

## Echoes from the Past.

### THE BEGINNING OF THE P.M.O.

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THE recent dropping of the old title, Principal Medical Officer, in favour of a newer term, affords an opportunity of referring shortly to the original use of the expression and to some peculiarities in its application, gleaned from the "Fifth Report of the Commission of Military Enquiry," dated 1808.

The title is not of more than respectable antiquity, dating as it does from 1798, and it did not, at the time of its origin, denote a senior administrative appointment as in recent years, but an actual rank bearing extra pay.

When the title was first introduced, the Principal Medical Officer was the senior Medical Officer of a General Hospital, and not the Senior Medical Officer of a Regimental Hospital; he might be any junior Officer of the Hospital promoted to the rank over the heads of all the Staff, however senior. The only limitation was that neither Inspectors nor Deputy Inspectors of Hospitals were accorded the rank, nor could they draw the 5s. per day extra pay.

The Staff of a General Hospital usually included Physicians, Staff Surgeons, Purveyors, Apothecaries, Deputy Purveyors and Hospital Mates, and any of these might be appointed P.M.O.

I may here mention that at the end of the eighteenth century General Hospitals had been established at Gosport, Plymouth, Deal and Chelsea (York Hospital), the number being increased in later years, and in turn reduced until in 1807 there were but two left.

They were much larger and more important charges than the Regimental Hospitals, in which from the circumstances of the case there was a certain continuity of rule. In the General Hospitals when the senior Officer left for any reason such as foreign service, &c., it would appear that chaos reigned, or at least, was dreaded, the next senior Officer being considered absolutely incapable of carrying on the duties, as he had in the words of the official report on the subject "everything to learn," and this too when the next senior Officer referred to might be a senior Physician or a Staff Surgeon of many years' service. To quote the official record again, "therefore a proper person from any rank was chosen whose pay as well as rank were perhaps inferior to others under his direction

in the same Hospital, and for this, and other reasons, it was judged expedient to give him a superior title and authority . . . with the addition of 5s. a day."

It was specifically mentioned that the person chosen might come from the ranks of Physicians, Surgeons, Apothecaries or even Hospital Mates, as happened in at least one case.

What the "other" reasons were which affected the case, we are not informed, but some may be imagined.

The filling of these appointments rested at first with the Army Medical Board (the Surgeon-General, Physician-General and Inspector of Hospitals), but very soon it was vested in the Surgeon-General alone.

The system of selection by the Board must have begun very early in 1798, as we find by March of that year it had ceased, and the Surgeon-General's nomination alone was required, and it must have been then that the term Principal Medical Officer came first into use, in lieu of "Superintendent" "Senior" and "Head," which had been in turn used for the Senior Medical Officer, after the system of General Hospitals was established in England, in 1793. Such Hospitals hitherto had been reserved for use on foreign expeditions.

By 1807, however, there were but two General Hospitals left, one at Chelsea, under a Principal Medical Officer, the other in the Isle of Wight, under an Inspector of Hospitals, who had not the special title. In the case of the Chelsea (York) Hospital appointment, in that year, the Principal Medical Officer was a Staff Surgeon of four years' service as such, who had under his command a Physician of fourteen years' service, and a Staff Surgeon of eight years' service in the rank, with a further staff of Apothecaries, Purveyors and assistant Purveyors.

It may be that this Staff Surgeon of 1807 was but a Hospital Mate in 1803 when he got the appointment, the York Hospital being specified as that where a Hospital Mate was appointed.

One can imagine the feelings of the Staff of a modern Military Hospital, consisting of Lieutenant-Colonels, Majors, and Captains of the Royal Army Medical Corps, were a Lieutenant of the Corps, corresponding to the Hospital Mate of earlier days, put in command.

The amount of tact, *savoir-faire*, &c., required on both sides to avoid friction under the circumstances, must have been considerable, if the friction were avoided, which one must take leave to doubt.

From the modern point of view, the cure may well have been worse than the disease and it would have been better to have permitted the officially distrusted second in command to shake down into the duties of the position, for which at all events, he was as likely to be fitted as a Hospital Mate or Purveyor; but there were these "other" reasons!

Of the thirteen General Hospitals established between 1793 and 1803 in England, the responsible heads were:—

Inspectors of Hospitals	..	..	..	..	..	3
P.M.O.	{	Assistant Inspectors	..	..	..	2
		Physicians	..	..	..	2
		Staff Surgeons	..	..	..	3
		Surgeon	..	..	..	1
		Purveyors	..	..	..	2

Purveyors being then, of course, Medical Officers.

The attention of the authorities was directed by the Commission of 1808 to the anomalies of the system, and disapprobation was expressed, but no special recommendation was made, as the General Hospital system itself was dying out, and no new appointments were made.

About this time, moreover, it would appear that the title began also to be used in its modern sense.

Among the Medical Officers on full pay in 1805, shown in an appendix to the Report, one of them is shown as Principal Medical Officer at Gibraltar, while most of the Inspectors and Deputy Inspectors of Hospitals are shown as "chief of the medical staff" or "Superintending Medical concerns" in their respective districts or Hospitals.

This can only mean the Senior Administrative Medical Officer, and seems the earliest official use of the term in its modern acceptance.

