NOTES ON HOMEWARD-BOUND TROOPING.

By Major F. E. Gunter.

Royal Army Medical Corps.

Stimulated by Major J. B. Anderson's useful article on trooping, and having had the good fortune to have been twice in medical charge of a homeward-bound transport from India during the past twelve months, I have jotted down the following notes in the hope that they may be of service to officers placed for the first time in medical charge of a transport bound for England. I have included a few general suggestions regarding trooping which, if followed, would, I think, increase the efficiency of the service.

In the embarkation orders one is told to report oneself to the assistant director of medical services at the port of embarkation three clear days before the date of sailing, to assist in the embarkation arrangements. As these are fully provided for by the embarkation staff the length of detention of the senior medical officer at the port appears to be needlessly long. If he arrived the day before, it would be ample time for anything that he might be required to do. The extra days in Bombay or Karachi put him to considerable expense, for which no compensation in the way of detention allowance is granted.

On going on board, the arrival report book in the ship's orderly room must be signed. Having done this and reported in person to the officer commanding, one should proceed to the hospital, take over the confidential documents and assign duties to the personnel of the Corps.

The permanent medical establishment of Indian transports consists of one serjeant, one corporal, two orderlies of the nursing section and one of the general duty section. It will be found convenient to assign definite duties to all of these: for example, the clerking, dispensing, and medical out-patients to the serjeant, the women's hospital to the corporal, the men's hospital to one nursing orderly, the surgical out-patients to the other, and general duties to the general duty orderly. What duties are assigned to each must vary with the qualifications of the men. For instance, if the corporal is a passed dispenser he can take on compounding; one of the orderlies may be a good clerk, in which case he can relieve the serjeant of a good deal of work, and so on. It is well to apply to the adjutant for a bâtman. There are always men available for this purpose, and a bâtman is very useful for taking messages and assisting the
general duty orderly. It should be explained to the man that the appointment carries no extra duty pay with it. With reference to the general duty orderly, I would suggest that men of some experience in nursing duties be chosen for transport work. In the event of extra pressure of sickness it is important to be able to rely on the general duty orderly for nursing.

Having distributed the subordinate personnel, the officers should be told off to their various duties. It is well to collect them together so as to get an idea of what they are good at, for example, if an officer has recently held the appointment of staff surgeon he is obviously more suitable for looking after officers and their families, or women and children, than one who has spent all his time in a station hospital. On my last voyage I had under me one major and three captains. To the major I gave the hospital, medical outpatients, insanies, and isolation hospital; to one captain, officers and their families; to a second, women and children; and to the third the surgical out-patient department and to assist in the hospital if required.

**Sanitary Officer.**—I was fortunate in having one officer, Captain R. G. H. Tate, who had just completed his tenure of office as deputy-assistant director of medical services (sanitation). I appointed him sanitary officer for the ship in addition to his other duties. He made daily a complete sanitary inspection, sometimes in conjunction with the troop-deck officer, and I am indebted to him for many valuable suggestions.

I cannot too strongly emphasize the importance of appointing one medical officer to the charge of sanitation on board ship. It is, of course, advantageous if the officer has special sanitary experience, but all medical officers have sufficient knowledge to do very useful work. It is impossible for the senior medical officer to learn much of the sanitary condition of the ship in his daily rounds with the officer commanding. In fact, I am doubtful as to the utility of this inspection from a medical point of view. If the senior medical officer went round once a week with the commanding officer it would probably be sufficient. The sanitary officer, dealing direct with the troop-deck officer, gets practically everything put right, and it is only exceptionally that the senior medical officer has to bring things to the notice of the officer commanding. An excellent practice pertains on the "Rohilla." A quarter of an hour before the morning round the commanding officer and the senior medical officer meet the captain of the ship in the latter's cabin, when points dealing with the troops generally are brought up.
Orderly Medical Officer.—In my opinion none should be detailed, except, of course, when in port. It is much better for all concerned if each officer answers calls from his own department. After all, duties on board ship are arduous for none; a list of medical officers, with the numbers of their berths after their names, should be posted in the hospital for the information of the orderly on duty.

Hours for Hospital Duties.—These appear to me to be unnecessarily long. I made a practice on both voyages of letting the men away, with the exception of one orderly, as soon as the work was finished, usually about one o’clock. They appreciated the privilege, and worked with greater zeal than, I think, they would otherwise have shown; it is not difficult to find a man on board ship if required, and it seems a pity to make the life more irksome than needful.

Kits.—Care should be taken that the kits of all invalids are brought at once to hospital, and placed in the store set apart for them. If this be not done the kits may find their way to the hold, and be difficult to recover in time to get them dispatched with the invalids to Netley. For men actually in hospital there are pigeon-holes for the kits. These should be numbered, the numbers corresponding with the numbers on the cots.

Medical Inspections.—I would respectfully suggest that the time has now arrived when inspections on board ship for venereal disease might be abolished. They are repulsive to all, and, in my experience, very little disease is thereby detected. An ordinary medical inspection of the entire complement, including officers and their families, should be held within twenty-four hours of reaching Suez, and a certificate made out to the effect that this has been done. This certificate should be given to the ship’s surgeon, who presents it to the port health officer when he comes on board at Suez. If this certificate is tendered the health officer will probably make no further examination—a great advantage to all concerned.

Hospital Clothing.—I would suggest that a few suits of light hospital clothing, such as the hot weather pattern for India, be carried. The English hospital kit is far too warm to be worn with comfort east of Suez.

Out-patients.—In homeward-bound ships there is usually a great number of men attending hospital daily; unless these are classified in some way there is bound to be confusion. Before the hour of the morning visit the serjeant should divide them roughly into medical and surgical cases, the surgical patients being sent to wait
outside the separation ward, which should be fitted up as a surgical dressing room, the medical cases waiting outside the dispensary. This latter room is small, so no one but the medical officer seeing the sick, the serjeant, and one sick man should be allowed in the dispensary at the same time. These details appear trivial, but I have seen the confusion that occurs through not observing them; hence I have thought it worth while to write them down fully.

_Dressing of Out-patients and Preparation of Operating Room._—By far the best arrangement is to have the separation ward fitted up as a surgical dressing room and theatre, unless this room is occupied, which in ordinary cases it will not be. In my first voyage I did not do this, but operated on a table in the passage, a most unsatisfactory arrangement, as it necessitated a headlight being fitted up, and part of the passage being screened off so as to make a room. The separation ward, which contains two beds and is well lighted, can be made into a capital little theatre and dressing room, and with a little thought it can be fitted up so as to be ready for an operation at any time. I will shortly describe the means I used myself on the last voyage and which answered very well. I worked on the lines I have been following for some years, and which I have from time to time described in the Journal.

The officer in charge of the brigade laboratory, Karachi, kindly gave me a dozen test-tubes which I filled with suitable lengths of linen thread and sealed with cotton-wool. I collected all the empty cigarette tins and sweetmeat glass bottles with screw-tops I could get on the ship, and filled them with dressings; towels I put up in empty biscuit tins. Having prepared a sufficient quantity, I put them all through the steam disinfecter for twenty minutes. This disinfecter has a pressure of thirty pounds to the cubic inch, which is much more powerful than the ordinary high-pressure sterilizer in use in military hospitals. After sterilization the tins were sealed with tape plaster, and the tubes with gutta-percha tissue till required for use. The bed-cots can be made into efficient dressing-tables by filling them with spare mattresses. If a more resisting surface is wanted, it can be secured by placing a couple of boards on the top. Instruments were boiled in the electric sterilizer in the dispensary. Each morning, before dressing the cases, a sterile towel was spread on a bed-cot, a few tins opened, and the instruments boiled. One day I had a rehearsal to see how quickly the room could be prepared for an operation. I told the orderly in charge to get the room ready for an appendicectomy. He reported after twenty minutes, and I found everything in perfect order. He
said that with a little practice he could do it quicker. The thing which takes most time is the boiling of the instruments.

With regard to operation equipment, I would make the following suggestions. The new pattern capital case should be supplied, or, at any rate, six additional artery forceps and a couple of retractors; a few gowns should be furnished for the use of the operator and his assistants. I know there is a prevailing idea that operations are not likely to be required on board ship, but one never can tell. On my first voyage home this year I had to operate on an officer with appendicitis. On the last voyage there were three cases of appendicitis. Luckily they were of a mild type, and did not require operation. It is also presumed that a man can always be put on shore at the nearest port. Not only does this cause delay to the ship and great expense—I think I am right in saying that the harbour dues at Malta are about £70—but waiting may cause the loss of the patient's life, so it is well worth while to operate on board.

**Hours of Dispensing.—** It is important to have these fixed, say from 2 to 4 p.m., otherwise prescriptions will be coming in all day. In the same way an hour and place should be fixed for consulting the officer in medical charge of officers and their families. The saloon is a suitable place for seeing him, and a good hour is 11 a.m.

**Insanes and Men under Detention.**—Hours must be fixed for their exercise.

**Empty Cabin for Emergency Cases.**—One cabin should be reserved in the first class for these. It is a common practice to allow every cabin to be filled on the homeward voyage. This should not be permitted.

I consider that it is most desirable to have at least one woman trained in nursing for duty in the women's hospital. She need not be a qualified nurse, but she should have some general knowledge of sick nursing which most stewardesses do not possess. The need of this was felt on the last voyage.

"**Man Overboard.**"—On the "Rohilla," "Man overboard" was practised. It is as well to have a few simple directions written out for the information of the medical personnel. The main thing is to have the lift raised. The rest is pure hospital routine and need not be gone into here.

**Warm Clothing.**—It should be remembered that there is often a rapid fall of temperature on entering the Canal, and an order should be published as to the wearing of great-coats after sunset.

**Returns.**—These are clearly dealt with in the regulations, and it
is unnecessary to say much about them. They involve considerable clerical labour and should be commenced several days before the completion of the voyage. They must be separated into two lots, those for the embarkation medical officer, and those for Netley which are taken by the medical officer proceeding by the hospital train.

Patients for Netley.—All patients for Netley should be assembled in the hospital on the ship being brought alongside, and women and children accompanying them should wait in the women’s hospital; otherwise there may be difficulty in finding them in the confusion which usually occurs on the last day.

It has been suggested that the commanding officer and the adjutant, the senior medical officer and the quartermaster be made permanent officials for the trooping season. That it would increase the efficiency of the trooping service there is little doubt.