The Journal of the American Medical Association

VOL. XXXII.

CHICAGO, ILLINOIS, JANUARY 7, 1899.

No. 1.

ORIGINAL ARTICLES.

ESCULAPIUS ON THE FIELD OF BATTLE.

Response to toast at the banquet of the Inter-State National Guard Association, held in Chicago, Dec. 14-15, 1898.

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Esculapius on the field of battle! What an inspiring sentiment at this time and on this occasion! Esculapius, the fabled deity of medicine, engaged on the battlefield in directing his faithful disciples in bringing comfort to the dying and timely and efficient aid to the wounded, is indeed an idea conveying the loftiest, noblest, soul-inspiring subject. The disciples of Esculapius have followed and served every army since man has resorted to contest by force of arms to secure the real or imaginary rights of tribes and nations. Every battlefield bears testimony of their life-saving, humanitarian work. When battles were fought hand-to-hand, and by the use of the most primitive weapons of war, the Esculapians were there with their pots of boiling oil with which to stanch bleeding, with their crude instruments with which to extract arrows buried in the flesh of the wounded warriors, and with their bottles of wine and oil with which to dress the wounds. Their practice has kept more than pace with the rapid and wonderful improvements in the implements of destruction employed on the battlefield.

It is a long time since civilized nations abandoned the catapult for the cannon, and the small-caliber, repeating breech-loader has taken the place of the bow and arrow, but the disciples of Esculapius have more than counterbalanced the increased horrors of war by the marvelous advancements made in the science and art of surgery. The battlefield has witnessed many changes in the practice of military surgeons. It was on the battlefield that Ambroise Paré substituted the ligature for the cautery in arresting hemorrhage. It was on the battlefield that Hans Ryf, Baron Larrey, Pirogoff, Guthrie, Nussbaum, Langenbeck, Esmarch, Stromeyer, Billroth, and a host of other worthy priests in the temple of Esculapius, achieved lasting fame.

Conservative surgery is the pride of the modern Esculapian on the field of battle. The stacks of amputated limbs that constituted such a gruesome and constant sight after every great battle during the Civil War, will never be seen again on the field of battle where modern surgery is practiced. Aseptic surgery has driven out of our military hospitals the four greatest enemies of the wounded soldier: hospital gangrene, secondary hemorrhage, pyemia and erysipelas. The probe, an instrument of torture, danger and fallacy, has been abandoned for the X-ray in locating bullets lodged in the body. The first-aid

dressing properly applied at the right time constitutes, in the vast majority of cases, almost a sure protection against infection of the wound. Under aseptic precautions penetrating gunshot wounds of the large joints heal promptly, often without serious impairment of the function of the joint. Many cases of penetrating wounds of the chest and abdomen recover without operative interference. Prophylaxis has largely taken the place of operative surgery in the field. Our recent experience in Cuba and Porto Rico has demonstrated that the small-caliber rifle is a most humane weapon. If the wounded survive the immediate effects of the injury the prospects of recovery are good. Most of the wounds of the soft parts outside the three large cavities healed, with few exceptions, under one dressing in from ten days to three weeks. What a contrast with the experience of the surgeons during the Civil War only thirty-five years ago! This wonderful improvement in military surgery has been brought about through the labors of the disciples of Esculapius during the last thirty years.

Esculapius is unselfish and impartial in his work. His deeds of mercy are dispensed alike to friend and foe. He knows no creed, no politics. He is on the side of wrong as well as justice. He is loyal to every flag hoisted on the field of battle. He rejoices with the victorious, he sympathizes with the vanquished. He loves and respects the uniform of every nation. He is not anxious for war, but when war does come he is promptly on the field and remains there as long as a single soldier requires his services. He never sleeps. His thoughts, his actions, are devoted to the welfare and usefulness of the soldier. He is the adviser of the well, the comforter and physician of the sick and the good Samaritan of the wounded. His disciples have always proved worthy of their noble profession when engaged on the field of battle. They have served on every battlefield without any prospect or expectation of achieving undying fame, or even receiving the gratitude due them from those benefited by their services. Our histories of the world bristle with accounts of heroism and daring exploits of famous generals, but how little do we find of praise of the deeds of the disciples of Esculapius who faced all the dangers incident to warfare, besides doing battle daily with the Grim Reaper behind the fighting line.

The Esculapians on the field of battle belong to a noble, unselfish, learned profession. It requires years of hard study and a small fortune to acquire the necessary knowledge to prepare them for their work. They are men who in civil life would occupy a high social position and enjoy a handsome income from the practice of their profession. But the medical profession of all countries has always been intensely patriotic in times of war. The doctors always have been and always will be the salt of the population. Their education and training are of a nature to ensure qual-

ities necessary to citizenship of the highest type. The practice of their profession, even in times of peace, is admirably adapted to prepare them for the emergencies of war. In the exercise of their duties they encounter dangers and hardships foreign to the lives of the average citizens. They brave epidemics far worse than bullets, as far as danger to life is concerned, without fear of death. In cities devastated by the scourge of yellow fever or cholera, when everybody else that can leaves for a place of safety, the doctors remain at their posts and minister to the sick and dying without any expectation of a substantial reward, or even the gratitude of their impoverished clients. Day after day and night after night the familiar modest conveyance, with its lonely occupant, can be seen in the depopulated streets, wending its way to the hovels of the poor on its errand of mercy.

No military surgeon has ever attained the fame of the innumerable heroes who distinguished themselves on the battlefield and whose deeds have been immortalized in prose and poetry. In rank, pay and social position he has always been at a disadvantage as compared with the leaders of armies. His greatest reward always has been, and probably always will be, the consciousness of having performed his duty to his fellow-men. Will you not agree with me that the doctrines as taught by Esculapius and as practiced by his disciples are akin to the teachings of the Great Master? If you do not, let us follow for one day and one night the work of our Esculapian on the modern battlefield.

The disciple of Esculapius is on the field before the expected battle. He is a non-combatant and modestly takes his place behind the fighting line. He knows what is expected of him during the next day, and makes the necessary preparations. During the night the troops are rushed to the front and the line of battle is completed. A deadly silence attends these preliminary preparations for the next day's conflict. From the commanding general down to the private a sense of responsibility, uncertainty and suspense prevails. With the dawn of the new-born day the deadly conflict begins. The batteries furnish the prelude to the impending battle, followed by the irregular firing of the picket lines. The more regular cannonading on both sides and the volleys of musketry announce that the day's bloody work has begun in earnest. The uproar and tumult of battle has commenced. The line of battle is advancing slowly. Our Esculapian disciple is not idle for any length of time. He is near enough the fighting line to observe the movements of the troops, and within range of the fire. The singing, whizzing bullets do not disturb his calmness. Shells plow the ground around and about him, exploding with a dull but terrific noise and sending their messengers of death in all directions. He takes position in a sheltered place, where his patients will find protection from the fire of the enemy.

He is hardly ready for his day's work when the first victim arrives. He has been conveyed to the rear by friendly hands. A hasty examination shows that he has been shot through the thigh. The trousers on the injured side are soaked with blood. The garment is removed and a stream of red blood locates the bullet-wound. The patient's face presents a deadly pallor, his forehead is covered with a cold, clammy perspiration. The hands are cold and the pulse at the wrist is almost imperceptible. It is evident that the bullet has injured a large blood-vessel and that life is rapidly

ebbing away from hemorrhage. The patient is conscious, but passive and listless. He does not realize his own danger. All he complains of is a torturing thirst and all he asks for is a drink of cold water. The experienced eye of the surgeon takes in the whole situation at a glance. He knows that prompt action is necessary to ward off impending death. In less time than is necessary to describe it, he applies an elastic constrictor above the wound which arrests the bleeding promptly, makes use of the first-aid package to protect the wound against infection, administers the necessary restoratives, pins the diagnosis tag to the lapel of the uniform, satisfies his thirst by administering the contents of his own canteen, and hands the patient over to the hospital-corps men, who bring him safely to the ambulance station.

Before he has disposed of his first charge his services are urgently demanded in his immediate vicinity, and he hastens to the new scene of catastrophe. A young soldier has been struck down by a fragment of a bursting shell which has almost completely severed both legs just below the knee-joint. The patient lies on the ground, motionless, with his sunken eyes directed stolidly toward the overhanging blue sky. He has lost but little blood, but his lips are pale and slightly livid, the nostrils dilated, the skin of the forehead thrown into deep folds. The hands are cold and the pulse at the wrist can not be felt. The respirations are irregular and sighing; a long and deep respiration is followed by a number of shallow, imperfect expansions of the chest. The mind is clear, but it takes repeated questions to elicit the simplest answer. The unearthly brilliancy of the otherwise expressionless, staring eyes clearly indicates the inevitable doom that awaits the wounded warrior. His life is but the flickering light of a tallow candle to be extinguished at any moment. The surgeon knows that in this case the terrible injury will result in death from shock. The patient is ignorant of the extent of the injury sustained, and if he should happen to see the cold, mangled, motionless legs, almost detached from the body, he would not realize that his life is in such immediate jeopardy. He makes no complaint and no requests. In an almost inaudible whisper he may ask for a drink of water. Home, relatives and friends have become to him but a pleasant dream. His mind is occupied by the experience of the day, his ears are filled with the din and tumult of battle, his eyes are still resting on yonder line of battle he was approaching but a few minutes ago with a firm hope of victory when he, with several comrades, was mowed down by the bursting shell.

The conscientious surgeon, recognizing the hopelessness of the case, feels that he has another mission to perform. He ascertains the name of the wounded and of the nearest relatives, and the address, and then calmly informs his patient of what awaits him. For a moment such information brings the patient's mind back to realities and, probably with a smile and look of gratitude, he responds calmly to the questions. He is made as comfortable as can be done under the circumstances, but before the setting of the sun his spirit has left the mutilated body and joined the peaceful army beyond the reach of human warfare. The next mail carries with it a letter from the surgeon, in which he details the date and cause of death of the gallant dead to his distant relatives. What such letters from the battlefield, conveying the last message of the dying soldier, mean to the relatives,

can only be fully realized by those who have received them.

As the heat of battle rises the number of wounded increases rapidly. At the first dressing station they are lying, sitting, standing, walking, awaiting the first dressing. Our Esculapian is unmindful of the heat, thirst and hunger, and hastens from soldier to soldier to extend to as many as possible, and in the shortest space of time, the blessings of the modern first-aid dressing.

With the approaching twilight firing gradually ceases, without any definite decision of the fortunes of war on either side. On both sides the soldiers rest on their arms, and under the cover of darkness satisfy hunger and thirst. Tired to death from the day's conflict, sleep overtakes them and the naked earth is coveted as a luxurious couch. The work of the combatants has ceased for the day; that of the non-combatants now begins in earnest. Many of the wounded still remain on the ground, bleeding and suffering from pain and thirst. The veil of darkness is penetrated in all directions in search of them. The faint voices here and there serve a useful purpose in locating them. The dead remain where death reached them. Many a litter-bearer's steps are made uncertain by stumbling over the corpses which cover the field. The crowd of wounded behind the fighting line, at the ambulance station and in the field hospitals grows larger and larger, and the cries for surgical aid become louder and more and more imploring. Can the surgeon who has worked incessantly all day quiet his conscience and satisfy nature's demand for rest, follow the example of his combatant comrades, throw himself on the ground and seek repose by surrendering himself to the greatest of all charmers—sleep? No! As long as his brain will do its duty and as long as a single muscle will respond to his determined will power, he will serve the wounded.

There are cases in which a prompt primary operation will save life. These are the cases who receive his first attention. An operating-table is extemporized, assistants are pressed into service, and with the aid of a candle light the most difficult operations are performed in the silence of the night, broken only by the frequent moanings of the numerous wounded waiting their turn for the operating tent, mingled from time to time with the shrieks of those who have become raving maniacs, and the stertorous breathing of the dying. What an awful night for our poor Esculapian who forgets his own wants and strains every nerve to serve his fellow-men, and to do credit to his profession and the country and flag that he calls his own. Throughout the whole night he works faithfully and incessantly, and with the break of day he finds his task still unfinished, and the prospects stare him in the face of a repetition of the previous day's experience. The day work was hard and trying; the night work reached the limits of human endurance.

Can you give me a more striking example of genuine patriotism and heroism than the twenty-four hours' work performed by our disciple of Esculapius on the field of battle? If you can not, I can. It is the same Esculapian away from the bloody field in the fever camp. It requires courage to face the enemy on the field of battle. It requires courage to stand up in a rain of bullets and in an atmosphere torn asunder every few moments by shot and shell, but it requires more courage to enter the silent fever camp, with its myriads of invisible foes. The song of the bullet is sweet

music compared with the silent, invisible microbes that cause yellow fever, typhoid fever, malaria, dysentery and camp diarrhea.

It is a privilege to die a glorious death on the battlefield; no such halo of glory surrounds the death-bed in the fever hospital. It is here that the greatest deeds of heroism are witnessed. It is here where the true manly courage of our Esculapian hero is put to the severest tests. Let me ask you a plain, simple question to test the correctness of the assertions I have made, a question the significance of which, I fear, is not fully understood: If left to choose for yourself, would you not be more willing to engage in a battle than to live and work in a camp filled with typhoid or yellow fever patients? It would take me or any other disciple of Esculapius not long to decide in favor of the battlefield.

During the war just ended, the disciples of Esculapius have taken an important and noble part. Cowardice is unknown in our medical department. Our surgeons have done their duty promptly and well. Esculapius has watched their conduct and their acts. On more than one occasion he shook his massive hoary head in disapproval, not because of what they did, but of what they could not do.

Esculapius has drawn his own conclusions from the lessons of the war, and now suggests to you and to the people of the United States and their representatives in Congress the absolute necessity of a complete reorganization of the Medical Department. He insists that the rank of our Surgeon-General should be that of a Major-General, that he should be clothed with more executive power, and that he should have his own commissary and quartermaster's departments. He is satisfied if these important changes in the organization of the Medical Department are made, that there will be less suffering and deaths from disease should we again be called upon to cross swords with another nation.

In conclusion, permit me to ask you to listen to the voice of Esculapius in your efforts to effect a thorough reorganization of the National Guard. The new National Guard is destined to become the bulwark of the fighting force of our country, which will never imitate, much less adopt, the militarism of the tottering monarchies of the old world.

THE SECRETS OF HOSPITAL PATIENTS.

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Is the surgeon or physician bound to preserve the secrets of his patients in hospital, as he does of those in private practice? If so, how can he give clinical instruction over them? Then again, other queries arise. If clinical interests can invade the privacy of a patient's condition and divulge his secrets before the class, how about other interests? Have patients in public hospitals no rights to privacy of any kind? For instance, a patient has entered the hospital for an injury in a railway accident, and may have claims on the road for damages. The attorney of the road asks for a statement of the injuries, without bringing any permission from the patient. In a similar way the agent of an accident insurance company wants information, and often boldly claims that the surgeon is not bound to secrecy as to anything happening in a public hospital. Finally, newspaper reporters