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PROFESSOR LONGMORE, C.B., Army Medical School, N
in the Chair.

ARMY MEDICAL ORGANIZATION IN WAR, WITH SUGGESTIONS AS TO MILITIA AND VOLUNTEER

By Surgeon-Major G. J. H. EVATT, M.D., A.M.D.

THE CHAIRMAN: Ladies and gentlemen, before introducing Surgeon-Major who is to give us a lecture this afternoon on some of the arrangements relating to the needs of the sick and wounded in time of war, permit me to say a few words on the circumstance of my being in the honourable position of your President. I should have much preferred seeing some General Officer of large experience, or some one whose official position has led him to discharge military administration on a larger scale, occupying the chair on this occasion. It seems to me that the fact of a medical Officer being placed in the Chair may make it appear that army hospital organization and administration in the field are regarded as simply a surgeon's matter; whereas, when we consider the large scale on which field hospital establishments are organized in the modern day, their costliness, the intimate way in which their working is bound up with the work of many other army departments, and when we remember the influence for good or ill on a whole force, which they exert according as they are properly organized and conducted, it becomes evident that the subject is by no means a surgical one, but one that deeply concerns all ranks of the Army from the highest to the lowest. However, I have been asked to take the chair in a manner which I did not feel I could decline to accept the post, and, trusting to your indulgence, I am here to discharge its duties. Allow me now to introduce Surgeon-Major Longmore, our lecturer, to you. He is a medical Officer of standing in the Service. He was in the Perak expedition of 1876, and subsequently during the war in Africa, and has long been known both in his own branch of the Service, and in other branches, as having devoted a good deal of time and attention to the subject of military hospital organization. He has also made the subject familiar to the public outside the limits of military life by his writings. He will doubtless bring before us many remarks and suggestions that have been carefully considered and that will be worthy the consideration of us his auditors.

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Dr. EVATT: I propose in this paper discussing the subject of our medical organization in war, and to make certain suggestions as to its more efficient working, and further to lay down certain proposals as to the aid we should receive from the Militia and Volunteer services of this country in order to secure war success.

I trust you will allow me at the beginning of my paper to say how important a function this Institution fulfils, inasmuch as it allows an Officer of any branch of the Service to come here and offer his suggestions as to weak points which, in his opinion, may exist in the Service; and how important, in my humble opinion, it is to encourage and not to stifle such expression of opinion, provided always the just demands of a fair discipline are satisfied.

The medical service is in this respect of free expression of opinion more handicapped certainly than the artillery or engineer corps, for these latter arms of the Service have their own corps journals, where an Officer of any rank, senior or junior, may open up, under his own name, the most vital or radical discussions as to his corps organization. We as yet have no such journal, and hence the Officer who feels any changes desirable is forced to have recourse to other means of awakening public opinion far less weighty than signed papers.

In the first place I have to complain that—so far as my personal experience goes in the Service—the subject of military medical organization for war has received little study by military Officers, and I can count on my fingers the number of Officers I have met who fully appreciated the fact that they—that is, the purely executive Officers of the Army—are to-day as absolutely responsible for medical war efficiency as for the efficiency of the artillery or any other branch of army service. Few great military leaders have disowned this responsibility; on the contrary, the more one studies the lives of the great soldiers of past centuries, the more one can see that, according to their lights and to the then prevailing views of preserving life from disease, those military leaders were quite ahead of the age they lived in, and they felt for their men an abundant sympathy in guarding them against breakdown from sickness, and, if sick, did as much as they could to make them comfortable. I complain that to-day, in our Army, I fail to find any general knowledge of medical war wants diffused through the Service; and that while the medical service is struggling to put itself into unison with modern war demands, it finds itself handicapped, and not supported by current military opinion.

That it should be so is very lamentable; but I blame the medical service for much of this apathy or ignorance, for we have not taught the Army as we should have done. Had we but explained to Officer and soldier by lectures and demonstrations what our wants and aims were, we should have killed out opposition, and made partizans, instead of opponents, of the military Officer. Influenced by such views as these, I ask to-day to be permitted to explain what the aims of the more recent medical changes in the Army were, and why we have broken with the past organization of the medical service.

To understand the present system, I must ask you to go back with me thirty years to 1853, and the year that succeeded it, and see what

example, and see how we were then situated as regards system of the medical service.

The medical service then consisted of a grouping of medical commissioned by fours, threes, or singly, to every battalion of These Officers wore the regimental uniform, were under the of the battalion commander, and administered their regimental hospitals under the control and on the responsibility of the military commander of each unit.

In every garrison there were a series of small battalion, or battery hospitals, each entirely distinct and separate, and the sick of each battery or battalion was treated by its own or battery doctor.

The nursing was done by a regimental hospital sergeant and a certain number of privates of each battalion who were placed under the Commanding Officer for duty in the wards.

The hospital sergeant was the executive agent of the military commander to maintain discipline in the hospital, and to see that the medical Officer's orders were carried out, for the army surgeon had no definite power of command over either sergeant, or orderlies, but referred all questions of the kind to the military commander. If a regimental surgeon went sick or went on leave, a staff doctor, of which there were some sixty or seventy in the Service, was employed in filling up the sick man's place; but still the sergeant went on, and the staff doctor was simply the *locum tenens* of the absent man.

For every detail of work in the regimental hospital the Officer commanding the regiment was officially responsible, save only as regards medical treatment. The discipline was done by the Colonel, orders were issued by the Adjutant; the Quartermaster did the commissary and stores work, and the orderlies of the battalion did the nursing.

There were not in England in 1854 more than three, if any, general hospitals; all the sick were subdivided in each garrison into small groups of regimental hospitals. An Army Corps consisted of all know, of about forty-seven units, divided into divisions, brigades, and corps troops. When the army went to the Eastern Campaign the Army Corps had with each of the forty-seven units an hospital, varying in size according to the size of the unit. Whatever the hospitals were, they were purely regimental; the doctors wore the regimental uniform, and no authority existed for moving them from their battalions, or, if they were moved, no power existed to transfer sergeants and nursing orderlies—men quite as important as the doctors themselves.

This is what is everywhere called the regimental system. In 1854 it was put to the test by actual war. An army exists in order if it fulfils that function, it is good, if it fails in that duty, it is ever successful as a social organization, however pleasant as a comradeship, however full of interest and romance it may be, it is a sham, and had better be cleared away. I maintain that

failure; why, we shall now proceed to discover.

Whatever the old-fashioned campaigns of last century, their easy marches, their slow manœuvring, their retiring or eight months of each year into winter cantonments, is a different thing. To-day rapidity in movement is a distinct military success. The army that unencumbered can rain blow at the enemy, is the army that has many points in the game of victory. I say now that any army which modern war to carry forward with it its sick and wounded principle implied by the regimental hospital, is doomed. The heaviest burden, the most killing weight an army can carry with it, is the sick and wounded man, and how to get rid of him really the keynote of all modern medical organization in war.

Let us, returning to the Eastern Army of 1854, see how its medical organization fulfilled the demands of modern war. Take its ambulance system on the field; go to the battle of Alma on the evening of 20th September, 1854, and see the result there. The total of regimental army doctors and orderlies with the Army Corps that took part in the battle was ample and sufficient under better organization to have cared for the comparatively few wounded.

There was not any attempt at ambulance organization. The surgeons of the regiments under fire, aided by the bandages, or tried to carry away, the battalion wounded. There were no trained regimental bearers, no bearer-companies, no ambulances, no hospital corps, no equipped hospital trains behind all was the chaos of Scutari with its "dreary pain."

I will ask you to put yourself in the place of the battalion surgeon on the evening of September, 1854, as he stood that night on the hillside and saw his friends and comrades lying on the ground, helpless, no ambulances to carry them, no hospital to receive them, the bare 'tween decks of the empty transport to be used as stretchers to carry them to their ships. I will ask you to think of Thompson of the 44th Regiment left on the field with 400 wounded Russians with no attendant save his servant, and say was it possible for us to stand by so fatal a system? The faults I find with the system of 1854-55 are many. In the first place, by keeping the sick of the army in a mass of small regimental hospitals in a garrison you effectual real professional progress amongst the doctors. It is almost impossible for the small experience of a battery or single regiment to give a large field for medical study, and the isolation of the doctors that intellectual friction which produces progress, is not developed. Secondly, as regards nursing, if you make your nursing orderlies merely chance men to the regiment, you cannot develop a body of trained nurses v

was the one of hospital sergeant, and no intelligent private come if he is to remain always a private. In developing then the old system failed to provide the best.

As regards hospital administration again it failed, because a great hospital work, you must be trained in great hospitals. you cannot practise brigade movements with a corporal's & you cannot make a doctor, trained in a small hospital with one sergeant and a few orderlies and some twenty or thirty patients suddenly to the power of administering and controlling great hospitals with hundreds of sick. He is paralyzed and overburdened by the responsibility, and as by having battalion hospitals you have your need of a hospital corps, when war comes you are left with subordinates, and have to fall back on the scratch teams of pensioners of 1854-55. But if you do this your patients in your hospitals break down and become the byword of the country.

Again, if you attach your medical men by threes and four battalions and render them immobile, then when you go on campaign or into a fight, if one corps is burdened with sick or wounded and another corps is fit and well, you overwork your doctors in the sickly corps, while the doctors of the unengaged and healthy corps remain idle.

So it was at the Alma, the whole of the doctors of the battalions of the divisions not under fire were quite idle, but an overwork of labour rested on the doctors of the engaged battalions. They were forced *volens nolens* to fall back on a larger unit than the battalion, and you come as all armies come in the end, to the division. But if you are to keep your soldiers in good *morale*, you must see that if wounded in the fight aid is ready to hand. I do not aid to take the bandmen and make them dressers of wounds. The band itself as music is an aid, and an important aid, to the day of battle, and to break it up is to handicap yourself against the enemy. You must have trained bearers able to check bleeding and to give real aid to the suffering; bandmen never could do this. But for these regimental bearers, you need to have, for the same reason, for the doctors, some larger unit than the regimental ambulance, that is essential and valuable, but it is insufficient. The band doctor cannot carry chloroform in any quantity, nor cooking, the all-important soup, nor brandy enough for many wounded. You need some help between the battalion surgeon and the hospital farther in the rear, and that help is the admirable company, of which I shall speak directly.

But if we go a step further, we come to the climax of the matter and that is, that you cannot in war have a regimental hospital for seriously sick or wounded men. In the first place, if a division is told off for an attack, one brigade is sure to suffer more than the other, for one is in support and one is in reserve. This means that you will have more wounded in one brigade than the other, and you need some

again to the field hospital common to the whole division.

But say that we have regimental hospitals, and that regimental hospitals of a division have all a fair proportion and wounded, and the division is to march forward, what the sick? If you take them with you, you will certainly the enemy, for you will be creeping along, encumbered trains of sick and wounded, and that certainly is not what you leave the regimental hospitals behind, you advance medical aid.

And think too of the doctor and the scratch hospital. You have during peace deprived him of all power of control over his subordinates, the Colonel had the discipline, the Adjutant the orders, the Quartermaster did the transport and the and, lo! all are now marched on, and the unfortunate has been taught never to take any initiative, is now become Commander, Adjutant, Quartermaster, and Transport all in one. It is not possible; so slowly we work back to a series of divisional hospitals, with their own nurses, their own masters, their own Transport, and controlled by doctor peace to direct and manage their own hospitals in war.

Let us again turn and see what was the end of this Crimean for you must remember that although the Crimea and its great troubles, the Crimean campaign was not really a war. War means movement, and the Crimean Army never really moved. It marched to the heights above Sebastopol, and then it halted itself, it huddled itself, and there it remained until the end. Such wars are rare. It was really a great case of sitting tight, fighting, and any one can see that if transport troubles were beset the sitting army that lay in front of Sebastopol, more heavily the same troubles would have fallen upon the long line of advance into the Russian interior had taken the line of communication had required to be held.

But public opinion demanded a full inquiry into the medical experiences, and in 1857 and 1858 Sydney Herbert was sent and introduced a number of improvements, but no radical change, and it really made war-efficiency little more than the range of practical achievement that it was before 1854-55. It gave the doctors rank and pay. It founded a hospital corps; it developed a kind of hospital command; it formed two general hospitals, supposed to be training schools for work; but it still stood by the fatal error of the maintenance of the regimental hospital and the regimental doctors in peace, and killed out all the other advantages.

As I have said previously, if you keep up regimental hospitals you paralyze our training for war, and if you take all the hands of the doctor's hands in peace, and make some one else do the work, you develop a body of weak-kneed men, who, when war comes, are paralyzed by its demands on their energy.

they are not the war system. But we have not yet recognized our sanitary duties in preventing disease than for advance in war organization. The Corps of orderlies he for not linked to us in title or control or sympathy. Of the two hospitals he founded the one which bears his name was nothing but a series of regimental hospitals thrown confusedly and Netley is a great school, with a permanent staff who do war. The purveyors, who were intended to be our assistant agents, became in the end quite independent of us, and the relief to soldiers on the field was so badly dealt with that, at Netley on Army Transport in 1866, a very pretty discussion between the then Director-General of the Medical Service, Purveyor, and the Chief of the Transport Service as to who was responsible for removing the wounded off the field. Not who was responsible even in 1866.

But the great means of securing progress in our medicine were the War of the Rebellion in America, the campaign in Africa and the disasters of Sedan and its sequences. We began to look at foreign systems more and more, and in 1873 and subsequently have developed and are developing a new system, which I stand scrutiny alike by the scientific soldier, the humanitarian physician.

The scheme of unification now slowly making progress in England was introduced in March, 1873, further developed in 1876, and it received a still further development. It is still, however, in infancy, and when you remember what time it takes in England to introduce any change, I think we have not done badly.

In 1873 the medical Officers were removed from the regiments in which they were commissioned, and the regimental doctors were unified into the Army Medical Department.

Regimental hospitals as distinct units in each garrison were abolished and replaced by central garrison hospitals. The Hospital Corps was developed from its previous scattered duties into a strong corps doing all hospital duties, and the medical Officers were made responsible for the management and control of the Hospital Corps in peace and war.

Gradually a body of fifty-two Quartermasters were developed who were to have charge of the subsidiary duties of storekeeper, paymaster of the hospitals, and in 1877 the command of the Hospital Corps was given over to the doctors.

But what interests us most is the war scheme of the 1870s.

Firstly, the three or four doctors of each battalion were reduced to one medical Officer who is posted to the unit, be it battery or regiment, at the outbreak of the campaign, and who remains with it throughout the war. If he gets sick or wounded he is replaced once from the divisional doctors. In war, sickness is rife, and frequent, battalions are up to war strength, and there is f

to fill them up in war. A medical man posted to so soon would probably come to grief from need of work.

In war time, however, besides the battalion surgeon and a body of regimental stretcher bearers, sixteen men trained for work who assist the surgeon in giving first aid on the field, a band keeps to its music, and a distinct body of men is told off to look after the wounded. This surgeon has also with him medicine boxes, portable medicines and first dressings, but there is no permanent battery hospital.

If a man becomes sick or wounded he is sent to one of the field hospitals of the division.

If you look at the Diagram on the wall you see at a glance the medical system for an army corps in the field. There are three divisions in the army corps, and there are forty-seven surgeon's units. There are in addition forty-seven detachments of stretcher bearers.

But an entirely new organization now intervenes, that of the bearer company. Of these there are four with an army corps, one with each of the three divisions, and the fourth is divided into four companies, one half with the cavalry brigade, and one half with the corps troops. I claim for the bearer company that it is the most useful outcome of modern humanity in dealing with the wounded in war. No one can see it at work at Aldershot recognizing at once its eminently practical character, an enormous boon it is to the soldier in war. It seems to me that it should be working at Aldershot in remote parts of the camp by itself, and not taking part in every field day, and not only alone, but at every great military centre where soldiers are mustered. Its work is most realistic, most thorough, and absolutely certain it only needs to be seen to be appreciated.

In war time this company consists of eight medical companies, some 200 Army Hospital Corps and Transport men with them surgery wagons containing an elaborate supply of operating tables and dressing supplies, cooking-pots for various stimulants and suitable refreshment for the wounded, ambulance wagons thirty-three in number for the removal of the wounded. This bearer-company can break into two half bearer-companies. It is believed that Lord Morley's Committee will see the necessity of definitely into distinct companies. It is merely a question of what is the function of these companies? When a man is wounded in the 1st Battalion, 1st Brigade, 1st Division, the battalion surgeon goes to him to the regimental surgeon who stops bleeding and applies a first application to the wound, giving water or brandy if possible. The wounded man is then carried to the rear until he meets the ambulance wagons of the bearer-company and the Army Hospital Corps. He is then taken over from the regimental men and conveyed to the dressing station of the bearer-company. This is the

wine, &c., and finally passed back by the ambulance way, field hospitals, which must be always farther in the rear, a which might cause great delay.

The bearer-company dressing station is really a very light hospital, and a great collecting place of the divisional wounded, which may sometimes remain there until the field hospital is on its way through the crowded roads behind the fight and over the wounded. All this collection and removal of wounded

other technical drill. The great pity seems to me to be done with the Army at every field day, so that they see and learn what they now do not know, that is, what pany is, how it works, and what is its organization.

I hope that one day Generals will arise who will st pany and see if it be not really what I claim it to be, organization and most essential to the Service. A few s at the Alma might have shortened the war very mu saved many valuable lives.

In Egypt, as you know, Lord Wolseley stated that t the wounded was well done, and if it were known with difficulty the companies got their needful transport, would say that the doctors had done well there.

When the bearer-company has handed over the wo field hospitals, it again advances with the advancing arm its place with its division.

It is still a young creation, slowly developing itself, b absolutely assured. In our future wars it will be the s and valued unit in the Army.

We now come to the field hospital. We saw that in an army corps we had forty-seven regimental hospitals, fr without trained nurses, without their own Quartermast pletely organized to break down when left behind by t regiment.

These forty-seven fair-weather yachts that perished in war have been replaced by twenty-five field hospitals, c in themselves. Every army corps of 36,000 men has these twenty-five field hospitals, each supposed to be r feed, and treat 200 wounded or sick men. Their equipm in special wagons, they have abundant drugs, instrume cooking and feeding requisites, and are as mobile as artillery. There are seven doctors to each hospital, one t of the Army Hospital Corps, but alas! only thirty-s corps subordinates. Of this more by-and-bye.

These twenty-five hospitals are posted, as you ca diagram, two to each division, making six, six more in t the front of the army, and thirteen along the lines of c and at the base. When an action is fought, the wound first to the dressing station and thence to the field, ho division, these being filled, halt upon the battle ground, hospitals out of the reserve are posted to the division, v able to advance with its bearer-companies and field ho for another fight. The sick and wounded in the halted i if they recover, rejoin their battalions, if they get s seriously hurt they pass back along the lines of commu hospital to hospital to the base hospitals. Here they i they recover, rejoin their battalions, or if still ill, return in those well found floating hotels called hospital ships wh

knew it before, and success is sure to come to us if we use the new lines, which are themselves merely adaptations of the German system. We can tell exactly how a soldier ought to be cared for, and that is possible in the confused old days. I do not claim for the new system perfection in detail, for it has unfortunately many defects. Its principle is, I think, absolutely true, and no soldier can quarrel with it on that ground. The fact is that the medical authorities are striving to force upon the Army a system of war organization to assist the fighting soldier in achieving war success, and the average soldier does not see it. It only needs education to show its great advantages over past systems. As it gives a new field for medical energy and power of work, so it demands more from the medical Officers to work it, but it is entirely the duty of the Army that the medical Officers should have free scope for their work. There is ample work for both classes of Officers. The purely military line much has to be done by the pure military line. Teach his men the very great and urgent demands of modern warfare, and we will leave the hospitals to the medical knowledge. Leave to us the hospitals and we will leave them perfect, and it will in the end be for the best.

One of Lord Morley's Commission wished to have the doctors posted to battalions in order that they might learn to obey orders to command. This is in truth quite what the old system never did. Any army doctor. Having two masters, viz., the principal medical Officer and the regimental commander, we played off one against the other, and certainly did not obey very much.

As to command, when did a battalion surgeon ever let his men command? Why every rule and regulation was framed to prevent such acts. An old regimental surgeon never gave an order to a man, and as the Army rules reared him, so he grew up, and first deprived him of all power, he was expected in war to do wonders on his own account.

It is not in such ways that men are trained for acceptability. We are now on a better path, and shall no doubt make progress.

I will now ask you to agree with me that field hospitals should be efficient for the work they are called on to do.

I regret to say that manned as they are to-day it is impossible for them to do good work; nay, indeed, to do any work. But the remedy is easy, and very simple.

To nurse 200 sick men in a war hospital is a heavy task, so in a peace hospital, for in peace many patients are trivial and many are convalescent.

In war few of either are to be found in field hospitals. Cases do not come to war hospitals, and convalescents are sent to a dépôt near the base. At any rate, the general average of patients are far more severe than peace patients. Now we get one orderly to ten patients, and in war one to nine. This is completely insufficient. Naval hospitals get one per 7½ patients.

table you will find that it gives only twenty-two for the

Establishment of an English Field Hospital for 200

Steward	1
Assistant	1
Wardmasters	2
Compounders	2
Storekeepers	2
Clerk.....	1
Cooks	6
Nursing orderlies.....	22
<hr/>	
Total.....	37

This allowance of thirty-seven men is completely insufficient for good work. If you want nursing well done you must have a fair relief. Twenty-two men cannot nurse 200 with a thorough work. Increase it to forty per 200, or one per 50, and the machine will work. If you read the Report of the Committee you will see in every page evidence of complaint of the nursing orderlies; so if in the next campaign we are to do the work we must have men given us to do it. Take, again, six are allowed for 200 men, and that cooking for the hospital, for there are many dishes to be made separately, and the food has to be cut up in small portions. We need eight cooks for 200 men, and fifty sick.

Again, as to clerks, if we are to keep regiments informed their men are, we need a clerk to do it, and we have only one. Keep all the records and carry on the large correspondence at least four clerks for the 200-bed hospital, so that if 100 is detached there may be two clerks for it. But the greatest difficulty is overwork and threatened breakdown is the complete absence of the coarser assistance needed in a war hospital.

I have placed here a comparative table (see p. 13) of an English war hospital for 200 beds, and you will see that it is at once.

In an English field hospital there is not one man allowed to get water for the hospital. This is the most killing want, as it is the root of all cleanliness, and if I am to get water to my hospital I have men to do it. You do not ask a battery commander to get guns with half the proper number necessary for the work he has to do in a field hospital on such conditions?

We want this question to be dealt with before our next campaign, for we shall certainly go to grief if we do not get men to do the work. We are asked to do impossibilities, and we only as questions be looked into to see that no man, however energetic, can work under such a handicap.

Class of Servant.	English Scale.	Indian.
Compounders	2	4
Wardmasters or dressers.....	2	8
Nursing orderlies.....	22	29
Clerks	1	1
Storekeepers (and Stewards)	4	7
Cooks.....	6	9
Dispensary servants.....	0	8
Watermen.....	0	15
Washermen.....	0	5
Sanitary police (sweepers)	0	23
Messengers.....	0	1
Carpenters	0	1
Tent-pitchers	0	10
Barber.....	0	1
Total for 1 hospital.....	37	122
Total for the 25 hospitals of an Army Corps	925	3,050

We want at least eight fatigue men to supply water for the hospital. This will give two men for each fifty sick. When we consider the number of baths, the washing in and about a hospital, it is once that many men are needed.

Again, as to conservancy or sanitary police. In peace we have admirable drains to carry away all sewage from our hospitals. In war we have nothing of the kind, and in a hospital camp where many men are much needed. In fact, it is deadly to the hospital. I say, again, you are asking us to do impossibilities asking us to make bricks not only without straw, but without water and we cannot do it. You are asking us to toil as we do slaves at the coarsest menial work, and yet you give us no pay as pioneers and to keep the place healthy and clean. When the war comes in great moments of trial there is no work I will do for the sick man, but it is quite another affair to embark from the theatre of a campaign and to know that no proper provision is made for this all-important work. Again, as to washing, we have a single man given us to wash the clothes, and yet we are blamed because the clothes are not clean.

We have, then, to appeal against this want of forethought which hurries us to war without the necessary means of doing so, and while we are continually urged to be professional, we are given us to carry water, to act as sanitary cleansers, to wash patients' clothes. Again, as to messengers, if I want to send a regiment or to an Officer close by my camp, I have no messenger, and as a consequence I must take a nursing orderlies overworked to do messenger duty, and so neglect of the sick.

ninety-three men are not only not too much, but barely make a hospital work. You can now see how legitimate complaints, and how heartbreaking it is to go into the unit completely organized for failure.

If England, or the Army, demands that her soldiers be war, it will not do for her to develop a flash of warmheartedness when a campaign occurs, and accuse her doctors of want of sympathy and neglect. England has her duty to perform, and that is to give peace to the fair and just demands of her doctors, and as these demands are legitimate, to grant them. Thus, and thus only, can war come. Nor do we in any way absolve the military from their responsibility. Command has its duties as well as its one of its duties, as high as any, is to see that, before a campaign, the just demands of the medical service are met. It is not in all these matters legislate on the basis of heroic sacrifice. The sentry at the outposts keeps vigilant not because of sacrifice, but because he is regularly relieved, and so with the medical service. You must not draw up codes for saints and angels, but for men, who get tired if overworked, get hungry if not properly fed, who feel bitter in their heart if treated unfairly. These are the things which are not fully dealt with in Lord Morley's Committee. The demands are as true as anything can be, and no Officer I have spoken of subject can deny their truth. We need, then, large reserves of men, and I will, in a few minutes, when concluding this paper, show you how they can be obtained.

Again, take another point. Where are our field hospitals at the present moment? They are entombed in Woolwich Arsenal. The Egyptian campaign no one ever saw one taken out of. Officers who saw them in use in Egypt saw them then in a different time, and no wonder that difficulty occurred as to the carrying of their equipment. In my opinion they should be taken out of the store-room, and posted to each divisional centre, and there we and ourselves would see what they are like, and find fault if necessary in peace, so that when war comes they may be efficient. This is the way the artillery is efficient. The battery commander does not read about his battery only, or hear that it is in a store-room at Woolwich Arsenal. He has his guns with him, and he is accustomed to them, and he and his men know how to use them. Give us and our men an equal chance. Let us have a year and practise our field work with the Army.

But, again, take another point. We have a Chief Medical Officer, Deputy-Surgeon-General, who is responsible for the medical service of the twelve regiments in the division, for the barracks and for at least two field hospitals. Every soldier knows the immense amount of correspondence this involves and what position the post is. Yet while the artillery commander and the Engineer of the division have both Officer assistants as Adjutants, the divisional chief has no one whatever to assist him, and he

the field which would be impossible were they not coming, or results on war efficiency. The remedy for this is not difficult: give the divisional principal medical Officer a junior medical his secretary or Adjutant or personal assistant.

The attention of the Army should also be drawn to an urgent detail of our war system, I mean the relations which exist between the Army commander in the field, and the chief Officer serving with him. I maintain that it is entirely in the hands of the Service and of the nation that rules of the chief Officer should be laid down by the Secretary of War, defining the duties of both these officials. All will agree, I think, that intimate confidential relations should exist between them.

A new theory, however, is now being advanced that the General with an Army in the field is not to be considered a General's Staff Officer, but simply as the head of a subsidiary command, on a par with the smallest and least important branch of the Service. This is not the history of successful campaigns. It is a highly injurious idea that would deny to the Chief Surgeon of the Army the status of a confidential Staff Officer of the commander. If you so cut off our chief from personal and direct contact with the General, it will react on the whole of the service in the field, and we shall feel that he is not in the confidence of the Army commander, and that there is no one to be spoken to for our needs, and of the wants of the sick at headquarters: the condition of affairs will paralyze our energies, and injure our corps.

To-day, we need above all things definiteness as to our position. Either we should be accepted wholly by the Army, or we should be set wholly free from it, and allowed to work altogether for our own responsible chiefs as a distinct and separate department of the State. We can succeed perfectly under either condition, but we cannot exist at all if we be indefinitely dealt with, if we be in the Army, but not of it; to be blamed for failure in peace; to be left unconsidered in peace; to be thrown over for want of being yet not listened to in our cry for assistance; to be held to the bonds of military discipline, yet denied military privileges; to be required to share in all the risks and hardships of field service, yet denied the share of the glory of victory; to be despised despite pay however remunerative, and rank however high; to fail England in the hour of her need.

We read military history, and we gauge very thoroughly the machinery of the military machine. We recognize the bravery of the individual and the devotion of the Officer, and we estimate perfectly the value of the war work of the battalion and the battery. But we also recognize why and where your armies have failed. They have failed because they are called the Departments, that is to say in the Commissariat, Transport, and in the Medical services, and it is for the sake of the Army if it shall always be so.

precisely the spirit of the age, sees that you must crush a hand all inequalities in the treatment of the various classes in the Service, and make every man in the Army from the lowest, feel that all are working for the same end—the success of the nation, and that the victory achieved by his victory, and its failure is his disgrace.

These seem to me to be the only lines on which to-day England can be successfully worked, and there is no reason why they should not be made the rule.

If they cannot be made the guiding principle for the rate set the medical service free from the military and we will organize as the "Red Cross" societies organized up under the Government a Medical Department for civil duties alike, and will send into the field a contingent organized under its own chiefs, to be completely responsible for its own failure, and completely rewarded for its own success.

There is another very important question for us in the commissariat question. Certain reformers of the school maintain that we should have our own commissariat in the shape of a distinct Purveyor's Department. We are, free the general Army commissariat from all responsibility for feeding the sick, and we, a weak, poorly-manned department, develop a rival commissariat for ourselves and let the general commissariat go free. Now apply this principle to the Egyptian campaign. We remember that 583 per 1,000—that is nearly six men out of every ten in the Army—went sick during that brief campaign. If we had our own commissariat, of our weak establishments, to feed, and that, too, daintily, out of every ten in the Army? But when we remember that the general Army commissariat did not succeed in feeding the sick successfully, with all its large establishments and mass of subordinates, it is hardly to be expected that we would do better with our infinitesimally smaller commissariat section. In no case should we do nothing of the kind. We should hold on to the principle that the General of the Army is responsible for the health of his men, sick or well. That if he goes to war, he must think out how his men are to be provided with food. The sick soldier has a distinct claim on the general commissariat; and just as you post junior commissariat Officers in charge of brigades and divisions, so you should, when war is imminent, post commissariat Officers to the base of the various units of the medical service, and it is no business to provide such food and supplies as the medical service requires for their sick. If this cannot be done, and we are to have a separate commissariat department to ration our own 583 per 1,000 of the Army, we might as well simply undertake to ration the odd men remaining out of hospital! An army with a poor commissariat service is really no army at all. It is certainly a disgrace, and no General has a claim to such a title as

given to us. We should have a small section of purely medical transport; that is to say, enough to move our hospital wagons enough to horse the ambulances of the bearer-company. Medical transport should be wholly our own, but be available for all cases when not specially needed for hospital service.

In our Army the question of transport has always been a considerable concern, because, as it seems to me, it has been little in peace. With numbers of civilians trained and accustomed to look after horses, we have, as yet, no militia transport corps. I feel confident that one could embody, either from the militia or by direct enlistment from the peasantry, several thousand militia men accustomed daily to the care and driving of horses, and not adopt such a course and apply to the great supply service principles already existing in the other branches of the service?

We have a reserve of Officers, why not call upon them themselves for commissariat and transport duties as well as the duties of the front line of the Army? As to the horses, a reserve of horses is as easily formed as an army reserve. It is only somebody takes up the question and sees it through.

As to our medical transport, we need only be told that we are to look for it to the Army or not. If the Army says yes, and if we are allowed to appeal to England for men and horses, we can get the best of both to come and help us.

But I think a militia transport service, and indeed also a commissariat corps of civil butchers and bakers, is as easy as a militia artillery regiment. If, as is often said, the Army is the part of the nation, the more we weld together the Army and the people, the better for our war success.

Every hospital embarking for war should march down to the front with its wagons, its horses, its drivers, its equipment, and its staff as complete as a battery of artillery is complete, and so in the enemy's country. This was the aim of the medical service, and this aim will surely be realized as time goes on.

Again, at the base of operations we need some body of men who will do the unloading of the hospital ships and medical stores, and who will move the sick from the great base hospitals to the front and the railways. For this work we have no one now doing it. You may read in Lord Morley's Report that, while the field orderlies were engaged nursing all day in the hospital, waiting all night at the station, to convey and carry by horse to the hospital. If anybody imagines that you can thus employ men and yet make the hospital work with accuracy, they are mistaken. I would suggest, then, half a bearer-company at the base of operations for this special duty. You should have for your lines of communication two or more bearer-companies to use as sick convoys, either to man the ambulance trains coming

There is one word more I would say before proposing Volunteer schemes.

It seems to me a sad thing that, as a department, we teach the Officers of the Army and the men what sanitation in the long tedium of foreign service and in the winter in England, I would have the army doctor teach, by lecture and instruction, sanitary laws, the way to avoid the effects of campaigns. It is lamentable to think how comparatively few Officers and men are of the very first principles of health. I take it that no man is fit to command men and at the same time not know the laws of sanitary science and health for himself.

The ignorance on these subjects in our Army—always that needs it most—is very great, and the loss of men during a campaign from want of knowledge how to prevent disease is a most serious matter in a small army. Many of the Egyptian sick list ailed simply from purely preventable causes. Want of food, want of shelter, and want of knowledge of exposure means, contributed largely to it; for, the medical service is not to blame, save that it is so long in coming. In the long era of peace taught the Army the knowledge it needs. If our cavalry horses had broken down in any number, would not have been a great outcry? We have classes for veterinary at Aldershot and Woolwich. But no combatant Cavalry Officer, I know, has ever been regularly taught to look after the health of his men. I notice that the German Officer is taught the principles of sanitary science, yet he, living in his own climate and engaged in European wars, does not need it at all so much as our Cavalry Officer, who serves in every possible climate, and is liable to cholera and malarial disease.

But while I thus propose to teach the combatant Cavalry Officer, I must not forget to say that you must let us learn all we can ourselves. However, your Army surgeons are shut out from all the London schools. The Army Medical Department has no contact with the great centres of London medical and surgical knowledge. The London garrison is altogether in the hands of the Guards doctors, and they alone have the chance of seeing the best of the London civil leaders of medical science. We need a great central military hospital for the whole of the garrison. One day a great central military hospital for the whole of the garrison will be formed either at Chelsea or elsewhere. The men who have to spend long years on foreign service in India, Ceylon, and China, may have the chance of meeting the best civil doctors, and learning all we can from them.

I now turn to the question of how we are to organise our reserves needed for war. We do not need heavy peace establishments because in peace our hospitals have all the subsidiary services—water supply, laundry, messengers, sewage, otherwise

I think we should have, of course, our own army reserve trained in the hospitals, and passed back into the reserve like soldiers. But if you work this reserve too rapidly, we shall have boys to nurse our sick in peace, and hence we need an extra establishment to be rapidly trained, say for one year, and into the reserve for the remainder of their service. These in addition to the ordinary peace-need of a hospital, and of a kind of one year volunteers, as on the German or French system. We might get many men who would spend a year in nursing for the sake of getting into civil hospital or nursing service.

But I think that we ought to have a distinct militia branch, an Army Hospital Corps, called out yearly like the ordinary militia. These men would be equal in number to the needs of army hospitals in war time, so as to free the regular hospital corps and its reserves for war; 1,500 such men spread over England, Ireland, and Scotland would enable us to be quite certain that when war came we could call out a body of partially trained attendants to replace the regular men. When these men were called out either at Aldershot or at the district centres, it would enable us to muster sufficient men of the regular and militia hospital corps to go through all the field drill of the bearer-company and the management and working of field hospitals, a work of which we are to-day ignorant because the hospitals are packed away in Woolwich Arsenal. The regular corps is too weak to go through this field service; we do not know a more economical system than this of obtaining a reserve, and I imagine we could all recruit for it in the districts. We could form in it again a militia reserve on the lines of the regular militia reserve, and so get together a number of men fit for the fat of the hospitals in war.

We cannot possibly succeed if the subsidiary services of the militia are not provided for, and the way to provide for them is to do as far as possible, the methods used by the Army to secure recruitment of a militia hospital corps would, at any rate, give men a chance of seeing if they liked the hospital duties, and might eventually enlist into the regular service. I think it is worth getting the chance of enlisting a militia corps that, scattered as the militia in this department is over the country, it could secure recruits in small numbers. While we have artillery, engineer, and infantry militia, I think we also need a medical militia. The militia educates men for the army, and so in like manner would our proposed militia hospital corps train men for our needs. I beg you will think of this militia scheme. You cannot think to what difficulties we are exposed in England, even in times of petty wars, by the complete want of such a body of men. We have to go about begging for men for every corps, and in the end the corps is weakened, its training interfered with, and our nursing work is very indifferent.

Only give us a chance of acting as recruiting sergeants for

work in our hospitals. Why should we differ from artillery or infantry? They all have a strong militia help behind who need it greatly, have none. Can anyone devise easier, a more constitutional, or a more common-sense so, let us have it, our want is above all things *men*.

We come now to the Volunteer force of the country point out how completely insufficient its medical service is by modern needs. It has no bearer-companies and no field hospital in fact, nothing behind the battalion surgeons and their bearers. We need to organize in every county, and in every town, a volunteer bearer-company or companies of a volunteer corps to supplement the already existing volunteer battalions. I believe that we could enrol in such a corps many hundreds of men who feel an interest in ambulance work, and many soldiers who would take a commission in such a corps, and drill the bearer-companies and field hospitals. I would organize them like ordinary volunteers. Dress them like the 1st Volunteer Corps, and drill them in all ambulance and field hospital work. They would fill up a great want in the volunteer army, and also send us many men for a campaign, and we should be strengthened for war.

To begin such a movement you must first of all train the men. Last year a scheme was put forward asking the Mayor of London to practise ambulance work, and enrol the men in a volunteer branch of the hospital corps. Several schools have taken up this idea, and if the Secretary of State for War grants them a capitation grant, the movement will succeed. It is of inestimable value to England in every way in developing medical knowledge amongst the civil doctors, and it is therefore that official sanction will be given to the scheme. Your sympathy in the movement would be a great aid. I hope to see paraded in London a battalion of trained medical men composed of companies made up of students from the metropolitan hospitals who will go through all the drill of privates, corporals, and sergeants, and so train themselves to control the bearer-companies and field hospitals of the future medical service. When that day comes we shall ask the Guards to meet the students corps in the park, and for the attack of a position; and as they dash forward over the topography will sound the "lie down," and 500 men will throw themselves on the ground as if wounded; the students corps with their ambulances, and all the *paraphernalia* of medical equipment will sweep over the field, take up the sham wounded, convey them to dressing station, and go through the routine of sham surgery. Finally convey them to regularly pitched field hospital. When this day comes we shall provide for London a magnificent sight, and for humanity a real triumph.

aiming to achieve, her heart will be stirred, and we shall see our desire fulfilled.

Working on these lines, when war has been declared, the General would simply telegraph to the Divisional P.M.O. "At once the regular Army Hospital Corps in the district called in to form the nucleus of the field hospital. The district medical reserve men would join at the same centre to form the cadre of the nursing staff of the hospital. The militia hospital would be called out, and would take over the district hospital. Extra men of the militia reserve joining the district field hospital, the volunteers of the local bearer-company would no doubt make up certain numbers. The whole would then form a complete field hospital, and with their equipment, transport, and staff, would be ready for foreign war. This seems easy, and it really is so, if we needs thinking out in peace, and that all arrangements be made beforehand. I firmly believe it will one day come.

I have now roughly outlined the main points of our new field system. It is an interesting study, and I commend it to the soldier and to the civil physician for their consideration. We have to reckon with new conditions in war, and the growing numbers of the race will not fail to demand due provision being made for the sick and wounded. If the establishments demanded are as heavy by comparison with the past, you must remember that the demands of a civilized race exceed the demands of old days; but the remedy against these increased establishments is to attend to the sanitary condition of the soldier in the field, to prevent men going sick. If they do, you must provide for their care and nursing.

Out of our great troubles in past wars we in the medical service are being ourselves educated as to what we want, and we are in our duty to England and the Army if we did not boldly state our needs. The autonomy of the medical corps of the Army is essential to our success, and the more it is fostered, the more we shall attain efficiency in peace and in war. The more we are made dependent on others for success, the more likely we are to fail. If the Government have made in this paper at all aid to the better understanding of war needs of the medical service, I shall be amply repaid.

The CHAIRMAN: The lecturer has now brought before us a variety of suggestions for improving the organization of the military medical service, especially in time of war, and it will be advantageous to us if some gentlemen who have had experience on the various topics which he has discussed in his paper, many of whom are present, will give us the benefit of their observations, especially with regard to the advisability and practicability of the additions to the regulation *personnel* and supplementary aid that he has proposed for the field hospitals; or, on the other hand, any alternative views they may hold which will appear to the Committee a better chance of attaining the object that Dr. Evatt has had in view, and of course, we all much desire to see attained, namely, an increase in the efficiency of our military medical establishments in time of war.

Mr. R. W. TAYNTON: I am simply a volunteer of the last twenty-five

Windsor review. I went down there with the volunteers, acting Major Gastin in the bearer-company. Two field hospitals were in the troops. I was told off for No. 1 hospital. We had amongst the men a man who came in suffering from heat apoplexy. All the stores were perfectly correct, but owing evidently to the cases not being under the medical Officers, the material being simply kept in store, when called for, there was nothing to be found in the cases that was available for the purpose. All the material was stuck together, and gutta-percha tissue had been kept in store for such a number of years that it was perfectly useless. I think it was from a quarter to half an ounce that I could find any material suitable for the purpose of applying ice to. That is my experience of medical stores as served out to doctors, and necessity of the medical Officers having the absolute control of the stores, and being responsible for the efficiency of the same.

Dr. LAWSON (Inspector-General of Hospitals): Before offering my opinion I should have preferred to have heard the opinion of the military authorities present upon the subject which Surgeon-Major Evatt has brought before me. There are few medical men who do not thoroughly recognize the necessitation which he recommends. In fact, as war is carried on now, it is an absolute necessity that we should have the means of suddenly concentrating a medical force upon a given point with all requisite stores and appliances to do the work. Our present arrangements do not admit of this, and I merely repeat what I believe is the general feeling of the Medical Department when I say that it is absolutely necessary that we do what we have done before we can develop the energy which we are willing to put into it. Under present arrangements we are prevented from doing so. Of course there are many points of friction in doing this which will take place between the Medical Department and the military departments, and these must be met by persons acquainted with both sides of the question coming together to make arrangements that will obviate them. Certainly the state of the Medical Department has greatly prevented the efficiency of the medical man who wishes to carry out his duties properly in the position in which I myself have been placed of having to adopt the Regulations. I knew I was not justified in adopting by the Regulations. If anyone knew that I must give in, but I saw that if I did not do so the Service would be seriously hampered. There is one point which Surgeon-Major Evatt to which he does not regard in quite the same light that I do. My acquaintance with the Service is much more recent than mine. I am something very close upon half a century, and when I entered the regimental system to which he alludes was prevailing. I had the opportunity of meeting a great many regimental Officers who were thoroughly acquainted with the proceedings in the Peninsular and previous wars. I quite admit that the prevailing system was not such as would enable us to concentrate our force at a point as required so as to meet the necessities of the present day, but I think that if he looks back he will find that that system was deserving of a great deal of praise. I am sure that the amount of service that he seems inclined to give to it, for I am sure that the amount of service to the Army by the Medical Department at that time and under those conditions was worthy of a great deal of praise. I certainly myself strongly regret the relations of the Medical Department to the military departments were not thoroughly and clearly defined, so that each party may know exactly upon what the other depends in order to carry out the objects desired. In the present day, you, Mr. Chairman, are well aware, the Medical Department was not able to carry out a great many improvements, especially with regard to sanitation, but they were deprived of the power of doing so. Application had to be made to the military authorities, and the result was nothing was done. It was a waste of things became so bad that the Minister of War sent out a Commission with power to do anything that they thought right, irrespective of the command or of anyone else, that these improvements were carried

the Secretary left it to be supposed that we did not know how to do them.

Brigade-Surgeon Dr. DOX: Allow me to offer a few words upon one point referred to in Dr. Evatt's very interesting and, I may say, lucid lecture. We all know his enthusiasm for the subject he has in hand; we have had a very good opportunity of judging of his thorough practicality of it, I wish particularly to refer to the stress which he laid upon the duties of bearer-companies in future warfare. As far as I can see, it seems to be a great want of appreciation of the important functions of the bearer-company in modern warfare; and of late, particularly in the last Egyptian campaign, the true duties of the bearer-company were not, at all even understood. In these days, when it no longer takes the weight of a man to lead to kill or disable him, but when, as at Gravelotte, with arms of men were swept down in ten minutes, it is absolutely necessary, if we wish to succour to the wounded, that it must be given where they fall, they fall. And therefore it is that the Bearer-Company Organization and Regimental Stretcher Organization have come so prominently to the fore in the wars. It is very little use having magnificent base hospitals with everything in order, if it is very little use having even hospitals in the front splendidly equipped, if the wounded on the field are allowed to bleed to death and sink before they reach these hospitals. Therefore, I think, in view of strengthening in every way this first aid bearer-company system, that Surgeon-Major Evatt's proposition of a militia and volunteer reserve of bearers and of men who can be employed in hospitals, a very important one. I think I know something of field hospital organization from a great deal I have had recently to do with these matters. I know probably as much as almost any one of the detail of these hospitals, must say I think a vast deal has yet to be done to make them efficient. I can make out, a great deal is now being done, and will shortly be done, to make them more efficient; and I feel confident that there is every part of the heads of the military departments to strengthen and organize hospitals so as to make them thoroughly efficient in every possible way. I hope, if we should before long or in the near future be engaged in war, improvement will be found to have been made both in the organization of field hospitals and bearer-companies.

Lieutenant-General Lord CHELMSFORD, G.C.B.: Mr. Chairman and as one of the few military Officers here present to-day, I felt it would be as well if I abstained from saying a few words, to express to Surgeon-Major Evatt here present how thoroughly I myself, and, I believe, everyone in the audience, have been interested in the lecture that has just been given. I am feeling that the charge of want of interest in the subject-matter of the part of regimental Officers cannot be gainsaid when looking at the benches, which I regret to see on an occasion when we have before us a subject of so much importance. I think that those who have considered the medical treatment in the field will agree with Surgeon-Major Evatt's position of the Medical Department at the present moment is not sufficient. At the same time, I cannot understand how anybody can suppose for that the General commanding troops in the field is not responsible for every portion of his command, whether it be commissariat, whether it be transport, whether it be the medical, or whether it be the combatant portion. Surgeon-Major Evatt, however, who has come lately from the experience of the Egyptian campaign, would seem to be under that impression as regards his own part of the Service. With regard to the complaint which he makes of want of transport for the medical department during the Egyptian campaign, I am afraid he is not alone in that respect. We hear of similar complaints of the commissariat and other portions of the force that their wants were not attended to. If we look back to discover who are real responsible for this serious want, it must, I think, be laid on the country at present represented by the Government, whether Conservative or Liberal. Bo

ready for war. As Surgeon-Major Evatt shows, it is clearly a medical or any other department should be blamed for not performing efficiently, when they are not provided with the proper means of doing so. I do not feel inclined to enter into the vexed question of the abolition of the medical system, but I know a great many Officers consider that a great deal has been done to the Army by that step. I confess, as a former Commander, I was very sorry indeed to see the regimental system completely broken up. One of the great difficulties of reform is, that when you find a tree not doing quite as well as you would like, you should not at once cut it down and try to replace it by another, but endeavour by changes in the mode of treatment, by pruning here and there, to see whether you really cannot make it grow up strong and healthy. I start by destroying a system entirely, and by trying to build up a new one in its place, you must expect just as has occurred in the Medical Department, that it will not work smoothly, there will be frictions and difficulties, which are difficult to remove. I quite admit that the continuance of the regimental system as it existed in the Crimea, was an impossibility, and Surgeon-Major Evatt is perfectly right in pointing out how utterly inadequate it was for the purpose to which we then entered. I have also reason to believe that the present system, fairly treated, can be made all that the lecturer desires. But there are many difficulties in the way, and these difficulties are connected with expense. The existing system, if worked as it ought to be, would prove so expensive that we may agree theoretically with what Dr. Evatt has laid down to be the principle of efficiency, however sanguine he may be as to what is likely to be done, and many failures may be required before an adequate amount of money is raised to enable that proper training and efficiency to be carried out in practice. The lecturer lays so much stress upon this, I think the Army is greatly indebted to Surgeon-Major Evatt for having boldly and fearlessly brought forward his views against the working of the present system, and for having shown a way, and a powerful way, the very great and serious shortcomings that exist in our Army Medical Department. I only trust that his hopes may be realized, and that those in authority who hold the purse-strings, and who have to carry out what he has recommended, may see their way to do so. I think special training for war which is required for the Medical Department, should be carried out with as much care and attention to detail as that of the other portions of our Army.

Dr. J. W. TAYLOR: Mr. President, I came to-day in the hope of being able to share the past experiences of a great many medical men who had served in the Crimea. I must say, like Lord Chelmsford, I am somewhat disappointed in the apathy (as shown by these scantily filled benches) of our own people to this particular matter; and I think that the weakness of Surgeon-Major Evatt consists in the want of combination in the whole of the medical men, both military and civil, in not making their voices heard, so that the country is compelled to expend the necessary money, which hitherto has been withheld. No doubt one of the causes of our weakness is that medical men do not pull together as they should do; they get divided in their opinion, and in the case, you cannot wonder that difficulties arise. I gather from Surgeon-Major Evatt's paper that he wishes to have an equalization of force or strength between the medical and military branches. I gather from Lord Chelmsford's paper, say, that if the commissariat and transport can have their proper number of men and orderlies, so he very fairly puts before you to-day the point that the branch of the Service should also have its equalization of Officers and men. There can be no doubt about that as a matter of fairness. Then comes the question of finance; money has to be expended, and we know very well direct grants are asked for there is an outcry, as Lord Chelmsford has said, whether a Conservative or Liberal Government, that so much money is being expended, and the medical men have done very well so far and must get on as best they can. I have had the honour of being surgeon to a volunteer force for some time, and have taken very great interest in the formation of ambulance companies. I think our own was one of the first in the north.

On that occasion all the different battalion surgeons were told the Medical Service would be provided with ambulance conveyances for the any men who should fall out. We were on parade at Knarvesmire, which I know, is a large open tract of country, with our backs to the sun, and a hard day's work, and we had not been standing long in that position in one brigade alone no less than eighteen men fell out, probably from fatigue. There was not a single ambulance, there was not a single straddle wagon provided by the Army Medical Department; there was not a lance wagon to convey any one of those men off the ground, and the tree or anything to shelter them. We did the best we could to extemporize by means of muskets and coats and such things as we could get, and were all marching off the field about one hour afterwards, an old cab on to the ground to represent the Army hospital wagon of the Northumberland determined from that moment that there should be no accident of that kind again to my own battalion, and I set to work at once to form ambulances in my own regiment, and first of all to make myself efficient by examination required by the Army Medical Service, in accordance with regulations from the War Office; and we now have, not only in my own district round us, growing up ambulance detachments, two men being taken from each company. Now there are considerable difficulties in working this, and at this point I want more specially to speak. You are aware that formerly, when the battalions were consolidated, we had administrative battalions, and probably in each village we should only have one company of men. Now it would be impossible to take two men from a company and drill those men, because they would not form a detachment; we must have four men for a detachment. It would be to take two men from one village and two men from another, and for detachments for the purpose of drill. The result is, the whole of the consolidated battalions have to be taken from that town which possesses the smallest number of men. The expenses of working this have to be borne either by the battalion itself, if it can afford it, or by the medical Officer of the battalion who takes that interest in his work. Many battalions are not very rich, and for work is certainly not very great when the battalion surgeon is engaged in having to pay something like 35*l.* or 40*l.* out of his own pocket for the his own ambulance corps. But the grievance does not end there. No one gets into camp than your volunteers, your ambulance bearers, cease to be under the medical Officer. According to the Volunteer Regulations, every volunteer properly must make himself efficient as a volunteer in order to obtain a grant, and no sooner does the medical Officer get into camp than the ambulance bearers are taken from him, and they are permitted only by the same Commanding Officer to march past in the rear of the battalion on the parade. They have no opportunity, save by the permission of the Commanding Officer or Adjutant, to drill, and you can easily imagine that men are very out and do more work than is really necessary; and after they have had day's drill in the field, they do not like to turn out and do ambulance work. They say, in addition to that, "We belong to no one, having two separate performances." Now if we could have a separate ambulance corps, with the same regulations as those of the Army Hospital Corps; to let them have a drill, and they shall be known as bearers, and let them be under the command of the principal medical Officer of the battalion (subject to the Commanding Officer) of the principal medical Officer of the battalion. I am perfectly certain that, with some Government aid, there would be no difficulty in getting up a very large army of willing and efficient ambulance bearers, from whom could be drafted in any future war men able to go abroad and serve, who have been trained, who have their certificates, who have the Red Cross badge, and who are quite as able to discharge their duties

¹ At the same time permitting the capitation grant to be given for ambulance bearers, instead of efficiency as marksmen, &c.

difficulties to contend with. Medical men do not always feel spending money out of their own pockets *con amore*, but they w recognition of what they do, and to feel that their men, when out with them in camp, shall be of some service. These are difficulties to contend with, and I am very glad to have had the opportunity of co and hearing the paper which has been read to us, and offering thes you.

Captain O'CALLAGHAN, late 16th Regiment: I rise, Sir, with a dence, to make a few remarks on one point in the paper which has just dis dence arises from my seeing here some more experienced and qua the subject than I am. The main object of that paper appears to trast the present, or unified, system of the Medical Department wit regimental, system; and in doing this, the former system has, I t what hardly dealt with. The defects of the Medical Department, v field in the Crimea, have been clearly laid before us; but some of th be attributed to our unpreparedness for war, and not to the fact th regimental. We had a vivid description of the surgeon of the 41th, of the Alma, unassisted and almost alone, to deal with hundr Russians; but had Dr. Thompson worn the uniform of the medical that of the 41th, would he have been able to attend to one more R belonged to the medical staff, instead of to a regiment, would that h with assistants and medical comforts, and with those appliances whi provided for the Army? While there is reason to believe that the Officers of the Army—I may say the vast majority—view with appearance of the regimental system, and would gladly see it res of them would advocate going back to the defects which then exi want of field hospitals, and which were not necessarily involved in system.

Dr. FARQUHARSON: I do not rise for the purpose of making discuss the very interesting, graphic, and eloquent paper which Evatt has just read to us, a paper so full of detail that I think attempt to discuss it in any proper sense without very careful stud It may disappoint him that more of us who are here have not take the interesting system, perhaps somewhat Utopian, which he has us, but the reason simply is that it is so elaborate and so careful we should require to consider it very fully before speaking upon it. do is to make one or two remarks on the subject which has already by my friend Inspector-General Lawson, and others regarding our mental as opposed to the unification system. No one would want old plan which broke down so completely in the Crimea, but this tion system has now been on its trial for ten years, and I think w altogether to disregard the opinions of the military departments u If you read the Blue Book issued by Lord Morley's Commission, y almost every Commanding Officer of large camps as well as o entirely unanimous in saying that the way in which the unificatio worked is uncomfortable, and indeed often disastrous in its effects that the Officers do not know whom to go to for medical attenda manding Officer does not know whom to apply to for information of his men, and altogether there is a condition of confusion w little care and arrangement be easily enough removed. I think t doubt that the unification system as now carried out works badly t Officer, because it withdraws him from the possibility of sharing t tages which he used to enjoy in former days in connection with his I think, it operates disadvantageously also in a professional sense, certain number of medical Officers are attached to the large hos also a certain number who have no connection whatever with th therefore they have no opportunity of seeing or attending any am

ments for different persons, say for three, four, or five years, and so they might have the opportunity of following cases into the hospitals and attending there, a plan which is well known in rural districts in the case of cottages in which medical men outside who send in their cases are enabled to pick up, and attend them whilst in the hospital. That would keep up the interest of the medical man in the men under his charge, and would be a mutual interest between the Commanding Officer and the doctor that would be well for the Service at large. I do not see that there would be any friction mentioned between the two classes of medical Officers, those on duty in the regiments and those in the hospitals, and I do not see that another objection has been put forward, namely, that the medical Officer might not do his duty properly with the regiment and then go on to the hospital, holds good. On days when I had the honour of serving in the Guards, we simply did our duties in the morning at 8 o'clock, and having finished those, we then went to the hospital and did our duty there. We then came back to the barracks and did whatever other duty might be waiting for us. In this way our two societies ran actually together on all fours. Of course all this question means, as this as laid down by Lord Mcrley's Commission would not be very good, I think in the result would make the Service more attractive to medical men, I think if the Army hopes to get the best blood from the medical schools, it is necessary to go back in some way to the regimental system, in order that, in which is very badly paid, some superior social advantages may be offered to compensate for tolerably hard work and bad pay.

Mr. J. FURLEY: I had no ambition, Sir, to swell the category of those who verbally rush in where angels fear to tread, and I certainly had no intention of addressing this meeting to-day; but perhaps I may be allowed to make a few remarks upon the concluding paragraphs of Surgeon-Major Evatt's paper. As volunteers have already spoken on the subject, and I remember when I was an active Officer of volunteers, I used to think it was an absurdity to call an army, seeing that we had no regular medical department and no medical service, a position which has been so well described by Dr. Taylor; but that I afterwards saw reason to change my opinion irrespective of the expense that Commanding Officers and others connected with volunteers have to bear. I thought that as we were never to be called out of the country, no necessity for an expensive medical department or for an expensive medical system, for should we unfortunately be engaged in defending our country, we should be backed up by all the civil hospitals and nursing establishments, and by the societies as the Red Cross, and the St. John's Ambulance Association, so that a complete medical department was not necessary. Commanding Officers of volunteers are always very much disinclined to lose even a single file of men, and there were many other reasons against a distinct department. Recent events have shown that the Army Medical Department is in need of a reorganization in time of war. Surgeon-Major Evatt has referred to a new ambulance system that has been started in some of the London hospitals, composed of students. The instruction that these gentlemen are so willingly undergoing at the present moment is of the most valuable description, whether their future service be civil or military. At the same time, they are much too valuable to be put in the position of sick-bearers, and we must add to that organization, if it is to be of real advantage, a large class of useful men of lower social degree. I have the slightest doubt from my own experience that we should be able in a time of war to find plenty of men who would readily join those gentlemen, and form a really important organization to supplement the Army Medical Department in case of war. I do hope that this new association will very soon have the sanction of the War Office and the support of the Army Medical Department, and that the same capitation grant be given to the members as is allowed to volunteers, and if the hope be held out to them that in case of war their services will be utilized, and they will receive pay, then, I think, this much needed reorganization will readily be found should it be wanted.

suggestions that have been introduced into Surgeon-Major Evatt's the most important are the additions which he proposes to the hospitals, and the manner in which he proposes to obtain reserves for the bearer-companies and for the field hospitals. I hardly think it sufficiently referred to all that has been done on these subjects to a deal of consideration has been given. They were very fully discussed which was furnished by Colonel Brackenbury, Major Kemmis, an organization of the medical services of different Continental armies the appliances at the Brussels Sanitary Exhibition of 1876, and by the formation of which that Report subsequently led to, that organization of companies and field hospitals of which the constitution and command embodied and described in the Army Medical Regulations of 1876 that the recommendations of that Committee, so far as regards obtaining the bearers of the bearer-companies, will be found sufficiently efficient. I will, with your permission, read a short extract from respecting the tables of the bearer-companies and field hospitals following:—"The tables of the bearer-companies and field hospitals number of men as hospital attendants drawn from reserves. The Corps at present cannot supply such a reserve. As these men are for fatigue duties, as distinguished from skilled attendants the Committee recommend that a proportion of the Army Hospital enlisted for as short a service with their companies as is compatible instruction in these duties, and be then for the remainder of their life passed into the First Class Army Reserve. Until the corps is supplemented its companies by such reserves they consider it desirable should be taken for detailing the number necessary for one or two of the militia reserves." It is a very important matter, and I therefore allude to it, that we should have exact notions regarding the detail of reserve men qualified to act as bearers, and to do the fatigue duties of companies and field hospitals, and reserve men, who are qualified to take the wards of the hospitals, to take the place of the hospital orderlies, when the latter are removed from the hospitals at home to proceed on foreign duties which they are called upon to perform in time of war. In view of this difficulty, I anticipate, in getting sufficient reserve men who are available for doing hospital fatigue duties and the duties of bearers with which can readily be acquired in from three to four weeks I anticipate that the plan proposed of a militia hospital corps of hospital attendants can be carried into execution without great difficulty, such attendants as are competent to take the place of the regular Corps men for nursing the sick when the ordinary establishment increased to what is necessary for meeting the wants of a time of war must be composed of trained and sufficiently experienced men got from the Army Hospital Corps itself. We had some experience on this point on the occurrence of the Egyptian campaign when all the hospital orderlies were removed from Netley in order to make up the establishment for the expedition and bearer-companies proceeding to Egypt. At first we had a number from the ranks of the regiments at Portsmouth to take their place, but we had men from the reserves dressed as Army Hospital Corps men, with a limited amount of training as bearers, who took the place of the regular men in the wards. The surgeons much preferred the regimental men who knew anything of the duties of Army Hospital Corps men, but they were part were disciplined, obedient, and tractable, and who in many cases had a great deal of interest in the ward work, to the reserve men who were Army Hospital Corps men after three or four weeks' training in Aldershot. We had the greatest difficulty with these latter men, on account of their drunken habits and apparent dislike to the ward duties. Had the fatigue men to do fatigue duties, or even to act as bearers after they had had for a few weeks at Aldershot, they would no doubt have

increment that Dr. Evatt proposes to the field hospitals, I cannot think as quite such an easy thing as he describes; it seems to me, on the very serious and difficult matter. Dr. Evatt is proposing to increase the present nearly two-thirds over the present establishment in each field. Multiply that by twenty-five, the number of field hospitals for one army, so what a vast increase of men it is that is asked for to be trained, ratio after, and paid. And it is also a matter for grave consideration whether increment as this can be held to be necessary. Some increase of establishment regards attendants is, I believe, admitted to be necessary by all, but when a British hospital with an Indian hospital, we must always remember the large establishment of hospital servants in India is partly due to caste, just as our own private establishments of servants in India have to be increased in number from the same cause. Again, with regard to the particular servants mentioned, those for the conservancy arrangements, supply, the washing, and so on, we must recollect that the Comm. Transport Department is at present responsible for executing these duties in the field. We can hardly expect, therefore, to have independently a sufficient number of men to be able to do all these things entirely ourselves. Practically in the field hospitals are generally supplemented by a certain number of men to do fatigue duties. Some of them were so assisted in Egypt, I believe, by a number of men, Egyptian prisoners, muleteers, and others, being sent to the front for service in various capacities. It has always been understood that the advantage of men extra to the fixed establishments being available when needed to do fatigue duties. That we can obtain a fixed establishment as is represented in the table before us under present circumstances seems to me very problematical. But, however, without entering into these and some other topics that might be enlarged upon, I may say that I have the fullest reliance, and I feel sure everyone at this meeting will have full reliance, that all the topics which Dr. Evatt has so eloquently brought us to-day will be very thoroughly considered by the responsible head of the Medical Department. We have at the head of our Service an Officer of great sagacity, who has had for many years to consider and to carry out the organization of our war hospital establishments, not only in this country but in India, and who, as a member of Lord Morley's Committee, must have had many of the subjects discussed to-day already brought under his consideration. He has also around him a staff of very able practical men to assist him. We may infer also, from the exhaustive inquiries that have been instituted in the direction of the War Department, that the authorities there are fully aware of the necessity of continuing to add to the efficiency of the medical service, and that this will be done by them, as well as by the military authorities (who, of course, are fully aware of the welfare of the sick and wounded troops just as much at heart as we are), whatever different views may be entertained as to the manner in which this is to be carried out, to place our field hospital establishments on as complete a basis as possible. From all these circumstances together we may reasonably infer that the important matters brought before us by Dr. Evatt, as well as those expressed by the various Officers and others who have favoured us with their opinions to-day, will be taken into very full consideration, and may not be left in the hands of the authorities who alone have the power to bring them to a practical issue.

Surgeon-Major EVATT, in replying, said: I have but a few words to say in reply to As to Surgeon-General Lawson's allusion to the fact that general hospitals in our old wars, I am of course aware of that. But what were those hospitals? They were completely without organization, and were in the last century in the chancel-houses. You can call them nothing else; for without medical training and discipline you cannot have real efficiency. As to the volunteer hospitals, I feel certain we have a large field there, from whence, if we try, we can get our war help; but we need to train them in peace for war, and not to wait