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INVALIDING OF SICK SOLDIERS AT HOME AND ABROAD DISCUSSED.

Reserving for a future occasion some remarks on certain defects in the Recruiting system of the British Army as now constituted, it is proposed in the present article to show that there are blemishes and inconsistencies which call for amendment in the mode of dealing with invalids, not only as regards those who in the course of their service become temporarily incapable of performing their duties, but also as regards those who become permanently unfit for service.

In both cases an attempt will be made to suggest such changes as might, if adopted, to some extent remedy the evils pointed out as well in our recruiting as in our invaliding systems.

Very early in his career the young soldier is liable to break down. The observant reader will be inclined to say, "Surely after the very searching ordeal for the detection of latent disease through which the constitutions of recruits have to pass before they are finally approved, this ought not to happen." Nevertheless, such is the case, and it can be accounted for in various ways. His mode of life is suddenly and entirely changed, more or less, according to his previous occupation. From being perhaps badly or imperfectly clothed he is dressed in tightly-fitting garments, accustomed probably to very short commons in regard to diet, and rarely getting animal food, he suddenly gets regular and substantial meals, including animal food, every day. From a state of depression of spirits, induced from poverty and want of work, he passes into the exciting atmosphere of Military life, with its temptations and dissipations. However hard worked he may have been previously, the amount of drill which, as a recruit, he has to undergo, calls into operation joints and muscles which formerly were little used. Some of these causes produce excitement, some depression. Again, some men, having enlisted in hasty moments, repent having done so, and become discontented and despondent; others, feeling the separation from their relatives and friends, become home-sick and low-spirited; and many, either

under the influence of these depressing causes, or from an innate wicked nature, plunge deeply into the vices and dissipations which lie so constantly within the reach of the soldier wheresoever he goes. True, it is, that a sound constitution might long resist such inroads, and that it is the duty of the Medical Inspector of Recruits to reject men having feeble constitutions. But the surgeon is at present tied down by fixed regulations. If a recruit proves to be fit for the service, as tested by these, the surgeon has no alternative but to pass him unless he wishes to embroil himself with the other recruiting officials. He may have a conviction in his own mind that a man's constitution will not long bear the strain which a soldier's duties will require it to do, yet there being no developed cause for rejection, he must pass him. Inspecting medical officers should have more latitude given to them, allowing them to pass men even when they have blemishes which by the regulations they reject, should they be satisfied that these will not impair their efficiency. So in like manner should they have latitude to reject men when their professional instincts lead them to doubt the soundness of their constitutions, even although such unsoundness be still latent, attaching a note of explanation in both instances. Such power given, the number of recruits who early break down would doubtless be diminished, although it might still continue to be very great.

Supposing, then, a young soldier to have broken down under the influence of one or other of the above causes, are the means which are taken to restore his efficiency calculated in all cases to effect this end? This is rather doubtful. For in almost every instance he is sent to hospital, where he may remain for an indefinite time. Few commanding officers are willing to allow men to be treated as "sick in barracks," and even did they sanction it, it is objectionable. Cases of actual disease of course cannot be better treated than in a comfortable hospital, but how numerous are the cases of prostration resulting from some of the causes above enumerated as affecting young soldiers which are undoubtedly confirmed or aggravated by hospital treatment, which might be entirely removed by well timed relaxation of mind and body. Let us imagine a case. If a young man of eighteen years of age in civil life falls into a doubtful state of health from too much, too constant, or unaccustomed work, we do not confine him in a hospital along with patients labouring under forms of disease which, notwithstanding all precautions, must contaminate the atmosphere; or if the invalid belongs to the upper or middle classes he is not shut up in his bedroom. In such cases, work, mental and physical is relaxed, and tonic treatment is combined with change of air and scene, healthy exercise, and innocent recreation. What is done in the case of the young soldier? Let us suppose the case of a fine intellectual youth whose mind is being developed at the expense of his body. However desirous to do all that is required of him as a recruit, he

soon finds himself physically unfit to do it ; accordingly he reports himself sick and is sent to hospital. Some officers make it a rule that their men must either be at their duty or in hospital. Under this rule, such a man would necessarily be admitted into hospital, perhaps the very worst place he could be in ; with no actual disease, but simply enfeebled, he is ordered to bed, placed on spoon or tea diet, and heedlessly, it may be, kept thus for some days ; he may then be allowed to get up, and has his diet changed to a meat one. This, perhaps, is all the treatment to which he is submitted. What is the consequence—he becomes depressed in spirits, and his debility augments. If of a nervous temperament, he is not unlikely to receive infection should there be any infectious cases in the wards. Under any circumstances, the society of sick persons is not very lively, and the confinement within the walls of a hospital ward is not invigorating. Still, in pursuance of the orders of the commanding officer, he must be kept in hospital, perhaps undergoing no medical treatment, until long confinement having failed to make him fit for duty, he is brought forward for discharge from the service, a dead pecuniary loss to the country.

There are, however, officers who permit men to be treated on what is termed the convalescent list. They live in barracks and attend hospital every morning. Sometimes, also, it is permitted to recommend men for limited drill or light duty. Inasmuch that these arrangements admit of the invalid getting more exercise, respiring fresher air, and not being exposed to infection, they are advantageous, still they come far short of what is required to give certain cases of delicacy of constitution a fair chance of being invigorated and rendered fit for the active duties of a soldier's career. For just let us consider how they are situated. If on the convalescent list they are confined to barracks, and thus their time is unavoidably spent either lounging about in their barrack rooms, loitering about in the cold drafty passages and at the doors, or worse still, in the heated atmosphere of the canteen, if they are not prevented from going there. Such restrictions are not suited to men perhaps depressed in spirits from bodily prostration, and not able to cope, it may be, with the noisy banter of healthy and often coarse-minded men. While, on the other hand, with regard to men recommended for light duty, not being confined to barracks, and having more time at their disposal than their comrades, they will, if ill-disposed and dissipated, employ their liberty and leisure in defeating the very object for which these were granted, and thereby risk their lives. Let any of the readers of these pages suppose a member of their own families to be in circumstances similar to those which befall many poor young recruits ; let them suppose such dear ones prostrate and feeble from incipient organic disease, or temporarily indisposed, by over-study or over-work of any kind, depressed in spirits, with capricious appetites, disturbed sleep, and such other symptoms which, when treated in time, and

judiciously, soon pass away; but when neglected or improperly treated, end in permanent ill-health or death. Let such persons ask themselves whether they would consider it the proper mode of treatment to send such ones to be inmates of an infirmary for months, or to place them amongst a number of noisy, rough, healthy men, to live upon food which, however excellent in a state of health, causes loathing and sickness in them, and to be disturbed at all hours of the day and night by the noises which more or less prevail in such a community. Would they not rather judge that by so acting towards their young charges they would be guilty of greatly neglecting their duties? No one who has not been conversant with the hardships of such cases occurring among young soldiers, can be aware of their extent. Surgeons cannot fail to feel how powerless they are to combat against disease under circumstances so favourable to its progress and so adverse to its arrest. Let it be remembered that each recruit or young soldier so sacrificed represents a loss of a certain number of pounds sterling to the taxpayers. It is, therefore, for the interest of all such that some remedy should be proposed not only on the score of humanity, but of economy. Before suggesting such plans as would, in the opinion of the writer, conduce to both these desirable ends, there are other phases of the invaliding system of the British Army which call for attention.

Much of what has been stated regarding recruits and young soldiers applies to more matured soldiers on home service. When men after long service in a warm climate, become threatened with organic disease, much precious time is often lost in temporising with the incipient symptoms. They are detained with their regiments doing duty at intervals, out of and into hospital until the disease being hopelessly confirmed, they are brought forward for discharge, and sent to the general hospital with that view. The remarks that have been made on the treatment of enfeebled young soldiers will equally apply to such cases, and the remedy to be hereafter suggested will be very similar. But do not these point at something like mismanagement, and go far towards explaining what must often have surprised those whose attention has been directed to it—namely, that the mortality in the Army is always greater than that in civil life. That it is so, even irrespective of mortality consequent on epidemics, of cholera, yellow fever, or of dysentery, is undoubted, and yet many of the stations of the British Army are even more healthy than the British Isles themselves. The ranks of the Army are composed of men carefully selected between the ages of eighteen and twenty-five years, and supposed to be of sound constitutions, and the number of men who continue in the Army beyond the age of fifty years, is very limited. On the other hand, the mass of the community, on whose numbers the mortality in civil life is estimated, is composed of infants and young children of both sexes—men and women of all ages, amongst the former, many men

who have been rejected as of unsound constitutions, and therefore unfit for the Army, and men discharged from the Army, and restored to civil life either with constitutions shattered from long service, or hopelessly diseased at an earlier period of their soldier's life. Notwithstanding this strange contrast, certain it is that even in peaceful times the mortality amongst our troops shows a higher ratio, indeed, a considerably higher ratio, than it does amongst the general population of the country. If there is any real foundation for what has already been stated, the explanation of this unfavourable contrast may be traced to the disadvantageous circumstances under which Army medical officers have to combat incipient organic disease. That Army surgeons treat most diseases quite as skilfully as, and some forms of disease, from long experience, even more skilfully than civil practitioners, cannot be doubted, therefore it becomes necessary to seek for the explanation of mortality elsewhere, than in the want of skill of the medical attendants.

In order to probe the subject still further, let us now consider how invalids from foreign stations are disposed of. Still contrasting the procedure in civil life with that in the Army, what is the practice in the former?

If a member of a family falls into delicate health, shows symptoms, for example, of tubercular phthisis, or is already labouring under that disease, what do the parents or friends do for the invalid, if they are able to afford it? If the disease be only incipient, they seek for a locality easily reached, where a climate less trying than that wherein the sufferer is living prevails, and there they send him or her during the trying seasons. They select from the numerous mild spots on our southern and westerly coasts those most suitable and easy of access. If pecuniary circumstances will enable them, and if the case be of a serious nature they select more southerly and warmer climes for a longer sojourn, such as Egypt, Malta, Spain, Madeira, Africa. There can be no doubt that within certain limits this is the proper treatment in such cases of delicacy of constitution, or even of confirmed disease. What, then is the sagacious custom in the Army? What is the practice which all thoughtful medical officers must in very many cases carry out with very great reluctance and serious misgivings?

Simply repeating what has already been said that it is not the custom to send invalid soldiers on home service to milder parts of the kingdom for change of air, or to attach them to regiments stationed in colonies, or at foreign stations, the climates of which might restore their vigour, but that they are kept with their regiments going from bad to worse, until their cases, having become hopeless, they are discharged from the service, if they do not die before then; we will now state what the procedure is with regard to invalids from foreign stations. It would occupy too much space to describe the various modifications which circumstances connected with some of our colonies lead to, we will, therefore, speak generally.

As is well known, our troops are quartered in greater or less force in every quarter of the habitable globe, and in every possible variety of climate. Annually, or twice a year in most instances, medical officers are required to select such men as they may consider unfit for further service, or temporarily unfit, or whom they may deem proper subjects for change of climate. If men have been much in hospital, and if surgeons have failed to make any impression on whatever diseases they may be affected with, it is natural that they should wish to rid their regiments and hospitals of inefficient soldiers. Sometimes, likewise, surgeons are pressed by their commanding officers, or their adjutants, to include certain particularly useless or ugly men in their invalid lists. These lists having been prepared, the invalids appear before a board of medical officers, and are finally seen by the inspecting-general officers, and their destination is then decided upon. Now, it is quite right that men should be invalided from climates which have injured their constitutions and are threatening their lives; but it is neither right nor wise that when invalided they should of necessity be sent to England. There are numerous cases about which there can be no doubt, cases which will undoubtedly be benefitted by being sent home. There are others, hopeless cases, in which the poor patients ought themselves to be consulted, as to whether they prefer submitting to the discomforts of a long voyage in the hope of reaching home to die there, or whether they would prefer to end their days abroad, but there are many cases, which, while they demand a change of climate, are certainly not such cases as are likely to be improved by being sent to England. Nevertheless, to England they certainly go, if they are invalided for change of climate. As an illustration, and in order to show how such a system is in frequent instances opposed in toto to the practice pursued towards invalids in civil life, we will take an example, and for this purpose, we will cite the West India command. At the appointed season of the year a transport or troop-ship arrives probably at Barbadoes. From that point of departure it makes the tour of all the islands where troops are stationed, collecting invalids from each. It then either proceeds direct to England, or returns to Barbadoes, where the whole body of invalids are again inspected by the principal medical officer, previous to being sent home.

The writer of these remarks, on one occasion had medical charge of a troop ship thus employed in collecting invalids amongst the Windward and Leeward islands. It was to him painful in the extreme to be obliged to receive to the discomforts of shipboard poor fellows in the last stages of mortal disease whom it would have been the kindest charity to have detained even against their will to die in peace on shore. Doubtless the feelings of such invalids ought in some measure to be consulted, for it is natural to us all to desire to die in our native land, where, it may be, our relatives and friends may be around our dying beds. But it does happen that men in

the last stages of disease are thus sent away from their regiment without they themselves having expressed a wish one way or another. There is no small amount of selfishness displayed in such a procedure, for does the commanding officer not thus rid his regiment of an inefficient soldier, and the surgeon, his hospital of a troublesome inmate. Nevertheless, in doing so, although the regulations of Her Majesty's Service are thereby complied with, the rules of sound medical practice are reversed. For, while civilian invalids are being sent away from the severities of our British Spring, Military invalids are being transported from genial climates to be cut down by biting east winds at home.

Of course, the majority of invalids thus sent home are benefitted, allusion is now only made to such cases as are obviously unfit to contend against the trying change. I remember once returning with my regiment from the tropics, we landed at Portsmouth in the month of January. Imagine the contrast of climate between Barbadoes and Portsmouth in the month of January. I noticed that while in the trade winds, even the worst of our invalids freshened up and rallied, as we entered the variables they began to droop, and when we arrived at Portsmouth, I accompanied an omnibusful of patients to the hospital, the majority of whom were dead in a month. Whereas had such men been left at a Sanitarium in Barbadoes or elsewhere in the tropics their lives might have been prolonged at least, if not saved. What would medical men in private practice give to have it in their power, in choosing invalid residences, instead of the few places, where in addition to a mild climate the appliances necessary for the comfort of invalids are to be found, to be able to select from the following varied climates, all of them being stations occupied by British troops: the Mediterranean, British America, Bermuda, West Indies, Western Africa, St. Helena, Cape of Good Hope, Mauritius, Ceylon, Australian Colonies, China, India, &c.?

Such then are some of the defects in the management and disposal of invalid soldiers, and we would now venture to suggest some changes which may be thought worthy of consideration by the public authorities.

And first with regard to recruits and young soldiers serving at home. How should invalids amongst them be dealt with? Let a certain number of small military posts be selected as invalid stations on the south-west coasts of England, Scotland, and Ireland. Troops are already quartered at some of the healthiest spots in the kingdom, but let the number of these stations be increased, making them available for other purposes, if possible, besides being designed for the reception of invalids. To those stations let the steady old soldiers belonging to regiments ordered abroad, whose term of service is nearly expired, be sent to complete their time, and to those stations let such young soldiers and recruits be sent as show any delicacy of constitution consequent on the change of mode of

living and occupation, from civil life to that of the soldier, selecting the climate most likely to re-establish their health. By thus disposing of them, instead of their being confined in an hospital, and perhaps having any delicacy of constitution confirmed, they would be at a healthy outpost, their drill being prosecuted in accordance with their powers of endurance; and during their hours of relaxation, they would inhale pure air, and have healthy exercise and recreation. Those of them who recovered would be sent back to their regiments to make room for others, while those whose symptoms become more developed, would be transferred to the general hospital, to be dealt with as confirmed invalids, or be discharged under due authority on the spot. To these invalid stations might also be sent men of longer service belonging to regiments at home, who might exhibit threatening symptoms, should their regiments at the time be quartered at any particularly exposed spot—as an example of which, it is quite possible that a man may be a good and efficient soldier, and yet that his constitution may not be so robust as to be able to encounter the climate of Edinburgh Castle in the early spring—surely it would be an act of humanity as well as of real economy, to remove such a man from its influence. And so in regard to other home stations. The establishment of such invalid and convalescent posts would most certainly meet with the approval of the public. It would be admitted to be a humane measure; the tax-payer would feel that by economising human life, it would diminish the public expenditure; and that portion of the community from which the best class of recruits is drawn, would feel that the lives of such of their relatives, as may have enlisted, were being cared for, and without doubt the number of such recruits would be proportionately increased.

The second suggestion proposes to deal with men requiring a more thorough change. The measures about to be recommended are not so likely to meet with the approval of officers commanding regiments, and others on whom it might entail some little extra work in the form of returns and accounts, as that which has already been discussed. It is not the less likely on that account to be a judicious scheme. It has been already said that the procedure which at present prevails in the Army, is to send invalids, without any distinction, home from foreign stations to England, for change of climate, while it is the procedure in civil life to send delicate persons from England to warmer climes. The latter, of course, is the correct practice, and it is proposed that it should be followed with respect to certain invalids belonging to regiments serving in the British islands. At the proper time in spring, it is recommended that such delicate constitutioned soldiers should be selected and classified according to their symptoms, and sent out to foreign stations suited to their different conditions—that on their arrival there, they should be attached to, and do duty with the regiment or detachment which may happen to be quartered there, being returned to their

own regiments on the restoration of their health, as occasion may offer. In a genial climate they might thus be doing regular duty, whereas as invalids at home, they would be encumbering their respective hospitals. Of course men never likely to be again efficient, would, in fairness, be consulted, before being sent abroad—the option being given to them either to go abroad, or to be discharged at once. It can scarcely be supposed that men who, if they had been in private life when they fell into bad health, and had been recommended by their medical attendants to go to a milder climate if they were able to afford it, would not have hesitated to do so; because they had fallen into bad health, would soldiers raise any objection to going to a mild foreign station, when the object to be gained in the opinion of Army medical men, is to re-establish their healths, or to save their lives. It remains now to discuss the only remaining branch of our subject, namely, the disposal of invalids who have become invalids on foreign service.

The existing practice is to collect invalids at the various stations at certain intervals, always once, but generally twice a year, to appear before a medical board, to be seen by the inspecting general officer at the half-yearly inspection of troops, and afterwards to be sent home to England. At some stations it has become a custom not to wait for these periodical inspections, but when men are found unfit for the service, to invalid them, and send them home by the earliest opportunity, be it troop-ship, transport, or royal mail steamer. This is certainly an improvement on the old system, and probably a saving to the country, as men really unfit are thus more speedily dealt with. But the defect in the whole system is this, that there is no distinction made in the mode of dealing with invalids generally. Men dying from incurable diseases, men simply out of health, and recommended for change of climate, men worn out by length of service, all without discrimination are sent to England. Now, there is no doubt that the larger proportion of invalids, especially those belonging to the second of these classes, will derive much benefit from returning to their native air. It is equally certain that some choice should be accorded to such men of the first class whose cases are desperately hopeless, but it is not so clear that there are not many men sent home to England as invalids, in direct opposition to the views of all the most distinguished writers, on the influences of climate on disease. And it is to this class of cases that the present remarks refer.

In the first place then, no small detachment should ever, unless under very urgent circumstances, be stationed in notoriously unhealthy quarters. If beyond the reach of speedy medical aid, the men will feel nervous, and will consequently be more prone to take disease. When larger bodies of troops are stationed in localities of doubtful salubrity, a convalescent post should be established as a sanitarium, to which all men recovering from disease, all men threatened with organic diseases, or men whose constitutions would

be invigorated by an occasional change, should be sent. Martinets will say, if you then provide country quarters and relaxation from duty for the soldier on every trifling occasion, you will spoil him altogether. Not so, it is only those who are really ill, that are now alluded to, it is for the commanding officer and his surgeon to see that they are not imposed upon. When a commanding officer is ill, he expects leave of absence, in like manner it is plainly a measure of prudence, humanity, and economy, to take as great care as possible of men, each of whom cost the country so much, whether well or ill, and is a dead loss to the service if heedlessly sacrificed. These sanatoria would of course be provided with sources of healthy recreation and employment, as well for body as for mind.

In the next place, it being decided that there is not in the immediate vicinity of any given station, a change of climate sufficiently complete for certain special cases of disease, and it being also decided that change of climate to England is not judicious, one or two varieties of climate conveniently situated in relation to each foreign station (cold, warm, temperate, bracing or soothing), to which the authorities at each station should have it in their power to send such special cases, should be nominated. Thus each station having its sanitarium, might become an invalid depôt for men from other stations, the climate of one station being in many cases suitable for cases from another station, and *vice versâ*. To these sanatoria also would be sent, as has already been proposed, invalids from home stations requiring change.

It is only some measure such as this that will enable Army surgeons to deal with Army invalids, according to the rules of the profession to which they belong. Under existing regulations in many instances, they are compelled to act in direct opposition to such rules, sending sick men to England, whom a civilian physician would send abroad, and not having it in their power to send other cases abroad, which their judgments consider suitable cases for such a change. There is still one other point to which allusion may be made. At all stated periods for invaliding, certain men are brought forward for discharge as "worn out." If such men are simply discharged as having completed their term of service, they get an ordinary pension, but if recommended for discharge by a medical board, they get a trifle more. Now this custom leads to not a little perhaps allowable deception on the part of old soldiers, by which medical officers allow themselves to be imposed upon in very many cases. It is a great pity that temptation to deceive even in this trifling way, should be put within the power of respectable old soldiers who may have served their time honourably up to that occasion. An old soldier is brought before a medical board, and is asked what his ailments are? Not really having any, he is even urged by the members of the board in leading questions to discover symptoms. All medical officers are familiar with these "malade imaginaire" symptoms; the shortness of breath in going up a hill,

or upstairs; the feeling of tightness across the chest when the knapsack is worn; the palpitation of the heart; the stiffness of the joints and the rheumatic pains; the expectoration, and even on occasions the spitting of blood; the dizziness, and so forth.

This inducement to subterfuge should be put a stop to. All worn-out, well-conducted soldiers should, after completing their time, receive the same pension, to be augmented if they serve beyond their time, and only those who have undoubted and distinctly developed disease, rendering them wholly unfit for any active employment should receive any extra pension. In this way would the surgeon be relieved of the necessity of seeming in his tender-heartedness to credit what, in truth, he does not believe, and the old soldier would be saved from degrading himself by telling an interested falsehood.

It is not supposed that all the suggestions now thrown out, or indeed any of them, will be adopted by the authorities. Some of them may be considered impracticable, others, unnecessary, and all injudicious, however well meant. The objects for which they have been put forth have been to reduce the expenditure, to diminish the loss sustained by the mismanagement of invalids, to promote the well-being of the soldier in health, and to act humanely towards him, when shattered by disease; to add to the number of recruits by proving to the community at large, that as much attention will be paid to the health and comfort of those who become soldiers, as falls to their lot in civil life, and in the case of the humbler members of our population, to show that such comfort will be greater than they can expect in their own homes. Keeping these desirable objects in view, the reader is invited again carefully to peruse what has been written.

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