

MILITARY AND NAVAL MEDICAL SERVICES.

RECOMMENDATIONS OF LORD MORLEY'S COMMITTEE FOR THE IMPROVEMENT OF THE ARMY MEDICAL SERVICE.

The following are the chief recommendations with reference to hospital organisation in time of peace.

Undivided control over a hospital should, as at present, be vested in a medical officer. Inspection of hospitals by military officers should, they say, be regular and systematic. Hospitals should be open at all hours to inspecting officers, and closed only during certain hours to regimental officers visiting their men. The responsibility of general officers, as to the medical arrangements for their troops and supervision over hospitals, should be clearly understood. The power of punishing their own men for minor offences should remain with medical officers, but imprisonment should not be awarded by medical officers; and for the investigation and disposal of grave offences, whether summarily or by court-martial, non-commissioned officers and men of the Army Hospital Corps should be relegated to a military authority to be dealt with. The administration of a hospital should rest with the medical officer in charge. The responsibility of the quartermaster or steward under the medical officer ought to be clearly defined. Medical officers should exercise personal supervision over the hospital subordinates. The medical officer in charge should reside as near the hospital as possible, and in the larger hospitals there should be a resident surgeon.

The employment of nursing sisters should be extended to all large hospitals at home and abroad, but not to hospitals with less than one hundred beds. Nursing sisters to be not less than twenty-five years of age on appointment. They should act as superintendents, and not undertake the actual bedside attendance to the exclusion of the orderlies. The annual increments of their salary ought to be doubled, so that the maximum may be attained in five years.

In arranging the distribution of medical officers, the convenience of the troops should be the most important consideration. The medical officers appointed to attend officers and their families should have quarters in barracks, or reside as near the barracks as possible. Officers ought to be entitled to medical attendance for their families without regard to position of their residence, provided their place of residence has been approved by the officer commanding the station, and he has sanctioned their receiving medical attendance there. The medical service of the Household Troops should be assimilated to that of the rest of the army. Opportunity of practice with war equipment during peace should be afforded, both as regards field hospitals and bearer companies. The establishments of a certain number of field hospitals ought to be fixed and worked as such during peace.

The recommendations of the Committee referring to the organisation in time of war are:—

The evacuation principle, under which sick are constantly sent to the base, should be checked. The medical appliances with regiments should be increased by a pair of field panniers and a surgery tent. A corporal and a private of each battalion or unit should assist the medical officer, and provision should be made to train soldiers for this service. Bearer companies should be reduced to one-half the present establishment, sections should be attached to field hospitals, and when the troops are in movement, should concentrate and march with them. Provision should be made for mounted bearer companies.

Field hospitals should be distributed by brigades and not by divisions. Their establishment should be reduced to one-half the present strength. The nursing staff should be increased to one for seven patients, instead of one for eleven as at present. Equipment of field hospitals, the committee state, is too bulky and heavy. It should be arranged so that every package shall be capable of being carried on a mule if necessary. The present transport regulations for field hospitals are stated to be satisfactory, and no change is required. Whether a field hospital should be "dicted" or "non-dicted" must be decided according to local circumstances. Medical officers should be held responsible for procuring the best quality of supplies obtainable. Reliance ought not to be placed on a soldier bringing his rations to hospital on the day of admission.

In base hospitals a separate establishment should be provided for officers. Civilian cooks may be hired to superintend cooking. Regimental depôts at the base should receive arms and equipment of men arriving at the hospital, and should give information to regiments. Medical officers should be authorised to draw and supply to patients, without payment, such necessaries as they may require;

also they should take care that invalids embarking are sufficiently provided with underclothing.

General officers and commandants should realise their responsibility as to the proper working of the hospital system. Hospitals should be inspected and facilities afforded for officers to visit them.

Nursing sisters should be employed. Distribution should be made by the principal medical officer, assisted by a lady-superintendent attached to the staff under the principal medical officer.

Sufficient attendance should be provided on board invalid transports. In ships conveying invalids alone, the crew should assist in washing decks. When available, a proportion of men in health should be embarked with invalids. The food of the sick should always be supplied according to scales of diet; when a ship is provisioned for men in health only, rations should be freely supplemented by extras and medical comforts. One or more combatant officers always should be embarked for command and duty.

With regard to the Army Medical Department and Army Hospital Corps, the Committee recommend that examination of medical officers for promotion should be restored, and that it should be conducted by independent examiners; and that facilities for study in London hospitals should be afforded. Sanitary training of medical officers and Army Hospital Corps should be provided for. A conservancy body in connection with the Quartermaster-General's Department should be organised. The Army Hospital Corps should be amalgamated with the Army Medical Department, which may be constituted a Royal corps, and uniforms should be assimilated. The corps should be recruited from all sources, except the Reserves. A limited number of transfers from the Line may be accepted. The character of recruits from civil life should be inquired into. Connection with Volunteer Ambulance Corps should be encouraged. Military training should be limited to drill without arms; this, as well as ambulance and stretcher-bearer drill, to be carried on at the Army Hospital Corps dépôt, which should remain at Aldershot. Ward training should be carried on at hospitals where nursing sisters are employed, and this training ought to last at least three months. Men at home ought not to be appointed to the nursing section or stewards' section of the corps, until they have obtained certificates both from the dépôt and hospital.

Schools of cookery should be established at Netley and Woolwich Hospitals. As large a number of men as possible to be retained as cooks. Guards and sentries of Army Hospital Corps men ought to be abolished. All fatigue duties not special to the corps should be performed by the Line or by unenlisted labourers.

The organisation of the non-commissioned officers and men should be in three sections—viz., the nursing section, the stewards' section, and the general section. The privates of the nursing section should be termed first and second class orderlies; the privates of the stewards' section, first and second class cooks. Privates ought to be more highly paid in these sections than in the general section. Change of section ought not to be made without special sanction, except in transferring privates from the general to the nursing or stewards' section, or in relegating privates to the general section for inefficiency or misconduct.

Non-commissioned ranks below full corporal should be abolished. The number of quartermasters ought to be decreased; the warrant officers to be augmented. Medical officers in charge of hospitals should stand in the same relation to their quartermasters and stewards, as regards their responsibility for the pay and equipment of the corps, as a commanding officer of a regiment does to his paymaster and quartermaster. Non-professional clerical work ought to be transferred to Army staff clerks. Ward orderlies should be distinguished from all other men of the corps by a special badge.

Privates should be liable to punishment by medical officers as follows: First and second class orderlies and cooks to be exempted from minor punishments, other than reduction to a second-class, and transfer to the general section, respectively. Privates of the general section should be liable to punishment, according to the Queen's Regulations, except imprisonment. If more severe punishment is required, the offender should be sent to a regiment for punishment. For slackness in duty, men should be liable to be attached to a regiment for instruction. In all cases of suspension from hospital duties, men should forfeit their departmental pay. Men who frequently misconduct themselves should be discharged.

A considerable percentage of selected orderlies and cooks should be permitted to extend their service and re-engage. The Reserves may be strengthened by forming a Volunteer Reserve in Volunteer Ambulance Corps, on the plan of the Army Post Office Corps. Also, soldiers who have been trained regimentally as bearers should be noted when they pass to the Reserve. Marching past at general

parades in review order, as at present frequently practised, should be discontinued. Detachments of the corps should be exercised as field-hospitals, with transport and equipment as on service. Voluntary aid in war should be taken into consideration, and a system organised for its proper utilisation.

HOSPITAL MANAGEMENT IN THE FIELD.

THE following memorandum by Sir W. Mac Cormac, which has been appended to the Report of Lord Morley's Committee, and was sent with that Report to the House of Commons, is here published for general information.

As a non-official member of the Committee, but surgeon to a great metropolitan hospital, and happening to possess experience of surgical work in time of war, I think it right to express my dissent from the substance of paragraph 148 of the General Report, and to state some of the conclusions at which I have independently arrived.

In discussing the defects, real or alleged, of the medical service in Egypt, it should first be determined how far these are attributable to the nature of the expedition itself, and to the exceptional circumstances which characterised the war. It must be further considered whether the complaints and adverse criticisms are just, or, on the other hand, exaggerated out of all proportion.

The late war was very arduous, very successful, and very short. The plan of the campaign, whose brilliant design we owe to the General Commanding, was admirably executed in the briefest possible period.

The expedition was of a very exceptional character, and was provided with an ample medical equipment, specially adapted to its requirements. The General-Commanding-in-Chief was cognisant of the provisions made beforehand, and approved of them. No complaint has ever been made on this head.

The Director-General had arranged that the equipment should be in as light and portable a form as possible. It was anticipated that the campaign would be short, and it was, therefore, never contemplated that a general hospital on the English scale would be required at Ismailia.

Much misapprehension and discontent have certainly arisen from the fact that the hospital in the Khedive's Palace at Ismailia was a *field* hospital. Few of the officers or men probably had ever seen a field hospital before, and presumably were not aware of the fact that it is not provided with the bedsteads and furniture of a station hospital. The position of this hospital, at the base of operations, and its establishment in the palace of the Khedive, led many to consider that it should have had all the equipment and facilities for feeding and treating the sick and wounded which a general hospital, such as the Herbert Hospital, possesses.

The system of *dieting* at the field-hospital in the Ismailia Palace was the same, I believe, as that pursued by the European portion of the Indian Contingent in Egypt, regarding which we heard no complaints, and it had been successfully carried out during the whole period of the recent Afghan wars, where a field-hospital system almost identical with that adopted in Egypt, was followed by the European portion of the force. The sick in the field-hospitals received the ordinary field ration, supplemented by medical comforts; and, in the report on the hospital organisation of the war in Afghanistan, 1878, 1879, 1880, it is stated that this system answered admirably, and met all the requirements of the sick. At Ismailia, rations were issued, supplemented by an ample supply of medical comforts.

Colonel Butler mentions that many officers, more especially those who had not been brought face to face with the realities of war before, complained of their food in hospital, because they received the same rations as the soldier. Sir Owen Lanyon says much the same thing, that the officers, and not the men, complained of the cooking. No distinction has hitherto been made on a campaign between the food given to the officers and to the men, and there is no regulation in the service for dieting a sick officer differently to a sick soldier.

Owing to military conditions, only a field-hospital could at first have been established at Ismailia, but when the lines of communication were assured, there was nothing to prevent the base-hospital at Cyprus being ordered up to Ismailia, had it been considered desirable to do so. The Surgeon-General, however, considered Ismailia would have been, for certain sanitary reasons, an objectionable position for a large dieted base-hospital.

The Surgeon-General, as soon as he received orders that Cyprus was not to be used, strongly recommended a building called the

Dutch Hotel, at Port Said, as a suitable and convenient place for a base hospital. This proved not to be available, and the sick and wounded were despatched in the transports, in some cases very hurriedly, and with little time for selection, to the more distant destinations of Malta and England. The Surgeon-General is asked, if he had not been informed on reaching Egypt that the Chief of the Staff had received orders from the Secretary of State, dated August 9th, that Cyprus "was not to be used or relied upon by him in any way until the autumn," and he replies that he then, February 19th, 1883, heard of this for the first time. Had he been aware of this decision on his arrival, he would have had ample time, as he states, to move the hospital from Cyprus to a suitable place in Egypt, and I think it would have been an obvious duty to do so.

Great pressure existed during the first few days of the occupation of the Ismailia Hospital. The Surgeon-General had not been informed at Alexandria that the base of operations was to be Ismailia. The possession of this knowledge might have materially assisted him in making the needful arrangements.

A delay (in no way attributable to the Medical Department) took place in the arrival of the hospital ship *Carthage*, which did not reach Ismailia till the afternoon of August 25th. The landing of stores and hospitals did not commence, owing to difficulty in obtaining lighters and launches, until the morning of the 27th; nevertheless, on that day, and on the 28th, sick were sent on board.

At first, all available transport was employed to land the fighting men and material of war, as military considerations overrode all others. The troops were immediately sent to the front. In thirty-six hours fighting commenced, and the sick and wounded began to come in. Of course all medical requirements must be made subservient to the main object of war, but excessive labour and strain were thereby entailed on the service at the Ismailia Hospital. In addition to their proper duties of attending the sick, the Army Hospital Corps had to transport their own material to the hospital. They had also to discharge numerous extraneous duties in connection with conservancy work, fatigues, fetching commissariat rations, forming stretcher parties for the sick and wounded arriving by the railway and canal. This labour, in the heat of the season, was very exhausting; nevertheless, these men, with few exceptions, did their work well, according to their powers and training.

Sir John Adye, as Chief of the Staff, was the official representative of the General in command; he had to carry out all the working details, and with him the heads of departments communicated. To whatever Sir John Adye says, great weight must be attached, as from his official position he was probably better acquainted with the medical organisation than any man in the army. He tells us he was in constant communication with the Surgeon-General as to every detail connected with the medical arrangements, "every day and all day." The Khedive's palace was handed over to Surgeon-General Hanbury on August 22nd. An engagement took place at daylight on the 24th, another on the 25th, and another on the 28th. Notwithstanding the very great stress caused by the necessity for quickly landing men and horses, guns, carriages, munitions, and stores, "I found," Sir John Adye states, "the wounded were fairly provided for and carefully tended," and that "even on the 25th of August, when I visited the hospital, the wounded were all in bed, and surgical operations were being conducted, and I thought a great deal had been done in the way of arrangements, considering that this was an empty building, without a chair, or a table, or a bed in it, when I went there on the 22nd." He heard no complaints as to food, either then or later. None of the many complaints which officers made to this Committee reached his ears. He never heard a word about any of them. The question has been asked again and again, and invariably the medical officers reply that, while doing duty in Egypt, these complaints, with few and trifling exceptions, never reached their ears (Medical Officers' Evidence, *passim*, and App. 26). They appear to have first learnt that there were complaints from statements in the newspapers. The engagement of the 28th of August took place at Kassassin, twenty-two miles from Ismailia, and the chief of the staff says he was very much struck by the arrangements which, on the morning of the 29th, he found had been already made for the wounded there. Sir John Adye, after the battle of Tel-el-Kebir, about five in the afternoon rode along the whole line, some three and a half miles in extent, and did not find a single wounded English soldier anywhere. He never saw wounded so quickly carried off, nor so promptly attended to. And, speaking of the general provision made for the medical service in Egypt, he further states, "I was very much satisfied with the great attention which they," the medical officers, "always paid to

their duties, and I heard of nothing that was deficient in their arrangements, except what I considered to be inevitable from the fact that military considerations bore down upon us so heavily at the commencement that everything had to give way to them."

At Tel-el-Kebir, the facts speak for themselves. Early on the morning of September 13th, a hospital was organised at the enemy's forsaken earthwork, close to the Canal dam. It was being established whilst firing was still going on. About 400 wounded men, counting Europeans and Egyptians, were dealt with at that hospital in the course of that day; they were well fed, their wounds dressed antiseptically, the necessary operations performed, and they were embarked by canal or rail to their destination without mishap. At another place, about 500 Egyptian wounded were also cared for after Tel-el-Kebir, and twenty-seven operations were performed.

All natural advantages were utilised; in fact, so excellent were the arrangements, that water-transport was provided directly from the field of battle to the base. Several times along the route, halts were made in order to administer to the wounded beef-tea, brandy, and lime-juice. At Ismailia Station, a surgeon in attendance handed round mugs of tea, and thence the patients went direct to the hospital door, on the line of rail constructed for the purpose. It would be difficult to imagine anything better than this.

The men of No. 1 bearer company were so well up to the front, as to see the soldiers going over the trenches, and were, of course, under fire. The work performed throughout by this company was exceptionally arduous.

Lord Wolseley considers there was no excuse whatever for the Citadel Hospital at Cairo not being as well supplied after the second or third day as a London hospital. But does he recollect that a great hospital had to be improvised in a very large, long, disused, and very filthy building? He finds great fault with the cooking, the flies, and the mosquitos, the absence of whisks and mosquito curtains, and thinks the doctors were wanting in "initiative." These statements are discussed and, I consider, fairly met, by the Surgeon-General, Brigade-Surgeon Barnett, and others. No grievance appears to have been alleged, and no complaint to have been made by the patients under treatment there.

Much stress has been laid on the absence of bedsteads and mosquito curtains, and hardship alleged as the consequence, especially at Cairo; but the medical officers tell us that they never used these curtains themselves, that they were not generally required, that patients objected to them, and that, practically, they seriously interfered with the circulation of air in the wards. Mosquito curtains were used, however, in all serious cases of sickness, and on October 8th, as many of them as the Surgeon-General considered necessary were in use.

The Surgeon-General states, that up to the 8th of October, the day on which Lord Wolseley visited the Citadel Hospital, and expressed strong disapproval of the arrangements, the sick in the hospitals at Cairo were not suffering from want of any article of equipment, except blue clothing. The stores of the Cyprus Hospital had then arrived. They were coming in gradually from the 2nd to the 8th of October, and were immediately utilised. By the latter date, October 8th, the whole of the equipment from Cyprus had arrived, and 270 beds were actually in use in the Citadel Hospital about the 4th or 5th of October. The number of patients in the Citadel on October 8th was 300. And with regard to the temporary deficiency of bedsteads, which has called forth such strong disapproval it must not be forgotten that the sick were lying on beds laid upon a clean wooden or marble floor, and that in no medical respect did this entail any disadvantage whatsoever.

The cooking apparatus is also stated to have been quite insufficient for the requirements at the Citadel Hospital. Deputy Surgeon-General Marston, however, thought the cooking arrangements good, but he did not approve of the cooks. Deputy Surgeon-General Ekin states the cooking equipment was quite enough to enable the cooks to prepare very good food. Brigade Surgeon Barnett says there was no difficulty in the rations being cooked in any conceivable way that the medical officers wished. He had also power to supplement the ordinary diet, and did so to a very large extent. The Surgeon-General himself, it may be added, had specially selected the site for the cookhouse. He further states that, with the before-mentioned exception of hospital clothing, he was perfectly satisfied with the then existing arrangements in the hospital, and he therefore decided, as the stores from Cyprus were actually in the country on the 29th or 30th September, it would be neither necessary nor expedient to equip the Citadel Hospital at Cairo from the local market. All reasonable provision, in short, appears to me to have been made as soon as was practicable for the sick at Cairo.

Very frequently in the course of this inquiry, we find the administration and working of the field-hospitals condemned by combatant officers, some of whom have had no previous knowledge of hospital work, at all events in time of war. On the other hand, the medical officers, some of whom possessed a wide and varied experience in the field, entertain a contrary opinion, and maintain that everything essential to the successful treatment and good care of the sick and wounded had been provided; and the results obtained would seem to support their contention. To which class of evidence, I should ask, is greater consideration to be given?

Persons unfamiliar with hospital work, and with the sight of large numbers of sick and wounded, can scarcely be competent judges of what is being done for them. They are apt to be chiefly impressed by what, under the circumstances, is really inevitable—the dreadful fact of so much human suffering. They have not the education requisite to form a just opinion whether the suffering could be made less than it is; and they may fail to appreciate that all important requirements have been provided for.

There were, doubtless, considerable inconvenience, some privation, some hardship; but inconvenience and hardship are things which may be fairly regarded as inevitable in time of war, and doubly so in a war which was pushed forward with such exceptional rapidity—where a base had first to be seized, and the transport was dependent on the captured lines of rail and canal, and where all other considerations were made subservient to speedy success. Of course this was rightly so, for rapidity, though it may entail individual discomfort and even hardship, saves in the end the greater number of lives.

The difficulties which did arise were principally in connection with the hospital at Ismailia during the first week of its existence. They were unavoidable; the exceptional character and rapidity of the campaign threw an immense strain on every one connected with the medical department. That there was no "break down," and there was none, may fairly be attributed to the devotion and self-sacrificing spirit of the medical officers. Their personal exertions have been fully recognised by non-medical witnesses, several of whom have told us of their incessant efforts, that they worked like slaves, and as hard, the Commander-in-Chief himself says, as any men in the whole army.

In the largest of our London hospitals, with their numerous staff and most complete and disciplined arrangements—the London Hospital, for instance, with nearly 800 beds, and having the largest casualty practice of any of our civil hospitals—the number of patients daily admitted to the ward is under twenty, and about the same number leave, able either to walk out or to be taken away by their friends, the hospital having no further concern with them. At the Palace Hospital, 767 cases were admitted from the 23rd to the 31st of August, which is at the rate of 85 a day; and 1,311 from the 1st to the 15th of September, or about 88 daily. After Kassassin and up to the battle of Tel-el-Kebir, 200 sick would sometimes arrive during the night, and after that action, as many as 350 were brought down at one time. The first batch after Tel-el-Kebir, numbering 194, arrived after midnight at Ismailia, and the telegram which was meant to order preparations for their reception arrived two hours after they were in the hospital. In the Citadel Hospital at Cairo, the admissions from September 18th—the day the hospital was opened—to September 23rd, were 763, or, on the average, 127 daily. In addition to this, the authorities had to arrange where the sick and wounded men were eventually to go—whether to the hospital ships, the transports, or back to the front. As many as 300 patients have had to be selected and sent on board ship in one day. During the month of September, the period of greatest pressure, 2,315 invalid officers and men were embarked from Ismailia. In view of the battle of Tel-el-Kebir, 382 patients were sent off. From September 18th to September 26th, 1,469 invalids were embarked; on September 18th, 270 officers and men left in two transports; and on September 24th, 494, in two other transports. All this means immense labour and anxiety, and the organisation must indeed be very complete which does not give way under so severe a strain.

I attach importance to the evidence of Mr. Crookshank, recently a house-surgeon to King's College Hospital. He was detailed for duty as a civil surgeon in the surgical wards at Ismailia. He is thoroughly qualified to form an independent judgment, and enjoyed exceptional opportunities for arriving at one, both at Ismailia and the front. His evidence strengthens my opinion regarding the Palace Hospital. He says the cases there were attended to as promptly after their arrival as they would have been in a London hospital, the wounds as carefully and as regularly dressed (the dressings being of the most complete kind), while the satisfactory progress

made by the wounded was universally acknowledged. He heard no complaints about the food. He saw the patients get beef-tea or milk given to them immediately on arrival in the central hall of the Palace. He frequently looked at the diet given to the patients, and found it much the same as that which would be prescribed in a civil hospital.

Surgeon Davies, formerly resident officer in a London hospital, and a gentleman who distinguished himself at Netley, gives a similarly favourable account of the hospital. He praises the behaviour of the Army Hospital Corps, both men and officers; says that the strain, however great, was met, food and medicine given to the patients, their wounds dressed, and comparative comfort afforded them in a short space of time, however large the numbers suddenly coming in might be; and that the condition of the hospital was far removed from a breakdown as could be.

The Sanitary Officer of the Expedition, in an official report on the condition of the Ismailia Hospital on the 17th of September, says that it would not have compared unfavourably with a hospital in London, or in any large provincial town.

On September 30th (in consequence of allegations made in the newspapers), a telegram to the following effect was despatched by the Surgeon-General to the Director-General:—"Sick and wounded were never more carefully attended to." And it may be presumed that the Commander-in-Chief must, at this time, have entertained a similar opinion, for he also telegraphed on the same date to the Director-General:—"The medical department is working to my entire satisfaction." The Surgeon-General also says he had at that time good reason to believe that everything was working most satisfactorily; and, before that date, he had been more than once complimented by the Chief of the Staff on the general arrangements.

Judged by results, the patients at Ismailia could scarcely have been exposed to prejudicial influences, since from August 23rd to September 29th, when the hospital was closed, the mortality among the patients was but at the rate of 0.5 per cent., and yet some of them were very sick, and others badly wounded. Looking back at the history of this hospital, I can only express satisfaction and surprise at so much good work accomplished in so brief a period. I agree with the praise bestowed by very competent witnesses, and I think it would have been quite impossible under the circumstances to have done more, and unreasonable to expect that more should be done.

The complaints which have been made against the medical service appear, in many instances, to have been greatly exaggerated; some are trivial in character; many have been shown to be untrue. These complaints for the most part, as the evidence shows, were not made at the time. A large proportion of them came from one division of the force—principally from its officers—and there is nothing to show that this division was in any respect less well cared for than the rest of the troops. The difficulty of meeting charges made long after the event is obvious. It would surely have been better for the interests of all concerned that they should have been made at the time and place when and where they could have been at once investigated, and, if substantiated, redressed.

It has been repeatedly urged that, whenever anything is wanting in the hospitals, the medical officers should go into the market to buy it. I think it would be unwise to throw any such duty on medical officers, who should be far differently occupied. No medical officer would hesitate to get anything he might consider necessary for the sick under his care, if it could not be otherwise procured, either in consequence of the absence of the persons whose duty it was to make these purchases, or in case of their neglect to obtain what was asked for. The supply departments of the army, not the medical service, should, however, be held responsible for any failure to meet the requirements of the medical officers.

While holding that every effort ought to be made to provide all things necessary for the sick and wounded, it should not be forgotten that the medical provisions for war must be such as to entail no serious military embarrassment. These cannot keep pace with the growing requirements and luxuries of society, nor can individual tastes and desires in regard to medicines and surgical appliances be always gratified.

It has been suggested, during this inquiry, that there exists a lack of sympathy between the medical officer and the sick soldier. I believe this to be utterly without foundation. Unless, indeed, military medical men are something wholly different from their civil brethren, it cannot be true. For a man to be sick and suffering is sufficient to ensure him the fullest medical sympathy. Most certainly, it is not for the advantage of the sick soldier to have anyone

interposed between the doctor and himself, or to have lessened in the smallest degree the responsibility of the medical officer for everything concerning the sick under his care.

The assimilation of the medical service of the Household troops to that of the army at large (recommended in the report), might lead to the establishment of a great military hospital in London, as in other European capitals. I feel sure that this would much enhance the position of military surgeons. To be attached to such a hospital would be regarded as a prize which the best medical officers would eagerly seek. In such a hospital, courses of special instruction might be given; and here, too, should be established a head-quarters for the medical service. This change, if made, would afford to a number of medical officers, in turn, the opportunity of being stationed in London, and of attending the practice of the metropolitan hospitals, and of taking part in the work of the London medical societies. I believe it would prove grateful to the army medical service, and be advantageous to the efficiency of its officers.

If I may be permitted a personal allusion, I would refer to an occasion on which I found myself placed in circumstances somewhat similar to those which obtained at Ismailia.

In Sedan, on the eve of the battle which took place there during the Franco-German war of 1870-71, a large barrack was handed over to the Anglo-American ambulance to do the best they could with it. The barrack furniture was there, and we had certain stores which we had brought from Paris. Before daybreak on September 1st the fighting commenced, and soon afterwards the wounded began to arrive. They came in all that day and night in great numbers. Our 400 beds were soon filled with very serious cases; many others had to lie upon the floor. Patients suffering from less grave injuries, and even many severely wounded, we had to turn away, after having attended to them and given them food. At first the pressure was intense (we had to work night and day), and our means were limited; but afterwards everything became abundant, and our staff was largely increased. The towns-women first volunteered their help, then some female nurses arrived; supplies of every kind were sent to us, and whatever it was possible to do was done. In the beginning there was much to complain of. We were very short-handed, for the great number of wounded suddenly poured in upon us. For a few days we had only horse-flesh to eat, and our bread wholly ran out, although we got every loaf the town bakers could give us. We had other hardships to endure, but no one thought of complaining. Far from it, we were overwhelmed with expressions of gratitude, both from officers and men. They saw we were trying to do our best for them.

When I look back on the six weeks I spent as surgeon-in-chief of that field-hospital in Sedan, and compare it with the accounts of the manner the sick and wounded were cared for during the recent campaign, I cannot but express astonishment at the character of some of the complaints which have been made against our medical service.

The orders issued by the Surgeon-General to the medical officers for the conduct of business during the campaign, and his regulations for the preservation of the health of the troops, appear to be both comprehensive, and admirably devised as a basis for sound administration.

During this campaign, there was never any outbreak of those infective diseases that have hitherto decimated the wounded in time of war. There was no pyæmia, no erysipelas, and no hospital gangrene as the result of wounds. Not a single man lost his eyesight, though there were 1,494 cases of inflammatory affections of the eyes admitted to hospital.

The amount and severity of "Egyptian ophthalmia" during a former campaign are well known. Sir James MacGregor, surgeon to the Royal Regiment of Horse Guards, relates, in his *Medical Sketches of the Expedition from India to Egypt*, published in 1804, that, in the course of the first week after the landing of the troops from India, most of the corps sent one-twelfth, some one-tenth, of their strength to hospital. In three weeks, the number of the sick exceeded 1,000. He adds that, plague excepted, the most formidable disease in the army was ophthalmia. In September, the total number of cases exceeded 600. In October, the great prevalence and severity of the disease are described as really alarming. Of the Indian Contingent, 50 were invalidated blind, while the French are said to have sent home 1,000 blind men from Egypt.

Surely such a contrast may be taken as some evidence that the provision in the last war for the care of our sick and wounded was skillfully turned to account.

What were our medical results in Egypt? There was an exceedingly small mortality amongst the sick (*résumé* of Surgeon-General's

evidence). The death-rate among the European land force during the period of active operations was only 1.32 per cent. The total number of wounded was 430, and the mortality 3.02 per cent., and the surgical arrangements for the care of the wounded were so successfully carried out, that not a case of infective wound-disease occurred in the hospitals. I know this to be almost unprecedented in military surgery. At Sedan, under comparatively favourable conditions, so many of the subjects of operation and other cases died of pyæmia, that I felt completely disheartened.

So far as the merits of the case can be tested by practical outcome with regard to the welfare of the sick and wounded in Egypt, it deserves to be noted that the results of the campaign were perhaps better than those of any previous war, and probably at least as good as in our civil hospitals with all their means and appliances.

At the outset there was, without doubt, a period of some confusion and shortcoming. Such ever has been, and ever must be the case, however complete the preliminary arrangements are. This period was, however, of the shortest practicable duration, and entailed no serious consequences on any one.

In my opinion the medical officers engaged in the recent campaign displayed the most self-denying devotion to the sick and wounded. The duties and responsibilities imposed on them probably exceeded those of any other branch of the service, and the duties were most ably carried out under very trying circumstances, and in a manner which, if we may judge by accomplished results, could scarcely have been better. Notwithstanding their untiring efforts, the medical officers have been singled out for severely hostile criticism. If this be ill founded, as in many instances it has been proved to be; if accusations, based on mere hearsay, and not even purporting to have been verified by those who make them, are to be urged against a body of honourable men; and if difficulties arising from causes beyond control be not fully recognised, then the position of medical officers will become intolerable; and there can be little doubt that the medical service of the army, at present much sought after and highly esteemed by the younger members of the medical profession, will cease to possess the attractions it has hitherto held out.

WILLIAM MAC CORMAC.

PROSPECTS OF THE ARMY MEDICAL DEPARTMENT.

SIR,—The letter on the above subject, in your recent issue, states, very truly, that promotion to the administrative grade will, in a few years, be hopeless. I think provision has been made for this by the very liberal retirement scale in the last Warrant. Surgeons-major over twenty years' service, if they be wise, will, I fancy, take the £265, or £410 per annum, *plus* £150 for a Brigade Depot (or a private practice). Far better for a man to do this than to go abroad again and risk his health when, after all, he must go at the age of 55. So many men over 20 or 25 years' service have taken the above course, that I feel sure it is the wisest thing to do. It is useless to hope that the present period of administrative service will ever be curtailed.—I remain, yours truly, A. M. D.

IRISH STUDENTS AT THE ARMY MEDICAL EXAMINATION

SIR,—Permit me briefly to reply to the letter of "A Non-Successful Competitor," published in your issue of May 12th. The first paragraph contained an intimation to the effect that, because of Mr. Gibson's question, Irishmen were allowed to be more successful at the last examination. This is a point unworthy of notice; the characters of the examiners raise them above the motives attributed. The second paragraph alludes to a point that I thought I had explained pretty clearly in my first letter, viz. the difference between the "cases," some being easy, some difficult to diagnose. Dr. Aitkin distinctly told me the marks were awarded for the "system of case-taking," not for diagnosis or treatment. It is asserted that candidates suffer because the examiners get irritable! Granted; what difference would it make to candidates, in such a case, whether he was known as Mr. Jones, or No. 33? None, so far as I can see. In the third paragraph it is asserted that, "since Mr. Gibson's question in the House, a great many have noticed the large proportion of Irishmen who have been successful." I understand five or six Irishmen got places among the fifteen successful competitors—an absurd datum on which to reassert so unjust an accusation as had been levelled at the examiners. The last paragraph reasserts the accusation that the Director-General "selects" candidates. I assert, as a matter of fact, that the Director-General does not select any candidates, or in any way influence the results of the examination. The candidates are physically examined at Whitehall Yard, by two

of the staff there, and, in a case of doubt, a "surgeon-general" decides. It is assumed that, because the examining medical officer enters into a little conversation with the candidate, he must be fishing for information to enable the Director-General to treat the candidates unfairly. The baseness of such insinuations is only equalled by their untruth. I had not intended to address you again on this subject, but it must be remembered that such insinuations as those alluded to above, reflect not only on the Director-General and his staff at Whitehall, and on the examiners, but also on all medical officers now serving, as they might be regarded as having obtained their commissions through favouritism and injustice, if the true facts of the case were not understood.—Yours, etc.,

J. B. HAMILTON, M.D., Surgeon-Major.

THE MILITIA SURGEONS OF THE UNITED KINGDOM.

WE would direct the attention of the militia surgeons throughout the kingdom to the notice of motion which Sir Eardley Wilmot has given for June 8th, to bring before the House of Commons, when in Supply, the injustice done to the militia surgeons in depriving them of their appointments, and enforcing compulsory retirement without pension or compensation, and we would urge on these gentlemen to lose no time in addressing, and bringing influence to bear on their several members, to be present and support Sir E. Wilmot in having their grievances referred to a Committee of the House. The success of this motion, we need hardly say, will depend very much on the members who may be found supporting Sir E. Wilmot.

This is not a party question, but one simply of justice to a body of professional gentlemen who have rendered good service in their day, and are certainly being treated with gross injustice in being deprived of any compensation, and also loss of their appointments, from no fault of theirs, but from the exigencies of, and through changes in, the service. It is a well-established principle of our constitution, that no can one, or ought, to be deprived of any portion of their income without receiving compensation. This is the last chance the militia surgeons have of their claims being brought under public notice, and we therefore urge on these gentlemen the absolute necessity of their addressing their representatives, and urging on them to support this motion of Sir E. Wilmot.

AN ex-Militia Surgeon writes: I am forty-three years of age, active and robust; an M.D., F.R.C.P., M.R.C.S., etc. For seventeen years I was on the honorary staff of the North Staffordshire Infirmary. I became full surgeon, and in sole charge, of the then King's Own Stafford Rifles, now the 4th Battalion North Staffordshire (Prince of Wales's) Regiment, in July 1863. At that time the headquarters were at Newcastle, and here both the recruits and the regiment assembled for drill; and the staff, consisting of twenty-four sergeants with wives and families, lived in the town. For the staff, I was paid all the year round. I was on full pay for three months every year. Then came a change. The recruits assembled here for drill for eight or even ten weeks, during which time I was on full pay, and the whole regiment used to go under canvas for twenty-seven days' training. I always accompanied it, for I could still afford to do so. Now, the old headquarters are gone, and the barracks sold. The staff are removed to Lichfield, and the drilling of both the recruits and the regiment takes place at the depot. I am still summoned for the twenty-seven days, when the regiment goes up—an utter waste of public money and my time. I got 20s. a-day pay; 4s. a-day mess allowance; 2s. a-day lodging; total, £35. The charges are: Mess-president, £19 13s.; subscription to mess, £2 10s.; making, with other matters, £22; leaving a balance in round numbers of £13—a nice sum per month, if it included extras, and if a *locum tenens* were paid by Government at half-a-guinea a-day. The uniform had to be changed from the dark-green of the Rifles to the scarlet of the infantry. My brother officers had £30 each allowed, but the order did not apply to the medical officers, so I have no clothes; and have, therefore, retired without sending in a claim for a pension.

POISONING OF CATTLE WITH RED LEAD.—It is reported that an extraordinary case of cattle poisoning has occurred on the estate of Major Roberts at Holborough, near Chatham. About fifty head of cattle were grazing on some marsh land when they came across some red lead, which had been incautiously left there, and all the animals partook of it, with the result that they were all poisoned. Fourteen have already died.

MEDICAL JOURNALISM FOR THE ARMY.

STR.—The author of the pamphlet, *The Present and Future of the Army Medical Department*, I observe, hits the right nail, when he says, "No matter how good a physician or surgeon a man may be; no matter how hard he works at his profession, no promotion can be gained, nor can he extricate himself from the dead level of mediocrity. Is there an instance on record of a medical officer being promoted for special proficiency in professional knowledge? We think not. Can a remedy for this be found? And how can the authorities be enabled to judge of men's professional abilities?" So far we agree with our author. It is a well known fact that in service (be it British or the Indian), it is seldom that the right man is put in the right place; for, beside the lack of knowledge referred to by him, there are other coincident circumstances, to wit, interest, etc., whereby the less deserving, *per se*, are advanced to positions of importance, of professional and of pecuniary interest. But our concern is not with these points. What it is with, is with the author's suggestion to establish military medical journals in order that they might prove to afford the panacea for these ills. For he tells us not a little complacently that, "another plan to assist the authorities in forming a judgment would be the establishment of a departmental professional magazine, in which medical officers could publish their cases or operations, and could put forward their views on medical and sanitary matters—an *United Medical Service Magazine*, published, say, monthly, and open to the medical officers of the Army, Navy, and Indian services." Now, we must confess that we fail to see the *raison d'être* for the appearance of a contemporary to the many excellent medical journals and magazines extant—some of them having on their staff men belonging to the public services, who devote a part of their time to journalism as a business—especially one with red coat, spurs, gold lace, etc. Is this want really felt, and can it be supplied? Can there be sufficient literary and pecuniary assistance forthcoming to meet it? Is the work or nature of cases which a physician or surgeon in the Army, Navy, or Indian Medical Services meets with of a different nature to those met with by others outside them? Are there not quite a sufficient number of medical weeklies, and monthlies, and quarterlies already published? Take, only in the United Kingdom, and the author of the pamphlet under notice will find the *BRITISH MEDICAL JOURNAL*, *Lancet*, *Medical Times and Gazette*, *Medical Press and Circular*, the *Practitioner*, *Edinburgh Medical Journal*, *Glasgow Medical Journal*, *London Medical Record*, *Sanitary Record*, *Dublin Journal of Medical Sciences*, *Birmingham Medical Review*, *Specialist*; besides some devoted solely to special subjects such as physiology, mental diseases, etc. Are there not most excellent medical journals published abroad? We take America, and we find coming to us from there the *New York Medical Record*, the *New York Medical Journal*, *Philadelphia Medical Times*, and their new but excellent and vigorous contemporary the (Philadelphia) *Medical News*. Moreover, if a man wants to learn and keep abreast of the daily advances, it is not likely that he will be able to do this with the aid of any *United Service Medical Magazine*; the leaders of the profession will not send their lectures and articles to such a journal, nor will the learned medical societies their *Transactions*, nor the publishers their books for review. It is also doubtful whether many of the medical journals will exchange copies. Even if the journal manage to get around its flag a number of subscribers and a fairly good editorial staff, it will find it difficult to keep up the work without the requisite literary materials. In fact, we are inclined to believe, that such a journal, if started, would be doomed before long to die a premature death from simple inanition. As far as the Indian Medical Service goes, it would, as it does, much prefer, both for perusal and for publication of cases, one or other of the existing periodicals of a non-official character to a *quasi* demi-official organ which, we think, would only be utilised for the purpose of settling forth grievances, or in other words prove to be the *Crumbler's Magazine*. In India, besides, there is an excellent medical periodical published under the title *Indian Medical Gazette*, the columns of which are open to the profession, both in and out of the services.—I am, etc.

INDIAN MEDICAL SERVICE.

SURGEON-GENERAL J. E. CLUTTERBUCK, M.D., late Principal Medical Officer at Malta, will be placed on the Retired List on June 1st, when he attains his sixtieth birthday. His retirement promotes Deputy-Surgeon-General James Irvine, M.D., Principal Medical Officer in Egypt. Dr. Clutterbuck's retirement will be followed, from a like cause, on June 14th, by that of Surgeon-General J. A. Woolfryes, M.D., C.B., C.M.G., late Principal Medical officer in South Africa, and at present holding the appointment of Chief Medical Officer at Portsmouth.

SURGEON-MAJOR ALEXANDER ADAM RENTON, M.D., F.R.C.P.E., late of the Madras Army, died on May 3rd at Edinburgh.

DEPUTY SURGEON-GENERAL J. E. KIN, M.B., C.B., has been appointed Principal Medical Officer at Netley.

Dr. AIRCHISON, of the 29th Punjab Infantry, has been appointed officiating secretary to the Surgeon-General, British Forces, Bengal.

SURGEON-GENERAL ROBERT HENRY RENNICK, Madras Army (retired), died on May 14th, at Tours, France, aged 72.

DEPUTY SURGEON-GENERAL T. G. HEWLETT, C.I.E., has been appointed Sanitary Commissioner with the Government of Bombay, in succession to Deputy Surgeon-General J. Lumsaine, Bombay Medical Establishment, who retired from the Service on a pension of £950 per annum. The salary of the appointment is Rs. 2000 a month.

BEQUESTS.—The Rev. George Henry Shield, rector of Holy Trinity, Exeter, bequeathed £4,000 to the Devon and Exeter Hospital, and £4,000 to the West of England Eye Infirmary.—Mr. Henry Shersby, of Woolwich, bequeathed £500 to the Royal Kent Dispensary, Greenwich.—The York Dispensary has received £100, free of duty, under the will of Mrs. Elizabeth Johnson; and £100, less duty and expenses, under that of Mr. Edward Elgin.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

MEDICAL ATTENDANCE ON THE SICK POOR.

A CONTRIBUTOR sends the following remarks.

Our contemporary, the *Midland Echo*, in its issue of the 1st inst., states that, "the attention of the guardians of the West Bromwich Union having been called to the almost exclusive employment of unqualified assistants by their medical officers, to attend pauper sick, have issued instructions to them to the effect that, in future, they must be more careful as to the professional qualifications of those to whom they depute so large a portion of their work."

Our contemporary, whilst commending generally the action of the guardians, and condemning the laxity of the system which too generally prevails, whereby such employment of unqualified assistants has been permitted to continue, proceeds to point out how highly desirable it is that some modified arrangements should be introduced, whereby the partly fledged medical man should, in the character of an assistant, be enabled to aid his principal in his work. As it is, if the prohibitive action of the Defence and similar societies be strictly carried out, the race of unqualified assistants, such as have, under careful supervision, rendered much valuable aid, will be completely weeded out, and the general practitioner will have to rely for aid on the raw youth, who, by dint of grinding, etc., has managed to obtain sufficient knowledge to get a pass, but who will be probably ignorant of the most rudimentary knowledge of pharmacy, and still more ignorant as to his capacity for diagnosing those small ailments among children especially which constitute much of the work of the general practitioner.

Our contemporary recommends that a modified examination should be demanded of all those who intend to become assistants. We go further, and express our opinion that much benefit would accrue were it rendered compulsory that all such assistants should be required to spend one, two, or even three years under the supervision of some general practitioner, ere they be permitted to practise on their own account. By the introduction of some such modified arrangement, the profession, the assistant class, and the general public would alike be the gainers: the profession, by its feeling that their assistants did possess more than a mere show of educational attainments; the assistant class, in the higher estimation in which their services would be held; and the public, on learning that, if the services of the principal were not at the moment attainable, the gentleman who visited them had something more in him than a mere varnish of professional knowledge.

EXTRACT FROM THE ANNUAL REPORT OF THE MEDICAL
OFFICER OF HEALTH TO THE KIRKLEATHAM LOCAL
BOARD FOR THE YEAR 1882.

"In making my annual report for the year 1882, I have taken the population at 4,000. During the year, there were 120 births and 59 deaths, making a birth-rate of 30 and a death-rate of 14.75 per 1,000 *per annum*. The birth-rate for the previous year was 31.14, and the death-rate 16.67, per 1,000 *per annum*. The deaths occurred at or under the following ages: under one year, 15; one and under five, 3; five and under fifteen, 3; fifteen and under twenty-five, 3; twenty-five and under sixty, 17; sixty and under seventy, 7; seventy and under eighty, 6; eighty and upwards, 5. Of these deaths, 7 were in persons not belonging to the district; 2 deaths occurred only from contagious or infectious diseases, and one of them did not belong to the district, dying a few days after arrival. The contagious diseases death-rate in persons belonging to the district for the year was 26 per 1,000 *per annum*. Deducting 7 cases not belonging to the district, and a premature birth, the deaths would be reduced to 51, making a death-rate only of 12.75 per 1,000 *per annum* in persons belonging to the district; and, among these 51 deaths, 7 were in persons over sixty, 6 were over seventy, and 5 were over eighty. Twenty-six deaths only occurred between the ages of one year and sixty years, which gives a death-rate for the year between those ages of 6.5 only per 1,000 *per annum*. The sickness during the year has been slight, a throat-affection lasting about a month, several cases of scarlatina, and a few cases of enteric fever, mumps, and chicken-pox. A false report was circulated through Cleveland during the year, that we had scarlet fever badly, arising, no doubt, from the presence of the scarlet uniforms of the militia then stationed here, there being only one case of scarlatina at the time, and that an imported one."