Address.

THE NECESSITY OF A PROPERLY ORGANIZED HOSPITAL CORPS IN THE NATIONAL GUARD.¹

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Gentlemen of the Medical Staff.—The busy hours of your short encampment, filled as they are with drills, guard duty, parades and reviews, give no opportunity for inquiring into the administration, or even the functions, of the several staff departments upon whose labors depend your comforts in the way of food, shelter, military supplies, and last, but by no means least, the health to enjoy these comforts, and to perform the duties which on these occasions you so cheerfully and loyally render to your State.

Concerning the Medical Department, the natural reply of a majority of military men to the question "What are its duties?" would be, "to care for the sick and wounded"; which reply would be quite as incomplete as to say that the duties of the soldier were to fight, or that those of the Quartermaster Department were to furnish quarters. The *least* duty of the medical officer is to care for the sick. His *greatest* duty is to keep the men from getting sick—to preserve the health of the command. In other words he is the sanitary officer of an army.

I need not remind the military student that the most disastrous campaigns recorded in history, involving the practical annihilation of whole armies, were the result of the ravages of disease; and when I tell you that nearly all diseases incidental to military life are *preventable*, you will, I am sure, appreciate the character of the services rendered by that department which may eliminate so serious a factor of defeat from the calculations of a military commander.

As it is the duty of the Engineer Department in advising a commander of the strategic points in a desired position, so it is the duty of the Medical Department in advising him of its sanitary condition. In the selection of sites for camps to see that they are not swept by winds passing over malarious swamps, that the surface drainage is such as to secure dryness, and that the water-supply is abundant and of good character; that suitable provision is made for the disposal of excreta and other harmful matter; that the food is abundant, of good quality and properly cooked; that the tents are not overcrowded and the men obliged to sleep in a vitiated atmosphere, and that the personal hygiene of the soldier is preserved by cleanliness of body, sufficiency of clothing, etc.

In the permanent stations necessary in the time of war, as depots for recruits, hospitals, etc., it is to see that by proper methods of heating and ventilation pure air is supplied to, and is constantly changed, in these structures; that the plumbing and sewerage is adequate and properly planned, and that the air-space is sufficient for their intended occupancy.

During active operations in the field it is to be ready with its properly instructed and systematized corps, to care promptly for the wounded; not alone as professional men, but as tacticians, by skilfully and quickly removing the non-effective from the effective forces, and preserving the integrity and mobility of the fighting line.

¹ Read before the Medical Staff of the First Brigade of the Vermont National Guard at its Annual Encampment, August 23 to 27, 1892.

To the State, the Medical Department stands in a most important relation as the guardian of both the entrance to, and the exit from its military service; its officers should reject not only the applicant for enlistment, but the applicant for a commission, who is physically disqualified to perform all the duties of a soldier; and should set their faces against the discharge of any who, having once entered the service, are still capable of doing duty in its ranks. In this day of reward, in the shape of pension or otherwise for service to the State, it is a grave responsibility that rests upon the department to pass judgment which may involve the expenditure of large sums of money for such purposes.

Functions so essential to the welfare of an army, and that are largely scientific in character, require for their efficient administration, a definite legal recognition not only of the office to which they pertain, but of the officer who performs them; and in the laws organizing the military establishment, Congress has made the Medical Department an integral factor of the staff, fixing the status of its *offices* similarly with those of the other staff departments, and investing its *officers* in like manner with a military rank, thus securing for the *office* the dignity that pertains to all other military offices, and for the *officer* the respect which is inherent to rank. Recent legislation has removed certain restrictions that had lain upon the scope of duty to which a medical officer might be assigned, and he is now the peer of any commissioned officer, and his co-equal in rank. It is therefore his duty, when entering upon the functions of his office, to leave behind him both the dress and the title of the civilian, and to assume those prescribed for the military; that is, the uniform and the title of rank. The title of the "doctorate" has clung with singular persistency to the medical officer; it is nowhere mentioned in the law or in the regulations; on the contrary, the latter enjoins upon officers the use of their military titles; yet to this day the laity, and I am sorry to say a large number of professional men, continue to speak of the medical officer as "the army doctor." This may seem a trifling matter, but when I shall have explained the full scope of military duty now required of the medical officer, you will see that the military title is of vital importance in the maintenance of discipline.

In the regular army, therefore, the *Medical* is one of the *Staff Departments*; that is to say, its officers are segregated from the line of the army and are organized into a corps; while under the laws of many States, and under so much of the national law as relates to volunteers, they are a part of the *regimental* organization. So far as efficient administration is concerned there can be but one reply to the relative merits of the two organizations, and that is in favor of the former; in fact our modern field tactics for the Medical Corps are drawn upon that basis. As arguments in its favor I may claim:

First: Entire freedom from local influence as regards appointment and duty. In the appointment of regimental medical officers preference is liable to be given on account of friendship, or otherwise, to men who are not fitted, either by education or habits, for the position. Personal feeling or other interests may lead regimental commanders to disregard recommendations as to the physical condition of officers and men, or as to sanitary matters that may be of vital importance to a command, which the medical officer is unable

to resist, holding as he may his position measurably at the will of his commander. If, however, the plan is one of assignments, the State is able to secure the best of professional talent through competitive examination, and the officer, untrammelled by local attachments, and freed from personal influences is in a position to perform his duties without fear or favor.

Second: Prompt assistance and efficiency in the care of the wounded in action. Here an independent untrammelled force is absolutely essential in order that inequality of service may be avoided. A line of battle may be suddenly and vigorously assailed at a particular point, and an individual regiment in a few moments lose a large number of its men, throwing upon its medical officers an amount of work that is impossible for them to accomplish. Neighboring regiments cannot assist because they may be in a similar condition at any moment, and require their own officers and supplies. The result is the neglect, suffering and death that have furnished material for so many gruesome tales of the horrors of war. With an independent corps, an adequate force of medical officers can be promptly sent to any, one or many, points of a line that may be attacked; even as the general strengthens it with reserves, or shifts the positions of his troops with the varying conditions of the action. There is no exhaustion of force at one point, while at another there is a surplus; but from a central point, an equal distribution may be made, or special necessities be met. Again, the personal equation of the medical officers can be taken advantage of without interference with a regimental organization; the expert surgeon is assigned to the operating table, he who is a statistician takes charge of the records, the one having executive ability is given charge of the field hospital, while the military officer commands the men of the Hospital Corps.

Third: Economy of administration. Under the regimental system officers and men are trained to rely upon the Medical Department of their own regiment; each command must retain its supplies for a time of necessity, that may never come, and cannot assist its neighbor without danger of serious embarrassment. There is also waste in opening large packages of supplies for small wants, and in occupancy of space in transportation for unnecessary things, when those necessary must be accommodated. The sick of the regiment become an incumbrance; or, in serious cases and deaths, produce a depressing effect upon the well; and upon the march the ambulances of one regiment may be empty while those of another are overloaded; loans of public property, even when made to save life, involve embarrassment in the settlement of property accountability, and friction and confusion result, when there should be harmony and order. Under a central administration all this is avoided; the sick are removed to brigade field hospitals, freeing the regiment from this encumbrance; supplies are distributed when and where needed, and ambulances used for the general good.

The enlisted force requisite in this service was, until a very recent period, and still is in many of the States, that of Vermont included, drawn by detail from the companies of the line, supplemented in some instances by the members of the band; a procedure that in actual service was objectionable alike to the companies furnishing the men, to the Medical Department which used them, and in many instances to the men who were detailed. Company commanders objected, and with good reason, to the depletion of their ranks, and

often furnished men who were valueless by reason of vicious habits or general worthlessness. Medical officers objected to receiving such men, and even when the best was given, were embarrassed by their ignorance of the duties to be performed, while many of the men gave but a perfunctory service in work which was distasteful to them, or for which they were wholly unfitted. The result was a general inefficiency, dissatisfaction and lack of harmony that early in the War of the Rebellion called forth the organization of our Ambulance Corps, the operations of which excited universal commendation, its essential features having been adopted by the armies of nearly every civilized country. The weak point in this admirable organization was its fountain of supply. Carrying out the then existing ideas, it was made up by details of officers and men from the regiments comprising a brigade, which were accordingly depleted proportionately with their casualties by sickness and wounds; it was also incomplete in that it made no provision for the immediate care of the wounded on the firing line, and a further cause of depletion existed in the assistance of that line to their stricken comrades, which too often afforded an excuse for straggling.

The present organization of this force, known as the Hospital Corps, meets all these objections and supplies a body of men in excess of, and supplementary to, the combatant force, who being selected on account of special fitness, are drilled in tactics which enable them to perform their duties under most trying circumstances almost by intuition, and who are in reality an assistance instead of an encumbrance to the line of the army.

The Hospital Corps consists of a body of men enlisted for service in the Medical Department, "not included in the effective strength of the army nor counted as a part of the enlisted force provided by law." It is graded into Hospital Stewards and privates, such of the latter as have reached a certain degree of efficiency being detailed as Acting Hospital Stewards, the number of men who may be enlisted into the corps being determined by the needs of the service.

Supplementary to this corps are men known as Company Bearers; every company having among its members four men, who are especially instructed in methods of rendering first aid, and who are the only men in the company authorized to leave the firing line in time of action for this purpose, or to render any assistance to the wounded; their duty is only a temporary one, and does not relieve them from their status as combatants; they wear a *brassard* of red cloth on the left arm to distinguish them from other combatants who are not authorized to leave the line.

The men of the Hospital Corps are drilled by the medical officers in the school of the soldier in a manner similar to that used for the enlisted men of the line; they are especially drilled in the use of the litters, in the methods of handling the injured who are to be carried on them, and in ready methods for rendering first aid. The litter drill, which has the essential features of the drill with a rifle, is necessary to thoroughly familiarizing them with that part of their work, so that under conditions of the greatest danger they may be able to do the right thing mechanically, and by a system which soon becomes a second nature. At first sight the handling of a litter appears to be a very simple affair, and the placing upon it of a wounded man equally as simple; so it appears to handle a rifle

and fire it, but when the attempt is made by one un instructed in the use of either article, the fallacy of this apparent ease is evident. It is a maxim in military matters that "all things should be done decently and in order"; and the discipline that requires the thumb to be at an exact spot on the rifle in the manual of arms, is quite as essential as that which requires obedience to an order for going into action. Order and system are vital to success, and without them an army would be a mob. So the discipline which requires a soldier to open a litter, or place it in an ambulance in the prescribed way, is essential to the orderly care and successful disposition of the wounded.

Of all the cares with which the military commander is burdened, that of the wounded excites his greatest solicitude, touching closely his humanity and his reputation, for he who leaves them to the care of an enemy suffers a blot upon his escutcheon that nothing can efface. The value of this organized care of the wounded was strikingly shown after the action last year with the Sioux Indians, known as Wounded Knee, where we had a relatively large number of men disabled in a very short time. The command was surrounded by Indians in numbers sufficient to annihilate it, and its only safety was in a night retreat; time was short, but what was to become of the wounded? To leave them meant their murder at the hands of the Indians; to stay with them meant the addition of the effective command to the death roll. While the commander was debating, the Hospital Corps was quietly doing its work; the men, trained to prompt action in first aid, were putting temporary dressings to broken limbs, bandaging flesh wounds and checking hæmorrhage from bleeding vessels. Others were improvising rude beds from gun-slings, blankets, etc., while others were gently and carefully placing the wounded in the few ambulances and wagons that were with the command. In one short hour the senior medical officer reported his part of the command as ready to march — the question was solved — the wounded men were saved and the command rescued from its perilous position; a feat impossible to have been accomplished without order and system, or without men who had been trained in litter drill. This well merited and complimentary statement was made to me by the officer then in command, General Forsyth of the Seventh Cavalry.

In any service with civilized combatants such an alternative would not be possible, although situations are very likely to occur where a rapid disposal of the wounded might be essential to the success of particular military movements. The disabled among civilized combatants are now protected by the articles of the Geneva Convention, of which I will read to you those that relate to armies: —

ORIGINAL CONVENTION.

ARTICLE I. Ambulances and military hospitals shall be acknowledged to be neuter, and, as such, shall be protected and respected by belligerents so long as any sick or wounded may be therein.

Such neutrality shall cease if the ambulances or hospitals should be held by a military force.

ART. II. Persons employed in hospitals and ambulances, comprising the staff for superintendence, medical service, administration, transport of wounded, as well as chaplains, shall participate in the benefit of neutrality, whilst so employed, and so long as there remain any wounded to bring in or to succor.

ART. III. The persons designated in the preceding article may, even after occupation by the enemy, continue to fulfil their duties in the hospital or ambulance which they serve, or may withdraw in order to rejoin the corps to which they belong.

Under such circumstances, when these persons shall cease from their functions, they shall be delivered by the occupying army to the outposts of the enemy.

ART. IV. As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals cannot, in withdrawing, carry away any articles but such as are their private property.

Under the same circumstances an ambulance shall, on the contrary, retain its equipment.

ART. V. Inhabitants of the country who may bring help to the wounded shall be respected, and shall remain free. The generals of the belligerent Powers shall make it their care to inform the inhabitants of the appeal addressed to their humanity, and of the neutrality which will be the consequence of it.

Any wounded man entertained and taken care of in a house shall be considered as a protection thereto. Any inhabitant who shall have entertained wounded men in his house shall be exempted from the quartering of troops, as well as from a part of the contributions of war which may be imposed.

ART. VI. Wounded or sick soldiers shall be entertained and taken care of, to whatever nation they may belong.

Commanders-in-chief shall have the power to deliver immediately to the outposts of the enemy soldiers who have been wounded in an engagement, when circumstances permit this to be done, and with the consent of both parties.

Those who are recognized, after their wounds are healed, as incapable of serving, shall be sent back to their country.

The others may also be sent back, on condition of not again bearing arms during the continuance of the war.

Evacuations, together with the persons under whose directions they take place, shall be protected by an absolute neutrality.

ART. VII. A distinctive and uniform flag shall be adopted for hospitals, ambulances and evacuations. It must, on every occasion, be accompanied by the national flag. An arm badge (brassard) shall also be allowed for individuals neutralized, but the delivery thereof shall be left to military authority.

The flag and the arm badge shall bear a red cross on a white ground.

ART. VIII. The details of execution of the present convention shall be regulated by the commanders-in-chief of belligerent armies, according to the instructions of their respective governments, and in conformity with the general principles laid down in this convention.

ADDITIONAL ARTICLES.

ART. III. Under the conditions provided for in Articles I and IV of the Convention, the name "ambulance" applies to field hospitals and other temporary establishments, which follow the troops on the field of battle to receive the sick and wounded.

ART. V. In addition to Article VI of the Convention, it is stipulated that, with the reservation of officers whose detention might be important to the fate of arms and within the limits fixed by the second paragraph of that article, the wounded fallen into the hands of the enemy shall be sent back to their country, after they are cured, or sooner if possible, on condition, nevertheless, of not again bearing arms during the continuance of the war.

Now, gentlemen, what should be the policy of the National Guard in the matter of assimilating its administrative methods with those of the regular army? We assemble in these encampments for the purpose of learning, through object lessons, the art of war;

and unless the modern text is followed our labors will be futile, and in the day of trial we will be as novices—indeed in worse case than they, because we must undo old methods before attempting to learn new ones. We must not forget the lessons of our own war, nor disregard those that have been set before us by wars among foreign nations. The military world is progressing quite as rapidly as is the civilized world, and while its modern inventions for the destruction of life, by long range weapons having marvellous accuracy of fire, by smokeless powder, by improved tactical movements and by applied electricity, etc., are promptly adopted as matters of imperative necessity to the military body, no effort should be left undone to secure ample recognition of modern methods for the saving of life, and for the preservation of the health of men who are willing to serve their State in the National Guard.

It may appear a useless task to appeal to legislative bodies for changes in time-honored laws, but nothing can ever be done without the trial, and I am satisfied that when the economy of hygienic and sanitary methods is understood by these bodies, to say nothing of their increased efficiency over old methods, that success will eventually crown such efforts. Let us have the Guard so organized that it can join hands with its professional brothers and meet any emergency without a cross-purpose in administration.

Original Articles.

HYPERÆSTHESIA OF THE VAGINAL ORIFICE A CAUSE OF REFLEX PELVIC PAIN.¹

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THE existence of pain in the female pelvis finds today so ready an explanation by disorders, functional or organic, of the uterine appendages that the attention of the general practitioner is frequently diverted from other anomalous conditions which are in themselves potent in the induction of reflex symptoms. Among enumerated causes, I have never seen mentioned that condition of the vaginal introitus of which the prominent symptom is hyperæsthesia or excessive irritability of the vaginal orifice, or, as more commonly called, vaginismus. While the marital state offers, naturally, the more ready detection, yet in virgins its existence is accompanied by manifold symptoms. Richly supplied by nerves, even more so than the uterus itself, any disturbance here induces, through the sympathetic system, changes in the circulation which may lead to protracted and chronic changes in the pelvic circulation, a result that has pain as its prominent symptom.

I have the records of a very considerable number of patients in whom I have found the results of chronic hyperæmia of the pelvis, but who have been cured by treatment of the hyperæsthesia of the vaginal outlet solely; that is, that portion of the vulva which includes the hymen and the fossa lying between its lower posterior boundary and the fourchette. A typical case occurring in a virgin is the following:

Miss H., thirty years of age, consulted me in September, 1888. She was of extremely nervous tempera-

ment, a teacher in a young ladies' school. She has been compelled to abandon her literary work a portion of every year because of pain in the pelvis over the so-called "ovarian regions" and other accompanying reflex disturbances of the sympathetic nerves. She had received advice and treatment from skilled specialists in New York and other cities, with but temporary relief. Dysmenorrhœa and general debility formed part of her troubles..

I found no organic disease, but the organs in the pelvis were hyperæmic in the extreme—the ovaries large, soft and tender; varicocele of the broad ligaments; passive congestion of the uterus attended with enlargement of that organ and profuse muco-purulent discharge. The vulva was reddened. Numerous bright-red elevations (the size of a pin head and smaller) studded the membrane between the fourchette and the remains of the hymen. At this point the irritability was so marked that I was unable to secure a thorough examination without ether. Treatment had for years been directed to the improvement of the above-mentioned lesions, *except* the condition of the vaginal orifice; and it was at first my own intention to endeavor to relieve by some means the pelvic congestion, but at the outset I was defeated in this because the passage of a speculum or even a syringe-nozzle caused such excessive pelvic pain.

The operation, being practically alike in all cases, may be described here. It differs from that in ordinary practice in that it is much more thorough. I remove completely the hymen and underlying subcutaneous tissues, extending the dissection down to the outside skin, including all the portion lying between it and the fourchette. Then divide the perineal muscles until the vulva can be widely stretched, the incision varying from one-half to five-eighths of an inch in depth. The edges of the mucous membrane and the skin are then approximated, also the cut surface of the perineal muscles, laterally, leaving only a small portion to heal by granulation. There usually is but little pain, and convalescence is complete in about a week. The glass plug is worn both day and night at first, but afterward only at night and inserted once during the day.

An examination, in the case above related, at the end of a month, showed decided improvement. The ovaries were no longer lying loosely in the cul-de-sac; the general flabby condition of the broad ligaments had disappeared; the uterus was involuting, and exercise or mental strain no longer induced pain in the pelvis. For nearly a year the dilator was employed systematically. I had a letter from this patient last summer, saying she was perfectly well locally except for dysmenorrhœal pain, but that her nerves were worn out again, and she wished to come to the city for general treatment this winter. This statement disproves the possibility of neurasthenia being the cause of her suffering and pelvic pain four years ago.

CASE II. Mrs. A., age twenty-four, married four years, consulted me in July, 1884. An unfruitful marriage, the result of dispareunia, brought her to me. She was a finely developed woman, but the victim of the most intense vaginismus I have ever seen. Touching either lightly or firmly the same region described in Case I, caused intense tonic spasm of the vaginal muscles followed by pain over the uterus and both ovaries. Attempts at coitus had long been abandoned. I operated as in Case I, and the records of the examination

¹ Read before the Boston Society for Medical Improvement, October 10, 1892.