

ment, which thus far has admirably reconciled the interests of the victim of war with the gratitude of the Republic.

With a little more time the medical and military history may be presented as twin documents. The fact that the Civil War was one of stupendous proportions, and that it drew its fighting material from untrained masses of people, devoted to peaceful pursuits, must constitute a plea for delays and lost identities. Meanwhile, let us remember that the Government more than echoes the sentiment of the people in its love of just and humane methods. Therefore, at the outset of a new epoch, in the face of a dissolving army and navy, let there be more of aid than censure, since the war has been short, and therefore, in every sense economic of life and limb.

## CORRESPONDENCE.

### The Medical Department of the Army.

WASHINGTON, D. C., August 27, 1898.

*To the Editor:*—In the JOURNAL of August 20, Wm. Cuthbertson, late Major and Surgeon of the First Illinois Cavalry, gives it as his opinion that the Medical Department of the Army is incompetent and inefficient, and he explains what he considers to be the causes of these alleged conditions and how they are to be remedied. Of all things literary I dislike a newspaper or journal controversy; but my thirty-six years of active service as an army surgeon will not permit me to be silent when I find in the columns of the Journal of our National Association a criticism of Army medical methods by one who, in every line of his published article, shows himself to have been incompetent for the position of regimental surgeon, on the holding of which he evidently bases his claim to criticize. He begins his attack by boldly assailing headquarters. The incompetency and inefficiency which have been apparent to him he considers due primarily to want of rank in the medical corps; that men who are sufficiently endowed by nature with brains and ability to enable them to take an elevated position in the Department will not enter the service when the highest position they can attain is that of Brigadier-General. I need hardly point out to the members of this ASSOCIATION that the man who now occupies this highest position is one who achieved it by virtue of the same brains and ability which made him president of the American Public Health Association and of this, the AMERICAN MEDICAL ASSOCIATION, and gave him a wider than national repute in several fields of medical and sanitary science. The fallacy of this argument of want of rank is shown also by the history of the Medical Department of the Army in the war of the Rebellion. The men who built up the field hospital system of that war, which proved so efficient at Antietam, where it was first put to the practical test, and at all the subsequent battles had no higher rank and no expectation of a higher rank than that of Major. The patriotism of the men of those days led them to serve their country irrespective of questions of rank, and we must say the same of those of the present day, when we see such men as Professor Senn going out as a corps surgeon, and Professor Vaughan as the surgeon of a Michigan regiment.

But to make the Medical Department thoroughly efficient it requires, according to Dr. Cuthbertson, not only higher rank, but to be separate from and independent of all other corps of the army. It so happens, however, that all large armies are necessarily composites; and their efficiency depends upon the drill and discipline which bring about co-operation of action.

Artillery is of little account unless it has infantry supports and infantry lines may be rolled up unless covered by cavalry on the flanks, and all are dependent upon the quartermaster's, subsistence, ordnance, medical and other staff departments. It is very well for an ex-surgeon of small experience to settle at his desk how the medical department of an army corps should be managed during the battles of an active campaign; but actual field conditions do not always conform to the notions of theorists. It would be an excellent thing for the Medical Department to be less dependent than it is on the dicta of commanding generals and quartermasters. Where there is responsibility adequate powers should be granted. But this principle applies to the commanding generals as well as to the Medical Department. On his shoulders lies the responsibility for the conduct and success of the campaign. He must therefore have the power. He must not be handicapped in his command by any proviso restricting his movements unless with the permission of the Medical Department. Doctors may know that a certain locality is infected, but if it is necessary for military reasons for troops to hold that locality they must hold it as well against the infection as against the fire of the enemy. If the commanding general concludes for military reasons to make an assault without waiting for his artillery to disembark, the chief of artillery is not blamed for lives lost that would not have been lost had his guns been in a position to rake the enemy. If he concludes that victory will be purchased at a less price if the troops are hurried to the assault without waiting for the hospital supplies to come up, the resulting suffering to the wounded is not to be blamed upon the medical officers. Under such conditions artillery men remain with their guns; but medical officers, instead of remaining with their medical and surgical stores, follow the troops to the field and endeavor to relieve suffering with the materials in their hospital corps pouches and first-aid packets. Had the army chanced to be in a tight place and had those artillery men hurried to the front and done good service with carbines and Colt's revolvers instead of heavy guns, the country would have resounded with the story of their heroism. This is precisely what was done by our medical and hospital corps at Santiago, and I, for one, fail to see incompetency and inefficiency in the noble work which was done by them in the early days and nights of July last. I desire to invite Dr. Cuthbertson's attention to the fact that the Surgeon-General gave the necessary instructions to have all needful articles purchased and that those instructions were carried out in an efficient manner, and yet sufferings were endured at Santiago because the military conditions were such as to render these purchased articles unavailable for use on the field.

To sustain his charges of incompetency and inefficiency on the part of the medical department in general, Dr. Cuthbertson relates his difficulties in obtaining as much castor oil and laudanum as he desired when encamped at Chickamauga Park. Had he inquired closely into the reason for this he would have found that it originated in the effort to lessen transportation and give the largest amount of supplies in the smallest bulk by providing as much as possible the medicaments for the field in tablet form. Again, he could not procure carbolic nor boric acids. The supply table of all armies in the field is necessarily limited. Had he made himself acquainted with the character of the supplies provided he would have found plenty of sterilized absorbent cotton, sublimate and iodoform gauze, mercuric chlorid, lime chlorid and trikresol. In fact, Professor Senn is reputed as having testified that even at Santiago there was no lack of antiseptic dressings for the wounded. That which sufficed for Nicholas Senn, when face to face with the surgery of a battle, ought surely to have satisfied a regimental surgeon when dealing with the sore arms of some vaccinated men. At the time Dr. Cuthbertson went to the camp at Chickamauga the supply

departments of the army were confronted with a great labor, providing for a quarter of a million of men suddenly called into the field. Full outfits of medical and surgical chests for regiments and for division hospitals, with ambulances, tents, cots, etc., were shipped off rapidly from the purveying depots so rapidly that transportation companies had difficulty in delivering their freight; and these things had to be made, they were not to be purchased in any drug store or wheelwright's shop. I need say no more of these conditions. They are readily understood by men of intelligence, few of whom will agree with Dr. Cuthbertson, that "if numbers of medical men whom he could name had been placed at the head of affairs, our whole army would have been completely equipped with every medical and surgical necessity they could require in *three days*." Respectfully yours,

CHARLES SMART,

Lieut.-Colonel, Deputy Surgeon-General, U. S. Army.

### The "Incompetent and Inefficient" Medical Department of the Army.

NEW YORK, Aug. 27, 1898.

*To the Editor*:—I have all along sympathized with Surgeon-General Sternberg for the load he has had to bear; but I did not fully appreciate the bearing of his burthen until I read the letter in your issue of August 20, (pp. 421-3). The wail of the "Late Major and Surgeon" [*hinc illæ lachrymæ*] recalls the complaint of the governor of a great State that the medical officers of the regiments from that State "could not get their prescriptions filled," who, when confronted with the Army Medical Supply Table, and told that it was the fault of those officers if they lacked anything, said: "Oh, yes, I have seen that, but I would like you to show me lactopeptin on it." "*Lactopeptin!* What would they want with lactopeptin?" "Why," said he, "most of these men have not been accustomed to the coarse army fare and they required lactopeptin to be able to digest it."

Who would not be Surgeon-General of the Army?

Fortunately there is balm in Gilead. Let the Red Cross see that every soldier's "panties" shall have two extra pockets, one for a bottle of lactopeptin and the other for that "splendid little machine," commended by Clara Barton (Feb. 21, 1896), the *Electropoise*; or, perhaps, these pockets had better be put in their pajamas, the lactopeptin to insure the digestion of the "coarse army fare," and the *Electropoise*, "that incalculable blessing," which has "power to put a person to sleep and *keep him asleep* until satisfied Nature awakes refreshed," to protect him against night alarms.

About six weeks ago some charitably-disposed ladies offered a naval purveying officer an unlimited supply of catnip for the sailors in the navy. Why should not catnip be equally serviceable to soldiers? If every one in the United States will only suggest what he or she thinks ought to be added to the Army Medical Supply Table, the Medical Department of the Army may in time become not quite so "incompetent and inefficient." The Association of Military Surgeons of the United States might profitably consider this matter at its *post-bellum* meeting.

A. L. G.

### The Association and the Colleges.

TRENTON, TENN., Aug. 22, 1898.

*To the Editor*:—After carefully reading the notice sent out by Dr. W. B. Atkinson, Permanent Secretary, to the deans of the various Medical Colleges in the United States, setting forth the action of the AMERICAN MEDICAL ASSOCIATION, at Denver, in June last, in which it was voted "to allow no one to register as either delegate or permanent member of this ASSOCIATION," who, as "professor or other teacher in, or graduate of any Medical College in the United States, which shall,

after Jan. 1, 1899, confer the degree of Doctor of Medicine, or receive such degree on any condition below the published standard of the Association of American Medical Colleges," I am satisfied that the ASSOCIATION has attempted to reach a point which it should attain, in an unconstitutional manner. This resolution attempts to define who shall be received hereafter as members of this ASSOCIATION, and in doing this certainly is amending section 2 of our Constitution, which clearly defines the membership of the AMERICAN MEDICAL ASSOCIATION, and as such should be laid over for one year. (See section 7, page 9 of Constitution.) Had this point of order been made against the resolution at the time it was offered, as the presiding officer of the ASSOCIATION on that day, I would have decided the point well taken, and have ruled it out of order.

It is a point of law that any action improperly taken, unlawfully passed, is not binding. Hence, it seems to me, that to make such action binding, the matter must be presented in the form of an amendment, lie over one year, and then be acted on. This matter is one of too much importance to the ASSOCIATION to be rushed through in the hurry of business with the assurance from the Secretary of Business Committee that one member of the Southern Medical College Association assured him that they were all ready to abide by the action of the ASSOCIATION.

I dislike to call attention to this matter, but being connected with no college, I feel that I can do so without being charged with selfish motives. The Southern Colleges had, many of them, sent out their catalogues setting forth a three years' course of study, and now for the ASSOCIATION to say to them that "neither you nor any of your graduates for 1899 can be received as members of the ASSOCIATION," is unjust. Some of these professors are live, active members of our ASSOCIATION. As already stated, this action of the ASSOCIATION can not bind any one, having been illegally taken; hence, the Registration Committee should be notified to proceed at Columbus under the old law.

Yours truly, T. J. HAPPEL, Ex-Vice-President.

### A Handy Way to Clean Tubes.

ELGIN, ILL., Aug. 23, 1898.

*To the Editor*:—Being interested in the use of the hematocrit and the hematocytometer, I wish to mention a few matters of technique which I have followed that have facilitated the use of these instruments.

The hematocrit percentage tubes are usually accompanied with a dropper and rubber tube connection, presumably to be used for filling and cleaning them. It will be found difficult to fill a percentage tube by the use of the dropper from one drop of blood without admitting air at the same time. If the tube is perfectly clean it can be much more easily filled by placing its point in the drop of blood and allowing it to fill by capillary attraction, but the success of the procedure depends on the cleanliness of the tube. The slightest coating of fibrin in the tube prevents it from filling, but if absolute cleanliness is observed, one will experience no difficulty.

To clean the tube perfectly has been a problem which demands attention. After using a tube there will be found a deposit of fibrin which can scarcely be removed by simple washing in water, alcohol and ether. A fine cambric needle armed with a strand of mending cotton can be used to wipe the inner surface of the tube, preferably after the tube has been thoroughly dried.

To dry the percentage tubes of the hematocrit and the measuring tube of the hematocytometer, the use of an ordinary bicycle-pump will be found very satisfactory.

Possibly these simple procedures may have been adopted by others, but if mentioned in any of the current literature such mention has escaped my notice. Very respectfully,

F. H. JENKS, M.D.