*THE SANITARY SERVICE OF THE TERRITORIAL FORCE.

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LAST June I had the honour of addressing the Royal Sanitary Institute on the subject of "The Sanitary Service of the Territorial Force," and, I dare say, some of my present audience heard what I said on that occasion. I took the opportunity then of treating the whole subject in a wide sense, dealing with the general position of sanitation in the Military Scheme, and the enormously important nature of the duties of a sanitary service of the Territorial Army on the outbreak of war, and pointing out how very necessary it was that every officer and man should be ready beforehand, since the activities of the sanitary personnel are not dependent on the attack or restraint of a human enemy, but on the ever present pressure of disease causes on the human constitution. I do not intend to repeat what I said on that occasion, though I should like to emphasize once more the enormous importance of being well trained in advance, since your warning will be shorter than that accorded to any other branch of the Service, and the consequences of failure on your part may be deep and far lasting. The subject which I wish to speak about to-night, mainly, is the work of those officers of the Territorial Sanitary Service whose services will be available on mobilization, or as they are sometimes termed, officers on the *à la suite list*. In the Territorial Force Regulations it is laid down that on mobilization these officers will be appointed, under arrangements by the administrative medical officers in whose divisional areas they hold health appointments, to perform sanitary duties within their districts should these happen to be occupied by troops.

Before saying what those duties are likely to be I should like to sketch, roughly, the exact place which the administrative medical officer occupies in the general system of Army administration from the point of view of prevention of disease. He has, of course, other functions connected with the movements of medical units, and the removal of sick and wounded, etc., but these naturally do not concern us here. The administrative medical officer then is the responsible sanitary adviser of the general officer commanding on

all sanitary matters, and his duties consist, broadly speaking, in making recommendations regarding precautionary and remedial measures relating to billets, camps, garrisons, hospitals, transports, dress, duties, etc., conducive to the preservation of health, and to the mitigation, or prevention of disease in the army and civil population. He is provided with a sanitary officer, whose duty it is to supervise the details of these recommendations and to assist his chief with expert advice in connection therewith. The duties of the sanitary officer of a division are very extensive, and bring him into connection with the life of the soldier at all points except those connected with actual fighting. Thus he has to exercise a general supervision over the sanitary condition of all places occupied by the troops of the command to which he is attached, watch the health conditions of all camps, etc., and investigate the cause of any undue prevalence of disease among the troops or the inhabitants. He must advise as to all precautions necessary in his opinion for the preservation of the health of the troops, and also as to the efficacy of any steps that have already been taken in that direction. It is his duty to advise on the selection, from a sanitary point of view, of sites for camps and bivouacs, and on questions relating to the sanitary conditions of towns, villages, or buildings about to be occupied. To this end he should accompany the staff officers charged with the selection of camps, billets or bivouacs. He must advise regarding the purification and distribution of water for drinking purposes; latrines, and urinals, burial of the dead and disposal of refuse and carcases of animals, etc. Lastly, he must impress on commanders of units and on medical officers in charge of troops the imperative necessity of attaining the highest possible sanitary standard, both in camp and on the line of march, and bring to the notice of the superior authority any neglect of sanitary measures possible under existing circumstances.

The above rules apply, in fact, to every medical officer, whether a specially qualified sanitary officer or not, who either temporarily or permanently happens to be in charge of any body of men on service. I want you to note that, throughout, these duties are advisory. It is not the duty of a medical officer to select a camp ground or a building for occupation by troops. That duty rests with the Quartermaster General's department.

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The sanitary officer is responsible for pointing out the sanitary condition of such a ground or building, but its ultimate selection depends on many factors, not on sanitation alone. The Commander of the force has to balance the various factors that influence his decision. Some of these will be strategical, or tactical, or even political in their nature. The amount of weight that he will allow to the various considerations will depend on the general strategical, tactical, political, and sanitary situation. The same rules apply whether it is a case of deciding on the area of country to be occupied by an army, or the corner of a village, to be occupied by a company. Under certain conditions sanitary considerations may be paramount, as in the case of a sudden outbreak of infectious disease, plague or cholera for instance, but the man who has the responsibility of deciding that they are paramount is once more not the administrative medical officer, or the sanitary, or, indeed, any other medical officer but the officer commanding the force, no matter how small or how large.

I feel it is my duty to labour this point since the pitfall into which experts, not only sanitary experts, but all members of that useful class, are so apt to fall, is to forget that their particular subject is not the only one that an administrator or leader has to keep in mind. Such forgetfulness is more likely to assail the expert when he is engaged in a sphere of activity somewhat different from that in which he is usually accustomed to work. And it is also unfortunately the case that the more skilled the specialist is the more likely he is to make the mistake that I have just alluded to. It is essential, therefore, that all sanitary officers should try and recognise the point of view from which the commander of a force looks on sanitary questions. They must remember that he is concerned with matters of enormous national importance. On his decision the fate, not only of the army but of the country, may depend, and it is the duty of all his advisers to realise that their work consists not merely in insisting on their own necessarily limited views of the situation, but in trying to realise exactly what is possible under the varying circumstances of a campaign, and as far as possible adapting their suggestions and recommendations to the actual facts of the case, not to an ideal that may be absolutely impossible of realisation. Looking at the Army List I find that 106 gentlemen have come forward as ready to

offer their services on mobilization, and on glancing down the roll of names I cannot but realise how very great the assistance is that they can furnish the military authorities in time of invasion. This assistance does not depend on the magnitude of their scientific attainments alone, though there are many distinguished names among them, but even more on the extent of their local knowledge, and on their experience of civil sanitary administration. The health of an army in the field depends very largely on the health of the civil population amongst which it is quartered, and the efficacy of any sanitary measures, not of a purely emergent nature, must depend very largely on the extent to which they chime in with the local sanitary machinery. If the local medical officer of health is on the *à la suite* list he can render the administrative medical officer invaluable assistance by helping to maintain that touch between the military and civil systems of sanitation, the importance of which I have just emphasized. In the case of the expeditionary force this touch has to be maintained as well as may be in the case of a friendly country, in spite of different language and different national views of sanitary procedure. In an enemy's country the problem is one of the greatest difficulty. Here at home there should be no difficulty at all. In one important direction the assistance of the local health officer is essential, and that is the prevalence of disease amongst the civil population. He is the only person able to furnish authoritative information on this point. The local practitioner may know the facts as concerns the limited area in which he practises, but for anything more than this the health officer must be applied to. In this connection, especially in England, the extent to which vaccination is objected to must be ascertained. In certain districts this evil influence is strongly rooted, but only those officials directly connected with the sanitary administration of the district can say to what extent this heresy prevails.

In addition to maintaining this connection there is one other direction in which *à la suite* officers can be of enormous assistance, and that is the collection of sanitary intelligence. It must be remembered that with the exception of manœuvres, which as a rule affect only a very limited stretch of country, there have been no important military movements in Great Britain since the invasion by Prince Charles Edward in 1745, one might almost say since the battle of Worcester, nearly 100

years earlier. From the point of view of the military sanitation the land is a *terra incognita*, and the people who fill the gap are the medical officers of health.

I should like, therefore, to tell in detail what is the knowledge that we require in this matter and how you can best furnish it.

It may be divided into several headings as : The habitations of troops, whether camp, grounds or buildings, water supply, roads, prevalence of infectious disease in various localities, and so on. I will take these various headings and point out the class of information required in respect of each.

And firstly, as regards the habitations of troops. These are obviously either buildings or camp grounds, and in either case these may be intended for temporary or for permanent use. In the case of barracks the following information is needed :—Firstly, the nature of the building, whether originally a dwelling house or intended only for industrial purposes, as a large warehouse or manufactory; the number of rooms suitable for occupation as dormitories, and the cubic space available in each. From this the Quartermaster General's department, with whom the ultimate responsibility of actually deciding on what buildings should be occupied rests, can deduce the number of men that could be safely accommodated in each building taking into account the length of time the occupation is intended to last. The water supply available in each building should be described. In the majority of cases this would resolve itself into a question of the number of stand pipes or taps in existence, in the case of a permanent supply, and into one of the cisterns or other means of storage where the supply was intermittent. The quality of the water is a more general question referring to the entire district, but still in describing any building a reference to this point should be made. After the water supply the question of latrine accommodation comes for consideration. One of the most important factors affecting the suitability of a building for accommodation of troops is the presence of sufficient latrines, or of space in the immediate vicinity where temporary structures could be erected. Where a water-closet system exists in a building the number of seats should be noted, and the possibilities of extension considered. In this connection it would be well to note the addresses of the nearest purveyors of sanitary fittings, plumbers' shops, or sanitary engineers. Not less im-

portant than latrines are urinals. A man is as a rule careful in the matter of his solid excreta if only reasonable facilities exist, but as regards urine the soldier is very apt to make his own arrangements on the slightest provocation. Night urinals, in the immediate vicinity of dormitories or rooms used as such, are an absolute necessity. In buildings such as warehouses and factories, not used as a rule as dwellings, it would be necessary to know the facilities for heating and cooking. The latter need not be in the same building as the men occupy; in fact it tends to greater cleanliness if men feed elsewhere than in their living rooms. Warming is a difficult question very often where neither a central heating system nor open fireplaces exist, as in some warehouses for instance. The facilities for ablution are a matter of importance. In factories these would as a rule be sufficient as regards ordinary ablution, but baths could only be easily procured probably where public baths existed.

So far I have been speaking of large buildings occupied in towns, under conditions of a more or less permanent nature. The question of billeting is a distinct one, and would be practised probably mostly in the smaller towns and villages. The rules for billeting are definitely laid down, and the conditions under which this method is adopted, frequently leave little latitude of choice. If the inhabitants provide subsistence the number of men that can be billeted on any area is about twice the number of the existing civil population. If supplies are furnished by the Supply Department then about 10 times the original population can be accommodated in a rich agricultural district, and about 4 to 6 times that amount in an industrial district or town. The above allowances are in contrast to close billeting in which system as many men are brought under shelter as can be, the remainder shifting for themselves as best they can. Such a measure would be unlikely to occur in this country except in the prospect of an early encounter with the enemy. The great difficulty as regards sanitation in billets is conservancy — even more difficult than with troops in camp since in billets they are split up into small parties. The information required here would refer to the possibilities of erecting temporary latrines in the vicinity, and the facilities available, *e.g.*, builder's yard with timber shops or stores where pails or other suitable receptacles can be procured. It would not be possible to rely on the cot'age

privies except for a very short stay, and if it were impossible to erect latrines, the ordinary camp latrines would have to be used. It is mostly in regard to billeting that a knowledge of the prevalence of infectious disease amongst the civil population would be of importance. The existence at the time or at a slightly earlier date of enteric fever, small-pox, or any of the other exanthemata, whether widely spread throughout the village, or limited to a house or two, should be notified to the military authorities.

Another useful branch of information is that relative to the camp grounds available in the district. In this connection we should need to know first the position, defined by stating the distance from two well-known towns easily identified on the map. This will give a good general idea of where the ground is situated, but more accurate details would be needed to enable a stranger to identify easily the exact locality intended. This is, I regret to say, most conveniently done as a rule by reference to some well-known licensed house of refreshment. The average villager, given such a means of identification can, as a rule, guide you rapidly to the correct spot. In regard to camp grounds the next point is area, roughly, to be given in acres. Thirdly, the condition of the surface, whether grass, heather, or open heath, whether lately or ever under cultivation; configuration of site, whether level, or gentle slope. In the latter case the aspect should be mentioned, in the former liability to floods or otherwise.

The nature of the surroundings is also of importance, as affecting shelter, the presence or absence of woods in the vicinity, and their direction should therefore be noted. The nature of the soil, and the underlying geological formation, should also be given. Lastly, in regard to camp grounds, it is necessary to know the quantity and quality of the water supply available, the nature of the source, whether well, lake or river, its liability to pollution, and its degree of permanency under varying conditions of weather. In chalk or limestone districts the exact position of wells, especially those with mechanical pumping arrangements, is a point to be carefully indicated. I have seen a Brigade of Infantry delayed some time on the march because the Staff were unable to locate a water wheel in a well wooded chalk district, this being the only possible sufficient source of supply.

After camp grounds come roads. Luckily, we have in the road books of the Cycling

Tourist Club, and in the contour road books, a great deal of information on this point ready to hand, but this needs to be amplified by information useful in the military point of view, relating to the water supply along the road, and the degree of shade available. With the former object every stream crossed by the road, and every large well, lake or pond in its neighbourhood should be recorded. The possibilities of pollution should be mentioned. The quantity of water available from each source in an average season should be stated, and also any possibilities of serious pollution, by house drainage, etc. In the case of a lake or pond some distance from the road the best means of access should be noted, and the safest point from which to draw water given. Another important point as regards roads, not usually noted in road books, is the amount of shade and fresh air available. In a hot day halts should not be made in comparatively airless hollows or on exposed hill-sides, though the latter are the safer of the two. It is not always easy to ascertain this information merely from the map.

Lastly, the water supply of the district as a whole should be described. For this purpose each stream or river should be traced from its source, till it passes into some other district. The presence of any dangerous source of pollution should be noted, with its exact position, and distance from the water. An officer strange to the locality would have much difficulty in identifying these danger spots in the short time at his disposal, whilst the medical officer of health, or even the local practitioner, could give the necessary information almost offhand by simply tracing the course of the stream on the map.

This collection of information, or what may be called sanitary intelligence, would fill a very serious gap in our knowledge, and any officer on the *à la suite* list who should set about collecting it as regards his own district, more especially, of course, along the main lines of communication, would be doing a useful piece of work, and rendering the State good service. Though his duties only begin with mobilization, I need hardly say that if he leaves this particular piece of work till that date, he will be too late with his information. I have included a certain number of items in the list of facts to be noted that are not purely sanitary. For instance, the exact position of a camp ground is the business of the Quartermaster General's department, and the listing

of the open spaces in a county, suitable for camp grounds would fall, I imagine, on the County Association. Still, in a sanitary report on a camp ground the locality would naturally have to be accurately noted if only for purposes of identification.

To make the information collected of real value the sanitary officer must try and place himself in the position of a stranger coming new to the locality with the responsibility for the health of 20,000 men—very valuable men, on his shoulders. He must remember too that these men are, by nature of the class from which the bulk of them are drawn, extremely careless in all matters pertaining to sanitation. They have been accustomed all their lives to be spoon-fed as regard these duties, and they will at first at least be slow to realise that now the whole responsibility is thrown on them individually and personally. For it must never be forgotten that the change which will occur in the life of the Territorial soldier on mobilization is a very great one. All his days till then he has led a distinctly individualistic life; and the life of a civilized, and in a sanitary sense, a pampered man. Suddenly he will find himself plunged into a communal life, as one of a large assemblage, of whom he will probably know only the men in his own company, and a few others in the same battalion. Coincidentally with this he will pass to a state of sanitary savagery. The disposal of his excreta, in particular, he will inevitably be careless about, and it will take all the time of the medical officer in charge of a unit, and of the sanitary officer of the Division to see that he is kept up to his duties in this matter. A good peace training is of course useful, but the British soldier has a great tendency, a tendency noted by the Duke of Wellington in his Despatches from the Peninsula, to think that war is a time when ordinary rules may be relaxed and each man go his own way, and in sanitation this means, if I may be allowed to quote from a late speech of the Foreign Secretary, "death and damnation." Anything that will make the hard work of the Divisional sanitary officer lighter will be of the greatest benefit. The nature of the work demanded of the *à la suite* sanitary officer after mobilization will depend very much on circumstances. The conditions that will be the result of an invasion by a foreign army are so incalculable, mainly because we have no precedents to guide us, that the duties that may devolve on the different members of the

Territorial Force, especially those who do not belong definitely to any one unit, are also to a certain extent incalculable. Their general nature will, of course, be that which I have already detailed when describing the duty of a sanitary officer. In general it may be presumed that they will deal more particularly with detached parties at a distance from their proper Division. In parts of the kingdom not threatened by invasion the local Division might fitly be called on to exercise the function likely to be endangered. In such a case it is possible that only a small nucleus or depot might be left behind, or a Veteran Reserve organized as in the case of the County of Surrey. In such a case the local medical officer of health, if on the *à la suite* list, might fitly be called on to exercise the function of sanitary officer in respect of such a body. I might also mention by way of illustration one or two other possible eventualities in which his activities might be called into play. One of these would be the passage through his district of small bodies of newly enlisted men going to join after the main body of troops had passed through, or hired civilian transport in the second line. The former would not have learnt the duties of camp life, and the latter would probably be too undisciplined to heed them even if they knew. The conservancy of the camp grounds occupied by such bodies of men would have to be very carefully looked after, and the medical officer of health who was also on the *à la suite* list, and therefore entitled to wear a uniform and enforce discipline, would be in a much stronger position than one not so obviously entitled to obedience. In the interests of his civil population as well as those of the rest of the army, medical officers of health will have to attend to this duty. It is, I am afraid, no use saying that the men who passed through should have cleaned up before they went. It would be quite in the power and right of the sanitary officer to report the neglect of any unit who omitted this duty, but all the reporting in the world would not bring back troops from the front, and meanwhile the camp will remain dirty. That may mean enteric fever in the surrounding villages, and in bodies of men passing up along the road at a later period.

Another very important duty will not improbably devolve on medical officers of health, in the co-operation with the military authorities, is the cleansing of the battle field after the action. In the prolonged

battles that may occur in the future the soldier will have little energy for or opportunity of practising sanitation. Inevitably, therefore, after an engagement such as those of the Russo-Japanese war, Mukden or Liao-Jang, for instance, the fouling of the ground by excreta, and the dead bodies of men and animals, will be very extensive. The army will either have to be driven back, or if victorious will have pushed on after the enemy. The cleaning up of the battle field will therefore fall largely on the local authorities. It is not my intention to-night to go into actual details on this point, but I should like to emphasize the fact that in such an overcrowded country as our island the only possible method of disposing of large accumulations of dead is by cremation. The most important function, however, that will devolve on the particular class of officer of whom I have been speaking is to keep up the connection between the civil and the military sanitary machinery. They already know all of the ins and outs of the former. To maintain the connection calls for an expenditure of effort which must not be put off till the time comes when the knowledge and co-operation is required. It is the curse of the men of our race to trust, like the amateur actor, "that it will be all right on the night." We have a constitutional dislike to being ready in advance for an emergency. Whether it is indolence or a feeling that it is unmanly to see a danger before it actually looms over one I do not pretend to explain. However that may be I am certain of one thing, and that is that every officer who promises that "his services will be available on mobilization" is bound by every rule to see that his services are worth having on mobilization. They will not be so unless he takes the trouble to learn his part before the curtain rings up on that very solemn tragedy (for whichever way the struggle goes in the long run, it will be a tragedy) the invasion of England, I am also certain that there will be plenty of work for those who are willing to help, if only they will realise that their help is, I will not say useless, though that would be no great exaggeration, but at least very much reduced in value if proffered in a shape that makes it inapplicable to the actual emergency.

DISCUSSION.

DR. FREMANTLE, (Hertfordshire), said he still felt as he had felt from the first, absolutely in a

fog in reference to the *à la suite* officers. What were they to do in the case of war? Were they to be called up from their civil occupations to take up work with the troops? He understood from the paper that this was the idea, but he thought they were making a serious mistake in thus trying to arrange the Territorial Force on the lines of the Regular Army. As regarded sanitation, the two cases were fundamentally different. The Regular Army had to provide for following up sanitation in a country where sanitation could not be relied upon, either in an uncivilised land or on the Continent, where one could depend only to a limited extent on the local sanitation. The Territorial Force on the contrary would only operate in this country, which could be absolutely depended upon, up to a known extent, for local sanitation. It seemed to him that the Territorial Force would have ultimately to depend for sanitation on the civil sanitary administration.

Regimental medical officers would be responsible indeed for the regimental sanitation under the supervision of the respective divisional sanitary officers, who would be responsible for the adaptation of their divisions to the civil sanitary circumstances, and administration in the area of their operations. Extra work thus thrown on the civil sanitary administration, would doubtless be heavy, as when big engineering works are undertaken, or when the hops are picked. But would it not be infinitely better to trust to the civil sanitary administration, rather than upset it by withdrawing medical officers of health from their districts, and so replace it by an improvisate *à la suite* service? Who knew the water supply of any district so well as its medical officer of health? Whose knowledge was equal to his and his sanitary inspectors in the matter of buildings, camping grounds, and the system of conservancy? There was one man, and one man only, the local medical officer of health, with his staff, who could be depended upon to supply all necessary facts and assistance. What was wanted was a channel of communication between one and the other. The great function then of the sanitary officer of a Territorial division would be to at once establish communication with all medical officers of health in the districts in which it operated.

In peace much information will be required of the civil sanitary officials, who must be "roped in" if possible to assist the Territorial officers in the preparation of a complete, comprehensive survey, which was quite impossible on the lines at present followed. But both in peace and in war, they must inevitably depend upon the civil sanitary administration as the basis for the sanitary operations of the Territorial Force.

DR. E. SERGEANT (Lancashire,) in supporting Dr. Fremantle quite agreed as to the propriety of

sanitary officers gaining the assistance and co-operation of local governing bodies as well as *à la suite* medical officers. In time of peace information of the most valuable character—as pointed out by Colonel Melville—might be readily obtained regarding roads, water supply, camping grounds, etc., etc. in the various divisional areas. It was his (Dr. Sergeant's) opinion that unless a scheme for rendering assistance in case of invasion was beforehand carefully considered and understood by those who might be called upon to execute the sanitary duties, there would be much confusion and want of efficiency. He therefore advocated the need of closer union with the *à la suite* medical officers and civil officials concerned. He further suggested that the duties of the sanitary staff officers had so far been too inadequately defined and, being subject to the interpretation of the administrative medical officers, were liable to lack of uniformity. As an instance he remarked that the sanitary officers in certain divisions were consulted respecting the sites for the annual encampments before the final selections were made, and their views were also sought as to the character of the water supply and the general sanitary conditions to be observed in camp, while in other divisions the sanitary officer was only asked to give advice as apparently an *arrière pensée* after the camp arrangements had been completed. Dr. Sergeant thought that if this officer was intended to do good work he ought to have his functions more generally known and observed with greater care.

DR. J. R. KAYE (Major W. R. T. F.), after congratulating Colonel Melville upon his interesting and edifying address, remarked that as a divisional sanitary officer of a large area he did not altogether agree with preceding speakers. He was fortunate in having an excellent administrative medical officer, who had invariably consulted and conferred with him on sanitary matters in regard to the physical condition of the men and to the sanitary arrangements in camps previous to occupation, and so he had no reason for grumbling in that direction.

One of the most important points which must ever be borne in mind was that sanitary officers, must promote the education, sanitarily, of the men and, further, impress them with the fact that theory without practice is absolutely useless. Equally important is the stimulation of education amongst the officers, and even the commanding general himself, who must be imbued with the idea that sanitation is in reality the basis of warfare, because warfare without men, physically efficient, was a losing game, or even impossible. Consequently hygiene—the art of preserving life—was at least on a parallel with strategy in campaigns. Practical demonstration of this assertion could be drawn from every one of the campaigns of the

past, except, perhaps, in the Russo-Japanese war, where the ratio of deaths due to sickness and wounds were for the first time reversed, and the duty of sanitary officers was to utilise the sanitary knowledge and services of the *à la suite* men, who would be really the medical officers of health in the various sanitary authorities' areas, and in this way link up, as it were, the civil authorities with the regimental officers—while the *à la suite* medical men would deal with wounds and sickness.

In the West Riding area twelve lectures had been given for two winters at various places to the officers, and also to the men, on such topics as the bullet and sword *versus* disease, amply illustrated by the aid of lantern slides.

DR. P. CALDWELL SMITH, Wandsworth, observed that some discussion which had already taken place was not quite in accordance with the King's regulations, to which officers were subject, whether in the rooms of the medical officers of health or at their headquarters. There was not the slightest doubt, he said, that the *à la suite* men had to assist in sanitary matters, and in those alone, as nearly all those appointed *à la suite* men must necessarily be medical officers of health.

As the officer commanding a sanitary company he once had occasion to consult the local medical officer of health, who gave him all the information he wanted within 15 minutes. If his experience could be taken as what would happen on a larger scale, he would strongly advise officers when in camp to visit the local medical officer of health within the first hour. If the man knew his work—and he was glad to think that 99 out of every 100 did know their work fairly well—one would get all one required.

One medical officer with whom he was acquainted had prepared a relief map of his district, showing all the streams, hills, ditches, hedges, camping grounds, and small hospitals, the map took two years to prepare. If the idea became more general every medical officer in charge would see at a glance what description of country he had to deal with. One thing *à la suite* officers did want was a greater knowledge of camp life. A large proportion did not know what it was to see 12,000 or 15,000 men camped together in a small area. Were the *à la suite* men united they might be able to influence the County Associations to get the pay of their rank while in camp, where they would glean a great deal of information which would be of value when mobilisation was carried out.

DR. H. BEALE COLLINS, Kingston, said he had been waiting, as one of the *à la suite* men, to hear what his duties would be in the event of his being called out. He was medical officer in a Surrey borough of small area almost entirely built over and the only other *à la suite* man in the N.E. part of the

County was the medical officer in the neighbouring borough of Richmond. What were they to do; to confine their attention to their own boroughs, or to ask the medical officers in adjoining districts to help? What seemed to be necessary was that the War Office should map out the country into areas, to each of which should be appointed *à la suite* men, who could organise the districts with the help of the local medical officer of health.

Personally, although he had gone through a course of military hygiene, he had at present done nothing in the way of mapping out camping grounds, water supplies, etc., because, notwithstanding that he was well acquainted with the neighbouring district, he had only thought of this work in connection with his own borough, where suitable billeting places and buildings for temporary hospitals merely wanted marking on the map. But if some organisation in the direction he had indicated could only be effected it would give great encouragement to the *à la suite* men.

DR. H. STOTT considered it the duty of the *à la suite* officers to aid the military authorities in every way possible. The only men who could do this effectively were the local medical officers of health. In East Sussex lectures on water supply, food preparation, etc., had been held for the officers and non-coms. of the Territorial Force, and these had been attended with exceptional success.

DR. WM. BUTLER (Willesden) said he was greatly indebted to Lieut.-Col. Melville for his paper, which had given him the first intimation as to the nature of his duties as an *à la suite* officer. It was pleasing to find that those duties were precisely what one would have anticipated from the nature of the appointments that had been made. But one did want to know, even more definitely than had been indicated, what one should be doing to prepare for the contingencies which Col. Melville had foreseen. Preparation should be made at the present time. The duties were such as would require the accumulation of a vast number of facts which would not be available at very short notice, and which should be embodied in a report or schedule as suggested by Dr. Fremantle. The information thus compiled should not rest uncriticised in the officers' own offices, but should be sent to some central office, where it could be corrected and unified with information coming from different parts of the country.

DR. HERBERT JONES said that one method of increasing the usefulness of the organisation was that definite areas should be mapped out. The time seemed to have come when the duties of *à la suite* officers should be better defined, but he could not agree with Dr. Fremantle that there was nothing for the *à la suite* officers to do. In his own district he began 8 or 10 months ago recording all

the good water supplies on all the lines of march in his district, and was continuing the work. He agreed with Dr. Caldwell Smith that the medical officers should be almost made to go into camps and a beginning might be made with a proportion of the officers even if the whole of them could not be dealt with.

PROF. W. R. SMITH said that if he understood the Sanitary Service aright, it consisted of three parts: *à la suite* officers, the divisional sanitary officers, and two sanitary companies. As far as the latter were concerned, they were attached to two London divisions, and it was proposed that their services should be utilised on the lines of communication. It was not proposed that they should be permanently attached to those divisions, but for administrative purposes they were so attached. As far as the *à la suite* officers were concerned their position was that on mobilisation, and then only, their services should be available in whatever direction the authorities thought most serviceable. Three of these officers were located in each of the London divisions. The majority of the divisional sanitary officers were new to military work, and it was desirable that every possible facility should be given them to learn military duties. They included some of the most eminent sanitarians in the country, and every opportunity should be taken of utilising their valuable services. It had already been urged upon the Government that it was desirable in the interests of the Territorial Force that in the case of invasion there should be available at the War Office proper information relative to the sanitation of the whole country, and there was no doubt that the divisional sanitary officers were best calculated to collect that information. He wished the Society to understand that the divisional sanitary officers had not been backward in realising that position, and in doing their best to meet its requirements. It was very desirable indeed that every opportunity should be given the sanitary officers not only to know what their duties were, but to attain a knowledge of the surroundings of their divisions.

DR. H. C. PATTIN (Norwich), asked if there were in fact, any *à la suite* officers. He was himself appointed he understood four years ago, but since that date had received a commission from the War Office addressed to him as "Major." It did not say *à la suite*, but informed him that he belonged to the sanitary service of the R.A.M.C. He presumed his new designation was "sanitary officer of the Territorial Army," but he had never received any definition of the duties he might be called upon to perform. In common with many others he was anxious to make the appointment a reality, and not merely a name.

DR. TUBB-THOMAS (Wiltshire) said that the weak point with regard to the scheme seemed

to be that County Associations were responsible for the Territorial Force, but they knew nothing with regard to the sanitary side of the question. In the county with which he was acquainted, which might easily become the centre of mobilisation, they had only one *à la suite* officer appointed. A considerable amount of the information mentioned by Colonel Melville was already in the hands (or should be) of county medical officers, and he suggested that the War Department should take some steps to bring civil administration into closer touch with them. The War Department should make County Associations more alive to the necessity for arrangement of sanitary affairs from a military point of view in their district, and collect all the information which previous speakers had referred to. With regard to *à la suite* officers, the greater number of them appeared to be medical officers of health of large urban districts who were not fully acquainted with the sanitary conditions of the surrounding districts in which their force might have to work. The same thing applied to *à la suite* officers who were medical officers of health of rural districts, who had little knowledge of the condition of affairs outside their own districts. On the other hand, the county medical officers had knowledge of their counties as a whole.

THE CHAIRMAN (Dr. Willoughby) having expressed the thanks of the meeting for the paper which had formed the basis of the discussion,

LIEUT.-COL. MELVILLE replied. He said he would like to answer Dr. Fremantle's objections, because they were most important, and embodied those of other speakers. Dr. Fremantle had said that action between the civil and military sanitary authorities should be brought about by the sanitary officer of the division working in with the medical officer of health. He quite agreed, but wanted medical officers of health to be on the *à la suite* list. He could not really see that there was any real difference in the two opinions. If the divisional sanitary officers would "egg on" the local medical officers of health to become *à la suite* officers everybody would benefit in the long run. The duties of *à la suite* officers were laid down in the Territorial Regulations; in his position he could not say more than that. They had to perform sanitary duties in their districts should they be occupied by troops, but beyond that nobody but a Hebrew prophet could tell what would happen if Franconia invaded England tomorrow. The enthusiasm of England was so great that every man would be tumbling over the others to get a rifle and stand in the ranks. In these circumstances, if the *à la suite* officers did not find enough to do it would only be for want of looking for it. What they would do was beyond him or anyone to say. In reply to Dr. Pattin, Lieut.-Col. Melville said that originally *à la suite* officers

registered their names as men who could not afford the time to train with the Territorials in time of peace, but were willing to do all they could when necessary. He wished, before finishing, to say just one thing about the sanitary knowledge of the officers of the Territorial Force. He had had several chances of learning the amount of knowledge possessed by majors and subalterns of the R.A.M.C., and could say that the knowledge of sanitation possessed by all the medical officers was extraordinarily good, and not only of sanitation, but of military sanitation. He had not the slightest fear but that every one of these officers would do his work at least as well as any Territorial combatant officer would do his fighting work.

THE MEASLES EPIDEMIC IN LONDON. — A Conference between Mr. John Burns, Local Government Board Medical Officials, and the Medical Officers of the Metropolitan Boroughs, was held at the Local Government Board Offices, Whitehall, on March 13th, for the purpose of considering the most practical steps to be taken for the suppression of the epidemic of measles in London. The proceedings, which were private, lasted for nearly two hours, and at the close the following official statement was communicated for publication.

"At the suggestion of the President of the Local Government Board, a conference of medical officers of health was called and met this afternoon to discuss the possibility of further preventive measures against measles. The conference was presided over by the Medical Officer of the Board (Dr. A. Newsholme), there being also present Dr. Theodore Thomson, Assistant Medical Officer of the Board; Dr. Crowley, representing Sir George Newman, of the Board of Education; Sir Shirley Murphy, London County Council; Dr. Kerr, London County Council (Education); and twenty-two out of twenty-nine of the Metropolitan medical officers of health. A detailed discussion on means for preventing the spread of measles was held, and the conference made a number of recommendations. Mr. John Burns, the President of the Local Government Board, was present during the greater part of the Conference, and took an active part in the discussion. He subsequently summarised some of the main points which the discussion had elicited. These related to the possibilities of notification of the disease; the possible need for further hospital accommodation; the further use of educational means for preventing the spread of infection; the degree of utility of disinfection in measles; the question of excluding children under five years of age from school attendance during epidemic periods or at other times; and the need for regulating private schools, including Sunday Schools.