSON, May ..	Mar. 9, 1900	Homoeopathic Hospital, W.C.	Field Force, South Africa.
58	WATSON, Phoebe ..	Mar. 29, 1899	Royal Free Hospital, W.C.	Field Force, South Africa.
513	WATTS, Louisa Lucy	May 4, 1900	General Infirmary, Leeds	Field Force, South Africa.
480	WEIR, Ada J. ..	Mar. 23, 1900	Homoeopathic Hospital, W.C.	Field Force, South Africa.
691	WEIR, Kathleen ..	July 2, 1900	Royal Infirmary, Lancaster	Field Force, South Africa.
682	WEINER, Emily Annie Still	June 23, 1900	Royal Infirmary, Dundee	Field Force, South Africa.
679	WEST, Deborah ..	July 2, 1900	Home of Industry Hospitals, Dublin	Field Force, South Africa.
44	West, Elizabeth Jane	May 7, 1897	St. Bartholomew's Hospital, E.C.	Resigned.
402	West, Mary-Jessima	Mar. 9, 1900	Resident Hospital, Barnsley, Yorks	Died at Pretoria, October 20, 1900.
701	WEST, May ..	July 2, 1900	Beckett Hospital, Barnsley, Yorks	Royal Victoria Hospital, Netley.
567	WESTBROOK, Dora	May 15, 1900	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
398	WESTBROOK, Gertrude	Mar. 9, 1900	General Hospital, Nottingham	Field Force, South Africa.
727	WETTON, Dorothy Elizabeth Julia	Aug. 3, 1900	East Suffolk Hospital, Ipswich	Field Force, South Africa.
786	WHATMAN, Emily Frances Twist	Aug. 1, 1900	Infirmary, Lambeth, S.E.	Military Hospital, Gosport.
96	WHEAT, Mabel Grace	Feb. 11, 1899	Royal Free Hospital, W.C.	Military Hospital, Aldershot.
645	WHILEY, Lucy ..	June 28, 1900	Royal Berks Hospital, Reading	Field Force, South Africa.
717	WHISTLER, Caroline Evelyn	July 11, 1900	London Hospital, E.	Private nursing.*
970	WHITE, Kate Octavia	Aug. 19, 1901	Lamington Hospital, Tasmania	Field Force, South Africa.
615	WHITE, Lucy Angela	June 16, 1900	Infirmary, Cardiff ..	Military Hospital, Devonport.*
171	WHITEHEAD, Henrietta	Dec. 18, 1899	London Hospital, E.	South African Police Hospital.*
850	WHITEHEAD, Jessie E.	Jan. 22, 1901	Carnarvon Hospital, Kimberley	Field Force, South Africa.
55	WHITMAN, Emily Margaret	Mar. 19, 1897	St. Bartholomew's Hosp., Rochester	Field Force, South Africa.
783	WHITE, Jessie Forbes	Aug. 1, 1900	Nottingham Hospital, Yorks	Field Force, South Africa.
674	WILCOCK, Eliza ..	July 2, 1900	General Infirmary, Leeds	Field Force, South Africa.
668	WILKIN, Elizabeth	July 2, 1900	Infirmary, Paisley ..	Military Hospital, Aldershot.*
889	WILKINSON, Annie May	Feb. 23, 1901	Royal Devon and Exeter Hospital	Military Hospital, Eastern District.
309	WILKINSON, Frances Maud	Feb. 9, 1900	Sussex County Hospital, Brighton	Private nursing.*
13	WILKINSON, Isabel Graham	Mar. 1, 1897	General Hospital, Birmingham	Field Force, South Africa.
226	Williams, Annie Gertrude	Feb. 16, 1900	Royal United General Hospital, Bath	Resigned.

* Served in South African Campaigns.

NO.	NAME	DATE OF APPOINTMENT	WHERE TRAINED	PRESENT EMPLOYMENT
503	WILLIAMS, Alice Jane	Apr. 2, 1900	Royal Infirmary, Edinburgh	Private nursing.*
597	WILLIAMS, Lucy Jane Bulkeley	Apr. 2, 1900	Royal Southern Hospital, Liverpool	"
128	WILSON, Annie Louisa	Oct. 31, 1899	Royal Infirmary, Edinburgh	Military Hospital, Scottish District.*
450	WILSON, Edith May	Mar. 16, 1900	Infirmary, Leicester	Field Force, South Africa.
613	WILSON, Elizabeth Annie	June 16, 1900	Adelaide Hospital, Dublin	Cardiff Infirmary.*
77	WILSON, Esther Helen	July 9, 1897	Royal Infirmary, Edinburgh	Private nursing.*
834	WILSON, Gertrude Agnes	Oct. 16, 1900	St. Mary's Inf., Notting Hill, W.	Resigned.
912	WILSON, Jeanie Stewart Ramsay	June 28, 1901	Selly Oak Infirmary	Military Hospital, Portsmouth.
63	Wilson, Mary ..	Mar. 26, 1897	Northern Infirmary, Inverness	Appointed to the Army Nursing Service.
186	WINTER, Alice Mary	Jan. 10, 1900	London Hospital, E.	Field Force, South Africa.
617	WIRRENT, Annie ..	June 16, 1900	Royal Infirmary, Edinburgh	Field Force, South Africa.
333	WORLDFOOD-HANSEN, Hilmar	Feb. 16, 1900	Infirmary, Cardiff	Field Force, South Africa.
99	WORLDMAN, Alice Doris	Mar. 29, 1899	Royal Free Hospital, W.C.	Field Force, South Africa.
804	WOOD, Ada Louisa	Oct. 13, 1900	Dumfries & Galloway Royal Infirmary, Winder	Military Hospital, Gosport.
31	WOOD, Blanche May	Apr. 28, 1897	Royal Infirmary, Winder	Private nursing.*
519	WOOD, Emily Jane	May 4, 1900	Royal Infirmary, Glasgow	Field Force, South Africa.
907	WOOD, Grace	Apr. 10, 1901	Glasgow and Monmouth Infirmary	Field Force, South Africa.
445	WOODMAN, Ethel May	Mar. 16, 1900	Royal Albert Edward Infirmary, Wigan	Field Force, South Africa.
69	WOOLACOTT, Laura Russell	Apr. 22, 1897	St. Bartholomew's Hospital, E.C.	Field Force, South Africa.
29	WORTHINGTON, Mary	May 27, 1898	Adelaide Hospital, Dublin	Appointed to the Army Nursing Service.
765	WRAXALL, Emilie Elizabeth	July 24, 1900	Crumpeall Infirmary, Manchester	Field Force, South Africa.
569	WRIGHT, Agnes Mary	May 15, 1900	County Hospital, Durham	"
444	WYATT, Annie Stewart	Mar. 16, 1900	Royal Hospital, Portsmouth	Field Force, South Africa.
335	YOUNG, Helen Matilda	Mar. 2, 1900	Royal Infirmary, Aberdeen	Field Force, South Africa.
683	YOUNG, Helena Mary	July 2, 1900	Metropolitan Hospital, N.E.	Military Hospital, Aldershot.*
23	Young, Henrietta Fridesma	May 12, 1897	Addenbrooke's Hospital, Cambridge	Appointed to the Army Nursing Service.
420	YOUNG, Priscilla ..	Mar. 9, 1900	Northern Hospital, Liverpool	Field Force, South Africa.

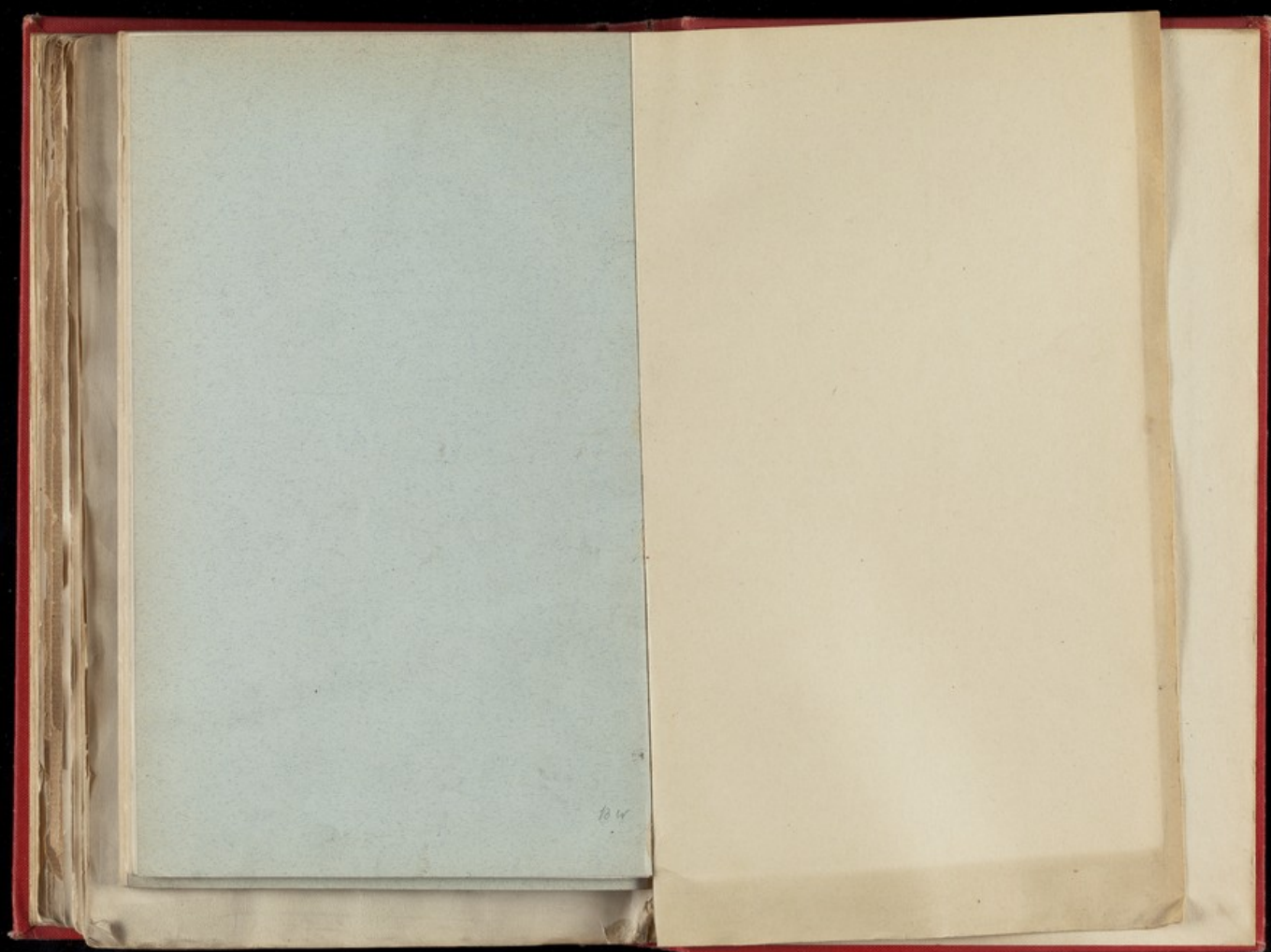
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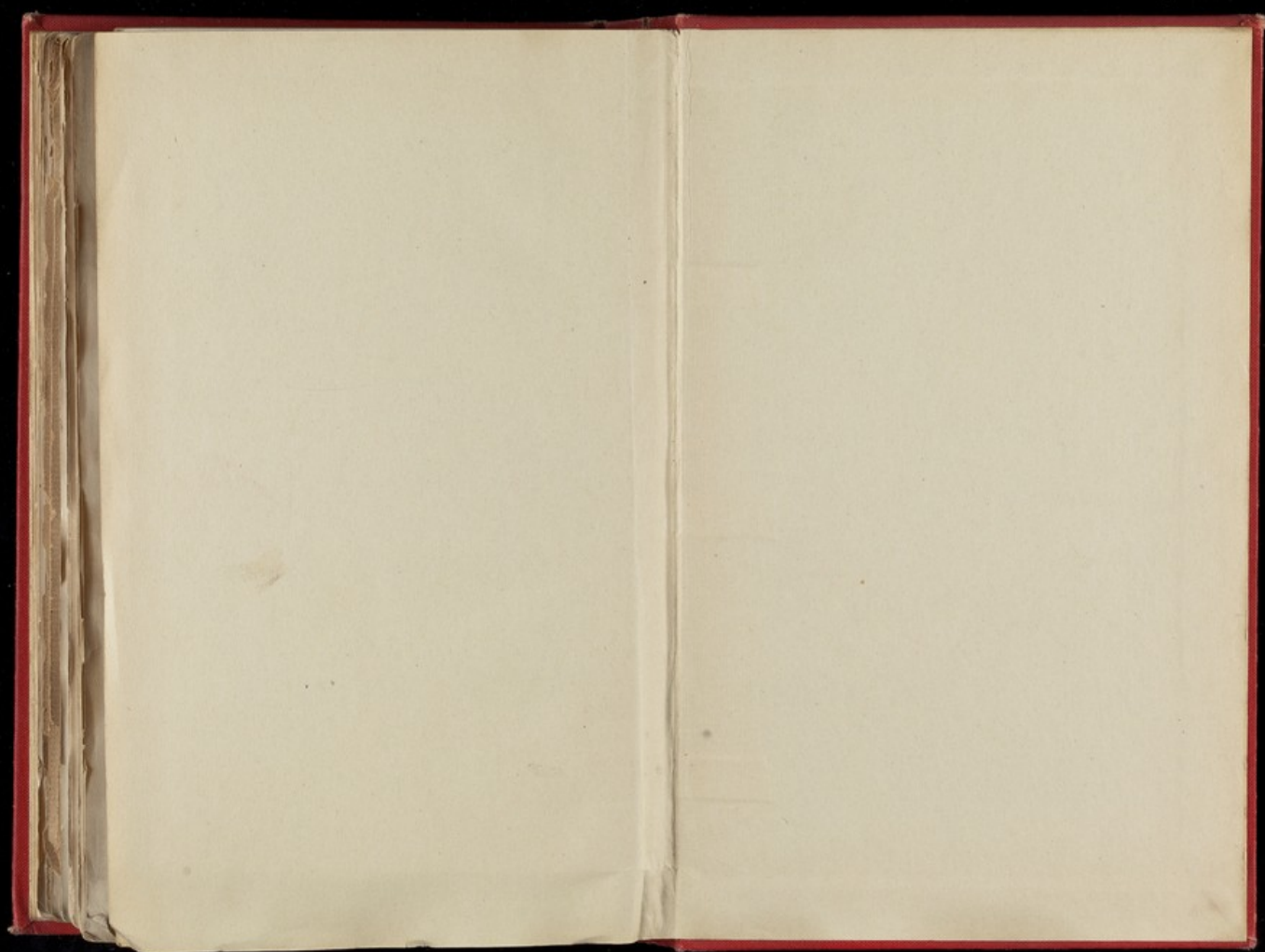
HONORARY MEMBERS.

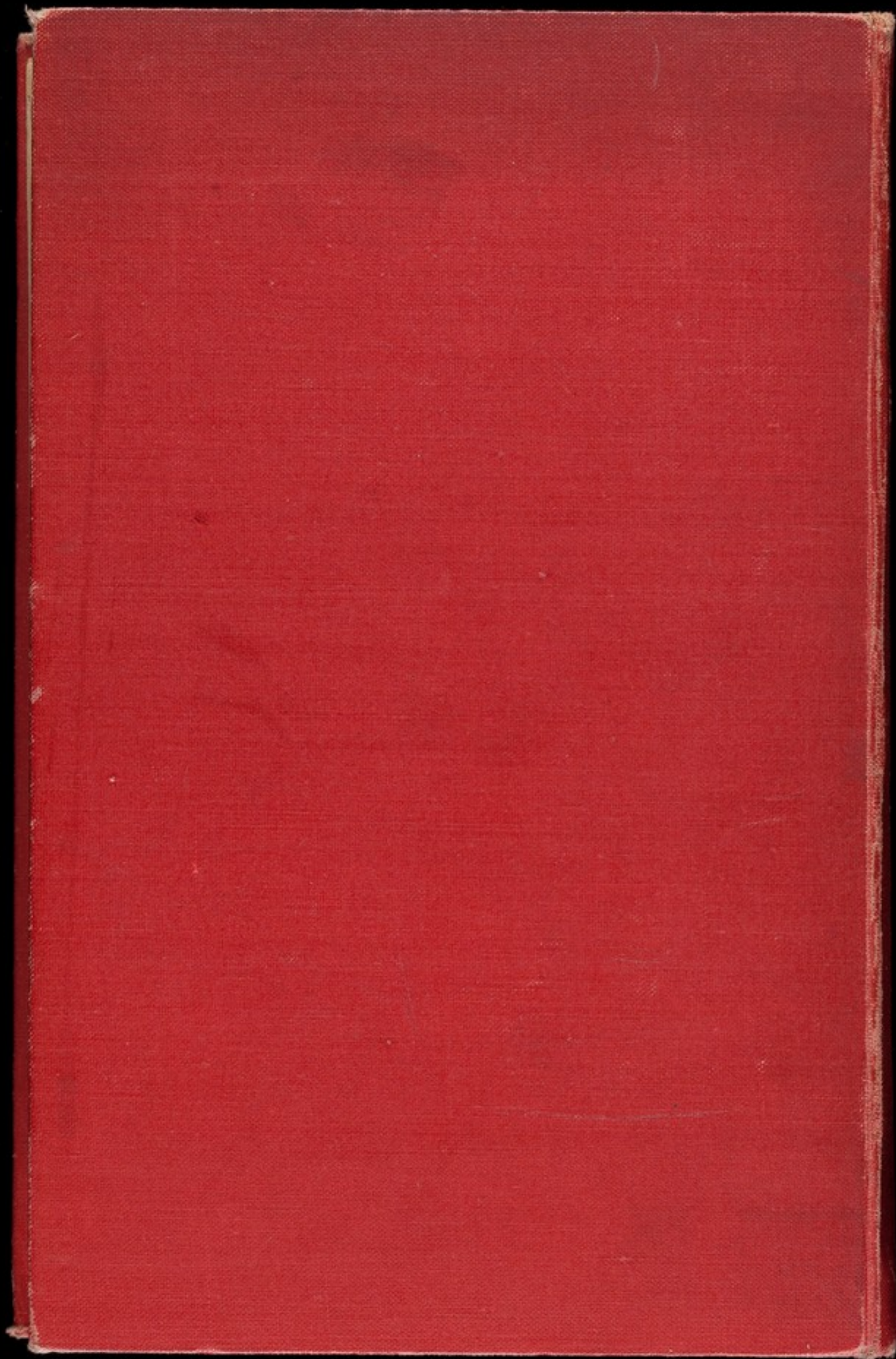
Miss ANNE J. GARLICK. 23rd March, 1900.
Employed with the Field Force, South Africa, at the instance of the British inhabitants of California.

Miss ELLA PALMER. 16th October, 1900.
For excellent services rendered as a sick attendant in South Africa.

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PAMPHLETS

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