THE TRANSPORT OF INVALIDS.

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In the first number of the Journal the Director-General says: "It must be clearly understood that its pages will not be open to controversial correspondence." I quite grasp his meaning, but just as the Government of the country is conducted on party lines of criticism, so must any journal allow the negative to be stated in answer to, or elaboration of, any opinion that may be expressed in any article that may be published in its pages. It is so, it is necessarily so, in all journals, and I think particularly in medical journals; for the aphorism "doctors differ" is not without a permanent substratum of truth.

I am led to make these few preliminary remarks à propos of Capt. G. B. Stanistreet's interesting article on "Hospital Arrangements on Board Transports," for it is a subject in which I have been keenly interested since 1886, and it is a subject to which far too little attention has been paid by Army Medical Officers. I have not a word to say in criticism of Captain Stanistreet; on the contrary, he has given me several new ideas, but I wish to elaborate his article, and in so doing may trench on the controversial, but I hope within the limits of the taboo.

I say, it is a subject to which far too little attention has been paid by Army Medical Officers, but I would add, not unnaturally; for a man once or twice in the course of twenty years' service may find himself for a week or two in charge of a transport with Indian invalids on board; he does the best he can with the means at his disposal, hands over his invalids at Netley, and straightway relegates an unpleasant experience into the limbo of oblivion. I take as my text, then, this assertion, that there is not only a crying need for improvement in our methods of transporting our invalids home, but it is a duty incumbent on all my brother officers to do everything in their power to point out how faulty existing arrangements are, and to try and initiate reforms. Some eight or nine years ago I wrote an article in the United Service Magazine on this subject, and I am not without hopes that it did in some small degree help on reform, for of a certainty matters are much better now than they were then.
Perhaps it will make my subsequent remarks clearer if I relate two experiences of mine which led me to do all in my power to ameliorate the hardships of those unfortunates who had lost their health through the strain of tropical service.

In 1886 I was ordered to take over charge of a batch of invalids (about 200) encamped on the maidan at Meean Meer. These were the invalids from Peshawar, Pindi, Mooltan and other stations further up country. We started for Deolali in a troop-train and en route I took up the invalids from Amritsar, Umballa, Allahabad, &c., in short, everywhere, till I had 480 of them, men, women and children. Of these 280 were cot invalids, many of them very seriously ill, yet we had nothing but an ordinary train, one young apothecary to help me, a field medical companion, and the diet of rest camps. We halted half a dozen times en route, our train was changed three times owing to our passing over different systems, and we took a week or more to reach Deolali. Arrived there we had to halt two or three weeks whilst necessary formalities were gone through. Of course the hospital could not accommodate a quarter of the sick, and their dieting, housing, &c., was largely a matter of chance. Then we were ordered to go on to Bombay to join the "Serapis"; we travelled all night in an ordinary troop-train, reached Bombay about 6 a.m., and the unfortunate invalids were kept on the Sassoon Bunder till about 11 a.m., and then towed off in cargo flats. It was late in March and very hot. We got alongside only to find the ship packed with time-expired men, gangways crowded with natives, no means of lifting helpless men on board, a non-dieted hospital of some thirty beds and one Sergeant, one Corporal, three Orderlies and one cook, R.A.M.C. (then A.H.C.), to attend to the whole 480. On the voyage most of the sick were accommodated in naval cots in the 'tween decks, sharing the accommodation with healthy time-expired men. On two occasions—at Port Said and Malta—they were smothered in coal dust, which, I take it, is not particularly conducive to the welfare of phthisical patients, of which there were a dozen or more. Arrived at Portsmouth, there was certainly a train to carry them on to Netley, but nothing else, and we actually carried the helpless men on our backs from ship to train. It was only when we arrived at Netley Station that we found
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things as they should be, and there the arrangements were perfect. I was very ill myself with chronic dysentery, and it was untold relief to me to find on arrival there that I was freed from responsibility. As a matter of fact, I was ordered off to the Mess to sit down and rest, and within an hour a brother officer came and told me that all the sick were attended to and were in bed. More than two months had elapsed from the time we left Meean Meer, eight men never saw the end of the journey, and I do not exaggerate when I say that more than one-half of the invalids were worse than when they started.

My second experience was some eight years later, I think in 1894. I was quartered in Rangoon and ordered to proceed thence to Belgaum per R.I.M.S. "Dalhousie," via Bombay, to take medical charge and convey twenty Burmah invalids, en route to England, to Colaba. The ship (small at the best) was packed with troops; the voyage took ten days; it was March and very hot. Among the invalids was one poor wretch rotting away with malignant syphilis, a repulsive mass of corruption; the others were all bad cases. The hospital accommodation was one gloomy cabin in the alley way, with two small round ports and its door opening immediately on to the engine room, whence the hot air ascended. (The "Dalhousie" is still in use as a transport—I saw her a few weeks ago in Aden.) The syphilis case I put perforce in the apology for a hospital, but the other men objected to be housed in juxtaposition to him—naturally so. But there was not a square yard of accommodation anywhere, so there was nothing else for it but to get the men to make room on the decks for the others, and there they lay exposed to dew and vicissitudes of weather for the ten days. The Assistant Surgeon (Apothecary then) reported to me one day that one of the men had been brought down very ill. I went and saw him; he had a temperature of 106° and was semi-conscious. He was kept in the hospital and active treatment employed. He rallied towards the evening, and the first thing he said was, "For God's sake take me out of this!" meaning that he could not stand the stench arising from the poor syphilitic patient in the close den he was in. I could not but accede to his request and took him up on deck, where he spent the night packed in with other men, exposed to a heavy dew and with a temperature of 104°.
These two cases are in no way exaggerated, neither are they examples of mediæval barbarism; they happened a few years ago and they are happening now. At the risk of being ruled out of order I ask, is this right? Is it even humane? I need not wait for an answer.

I observe that Capt. Stanistreet in his article differentiates between hospitals on transports and hospital ships, but we must not forget that there is no strict line of demarcation between these two apparently different things when we are dealing with the peculiar circumstances which are a normal adjunct of British military service. Our transports are of necessity frequently hospital ships, or rather ought to be. I am therefore very glad to see that the "Plassy" has been fitted with 100 beds and provided with a staff of nursing sisters, orderlies, &c. But I cannot ascertain whether her hospital is "dieted" or "non-dieted," though I do know that she will carry a large number of healthy men in addition to the sick. This is certainly a move in the right direction, and should encourage us all to persevere in our efforts to still further improve the sick transport arrangements.

I often hesitate whether I should or should not invalid a man, not because I am in doubt as to the advisability of sending him home, but because I fear that the journey may be too much for him. We want to look at the matter from the standpoint of the unfortunate sufferer himself. Given, say, a case of chronic dysentery of the type which requires months of careful dieting and skilled treatment, the doctors and nurses have coaxed him along, trying to heal the ulceration and restore the bowel to normal action; slowly but surely the man is gaining ground, but clearly he must leave the Tropics, and in due course he has to face the ordeal of the rest camp, with its rations, and the fetid atmosphere of the packed transport in the Red Sea. In a few days the work of months is undone, and the wretched man arrives at Netley, if perchance he arrives at all, far worse than when he started. From the utilitarian, apart from the humanitarian, aspect this is indefensible. Netley has to begin the work de novo, and many a man who under a rational system might have been restored to the ranks, is invalided out of the service, or loses his life altogether. Or, again, looking at the matter from another point of view, is
it right that cases of tuberculosis, many of them far advanced, should be sent in a ship packed with men? I suppose we all subscribe to the "open-air treatment," and all of us know what the "open air" on one of these ships is like. Moreover, we are subjecting the healthy men to a serious and unjustifiable risk.

I do not wish to weary my brother officers by multiplying instances of the grave defects of our present system, most of them can fill in the gaps much better than I can state them; but I may be allowed to suggest the palpable remedy, the which, I make bold to assert, will receive their unanimous approval and in so doing stimulate them to work towards that end.

Briefly, the remedy is a floating hospital as an integral part of the Army medical equipment and invalid trains in India fitted to meet the requirements of modern medical science. I see no reason why (outside the necessary moving) a patient should not be benefited by the change from the moment he starts, and I am certain that instead of a grave risk the sea voyage should be a highly efficacious therapeutic agent.

I am quite aware that I shall be met with a financial non possumus, but I doubt if the expense would be very great, nor do I think that it should be considered. A hospital ship, say, starting from China, thence to Rangoon, Calcutta, Madras, Colombo, Cannanore, Calicut, Bombay and Karachi, fed at most of these points by hospital trains; thence to Aden, Egypt, Malta, Gibraltar and home. Given that she was a hospital ship in the true acceptation of the term—in short, a thoroughly equipped floating hospital—would not the patients derive the greatest benefit from their sojourn on board of her? She might do two or more voyages in the year to the East, her spare time being possibly utilised in Colonial invaliding, for conveyance of women and children, or perhaps in taking weakly men for short sea voyages, as is sometimes done now by the R.I.M. ships. Nor do I see why on the outward voyage she might not be used as a transport.

I have only roughly sketched my idea, but if I can but succeed in interesting my brother officers to press forward so desirable a reform to ultimate fruition, the soldier will, whether he knows it or not, have reason to bless the R.A.M.C. for yet one more benefit—not the first, and, I am confident, not the last.