

## United Services Medical Society.

### THE SANITARY SERVICE, TERRITORIAL FORCE.

BY MAJOR F. E. FREMANTLE,  
*Royal Army Medical Corps (T.F.).*

As an officer of the Territorial Force I am diffident of discussing a military problem with those who by virtue of their regular service know infinitely more of military conditions and exigencies than I, and although holding a divisional appointment, my knowledge even of the conditions of the Territorial Force is necessarily limited by the fact that from a regimental medical appointment with yeomanry I was "spatchcocked in," as Sir Redvers Buller might have said, to the newly created post of Divisional Sanitary Officer on the creation of the Territorial Force in 1908. Only once since then has my Division undergone divisional training; and it was as a result of that training of the East Anglian Division at Thetford, on the border between Norfolk and Suffolk, last August, that I first had occasion to review the sanitary machinery of the Division and estimate its value for maintaining the health of the troops in case of mobilization. In drafting a report on the subject at length to the A.M.O. of the Division, Colonel G. S. Elliston, C.B., certain suggestions occurred to me for bringing the service into touch with civil sanitary administration. These were embodied in a paper read before the Home Counties Branch of the Society of Medical Officers of Health in November last and printed in *Public Health* for February. But the absence of any effective military criticism on that occasion prevented my feeling perfect confidence in the practical value of the proposals then made. In bringing them now before this distinguished body, I trust that military shortcomings may be forgiven and that the substance of the paper may be duly weighed and freely discussed.

### THE SANITARY SERVICE AND THE GENEVA CONVENTION.

There is no need here to set out the essentially military, as opposed to the humanitarian, value of sanitation to troops in the field. Little as that is understood by most combatant officers in the Territorial Force, the responsibility for the health of the troops is nevertheless laid on them when they attain to the command of

their units as it is laid on commanding officers in the Regular army; and, as in other duties, so in realizing their sanitary responsibility and its objects they will doubtless in time follow the lead of the Regular Forces.

The fact that sanitation is primarily of military importance to an army would seem to have been realized in the Geneva Convention of 1906. For Article 9, Chapter III., expressly limits the respect and protection of the Red Cross to—note the words: “The personnel engaged exclusively in the collection, transport and treatment of the wounded and the sick, as well as in the administration of medical units and establishments,” besides the chaplains and the guards of medical units and establishments furnished in default of armed orderlies, with an authority in due form. This would evidently fail to cover the R.A.M.C. men attached for water-duties and the personnel of sanitary companies. Indeed it is obvious that personnel used for the prevention of sickness have no place in a convention whose object is to secure “amelioration of the condition of sick and wounded.” Inasmuch, however, as the deliberate poisoning of wells is prohibited by international law, so it would seem logical, as it would certainly be in keeping with human sentiment, that international law should confer immunity on those whose sole aim is to prevent all forms of ill-health. I should be glad to have the views of this Society on the point, in case it should not have been already considered, with a view in that case to suitable action being taken by the authorities concerned.

#### THE PERSONNEL OF THE SANITARY SERVICE, TERRITORIAL FORCE.

The personnel of the Sanitary Service, T.F., differs in three important particulars from that of the Regular army. The first difference is that the A.M.O., now the Assistant Director of Medical Services, of each of the 14 Divisions of the T.F., is assisted both in peace and on mobilization, not only by a D.A.D.M.S., usually a Regular officer, retired or seconded, but also by a Divisional Sanitary Officer, a Major or Lieutenant-Colonel, R.A.M.C. (T.F.), who holds some sanitary position of importance in civil life. There are 14 such officers.

The second difference consists in the appointment, *à la suite* to the sanitary branch of the R.A.M.C. (T.), of “other specialists holding health appointment in the various counties,” whose names are borne on a separate list according to a fixed establishment, and

whose services will be available on mobilization. The establishment of officers on the sanitary branch is 20 lieutenant-colonels, 40 majors, and 60 captains.

The third difference lies in the sanitary squads and sections, which in the T.F. are organized in Sanitary Companies, till recently attached to the lines of communication, but now transferred to Army troops. Of these Sanitary Companies there are two; and of them we are fortunate enough this afternoon to be promised direct information in the paper to follow my own by Major Caldwell Smith, who has from the outset commanded the second Sanitary Company.

Regimentally, as in the Regular Forces, there are sanitary detachments in the T.F., called squads, and R.A.M.C. men attached for water-duties. The establishment for the units of a division and of a mounted brigade is as follows:—

	R.A.M.C. FOR WATER-DUTIES		REGIMENTAL SAN. SQUADS	
	N.C.O.'s	Men	N.C.O.'s	Men
I. Infantry Battalion .. ..	1	4	1	8
Artillery—1 R.F.A. Bde. .. ..	1	3	1	8
1 Howitzer Bde. .. ..	1	2	1	6
1 Heavy Batt. .. ..	—	2	—	2
Div. Amm. Col. .. ..	1	3	1	8
Royal Engineers, 1 Field Co. or Telegraph Co. .. ..	—	2	—	2
A.S.C.—1 T. and S. Col. .. ..	1	3	1	3
1 T. and S. Park .. ..	—	2	1	3
Mounted Troops—				
1 Regt. Yeomanry .. ..	1	2	1	8
1 R.H.A. Battery .. ..	—	2	—	2
Mounted Bde. T. and S. Col. .. ..	—	2	—	2

The R.A.M.C. men for water-duties are trained by the medical units to which they are attached, but the sanitary squads are regimental and are trained by the Regimental Medical Officer, who examines them and submits a nominal roll to be kept by the commanding officer of the Regiment. With them the A.D.M.S. is not concerned.

REGIMENTAL MEDICAL OFFICER.

In discussing the value of this sanitary establishment, let us first consider the Regimental Medical Officer. In the Regular Forces he is a general practitioner for all medical military purposes—inquisitive, preventive or curative, and has had his general medical education supplemented in the Royal Army Medical College to that end. In the T.F. he is a general practitioner from civil

life, and we can have nothing but praise for his loyalty and for his general medical attainments, which are often of a high order. But systematic education ended at his medical school; and we all know what amount of learning in public health is obtained in the usual curriculum of a civil medical school. The Regular Forces can rely on a trained and practical sanitarian in each unit as the pivot of sanitation and hygiene; in the Territorial Force in peace there is frequently no pivot, no regimental medical officer; and when he is present he is usually a layman, frequently an unappreciative layman, in the objects and methods of preventing disease and promoting health. Nor is it possible to insist on his taking out any such further specific training as might otherwise be suggested; it is difficult enough to obtain the services of the civil medical practitioner for Territorial service as it is. With the growing tendency of the State to invoke the services of our profession for the promotion of health and prevention or curtailment of disease, it is to be hoped that this gross defect in the present general medical curriculum will before long receive attention. But meanwhile there is the more need for the work of Sanitary Companies and Divisional Sanitary Officers to assist and encourage regimental sanitation. To these we will shortly revert.

The responsibility of the Regimental Medical Officer is fully recognized in T.F. Regulations, para. 35: "Medical officers are charged with advising general and other officers commanding, who will incur grave responsibility if such advice is neglected without adequate reason." But overworked medical practitioners, persuaded to join the T.F. and spend part of their holiday in camp, will not spend much time in wading through books of regulations; and neither on joining nor afterwards is it sufficiently impressed upon them that on their advice to their commanding officers depends the health and so to a large extent both the lives and the *moral*, and the efficiency and military successes of the troops in their respective units. Their curative work gives them little to do; they are but filters between the troops and the field ambulances; and as a rule they spend most of their time in camp as interested spectators. They should be required to be present at each early parade, to instruct the sanitary squads in their duties for the day; to inspect the sanitary arrangements, more especially the refuse destructor, every morning before breakfast and again before night; and after breakfast to accompany the orderly officer or the commanding officer of the unit in his inspection of the camp. In Divisional Camp, on the first day after arrival, and again at

intervals of every three or four days, they should meet the A.D.M.S. and the Div. San. Officer to report and discuss questions relating to their sanitary duties. If such duties were expected of them they would be willingly performed; and if due credit were given for their performance, the annual training would probably be regarded as a period of useful experience and service, and would increase the attractiveness of the R.A.M.C.(T.F.).

#### APPLIED MANUALS.

Is it too much to ask that a concise manual should be prepared and issued for the use of Regimental Officers, T.F.; and different variations of the same manual for officers of the sanitary and medical units and for the different craftsmen enlisted from civil life as non-commissioned officers and men for the various duties of the R.A.M.C.(T.F.), giving each of them under a single cover all that he need know of the principles and circumstances of his work and of the "regulations," at present lurking in a dozen different official publications? So only will most of them easily learn the working of the machine which they have joined, and others be attracted to join it. The material exists in the excellent courses given by the adjutants of the 14 R.A.M.C.(T.F.) Schools of Instruction and the expense and labour of issuing these manuals would surely be fully justified.

#### QUARTERMASTERS.

In the absence of Regimental Medical Officers, the sanitary duties of Quartermasters and Quartermaster-Serjeants must be emphasized. For this purpose the small manual of military sanitation is most useful; but a new edition is most urgently required. Copies should be issued freely and should be an obligatory item in the kit of every officer and man in camp.

But the very excellent sanitary knowledge of some regimental Quartermasters is more than matched by the complete ignorance of others; and in the not infrequent absence of any Regimental Medical Officer in camp it is on them that regimental sanitation must depend. Major Warwick, R.A.M.C.(T.F.), who, as senior Medical Officer of the Essex Infantry Brigade, a Diplomat in Public Health, and part-author of the "Advanced Ambulance Handbook," now in its 60th thousand, is an exceptionally well-qualified Regimental Medical Officer, entreats me to make allusion to the need of training sanitary squads and Quartermasters, since they, he says, are particularly weak in camp sanitation. This is

true, but the Quartermasters of the Territorial Force, like the Medical Officers, are busy wage-earners in civil life, and have enough to do to learn and carry out their more particular duties. It seems impossible to impose on them any further specific training in camp sanitation than that required by the syllabus of the written part of the examination, which quartermasters must take within two years of appointment, unless they have served as Quartermaster with Regular troops, or have passed the examination for Quartermaster-Serjeant R.A.M.C. Possibly these examinations might be made more practical as regards sanitation, but, in general, trust must be laid on education by their annual duties in camp for the improved capacity of quartermasters to play their important part in sanitation.

#### REGIMENTAL SANITARY SQUADS.

We next come to the Regimental Sanitary Squads—the sanitary detachments of the Regular Forces—and these are a very weak spot in most units. What inducement can there possibly be to a Territorial soldier to spend his fortnight's holiday "in the disposal of excreta and refuse, in camp cleanliness and in sanitary police duties," and so to cut himself off from the more martial and attractive military work of his unit? The only inducements would be a special rate of pay and an enthusiastic and expert serjeant to direct their work, instead of a corporal in knowledge and experience like themselves. For this purpose civilian sanitary inspectors should be attracted to regimental service, much as civilian-qualified pharmacists are attracted to the R.A.M.C.(T.F.) by their being allowed, after a minimum test in non-technical subjects and forty-two drills, to present themselves for examination as serjeants. The importance of unit-sanitation should be ample justification for the extra expense involved.

#### WATER-DUTY MEN.

Lastly, in considering the personnel of regimental sanitation, we arrive at the water-duty men, attached to each unit from the R.A.M.C. on mobilization and for annual training as laid down in War Establishments. Whilst so attached these men, subject to the Regimental Commanding Officer, are under the orders of the Regimental Medical Officers. They are shown on the establishment of Field Ambulances and Mounted Brigade Field Ambulances in which they are trained and with which they must serve their first camp. For subsequent trainings they are distributed by the

A.D.M.S. Their duties are nominally the same as in the regular forces, viz. : the daily supervision and purification of water-supply ; the charge of apparatus and stores concerned with water-supply ; the work of disinfection ; the segregation of infectious individuals in camp ; and the care of sick until removed to the field ambulance or to hospital.

But in the T.F. this amounts as a rule to no duties at all. Good care is taken that the camp is situated where there is a satisfactory public water-supply, which is usually laid on to the camp and requires no purification. Cases of infectious disease seldom occur in camp, and in all but exceptional cases, when they do occur, are promptly removed to hospital. The sick require little care if they are well enough to remain within their own lines.

What wonder, then, that these men are most difficult to recruit ? There is nothing for them to do. They are not allowed to take part in the usual sanitary work for which they have been trained for fear of their contaminating the water which they are supposed to have to purify ; and yet they are the only men in the unit who have been trained in sanitation. And socially—which is the chief consideration in a voluntary force—they are pariahs, outsiders in the regiment and yet never at home in the R.A.M.C. unit, in the establishment of which they are shown.

Nor would they as a rule be required on mobilization. For the T.F. operates only in this country, where most water-supplies are at least sufficiently pure for use by troops on active service, and the essential and more practical need would be to prevent pollution of streams and wells by the troops.

If it is thought advisable to retain them, I would submit that there cannot be any serious reason against their being used for the general sanitary work of the units to which they are attached. But it would be infinitely better to abolish them.

#### REGIMENTAL SANITATION AS A WHOLE.

This sketch of the regimental sanitary arrangements will suffice to show the precarious state of affairs in the T.F. Add to this the atrophy of his natural instincts in the civilized being of to-day, the individual comprising the T.F., who turns a tap to get his water and pulls a handle to dispose of his refuse, and it is easy to imagine the sanitary chaos that would endanger the T.F. in case of mobilization. There is need, therefore, for the introduction of the expert sanitary unit ; the Sanitary Company as a practical school of instruction in camp, with its keenness, its unity, its

experience and expert knowledge, to carry out much of the actual constructive sanitation and to supervise the water-supply when necessary, leaving it to the regimental sanitary squads to assist in such constructive work and to be responsible for its maintenance. The two existing Sanitary Companies are now Army Troops. Authority should be given for the formation of one sanitary company in the area of every Division, as Divisional Troops, perhaps under the immediate supervision, if not command, of the Divisional Sanitary Officer. The possibility of recruiting and using this unit can only be proved by experience; but the immediate value, first to one Brigade then to another, of having the Sanitary Company of the Division training by its side and supervising its sanitation, would be untold; and there is not a single Commanding Officer of any unit who would not welcome this solution of the annual difficulties which he experiences in the sanitation of his camp.

#### RELATIONS OF CIVIL TO TERRITORIAL SANITARY ADMINISTRATION.

Let us now consider the relations of the Territorial Force with the Civil Sanitary Administration. Here again we come on a vital difference between the requirements of the Territorial Force and those of the Regular army. For the Territorial Force, will, on mobilization, as in their annual training, be operating invariably in friendly country, in every town, village, hamlet or house, and in every field or other conceivable camping site, of which there is already operative a very fairly successful sanitary administration. The information and procedure thus available will of course require adaptation to military purposes; but it would be folly in the work of the citizen army to ignore this universal and constantly improving provision, whereas the Regular Forces must ever be prepared to operate in unfriendly country, where no civil sanitary administration exists or can be relied on.

The scheme of the Regular Forces has naturally provided the general scheme of constitution and operation for the T.F. But in this particular I would submit that there is cause for introducing a difference. The relations of the T.F. with Civil Sanitary Administration should be forged into a definite connecting link.

For each annual training, in the first place, it should be made the first duty of the Div. San. Officer, on behalf of the A.D.M.S. to establish relations with the county and district medical officers of health of the neighbourhood of each camp; to ascertain from them and report the sanitary circumstances of military importance to the proposed camp and to the intended operations; and to invite



them in turn to visit the camp, when occupied, and discuss the relations established between civil and military sanitation. Their friendly criticism would be of first value, and they would appreciate the rare opportunity of making acquaintance with military sanitation in practice. A similar opportunity might well be extended to all medical officers of health in the area of the division.

Secondly, I would suggest a far more intimate and permanent association between the civil and military sanitary systems. Thus, for instance, the surveys at present being undertaken on behalf of the Territorial Force in certain parts of the country are partial in the extreme, and have given rise to considerable complaint from the civil officials called on, merely as an act of courtesy, to comply with the requests of the Divisional Sanitary Officer. I submit that it is obviously inadvisable to devise schemes for independent sanitary surveys on behalf of the Territorial Force without first considering the information available from civil sources. Both county and district medical officers of health are resident in or near their respective areas; are usually on the telephone, and hold their offices with rare change. They are bound to be acquainted with the water supply, food supply, drainage, geology, topography of the districts; with the prevalent conditions of health, and the available means of disposal of refuse or isolation of infectious sick. Now counties and county boroughs between them cover the whole country. The county medical officer is in touch with all the district medical officers of health in his county and by the nature of his work can generally find time, as it is his duty, to consider the influences of any sudden influx of population into his district, whether in the nature of harvesters, hop-pickers, fruit-pickers, gipsies, navvies, or military troops.

In time of war this would be an invaluable asset. It would be the greatest possible mistake, even if feasible, to take the district medical officers of health from their posts, in which they could indirectly afford invaluable help to the troops by maintaining a network of sound military conditions throughout the country. But the county and large borough medical officers of health could give their whole time and services, if needs be, for a time to the assistance of the Territorial Force.

Thus, when asked by my A.D.M.S. to report on the water-supply available for two sites suggested for this year's camp, I wrote and telephoned to Major Nash, R.A.M.C. (T.F.), *à la suite*, County M.O.H. for Norfolk, and was soon able to give the required report.

Again, in a recent staff-ride at Ipswich, I was ordered to advise

with regard to the billeting of troops in the town that same evening. I went at once to the office of the M.O.H., found he was at the Isolation Hospital, made an appointment with him by telephone, and at once learnt all that was necessary, with regard to the sanitary condition of the housing in different quarters, the water-supply and the existence of one or two cases of diphtheria.

Similar information would be forthcoming in every corner of the United Kingdom.

On mobilization the same considerations hold good and should therefore be adopted. The Divisional Sanitary Officers should be the county medical officers of health within the areas from which their Divisions are drawn. It should be their first duty to establish relations with other county and large borough medical officers of health in the area; and it is these officers without any exception, and these only—with the addition of any gentlemen who may have had previous experience of public health work, if they are available for service in case of need and are not indispensable by reason of borough or district employment—who should be given *à la suite* commissions in the Sanitary Service of the Territorial Force.

Each division would thus possess a staff covering in their civilian capacities the whole area comprised in that of the division, and the Div. San. Officer would thus have a complete machinery with which to prepare the sanitary surveys that should now be prepared without further delay. This would involve no demands on the civil administration beyond those for which the civil law already provides: for by the "Housing, Town Planning, &c., Act," 1909, every county is bound to have a County Medical Officer of Health, who is given power to demand from every District M.O.H. in his area any information he may require for the purpose of his duties; and those duties are prescribed by the Local Government Board. All that is required is for the War Office and Local Government Board to co-operate in the matter: to make it the duty of every County or District M.O.H. to give such information and assistance as he may reasonably require to the Divisional Sanitary Officer of Troops operating in his area; and it may be left to the preference of each such official to be appointed an Officer *à la suite* or not, for it will make no difference. I have never been able to see what functions an *à la suite* officer would perform, beyond those which he would naturally perform in his civilian capacity. The T.F. Regulations (73) prescribe their duties as follows: "On mobilization they will be appointed under the arrangements of A.D.'s, M.S., within whose areas they hold health appointments, to perform

sanitary duties within their districts, if to be occupied by troops." But it is already his first civil duty to "inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health within the district," and to take all necessary steps and give all necessary advice to his council in these matters, whether concerning residents or others in his district; and this would certainly apply to troops.

Such co-operation involves, it is true, the goodwill and some expenditure of time and trouble on the part of district medical officers of health, whenever they may be asked to contribute their share of local knowledge, or to assist in the preparations for a summer's camp. But the basis of national defence by a citizen army must ever be that each should contribute according to his ability; and we may be confident that our professional brethren, as civilian officials, will be glad thus to play an important part in providing for the defence of the home country.

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DUTIES OF SANITARY COMPANIES, TERRITORIAL  
FORCE.

BY MAJOR CALDWELL SMITH.  
*Royal Army Medical Corps (T.F.).*

THE Sanitary Companies of the Territorial Force have, as such, no equivalent in the Regular Forces, and possibly in consequence of this there are no definite Regulations laid down for their guidance in either instruction or work in the field.

That this has been, to some extent, a hindrance to the Sanitary Companies, I think there is no doubt; but fortunately, speaking for my own company, no serious objections have been taken by higher authorities, both combatant and otherwise, to the methods carried out by the officers commanding for the training and efficiency of these units. Some difficulties have, however, arisen, and I shall endeavour to point these out and to suggest the measures which might be adopted to remove them.

For the past three years I have been endeavouring to persuade the War Office to carry out some changes in the personnel and to supply some necessary equipment, but so far nothing has been done with regard to the personnel, although some equipment has been supplied.